El Camino Health

# AGENDA
## REGULAR MEETING OF THE
## EL CAMINO HOSPITAL BOARD OF DIRECTORS

**Wednesday, March 11, 2020 – 5:30pm**
El Camino Hospital | Conference Rooms F&G (ground floor)
2500 Grant Road Mountain View, CA 94040

The following members will be participating via teleconference from the locations identified below:
Lanhee J. Chen participated in the meeting telephonically
Peter Fung, MD | 2500 Hospital Drive, Building 4B, Mountain View, CA 94040
Julie Kliger | 13100 Skyline Boulevard, Oakland, CA 94619
Jack Po, MD | 1402 Nilda Avenue, Mountain View, CA 94040
Bob Rebitzer | The L.A. Grand Hotel Downtown, 333 S. Figueroa St, Los Angeles, CA 90071
George Ting, MD | 26747 Tanglewood Lane, Los Altos Hills, CA 94022
Don Watters | 260 Margarita Court, Los Altos, CA 94022
John Zoglin | 1005 Los Altos Avenue, Los Altos, CA 94024

**MISSION:** To heal, relieve suffering, and advance wellness as your publicly accountable health partner.

| | AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|---|---|---|---|
| **1.** | **CALL TO ORDER/ROLL CALL** | Lanhee Chen, Board Chair | | **5:30 – 5:31pm** |
| **2.** | **POTENTIAL CONFLICT OF INTEREST DISCLOSURES** | Lanhee Chen, Board Chair | | **information 5:31 – 5:32** |
| **3.** | **PUBLIC COMMUNICATION**<br>a. Oral Comments<br>*This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.*<br>b. Written Correspondence | Lanhee Chen, Board Chair | | **information 5:32 -5:35** |
| **4.** | **ADJOURN TO CLOSED SESSION** | Lanhee Chen, Board Chair | *public comment* | **motion required 5:35 – 5:36** |
| **5.** | **POTENTIAL CONFLICT OF INTEREST DISCLOSURES** | Lanhee Chen, Board Chair | | **information 5:36 – 5:37** |
| **6.** | **CONSENT CALENDAR**<br>*Any Board Member may remove an item for discussion before a motion is made.* | Lanhee Chen, Board Chair | | **motion required 5:37 – 5:39** |
| | ***Approval***<br>*Gov't Code Section 54957.2:*<br>a. Minutes of the Closed Session of the Hospital Board Meeting (2/12/2020)<br>***Information***<br>*Health & Safety Code Section 32155:*<br>b. Enterprise Quality Council Minutes | | | |
| **7.** | *Health & Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:<br>- Medical Staff Report | Imtiaz Qureshi, MD, Enterprise Chief of Staff; Linda Teagle, MD, Los Gatos Chief of Staff | | **motion required 5:39 – 5:49** |
| **8.** | **ADJOURN TO OPEN SESSION** | Lanhee Chen, Board Chair | | **motion required 5:49 – 5:50** |

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| | AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|---|---|---|---|
| **9.** | **RECONVENE OPEN SESSION/ REPORT OUT**<br>To report any required disclosures regarding permissible actions taken during Closed Session. | Lanhee Chen, Board Chair | | **information 5:50 – 5:51** |
| **10.** | **CONSENT CALENDAR ITEMS:**<br>*Any Board Member or member of the public may remove an item for discussion before a motion is made.*<br>***Approval***<br>a. Minutes of the Open Session of the Hospital Board Meeting (2/12/2020)<br>b. Approval of Outpatient Behavioral Clinic Relocation<br>***Reviewed and Recommended for Approval by the Medical Executive Committee***<br>c. Medical Staff Report<br>***Information***<br>d. FY20 Period 7 Financials<br>e. Community Benefit Mid-Year Metrics | Lanhee Chen, Board Chair | *public comment* | **motion required 5:51 – 5:53** |
| **11.** | **ADJOURNMENT** | Lanhee Chen, Board Chair | *public comment* | **motion required 5:53 – 5:55pm** |

**Upcoming Meetings**:

Regular Meetings: April 15, 2020; May 13, 2020; May 26, 2020*; June 10, 2020
*Joint Meeting with Finance Committee

Education Sessions: April 22, 2020

El Camino Health

**Minutes of the Open Session of the**
**El Camino Hospital Board of Directors**
**Wednesday, February 12, 2020**
**2500 Grant Road, Mountain View, CA 94040**
**Conference Rooms F&G (ground floor)**

| Board Members Present | Board Members Absent | Members Excused |
|---|---|---|
| **Lanhee Chen,** Chair | None | None |
| **Peter C. Fung, MD** | | |
| **Gary Kalbach** | **via teleconference | |
| **Julie Kliger** | | |
| **Julia E. Miller,** Secretary/Treasurer | | |
| **Jack Po, MD, PhD** | | |
| **Bob Rebitzer** | | |
| **George O. Ting, MD** | | |
| **Don Watters** | | |
| **John Zoglin**, Vice Chair | | |

| Agenda Item | Comments/Discussion | Approvals/ Action |
|---|---|---|
| **1. CALL TO ORDER/ ROLL CALL** | The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:30pm by Chair Chen. A silent roll call was taken. Director Ting arrived at 5:31pm during Agenda Item 4: Quality Committee Report. All other Board members were present at roll call. | |
| **2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES** | Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were reported. | |
| **3. AGENDA ITEM 4: QUALITY COMMITTEE REPORT** | This item was taken out of order.<br><br>Director Kliger, Quality Committee Chair, described the new proposed dashboard that is 1) based on the STEEP (Safe, Timely, Effective, Efficient, Equitable and Patient-Centered) framework, 2) designed for quarterly Board review, and 3) is highlighting areas that fall outside of expected performance. She noted that the Quality Committee will be finalizing the metric set. The updated dashboard will be displayed by category, color-coded by performance, include peer group/competitor benchmarks, explain the significance of the data/indicator, and describe management efforts in each area.<br><br>Director Kliger recognized ECH's achievement of a 5-star CMS rating and listing on the California Patient Safety Honor Roll.<br><br>Mark Adams, MD, CMO, provided an overview of the CMS 5-Star rating, which evaluates 57 quality measures across seven categories. He reviewed the distribution across the country and the ratings of ECH's competitors. Dr. Adams commented that ECH's work on mortality has contributed to this rating.<br><br>He also described the methodology for selecting representative metrics (including ambulatory, hospital-based, and enterprise measures) and overall development of the STEEEP dashboard. He noted that the Quality Committee will be reviewing this revised proposed dashboard at its next meeting.<br><br>Dr. Adams updated the Board on the coronavirus, including confirmed cases (13 in the United States and two in Santa Clara County), transmissibility, infection rate versus mortality rate, pathogen comparisons (to Ebola, SARS, etc.), precautions taken in facilities where infected patients are being treated, | |

