



Washington Township Health Care District

Board of Directors

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

BOARD OF DIRECTORS' MEETING Wednesday, May 13, 2026 – 6:00 P.M.

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

<https://whhs.zoom.us/j/99981412172?pwd=gaD3BTjbgMbnmcfZg21JHxyhJ3Xmaz.1>

Passcode: 619182

Board Agenda and Packet can be found at:

[May 2026 | Washington Health](#)

AGENDA

PRESENTED BY:

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

William Nicholson, 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.

William Nicholson, MD
President

A. Consideration of Minutes of the Regular Meetings of the District Board: April 8, 20, 22 & 27, 2026

Motion Required

B. Consideration of Medical Staff: Medical Staff Internal Medicine – Delineation of Privileges

C. Consideration of Purchase Order Addendum Request for Pharmaceuticals

- D. Consideration of ECG Managed Care Contracting Consultants
- E. Consideration of Resolution No. 1281: Calling a District General Election to be Held in Washington Township Health Care District on November 3, 2026
- F. Consideration of Resolution No. 1282: Ordering the Consolidation of the Health Care District General Election to be Held in Washington Township Health Care District of Alameda County, State of California on November 3, 2026, with the Statewide General Election to be Held on November 3, 2026 and Requesting that the Board of Supervisors of the County of Alameda to Consolidate Said Health Care District General Election with Said Statewide General Election, insofar as the Territory in Which Said Elections Are to be Held is the Same

V. **REPORTS**

- A. Medical Staff Report
Aaron Barry, MD
Chief of Staff
- B. Service League Report
Jill Ziman
Service League President
- C. Quality Report:
Stroke Program
Jack Rose, MD
Co-Medical Director, Stroke Program
- D. Finance Report
Ajay Sial
Senior Vice President & Chief
Financial Officer
- E. Hospital Operations Report
Kimberly Hartz
Chief Executive Officer
- F. Health System Calendar Report
Kimberly Hartz
Chief Executive Officer

VI. **ACTION**

- A. Consideration of Resolution No. 1283: Installation of X-Ray Equipment for Center of Joint Replacement

Motion Required

VII. **ANNOUNCEMENTS**

VIII. **ADJOURN TO CLOSED SESSION**

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

- Strategic Planning

IX. **RECONVENE TO OPEN SESSION & REPORT ON
PERMISSABLE ACTIONS TAKEN DURING
CLOSED SESSION** William Nicholson, MD
President

X. **ADJOURNMENT** William Nicholson, MD
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) 818-7401. 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, April 8, 2026 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Nicholson 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: William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS; Jacob Eapen, MD; Michael Wallace

ROLL CALL

Staff Present: Kimberly Hartz, Chief Executive Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Terri Hunter, Vice President & Chief Nursing Officer; Harjit Randhawa, Vice President & Chief People Officer; Jordan Melick, Senior Director of Treasury; Paul Kozachenko, Legal Counsel; Sri Boddu; Cheryl Renaud, Assistant to the Chief Executive Officer & District Clerk; Shirley Ehrlich, Executive Assistant II

Zoom Attendees: Kel Kanady; Dianne Martin, MD; Jill Ziman; Ian Kelly; Brian Smith, MD; Melanie Ramboyoung; Nicole Rodriguez; Aaron Barry, MD; Gisela Hernandez; Angus Cochran; Kim Conti; Esmeralda Garcia; Melissa Garcia; Tammi Tyson; Laura Anning; Sal Saini; Nicole Cortez; Farhan Fadoo, MD; Walter Choto; Felipe Villanueva

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

OPENING REMARKS

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

The following persons spoke: Joseph Hunter, Jennifer Thearle and Ben Covarrubius-Serrano.

*COMMUNICATIONS:
ORAL*

There were no Written Communications.

*COMMUNICATIONS:
WRITTEN*

Director Nicholson presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Consideration of the Minutes of the Regular Meetings of the District Board: March 11, 23 & 25, 2026

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

Roll call was taken:

William Nicholson, MD – aye
Jeannie Yee – aye

Bernard Stewart, DDS – aye
Jacob Eapen, MD – aye
Michael Wallace – aye

Motion Approved.

Dr. Aaron Barry, Chief of Medical Staff, joined the meeting and reported that there are ten new applicants for Medical Staff. There are now a total of 703 Medical Staff members, including 384 active members. Dr. Barry highlighted that the new Operating Rooms are being built at the Morris Hyman Critical Care Pavilion and is expecting completion by October of 2026 and occupancy to begin in early 2027.

*MEDICAL STAFF
REPORT*

Jill Ziman, Service League President, reported that the new Service League Board of Directors met on March 29, 2026 including three new board members.

*SERVICE LEAGUE
REPORT*

During the month of March, the Service League Volunteers contributed 303 hours of service to the hospital. There were 4 requests for No One Dies Alone (NODA) volunteers and 11 people contributed 19 hours.

The Furry Volunteers from the Woof Team are sporting a new uniform thanks to the efforts of the Marketing & Communications Team. They are now wearing a bandana in Service League burgundy with an updated design. Marcom also spent many hours updating the logos and design of the Woof Trading Cards that are given to patients. These new cards are being printed now. Jerri Randrup, Kel Kanady, Sonja Painda and Betty Brassfield were acknowledged for their help and support in these changes.

The Little Grass Foundation donated 50 baby bonnets for babies in our hospital. This is an amazing group of middle and high school youth who are supporting their community in many ways and Washington Health is lucky to be one of the recipients of their endeavors.

The Service League Quilters are busy sewing quilts. One large quilt will be raffled during the upcoming masquerade sale. Tickets are \$2 each or 10 for \$6. They also design and make the quilts that cover the isolettes for the Special Care Nursery. Some of their items may be purchased from the Gift Shop.

Sadly, one of the long time Service League Volunteers, Vilma Fernandez, passed away last month. Vilma had volunteered with the Pinky Puppet group and other community outreach projects for 17 years. Her husband Louis has volunteered with Washington Health for almost 29 years.

Kimberly Hartz, Chief Executive Officer, introduced Dr. Dianne Martin, Chair of the Antimicrobial Stewardship Program, who presented the Annual Antimicrobial Stewardship Report. The goal of the Program is to foster appropriate use of antimicrobial agents through education, implementation of accepted protocols, and

*QUALITY REPORT:
ANNUAL
ANTIMICROBIAL*

interactive discussion with medical staff and healthcare staff to ensure best outcomes for the patient, while minimizing the development of resistance.

*STEWARDSHIP
REPORT*

Dr. Martin shared the workflow to support the continuum of care for patients once they arrive in the Emergency Department, by building an antimicrobial panel and order set to guide appropriate prescribing based on infection type. Pharmacists continually review antibiotic usage and recommend to de-escalate as appropriate. Antibiotics are continued for shortest effective duration and appropriate oral agents are chosen for the patient at the time of discharge from the hospital. Ongoing appropriate antibiotic usage education is provided to the nursing staff.

The California Department of Public Health (CDPH) has an Antimicrobial Stewardship Program (ASP) Honor Roll, in which Washington Health applied for GOLD Status on February 27, 2026. This showcases a California Healthcare Facility that not only follows guidelines, but also demonstrates outcomes and engages their local healthcare communities.

Ajay Sial, Senior Vice President & Chief Financial Officer, presented the Finance Report for February 2026. The average daily inpatient census was 202.6 with discharges of 1,067 resulting in 5,674 patient days. Outpatient observation equivalent days were 163. The average length of stay was 4.99 days. The case mix index was 1.636. Deliveries were 111. Surgical cases were 555. The Outpatient visits were 9,403. Cath Lab cases were 192. Emergency visits were 5,173. Joint Replacement cases were 205. Neurosurgical cases were 27. Cardiac Surgical cases were 40. Total FTEs were 1,771.4. FTEs per adjusted occupied bed was 5.42. Overall, the net income for February was \$895,000.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for March 2026. Patient gross revenue of \$257.0 million for March was favorable with the budget of \$246.5 million by \$10.5 million (4.3%), and favorable compared to March 2025 by \$24.1 million (10.4%).

*HOSPITAL
OPERATIONS REPORT*

Trauma Cases of 221 for March was favorable to the budget of 162 by 59 (36.4%) and favorable to March 2025 by 49 (28.5%). Trauma gross revenue of \$24.2 million for March was favorable to the budget of \$18.6 million by \$5.6 million (30.3%).

Urgent Care Visits of 662 were unfavorable to budget by 423 (39.0%). YTD visits of 2,049 were unfavorable to budget by 2,251 (52.3%).

The Average Length of Stay was 5.32. The Average Daily Inpatient Census was 194.6 and was favorable to budget of 192.5 by 2.1 (1.1%). There were 1,208 Discharges that were favorable to budget of 1,144 by 64 (5.6%). There were 6,033 patient days which was favorable to budget of 5,968 by 65 days (1.1%). There were 597 Surgical Cases and 224 Cath Lab cases at the Hospital. Deliveries were 138. Non-Emergency Outpatient visits were 10,643. Emergency Room visits were 5,528.

Total Government Sponsored Preliminary Payor Mix was 73.4%, against the budget of 73.5%. Total FTEs per Adjusted Occupied Bed were 5.38.

There was \$245K in charity care adjustments in March 2026.

April Employee of the Month is Juanita Lopez, Patient Access Representative, Outpatient Laboratory.

*EMPLOYEE OF THE
MONTH*

Kimberly Hartz, Chief Executive Officer, stated that Washington Health launched their Health and Wellness Series for 2026. Complimentary online health seminars and events for the community can be found on the website:

HOSPITAL CALENDAR

[HW_JanJune2026_Catalog_WEB-Final.pdf](#)

Past Health Promotions & Community Outreach Events:

- March 18: Signs and Symptoms of Stroke – ABWA Fremont Chapter (Virtual)
- March 20: Diabetes Nutrition Seminar (Mandarin Language Presentation) Sequoia Manor, Fremont
- March 21: Newark Spring Festival – Magnolia Square, Newark
- March 21: Union City Culture Fest – Kennedy Park, Union City
- March 23: Choking First Aid – Newark Promotores
- March 24: Traumatic Brain Injury Seminar – City of Fremont Human Services Department
- March 24: Overview of Community Programs – Fremont Community Ambassadors for Seniors (CAPS), Age Well Center - Lake Elizabeth
- March 26: Stop the Bleed and Healthcare Careers Presentation – Eden Area ROP
- March 27: Washington Health Update and Review of Services for Seniors – City of Fremont Senior Citizens Commission – Age Well Center, Fremont
- March 28: Narika Women's Day Fair – Anderson Auditorium
- March 28: Family Day at the Park – Newark Community Park
- April 1: Washington Health Walk: Choking / First Aid – Newark Community Center
- April 3: Fremont Creates Community Art Installation – Ribbon Cutting
- April 4: When It's More Than Baby Blues: Managing Peripartum Depression and Anxiety – YouTube
- April 18: Faster, Safer, Home Sooner: New Technologies for Same Day Anterior Hip Replacement - YouTube

Upcoming Health Promotions & Community Outreach Events:

- April 11: SPOTMe Skin Cancer Screening – Fremont Center for Dermatology
- April 11: Relay for Life Speaker – Mission San Jose High School
- April 16: AFib Presentation – Lake Elizabeth, Age Well Center

- April 17: Senator Dr. Wahab Spring Career Fair – Newark Center at Ohlone College
- April 18: Earth Day Fair – Fremont Downtown Event Center
- April 18: Newark State of the City Address – Civic Center Plaza, Newark
- April 18: Faster, Safer, Home Sooner: New technologies for same-day anterior hip replacement - YouTube
- April 21: Fremont City Council Meeting – City Hall Fremont
- April 22: Food As Medicine: How diet and nutrition effect chronic disease management – Acacia Creek Senior Living Community, Union City
- April 22: Stop the Bleed & Choking First Aid – Mission Valley ROP, Fremont
- April 24: Choking First Aid for Newark Promotores (Spanish Language Presentation) – Danielson Clinic, Newark
- May 2: New Haven Day – James Logan High School
- May 2: Car Seat Safety Event – Washington West Parking Lot
- May 2: Protect Your Brain: Hypertension, Stroke, and You - YouTube
- May 6: Washington Health Walk: Signs and Symptoms of Stroke – Mark Green Sports Center, Union City
- May 11 – 15: Health System Week – Activities throughout the week for staff around campus

The Foundation is launching a direct mail campaign this month to celebrate the first 100 Days of the UCSF-Washington Cancer Center.

The Foundation Quarterly Meeting will take place on Tuesday, April 28, 2026.

Before the Board spoke on this Action Item, Director Wallace made the following disclosure: 1. He is Chairman of the Board of Directors of Fremont Bank and a Shareholder. 2. Therefore, he is recusing himself from this update and any discussion on this matter. 3. Before he left the room, he asked Dr. Nicholson, that once the Board completes the Action Item, that the District Clerk notify Director Wallace to rejoin the meeting.

*ACTION ITEM:
RESOLUTION NO.
1280: TO APPROVE
ISSUANCE OF A
NOTICE OF
WITHDRAWAL TO THE
TRUSTEE OF THAT
CERTAIN TRUST
AGREEMENT DATED
JANUARY 18, 1985*

Director Stewart moved that the Board of Directors approve Resolution No. 1280: To Approve Issuance of a Notice of Withdrawal to the Trustee of that Certain Trust Agreement Dated January 18, 1985. Director Yee seconded the motion.

Roll call was taken:

William Nicholson - aye
Jeannie Yee – aye
Bernard Stewart – aye
Jacob Eapen – aye
Michael Wallace – recused

Motion Approved.

There were no Announcements.

ANNOUNCEMENTS

Director Nicholson adjourned the meeting to closed session at 7:17 p.m., as the discussion pertained to reports regarding Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2).

CLOSED SESSION

Director Nicholson 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 April 9, 2026. The minutes of this meeting will reflect any reportable actions

Director Nicholson reconvened the meeting to open session at 7:34 p.m. During closed session, the District Clerk reported that there was no reportable action taken in closed session.

There being no further business, Director Nicholson adjourned the meeting at 7:34 p.m.

ADJOURNMENT

William Nicholson, MD
President

Michael Wallace
Secretary

Board of Directors' Meeting

April 20, 2026

Page 1

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, April 20, 2026 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Nicholson 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: William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS; Michael Wallace

ROLL CALL

Absent: Jacob Eapen, MD

Also present: Kimberly Hartz, Chief Executive Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Tina Nunez, Senior Vice President & Chief Administrative Officer; Terri Hunter, Vice President & Chief Nursing Officer; Harjit Randhawa, Vice President & Chief People Officer; Jordan Melick, Senior Director of Treasury; Paul Kozachenko, Legal Counsel; Cheryl Renaud, Executive Assistant to the CEO & District Clerk; Shirley Ehrlich, Executive Assistant II

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

OPENING REMARKS

Director Nicholson 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 Items on the Consent Calendar for consideration.

CONSENT CALENDAR

There were no Action Items.

ACTION ITEM

There were no Announcements.

ANNOUNCEMENTS

Director Nicholson adjourned the meeting to closed session at 6:02 p.m., as the discussion pertained to reports regarding Conference Involving Trade Secrets pursuant to Health & Safety Code Section 32106 - Strategic Planning, Conference with Labor Negotiators pursuant to Government Code Section 54957.6; Agency designated representative: Kimberly Hartz, Chief Executive Officer, Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2) and Conference Involving Personnel Matters: Chief Executive Officer.

*ADJOURN TO CLOSED
SESSION*

Director Nicholson 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 April 21, 2026. The minutes of this meeting will reflect any reportable actions.

Director Nicholson reconvened the meeting to open session at 8:14 p.m. During closed session, the District Clerk reported that the Board of Directors authorized the Chief Executive Officer to sign the notice of return of late claim to Richard Glantz because it was not presented within six months after the event or occurrence as required by law.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Nicholson adjourned the meeting at 8:14 p.m.

ADJOURNMENT

William Nicholson, MD
President

Michael Wallace
Secretary

Board of Directors' Meeting

April 22, 2026

Page 1

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, April 22, 2026 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Nicholson 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: William Nicholson, MD; Jeannie Yee; Bernard Stewart, DDS; Jacob Eapen, MD; Michael Wallace

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Tina Nunez, Senior Vice President & Chief Administrative Officer; Terri Hunter, Vice President & Chief Nursing Officer; Ajay Sial, Senior Vice President & Chief Financial Officer; Paul Kozachenko, Legal Counsel; Cheryl Renaud, Executive Assistant to the CEO & District Clerk; Shirley Ehrlich, Executive Assistant II

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

OPENING REMARKS

Director Nicholson 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 Items on the Consent Calendar for consideration.

CONSENT CALENDAR

There were no Action Items.

ACTION ITEM

There were no Announcements.

ANNOUNCEMENTS

Director Nicholson adjourned the meeting to closed session at 6:02 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 and Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2).

*ADJOURN TO CLOSED
SESSION*

Director Nicholson 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 April 23, 2026. The minutes of this meeting will reflect any reportable actions.

Director Nicholson reconvened the meeting to open session at 7:45 p.m. During closed session, the District Clerk reported that the Board of Directors approved the closed session minutes of March 16 & 25, 2026 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 Nicholson adjourned the meeting at 7:45 p.m.

ADJOURNMENT

William Nicholson, MD
President

Michael Wallace
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, April 27, 2026 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Nicholson called the meeting to order at 7:30 a.m. and led those in attendance of the meeting in the Pledge of Allegiance.

CALL TO ORDER

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

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz, Chief Executive Officer; Larry LaBossiere, Senior Vice President & Chief Operating Officer; Terri Hunter, Vice President & Chief Nursing Officer; Aaron Barry, MD; Jeanie Ahn, MD; Ranjana Sharma, MD; Rohit Arora, MD; Brian Smith, MD, Chief Medical Information Officer and Quality & Patient Safety Physician Officer; Mark Saleh, MD; John Romano, MD; Kristin Ferguson, Vice President & Chief Compliance and Risk Officer; Laura Anning, Chief Patient Experience Officer

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS:
WRITTEN*

Director Nicholson adjourned the meeting to closed session at 7:32 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 Nicholson reconvened the meeting to open session at 8:52 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 8:52 a.m.

ADJOURNMENT

William Nicholson, MD
President

Michael Wallace
Secretary



MEMORANDUM

Date: May 13, 2026
To: Washington Township Health Care District Board of Directors
From: Kimberly Hartz, Chief Executive Officer
Subject: Purchase Order Addendum Request for Pharmaceuticals

I am requesting Board approval for an additional \$6 million allocation to the purchase order to support pharmaceutical purchases through McKesson Pharmaceuticals for the remainder of Fiscal Year 2026.

Pharmaceutical expenses in FY26 have increased significantly due to growth in oncology services, higher infusion volumes, and increased overall pharmaceutical utilization. Through March FY26, actual pharmaceutical spend has already reached \$20.8 million and is annualizing at approximately \$27.8 million. Oncology medications account for approximately 65% of total pharmaceutical spend, while infusion center pharmaceutical revenue is currently 21% above budget.

As noted, this request is significantly driven by higher-than-budgeted growth within our oncology infusion program, which has exceeded both volume and revenue projections. This growth reflects the continued success and expansion of our oncology services.

The current standing purchase order with McKesson Pharmaceuticals is nearly exhausted, and will not support operations through the remainder of the fiscal year.

Given the critical importance of maintaining uninterrupted oncology and pharmacy services, I recommend Board approval of an additional \$6 million allocation for pharmaceutical purchases through McKesson Distribution for the remainder of FY26 (April through June 2026) to ensure continued access to essential therapies for our patients.

MEMORANDUM

Date: April 20, 2026

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC for Board Approval - Medical Staff Internal Medicine-Delineation of Privileges

The Medical Executive Committee, at its meeting on April 20, 2026, approved the attached revision to the Internal Medicine-Delineation of Privileges.

The addition of the privilege to "act as consult/write orders..." in the Critical Care Unit (CCU) provides the ability for non-intensivists to consult and write orders within their scope/specialty. This revision recognizes the "closed" nature of the CCU.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Medical Staff Internal Medicine-Delineation of Privileges.



Washington Health

Medical Staff

Internal Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core Privileges* or *Special Privileges*.
2. **Uncheck** any privileges you do not want to request in that group.
3. When requesting your privileges, please remember you must be able to demonstrate current competency to be granted or to have a privilege renewed.
4. Please pay close attention to make sure you submit all required forms (i.e., activity, case logs), as incomplete files cannot be processed
5. Electronically Sign/Date form.

Notes:

- Applicants are not required to apply for all specialty-specific Core Privileges. If requirements exist for a particular specialty, the criteria will be outlined under the required qualifications section of each privilege form.
- Applicants may request privileges that apply to multiple specialties if they qualify.
- **IMPORTANT-If you have not met the minimum activity requirements for any privileges; do not check the boxes for those privileges.**

Facilities

WH

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine.
Certification	Current certification through ABMS or AOA Board American Board of Internal Medicine in Internal Medicine. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
Clinical Experience (Initial)	Applicant must provide documentation of provision of internal medicine services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed Applicant must be able to provide documentation of provision of internal medicine services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of internal medicine services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

AND Active/Provisional Staff Only: Of the 20 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

AND If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of internal medicine (waived for applicants who have completed training during the previous 24 months).

Core Privileges in Internal Medicine

Description: Provision of general medical/primary care managing both common and complex illnesses.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
	<input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, provide generalist/primary care consultation and medically manage and treat adolescent and adult patients.
<input type="checkbox"/>	Interpretation of EKG and imaging studies
<input type="checkbox"/>	Hyperalimentation/TPN
<input type="checkbox"/>	Assist at Surgery
<input type="checkbox"/>	CCU - Act as consultant; write orders within the scope of his/her specialty/expertise
	Procedures
<input type="checkbox"/>	Draw venous blood
<input type="checkbox"/>	Draw arterial blood
<input type="checkbox"/>	Pap smear and endocervical culture
<input type="checkbox"/>	Placement of peripheral venous lines
<input type="checkbox"/>	Skin biopsy
<input type="checkbox"/>	Trephination of nail
<input type="checkbox"/>	Incision and drainage or aspiration of a superficial soft tissue mass
<input type="checkbox"/>	Sigmoidoscopy
<input type="checkbox"/>	Posterior nasal packing
<input type="checkbox"/>	Excision of simple skin lesion (Perform simple skin biopsy or excision)

Core Privileges in Internal Medicine

Description: Provision of general medical/primary care managing both common and complex illnesses.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
	<input type="checkbox"/> - Currently Granted privileges
	<input type="checkbox"/> Lumbar puncture
	<input type="checkbox"/> Thoracentesis
	<input type="checkbox"/> Paracentesis
	<input type="checkbox"/> Placement of arterial lines
	<input type="checkbox"/> Placement of central lines (Central venous catheter placement)
	<input type="checkbox"/> Telemetry (Electrocardiogram (EKG) and imaging studies, preliminary interpretation)
	<input type="checkbox"/> Joint aspiration and injection

FPPE

<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

I have requested only those privileges for which I am qualified by education, training, current experience, and demonstrated current competency I am entitled to perform and that I wish to exercise at Washington Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotional or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

Practitioner's Signature

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
-----------	---



DATE: May 13, 2026
TO: Washington Township Health Care District Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: **ECG Managed Care Contracting Consultants**

Executive Summary

I am requesting approval to engage ECG, a nationally recognized managed care consulting firm, to provide strategic and operational support for Washington Health's managed care contracting efforts across the hospital, medical group, ambulatory surgery centers, and rehabilitation services.

Managed care reimbursement represents one of the most significant drivers of the organization's long-term financial sustainability. Given the volume and complexity of payer negotiations scheduled for this year combined with current staffing limitations and gaps within our Managed Care department, external expertise is necessary.

While our internal team has remained committed and engaged, our current pace of negotiations is not achieving the level of financial improvement required in today's environment. Engaging ECG will provide immediate support, advanced analytical capabilities, and experienced negotiation expertise to help position Washington Health more effectively with commercial payers.

