



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, July 27, 2022 – 6:00 P.M.
Meeting Conducted by Teleconference
Dial In: 510-818-5900 Access Code: 6736

AGENDA

PRESENTED BY:

- | | |
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| I. CALL TO ORDER & PLEDGE OF ALLEGIANCE | Jeannie Yee
Board President |
| II. ROLL CALL | Dee Antonio
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 covered by the agenda. "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> | Jeannie Yee
Board President |
| A. Consideration of Fujifilm Sonosite II Ultrasound System | <i>Motion Required</i> |
| V. ANNOUNCEMENTS | |
| VI. CLOSED SESSION | Kimberly Hartz
Chief Executive Officer |
| A. Report of Medical Staff and Quality Assurance Committee, Health & Safety Code section 32155 | |
| • Medical Staff Committee Report | |

Board Meeting Agenda
July 27, 2022

- B. Conference involving Trade Secrets pursuant to Health & Safety Code section 32106
 - Strategic Planning Discussion
- C. Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956.9(d)(2)

VII. OPEN SESSION

Report on Permissible Actions Taken During Closed Session

Jeannie Yee
Board President

VIII. ADJOURNMENT

Jeannie Yee
Board President

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



Memorandum

DATE: July 25, 2022

TO: Kimberly Hartz, Chief Executive Officer

FROM: Larry LaBossiere, Vice President and Chief Nursing Officer

SUBJECT: CAPITAL EQUIPMENT: FUJIFILM SONOSITE II ULTRASOUND SYSTEM

An ultrasound system is used in critical areas to aid the placement of central venous catheters, assess heart function, patient fluid status, and to ensure correct placement of peripheral intravenous catheters in patients with challenging vasculature.

In order to minimize risk of thrombophlebitis and other complications, nursing staff must be able to visualize vasculature in order to effectively place peripheral intravenous catheters in challenging patient populations. Currently, the Critical Care areas (ICU and IMC) have two ultrasound machines that are primarily used by the Intensivists and are constantly in use. A new ultrasound machine would help with the demand in the Critical Care areas.

Due to this rationale, I am recommending that one new portable ultrasound be purchased as capital equipment:

- **COST: Fujifilm Sonosite II Ultrasound System**
 - **\$31,720.15 Equipment + \$3,330.62 Tax + \$3,505.07 Shipping/Freight**

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to enter into the necessary contracts and proceed with the purchase of the above item.

The approximate total cost for the equipment is \$38,555.84, which includes tax and shipping/freight. This expenditure is unbudgeted but will be paid by funds through the Washington Hospital Healthcare Foundation.

STRATEGIC PLANNING PRIORITIES & PROGRESS REPORT July 22, 2022

I. NATIONAL AND LOCAL ECONOMIC UPDATE

The outlook for the national economy is guarded as key economic indicators point toward an economy that continues to trend toward a decline for the foreseeable future as inflation rates remain high, equity markets are in decline as they adjust for an economy with higher interest rates as the Federal Reserve tries to avoid the economy dipping into recession. The national unemployment reports and jobless claims continue to show a very strong labor market and relatively high wage growth, which increases the likelihood for rising inflation rates and corresponding responses to the interest rate by the Federal Reserve.

The Bureau of Labor Statistics showed that the national economy added 372,000 jobs in June, slightly lower than the revised 384,000 in May, as the unemployment rate remained unchanged at 3.6%, amid a shrinking labor pool. The June jobs report was more than 100,000 new jobs above general expectations, raising the likelihood the Federal Reserve will make another notable increase in the target interest rate in the near future, in attempts to cool the economy. A recent report by the Bureau of Labor Statistics showed that inflation hit 9.1% year-over-year in June, a forty-year high. Economists are increasingly concerned that the U.S. economy will enter into a recession this year. The number of Americans filing for unemployment benefits increased recently to the highest level since January, with 235,000 Americans filing for unemployment. The four-week moving average, a less volatile measure, has risen in twelve of the last thirteen weeks. The Federal Reserve has raised the target interest rate twice over the past two months, including a 0.50 increase in the target rate, which is the largest increase since 2000. It is expected that the Federal Reserve will continue increasing rates up to 3.0% by the start of 2023, and possibly higher if inflation continues to grow at its current pace.