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| | and general preventative measures to take during flu season.<br><br>Director Rebitzer commended the organization for the 5-Star CMS rating. In response to Director Rebitzer's question, Dr. Adams described the improvement in 18 of the 57 measures, including improved mortality indices, readmission indices, patient safety indicators, and efficiency in CT scanning. | |
| **4. AGENDA ITEM 5: FY20 PERIOD 6 FINANCIALS** | Iftikhar Hussain, CFO, highlighted the following in the Period 6 Financials:<br>- Though payor mix is yellow on the dashboard, the month-by-month trend has been improving; in December, the commercial mix was ahead of plan.<br>- Volume is about 8% higher than budget (12% higher than FY19).<br>- ECH is $5.5 million ahead of plan on operating margin<br><br>Mr. Hussain also reviewed monthly trends, noting strong performance in December 2019 and good preliminary numbers for January 2020.<br><br>In response to Director Watters' question, Mr. Hussain explained that the industry standard for utilization is to measure against licensed beds; Los Gatos has a high count as the rooms are licensed for four patients, but are rarely used at full capacity. Mr. Hussain noted that if the number is adjusted for what is practically available, it is closer to 50% occupancy.<br><br>**Motion**: To approve the FY20 Period 6 Financials.<br><br>**Movant:** Kalbach<br>**Second:** Watters<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None | ***FY20 Period 6 Financials approved*** |
| **5. AGENDA ITEM 3: PUBLIC COMMUNICA-TION** | Rena Schwartzberg from SEIU-UHW expressed concerns about the compensation and benefits for SVMD clinic healthcare workers. | |
| **6. ADJOURN TO CLOSED SESSION** | **Motion:** To adjourn to closed session at 6:21pm pursuant to *Gov't Code Section 54957.2* for approval of the Minutes of the Closed Session of the Hospital Board Meeting (12/11/2019); Minutes of the Closed Session of the Executive Compensation Committee Meeting (9/19/2019); pursuant to *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Enterprise Quality Council Minutes; *Gov't Code Section 54956.9(d)(2)* – conference with legal counsel – pending or threatened litigation: Quarterly ERM Report; pursuant to *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets: SVMD Update; pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets: FY20 Q2 Strategic Plan Metrics; pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets and report involving *Gov't Code Section 54957.6* for conference with labor negotiator Dan Woods: CEO Report; pursuant to *Gov't Code Section 54957.6* for conference with labor negotiator | ***Adjourned to closed session at 6:21pm*** |

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| | Dan Woods: Proposed FY20 CQO Base Salary and Salary Range; and pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: Executive Session.<br><br>**Movant:** Kalbach<br>**Second:** Kliger<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None | |
| **7. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT** | Open session was reconvened at 8:59pm by Chair Chen. Agenda items 7-15 were addressed in closed session.<br><br>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (12/11/2019), the Minutes of the Closed Session of the Executive Compensation Committee Meeting (9/19/2019), the Enterprise Quality Council Minutes, the Quarterly ERM Report, and the Medical Staff Report, including the credentials and privileges report, by a unanimous vote in favor of all members present (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, and Zoglin). | |
| **8. AGENDA ITEM 17: CONSENT CALENDAR** | Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar.<br><br>Director Fung requested that Item J (Proposed Procedure for Delegation of Authority to the Board's Committees) Item K (Appointment of Community Members to the Governance Committee) and Item L (Board Education Plan) be removed for discussion.<br><br>**Motion:** To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (12/11/2019); Minutes of the Open Session of the Hospital Board Meeting (12/16/2019); *Resolution 2020-01*: Approving Stroke Panel On-Call Arrangement with Peter C. Fung, MD; Appointments to Silicon Valley Medical Development (SVMD), LLC Board of Managers; Proposed Revised FY20 Committee Appointments; Draft Revised Executive Compensation Philosophy; FY20 Period 5 Financials: MV Bariatric Surgery Call Panel; MV Interventional Radiology Call Panel; Draft Revised Quality Committee Charter; Medical Staff Report; and for information: Update on Major Capital Projects; Finance Committee Approvals.<br><br>**Movant:** Miller<br>**Second:** Kalbach<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None<br><br>Director Fung welcomed new appointees Mike Kasperzak and Ken Alvarez to the Governance Committee.<br><br>He commented that the February 26, 2020 Board Retreat will be postponed pending further development. He highlighted the readings, conferences, and webinars that are part of the Proposed Board Education Plan.<br><br>**Motion:** To approve the consent calendar: Proposed Procedure for | ***Consent calendar approved*** |

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| | Delegation of Authority to the Board's Committees; Appointment of Community Members to the Governance Committee; and Board Education Plan.<br><br>**Movant:** Fung<br>**Second:** Kalbach<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None | |
| **9. AGENDA ITEM 18: PROPOSED FY20 CQO BASE SALARY AND SALARY RANGE** | **Motion**: To approve the FY20 CQO Base Salary Range with a minimum of $422,000, midpoint of $528,000, and maximum of $633,600 and a FY20 Base Salary of $540,000.<br><br>**Movant:** Kalbach<br>**Second:** Watters<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None | ***FY20 CQO Base Salary and Salary Range approved*** |
| **10. AGENDA ITEM 19: CEO REPORT** | Dan Woods, CEO, reported that ECH has submitted its fourth application for Magnet Designation. He also highlighted the 54th Annual Employee Service Awards, a grocery store tour hosted by the Chinese Health Initiative, the recent launch of El Camino Health's ad campaign, and text updates available to patients in the Emergency Room.<br><br>Mr. Woods commended the recent philanthropy work of the Foundation (73% of its annual goal) and the December and January volunteer hours from the Auxiliary. | |
| **11. AGENDA ITEM 20: BOARD COMMENTS** | There were no comments from the Board. | |
| **12. AGENDA ITEM 21: ADJOURNMENT** | **Motion**: To adjourn at 9:06pm.<br><br>**Movant:** Zoglin<br>**Second:** Kalbach<br>**Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin<br>**Noes:** None<br>**Abstentions:** None<br>**Absent:** None<br>**Recused:** None | ***Meeting adjourned at 9:06pm*** |

**Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:**

_____
Lanhee Chen
Chair, ECH Board of Directors

_____
Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Cindy Murphy, Director of Governance Services
Sarah Rosenberg, Contracts Administrator/Governance Services EA

El Camino Health

**EL CAMINO HOSPITAL BOARD OF DIRECTORS**
**BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors
**From:** Mark Adams, MD, CMO
**Date:** March 11, 2020
**Subject:** Approval of Relocation of Outpatient Behavioral Health Clinic

**Recommendation**:

To approve the relocation El Camino Health's licensed Outpatient Behavioral Health Clinic, formerly located at 2660 Grant Road, Mountain View, CA, to 2400 Grant Road, Mountain View, CA.

**Summary:**

**1.** Situation: On July 30, 2019, El Camino Health's licensed Outpatient Behavioral Health Clinic, formerly located at 2660 Grant Road Mountain View, CA moved to 2400 Grant Road Mountain View.

**2.** Authority: To satisfy regulatory licensing requirements, the Board must approve the relocation.

**3.** Background: N/A

**4.** Assessment: N/A

**5.** Other Reviews: Management team

**6.** Outcomes: Compliance with licensing requirements

**List of Attachments:** None

**Suggested Board Discussion Questions:** None. This is a consent item.

El Camino Health

**EL CAMINO HOSPITAL BOARD OF DIRECTORS**
**BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors
**From:** Imtiaz Qureshi, MD, Enterprise Chief of Staff
Linda Teagle, MD Chief of Staff Los Gatos
**Date:** March 11, 2020
**Subject:** Medical Staff Report – Open Session

**Recommendation:**

To approve the Medical Staff Report, including Policies and Scopes of Service identified in the attached list.

**Summary:**

**1.** Situation: The Medical Executive Committee met on February 27, 2020.

**2.** Background: MEC received the following informational reports.

a) Quality Council – The Quality Council met on February 5, 2020. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:

i. Infection Control and Prevention
ii. Acute Dialysis
iii. Critical Care
iv. National Surgery Quality Improvement Program
v. Regulatory Update

b) Leadership Council – Leadership Council met on February 11, 2020:

i. Quality Council reviewed and discussed the proposed Bylaws revisions for changes in the Medical Staff Structure:
    1. Creation of three enterprise departments which would be Medicine, Surgery and Maternal Child Health
    2. Campus specific operations committees to give voice to each campus
    3. MEC composition would consist of elected Medical Staff leaders, department chairs, elected at-large members and members of Hospital administration
    4. Roles of the Department chairs and vice chairs discussed
    5. Elected officer terms would increase from two years to three years

c) CEO Report – The CEO Report was provided and included the following updates:

i. The Sobrato Pavilion is now open and the first tenants have moved in.
ii. The 10,000$^{th}$ daVinci Surgical System robotic case will be performed at Mountain View in March 2020.
iii. The Doctors' Day luncheon is planned for March 30, 2020 at each campus.
iv. The Nursing Division has submitted application materials for Magnet Designation for the fourth time.

d) CMO Report –

i. The FY 20 Quality Dashboard performance through January 2020 was reviewed and provided in the meeting packet for MEC members. Mortality Index and Surgical Site Infection rates were noted as improving. OB elective delivery and C-sections rates continue to improve. COVID -19 was discussed and the symptoms, manner of transmission and precautions were reviewed.

ii. High Reliability Organization (HRO) – becoming an HRO was reviewed and discussed along with pathways and next steps.