Proposed Engagement

I recommend engaging ECG to provide specialized support in the following areas:

1. Contracting Strategy Development

- Establish payer-specific negotiation strategies for major commercial payers
- Develop proactive negotiation positions supported by market analytics and financial data
- Assist in prioritizing negotiations based on financial opportunity and strategic importance

2. Financial Modeling and Analytics

- Build robust contract models across multiple reimbursement methodologies, including DRG, case rate, percent-of-charge, and fee schedule structures
- Quantify the financial impact of current versus proposed contract terms
- Provide scenario modeling to support executive decision-making during negotiations

3. Contract Optimization and Negotiation Support

- Identify underperforming contract provisions and prioritize renegotiation opportunities
- Support live negotiations with strategic guidance, payer positioning, rebuttals, and escalation planning
- Strengthen Washington Health's overall negotiating posture and preparedness

4. Infrastructure and Capability Development

- Implement standardized contract tracking tools, dashboards, and reporting mechanisms
- Develop consistent workflows for contract intake, review, and monitoring
- Provide training and knowledge transfer to internal staff to strengthen long-term organizational capability

Financial Considerations

The proposed engagement includes a combination of fixed engagement costs and time-and-materials support. A retainer of \$30,000 is due upon contract execution, with subsequent work efforts applied against the retainer balance.

The full engagement is anticipated not to exceed \$375,000 depending on the scope and duration of negotiations.

There is partial budget mitigation associated with this engagement, as the currently budgeted Director of Managed Care position is temporarily vacated during this period.

Given the magnitude of managed care reimbursement across the organization, even modest contract improvements are expected to generate a meaningful financial return relative to the investment.

Recommendation

Given the critical importance of managed care reimbursement to Washington Health's financial sustainability, the volume and complexity of upcoming negotiations, and the current operational limitations within our internal contracting infrastructure, it is requested that the Board of Directors approve the Chief Executive Officer to move forward with engaging ECG for managed care consulting and negotiation support not to exceed \$375,000.

RESOLUTION NO. 1281

**RESOLUTION AND ORDER OF THE BOARD OF DIRECTORS OF
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT OF ALAMEDA
COUNTY, STATE OF CALIFORNIA, CALLING A DISTRICT GENERAL
ELECTION TO BE HELD IN WASHINGTON TOWNSHIP HEALTH CARE
DISTRICT ON NOVEMBER 3, 2026**

WHEREAS, Section 32100 of the Health and Safety Code of the State of California provides that the elective officers of a local health care district shall be a board of directors consisting of five (5) members, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years;

WHEREAS, the term of three Directors, out of the existing Directors, shall expire at noon on the first Friday of December of 2026;

WHEREAS, Section 32100.5 of the Health and Safety Code provides that an election, which shall be known as the Health Care District General Election, shall be held in each local health care district on the first Tuesday after the first Monday in November of each even-numbered year, at which a successor shall be chosen for each officer whose term shall expire;

WHEREAS, the Washington Township Health Care District General Election shall be consolidated with the statewide General Election pursuant to Part 3 of Division 10 (commencing with Section 10400) of the Elections Code, and the person receiving the highest number of votes for each office to be filled at such election shall be elected hereto; and

WHEREAS, the term of office of each of the three (3) persons elected to fill those terms expiring at noon on the first Friday of December 2026 shall be four (4) years or until his or her successor is elected and has qualified.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED AS FOLLOWS:

1. That in accordance with the provision of Section 32100 and 32100.5 of the Health and Safety Code of the State of California, a Health Care District General Election be and the same hereby is called and the same shall be held in said Washington Township Health Care District of Alameda County, State of California, on Tuesday, November 3, 2026, from the hour of 7:00 o'clock a.m., of said day until the hour of 8:00 o'clock p.m., of said day during which period of time electors of the said Washington Township Health Care District may vote for the successor of each of the three (3) members of the Board of Directors of Washington Township Health Care District of Alameda County, State of California, whose terms are about to expire, to serve for terms of four (4) years;

2. That all registered voters residing within Washington Township Health Care District of Alameda County, State of California, are qualified electors at said election, and the manner of voting, the form of ballot to be used, and in all other particulars said Health Care District General Election shall be held in accordance with the General Election laws of the State of California; and

Passed and adopted by the Board of Directors of the Washington Township Health Care District this 13th day of May 2026 by the following vote:

AYES:

NOES:

ABSENT:

WILLIAM NICHOLSON, MD
President, Board of Directors
Washington Township Health Care District

MICHAEL WALLACE
Secretary, Board of Directors
Washington Township Health Care District

RESOLUTION NO. 1282

RESOLUTION ORDERING THE CONSOLIDATION OF THE HEALTH CARE DISTRICT GENERAL ELECTION TO BE HELD IN WASHINGTON TOWNSHIP HEALTH CARE DISTRICT OF ALAMEDA COUNTY, STATE OF CALIFORNIA ON NOVEMBER 3, 2026, WITH THE STATEWIDE GENERAL ELECTION TO BE HELD ON NOVEMBER 3, 2026, AND REQUESTING THE BOARD OF SUPERVISORS OF THE COUNTY OF ALAMEDA TO CONSOLIDATE SAID HEALTH CARE DISTRICT GENERAL ELECTION WITH SAID STATEWIDE GENERAL ELECTION, INsofar AS THE TERRITORY IN WHICH SAID ELECTIONS ARE TO BE HELD IS THE SAME

WHEREAS, the Board of Directors of Washington Township Health Care District is the governing body of the Washington Township Health Care District of Alameda County, State of California, and has called a Health Care District General Election to be held in said District on November 3, 2026, for the purpose of choosing a successor of each of the three (3) members of the Board of Directors whose terms are about to expire;

WHEREAS, Washington Township Health Care District of Alameda County is situated entirely within the boundaries of Washington Township, Alameda County, State of California; and

WHEREAS, it is desirable that said Health Care District General Election be consolidated with the statewide General Election to be held on November 3, 2026, insofar as the same shall be held in the same territory.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED by the Board of Directors of Washington Township Health Care District of Alameda County, State of California, as follows:

1. That the Health Care District General Election called and to be held on November 3, 2026, in said Washington Township Health Care District of Alameda County, shall be and the same is hereby consolidated with the statewide General Election to be held on said date throughout the State of California, insofar as the territory in which said elections are to be held is the same, to wit: within the boundaries of Washington Township Health Care District, Alameda County, California;

2. That the Board of Supervisors of the County of Alameda is requested to consolidate said Health Care District General Election to be held on November 3, 2026 in said Washington Township Health Care District of Alameda County for the purpose of choosing a successor for each of the three (3) members of the Board of Health Care Directors whose terms are about to

expire on the first Friday of December 2026 with the statewide General Election to be held on November 3, 2026 insofar as the territory with the County of Alameda is the same as the territory within the boundaries of said Washington Township Health Care District of Alameda County, to wit: within the boundaries of Washington Township, Alameda County, State of California, and that the territory affected by this order of consolidation, the election precincts, polling places, and voting booths, shall in every case be the same as those established and provided for said statewide General Election and that the election officers in each precinct shall in every case be the same, to wit: the election officers to be appointed by said Board of Supervisors and that there shall be only one set of election officers in each polling place and that all proceedings held in the premises shall be recorded in one set of election papers and that the election shall be held in all respects as though there were only one election within said territory affected by such order of consolidation, and that the names of the persons proposed by petition as candidates for each of said offices of members of the Board of Directors of said Health Care District be set forth on the ballots for said statewide General Election in substantially the following form:

(WASHINGTON TOWNSHIP HEALTH CARE DISTRICT)
(BOARD OF DIRECTORS: FOUR-YEAR TERM, VOTE FOR THREE)

3. That said Board of Supervisors of the County of Alameda is authorized and requested to cause the canvass of the returns of said Washington Township Health Care District General Election and to direct the Registrar of Voters to certify said results of said General Election of this Board of Directors of Washington Township Health Care District of Alameda County when such results have been ascertained;

4. That any candidate filing a candidate's statement of qualifications pursuant to Section 13307 of the California Elections Code shall pay the actual prorated costs of printing and handling said candidate's statement as provided therein. Said candidate's statement shall contain no more than 400 words. Candidates will not be permitted to submit other materials to be sent with the sample ballot and voter's pamphlet; and

5. That the Secretary of this Board of Directors is hereby directed to file a certified copy of this Resolution with the Board of Supervisors of the County of Alameda.

Passed and adopted by the Board of Directors of Washington Township Health Care District this 13th day of May 2026, by the following vote:

AYES:

NOES:

ABSENT:

WILLIAM NICHOLSON, MD
President, Board of Directors
Washington Township Health Care District

MICHAEL WALLACE
Secretary, Board of Directors
Washington Township Health Care District



Stroke Program

Jack Rose, MD
Co-Medical Director, Washington Hospital Stroke Program

Prabhjot Khalsa, MD
Co-Medical Director, Washington Hospital Stroke Program

Maria Nunes, MSN, NP
Director of Quality & Special Programs



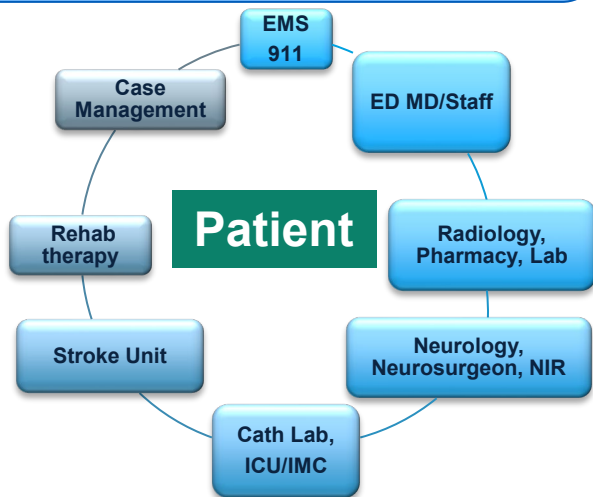
Stroke Program Overview

Washington Health Stroke Program

Structure

Patient-centered care relies on:

- Cross-functional teamwork
- Communication /collaboration
- Focus on **TARGET STROKE GOAL**
 - Door to drug ≤ 45 minutes- 75% of time
 - Door to drug ≤ 30 minutes- 50% of time
 - Door to device ≤ 90 mins



Governance

Executive Leadership- VP/CNO

- Terri Hunter, DNP, MPA, RN, NEA-BC, CENP
- Mary Bowron, AVP/Chief Quality Officer, DNP, RN, CIC, CPHQ

Program Medical Co-Directors

- Dr. Prabhjot Khalsa and Dr. Jack Rose

Program Neurologists

- Prabhjot Khalsa, MD- Neurointensivist
- Sandeep Walia, MD - Neurointensivist
- Jack Rose, MD- Neurointensivist

Program Neurointerventionalists

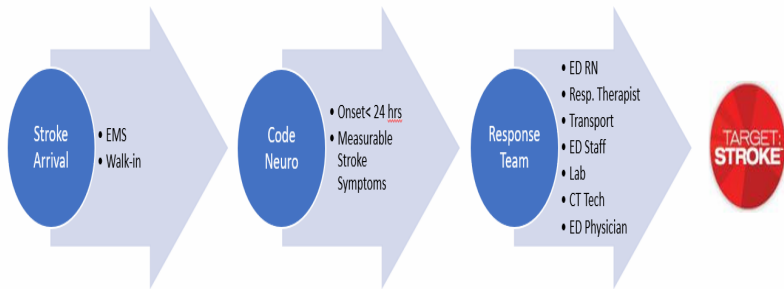
- Jeffrey Thomas, MD- Neurosurgeon/Neurointerventionalist
- David Carrington, MD- Radiologist/Neurointerventionalist
- Dan Raper, MD- Neurosurgeon /Neurointerventionalist

Stroke Program Nursing Leadership

- Maria Nunes, Nurse Practitioner (Director of Quality & Special Programs) MSN, FNP-BC, SCRNC- BC, RN
- Charlene Singer (Neuroscience Program Coordinator) BSN, SCRNC-BC, RN



Stroke Alert Process: Code Neuro



- Implemented in July 2016 at Washington Health
- Specific goals of implementing stroke alert process Code Neuro:
 - Door to CT Reading \leq 45 minutes
 - Door to ED MD \leq 15 minutes
 - Door to Lab Results \leq 45 minutes



Stroke Alert Process: Code Stroke MT

NEURO IR WORKFLOW for AIS with LVO



- CTH negative for hemorrhage
- Non-zero NIHSS and disabling symptoms
- Radiologist and / or Neurologist identifies acute LVO with CTA
- LSN < 24 HRS

- Neurologist consults neurointerventionalist immediately after above criteria met
- Goal < 30 mins from patient arrival in ED

- Neurointerventionalist agrees with Cath lab procedure
- Neurointerventionalist activates **CODE STROKE MT**
- Goal \leq 60 mins of patient arrival in ED

- Patient is prepped for IR procedure by Cath Lab and transferred to Cath lab.
- Consent obtained
- Groin puncture.
- Goal door to device \leq 90 mins of patient arrival in ED

Program Trends and Data Analysis

Metric Category	2022	2023	2024	2025
Thrombolytic Therapy Patients	293	237	238	248
ED IV Therapy Intervention	39	38	31	40
Endovascular Therapies	9	6	16	25
Stroke Volume	493	390	397	356

Note: 2025 data reflects the highest level of interventional care (IV & Endovascular) despite overall volume challenges.

Long-Term Volume & Competition Impact

- ✓ Certification achieved July 2007
- ✓ Volume averaged 460 cases a year between 2010 and 2022 and an increase in local stroke programs has resulted in a decrease in the number of cases and an increase in the clinical acuity

Clinical Acuity Shift (2024 vs 2025)

- ✓ Acute Ischemic cases rose from 61% to 70%
- ✓ ICH rose from 13% to 15%
- ✓ Lower acuity TIA cases dropped from 17% to 10%


Advanced Endovascular Therapies Surge (MT)

- ✓ **177% increase** since 2022
- ✓ From 9 cases in 2022 to 25 cases in 2025



Neuroradiology Services

Procedure Volumes

Year	Thrombectomies	Coiling+Clipping	Carotid Stents	Carotid Artery Endarterectomy (CEA)	Transcarotid Artery Revascularization (TCAR)
2019	9	15	7	17	0
2020	6	12	1	21	1
2021	6	16	3	16	2
2022	9	14	2	21	2
2023	6	13	0	20	0
2024	16	11	0	21	1
2025	 25	10	0	23	0

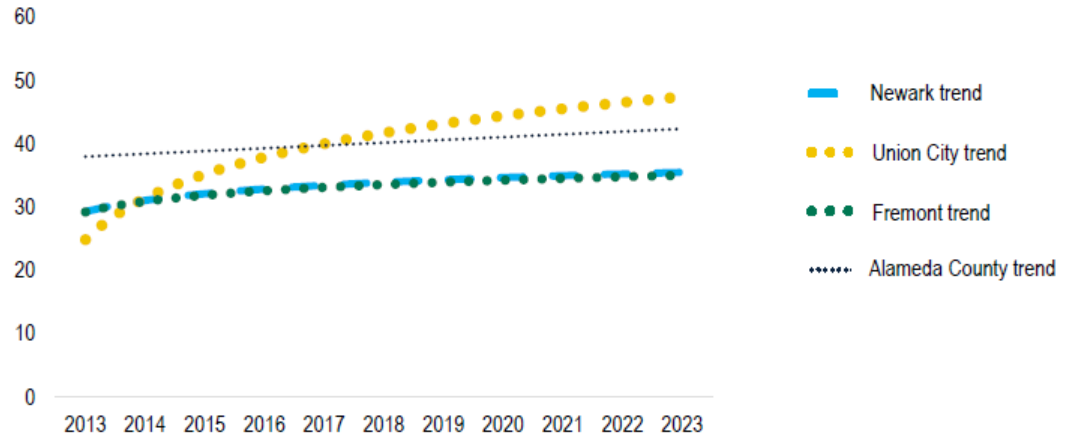
2025 Community Health Needs Assessment



Cerebrovascular conditions (stroke, heart disease, and cardiac arrest) among top causes of death in Alameda County

Stroke mortality remains steady in Fremont and Newark
Stroke deaths in Union City are trending up

Stroke mortality trendlines over time, by city: The stroke mortality trendline for Union City shows that the trend has been steeper compared to the county's.



Note: Shows linear trendlines rather than actual data points. See Attachment 3, Secondary Data Tables, for data by year. Source: Alameda County Public Health CAPE Unit, with county death data from California Department of Public Health Vital Records Business Intelligence System (VRBIS) and out-of-state death files. 2019-2023.

Community Health Improvement Plan



Indicator Name	Fremont	Newark	UC	AC
Stroke ED Visits Rate	45.1	54.0	68.9	56.2

- Union City has a higher rate of stroke ED visits than the County
- Understanding we have an opportunity to work in Union City on health education and prevention of heart disease and stroke, Washington Health partnered with Union City to hold the HEART SMART WALK with the first topic being signs and symptoms of stroke.




Heart Smart Walking Challenge

- Program created in response to 2023 CHNA report
- Partnership between Union City and Washington Health
- Monthly Heart Healthy Walks with a WH health professional
 - Stroke
 - Walking Safety
 - Heart Healthy Nutrition
 - Cholesterol and Blood Pressure
- 2026 expansion to Newark



For 2025: Over 190 walkers registered with 46 million steps logged!

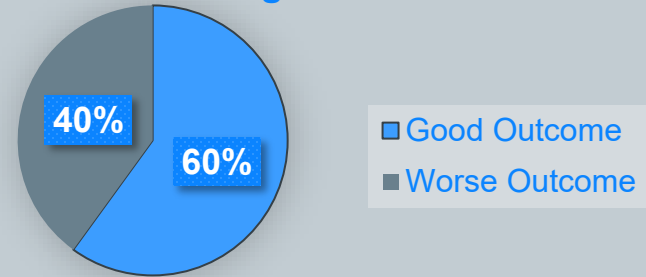
Stroke Program Outcomes

Washington Health Stroke Program Functional Outcomes

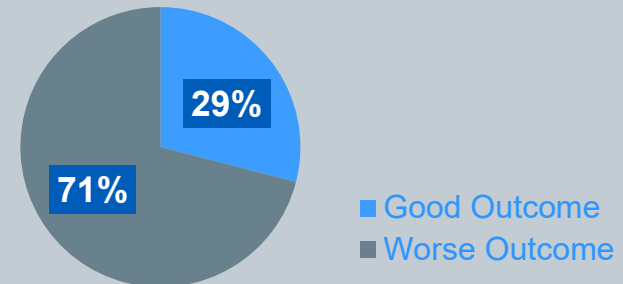


- The modified Rankin Scale is the standard industry scale used to measure functional outcomes in stroke patients at discharge from the hospital.
- A rating of 0, 1, 2 or 3 out of 6 equates with what is considered a good functional outcome.
- **In 2025 Washington Health's good outcome was more than two times BETTER when compared to the state's benchmark hospitals reporting. This remained consistent with the prior year data.**
- Any improvements made in the door-to-needle time also equates to better outcomes related to functionality at the time of discharge.

Washington Health Functional Outcome at Discharge



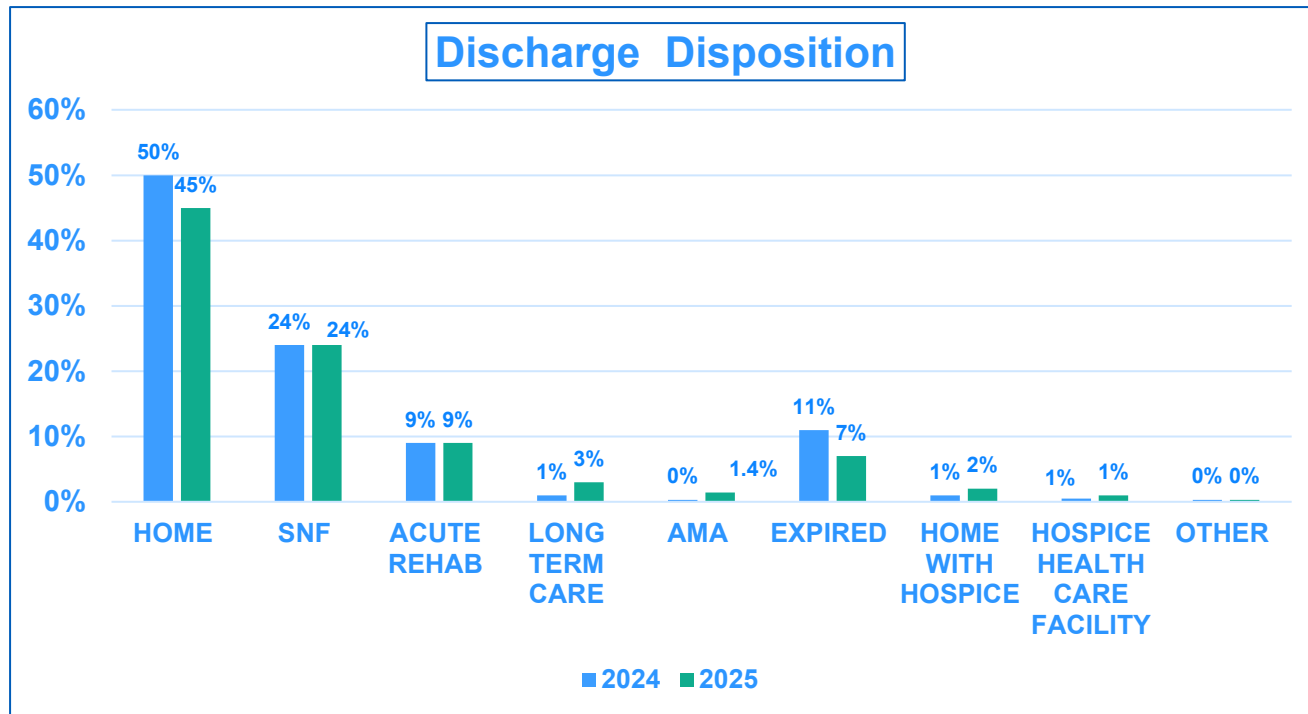
All California Hospitals Functional Outcome at Discharge





Discharge Disposition

- For the past three years, almost 50% of the stroke patients were discharged to home from the hospital.
- 24% of patients continued their rehabilitation therapy in a skilled nursing facility.



Note: American Stroke Association's Get With the Guidelines data

Performance Measures

Primary Stroke Measures Comparison: 2024 vs 2025



Overall Performance Summary:

Stroke program compliance remained exceptionally high in both 2024 and 2025, with nearly all measures performing at **97–100%**.

In 2024, the average compliance across measures was approximately **99.4%**.

In 2025, the average compliance improved to approximately **99.6%**.

Despite organizational restructuring in late 2024 and the transition away from dedicated stroke nurse roles, the program sustained and improved overall performance in 2025, demonstrating strong interdisciplinary ownership and process reliability.

