CALL TO ORDER

PLEDGE OF ALLEGIANCE

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, August 14, 2024 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Eapen called the meeting to order at 6:00 p.m. and led those in attendance of the meeting in the Pledge of Allegiance.

ROLL CALL

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

Absent: Michael Wallace

Also present: Kimberly Hartz; Larry LaBossiere; Terri Hunter; Tina Nunez; Thomas McDonagh; Dr. Benn Sah; Russ Blowers; Paul Kozachenko; Ed Fayen; Jerri Randrup; Kristin Ferguson; Kel Kanady; Donald Pipkin; JoAnne Pineda; Dr. Mark Saleh; Maria Nunes; Sheela Vijay; Dr. Jack Rose; Mary Bowron; John Zubiena; Gisela Hernandez; Laura Anning; Dr. Brian Smith; Sarah Gemski; Marcus Watkins; Angus Cochran; Prabhjot Khalsa; Melissa Garcia; Sri Boddu; Shirley Ehrlich

OPENING REMARKS

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

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

COMMUNICATIONS: ORAL

There were no Oral Communications.

COMMUNICATIONS: WRITTEN

There were no Written Communications.

CONSENT CALENDAR

Director Eapen presented the Consent Calendar for consideration:

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

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

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

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

Roll call was taken:

Jacob Eapen, MD – aye

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

Motion Approved.

ACTION ITEM: CONSIDERATION OF COMMENDATION FOR DR. BENN SAH, PRESIDENT, BOARD OF DIRECTORS OF THE WASHINGTON TOWNSHIP HOSPITAL DEVELOPMENT CORPORATION (DEVCO)

Dr. Eapen read the Commendation for Dr. Benn Sah. The Board noted Dr. Sah's incredible length of service. Dr. Nicholson, Dr. Stewart, Jeannie Yee and Kimberly Hartz also shared their sentiments.

After the presentation, Director Eapen requested that the action item be taken out of order. Director Nicholson moved that the Board of Directors approve the Commendation for Dr. Benn Sah, President, Board of Directors of the Washington Township Hospital Development Corporation (DEVCO). Director Yee seconded the motion.

Roll call was taken:

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

Motion Approved.

PRESENTATION: AMERICAN HEART ASSOCIATION AWARDS: 2024 GET WITH THE GUIDELINES STROKE & GET WITH THE GUIDELINES – CORONARY ARTERY DISEASE AWARDS

Kimberly Hartz, Chief Executive Officer, introduced JoAnne Pineda, Quality Improvement Manager with the American Heart Association. JoAnne presented the Washington Hospital Healthcare System with two awards: Get with the Guidelines Stroke GOLD PLUS with Target: Stroke Honor Roll Elite Plus and Target: Type 2 Diabetes Honor Roll and Coronary Artery Disease – STEMI Receiving Center – GOLD. This year, the American Heart Association, which was founded in Chicago, Illinois, celebrates 100 years. JoAnne also noted that Washington Hospital's achievement would be included in the US News & World Report Best Hospitals, Get With the Guidelines Achievement Awards Digital Ad.

MEDICAL STAFF REPORT

Dr. Mark Saleh, Chief of Medical Staff, reported that there are 631 Medical Staff members, including 340 active members. Dr. Saleh commented that the Trauma Service has been going well. The next general staff meeting will be held on Tuesday, September 10, 2024.

SERVICE LEAGUE REPORT

Sheela Vijay, Service League President, reported that for the month of July, 234 Service League volunteers contributed a total of 2,809 hours. On July 11, 2024, the Service League had a table at the Fremont Summer Concert. Many attendees visited, picked up brochures and expressed interest in volunteering. Some potential volunteers signed up on the spot.

Sheela reported that the Masquerade Sale was held on July 29, 30 and 31, 2024 and generated $6,488 in revenue.

Sheela shared her experience visiting with a patient and her husband in the Infusion Center. During their chat, they were proud to show a picture of their 15-month-old grandson. Sheela offered the couple a knitted sweater and beanie for their grandson and they were touched by the gesture and made a donation to the Service League. This exemplifies the meaningful connections that are built upon through volunteer efforts.

LEAN REPORT: STRATEGIC PHILANTHROPY AT WASHINGTON HOSPITAL HEALTHCARE FOUNDATION

Kimberly Hartz, Chief Executive Officer, introduced Sarah Gemski, Executive Director of the Washington Hospital Healthcare Foundation, who presented the Lean Report of Strategic Philanthropy. Sarah explained that Philanthropy is a key source of revenue and relates to the impact of gratitude in healthcare. As gratitude becomes a part of the culture, this translates to less stress and fatigue and increases mood, sleep, self-efficacy and self-reported physical health.