**3.** Other Review**:** The MEC approved the Policies and Scopes of Service.

**List of Attachments:** Policies and Scopes of Service

**Suggested Board Discussion Questions:** None; this is a consent item

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

# POLICIES AND PROCEDURES
## Board
## March, 2020

| Department | Policy Name | Type of Change | Type of Doc. | Notes |
|---|---|---|---|---|
| Infection Control | 1. Infection Control Plan | New | Plan | |
| PCU | 1. Progressive Care (PCU) Scope of Service | None | Scope of Service | |

El Camino Health

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| **Origination:** | *01/1996* |
| **Effective:** | *Upon Approval* |
| **Last Approved:** | *N/A* |
| **Last Revised:** | *03/2020* |
| **Next Review:** | *1 year after approval* |
| **Owner:** | *Catherine Nalesnik: Director Infection Prevention* |
| **Area:** | *Infection Prevention* |
| **Document Types:** | *Plan* |

# FY2020 Infection Control Plan

## COVERAGE:

All El Camino Hospital staff

## PURPOSE:

The El Camino Hospital Infection Prevention & Control Program's primary function is to prevent transmission of infectious agents among patients, staff and visitors. It is the goal of the Infection Prevention and Control Department:

- To reduce infection risk by implementing strategic policies and procedures for surveillance and control of healthcare-associated infection and other contagious infection
- To monitor and identify drug-resistant pathogens and emerging pathogens.
- To provide education to staff upon hire and as needed in developing practices which reflect current infection control guidelines and standards of care.
- To conduct an annual evaluation of the Infection Control Risk Assessment for acquiring and transmitting infections within the hospital environment and set goals to reduce infections.



## STATEMENT:

The El Camino Hospital Infection Control and Prevention Plan include policies and procedures that are created on evidence based guidelines or expert consensus. At least annually, and whenever risks significantly change, an evaluation of the effectiveness of the infection prevention and control plan will be completed. Assessment of the prevention strategies will be based on their effectiveness at preventing and controlling infection. The Infection Prevention Nurses report all communicable diseases to the Public Health Departments to help prevent spread of certain infections within the public at large.

The Infection Prevention and Control Plan evaluate the risk of communicable disease transmission based on the following:

- El Camino Hospital Mountain View and Los Gatos: location and services provided
- Santa Clara County geographic location and demographics
- Mountain View and Los Gatos demographics
- Santa Clara County Community health status assessment
- Tuberculosis (TB) Risk Assessment: California and Community profiles
- Seasonal Influenza Activity
- Threats facing Santa Clara County
- National trends and novel infections and International outbreaks

## El Camino Hospitals: Mountain View and Los Gatos

Geographic location, patient volume and services provided: (FY2019 data):

- Hospital geographic location – 2 hospital campuses in a large urban areas
- MV beds: 274 General Acute Care
- LG beds: 143 General Acute Care
- Patient volume: greater than 18,000 discharges per year
- Enterprise admissions: 21,592 (FY 2018: 22,059 )
- Enterprise admissions: 21,592 (FY 2018: 22,059 )
- Patient population served: multicultural
- Hospital clinical focus – emergency services, maternal child services, cancer services, Adult & neonatal critical care services, diagnostic services, medical/surgical services, cardiac services, cyber knife & radiosurgery center, acute rehab center, behavioral health services and out-patient services

# Santa Clara County Geographic Location and Demographics:

https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216

With 1.9 million residents, Santa Clara County is the sixth most populated of California's 58 counties and the most populated in the Bay Area. More than one-third (37%) of county residents are foreign-born. The largest percentage of foreign-born residents were born in Mexico (21%), followed by Vietnam (15%), India (13%), the Philippines (9%), and China (8%), excluding Hong Kong and Taiwan.

Santa Clara County encompasses 1,312 square miles and runs the entire length of the Valley from north to south, ringed by the rolling hills of the Diablo Range on the east, and the Santa Cruz Mountains on the west. Nearly 92% of the population lives in suburban areas

The local industry of the County of Santa Clara is dominated by the technology sector.
The County has three main interstate highways; 280, 680, and 880, one U.S. Route (101), and the following CA State Routes; 9, 17, 82, 85, 87, 130, and 237.

Airports include: Norman Y. Mineta International Airport, Moffett Federal Airfield, and three County airports: Reid Hillview, Palo Alto, and South County.

## Mountain View Demographics:

https://www.census.gov/quickfacts/fact/table/mountainviewcitycalifornia,santaclaracountycalifornia/

The resident population of Mountain View is approximately 76,260. More than half the population is between 20 and 54, while nearly 25% is in the 25 to 34 year age bracket. The median age is 34.6 years old.

## Los Gatos Demographics:

https://www.homefacts.com/demographics/California/Santa-Clara-County/Los-Gatos.html

The resident population of Los Gatos is approximately 30,705. The median age resident is 45.4 years young. The largest racial/ethnic groups are White (73.8%) followed by Asian (14.5%) and Hispanic (6.3%)

## Santa Clara County Community Health Status Assessment:

https://www.sccgov.org/sites/phd/collab/chip/Documents/cha-chip/cha-chip.pdf

*(Data: 2015-2020 Partners for Health Santa Clara County)*

| | |
|---|---|
| Access to Care | 87% of adults have health insurance |
| Chronic Disease | 8% of adults have diabetes.<br>Heart disease: 22% of the death among county residents. |
| Overweight and Obesity | Over 50% of adults and over 33% of adolescents in the county are overweight or obese |
| HIV/ AIDS | Over 3342 adults in Santa Clara County are living with HIV |
| Tobacco use | 1 in 10 adults and 1 in 12 adolescents in the county smoke cigarettes |

### TB Risk Assessment: *(retrieved from Santa Clara County TB Control Report; based on CY 2018)*

## California Overview

- California reported 2091 new TB cases in 2018 compared to 2059 cases in 2017
- California's annual TB incidence was 5.3 cases per 100,000 persons, which is nearly double the national incidence rate of 2.8.
- More than 2 million Californians (6% of the population) have Latent TB Infection (LTBI) which can progress to active TB without diagnosis and treatment.
- Among California's TB cases, an estimated 6% were imported from outside of the United States, 13% resulted from recent transmission and 81% were due to reactivation of latent tuberculosis infection (LTBI) to active TB..

## COMMUNITY TB PROFILE

www.SCCPHD.ORG

- Santa Clara County (SCC) has the fourth highest number of cases among all jurisdictions in California, after Los Angeles, San Diego and Orange counties.
- SCC had 169 cases of tuberculosis (TB) disease in 2018, which decreased compared with 2017 (186 TB cases).

- This represents a case rate of 8.6 per 100,000 residents
- The case rate is 1.6 times as high as the overall California rate (5.3/100,000 people) (Figure 2) and 3.1 times as high as the national rate (2.8 per 100,000 persons)

## El Camino TB Profile CY 2018 : Medium Risk Facility

- 30 total cases 9 In-patients and 21 Out-patients which is an increase from 23 cases in 2017.
- Designated as a “Medium Risk Facility” for TB based on the community rate of infection.
- El Camino Hospital and their Infectious Disease Specialists are considered the 2nd largest provider of TB care in Santa Clara County (next to SCC Valley Medical Center) and the SCC TB Clinic.