Note: American Stroke Association's Get With the Guidelines data



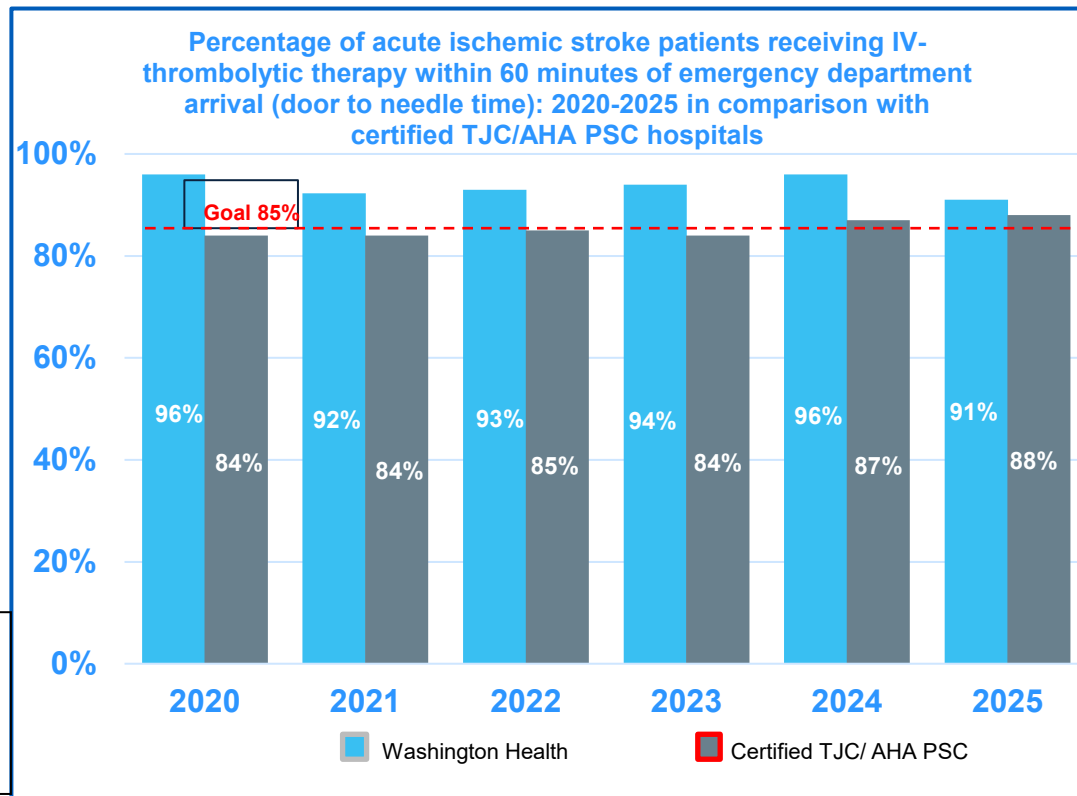
Performance Measures

Target Stroke: IV Thrombolytic therapy for Acute Ischemic Stroke within 60 Minutes

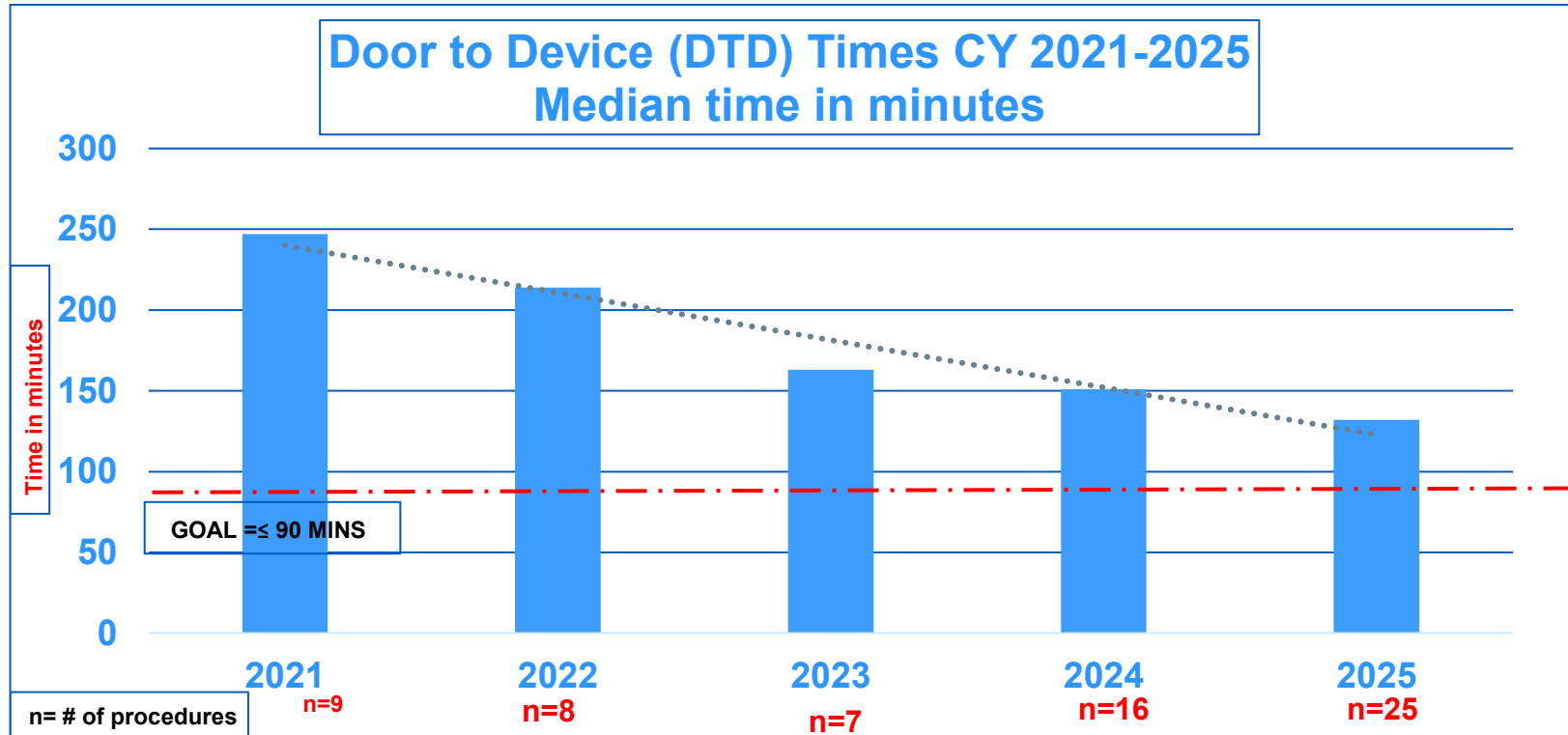
2025 Goal: 85% of patients receive TPA within 60 minutes

Washington Health has been consistently performing **above the national goal** for the past six years and exceedingly well in comparison with other certified TJC/AHA PSC hospitals with the measure, **door to needle time** within 60 mins.

Note: American Stroke Association's Get With the Guidelines Data



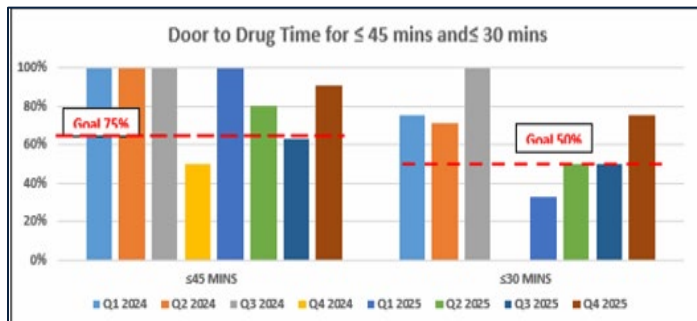
Endovascular Therapy Measure (MT)



Performance Improvement

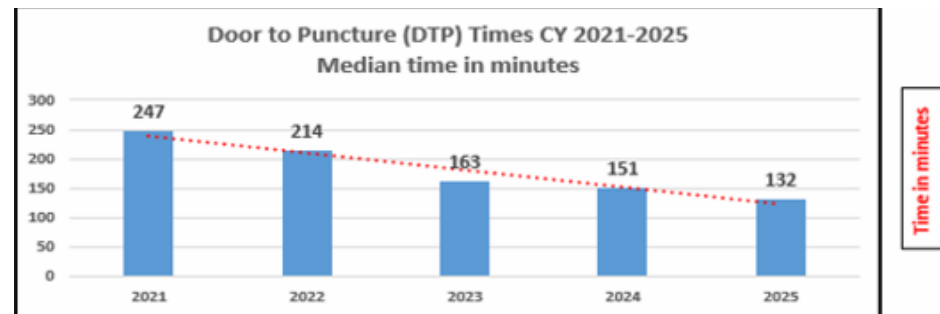
Performance Improvement Plans

IV tPA / Door-to-Needle Performance



- Sustained improvement in Door-to-Needle times, with increased compliance achieving treatment within ≤45 minutes and ≤30 minutes.
- Due to process redesign, rapid stroke activation workflows, and strengthened neurologist collaboration.

Mechanical Thrombectomy / Door-to-Puncture Performance



- Significant reduction in Door-to-Puncture times from 2021–2025, demonstrating progressive improvement in stroke intervention efficiency.
- Multidisciplinary coordination, streamlined transfer processes, and enhanced endovascular activation workflows improved timely reperfusion for large vessel occlusion stroke patients.

Performance Improvement

EMS 911 Code Neuro Activation



2019 improvement—63% EMS arrival

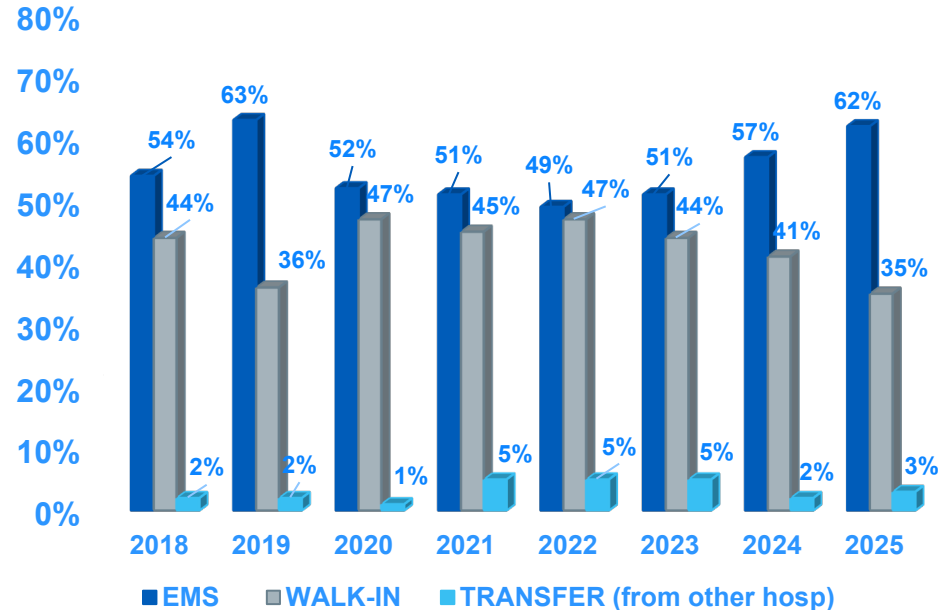
•Faster arrival to CT reading

•Faster time to ED MD evaluation

- 2019 showed our efforts at community awareness paid off.
- The 2020 Covid pandemic caused the community to think twice about calling 911 vs transport by private vehicle.
- 2021 and 2022 were challenged with limited public events.
- From 2023 we have made steady progress with robust community awareness engagement from events like Fremont concert series, education at community health fairs.

Code Neuro Patients Arriving to WHHS Emergency Department
EMS vs. Non EMS Arrival

*EMS activation allows the Code Neuro Team to be there for patients .



Note: American Stroke Association's Get With the Guidelines data

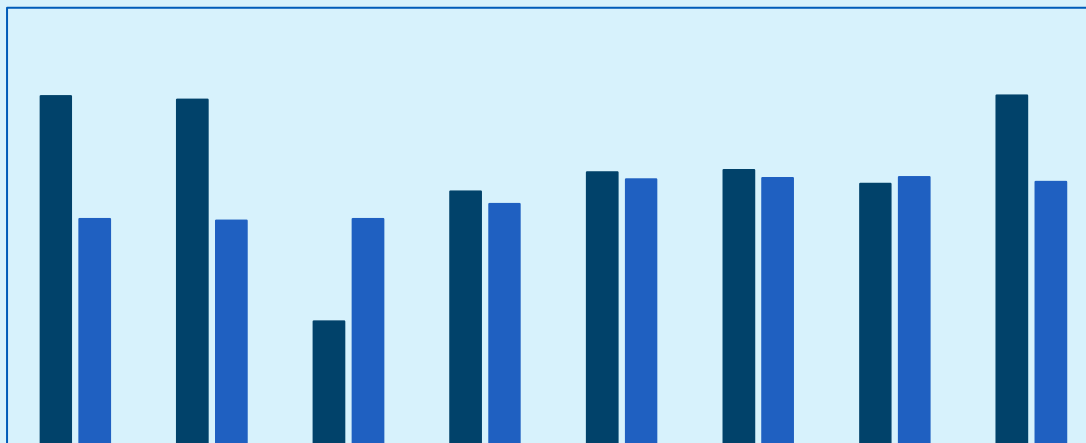
Patient Experience



Overall Patient Experience – Stroke

Press Ganey Overall Patient Experience Score- FY 2025- to date

Mean Score



	QE 06/ 24	QE 09/ 24	QE 12/ 24	QE 03/ 25	QE 06/ 25	QE 09/ 25	QE 12/ 25	QE 03/ 26
■ WH Stroke Diagnosis	93.98	93.75	78.65	87.50	88.80	88.96	88.02	94.03
■ All Press Ganey Database	85.62	85.52	85.63	86.66	88.33	88.42	88.48	88.16

Mean
Press
Ganey
Satisfacti
on Score
(0-100%)

Performance Achievements



Achievements in 2024-2025

- GWTG Award-Gold Plus Elite Award for Stroke and Target Honor Roll for Diabetes 2024.
- Maintained short median time of rapid administration of thrombolytic therapy utilizing IV TNKase.
- ED RN's adapted to new stroke workflow changes and are maintaining stroke metrics with close to zero fall outs.
- Expanded services to San Joaquin Valley, with increased volume of neuro-interventional procedures.
- Developed marketing strategies for Neuroscience program.
- Pacific Stroke Association Conference attendance by Stroke Team.
- Washington Health was an included site in the CREST-2 NEJM publication

Program Goals for 2026 -2028

- Continue to improve door to needle times for TPA – Aim for **GWTG goal of 45 mins or less at least 75% of the time and within 30 mins or less at least 50% of the time.**
- Focus on using the 24 hour expanded time window for mechanical thrombectomies /neuro-interventional treatment according to the *2019 AHA/ASA Stroke Early Management Guidelines*.
- Improve Door to Start of Device time for patients undergoing Mechanical Thrombectomies.
- Advance to the next level of Stroke Certification --- Joint Commission Certified Thrombectomy Capable.
- Continue to market other components of Neuroscience program.
- Long term goal – To obtain Comprehensive Stroke Center certification



Jack Rose, MD
Prabhjot Khalsa, MD
***Medical Co-Directors, Washington Hospital Stroke
Program***

Maria Nunes, MSN, NP
Director of Quality and Special Programs

MEMORANDUM

Date: May 13, 2026

To: Washington Township Health Care District Board of Directors

From: Kimberly Hartz, Chief Executive Officer

Subject: Adoption of Resolution No. 1283 for the Purchase of the Siemens YSIO X.pree for the Center for Joint Replacement

The staff is recommending the replacement of the existing X-ray equipment in the Center for Joint Replacement (“CJR”) with a new digital radiography system.

The current equipment has experienced increasing reliability issues, including 13 full outages over the past two years. Most recently, a critical component failure has made the system difficult to operate, with replacement parts no longer available. This situation creates an urgent need for replacement, as ongoing instability continues to disrupt clinic operations and poses potential safety concerns for staff. After evaluating available options, Dr. Sah, one of the Medical Co-Directors overseeing the Institute for Joint Restoration and Research, which operates the clinic in the CJR, has expressed a preference for the Siemens YSIO X.pree system due to its advanced stitching software capabilities, which will enhance clinical workflow and imaging quality. Additionally, this project will be delivered as a turnkey solution, inclusive of equipment, installation, and required room modifications.

Approximately 40–50 X-ray studies per day are performed in the clinic in the CJR. Equipment downtime has resulted in workflow disruptions, delays in patient care, and reduced operational efficiency. Given the frequency of failures and limited serviceability, replacement is the most effective and sustainable solution.

It is recommended that the Hospital purchase the Siemens YSIO X.pree digital radiography system, which is already in use across the organization. This will support standardization, improve reliability, and ensure continuity of care. The total project cost is \$1,133,801, inclusive of equipment, construction, taxes, and shipping. Due to the age and configuration of the existing system, room modifications are required to accommodate the new equipment. A detailed cost breakdown is as follows:

Equipment:	\$ 360,425
Construction:	\$ 700,390
Taxes:	\$ 36,944
Contingency:	<u>\$ 36,042</u>
Total Project Cost:	\$1,133,801

It is requested that the Board of Directors adopt Resolution No. 1283, which will authorize the purchase and installation of the x-ray equipment described in this memorandum. This project was not included in the FY26 Fixed Asset Capital Budget. Funding will be sourced from FY26 strategic funds originally designated for other strategic initiatives with timing that has shifted into future fiscal years. This reallocation does not result in the strategic funds exceeding its FY26 budget.



WASHINGTON HEALTH
INDEX TO BOARD FINANCIAL STATEMENTS
March 2026

<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: April 30, 2026
 To: Board of Directors
 From: Kimberly Hartz, Chief Executive Officer
 Subject: Washington Health (Hospital) – March 2026
 Operating & Financial Activity

SUMMARY OF OPERATIONS

1. Utilization – Schedule Board 3

	<u>March Actual</u>	<u>March Budget</u>	<u>Current 12 Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	194.6	192.5	181
Combined Average Daily Census	200.5	202.5	187.5
No. of Discharges	1,208	1,144	1,109
Patient Days	6,033	5,968	5,502
Discharge ALOS	5.32	5.22	4.99
<u>OUTPATIENT:</u>			
OP Visits	10,643	9,436	9,384
ER Visits	5,528	5,463	5,193
Observation Equivalent Days – OP	184	310	197

Comparison of March's actual Acute Inpatient Daily Statistics versus the budget showed a higher level of IP Average Daily Census which translates into higher Patient Days. Discharges were higher than budget, and the Average Length of Stay (ALOS), based on discharged days, under-performed the Budget. Outpatient visits were favorable to budget, and Emergency Room visits were favorable 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 March came in at 1,586.1, below the budgeted level of 1,632.5. Non-Productive FTEs were below budget by 83.3. Total FTEs per Adjusted Occupied Bed were 5.39, or 0.72 better than the budgeted level of 6.11.

3. **Income - Schedule Board 1**

Total Gross Patient Revenue of \$256,993,000 for March was \$10,503,000 above the budget, or 4.3%.

Deductions from Revenue totaled \$195,704,000 which equates to a 76.15% blended contractual rate. This was favorable to the budgeted rate of 76.20%.

Total Net Operating Revenue of \$62,690,000 was \$2,727,000 or 4.5% above the Budget.

Total Operating Expenses for the month were \$58,745,000, which was lower than the budget by \$1,186,000, or 2.0%.

For the month of March, the Hospital reported a Net Operating Gain of \$3,945,000 from Operations, a 6.3% Margin.

The Total Non-Operating Income of \$539,000 for the month includes an unrealized gain on investments of \$379,000 and was unfavorable to the budget by (\$646,000).

The Net Income for March was \$4,484,000, which equates to a 7.2% Margin, and was \$3,267,000 above the Budgeted Net Income of \$1,217,000.

The Total Net Gain for March using FASB accounting principles, in which the unrealized gain/loss on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$3,819,000 (a 6.1% Margin) compared to Budgeted Income of \$251,000 for a favorable variance of \$3,568,000.

4. **Balance Sheet – Schedule Board 2**

There were no noteworthy changes in assets and liabilities when compared to February 2026.

KIMBERLY HARTZ
Chief Executive Officer



WASHINGTON HEALTH
STATEMENT OF REVENUES AND EXPENSES
March 2026
GASB FORMAT
(In thousands)

March						FISCAL YEAR TO DATE					
PRIOR YEAR	ACTUAL	BUDGET	FAV (UNFAV)	VAR	% VAR.	PRIOR YEAR	ACTUAL	BUDGET	FAV (UNFAV)	VAR	% VAR.
						OPERATING REVENUE					
\$ 146,379	\$ 152,307	\$ 152,895	\$ (588)		-0.4%	1 INPATIENT REVENUE	\$ 1,192,641	\$ 1,296,362	\$ 1,322,779	\$ (26,417)	-2.0%
86,443	104,686	93,595	11,091		11.8%	2 OUTPATIENT REVENUE	825,908	830,278	809,150	21,128	2.6%
232,822	256,993	246,490	10,503		4.3%	3 TOTAL PATIENT REVENUE	2,018,549	2,126,640	2,131,929	(5,289)	-0.2%
(173,174)	(192,057)	(183,170)	(8,887)		-4.9%	4 CONTRACTUAL ALLOWANCES	(1,522,121)	(1,588,242)	(1,588,584)	342	0.0%
(5,592)	(3,647)	(4,653)	1,006		21.6%	5 PROVISION FOR DOUBTFUL ACCOUNTS	(41,612)	(36,094)	(41,874)	5,780	13.8%
(178,766)	(195,704)	(187,823)	(7,881)		-4.2%	6 DEDUCTIONS FROM REVENUE	(1,563,733)	(1,624,336)	(1,630,458)	6,122	0.4%
76.78%	76.15%	76.20%				7 DEDUCTIONS AS % OF REVENUE	77.47%	76.38%	76.48%		
54,056	61,289	58,667	2,622		4.5%	8 NET PATIENT REVENUE	454,816	502,304	501,471	833	0.2%
1,047	1,401	1,296	105		8.1%	9 OTHER OPERATING INCOME	13,448	14,024	11,543	2,481	21.5%
55,103	62,690	59,963	2,727		4.5%	10 TOTAL OPERATING REVENUE	468,264	516,328	513,014	3,314	0.6%
						OPERATING EXPENSES					
25,948	27,646	28,766	1,120		3.9%	11 SALARIES & WAGES	220,540	237,783	243,959	6,176	2.5%
9,438	9,240	9,494	254		2.7%	12 EMPLOYEE BENEFITS	72,619	83,085	82,586	(499)	-0.6%
6,963	8,469	7,582	(887)		-11.7%	13 SUPPLIES	61,285	71,006	66,123	(4,883)	-7.4%
7,738	7,270	8,089	819		10.1%	14 PURCHASED SERVICES & PROF SVCS	66,341	68,750	71,088	2,338	3.3%
1,868	2,288	2,188	(100)		-4.6%	15 INSURANCE, UTILITIES & OTHER	17,212	19,316	20,430	1,114	5.5%
3,619	3,832	3,812	(20)		-0.5%	16 DEPRECIATION	31,950	32,582	32,563	(19)	-0.1%
55,574	58,745	59,931	1,186		2.0%	17 TOTAL OPERATING EXPENSE	469,947	512,522	516,749	4,227	0.8%
(471)	3,945	32	3,913		12228.1%	18 OPERATING INCOME (LOSS)	(1,683)	3,806	(3,735)	7,541	201.9%
-0.85%	6.29%	0.05%				19 OPERATING INCOME MARGIN %	-0.36%	0.74%	-0.73%		
						NON-OPERATING INCOME & (EXPENSE)					
715	429	472	(43)		-9.1%	20 INVESTMENT INCOME	5,749	5,247	4,248	999	23.5%
(112)	30	-	30		0.0%	21 REALIZED GAIN/(LOSS) ON INVESTMENTS	(152)	156	-	156	0.0%
(1,819)	(2,393)	(1,656)	(737)		-44.5%	22 INTEREST EXPENSE	(15,133)	(16,938)	(14,785)	(2,153)	-14.6%
52	50	128	(78)		-60.9%	23 RENTAL INCOME, NET	1,141	356	825	(469)	-56.8%
-	-	-	-		0.0%	24 FOUNDATION DONATION	5,242	5,939	6,561	(622)	-9.5%
-	-	-	-		0.0%	25 BOND ISSUANCE COSTS	(1)	5	-	5	0.0%
-	-	-	-		0.0%	26 FEDERAL GRANT REVENUE	153	-	-	-	0.0%
2,194	2,032	2,032	-		0.0%	27 PROPERTY TAX REVENUE	18,925	18,450	18,450	-	0.0%
328	12	209	(197)			28 EQUITY INVESTMENT EARNINGS	1,971	555	1,883	(1,328)	-70.5%
-	-	-	-			29 GAIN (LOSS) ON DISPOSALS	(37)	679	-	679	0.0%
125	379	-	379		0.0%	30 UNREALIZED GAIN/(LOSS) ON INVESTMENTS	2,964	1,740	-	1,740	0.0%
1,483	539	1,185	(646)		-54.5%	31 TOTAL NON-OPERATING INCOME & EXPENSE	20,822	16,189	17,182	(993)	-5.8%
\$ 1,012	\$ 4,484	\$ 1,217	\$ 3,267		268.4%	32 NET INCOME (LOSS)	\$ 19,139	\$ 19,995	\$ 13,447	\$ 6,548	48.7%
1.84%	7.15%	2.03%				33 NET INCOME MARGIN %	4.09%	3.87%	2.62%		
\$ (87)	\$ 3,819	\$ 251	\$ 3,568		1421.5%	34 NET INCOME (LOSS) USING FASB PRINCIPLES**	\$ 7,274	\$ 11,464	\$ 4,615	\$ 6,849	148.4%
-0.16%	6.09%	0.42%				NET INCOME MARGIN %	1.55%	2.22%	0.90%		