The Washington Hospital Healthcare Foundation strives to develop and expand philanthropic programming to raise necessary funds for Washington Hospital. This is conducted by several programs to build connections throughout the community such as: Capital Campaigns; Major Giving; Grants; Annual Giving; Planned Giving; Legacy Society; Grateful Patient; and various events.

The Foundation has contributed $30,261,294 to Washington Hospital since its inception in 1987. The largest capital campaign in the history of the Foundation is to raise $12M in philanthropic revenue to support building the new UCSF-Washington Cancer Center.

QUALITY REPORT: QUALITY DASHBOARD Q/E JUNE 2024

Mary Bowron, Chief Quality Officer, presented the Quality Dashboard for the quarter ending June 30, 2024, comparing WHHS statistics to State and National Benchmarks. There were zero Hospital Acquired MSRA in the past quarter, which was lower than the 1.163 predicted number of infections. We had one Catheter Associated Urinary Tract Infection (CAUTI), which was lower than the 1.243 predicted number of infections; zero Central Line Bloodstream Infections (CLABSI), which was lower than the 1.875 predicted number of infections. There were zero Surgical Site Infections (SSI) following Colon Surgery, which was lower than the 0.136 predicted number of infections. We had zero SSI following Abdominal Surgery, which was lower than the 0.043 predicted number of infections, and two hospital-wide Clostridium Difficile (C.diff) infections, which was lower than the 9.226 predicted number of infections. Hand Hygiene was at 97%.

Moderate fall with injury rate was higher than the most recent national rate for the quarter at 0.64. Hospital acquired Pressure Ulcer rate of 0%. The NDNQI Benchmark for Quarter Ending June 2024 was not available.

The 30-day readmission rate for AMI discharges was lower than the CMS national benchmark (11.8% versus 14%). The 30-day Medicare pneumonia readmissions rate was 4, compared to the CMS national benchmark (6% versus 16.9%). 30-day Medicare Heart Failure readmissions was lower (20% versus 20.2%) than the CMS benchmark. 30-day Medicare Chronic Obstructive Pulmonary Disease (COPD) readmission rate was higher than the CMS benchmark (22.2% versus 19.3%). The 30-day Medicare CABG readmission rate was lower (0% versus 11%) than the CMS benchmark. 30-day Medicare Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) was lower than the CMS benchmark (0% versus 4.3%).

FINANCE REPORT

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for June 2024. The average daily inpatient census was 147.6 with discharges of 820 resulting in 4,427 patient days. Outpatient observation equivalent days were 346. The average length of stay was 5.11 days. The case mix index was 1.630. Deliveries were 95. Surgical cases were 446. The Outpatient visits were 8,139. Emergency visits were 5,006. Cath Lab cases were 194. Joint Replacement cases were 153. Neurosurgical cases were 30. Cardiac Surgical cases were 18. Total FTEs were 1,620.6. FTEs per adjusted occupied bed was 6.40. Overall, the net income for June was $3,400,000.

HOSPITAL OPERATIONS REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for July 2024. Patient gross revenue of 220.3 million for July was favorable to budget of $209.7 million (5.4%), and it was higher than July 2023 by $29.7 million (15.6%).

Trauma Cases of 120 for July was favorable to the budget of 101 by 19 (18.8%). Trauma gross revenue of $12.1 million for July was unfavorable to the budget of $13.0 million by $898K (6.9%) due to the case mix.

The Average Length of Stay was 5.73. The Average Daily Inpatient Census was 161.6 and was unfavorable to budget of 166.6 by 5.0 (3%). There were 959 Discharges that was favorable to budget of 933 (2.8%).

There were 5,009 patient days and was unfavorable to budget of 5,164 by 155 days (3.0%). There were 508 Surgical Cases and 173 Cath Lab cases at the Hospital.

Deliveries were 125. Non-Emergency Outpatient visits were 8,932. Emergency Room visits were 5,217. Total Government Sponsored Preliminary Payor Mix was 73.6%, against the budget of 74.6%. Total FTEs per Adjusted Occupied Bed were 5.97.

There were $397K in charity care adjustments in July 2024.

EMPLOYEE OF THE MONTH

August Employee of the Month is Paulo Calvo, Biomedical Electronics Technician in Biomedical Engineering.