California's unemployment rate (state and local unemployment data lag national data by a month) declined to 4.3% in May, down from 4.6% in the previous month, as the state added 42,900 non-farm payroll jobs in the month. The state's unemployment rate is now just 0.2 percentage points higher than the pre-pandemic unemployment rate of 4.1 percent in February 2020, and the state has regained 93% of the jobs list since then. However, much like the national outlook, the California economy is bracing for a potential dip into recessionary territory, as the Federal Reserve attempts to cool unsustainable inflationary rates.

During May (state and local unemployment data lag national data by a month), the District's unemployment rate declined to 2.2%, with approximately 4,000 District residents in the labor force unemployed. These figures are calculated using the California EDD Department data

for Cities and Sub-County Places for Fremont, Newark, Union City, and a small portion of Hayward, and Sunol.

Analysis of the economic indicators above is ongoing and carefully monitored for potential impacts to hospitals and opportunities for Washington to contribute expertise and advocacy through our elected officials.

II. STATE LEGISLATION UPDATE

The legislature went on recess at the end of June, and will return to session on August 1. During the first two weeks of August, the appropriations committees will hear bills, followed by floor sessions, until the end of session on August 31. The Governor then has until September 30th to sign or veto bills passed by the legislature.

1. Budget Topics

On June 29, the Legislature approved and sent the governor a package of budget bills reflecting an agreement on the 2022-23 state budget. The governor signed this package on June 30. The following key health-care related provisions in the budget are placed in budget trailer bill, AB 184:

- a. Hospital Worker Retention Payments: \$1.077 billion in funding that would provide a base payment of \$1,000 for full time employees, \$750 for part time employees and \$1,000 for physicians who work in hospitals. Additionally, the state will match up to \$500 any optional bonus or COVID-19 related payments paid by covered entities, such as hospitals, from Dec. 1, 2021 through Dec. 31, 2022. Washington is waiting for additional details regarding this given the potential cost impact it could have if the decision is made to participate in the state match. The California Nurses Association has already asked regarding Washington's participation in the match.
- b. Office of Health Care Affordability: The budget establishes OHCA under Department of Health Care Access and Information (HCAI, formerly OSHPD). The office will oversee health care cost growth in California through public reporting and by setting and enforcing cost-growth targets statewide, for individual health care sectors and geographic regions, and potentially for individual health care entities. In addition, the office will prospectively review market transactions that include investor-owned health care providers.
- c. Behavioral Health Investments: \$1.5 billion for bridge housing for unhoused individuals with serious mental illness and funding for CARE Courts that would be used to commit mentally ill individuals for care.
- d. Medi-Cal for all: This extends Medi-Cal eligibility to all Californians ages 26-49, regardless of immigration status, starting January 1, 2024.

- e. Healthcare Workforce Investments: Funding through HCAI and the Department of Health Care Services for training 25,000 new community health workers by 2025. It also increases investment in behavioral health, public health, primary care, clinic and reproductive health workforce development.

One provision proposed by the governor, which was rejected by the legislature, was a requirement that hospitals dedicate 25 percent of their community benefit to community-based organizations that address the social determinants of health.

2. Pending Legislation

There are several seismic-related bills currently making their way through the legislature:

- a. SB 1339 (Pan, D). This bill would require hospitals with SPC-2 buildings to provide the location of each service in those buildings. It would also require the Department of Health Care Access and Information to provide the Legislature with an assessment of projected costs to retrofit each hospital building, in order to meet the 2030 seismic requirements. CHA is pushing this bill as a vehicle for extending the 2030 deadline for seven years, and narrowing the scope of services required in SPC-3 buildings. **The bill passed Assembly Health Committee and will be heard in Appropriations Committee on August 3.**
- b. AB 1882 (R. Rivas, D). This bill would require a hospital to post a sign in the lobby or waiting area of the hospital if it is not in compliance with the 2030 seismic standards. This bill would also require the board of the hospital to provide an attestation that it is aware of non-compliance with the 2030 standards to the county board of supervisors, city council, any unions that represent workers at the hospital, and the board of special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located. CHA has expressed its opposition to this bill, saying that it requires duplicative and redundant reporting and misleads the public by labeling current SPC-2 buildings as an “evacuation risk.” **The bill passed Senate Appropriations Committee and is now on the Senate Floor.**
- c. AB 2904 (Bonta, D): This bill was amended in Assembly Health Committee to grant a two-year extension to Alameda Hospital to comply with SPC-3 structural and nonstructural requirements. The bill’s author originally was asking for a seven-year extension. Dr. Wood, the chair of Assembly Health, indicated that he supports seven-year extensions for rural hospitals and two-year extensions for urban and suburban hospitals. **The bill passed Senate Health and is in Appropriations Committee.**
- d. AB 2404 (L. Rivas, D): This bill extends compliance with seismic deadlines for Pacifica Hospital of the Valley in the San Fernando Valley. **This bill passed Senate Health and will be heard in Appropriations Committee on August 1.**

Legislation introduced to address the crisis in behavioral health is aimed at behavioral health workforce development and expanded treatment options. The most relevant bills for WHHS in this area are as follows:

- e. SB 1338 (Umberg, D): Community Assistance, Recovery and Empowerment (CARE) Court Program. This bill would establish the CARE Court program to connect persons struggling with untreated mental illness or substance use disorder with a court-ordered CARE plan. The bill authorizes a court to order an adult who lacks medical decision-making capacity to obtain treatment and services managed by a CARE team. By requiring counties to participate, the bill would impose a state-mandated local program. **This bill passed Assembly Health and will be heard in Appropriations Committee on August 3.**
- f. SB 1154 (Eggman): This bill would require the State Department of Public Health to develop a database to collect information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities, in order to identify facilities for the temporary treatment of individuals in mental health or substance use disorder crisis. **Passed Assembly Health Committee and will be heard in Appropriations on August 3.**
- g. AB 1394 (Irwin, D): This bill would require general acute care hospitals to have policies and procedures to screen patients 8 years and older for suicide risk. CHA has taken a support-if-amended position. **Passed in Assembly and Senate and presented to the governor for signature on July 11.**
- h. AB 2242 (Santiago) –This bill, on or before July 1, 2023, would require the State Department of Health Care Services to convene a stakeholder group of entities, including CHA, to create a model care coordination plan to be followed when discharging patients held under 5150 temporary holds or a conservatorship. **Passed Senate Health and will be heard in Appropriations Committee on August 1.**

Staff are also monitoring the following bills that could have implications for WHHS if passed:

- i. SB 213 (Cortese, D): This bill would create a rebuttable presumption in the workers' compensation system that an infectious disease, respiratory disease, cancer, PTSD, musculoskeletal injury, or respiratory disease arose out of work for any hospital direct patient care worker. CHA opposes. **This bill was heard in the Assembly Insurance Committee, where the chair was not supportive; the bill did not get a motion and failed.**
- j. SB 864 (Melendez, R): This bill would require hospitals to include a urine drug screening for fentanyl, if a person is treated at a hospital and a urine drug screening is performed to assist in diagnosing the patient's condition. **Passed Assembly Appropriations and referred to the Assembly Floor for a vote.**