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



WASHINGTON HEALTH
BALANCE SHEET
 March 2026
(In thousands)

ASSETS AND DEFERRED OUTFLOWS		March 2026	Audited June 2025	LIABILITIES, NET POSITION AND DEFERRED INFLOWS		March 2026	Audited June 2025
CURRENT ASSETS				CURRENT LIABILITIES			
1	CASH & CASH EQUIVALENTS	\$ 27,873	\$ 30,849	1	CURRENT MATURITIES OF L/T OBLIG	\$ 10,365	\$ 9,880
2	ACCOUNTS REC NET OF ALLOWANCES	85,161	81,212	2	ACCOUNTS PAYABLE	24,778	39,261
3	OTHER CURRENT ASSETS	<u>29,555</u>	<u>32,562</u>	3	OTHER ACCRUED LIABILITIES	65,954	86,340
4	TOTAL CURRENT ASSETS	142,589	144,623	4	INTEREST	<u>6,155</u>	<u>13,801</u>
				5	TOTAL CURRENT LIABILITIES	107,252	149,282
ASSETS LIMITED AS TO USE				LONG-TERM DEBT OBLIGATIONS			
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	168,729	181,650	6	REVENUE BONDS AND OTHER	205,647	215,181
6	GENERAL OBLIGATION BOND FUNDS	96,107	129,459	7	GENERAL OBLIGATION BONDS	464,157	466,177
7	REVENUE BOND FUNDS	50,202	50,903				
8	BOND DEBT SERVICE FUNDS	24,799	41,368	OTHER LIABILITIES			
9	OTHER ASSETS LIMITED AS TO USE	<u>10,134</u>	<u>9,902</u>	8	SUPPLEMENTAL MEDICAL RETIREMENT	49,502	46,109
10	TOTAL ASSETS LIMITED AS TO USE	349,971	413,282	9	WORKERS' COMP AND OTHER	11,233	10,540
11	OTHER ASSETS	406,091	383,105	10	NET PENSION	57,677	50,459
				11	ROU ASSET LONG-TERM	9,908	9,712
12	OTHER INVESTMENTS	20,287	26,133	12	NET POSITION	591,764	571,767
13	NET PROPERTY, PLANT & EQUIPMENT	593,541	565,182	13	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,497,140</u>	<u>\$ 1,519,227</u>
14	TOTAL ASSETS	<u>\$ 1,512,479</u>	<u>\$ 1,532,325</u>	14	DEFERRED INFLOWS	26,785	31,573
15	DEFERRED OUTFLOWS	11,446	18,475	15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,523,925</u>	<u>\$ 1,550,800</u>
16	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,523,925</u>	<u>\$ 1,550,800</u>				



**WASHINGTON HEALTH
OPERATING INDICATORS
March 2026**

12 MONTH AVERAGE	March						FISCAL YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
						<u>PATIENTS IN HOSPITAL</u>				
181.0	194.6	192.5	2.1	1%	1	ADULT & SCN AVERAGE DAILY CENSUS	181.3	188.4	(7.1)	-4%
6.5	5.9	10.0	(4.1)	-41%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	6.4	9.8	(3.4)	-35%
187.5	200.5	202.5	(2.0)	-1%	3	COMBINED AVERAGE DAILY CENSUS	187.7	198.2	(10.5)	-5%
8.5	9.1	8.8	0.3	3%	4	NURSERY AVERAGE DAILY CENSUS	8.3	8.6	(0.3)	-3%
196.0	209.6	211.3	(1.7)	-1%	5	TOTAL	196.0	206.8	(10.8)	-5%
3.4	2.1	4.0	(1.9)	-48%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS	3.3	3.9	(0.6)	-15%
5,502	6,033	5,968	65	1%	7	ADULT & SCN PATIENT DAYS	49,671	51,611	(1,940)	-4%
197	184	310	126	41%	8	OBSERVATION EQUIVALENT DAYS - OP	1,756	2,678	922	34%
1,109	1,208	1,144	64	6%	9	DISCHARGES-ADULTS & SCN	10,092	9,886	206	2%
4.99	5.32	5.22	(0.1)	-2%	10	AVERAGE LENGTH OF STAY-ADULTS & SCN	4.93	5.22	0.3	6%
3.06	3.27	3.00	(0.3)	-9%	11	AVERAGE LENGTH OF STAY-ADULTS & SCN / CASE MIX INDEX	3.02	3.20	0.2	6%
						<u>OTHER KEY UTILIZATION STATISTICS</u>				
1.629	1.628	1.739	(0.111)	-6%	12	OVERALL CASE MIX INDEX (CMI)	1.634	1.631	0.003	0%
						<u>SURGICAL CASES</u>				
43	47	42	5	12%	13	CARDIAC	410	342	68	20%
128	149	130	19	15%	14	GASTROENTEROLOGY	1,176	1,125	51	5%
59	53	59	(6)	-10%	15	GENERAL	529	498	31	6%
27	31	29	2	7%	16	NEUROSURGERY	237	246	(9)	-4%
198	236	217	19	9%	17	ORTHOPEDECS	1,807	1,882	(75)	-4%
30	26	29	(3)	-10%	18	UROLOGY	243	241	2	1%
29	22	37	(15)	-41%	19	VASCULAR	275	306	(31)	-10%
31	33	27	6	22%	20	OTHER	280	286	(6)	-2%
545	597	570	27	5%	21	TOTAL CASES	4,957	4,926	31	1%
203	224	209	15	7%	22	CATH LAB CASES	1,854	1,788	66	4%
134	138	144	(6)	-4%	23	DELIVERIES	1,190	1,242	(52)	-4%
9,384	10,643	9,436	1,207	13%	24	OUTPATIENT VISITS	84,752	81,555	3,197	4%
5,193	5,528	5,463	65	1%	25	EMERGENCY VISITS	46,622	47,227	(605)	-1%
						<u>LABOR INDICATORS</u>				
1,509.3	1,586.1	1,632.5	46.4	3%	26	PRODUCTIVE FTE'S	1,510.8	1,588.0	77.2	5%
208.1	180.3	263.6	83.3	32%	27	NON PRODUCTIVE FTE'S	210.2	236.0	25.8	11%
1,717.4	1,766.4	1,896.1	129.7	7%	28	TOTAL FTE'S	1,721.0	1,824.0	103.0	6%
5.09	4.83	5.26	0.43	8%	29	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.08	5.23	0.15	3%
5.79	5.39	6.11	0.72	12%	30	TOTAL FTE/ADJ. OCCUPIED BED	5.79	6.01	0.22	4%



BOARD PRESENTATION





Operating Indicators

Acute Inpatient	March 2026			FYTD March 2026		
	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)
IP Average Daily Census	194.6	192.5	2.1	181.3	188.4	(7.1)
Combined Average Daily Census	200.5	202.5	(2.0)	187.7	198.2	(10.5)
Discharges	1,208	1,144	64	10,092	9,886	206
Patient Days	6,033	5,968	65	49,671	51,611	(1,940)
OP Observation Equivalent Days	184	310	(126)	1,756	2,678	(922)
Average Length of Stay (ALOS)*	5.32	5.22	0.10	4.93	5.22	(0.29)

* This metric is based on discharges





Operating Indicators

Utilization Statistics	March 2026			FYTD March 2026		
	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)
Case Mix Index (CMI)*	1.628	1.739	(0.111)	1.634	1.631	0.003
Deliveries	138	144	(6)	1,190	1,242	(52)
Surgical Cases	597	570	27	4,957	4,926	31
Cath Lab Cases	224	209	15	1,854	1,788	66
Outpatient Visits	10,643	9,436	1,207	84,752	81,555	3,197
Emergency Visits	5,528	5,463	65	46,622	47,227	(605)

* This metric is based on discharges



Surgical and Cath Lab Indicators

Utilization Statistics	March 2026			FYTD March 2026		
	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)
Surgical Cases	597	570	27	4,957	4,926	31
Cardiac	47	42	5	410	342	68
Gastroenterology	149	130	19	1,176	1,125	51
General	53	59	(6)	529	498	31
Neurosurgery	31	29	2	237	246	(9)
Orthopedics	236	217	19	1,807	1,882	(75)
Urology	26	29	(3)	243	241	2
Vascular	22	37	(15)	275	306	(31)
Other	33	27	6	280	286	(6)
Cath Lab Cases	224	209	15	1,854	1,788	66
Cardiac	121	115	6	972	980	(8)
Interventional Radiology	73	62	11	635	535	100
Neuro IR	16	11	5	81	86	(5)
Vascular	14	21	(7)	166	187	(21)





Operating Indicators

Productivity Indicators	March 2026			FYTD March 2026		
	Actual	Budget	(Over) Under	Actual	Budget	(Over) Under
Productive FTEs	1,586.1	1,632.5	46.4	1,510.8	1,588.0	77.2
Nonproductive FTEs	180.3	263.6	83.3	210.2	236.0	25.8
Total FTEs	1,766.4	1,896.1	129.7	1,721.0	1,824.0	103.0
Total FTEs/Adjusted Occupied Bed	5.39	6.11	0.72	5.79	6.01	0.22





Summary of Total Deductions (000s)

March 2026

FYTD March 2026

<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% VAR.</u>		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% VAR.</u>
256,993	246,490	10,503	4.3%	Gross Patient Revenue	2,126,640	2,131,929	(5,289)	-0.2%
192,057	183,170	(8,887)	-4.9%	Contractual Allowance	1,588,242	1,588,584	342	0.0%
74.73%	74.31%			Contractual as % of Revenue	74.68%	74.51%		
3,647	4,653	1,006	21.6%	Provision for Bad Debt and Charity	36,094	41,874	5,780	13.8%
1.42%	1.89%			Provision as % of Revenue	1.70%	1.97%		
195,704	187,823	(7,881)	-4.2%	Total Deduction	1,624,336	1,630,458	6,122	0.4%
76.15%	76.20%			Total Deduction as % of Revenue	76.38%	76.48%		



Summary of Operations-GASB Format (000s)

March 2026					FYTD March 2026			
Actual	Budget	Variance	% VAR.		Actual	Budget	Variance	% VAR.
256,993	246,490	10,503	4.3%	Gross Patient Revenue	2,126,640	2,131,929	(5,289)	-0.2%
76.15%	76.20%			Total Deduction as % of Revenue	76.38%	76.48%		
62,690	59,963	2,727	4.5%	Net Operating Revenue	516,328	513,014	3,314	0.6%
58,745	59,931	1,186	2.0%	Operating Expenses	512,522	516,749	4,227	0.8%
3,945	32	3,913	12228.1%	Net Operating Income (Loss)	3,806	(3,735)	7,541	201.9%
6.3%	0.1%			Net Operating Margin	0.7%	-0.7%		
429	472	(43)	-9.1%	Investment Income	5,247	4,248	999	23.5%
30	-	30	0.0%	Realized Gain/(Loss) on Investments	156	-	156	0.0%
(2,393)	(1,656)	(737)	-44.5%	Interest Expense	(16,938)	(14,785)	(2,153)	-14.6%
50	128	(78)	-60.9%	Rental Income, Net	356	825	(469)	-56.8%
-	-	-	0.0%	Foundation Donation	5,939	6,561	(622)	-9.5%
-	-	-	0.0%	Bond Issuance Costs	5	-	5	0.0%
2,032	2,032	-	0.0%	Property Tax Revenue	18,450	18,450	-	0.0%
12	209	(197)	0.0%	Equity Investment Earnings	555	1,883	(1,328)	-70.5%
-	-	-	0.0%	Gain (loss) on Disposals	679	-	679	0.0%
379	-	379	0.0%	Unrealized Gain/(Loss) on Investments	1,740	-	1,740	0.0%
539	1,185	(646)	-54.5%	Non-Operating Income (Loss)	16,189	17,182	(993)	-5.8%
4,484	1,217	3,267	268.4%	Net Income (Loss)	19,995	13,447	6,548	48.7%
7.2%	2.0%			Net Income Margin	3.9%	2.6%		

Summary of Operations-FASB Format (000s)

March 2026					FYTD March 2026			
Actual	Budget	Variance	% VAR.		Actual	Budget	Variance	% VAR.
256,993	246,490	10,503	4.3%	Gross Patient Revenue	2,126,640	2,131,929	(5,289)	-0.2%
76.15%	76.20%			Total Deduction as % of Revenue	76.38%	76.48%		
62,690	59,963	2,727	4.5%	Net Operating Revenue	516,328	513,014	3,314	0
59,392	60,521	1,129	1.9%	Operating Expenses	517,801	521,916	4,115	0.8%
3,298	(558)	3,856	691.0%	Net Operating Income (Loss)	(1,473)	(8,902)	7,429	83.5%
5.3%	-0.9%			Net Operating Margin	-0.3%	-1.7%		
429	472	(43)	-9.1%	Investment Income	5,247	4,248	999	23.5%
30	-	30	0.0%	Realized Gain/(Loss) on Investments	156	-	156	0.0%
50	128	(78)	-60.9%	Rental Income, Net	356	825	(469)	-56.8%
-	-	-	0.0%	Foundation Donation	5,939	6,561	(622)	-9.5%
-	-	-	0.0%	Bond Issuance Costs	5	-	5	0.0%
12	209	(197)	-94.3%	Equity Investment Earnings	555	1,883	(1,328)	-70.5%
-	-	-	0.0%	Gain (loss) on Disposals	679	-	679	0.0%
521	809	(288)	-35.6%	Non-Operating Income (Loss)	12,937	13,517	(580)	-4.3%
3,819	251	3,568	1421.5%	Net Income (Loss)	11,464	4,615	6,849	148.4%
6.1%	0.4%			Net Income Margin	2.2%	0.9%		



Summary of Operations- GASB EBIDA Format (000s)

March 2026					FYTD March 2026			
Actual	Budget	Variance	% VAR.		Actual	Budget	Variance	% VAR.
256,993	246,490	10,503	4.3%	Gross Patient Revenue	2,126,640	2,131,929	(5,289)	-0.2%
76.15%	76.20%			Total Deduction as % of Revenue	76.38%	76.48%		
62,690	59,963	2,727	4.5%	Net Operating Revenue	516,328	513,014	3,314	0.6%
54,913	56,119	1,206	2.1%	Operating Expenses, excl Depr	479,940	484,186	4,246	0.9%
7,777	3,844	3,933	102.3%	EBIDA	36,388	28,828	7,560	26.2%
12.4%	6.4%			EBIDA Margin	7.0%	5.6%		
3,832	3,812	(20)	-0.5%	Depreciation	32,582	32,563	(19)	-0.1%
3,945	32	3,913	12228.1%	Net Operating Income (Loss)	3,806	(3,735)	7,541	201.9%
6.3%	0.1%			Net Operating Margin	0.7%	-0.7%		
(2,393)	(1,656)	(737)	-44.5%	Interest Expense	(16,938)	(14,785)	(2,153)	-14.6%
2,932	2,841	91	3.2%	Other Non-Op, Net	33,127	31,967	1,160	3.6%
539	1,185	(646)	-54.5%	Non-Operating Income (Loss)	16,189	17,182	(993)	-5.8%
4,484	1,217	3,267	268.4%	Net Income (Loss)	19,995	13,447	6,548	48.7%
7.2%	2.0%			Net Income Margin	3.9%	2.6%		





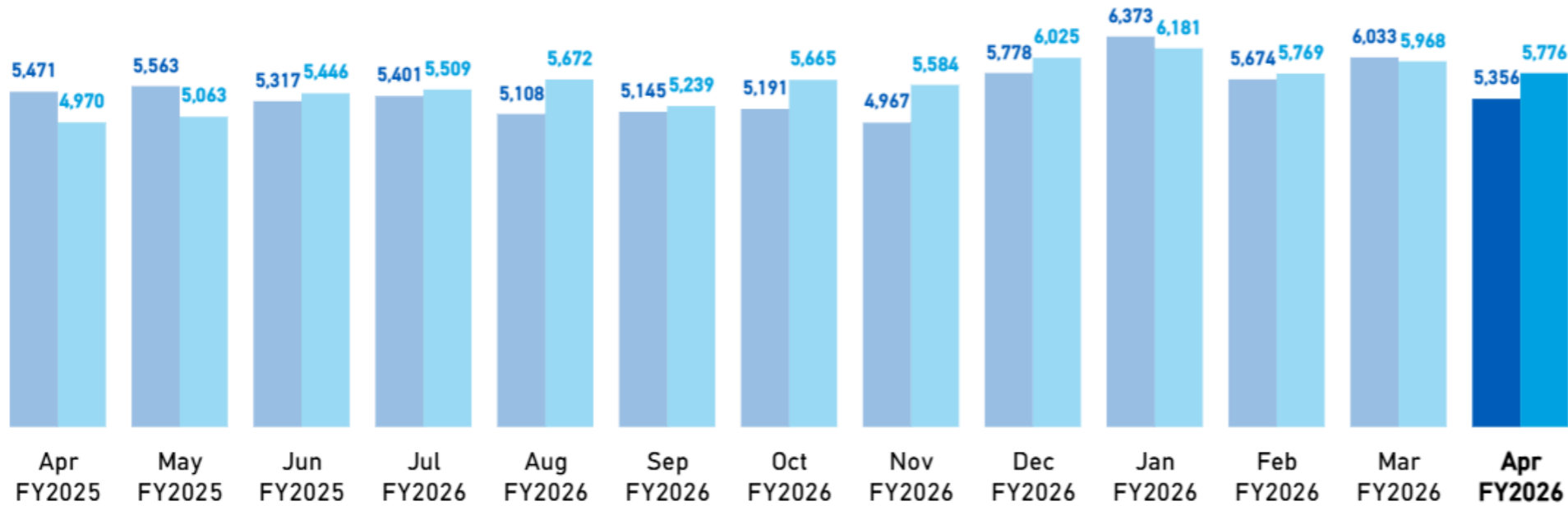
April 2025

Preliminary Operations Report



Patient Days Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



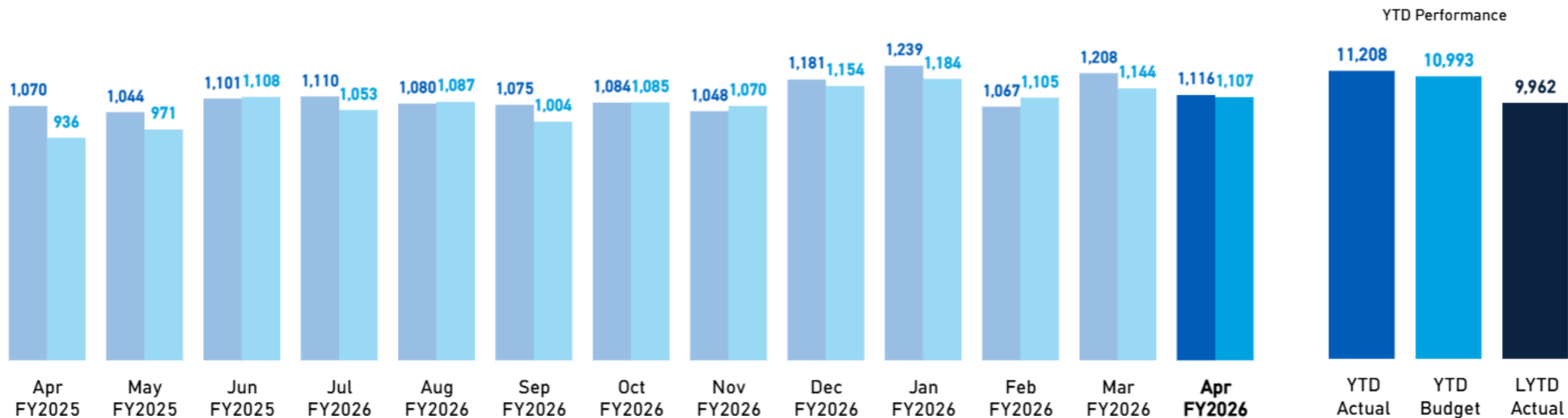
vs. Budget	-419 (-7.3%)	Unfavorable
vs. LY Actual	-115 (-2.1%)	Unfavorable

vs. YTD Budget	-2,359 (-4.1%)	Unfavorable
vs. LYTD Actual	3,371 (6.5%)	Favorable



Discharges Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



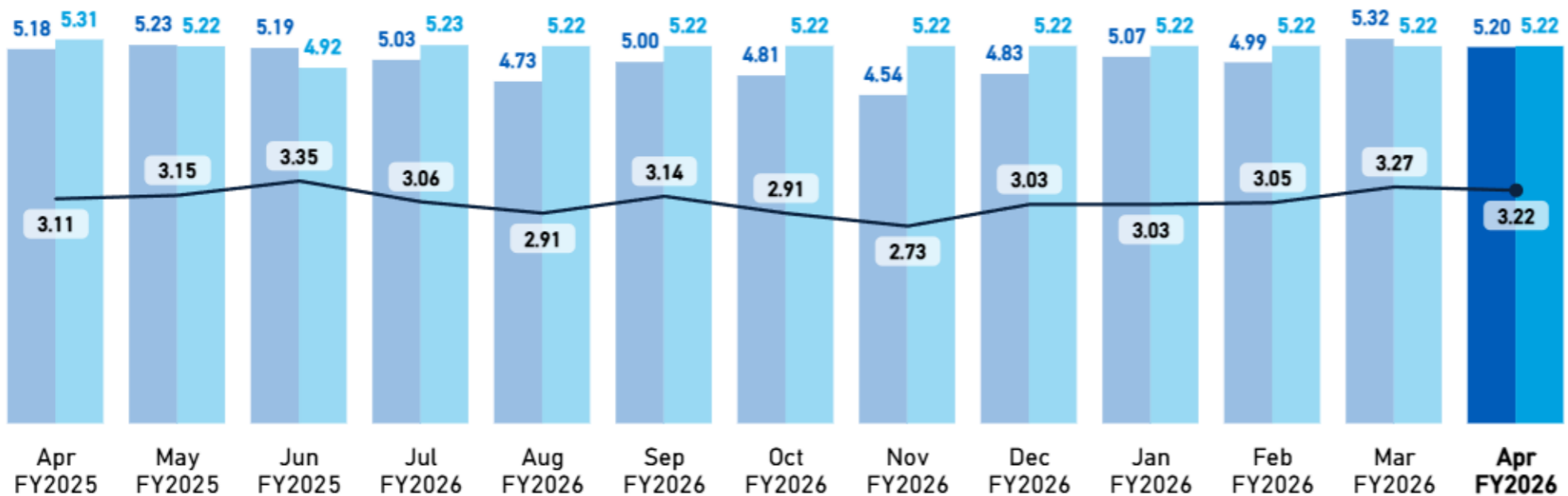
vs. Budget	9 (0.8%)	Consistent
vs. LY Actual	46 (4.3%)	Favorable