## Seasonal Influenza Activity

**Infection Prevention and Control: Seasonal Influenza Procedure**

The Infection Prevention Department has a procedure in place to protect all staff, patients and visitors from potential exposure to seasonal influenza virus and to prevent an outbreak of health-care-associate influenza.

**Annual Seasonal Influenza Procedure** (located in the Toolbox)

## Threats facing Santa Clara County:

1. **Major Earthquake**
   The Operational Area is in the vicinity of several known active and potentially active earthquake faults including the San Andreas, Hayward, and Calaveras faults.
2. **Wild land Urban/Interface Fire**
   The months of August, September and October have the greatest potential for wild land fires as vegetation dries out, humidity levels fall, and off shore winds blow.
3. **Hazardous Material Incident**
   There are four major highways in the county that carry large quantities of hazardous materials: U.S. 101, I-880, and I-680, and I-280. Truck, rail, and pipeline transfer facilities are concentrated in this region, and are involved in considerable handling of hazardous materials.
4. **Flood**
   There are approximately 700 miles of creeks and rivers in the County, all of which are susceptible to flooding. An Emergency Action Plan exists for the Anderson Dam and a general Dam Plan exists which includes other dams within Santa Clara County. These plans are maintained by the Santa Clara Valley Water District.
5. **Landslide**
   For Santa Clara, the hillside areas in the Los Gatos areas have the greatest potential for economic loss due to landslides. The winters of 1982, 1983, 1986, and 1996/1997 provided a reminder of the degree of hazard from landslides in Santa Clara County



# I. PROCEDURE:

A. **Goals**

1. Maintain Enterprise hospital acquired Central Line Associated Bloodstream Infections (CLABSI) at or below National
2. Healthcare Safety Network (NHSN) Standardized Infection Ratio (SIR) SIR < 0.50.
3. Maintain Enterprise hospital acquired Catheter Associated Urinary Tract Infection (CAUTI) at or below NHSN SIR ≤ 0.75.
4. Maintain Enterprise hospital acquired Clostridium difficile (C.diff) infections at or below NHSN SIR ≤ 0.70
5. Maintain hospital acquired Pacemaker Surgical Site Infections (SSI) at or below NHSN SIR <1.00
6. Maintain hospital acquired Total Knee SSI at or below NHSN SIR <1.00.
7. Maintain hospital acquired Total Hip SSI at or below NHSN SIR <1.0.
8. Maintain hospital acquired Laminectomy SSI at or below NHSN SIR <1.00.
9. Maintain hospital acquired Spinal fusion /Re-fusion SSI at or below NHSN SIR < 1.00.
10. Maintain Enterprise hospital acquired Methicillin Resistant Staphylococcus aureus (MRSA) infection rate to ≤ 0.90 /10,000 patient days.
11. Maintain Enterprise MRSA screening compliance rate to 91% or more.
    Maintain Enterprise hospital onset Multi- Drug Resistant Organisms (MDRO) infection rate to ≤ 0.50 / 10,000 patient days.
12. Maintain hand hygiene compliance at ≥ 80%.

13. Maintain reporting compliance with regulatory and accrediting agencies
14. Maintain compliance with Infection Control Risk Assessment (ICRA) for construction
15. Maintain compliance with Seasonal Influenza Procedure

B. **Objectives**

1. Perform daily targeted Surveillance for the following:
    a. Surgical Site Infections
    b. CAUTI
    c. CLABSI
    d. Clostridium difficile
    e. Methicillin resistant Staph aureus (MRSA)
    f. Multi-Drug Resistant Organisms (MDRO)
2. Perform daily active disease surveillance for the following:
    a. Tuberculosis and other communicable diseases
    b. Carbapenem-resistant Enterobacteriaceae (CRE) surveillance: for patients hospitalized outside the U.S. within 12 months
    c. CRE surveillance: for Skilled Nursing Facilities (SNFs) with increased risk of CRE in their patient population
    d. Candida auris
    e. Pseudomonas aeruginosa from areas identified in Mexico
3. Report mandated conditions to the following accrediting agencies:
    a. Report required data monthly to CDC NHSN data base
    b. Report mandated conditions (86 total) to SCC PHD
    c. Report all Tuberculosis cases to the Santa Clara County TB Control
    d. Report unusual infectious disease occurrences to CDPH and CDC
4. Educate staff on hand hygiene standards and measure compliance outcomes
    a. Upon hire, educate all staff on how to correctly perform hand hygiene (HH)
    b. During daily isolation rounding by IP staff, observe compliance with hand hygiene and provide immediate feedback to staff with non-compliance.
    c. Track monthly HH compliance with the HAI committee and strategize on performance improvement activities.
5. Perform Risk Assessments for all hospital construction activities
    a. Conduct a risk assessment for all new construction projects and sign permit
    b. Perform daily rounding on all construction sites for compliance
    c. Conduct ICRA permit for unexpected water intrusion and mold issues
6. Attend the following hospital committee meetings to represent IC
    a. HAI Committee
    b. Critical Care Committee
    c. Antimicrobial Stewardship
    d. Emergency Management
    e. Value Analysis
    f. Clinical Microbiology Lab, Pharmacy and Infection Prevention (MIPP)
    g. Central Safety
    h. E-policy
7. Provide Infection Prevention and Control Education to the following:
    a. General Hospital Orientation
    b. Physician Orientation

c. Ancillary Staff and any hospital department in-service as requested
d. Environmental Services Department (EVS) yearly update
e. Health Stream: annual Infection Prevention and Control Standards

8. Initiate the Seasonal Influenza Procedure in August (prior to flu season)
   a. Meet with required departments to verify readiness for flu season
   b. Track daily numbers of influenza hospital admissions and deaths
   c. Monitor trends of influenza on the local, state and national level
   d. Institute visitor restrictions if widespread flu is present in the community
9. Perform Monthly Infection Control/ Quality tracers
   a. Attend monthly safety rounds at Mountain View and Los Gatos
   b. Educate staff on areas on infection control non-compliance
   c. Report outcomes to the Infection Control Committee Meeting

C. **Infection Prevention and Control Committee (ICC)**

1. The responsibility for monitoring the Infection Prevention and Control Program is invested in the Infection Control Committee (ICC). The Infection Control (IC) Medical Director has the authority to institute any appropriate control measures or studies when a situation is reasonably felt to be a danger to any patient, Healthcare Worker (HCW) or visitor, or in the event of an infection control crisis situation (The committee functions as the central decision and policymaking body for infection control). The Infection Control Committee shall meet not less than quarterly.
2. The ICC shall be a multi-disciplinary committee consisting of representatives from at least the Clinical Laboratory, Quality Department administration, Sterile Processing Department, Perioperative services, Nutrition Services, Environmental Services, Employee Wellness, Pharmacy and Health and the Infection Prevention Nurses. The Chairman is the Infection Control Medical Director, a physician with knowledge of and special interest in infectious disease. Representatives from key hospital departments shall be available on a consultative basis when necessary..
3. The Infection Prevention and Control Department in collaboration with the ICC shall develop a system for reporting, identifying and analyzing the incidence and cause of all hospital onset infections, including assignment of responsibility for the ongoing collection and analytic review of such data, as well as for required follow-up action.
4. The Infection Prevention and Control Department in collaboration with the ICC shall develop and implement a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing, and evaluating isolation precautions and cleaning and disinfection techniques. Such techniques shall be defined in written policies and procedures.
5. The Infection Prevention and Control Department shall develop written policies defining special indications for isolation requirements in relation to the medical condition involved and for monitoring the implementation of the policies and quality of care administered.
6. The committee minutes shall be reviewed by the Medical Executive Committee.

