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

BOARD OF DIRECTORS MEETING Wednesday, May 22, 2024 – 6:00 P.M.

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

https://zoom.us/j/98437221938?pwd=bTRNZHBKc1VnMDBzOUxvbEtqcWlaZz09

Passcode: 925465

Board Agenda and Packet can be found at:

May 2024 | Washington Hospital Healthcare System (whhs.com)
AGENDA

PRESENTED BY:

I. CALL TO ORDER & PLEDGE OF ALLEGIANCE

Kimberly Hartz, Chief Executive Officer

Jacob Eapen, MD 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 President

A. Consideration of Purchase: Picture Archiving and Communication System (PACS) in Medical Imaging Motion Required

B. Consideration of Purchase: Operating Room and Emergency Trauma Capital Equipment

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- V. ACTION
- VI. ANNOUNCEMENTS
- VII. ADJOURN TO CLOSED SESSION

Jacob Eapen, MD President

A. Consideration of Closed Session Minutes of the Meetings of the District Board: April 15 & 24, 2024

Motion Required

B. Reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155 Motion Required

- Medical Staff Committee Report
- C. Conference Involving Trade Secrets pursuant to Health & Safety Code Section 32106
 - Strategic Planning
- VIII. RECONVENE TO OPEN SESSION & REPORT ON PERMISSABLE ACTIONS TAKEN DURING CLOSED SESSION
 - IX. ADJOURNMENT

Jacob Eapen, MD

Jacob Eapen, MD

President

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: May 22, 2024

TO: Kimberly Hartz, Chief Executive Officer

FROM: Tina Nunez, VP of Ambulatory and Administrative Services

Walter Choto, Chief of Ambulatory Services

SUBJECT: Request to purchase a new Picture Archiving and Communication

System in Medical Imaging

We are recommending moving forward with the replacement of our Picture Archiving and Communication System (PACS). PACS is a comprehensive digital platform designed to store, retrieve, distribute, and display medical images such as X-rays, CT scans, MRIs, and ultrasounds. Unlike traditional film-based methods, PACS digitizes images, facilitating seamless access, sharing, and analysis across healthcare facilities. The importance of PACS lies in its ability to enhance efficiency, accuracy, and patient outcomes. By digitizing images, PACS reduces the need for physical storage space, minimizes retrieval times, and mitigates the risk of image loss or damage. Moreover, it enables remote access to images, facilitating telemedicine and remote consultations. Timely access to medical images is crucial for accurate diagnosis, treatment planning, and monitoring of patient progress.

Our current Merge PACS system is over 16 years old and can no longer be upgraded and will no longer be supported by the vendor. There have been several issues with the system including frequent crashes causing the system to be non-responsive; challenges with the studies containing large images such as PET/CTs and CT angiograms; limitations with the measurement tools, given the age of our overall system; challenges with loading images; and limitations with metric reporting capabilities such as turnaround time reporting.

Four PACS systems were evaluated. The scoring was based on overall performance, cost and integration capabilities. The four vendors were: Visage, Fuji, Sectra, and Change Healthcare. Change Healthcare was selected for being the highest value system based upon price, cloud archive utilization, and artificial intelligence (AI) integration. Integrating AI algorithms into PACS can significantly enhance diagnostic capabilities, improve workflow efficiency, and augment clinical decision-making. Alpowered applications can assist radiologists in detecting abnormalities, prioritizing cases, and predicting patient outcomes. For these reasons, we are requesting approval to purchase the new PACS system from Change Healthcare. The system would take 6-8 months to implement. The initial cost to purchase and implement the Change Healthcare PACS system is \$1,410,370. (Detail below)

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with entering into any and all agreements related to the acquisition and installation of the Change Healthcare PACS system, not to exceed \$1,410,370, which includes taxes, shipping, Al Modules, workstations, and related implementation costs. The total amount in Fiscal Year 24 Fixed Asset Capital Budget is \$808,072 and the remaining \$602,298 will be covered by contingency funds that were budgeted in the FY24 Fixed Asset Capital Budget.