vs. YTD Budget	215 (2.0%)	Favorable
vs. LYTD Actual	1,246 (12.5%)	Favorable



IP Average Length of Stay

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual — ALOS/CMI



YTD Performance



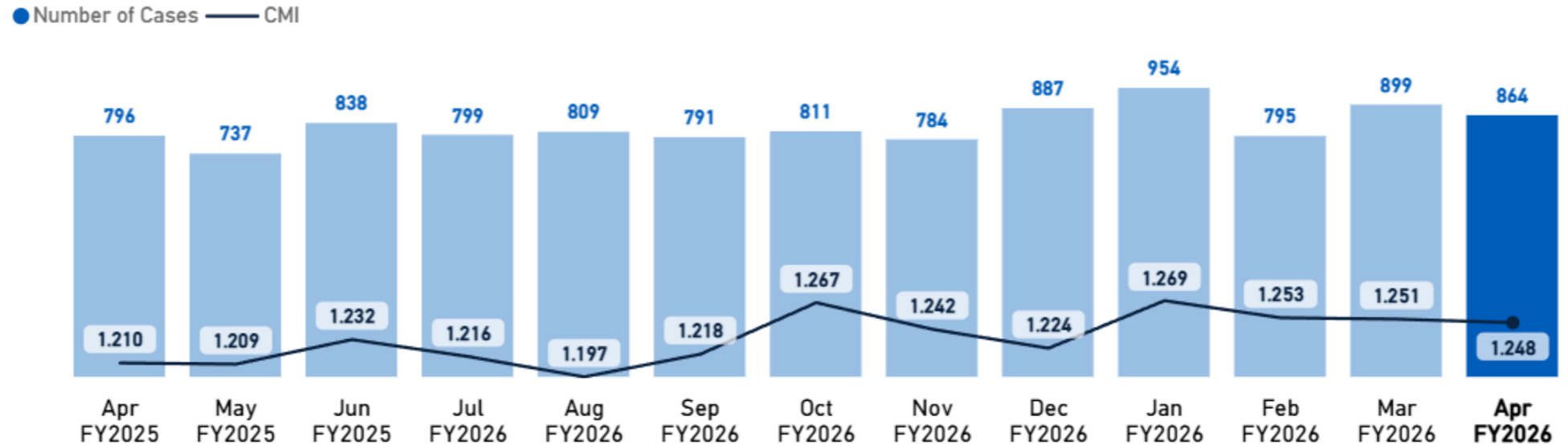
vs. Budget	0.02 (0.3%)	Consistent
vs. LY Actual	-0.02 (-0.5%)	Consistent

vs. YTD Budget	0.26 (5.0%)	Favorable
vs. LYTD Actual	0.27 (5.1%)	Favorable



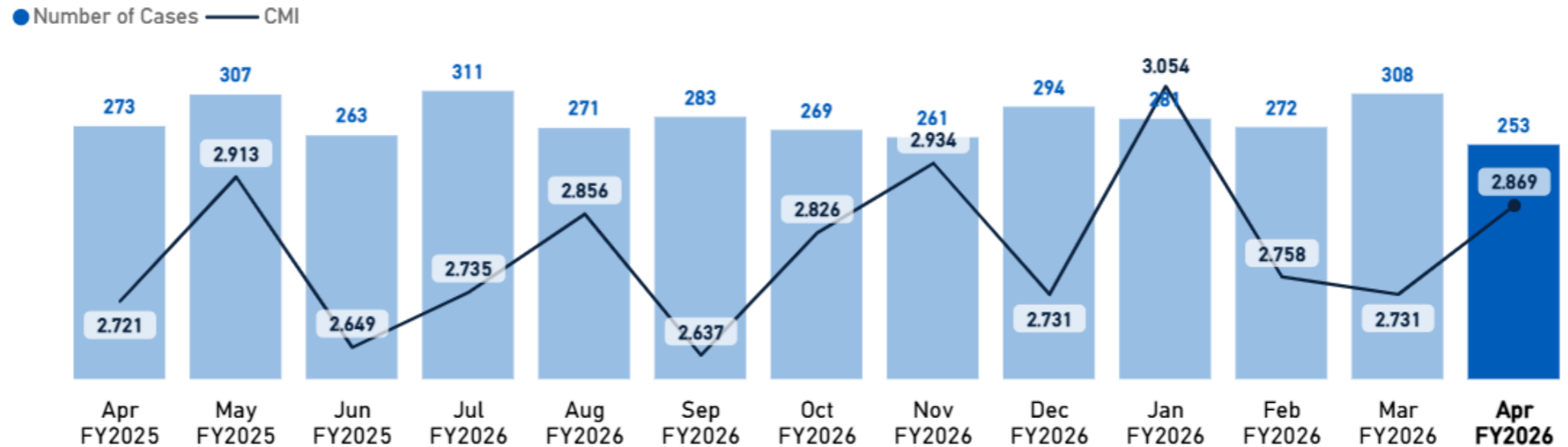
Medical

77.4%
of Total Cases
Apr FY2026



Surgical

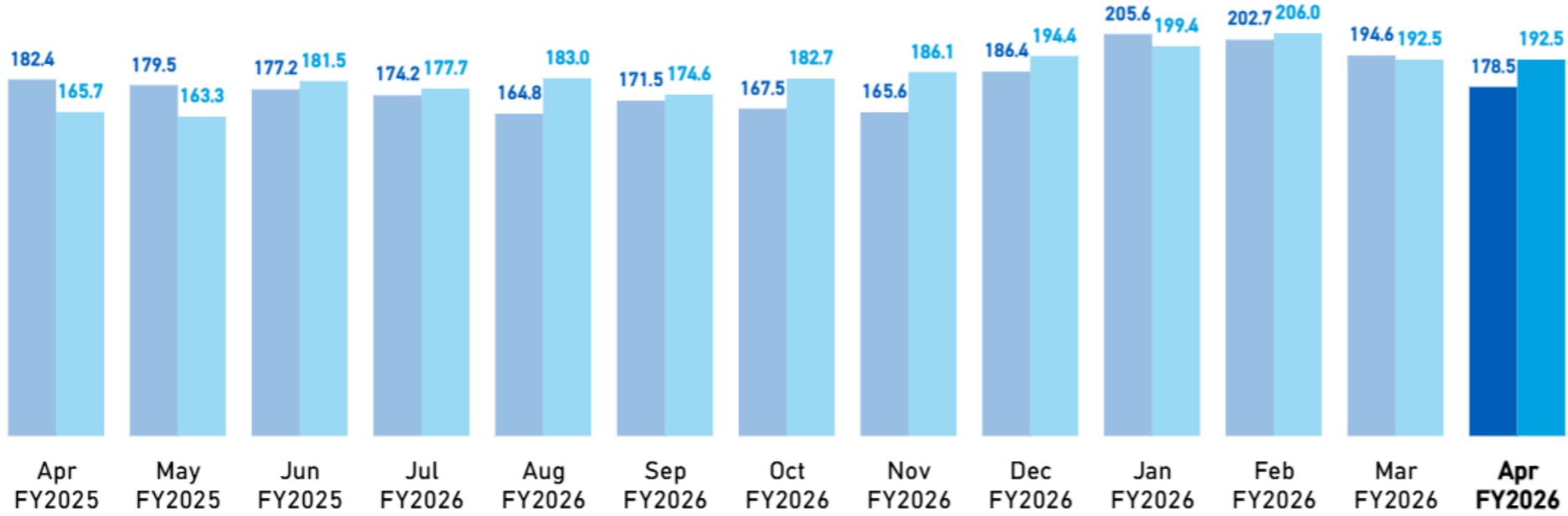
22.6%
of Total Cases
Apr FY2026





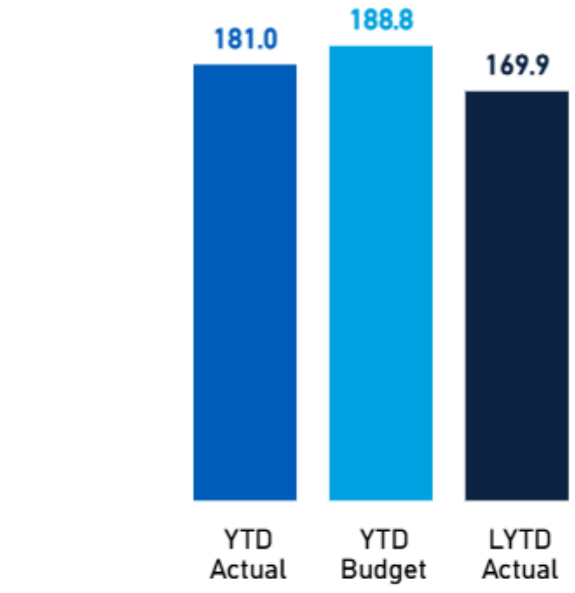
IP Average Daily Census

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	-14.0 (-7.3%)	Unfavorable
vs. LY Actual	-3.8 (-2.1%)	Unfavorable

YTD Performance

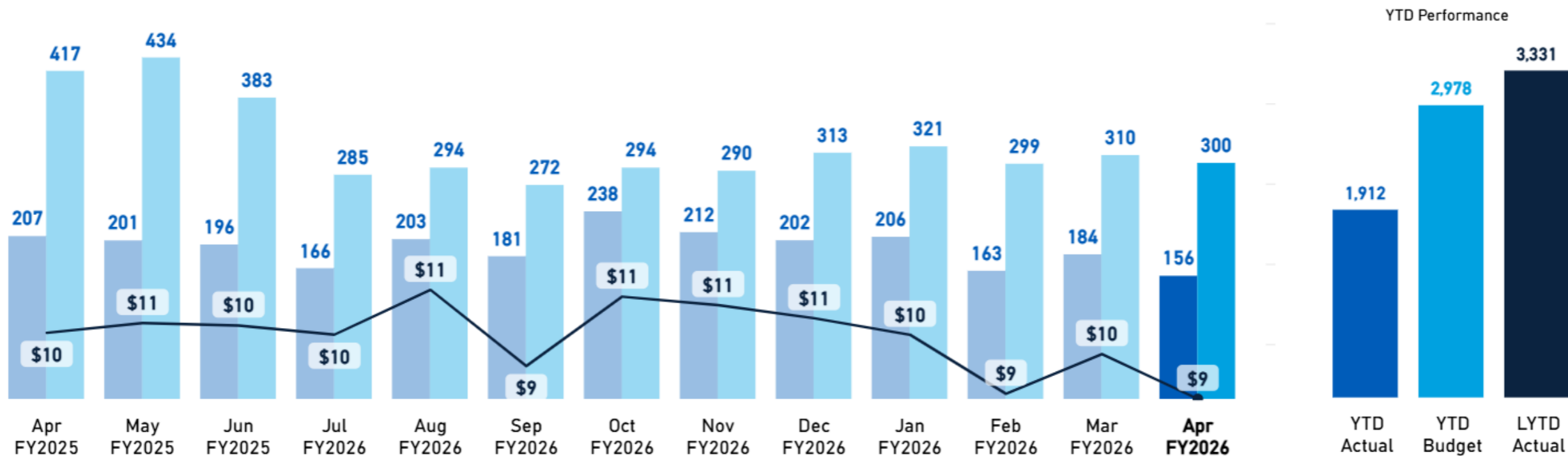


vs. YTD Budget	-7.8 (-4.1%)	Unfavorable
vs. LYTD Actual	11.1 (6.5%)	Favorable



OP Observation Days Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual — OP Revenue (in Millions)



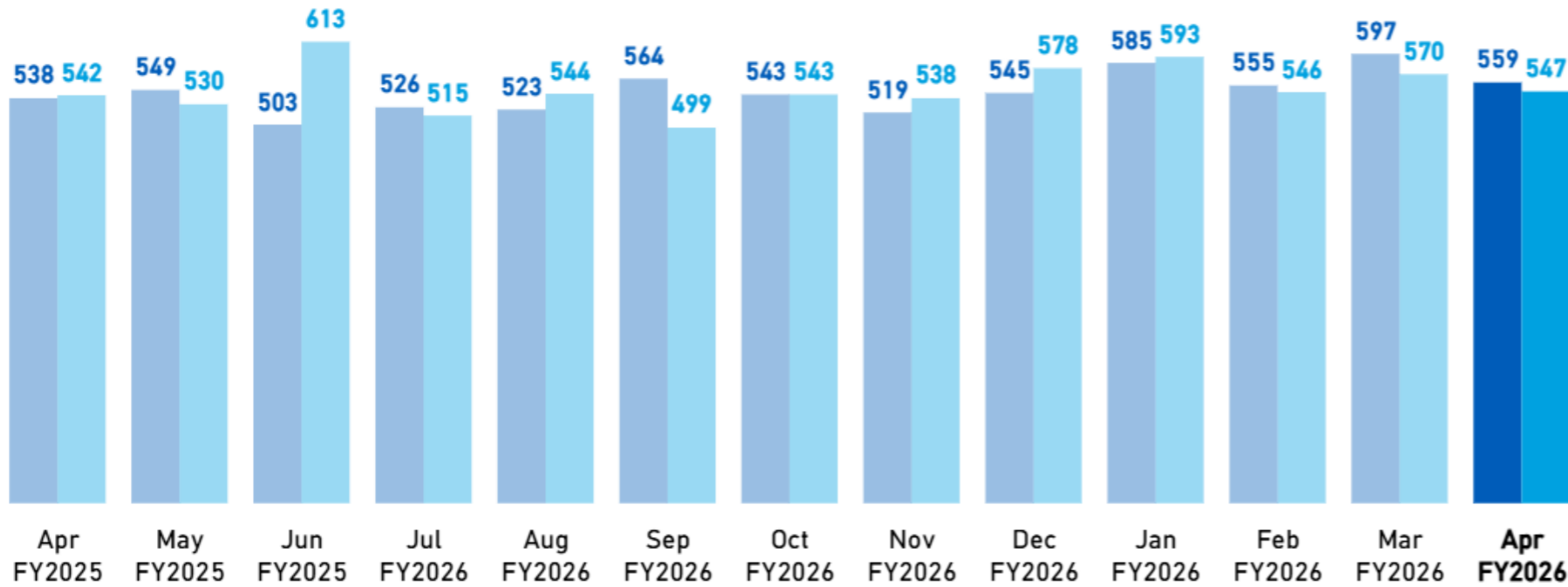
vs. Budget	144 (47.8%)	Favorable
vs. LY Actual	51 (32.3%)	Favorable

vs. YTD Budget	1,066 (35.8%)	Favorable
vs. LYTD Actual	1,419 (42.6%)	Favorable



Surgical Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



vs. Budget	12 (2.2%)	Favorable
vs. LY Actual	21 (3.9%)	Favorable

vs. YTD Budget	43 (0.8%)	Consistent
vs. LYTD Actual	189 (3.5%)	Favorable



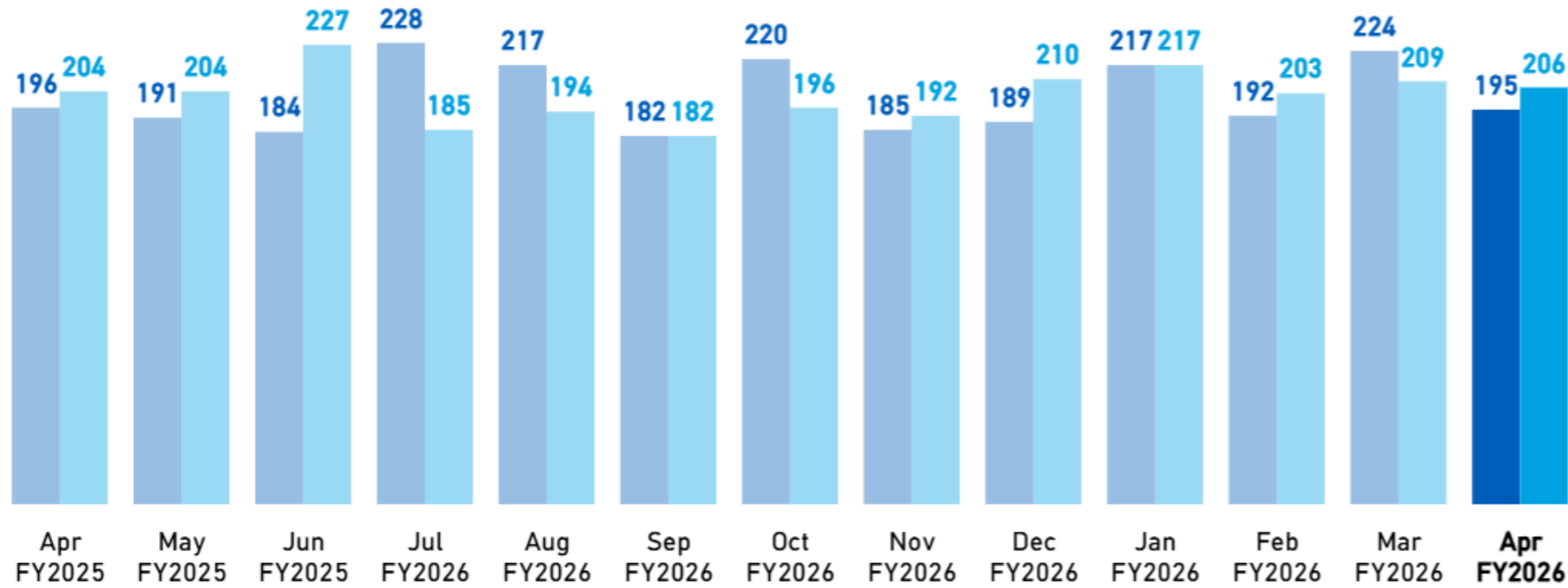
Surgical Activity

	Actual	Budget	Variance	% Variance	Trauma	Last Year
Cardiac	50	35	15	42.9%	1	47
Gastroenterology	138	129	9	7.0%	4	130
General	57	56	1	1.8%	1	55
Neurosurgery	20	30	-10	-33.3%	2	35
Orthopedics	206	209	-3	-1.4%	16	178
Other	41	27	14	51.9%	2	29
Urology	19	28	-9	-32.1%	1	30
Vascular	28	33	-5	-15.2%	2	34
Total	559	547	12	2.2%	29	538



Cath Lab Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	-11 (-5.3%)	Unfavorable
vs. LY Actual	-1 (-0.5%)	Consistent

YTD Performance



vs. YTD Budget	55 (2.8%)	Favorable
vs. LYTD Actual	124 (6.4%)	Favorable





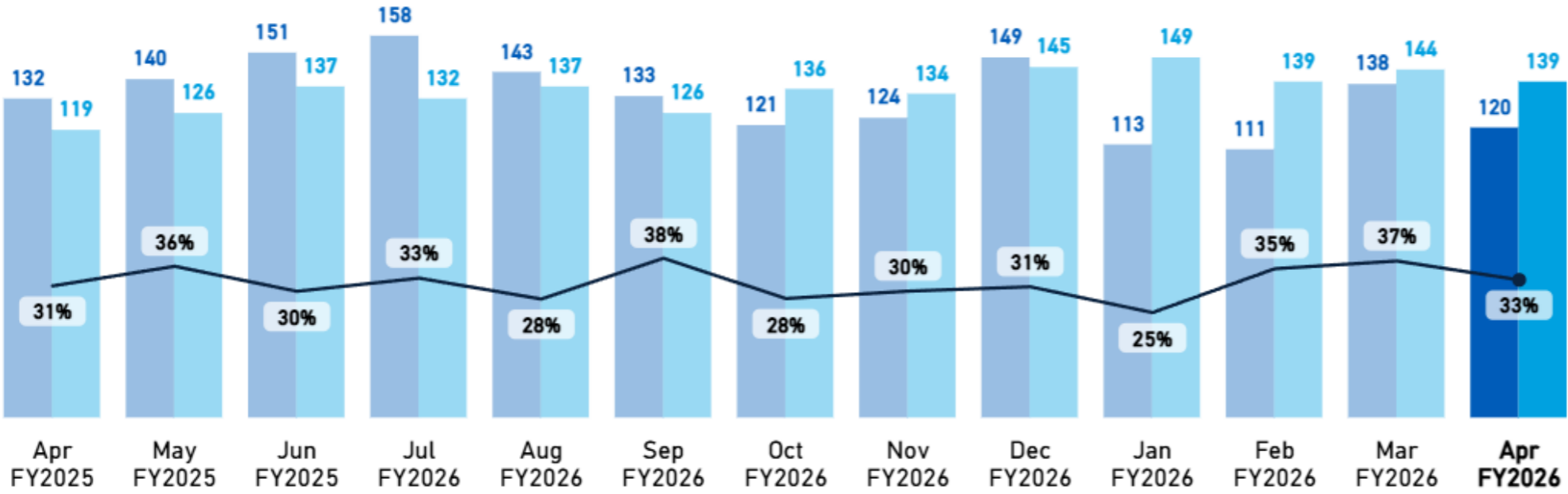
Cath Lab Activity

	Actual	Budget	Variance	%Variance	Trauma	Last Year
Cardiac	114	114	0		4	109
Interventional Radiology	54	59	-5	-8.5%		51
Neuro IR	9	11	-2	-18.2%		12
Vascular	18	22	-4	-18.2%		24
Total	195	206	-11	-5.3%	4	196



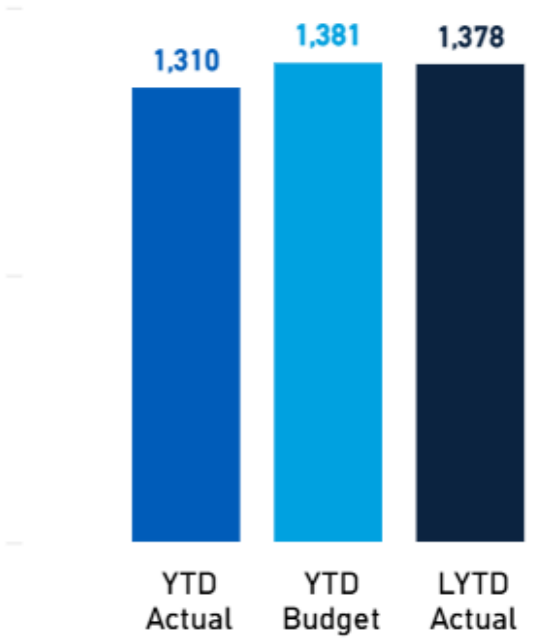
Deliveries

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual — C-Section%



vs. Budget	-19 (-13.7%)	Unfavorable
vs. LY Actual	-12 (-9.1%)	Unfavorable

YTD Performance

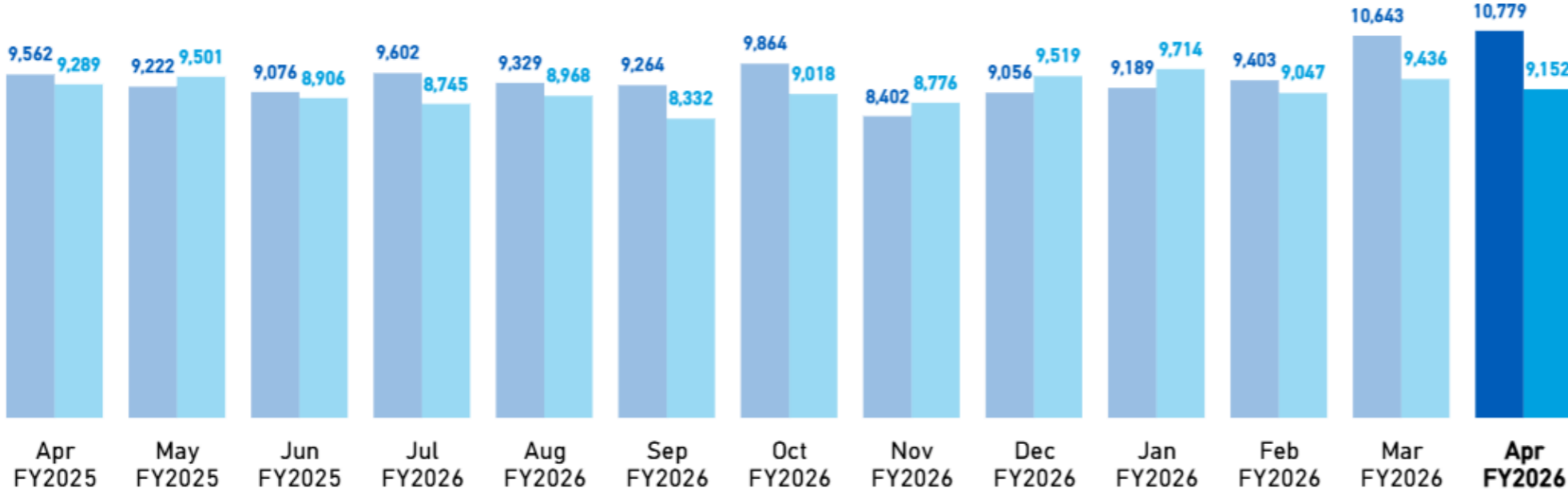


vs. YTD Budget	-71 (-5.1%)	Unfavorable
vs. LYTD Actual	-68 (-4.9%)	Unfavorable



Non-Emergency Department Outpatient Visits Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