D. **Scope of Services**

1. The infection control program is divided into functional groups of routine activities that address the integrated facets of surveillance and prevention of infections, monitoring and evaluation, epidemiological investigation, risk reduction, consultation and education.
2. Hospital Onset Infection Surveillance and Prevention
   a. For the purpose of surveillance, hospital onset infections shall be clinically active infections occurring in hospitalized patients in whom the infection was not present or incubating at the time of admission.
   b. Infections with endogenous organisms of the patient and those organisms transmitted either by healthcare workers or indirectly by a contaminated environment shall be included.
   c. Strict criteria shall be used for assessment in regard to targeted hospital onset infections. Not all hospital onset infections in the hospital shall be counted and presented for statistical analysis. The type of data collection to be used and analyzed shall be determined by the Infection Control Committee (ICC) based upon the annual Risk Assessment.
   d. The criteria written by the Center for Disease Control and Prevention (CDC) shall be used when calculating infection rates for statistical analysis.

E. **General Surveillance Activities**

1. Active infection surveillance within the hospital shall be an ongoing observation of the occurrence and distribution of disease or disease potential and of the conditions that increase or decrease the risk of disease transmission.
   a. The surveillance of patients, staff and environment shall ensure appropriate patient placement, initiation of appropriate isolation or special precautions, identification of patient care problems associated with hospital infection control, prevention of targeted

hospital onset infections in high risk, high volume procedures, facilitation of data collection for selected quality indicators and the collection of required information for reporting to the Public Health Department.

b. Daily laboratory reports, utilization review reports and verbal communications with staff shall be reviewed routinely by the Infection Prevention Nurses. Surveillance shall be a blend of routine physical presence in all areas of the facility and the use of clinical and laboratory computer information systems.

F. **Data Collection Methods**

1. All identified cases related to targeted infections and communicable diseases will be maintained in a database. Specific methods used by infection control to obtain surveillance data include daily lab reports, patient census reports, daily serological reports, patient charts, referred cases from case managers and verbal communication with staff and physicians.
2. Surveillance shall be a blend of routine physical presence in all area of the facility and use of clinical and laboratory computer information systems.

G. **Investigation of Disease Clusters (Outbreak Control)**

1. The Infection Control Infection Control Medical Director in coordination with the Director of Infection Control shall have ultimate authority and responsibility for investigating epidemic/outbreak situations and implementing appropriate interventions in order to prevent and to control further disease and to identify factors that contributed to the outbreak. (See Infection Control Procedure Outbreak Investigation).

H. **Reporting to Outside Agencies**

1. Specified communicable diseases (in accordance with Title 17, California Code of Regulation) identified at El Camino Hospital shall be reported to the Santa Clara Department of Public Health (SCDPH) in the required timelines to prevent the spread of certain communicable diseases to the public at large. (See Infection Control Procedure on Communicable Disease Reporting).
2. El Camino Hospital shall provide follow-up management for pre-hospital caregivers who may have been exposed to a communicable disease during the performance of their duties and reporting of these exposures to the proper authorities. (See Infection Control Procedure Pre-hospital Communicable Disease Exposure).
3. El Camino Hospital shall report the mandated requirements to the National Healthcare Safety Network (NHSN) as required by CDPH and CMS.

I. **Education**

1. Orientation for all hospital employees shall include general information on potential infection risks, transmission routes, and infection prevention measures, proper hand hygiene, isolation precautions, and environmental cleaning and disinfection.
2. Annual review of infection control principles shall be done through a computer-based learning system (Health Stream) and tracked by the Education Department.
3. Department specific education shall be done as deemed necessary by the Infection Control Medical Director and/or the Infection Prevention Nurses, working in conjunction with department managers.
4. Quarterly In-service presentations are provided to the Infection Control Resource Groups (ICRG). The ICRG is comprised of staff members from all nursing departments and ancillary departments (Lab, RT, etc.).
5. Infection control isolation “Quick Reference Guide” (hard copy) is readily available in every department of the hospital. This document summarized the isolation guidelines for all infectious and communicable diseases.

J. **Liaison**

1. Provide ongoing expert advice and consultation as appropriate to other departments including but not limited to Microbiology Laboratory, Employee Wellness and Health Services, Pharmacy Services, and Environmental Services.
2. Coordinate Infection Control activities with other departments or units including but not limited to Dialysis Services, Patient Care Services, Microbiology Laboratory, Pathology, Employee Wellness and Health Services, Pharmacy Services, and Environmental Services.
3. Function as a liaison to the Santa Clara Public Health Department and other agencies.
4. Function as a liaison to Infection Control Programs at other hospitals and long-term care facilities.

K. **Policy Formation**

1. Policies and procedures shall be reviewed on a regular basis with changes made as new guidelines and information become available.
2. Infection control departmental policies are found on the toolbox.

L. **Quality Improvement**

1. Provide ongoing evaluation and assessment of the goals and accomplishments of the Infection Control Program to ensure that it meets the needs of the hospital, employees, physicians, patient population, and visitors.

2. Evaluation of the Infection Control Plan shall be done at least annually or when a change in the scope of the Infection Control Program or in the Infection Control risk analysis occurs. Assessment of Infection Control strategies shall also be evaluated for their effectiveness at preventing infections.

M. **Environmental Conditions**

1. To ensure a safe environment during times of construction and or remodeling, protective measures shall be approved by the Infection Control Staff and implemented before the project commences. All construction projects will have an Infection Control Risk Assessment (ICRA) performed by the Infection Control staff prior to start of construction.
2. Sterile Processing (SP): Cleaning, disinfection, high-level disinfection and sterilization standards will be maintained by the SP department. Manager of SP will present a quarterly report to the ICC.
3. Endoscopes, bronchoscopes, probes & TEE scopes: Instrument cleaning, disinfection and high level disinfection (HLD) shall be monitored by the SP and endoscopy departments. A quarterly Quality Report will be presented to the Infection Control and Committee meeting.
4. Dialysis water testing: Water used to prepare dialysis fluid shall be tested according to current AAMI standards and monitored monthly by the dialysis manager. A quarterly Quality Report will be presented to the Infection Control and Committee meeting.

N. **Reporting Mechanisms**

1. A report regarding all infection control activities shall be made each quarter to the Infection Control Committee. The report shall include appropriate results related to routine surveillance, sentinel organisms, emerging pathogens, public health issues, employee health issues and special studies or reports. Copies of the committee meeting minutes shall be forwarded to the Medical Executive Committee. C. diff, CAUTIs, CLABSIs and MRSA Hospital Onset cases will be reported to the departmental manager on a monthly basis. Hand hygiene compliance will be reported to the departmental managers monthly.managers monthly. ,

# REFERENCES:


1. Deborah Yokoe et al. Compendium of Strategies to Prevent Hospital Acquired Infections in Acute Care Hospitals ICHE 2008:29; S12-S21.
2. Jonas Maschall et al. Strategies to Prevent Central Line Associated Blood Stream Infections in Acute Care Hospitals ICHE 2008:29; S22-S30.
3. Susan Coffin et al. Strategies to Prevent Ventilator Acquired Pneumonia in Acute Care Hospitals ICHE 2008:29; S31-S60.
4. Deverick J. et al. Strategies to Prevent Surgical Site Infections in Acute Care Hospitals ICHE 2008:29; S51-S61.
5. David Calfee et al. Strategies to Prevent Transmission of Methicillin Resistant *Staphylococcus aureus* in Acute Care Hospitals ICHE 2008:29; S62-S80.
6. Erik Dubberke et al. Strategies to Prevent *Clostridium difficile* Infection in Acute Care Hospitals ICHE 2008:29; S81-S92.