Past Health Promotions & Community Outreach Events: *HOSPITAL CALENDAR*

- July 11: Fremont Summer Concert Series – Central Park Performance Pavilion
- July 17: Stroke Education and Blood Pressure Checks – Western Allied Mechanical
- July 17: Choking First Aid Education – American Business Women's Association
- July 18: Fremont Summer Concert Series – Central Park Performance Pavilion
- July 21: Mariachi in the Park – Shirley Sisk Grove, Newark
- July 24: Heart Valve Disorders in Adults: Types and Treatments – Facebook Live & YouTube
- July 25: Newark Senior Advisory Committee
- July 25: Fremont Summer Concert Series – Central Park Performance Pavilion
- July 26: Save a Life from Opioid Overdose – Acacia Creek
- July 30-31: Sports Physicals at Newark Memorial High School & Irvington High School
- August 1: Fremont Summer Concert Series – Central Park Performance Pavilion
- August 3: Kat Williams Memorial Health & Back 2 School Fair
- August 8: Fremont Summer Concert Series – Central Park Performance Pavilion
- August 10: BACH Ohana Health Fair – Newark Library
- August 10: Larry O Car Show – Ruggieri Senior Center, Union City
- August 13: Welcome Teacher Day – Washington West Parking Lot
- August 13: Active Living: Daily Practices to Stay Healthy and Prevent Cancer – Masonic Home
- August 14: Sleep Apnea – Facebook Live & YouTube

Upcoming Health Promotions & Community Outreach Events:

- August 17: Festival of Globe, India Day Fair, Fremont Hall of Justice
- August 28: Stroke: Warning Signs and Risk Factors – Facebook Live & YouTube
- September 7: Union City Heart Health Fair – Nakamura Clinic Parking Lot, Union City
- September 11: Importance of Prostate Cancer Screening – Facebook Live & YouTube

The Foundation has raised over $10.5 million for the UCSF-Washington Cancer Center Campaign, towards a goal of $12 million. The campaign will help expand the UCSF-Washington Cancer Center to provide world-class cancer care for patients, under one roof and close to home. The new cancer center is scheduled to open by early 2026.
The 38th Annual Top Hat Gala is set for Saturday, October 12, 2024. Funds raised at this year's Top Hat will support the purchase of a wide-bore MRI for the Hospital.

ACTION ITEM: RESOLUTION NO. 1266 APPROVING BEST VALUE CONTRACTOR SELECTION FOR THE MORRIS HYMAN CRITICAL CARE PAVILION INFILL PROJECT

Director Nicholson moved that the Board of the Directors approve Resolution No. 1266: Approving Best Value Contractor Selection for the Morris Hyman Critical Care Pavilion Infill Project. Ed Fayen explained that this Resolution embodies a different selection process for the General Contractor of the Morris Hyman Critical Care Pavilion Infill Project, in lieu of selecting the lowest bidder. The quality of the contractor, the contractor's experience and the abilities of the contractor's staff are taken into consideration in the bid, due to the complexity of the Morris Hyman Infill Project. Dr. Stewart seconded the motion.

Roll call was taken:

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

Motion approved.

ANNOUNCEMENTS

There were no Announcements.

ADJOURNMENT TO CLOSED SESSION

Director Eapen adjourned the meeting to closed session at 7:50 p.m., as the discussion pertained to Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2). Director Eapen stated that the public has a right to know what, if any reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is no way of knowing when the closed session will end. The public was informed they could contact the District Clerk for the Board's report beginning August 15, 2024. The minutes of this meeting will reflect any reportable actions.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Director Eapen reconvened the meeting to open session at 8:10 p.m. The District Clerk reported that there were no reportable actions taken in closed session.

There being no further business, Director Eapen adjourned the meeting at 8:10 p.m. *ADJOURNMENT*

DocuSigned by:
Jacob Eapen, MD
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Jacob Eapen, MD
President

DocuSigned by:
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Bernard Stewart, DDS
Secretary

BOARD OF DIRECTORS
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT

RESOLUTION NO. 1266

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

RECITALS

Section 1. WHEREAS:

1. The Washington Township Health Care District (the "District") has been duly and regularly established and exists pursuant to the provisions of the Local Health Care District Law, California Health and Safety Code §§ 32000 *et seq.*; and

2. In 2000, the Washington Township Health Care District Board of Directors developed a long-range master plan to guide the development of our main medical campus to the year 2030 to ensure safe, reliable, quality hospital facilities that will meet the health care needs of our community for the future; and

3. Phase 1 of the Facilities Master Plan was completed with the construction of the Consolidated Central Plant Project in December 2011 and the opening of the Center for Joint Replacement building in May 2012; and