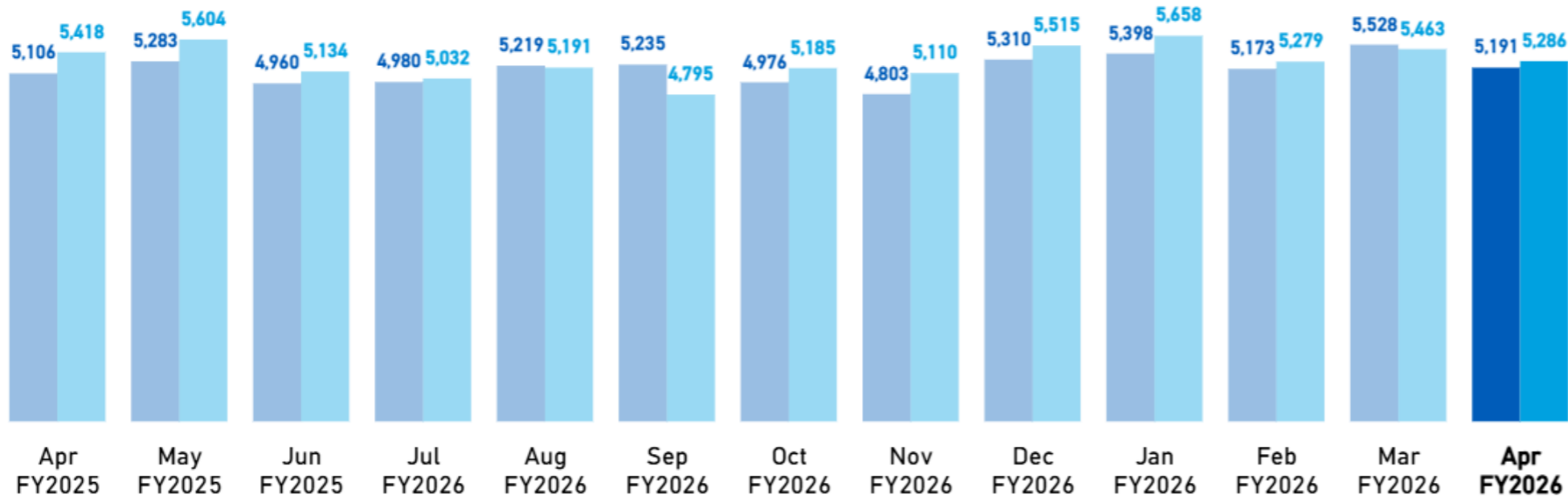
vs. Budget	1,627 (17.8%)	Favorable
vs. LY Actual	1,217 (12.7%)	Favorable

vs. YTD Budget	4,824 (5.3%)	Favorable
vs. LYTD Actual	6,426 (7.2%)	Favorable



Emergency Department Visits Trend

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	-95 (-1.8%)	Unfavorable
vs. LY Actual	85 (1.7%)	Favorable

YTD Performance



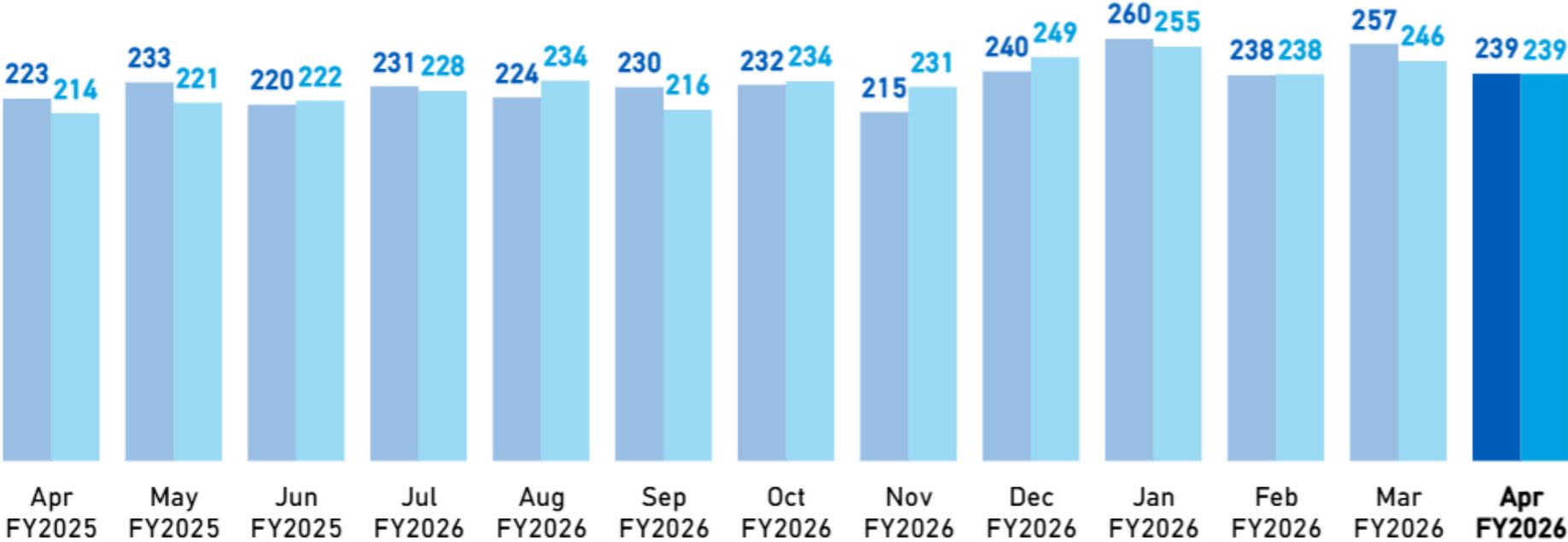
vs. YTD Budget	-701 (-1.3%)	Unfavorable
vs. LYTD Actual	242 (0.5%)	Consistent



Preliminary Total Gross Revenue Trend

In Millions

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



vs. Budget	\$0.1M (0.1%)	Consistent
vs. LY Actual	\$15.3M (6.9%)	Favorable

vs. YTD Budget	\$-5.2M (-0.2%)	Consistent
vs. LYTD Actual	\$123.4M (5.5%)	Favorable

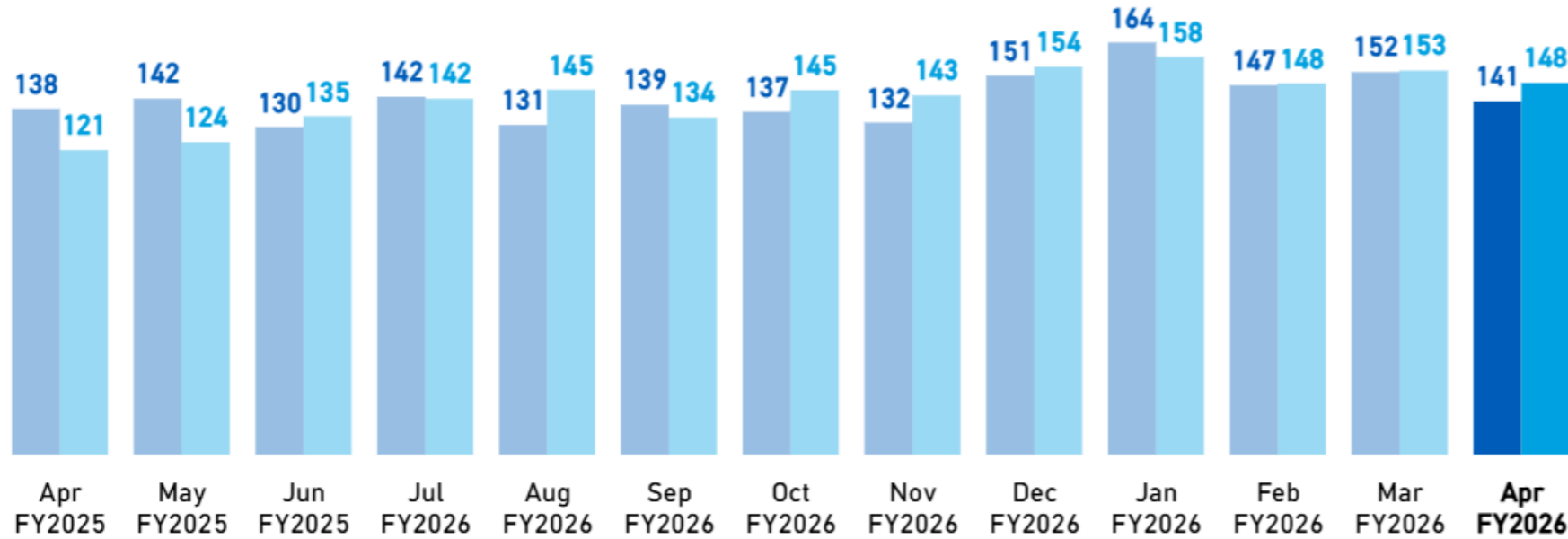




Preliminary Inpatient Gross Revenue

In Millions

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



vs. Budget	\$-7.2M (-4.9%)	Unfavorable
vs. LY Actual	\$3.0M (2.2%)	Favorable

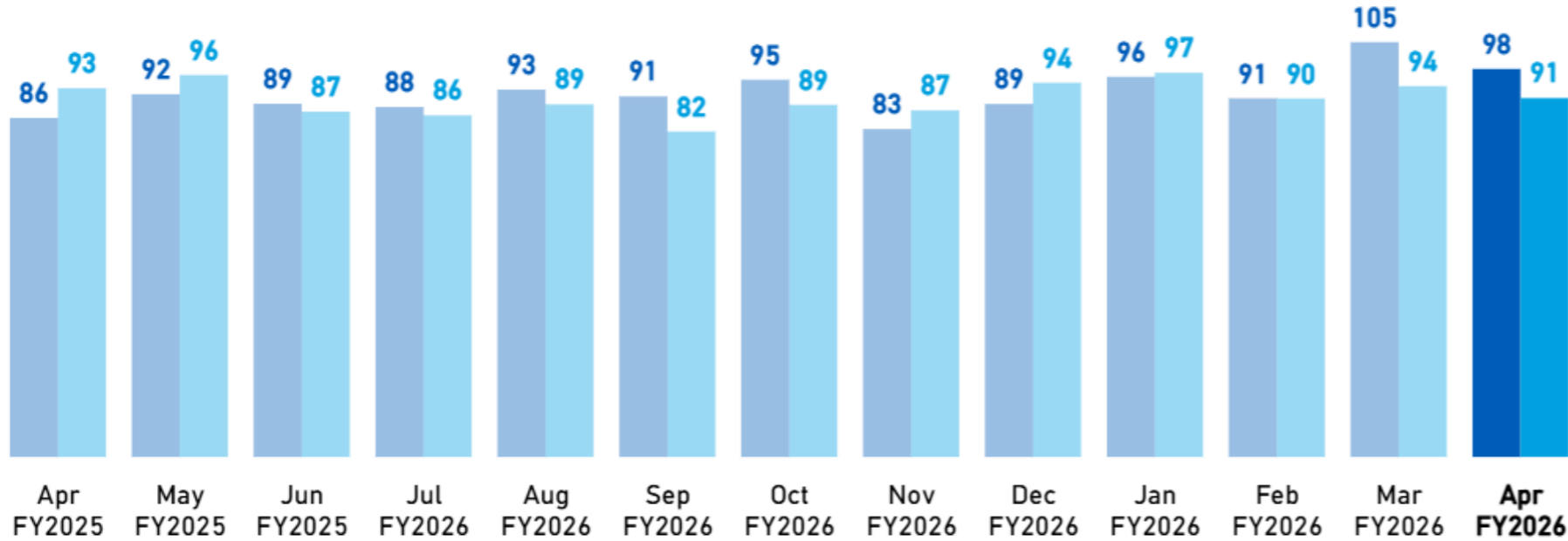
vs. YTD Budget	\$-33.7M (-2.3%)	Unfavorable
vs. LYTD Actual	\$106.7M (8.0%)	Favorable



Preliminary Outpatient Gross Revenue

In Millions

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



YTD Performance



vs. Budget	\$7.4M (8.1%)	Favorable
vs. LY Actual	\$12.4M (14.4%)	Favorable

vs. YTD Budget	\$28.5M (3.2%)	Favorable
vs. LYTD Actual	\$16.7M (1.8%)	Favorable





Gross Revenue Recap

April 2025

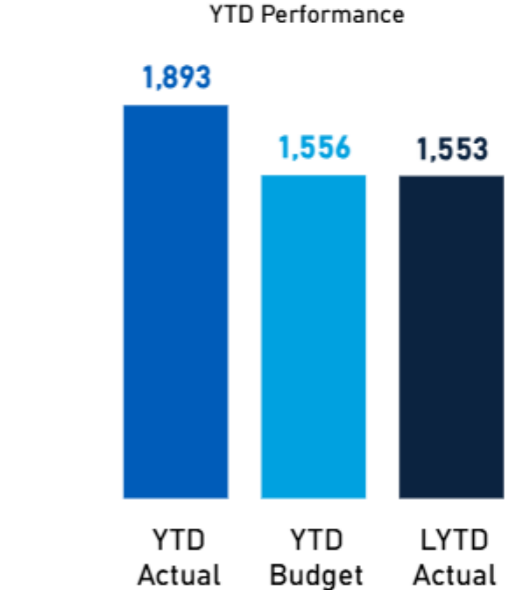
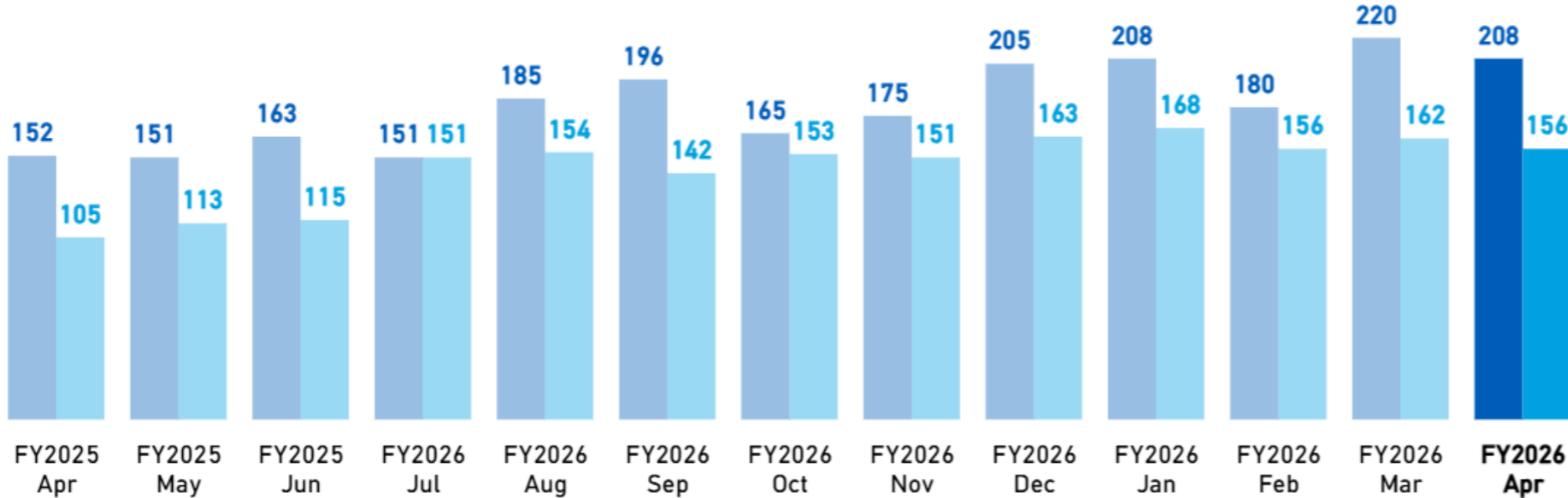
In Thousands

Grouping	Actual	Budget	Variance	%Variance
Surgical Services	42,533	41,251	1,282	3.1%
Cath Lab Services	13,089	13,969	(880)	-6.3%
Room & Board	42,068	47,738	(5,671)	-11.9%
Birthing Center	5,812	6,956	(1,144)	-16.4%
Emergency Department	21,898	18,778	3,120	16.6%
Ancillary Services	113,242	109,821	3,420	3.1%
Total	238,641	238,513	128	0.1%



Trauma Cases

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



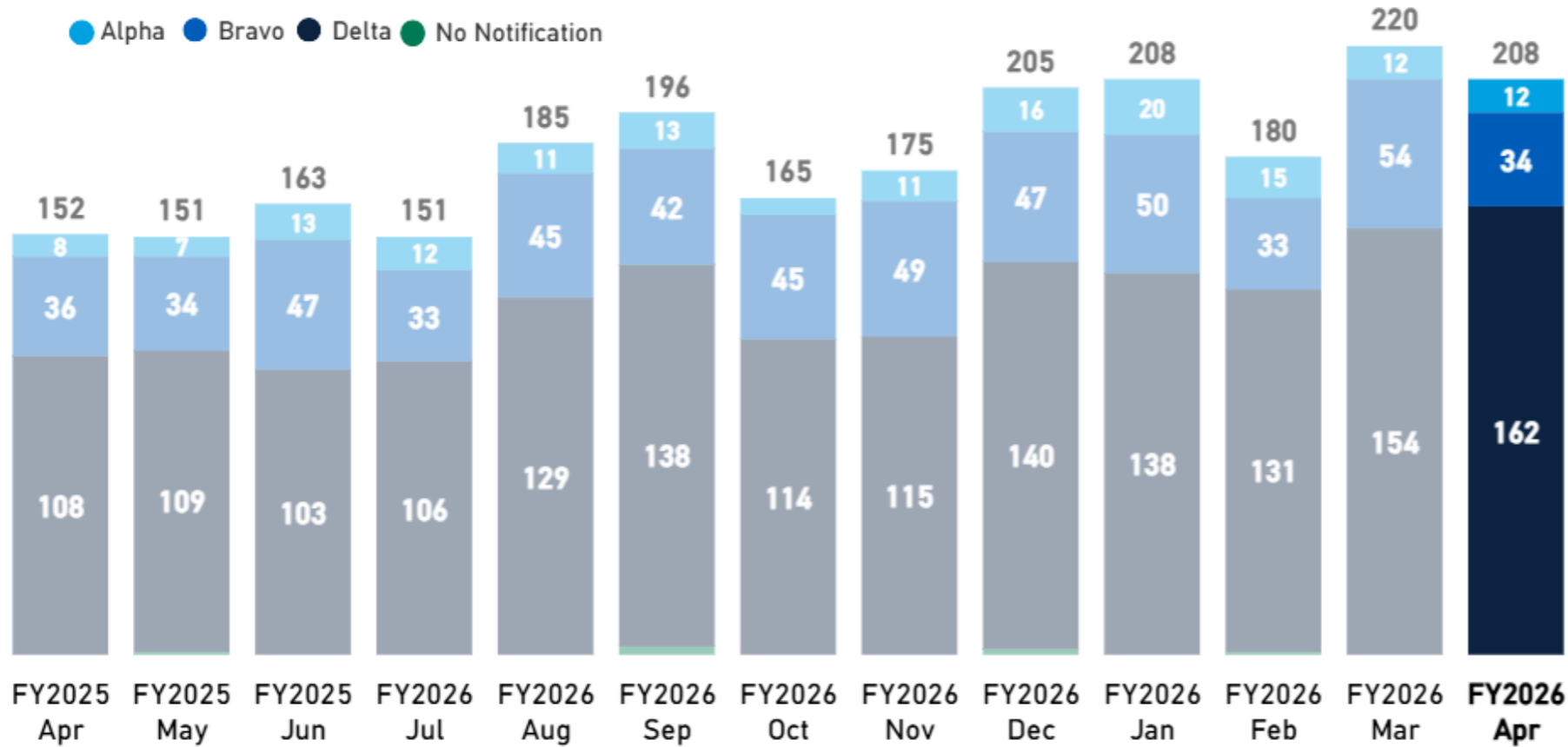
vs. Budget	52 (33.3%)	Favorable
vs. LY Actual	56 (36.8%)	Favorable

vs. YTD Budget	337 (21.7%)	Favorable
vs. LYTD Actual	340 (21.9%)	Favorable

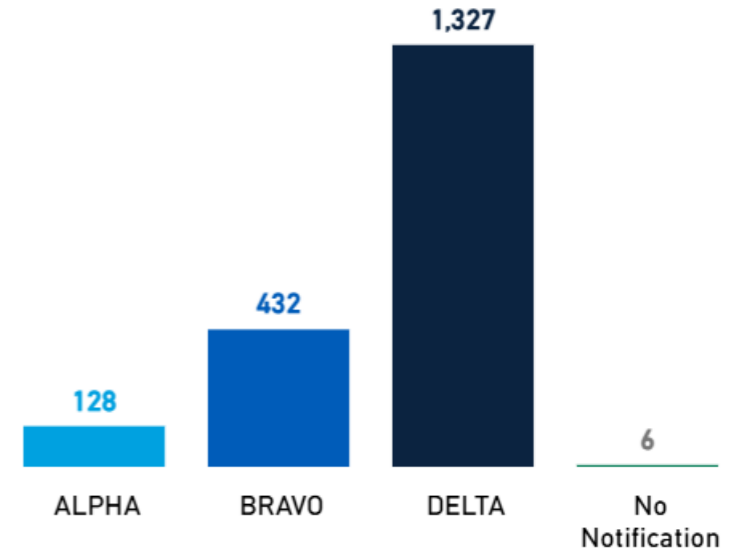




Trauma Cases by Activation Code



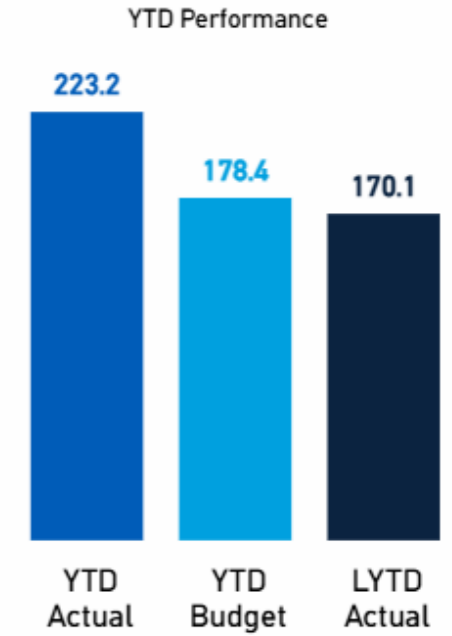
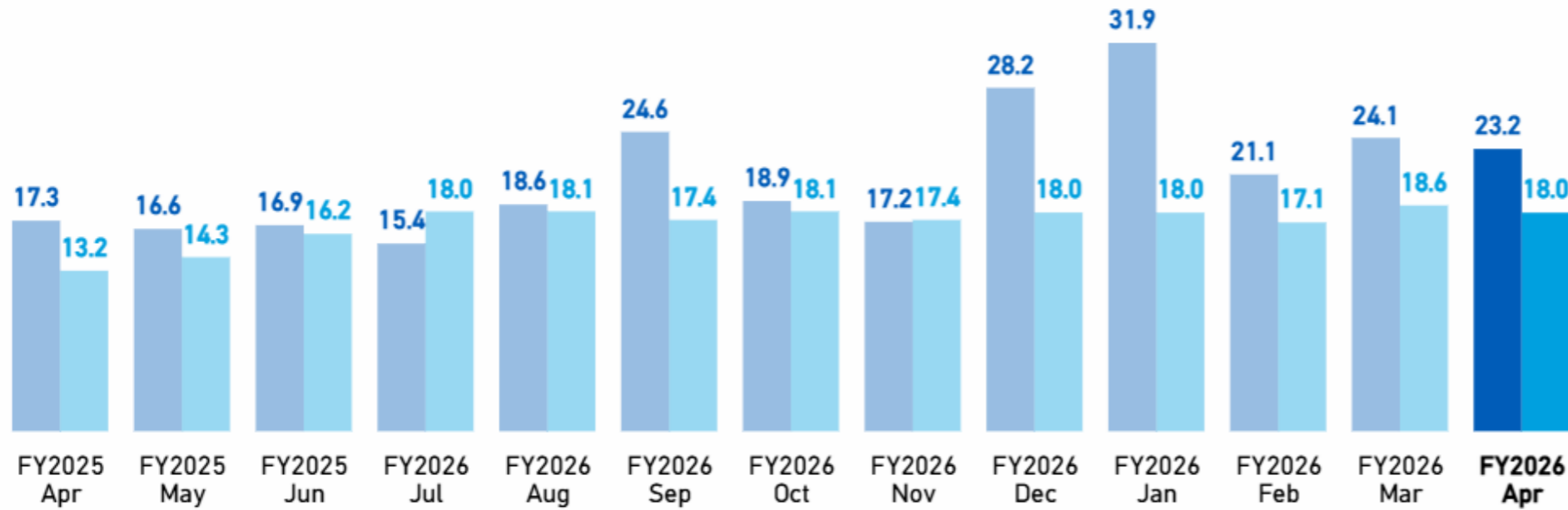
YTD Performance