Propsed Investment:	Inflation	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Change Healthcare (PACS)		\$ 414,649	\$ 414,649	\$ 414,649	\$ 414,649	\$ 414,649	\$ 2,073,246
Implementation includes 3rd party services		22,195					22,195
New M modal License	5%	136,192	37,800	39,690	41,675	43,758	299,115
Hyland ModLink	8%	25,650	18,436	19,911	21,504	23,224	108,726
IT Staff Cost & Departmental Costs		139,040					139,040
Full Cloud Conversion		-	37,151	37,151	37,151	37,151	148,603
Al Modules Riverrain and Gleamer		85,000	85,000	85,000	85,000	85,000	425,000
Al Subscription - third party		300,469	300,469	300,469	300,469	300,469	1,502,343
Data Migration Services (Merative and CV)		94,690					94,690
Project Contingency		67,487					67,487
PACS Workstations & Servers		124,997					124,997
Total Vendor Costs		\$ 1,410,369	\$ 893,505	\$ 896,870	\$ 900,447	\$ 904,251	\$ 5,005,441

Memorandum

DATE: May 22, 2024

TO: Washington Hospital Healthcare System Board of Directors

FROM: Larry LaBossiere, Chief Operating Officer

SUBJECT: Operating Room and Emergency Trauma Capital Equipment

To ensure that our Operating Rooms are fully equipped to handle life-threatening trauma cases with maximum efficiency, we are requesting the Board of Directors to authorize the purchase of critical equipment. This request is based on a thorough needs assessment conducted by a multidisciplinary team comprising clinicians, nurses, surgeons, and hospital leaders.

The total cost for the requested equipment is \$983,261.49. Below is a detailed breakdown of the required capital:

Ref. Number	Equipment Name	Purpose	Equipment Costs	Тах	Total Cost
		Specialty surgical table designed for orthopedics and			
1	Mizuho OSI Table	spine surgery.	103,298.07	10,329.81	113,627.88
		A flexible radiolucent surgery table for spine imaging			
2	Allegro Imaging Table	and orthopedic trauma procedures	88,800.36	8,880.04	97,680.40
3	Brainlab Hardware Spine and Trauma	Navigation for complex fractures	92,525.00	9,252.50	101,777.50
4	GE OEC MiniView Max	Hand surgery for trauma cases	64,538.50	6,453.85	77,446.35
5	GE OEC 3D Imaging System	Fluoroscopy imaging for ortho cases	373,702.50	37,370.25	448,442.75
6	The Xtract-All® Nail (Winquist 4)	Hardware removal	32,400.00	3,240.00	38,880.00
7	Trauma Maxi	Hardware removal	10,200.00	1,020.00	12,240.00
8	Jackson Flat Top Traction Device	Stabilizing device used for fractures	3,149.28	314.93	3,779.21
	Subtotal Cost				\$893,874.08
9	Contingency 10%			10%	\$ 89,387.41
	Total Capital investment				\$983,261.49

The acquisition of this capital equipment is crucial for several reasons:

- 1. Immediate and Effective Trauma Care: The new equipment will enable us to provide immediate and effective care for patients suffering from life-threatening or traumatic injuries. This rapid response capability is essential for improving survival rates and outcomes for trauma patients.
- 2. Operational Efficiency and Resource Separation: Equipping our operating rooms with dedicated trauma equipment ensures that patients requiring elective surgeries are not impacted. This allows us to maintain a high level of care for all patients, ensuring that elective procedures are not delayed or rescheduled due to emergency trauma cases.
- 3. Enhanced Surgical Capabilities: The acquisition of advanced equipment, such as the Brainlab Navigation Hardware and the GE OEC 3D Imaging System, will enhance our



Memorandum

surgical capabilities, allowing us to perform more complex procedures with greater precision and safety.

In accordance with District Law, Policies, and Procedures, we request that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the necessary capital equipment as outlined for the Operating Rooms and Emergency Department in the amount of \$983,261.49 (including tax, shipping, and contingency). This capital equipment was budgeted in the FY2024 Fixed Asset Capital Budget for trauma services.