4. Phase 2 of the Facilities Master Plan was completed with the opening in November 2018 of the Morris Hyman Critical Care Pavilion (the "Pavilion"), which is a 224,800 square-foot medical facility that is home to Washington Hospital's Emergency Department, Critical Care, Telemetry, Intermediate Care and Oncology/Medical-Surgical units; the state-of-the-art, three-story facility is built on the most sophisticated base isolation system, making it one of the most seismically safe structures in the southeast Bay Area; and

5. Phase 3 of the Facilities Master Plan is currently being developed, is to be completed in time for a state seismic deadline of 2030, and includes (1) construction of a new seismically safe building adjacent to the Pavilion and (2) infill of the empty shell space on the first and ground floors of the Pavilion (the "Project"), which would house the Hospital's operating room suites including hybrid ORs, recovery room, pharmacy, and radiology (including CT, MRI and ultrasound); and

6. Phase 3 is funded by Measure XX, approved by voters on November 3, 2020, which permitted Washington Township Health Care District to authorize $425,000,000 in bonds; and

7. The Project is subject to the jurisdiction of the California Department of Health Care Access and Information ("HCAI"), formerly known as the Office of Statewide Health

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

8. Hospital construction is unique, not only in the degree of oversight and supervision by HCAI, but also in the nature of the design and construction required to meet seismic safety standards and the intent and goals of the seismic safety laws, including the structural and non-structural elements within hospitals, which places a premium on coordination of the design and construction of interior mechanical, electrical and plumbing systems, using techniques such as Building Information Modeling; and

9. The Project comprises renovation to the Pavilion, which:
    a. is an occupied, OSHPD 1, acute care building;
    b. is a base isolated building, which affects how all utilities, structural changes, elevators and travel pathways for the Project can be built, including how to upgrade the basement structure to accommodate the 7.3 ton magnet of the MRI;
    c. was built according to a since-revised version of the California Building Standards Code (Title 24 of the California Code of Regulations); and

10. The Project is subject to the requirements of the California Code of Regulations, Title 22, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies; and

11. Accommodations for the Project have been previously made, such as prior installation of structures and systems as part of the Patient Bridge project, prior installation of firewalls and fire suppression systems, and prior modification of the outside wall to bring an MRI magnet into the Pavilion; and

12. The Project includes building state-of-the-art acute care facilities that provide highly technical, advanced-technology services for university physicians; and

13. The Project includes building state-of-the-art Operating Rooms, including (1) hybrid operating rooms that utilize fixed, advanced imaging/catheterization laboratory equipment within the operating rooms themselves, (2) operating rooms with booms and advanced endoscopic equipment, (3) operating rooms that utilize computer-assisted navigation systems, and (4) operating rooms that utilize advanced robotic operating systems, all of which requires working with and coordinating work in conjunction with multiple advanced technology vendors; and

14. The Project includes building state-of-the-art Imaging Departments, including MRI, CT, nuclear medicine, ultrasound and fluoroscopy/radiology, all of which requires working with and coordinating work in conjunction with multiple advanced imaging vendors; and

15. The Project includes building a state-of-the-art Pharmacy Department that utilizes sterile hood systems used for the admixing of chemotherapy and other advanced therapeutic formulations; and

16. The Project includes building state-of-the-art Central Sterile Processing Departments, including the installation of advanced sterilization processing equipment of various agents and capabilities, which requires use of techniques and processes to maintain sterility; and

17. The Project includes provision of sterile environments for patients, staff, and doctors, which requires use and understanding of sterile technique and its components, processes, and concepts; and

18. Construction of the Project will involve working above, below, and adjacent to patients, staff, and doctors, which requires cognizance of noise levels, implementation and maintenance of Infection Control measures, and Interim Fire Life Safety measures; and

19. The Project includes utility tie-ins of electrical switchgear with back-up generator power source and chilled water loops with remote HVAC systems located in affiliated Central Plant and tunnels; and

20. The Project includes tie-ins with medical gasses, nurse call, security, electrical, and relocation of multiple Uninterruptable Power Supplies (UPS) serving existing building operations, which require completion without interruption to ongoing acute care operations; and

21. The Project includes handling infection control related issues with acute care facility mechanical systems (specifically, Legionella testing and remediation); and

22. The Project includes procurement and installation of High-Density storage equipment, taking into account site conditions such as slab levelness and structural requirements; and

23. The Project requires advanced scheduling and planning techniques to provide the most efficient implementation of activities and minimization of disruption to operational areas; and,