Preliminary Trauma Gross Revenue

In Millions

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	\$5.2M (29.2%)	Favorable
vs. LY Actual	\$5.9M (34.1%)	Favorable

vs. YTD Budget	\$44.8M (25.1%)	Favorable
vs. LYTD Actual	\$53.1M (31.2%)	Favorable





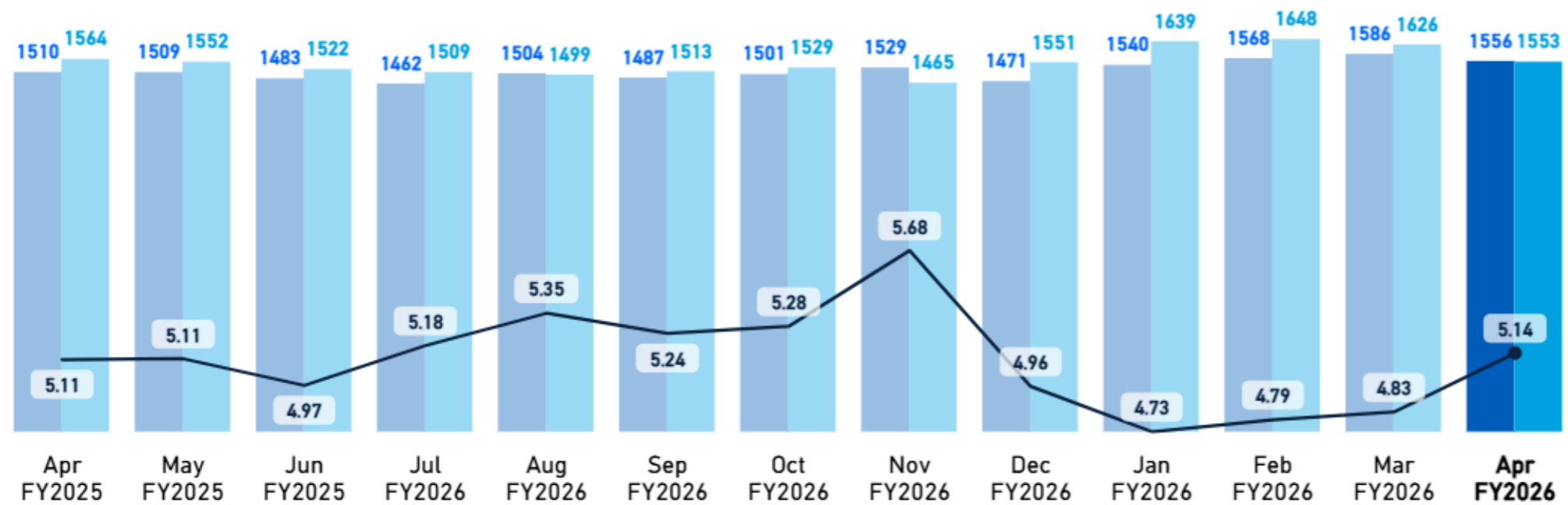
Preliminary Payor Mix

Gross Revenue	Actual	Budget	Variance	Performance	Last Year	YTD Actual	YTD Budget	YTD Performance
Government Payors	75.8%	73.5%	2.3%	Unfavorable	76.6%	74.2%	73.5%	Unfavorable
Medi-Cal	20.5%	22.5%	-2.0%	Favorable	23.0%	20.3%	22.5%	Favorable
Medicare	55.3%	51.0%	4.3%	Unfavorable	53.5%	53.9%	51.0%	Unfavorable
HMO	2.2%	3.9%	-1.7%	Unfavorable	2.9%	3.1%	3.9%	Unfavorable
PPO	19.1%	19.6%	-0.5%	Unfavorable	18.4%	19.8%	19.6%	Consistent
Self-Pay	2.3%	2.0%	0.3%	Consistent	1.1%	1.8%	2.0%	Consistent
VA/Tricare	0.6%	1.0%	-0.4%	Consistent	1.1%	1.1%	1.0%	Consistent

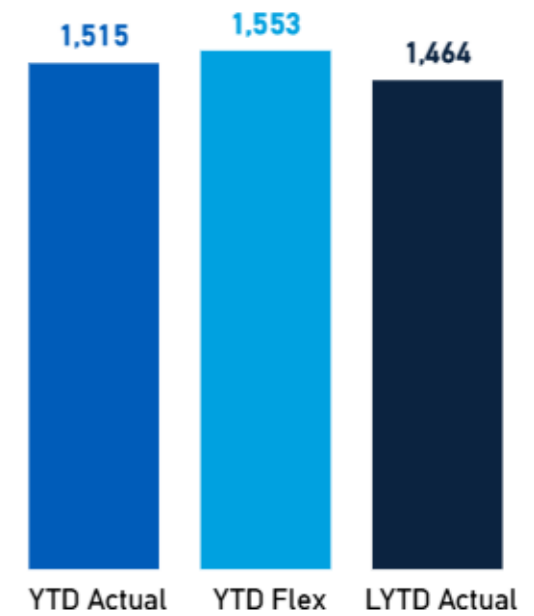


Preliminary Productivity Indicators – Productive FTEs

● Actual/YTD Actual
 ● Flex/YTD Flex
 ● LY/LYTD Actual
 — FTE/AOB



vs. Flex	-3 (-0.2%)	Consistent
vs. LY Actual	-47 (-3.1%)	Unfavorable

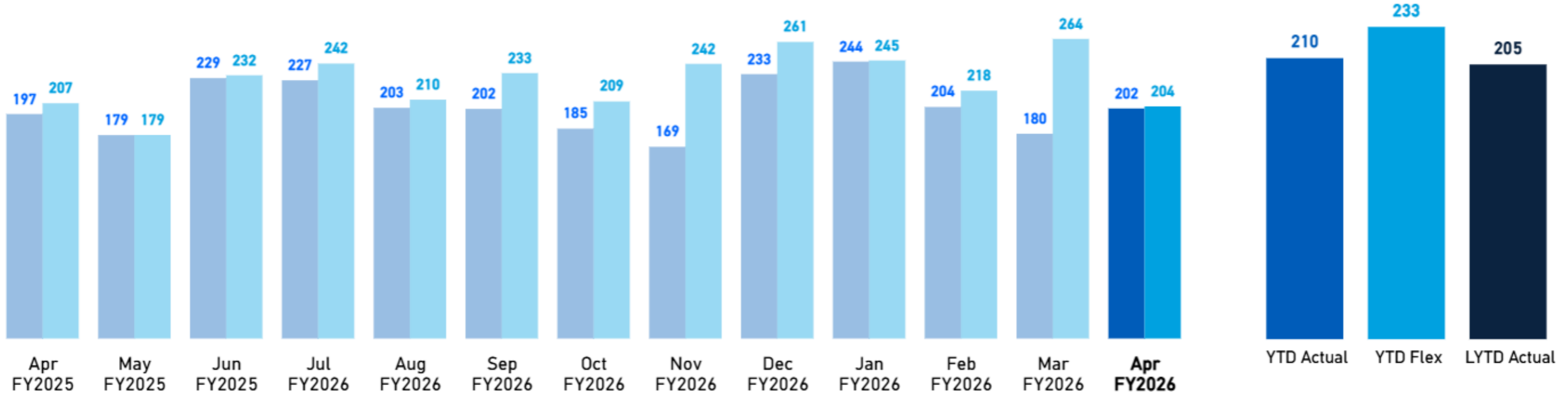


vs. YTD Flex	38 (2.4%)	Favorable
vs. LYTD Actual	-51 (-3.5%)	Unfavorable



Preliminary Productivity Indicators – Nonproductive FTEs

● Actual/YTD Actual ● Flex/YTD Flex ● LY/LYTD Actual



vs. Flex	2 (0.9%)	Consistent
vs. LY Actual	-5 (-2.5%)	Unfavorable

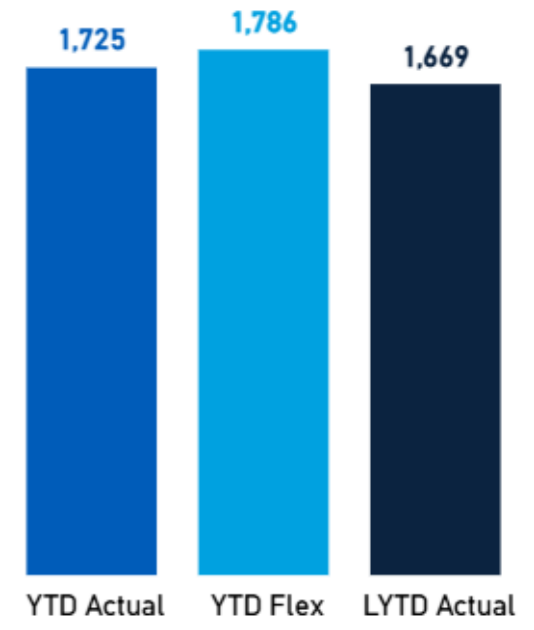
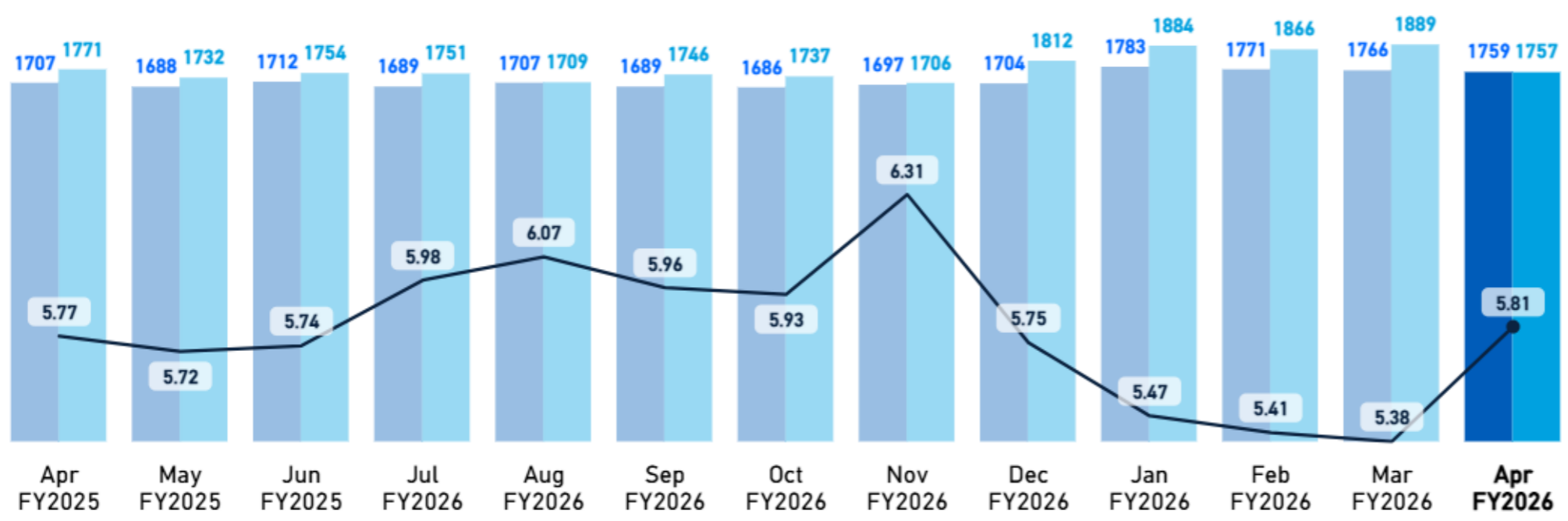
vs. YTD Flex	23 (10.0%)	Favorable
vs. LYTD Actual	-5 (-2.3%)	Unfavorable



Preliminary Productivity Indicators - Total FTEs



● Actual/YTD Actual ● Flex/YTD Flex ● LY/LYTD Actual — FTE/AOB



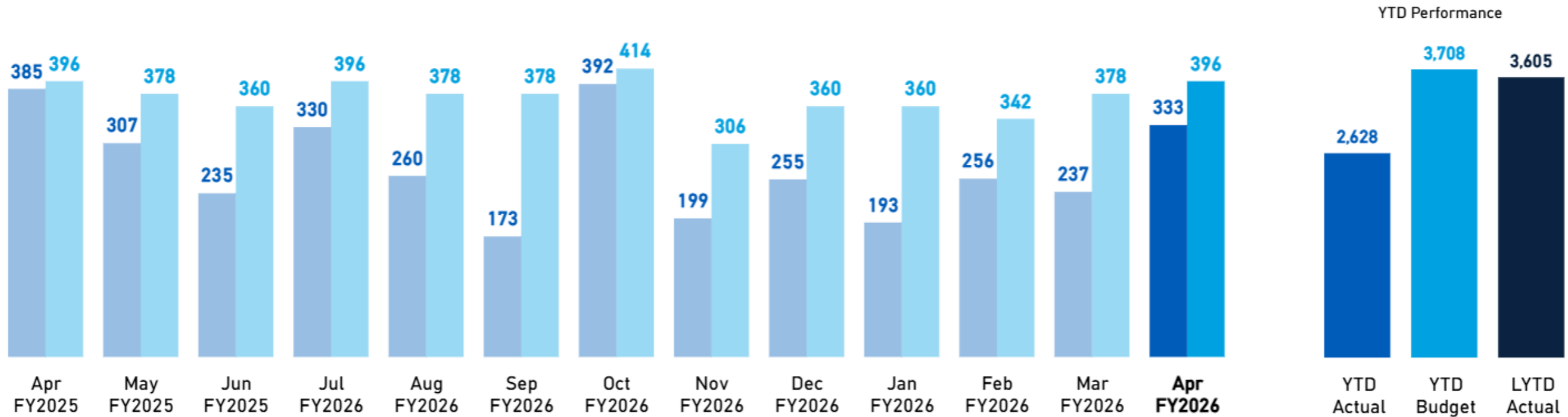
vs. Flex	-1 (-0.1%)	Consistent
vs. LY Actual	-52 (-3.0%)	Unfavorable

vs. YTD Flex	61 (3.4%)	Favorable
vs. LYTD Actual	-56 (-3.3%)	Unfavorable



Radiation Oncology Center (ROC) Treatments

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



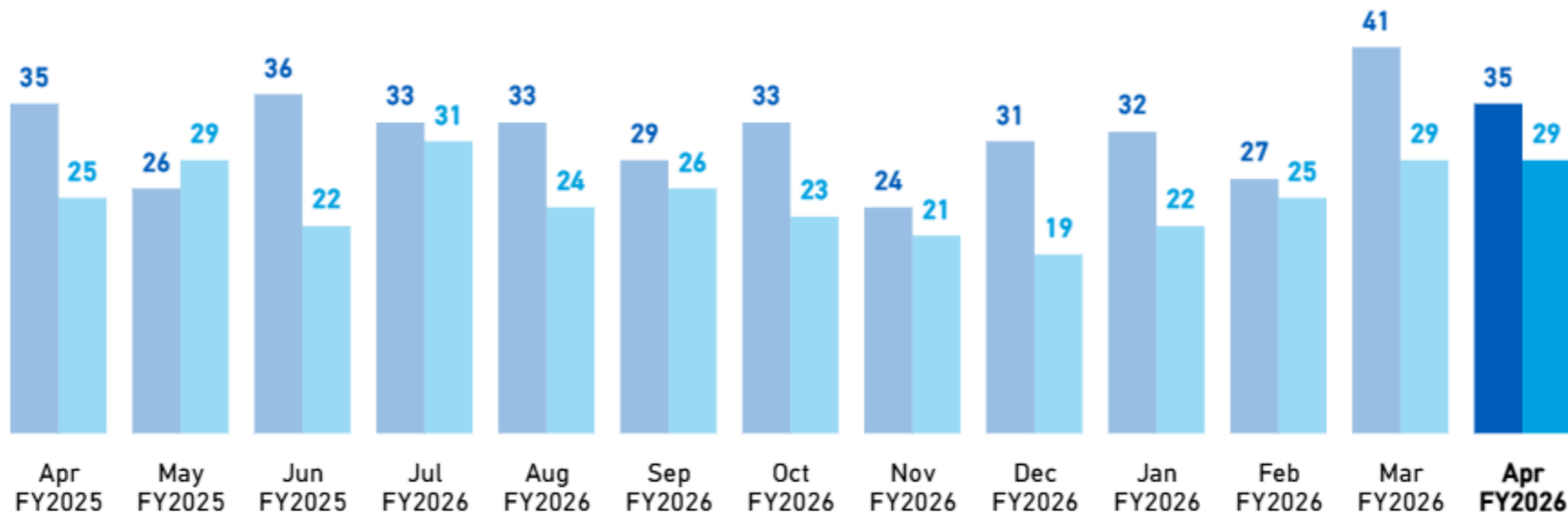
vs. Budget	-63 (-15.9%)	Unfavorable
vs. LY Actual	-52 (-13.5%)	Unfavorable

vs. YTD Budget	-1,080 (-29.1%)	Unfavorable
vs. LYTD Actual	-977 (-27.1%)	Unfavorable



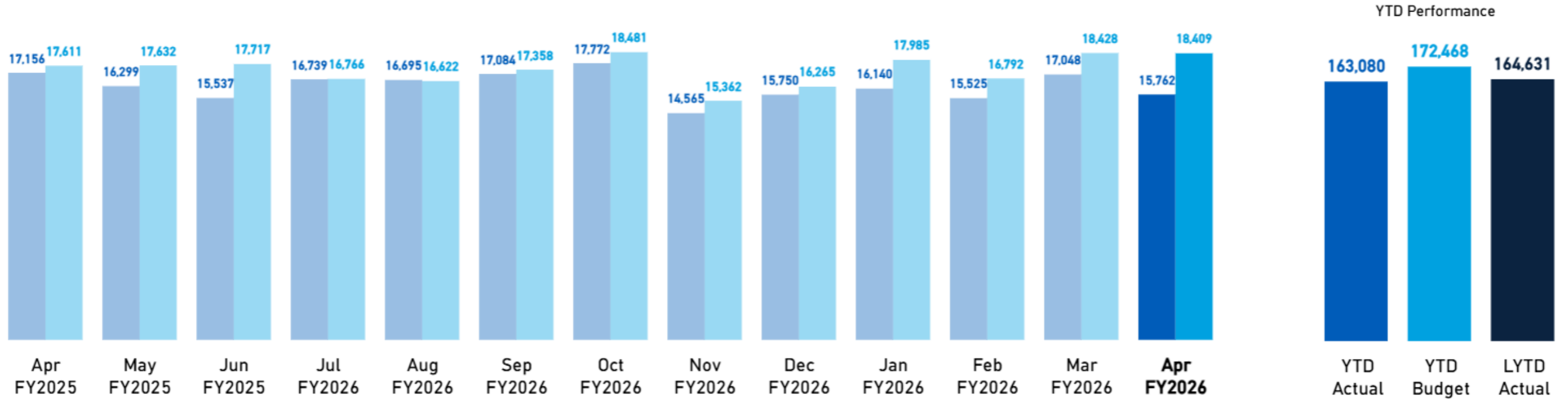
Radiation Oncology Center (ROC) Consults

● New Patients Referred ● New Patients seen in Clinic



Preliminary Outpatient Statistics - WHMG

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	-2,647 (-14.4%)	Unfavorable
vs. LY Actual	-1,394 (-8.1%)	Unfavorable

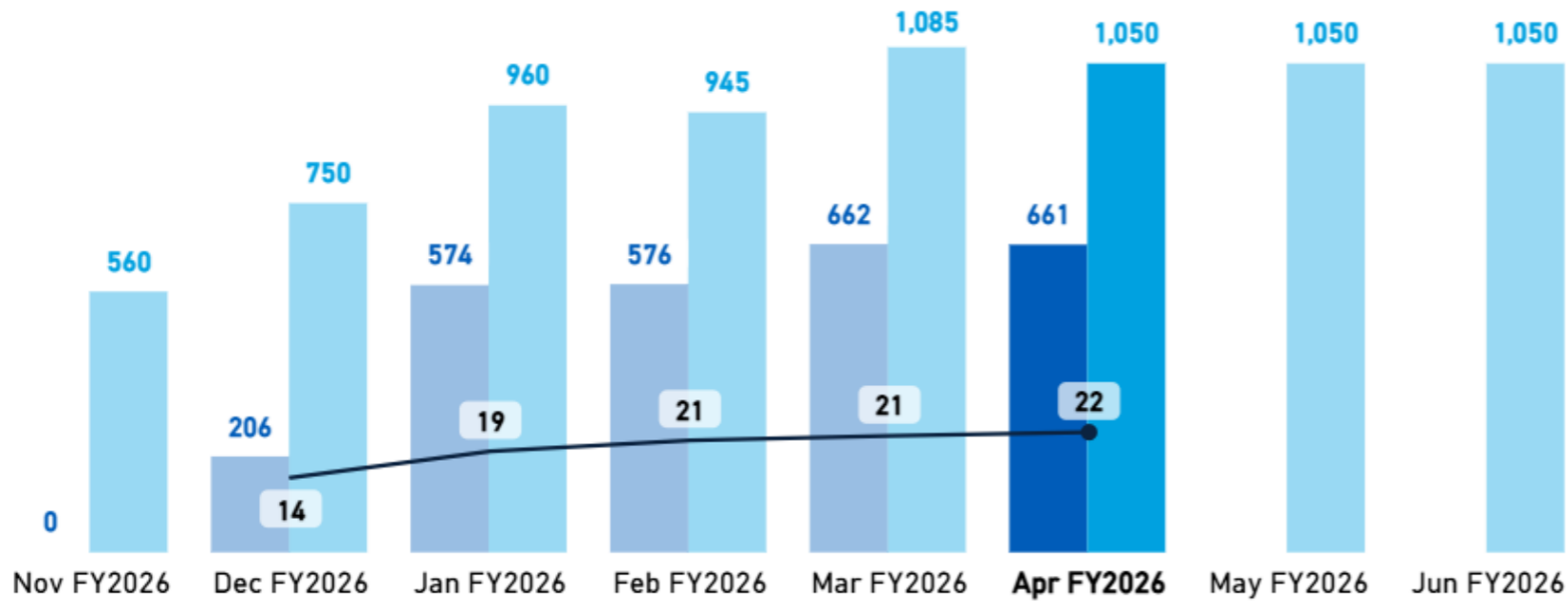
vs. YTD Budget	-9,388 (-5.4%)	Unfavorable
vs. LYTD Actual	-1,551 (-0.9%)	Consistent