# Infection Control Risk Assessment

| **Enterprise Risk Event FY 19 Outcome Measurement: FY 19 Rate/ NHSN SIR** | **FY19 Goal** | **Probability Risk will occur** 1=low/ 2=mod/ 3=high | **Probability Severity if Risk occurs** 1=low/ 2=mod/ 3=high | **Stability of Process Stability** 1=High 2=needs improvement | **FY19 Outcome** 1=met goal/ 2=Goal not met | **Priority Rank** | **FY20 Goal** | **Comments** |
|---|---|---|---|---|---|---|---|---|
| **Pacemaker SSI**: FY2019 MV: 2 SSI/ LG: 0 SSI **MV SIR: 2.0/ LG SIR: 0.0** | SIR < 1.0 | 3 | 3 | 2 | 2 | 10 | SIR < 1.0 | **MV:did not meet Goal. SIR: 2.0.** Plan: Continue to review SSI cases in depth and to report all cases for Peer Review and Director of Cardiac Cath Lab. |
| **Hip SSI:** FY2019 MV: 2 SSI/ LG: 3 SSI **MV SIR: < 1.0 / LG SIR: 2.9** | SIR < 1.0 | 3 | 3 | 2 | 2 | 10 | SIR < 1.0 | **MV: Met Goal SIR <1.0. LG Did not meet Goal: SIR 2.9.** IP Team continues to review SSIs in depth; report cases for Peer Review and |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | to the Director of Surgical Services |
| **Knee SSI**: FY2019 MV: 3 SSI/ LG: 1 SSI **MVSIR: 1.48 / LG SIR: <1.0** | SIR < 1.0 | 3 | 3 | 2 | 2 | 10 | SIR < 1.0 | **MV did not meet goal of SIR < 1.0**. MV SSI cases increased fro "0" to 3 -**SIR 1.48.** Continue to review all SSIs in depth and report SSI cases to Peer Review and Director of Surgical Services |
| **Laminectomy SSI**: FY2019 MV: 3 SSI/ LG: 0 SSI **MV SIR: 3.1 / LG SIR: 0** | SIR < 1.0 | 3 | 3 | 2 | 2 | 10 | SIR < 1.0 | **MV Did not meet Goal: SIR: 3.1. LG met goal SIR <1.0.** Review all SSIs in depth. Report SSI cases for Peer Review and Director of Surgical Services |
| **Spinal Fusion/Re-fusion SSI: FY2019** MV: 2 SSI/ LG: 1 SSI **MVSIR: 1.27 / LG SIR: <1.0** | SIR < 1.0 | 3 | 3 | 2 | 2 | 10 | SIR < 1.0 | **MV did not meet goal of SIR <1.0.** Increase SSI from FY18 "0" cases to FY19 2 cases, with SIR > 1.0.Continue to review all SSIs in depth and report SSI cases to Peer Review and Director of Surgical Services |
| **Enterprise Risk Event FY 19 Outcome Measurement: FY 19 Rate/ NHSN SIR** | **FY 19 Goal** | **Probability risk will occur** 1=low/ 2=mod/ 3=high | **Probability Severity if Risk occurs** 1=low/ 2=mod/ 3=high | **Stability of Process** 1=High. 2=needs improvement | FY 19 Outcome 1=met goal/ 2=Goal not met | **Priority Rank** | **FY20 Goal** | **Comments** |
| **HO CAUTI** (Catheter Associated Urinary Tract Infection): FY 19 Enterprise Rate: 1.09 (MV:16 CAUTI/ LG: 1 CAUTI) **SIR: MV: 1.56 / LG SIR: 0. LG Rehab SIR: 1.03** | SIR ≤0.75 | 3 | 2 | 2 | 2 | 9 | SIR ≤0.75 | **Enterprise rate increased from 0.90 in FY18 to 1.09 in FY19.** 1)FY20 HAI Task Force in place. 2)Standardized procedure for Foley removal in place.3) HOUUDINI protocol approved. 4)Event reviews on all CAUTI cases with Clinical Manager, front line staff, HAI team |
| **HO CLABSI** (Catheter Associated Bloodstream Infection): FY 19 Enterprise Rate 0.27 (MV:4 CLABSI/ LG:0 CLABSI) **SIR: MV: 0.36/ LG SIR: 0** | SIR ≤ 0.50 | 3 | 3 | 2 | 1 | 9 | SIR ≤ 0.50 | **Met Goal of SIR < 1.0**. **Enterprise Rate decreased** from FY18 (0.30 ) to FY 19 (0.27) Plan: 1)FY19 HAI Task Force in place. 2)Event reviews on |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | all CLABSI cases with Clinical Manager, front line staff, HAI team. 3)Education update on blood draws for staff |
| **HO C.diff** (Clostridium difficile): FY 19 Enterprise Rate: 0.30 (MV:17 C.diff/ LG:3 C.diff) SIR: MV: 0.51/ LG Main SIR: 0.53/ LG Rehab SIR:0.45 | SIR ≤ 0.70 | 3 | 3 | 2 | 1 | 9 | SIR ≤ 0.70 | **Enterprise: Met Goal of SIR < 0.70 in MV and LG.** Plan: Continue surveillance procedures in place for high risk admissions; IC staff member a member of the Antibiotic stewardship committee and HAI committee |
| **HO MRSA:** (Methicillin resistant *Staph aureus*) **Enterprise rate: 0.59** (MV: 3 cases/ LG: 3 cases) | Rate: ≤ 0.90 | 2 | 2 | 1 | 1 | 6 | Rate: ≤ 0.90 | **Met Goal**. Decreased enterprise HO rate from FY18 (.62) to FY 19 (0.59) |
| **Enterprise Risk Event FY 19 Outcome Measurement: FY 19 Rate/ NHSN SIR** | **FY 19 Goal** | **Probability risk will occur** 1=low/ 2=mod/ 3=high | **Probability Severity if Risk occurs** 1=low/ 2=mod/ 3=high | **Probability Severity if Risk occurs** 1=low/ 2=mod/ 3=high | FY 19 Outcome 1=met goal/ 2=Goal not met | **Priority Rank** | **FY20 Goal** | **Comments** |
| **HO MDRO:** (Multi drug-resistant Organisms) Enterprise rate: 0.00 **(MV: 0 cases / LG: 0 cases)** | Rate: ≤ 0.50 | 2 | 2 | 1 | 1 | 6 | Rate: ≤ 0.50 | **Met Goal. "0" HO cases in both MV and LG**. Plan: continue current surveillance and isolation practices to sustain current successfully low rates of hospital transmission; |
| **Enterprise Endoscopy Units Quality:** All endoscopes/ bronchoscopes will pass ATP quality check after manual clean, prior to HLD. | Pass rate: 100% | 2 | 3 | 2 | 2 | 9 | Pass rate: 100% | FY20 Improvement Plan in place. FY 19 -Instituted a new quality process for ATP testing and monitoring. Continue to monitor cleaning and HLD procedures and ATP results monthly. Endo Manager to provide quarterly reports to ICC meeting. |
| **Hand Hygiene (HH) Enterprise Observed Compliance**: HH on | Rate: ≥80% | 1 | 2 | 1 | 2 | 6 | Rate: ≥80% | **Did not meet goal.**FY 20: Continue strategies in place from FY19: |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| entry: average 68% HH on exit: average 79% | | | | | | | | 1)monthly hand hygiene observations to be performed by clinical units.2) Advocate for electronic hand monitoring system. 3)HAI committee reviews monthly data |
| **MRSA Nares Screening:** per CDPH guidelines **FY 19 Enterprise Rate: 95%** | Rate: ≥91% | 1 | 2 | 1 | 1 | 5 | Rate: ≥92% | **Enterprise: Met Goal**. Continue current surveillance practice to sustain outcomes. |

*NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.*

## Attachments

IC Plan Evaluation- Annual Report FY 2019.pdf

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| Board of Directors | Sarah Rosenberg: Contracts Admin Gov Svcs EA | pending |
| MEC | Catherine Carson: Senior Director Quality [JH] | 03/2020 |
| ePolicy Committee | Jeanne Hanley: Projects Coordinator | 02/2020 |
| Infection Prevention Committee | Catherine Nalesnik: Director Infection Prevention [DP] | 02/2020 |
| | Catherine Nalesnik: Director Infection Prevention [JH] | 01/2020 |