24. California statutes governing the University of California, community colleges, counties, and certain school districts, provide for a "best value" public works construction contractor selection method that weighs bidders' qualifications and proposed price; this method is fair and competitive where the qualifications criteria are objective and apply equally to each bidder's experience, competency, capability, and capacity to complete projects of similar size, scope, or complexity; and

25. The District is undertaking a statutorily-authorized prequalification process wherein, based on a standardized questionnaire, the District will evaluate potential bidders' qualifications including their financial condition, relevant experience to complete projects

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

26. The District may, in the judgment of staff, continue the prequalification process to result in creating a short list of firms eligible to submit price proposals in a subsequent competitive process; and

27. Best value procurement, which involves the owner considering price proposals and contractor qualifications, has been successfully implemented by many California public entities on construction projects of varying size, cost, and difficulty; and

28. There are sufficient facts for the Board of Directors of the Washington Township Health Care District to find that traditional "low bid" procurement is incongruous with the public interest and by implementing a best value procurement method that takes into account the relative qualifications of the bidders to perform the complex work of the Project in its unique conditions is in the best interest of the public;

29. There are sufficient facts for the Board of Directors of the Washington Township Health Care District to find that using the best value procurement method authorized by this Resolution is warranted and justified for selecting the construction contractor to build the Project.

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

1. The above-recited facts are true and correct.

2. The complexity of the Project, including the specialized knowledge, experience, and capabilities required of a public works construction contractor to complete the Project timely, effectively, and with due consideration to the acute care services that will be provided concurrently with and adjacent to construction of the Project, justifies adopting a selection process to choose the construction contractor that values contractors' experience, expertise, and proven track record.

3. The complexity of the Project increases risks of all types, including the risk of delays, which a highly qualified contractor is more likely to effectively resolve in the public's best interest, thereby reducing project costs and expediting the completion of the project.

4. The time-sensitive nature of the Project, including state seismic deadline of 2030, justifies a selection process that values contractors' experience, expertise, and proven track-record for timely project completion.

5. Building the Project entails the oversight and jurisdiction of the HCAI, which justifies using a selection process that considers contractor experience with similar circumstances, various permitting requirements, and highly-regulated construction projects.

6. The complexity of the Project, the time-sensitive nature of the Project, and the oversight and jurisdiction of the HCAI, justify a construction contractor selection procedure that scores quality, qualifications, precision, and timeliness.

7. The District's use of the best value procurement process to select the construction contractor for the Project, as authorized by this Resolution, will be fair and competitive; guard against favoritism, improvidence, extravagance, fraud, and corruption; prevent the waste of public funds; and obtain the best economic result for the public.

8. Based upon the foregoing facts, this Board finds that use of the best value procurement process to select the construction contractor for the Project is in the best interest of the District and the public and the most prudent method of expenditure of bond funds towards completion of the Project.

9. Based upon the foregoing facts, this Board finds that awarding the Project contract to the responsible bidder submitting the lowest responsive bid, in strict compliance with competitive bidding requirements, would be an incongruity and run contrary to the public interests usually protected by the competitive bidding requirements and would not produce any advantage over the best value procurement method authorized by this Resolution, and that strict compliance with competitive bidding requirements therefore is undesirable and impractical and that it is in the public interest for the District to move forward with use of the best value procurement process to select the construction contractor for the Project.

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

1. The District will implement a best value process whereby the selected bidder may be chosen on the basis of objective criteria for evaluating the qualifications of bidders, with the resulting selection representing the best combination of price and qualifications.

2. The initial prequalification process will result in creating a short list of firms eligible to submit qualifications and price proposals in a subsequent competitive process. If time and circumstances permit, staff may conduct a further prequalification process to narrow the short list to three proposers.

3. Bidders will submit two sealed envelopes, the first containing their qualifications, the second containing their price proposal for the Project.

4. The District will appoint an objective panel to score qualifications using a formula to calculate a qualification score based on published objective criteria. The cost or price information submitted by the bidders shall not be revealed to the committee evaluating the qualifications.

5. To determine the best value bid, the District shall divide each bidder's price by its qualifications score. The lowest resulting cost will represent the best value bid.

6. The District may implement a best value procurement process to award a contract for construction of the Project to the contractor submitting the lowest, best value bid.

PASSED AND ADOPTED by the Board of Directors of WASHINGTON TOWNSHIP HEALTH CARE DISTRICT this 14th day of August, 2024, by the following votes:

AYES: Directors Eapen, Nicholson, Yee, Stewart

NOES:

ABSENT: Director Wallace

DocuSigned by:
Jacob Eapen, MD
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JACOB EAPEN, MD
President of the Washington Township
Health Care District Board of Directors

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