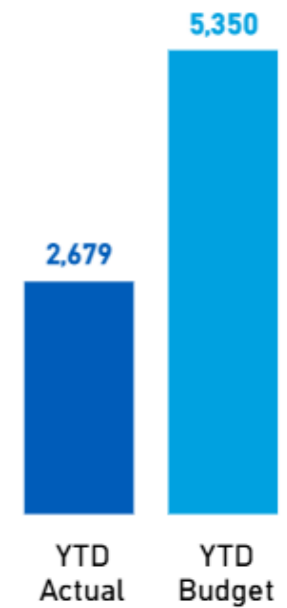
Urgent Care Visits Trend

● Actual/YTD Actual ● Budget/YTD Budget — Visits / Day



vs. Budget	-389 (-37.0%)	Unfavorable
------------	---------------	--------------------

YTD Performance

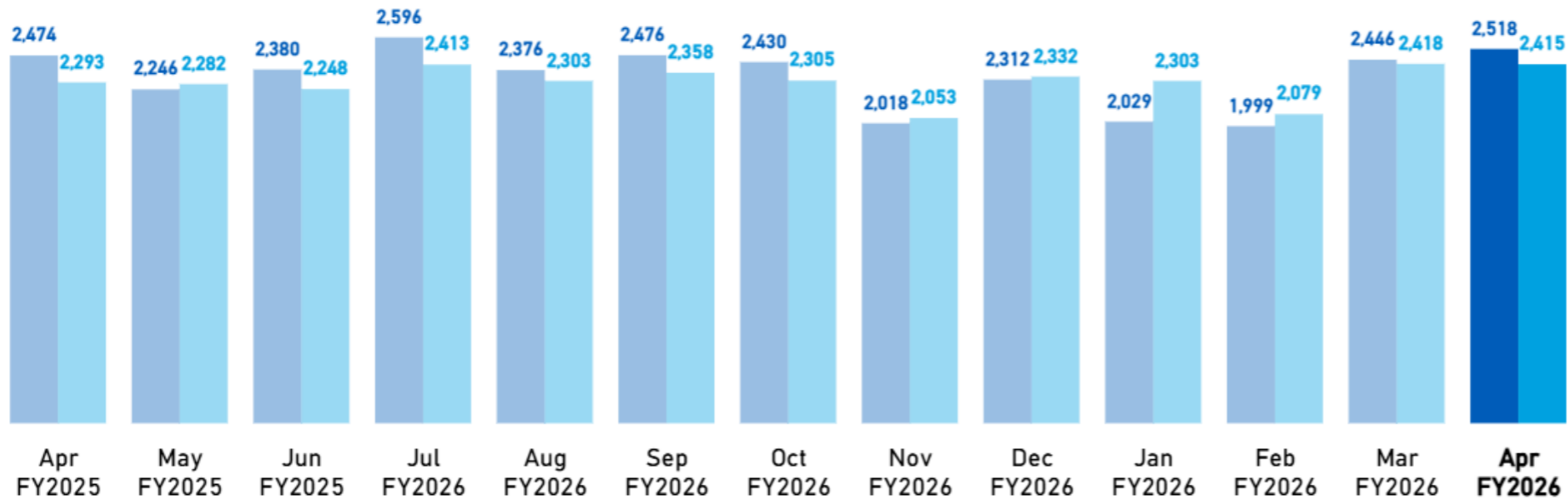


vs. YTD Budget	-2,671 (-49.9%)	Unfavorable
----------------	-----------------	--------------------



Preliminary Outpatient Statistics - DEVCO

● Actual/YTD Actual ● Budget/YTD Budget ● LYTD Actual



vs. Budget	103 (4.3%)	Favorable
vs. LY Actual	44 (1.8%)	Favorable

YTD Performance

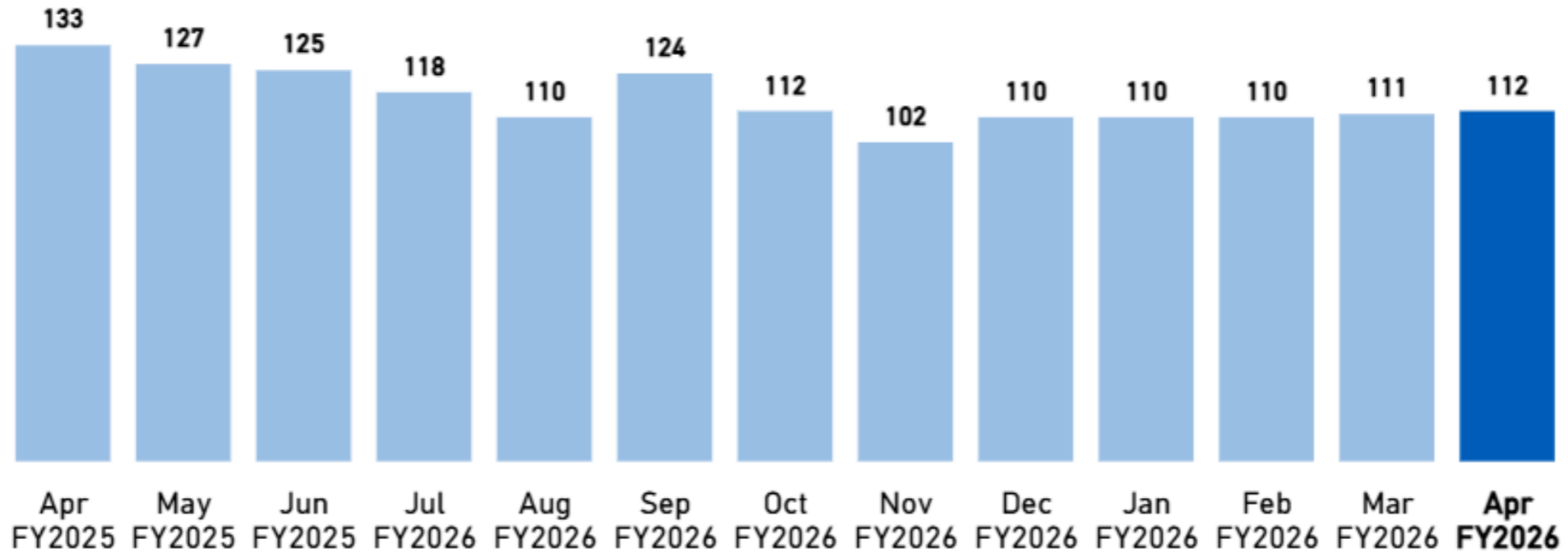


vs. YTD Budget	221 (1.0%)	Consistent
vs. LYTD Actual	269 (1.2%)	Favorable



Preliminary Key Financial Statistics & Charity

Days Cash on Hand



Charity Care







**Employee
of the
Month**

**Andrea DeConte
May 2026**

Washington Township Health Care District

Washington Health Calendar

May 13, 2026

Past Health & Wellness Events

SPOTMe Free Skin Cancer Screening – April 11

Dr. Sunil Dhawan and Fremont Center for Dermatology

29 attendees



Mission San Jose Relay for Life Guest Speaker – April 11

Tammi Tyson, Senior Director of Oncology

100 attendees



Pedestrian Safety Presentation at Age Well Lake Elizabeth – April 16

Garrett Cordes, Injury Prevention Coordinator

30 attendees



Career Fair at Ohlone College, hosted by Sen. Aisha Wahab – April 17

Evangeline Imana-Iyemura, Director of Volunteer Services

600 attendees



City of Fremont Earth Day at Downtown Event Center – April 18

102 gallons of sharps collected; 3,600 pounds of paper collected for shredding

500 attendees



Newark State of the City Address at Civic Center Plaza – April 18

Garrett Cordes, Injury Prevention Coordinator

60 attendees trained in Stop the Bleed



Food as Medicine Presentation at Acacia Creek – April 22

Nancy Liu, Registered Dietitian, Diabetes Outpatient Program

25 residents attended



Choking First Aid Training (Spanish Language) – April 24

Garrett Cordes, Injury Prevention Coordinator and Rico Rodriguez, restaurant owner

25 attendees



Assembly Member Alex Lee's Unsung Hero Award Ceremony, April 24

Congratulations to Recipient Sheela Vijay, past president of the Washington Health Service League!



Memorial Service for Nancy Farber, Past CEO, Washington Health

Anderson Auditorium, April 25



NANCY FARBER

2/8/48 – 3/14/26

Celebration of Life

Community Outreach at Gurdwara Sikh Temple – April 26

*Dr. Alissa Erogbogbo, Nneka Chukwu, Harroop Kaur, Jessica Ross, and nurses from Maternal Child Health
250 Community Interactions*



New Haven Days – May 2

Kayla Gupta, Community Outreach Manager

500 attendees



Alameda County EMS Car Seat Fitting Event – May 2

Garrett Cordes, Injury Prevention Coordinator

25 car seats installed



Washington Health Walk: BEFAST for Stroke – May 6

Maria Nunes, NP, Director of Quality and Special Programs

Charlene Masangkay-Samson, Neurosciences Program Coordinator

20 attendees



Stop the Bleed Training at Ohlone College – May 7

Garrett Cordes, Injury Prevention Coordinator

60 attendees



Special Olympics at James Logan High School – May 8

*Athletes from NHUSD, NUSD, and FUSD participated in elementary and high school track events.
Certified Athletic Trainers worked the medical tent*



Mission Valley Athletic League track finals

TAK Fudenna Memorial Stadium, Fremont – May 8 and 9

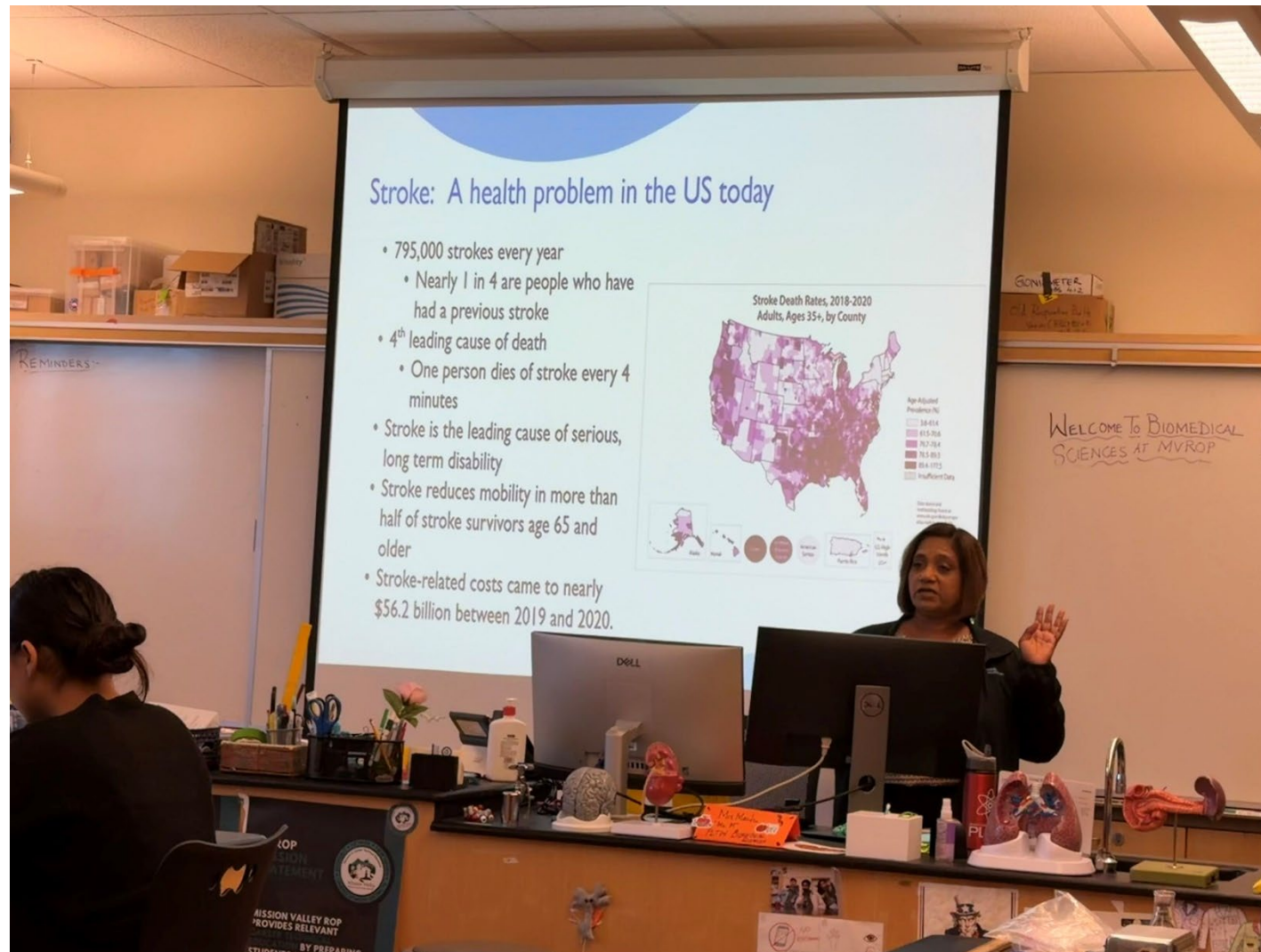
Certified Athletic Trainers worked the medical tent



Stroke Awareness at Mission Valley ROP – May 11

Maria Nunes, NP, Director of Quality and Special Programs

28 attendees



Past Health & Wellness Seminars

Health & Wellness

Saturday Seminars



 [youtube.com/@washington_health](https://www.youtube.com/@washington_health)

Faster, Safer, Home Sooner: New technologies for same-day anterior hip replacement

Saturday, April 18
10 a.m.

Discover how advances in surgical techniques and technology are transforming hip replacement recovery. Learn how same-day anterior hip replacement allows patients to walk, move, and return home with less pain and faster healing, and what this approach could mean for your mobility and quality of life.



Alexander Sah, MD
Orthopedic Surgery

74 views

Health & Wellness

Saturday Seminars



 [youtube.com/@washington_health](https://www.youtube.com/@washington_health)

Protect Your Brain: Hypertension, Stroke, and You

Saturday, May 2
10 a.m.

Learn how controlling blood pressure can greatly reduce the risk of stroke and dangerous brain bleeds. Discover lifesaving warning signs, prevention strategies, and what to do when every second counts.



Jack Rose, MD
Neurology

32 views

The Washington Health Podcast: First 100 Days of Washington Health's Expanded Cancer Center



Podcast available on Washington Health YouTube Channel: <https://www.youtube.com/whhsinhealth>

Additional Past Health Promotion & Community Outreach Events

April 21	Washington Health presented CHNA findings	Fremont City Council Meeting	City Hall, Fremont <i>30 attendees</i>
April 22	Garrett Cordes, Injury Prevention Coordinator	Stop the Bleed	Mission Valley ROP, Fremont <i>30 people</i>
May 6	Dr. Alissa Erogbobo, Chief of Women's Services Nneka Chukwu, NP, Director of Maternal Child Health Dr. Matthew Nordstrom, Pediatrics, Medical Director of Pediatrics Dr. Jessica Alsofrom, Neonatology, Medical Director of Special Care Nursery	Parenting Class with "Neighborhood Mama" Meetup Group	Virtual Zoom Meeting <i>18 attendees</i>

Additional Past Health Promotion & Community Outreach Events

May 9	Washington Health Medical Group hosted booth	Newark Asian Heritage Festival	NewPark Mall, Newark <i>50 community interactions</i>
May 13	Garrett Cordes, Injury Prevention Coordinator	Stop the Bleed & Choking First Aid	James Logan High School, Union City
May 13	Washington Health hosted	Health System Week Wellness & Benefits Expo	Anderson Auditorium, Washington West

Upcoming Health Promotion & Community Outreach Events

May 11-15	Washington Health celebrating	Health System Week	Activities throughout the week for staff around campus
May 14	Washington Health Trauma Team hosting	Bike to Wherever Day Energizer Station	Civic Center & Washington West Driveway
May 14	Garrett Cordes, Injury Prevention Coordinator	Stop the Bleed & Choking First Aid	Mission Valley ROP, Fremont
May 14	Dr. Seema Sehgal, Psychiatry	Social Connectivity and Wellness	Acacia Creek Senior Living Community
May 15	Yinglu Peng, RD, Diabetes Educator	Diabetes Nutrition (Mandarin Language)	Cottonwood Place, Fremont

Upcoming Promotion & Community Outreach Events

May 19	Washington Health Trauma Team hosting	EMS Week Trauma Education Event	Anderson Auditorium, Washington West
May 21	Washington Health hosting	Celebration of Life	Anderson Auditorium, Washington West
May 28	Garrett Cordes, Injury Prevention Coordinator	Stop the Bleed & Choking First Aid	Medical Explorers Club
June 3	Garrett Cordes, Injury Prevention Coordinator	Washington Health Walk: Stop the Bleed	Mayhews Landing Park, Newark

Upcoming Health & Wellness Seminars

Health & Wellness

Saturday Seminars



 [youtube.com/@washington_health](https://www.youtube.com/@washington_health)

Sun: Beauty or Beast?

Saturday, May 16
10 a.m.

We may admire healthy-looking bronze skin, but is a tan ever a sign of good health? How can you enjoy outdoor fun while protecting your skin?



Sunil Dhawan, MD
Dermatology

Health & Wellness

Saturday Seminars



 [youtube.com/@washington_health](https://www.youtube.com/@washington_health)

Cementless Knee Replacement

Saturday, June 6
10 a.m.

What is cementless knee replacement? Why are people choosing this next-generation approach for improved bone integration and long-term durability?



Bryant Bonner, MD
Orthopedic Surgery

Awards and Recognitions



We're proud to earn
our fourth consecutive
Magnet recognition!

Our reason
is you



Awards and Recognitions



Awards and Recognitions



- Washington Health successfully completed BETA Healthcare Group's Emergency Department Quest for Zero validation requirements for 2025-2026
- Recognition for nursing and medical management of sepsis in the ED
- Recognition for care model implementation in triage, with nurse-initiated protocols to support quality measure compliance

Washington Health Foundation

The Foundation launched its first mid-year direct mail campaign in April to raise funds for the newly expanded UCSF-Washington Cancer Center. We are pleased to report that generous donors have contributed over \$50,000 in support of this initiative.

Mark your calendar to attend the 40th Annual Top Hat Gala on Saturday, October 10th. Proceeds raised from the event will support Washington Health's Neuroscience program. More information will be shared in the coming months for this iconic celebration of 40 years.

Thank You!



RESOLUTION NO. 1283

**APPROVING PURCHASE OF SIEMENS YSIO X.PREE DIGITAL
RADIOGRAPHY SYSTEM (“X-RAY”) AND AWARD OF CONTRACT FOR
INSTALLATION OF THE X-RAY IN ROOM CJR-211 AT THE CENTER FOR
JOINT REPLACEMENT**

WHEREAS, the WASHINGTON TOWNSHIP HEALTH CARE DISTRICT (“DISTRICT”) owns and operates the Center for Joint Replacement Building (“CJR”) located at 2000 Mowry Avenue, Fremont, California 94538. The current X-ray equipment in the CJR has experienced increasing reliability issues, including 13 full outages over the past two years. This situation creates an urgent need for replacement, as ongoing instability continues to disrupt clinic operations and poses potential safety concerns for Staff.

WHEREAS, after evaluating available options, and based on the recommendation of one of the clinic physicians, the Staff identified the Siemens YSIO X.pree System due to its advanced stitching software capabilities, which will enhance clinical workflow and imaging quality. The Siemens YSIO X.pree System is already in use across the organization. This will support standardization, improve reliability, and ensure continuity of care. Additionally, this project will be delivered as a turnkey solution, inclusive of equipment, installation, and required room modifications. The Operations and Capital Investment Committee (“OCIC”) has approved the purchase of the Siemens YSIO X.pree System.

WHEREAS, Siemens Medical Solutions USA, Inc. (“Siemens Medical”) will perform site modifications in Room CJR-211 of the CJR on a design-build basis in order to accommodate the Siemens YSIO X.pree System. It is estimated that the total time to installation will be 12 weeks and will include all general trade work and project management.

WHEREAS, the DISTRICT has determined that the most cost-effective delivery approach for the acquisition of the Siemens YSIO X.pree System involves contracting directly with Siemens Medical instead of a general contractor. Siemens Medical has an unmatched understanding of the requirements for the installation of its equipment. The District has determined that it is not prudent to consider using other contractors, given the risks posed by using contractors who are less familiar with the intricacies of the installation of the Siemens equipment. Moreover, given the ongoing reliability issues of the current equipment for patient and staff safety, it is vital that the new X-ray system be installed as soon as reasonably possible. By contracting with Siemens Medical, the DISTRICT obtains a turnkey installation and reduces the risk of unnecessary delays caused by coordination issues between Siemens and third-party contractors.

WHEREAS, Staff believes that the scope of work covers all elements of the installation of Siemens YSIO X.pree System. The installation includes the equipment at a cost of \$360,425, the reconstruction in the CJR necessary for the equipment at a cost of \$700,390, taxes of \$36,944, and a contingency of \$36,042 for a total cost of \$1,133,801.

WHEREAS, the DISTRICT has determined that awarding the contract to Siemens Medical for the purchase of the Siemens YSIO X.pree System and the reconstruction in the CJR to install the X-ray system, for a total contract value of \$1,133,801, will advance the DISTRICT'S public service mission.

WHEREAS, the DISTRICT'S Board of Directors must exercise prudent stewardship over the DISTRICT'S resources, including, but not limited to, the DISTRICT'S financial and real property resources.

WHEREAS, costs for the purchase and installation of the Siemens YSIO X.pree System have not been budgeted in the DISTRICT'S FY26 capital budget;

NOW, THEREFORE, BE IT RESOLVED, that:

1. Based on the foregoing facts, the Board finds that given the physician's preference and the need to integrate the Siemens YSIO X.pree System into the existing Hospital workflow, and the time constraints due the ongoing unreliability of the existing x-ray equipment, which impacts patient and staff safety, competitive bidding would be undesirable, impractical, and impossible, and that specialty requirements associated with the construction requirements for Siemens YSIO X.pree justifies the award of the contract to Siemens Medical.
2. The Board authorizes the DISTRICT'S Chief Executive Officer to enter into a contract with Siemens Medical in the amount of \$ 1,133,801.
3. The Board also authorizes the DISTRICT'S Chief Executive Officer to enter into other necessary contracts for the acquisition and installation of the Siemens YSIO X.pree System and take any and all further actions which, in the determination of the Chief Executive Officer, are necessary and proper to effectuate the intent of this Resolution.
4. The Board approves allocating \$1,133,801 for the budget for the acquisition and installation of the Siemens YSIO X.pree System.

PASSED AND ADOPTED by the Board of Directors of WASHINGTON TOWNSHIP

HEALTH CARE DISTRICT this 13th day of May, 2026, by the following vote:

AYES:

NOES:

ABSENT:

WILLIAM NICHOLSON, MD
President, Board of Directors
Washington Township Health Care District

MICHAEL WALLACE
Secretary, Board of Directors
Washington Township Health Care District

DRAFT