El Camino Health

# Summary of Financial Operations

*Fiscal Year 2020 – Period 7*

*7/1/2019 to 1/31/2020*

# Financial Overview – January Year to Date

**Financial Performance**

- Strong outpatient volumes continue to drive year to date operating margin favorable variance, $8.0M (17%). Despite the higher volumes, expenses continue to remain near budgeted levels
  - Patient Revenue favorable to budget by $17.1M (3%)
  - Operating expense is near budget level
    - Supplies are higher than budget due to continued strong procedural volume growth
- Non Operating Income favorable variance due to favorable Investment performance

**Hospital Volume**

- Adjusted Discharges (AD) continues to be favorable to budget 1,580 ADs (8%) and favorable to prior year by 12%
  - Mountain View: Favorable to budget by 1,152 ADs (7%) and favorable to prior year by 10%
    - Infusion Volumes favorable to budget by 502 encounters (11%) - extended hours and increased productivity
    - Overall procedural volume favorable to budget by 716 cases (4%)
  - Los Gatos: Favorable to budget by 428 ADs (11%) and favorable to prior year by 21%
    - Excluding budgeted Infusion volumes, procedural volume favorable to budget by 382 cases (11%)
    - Orthopedics & Spine surgeries favorable to budget by 195 cases (32%) due to high producing ortho/spine surgeons)
    - General Surgery – Ophthalmology 92 cases
    - Endoscopy – 97 cases

**Payor Mix**

- Payor mix continues at budget year to date

**Productivity**

- Year to date FTEs are in line with targets

# Financial Overview - January

## Financial Performance

- Operating Margin favorable variance was $2.5M (42%). Driven by:
  - Patient Revenue was favorable to budget $5.0M (6%)
  - Operating Expense was unfavorable to budget by $2.4M (3%)
- Non Operating Income continues to be favorable due to positive Investment results

## Hospital Volume

- Adjusted Discharges (AD) continue to be favorable to budget for January 155 ADs (5%) and favorable to prior year by 12%
  - Mountain View: Favorable to budget by 145 ADs (5.7%) and favorable to prior year by 11%
  - Los Gatos: Favorable to budget by 10 ADs (2%) and favorable to prior year by 18%

## Payor Mix

- Commercial payor mix is favorable to budget by 2% in January.

# Dashboard - as of January 31, 2020

| | Month | | | | YTD | | | |
|---|---|---|---|---|---|---|---|---|
| | PY | CY | Bud/Target | Variance CY vs Bud | PY | CY | Bud/Target | Variance CY vs Bud |
| **Consolidated Financial Perf.** | | | | | | | | |
| Total Operating Revenue | 85,042 | 94,280 | 89,428 | 4,853 | 559,958 | 629,659 | 611,687 | 17,972 |
| Operating Expenses | 74,767 | 85,918 | 83,537 | (2,382) | 496,002 | 576,003 | 565,992 | (10,011) |
| Operating Margin $ | 10,275 | 8,362 | 5,891 | 2,471 | 63,956 | 53,657 | 45,696 | 7,961 |
| Operating Margin % | 12.1% | 8.9% | 6.6% | 2.3% | 11.4% | 8.5% | 7.5% | 1.1% |
| EBIDA $ | 14,936 | 14,974 | 12,679 | 2,295 | 96,638 | 87,572 | 83,667 | 3,905 |
| EBIDA % | 17.6% | 15.9% | 14.2% | 1.7% | 17.3% | 13.8% | 13.7% | 0.2% |
| **Hospital Volume** | | | | | | | | |
| **Licensed Beds** | 443 | 443 | 443 | - | 443 | 443 | 443 | - |
| ADC | 259 | 264 | 252 | 12 | 234 | 237 | 238 | (1) |
| Utilization MV | 71% | 74% | 69% | 5.6% | 64% | 65% | 64% | 0.5% |
| Utilization LG | 32% | 29% | 33% | (3.7%) | 29% | 30% | 32% | (2.0%) |
| Utilization Combined | 59% | 60% | 57% | 2.6% | 53% | 54% | 54% | (0.3%) |
| Adjusted Discharges | 2,934 | 3,294 | 3,139 | 155 | 20,180 | 22,542 | 20,963 | 1,579 |
| Total Discharges (Excl NNB) | 1,680 | 1,787 | 1,750 | 37 | 11,166 | 11,966 | 11,502 | 464 |
| Total Discharges | 2,021 | 2,132 | 2,106 | 26 | 13,561 | 14,452 | 13,954 | 498 |
| **Inpatient Cases** | | | | | | | | |
| MS Discharges | 1,184 | 1,262 | 1,207 | 55 | 7,669 | 8,307 | 7,823 | 484 |
| Deliveries | 360 | 376 | 366 | 10 | 2,540 | 2,633 | 2,576 | 57 |
| BHS | 93 | 112 | 126 | (14) | 667 | 719 | 757 | (38) |
| Rehab | 43 | 37 | 51 | (14) | 290 | 307 | 346 | (39) |
| **Outpatient Cases** | 12,657 | 14,948 | 13,395 | 1,553 | 86,715 | 96,586 | 90,577 | 6,009 |
| ED | 4,105 | 4,402 | 4,139 | 263 | 27,593 | 28,936 | 27,824 | 1,112 |
| Procedural Cases | | | | - | | | | - |
| OP Surg | 388 | 394 | 396 | (2) | 2,891 | 3,297 | 2,972 | 325 |
| Endo | 214 | 226 | 233 | (7) | 1,509 | 1,624 | 1,628 | (4) |
| Interventional | 159 | 171 | 167 | 4 | 1,264 | 1,256 | 1,325 | (69) |
| All Other | 7,791 | 9,755 | 8,461 | 1,294 | 53,458 | 61,473 | 56,828 | 4,645 |
| **Hospital Payor Mix** | | | | | | | | |
| Medicare | 53.0% | 49.9% | 48.9% | 1.0% | 47.7% | 49.0% | 48.4% | 0.7% |
| Medi-Cal | 8.3% | 6.6% | 8.5% | (1.9%) | 8.1% | 7.5% | 8.0% | (0.6%) |
| Commercial IP | 17.4% | 20.7% | 20.7% | (0.0%) | 20.9% | 19.3% | 20.7% | (1.4%) |
| Commercial OP | 18.9% | 20.6% | 19.6% | 0.9% | 20.9% | 21.8% | 20.6% | 1.2% |
| Total Commercial | 36.2% | 41.3% | 40.4% | 0.9% | 41.8% | 41.1% | 41.3% | (0.2%) |
| Other | 2.5% | 2.3% | 2.2% | 0.0% | 2.4% | 2.4% | 2.3% | 0.1% |
| **Hospital Cost** | | | | | | | | |
| Total FTE | 2,692.3 | 2,838.7 | 2,889.7 | 50.9 | 2,638.5 | 2,788.3 | 2,779.0 | (9.3) |
| Productive Hrs/APD | 29.5 | 28.9 | 31.0 | 2.0 | 30.7 | 30.9 | 31.9 | 0.9 |
| **Consolidated Balance Sheet** | | | | | | | | |
| Net Days in AR | 47.1 | 50.5 | 49.0 | (1.5) | 47.1 | 50.5 | 49.0 | (1.5) |
| Days Cash | 498 | 460 | 435 | 25 | 498 | 460 | 435 | 25 |

*Beginning with the June FY 19 report, the Dashboard and the financial report has been updated to show the ECH consolidated results instead of just the Hospitals. The descriptions of the metrics indicate whether the data is hospital only.