- k. SB 931 (Leyva, D): This bill would authorize labor unions to bring claims to the Public Employment Relations Board against a public employer for allegations that they are deterring union membership. It would subject employers to civil penalties up to \$1,000 per violation, per affected employee and up to \$100,000 in total. CHA has taken an oppose-unless-amended position. **Passed out of Assembly Public Employment and Retirement and will be heard in the Appropriations Committee on August 3.**
- l. SB 958 (Limon, D): This bill would prevent health plans from refusing to cover infused and injected medications that the health care provider has in stock, if required for patient safety or medication integrity. Some health plans require physicians and hospitals to order medication from a third-party vendor contracted with the health plan, on a patient-by-patient basis, instead of using medication the hospital or physician's offices have in stock. CHA is a sponsor of this bill. **The bill was pulled from the agenda at the last minute and is dead for the year.**
- m. SB 1044 (Durazo, D): This bill would prohibit employers during a state of emergency from taking or threatening any adverse action against employees for not reporting to or leaving work, and would prohibit employers from not allowing employees to access or use their phones during the emergency. **This bill passed out of the Assembly Emergency Management Committee and will be heard in Appropriations on August 3.**
- n. SB 1127 (Atkins, D): This bill would shorten the time frame from 90 to 60 days after knowledge of an injury for employers to reject a worker's compensation claim. **This bill passed out of the Assembly Insurance Committee and will be heard in Appropriations on August 3.**
- o. AB 1130 (Wood, D): AB 1130 would establish, within the Department of Health Care Access and Information, an Office of Health Care Affordability. The office would analyze the health care market for cost trends and drivers, develop policies for lowering health care spending costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. **The language for this topic was included in the Health Budget Trailer Bill, AB 184, so this bill will not move forward.**
- p. AB 1770 (Rodriguez): This spot bill was intended to be used to address increased ambulance patient offload times (APOT) throughout the state. Current law requires the Emergency Medical Services Authority to adopt a statewide standard methodology for the calculation and reporting of ambulance patient offload time and to report twice per year the APOT by local EMS agency jurisdiction and by facility. **This bill was not heard in Assembly Health Committee in late April and is dead for this year.**
- q. AB 2080 (Wood, D): This bill would prohibit contracts between payers and providers from containing terms that restrict the payer from steering patients to other providers or facilities, or that require the payer to contract with other affiliated providers or facilities. It would also create additional attorney general oversight for transactions

undertaken by investor-owned hospitals, medical groups, payers, and pharmacy benefit managers. The bill would also expand the Department of Managed Health Care's authority over health plan mergers and acquisitions. The bill passed Assembly Health Committee and is now in Appropriations. **This bill was not heard in Senate Health Committee and is dead for the year.**

- r. AB 2500 (Arambula, D): This bill would establish the Farm to Hospital Grant Program to award competitive grants to eligible applicants to provide hospital patients with meals prepared from California-sourced agricultural products. **Held on the Assembly Appropriations Committee suspense file and will not move forward.**

III. CALIFORNIA STATEWIDE AMBULANCE PATIENT OFFLOAD TIME (APOT) COMMITTEE REPORT

The statewide committee examining delays in APOT developed a series of recommendations that it will now present to the State EMS Commission for review and consideration. Four committee recommendations would have major impacts for hospitals, and may signal where legislative action will occur at the State or local level. These recommendations are:

1. Codifying 20 minutes into law as the statewide standard for the transfer of care of ambulance patients to hospital personnel. Currently, local EMS agencies have the flexibility to set their own time standard. Here in the East Bay, Contra Costa County has a 20 minute standard, while Alameda County has a 30 minute standard. There are no research studies to back up a specific time standard.
2. Developing state regulations for an "EMTALA reporting standard" as a way to enforce EMTALA.
3. Requiring hospitals to establish and staff an EMS arrival team for the triage of ambulance patients.
4. Hospital reimbursement of ambulance providers for wait times exceeding the current standard.

IV. FEDERAL LEGISLATION AND REGULATION

Congress is in recess and will return at the beginning of September.

V. FOUNDATION

Foundation Programs

The Foundation continues to build momentum for the Washington-UCSF Cancer Center Campaign. Since February, the Foundation has secured \$3,025,000 towards its \$10,000,000 goal. The Foundation aims to solicit a total of \$5,000,000 by the end of December 2022 to be on track to meet the campaign goal by early 2024. To help guide campaign prospecting, the Foundation has engaged a group of 10 volunteer leaders as part of the Washington-UCSF Cancer Center Campaign Committee.

The Foundation's first public planned giving seminar took place on July 12th. 15 community members participated in the free seminar to learn about charitable giving and estate planning. The next seminar will be held on September 15th. To date, the Foundation has documented more than \$2.5M in future gifts from 7 members of the Hospital community, who have joined the Foundation's exclusive Legacy Society by documenting their planned gift. A special luncheon for Legacy Society Members will be held at Casa Bella on September 27th.

The Foundation has begun planning for the 36th Annual Top Hat Gala, which will take place in-person on Saturday, October 8th.

Meetings

The Executive Committee met on July 19th, and the next Quarterly meeting is scheduled for July 26th.