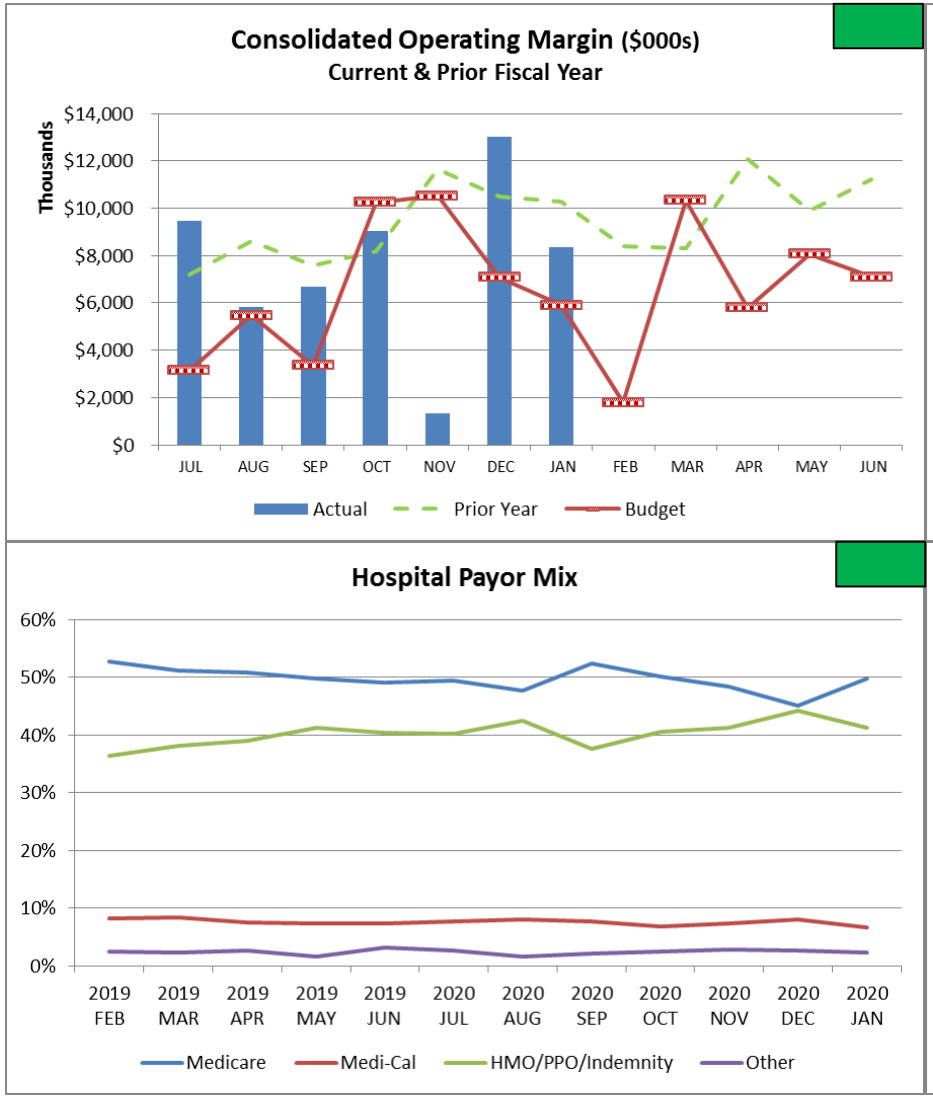
El Camino Health

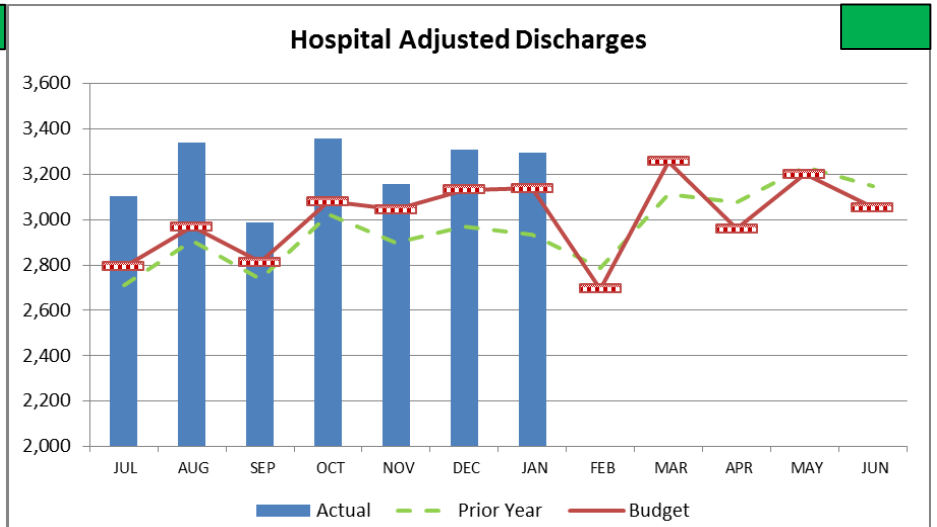
# Consolidated Statement of Operations ($000s)

Period ending 01/31/2020

| Period 7 FY 2019 | Period 7 FY 2020 | Period 7 Budget 2020 | Variance Fav (Unfav) | Var% | $000s | YTD FY 2019 | YTD FY 2020 | YTD Budget 2020 | Variance Fav (Unfav) | Var% |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **OPERATING REVENUE** | | | | | |
| 305,591 | 346,412 | 327,742 | 18,670 | 5.7% | **Gross Revenue** | 2,013,959 | 2,277,920 | 2,228,664 | 49,257 | 2.2% |
| (223,495) | (256,441) | (242,797) | (13,644) | (5.6%) | **Deductions** | (1,478,409) | (1,680,375) | (1,648,245) | (32,130) | (1.9%) |
| **82,096** | **89,972** | **84,945** | **5,026** | **5.9%** | **Net Patient Revenue** | **535,550** | **597,545** | **580,418** | **17,127** | **3.0%** |
| 2,946 | 4,309 | 4,482 | (174) | (3.9%) | **Other Operating Revenue** | 24,408 | 32,114 | 31,269 | 845 | 2.7% |
| **85,042** | **94,280** | **89,428** | **4,853** | **5.4%** | **Total Operating Revenue** | **559,958** | **629,659** | **611,687** | **17,972** | **2.9%** |
| | | | | | **OPERATING EXPENSE** | | | | | |
| 44,771 | 48,046 | 47,798 | (249) | (0.5%) | **Salaries & Wages** | 295,498 | 323,325 | 323,984 | 659 | 0.2% |
| 11,575 | 12,923 | 12,294 | (629) | (5.1%) | **Supplies** | 77,135 | 93,337 | 84,557 | (8,779) | (10.4%) |
| 11,074 | 14,682 | 13,132 | (1,550) | (11.8%) | **Fees & Purchased Services** | 72,381 | 99,004 | 91,522 | (7,483) | (8.2%) |
| 2,687 | 3,655 | 3,525 | (129) | (3.7%) | **Other Operating Expense** | 18,307 | 26,421 | 27,957 | 1,536 | 5.5% |
| 269 | 1,552 | 1,428 | (124) | (8.7%) | **Interest** | 2,497 | 2,769 | 4,798 | 2,029 | 42.3% |
| 4,392 | 5,059 | 5,359 | 300 | 5.6% | **Depreciation** | 30,184 | 31,146 | 33,173 | 2,027 | 6.1% |
| **74,767** | **85,918** | **83,537** | **(2,382)** | **(2.9%)** | **Total Operating Expense** | **496,002** | **576,003** | **565,992** | **(10,011)** | **(1.8%)** |
| **10,275** | **8,362** | **5,891** | **2,471** | **41.9%** | **Net Operating Margin** | **63,956** | **53,657** | **45,696** | **7,961** | **17.4%** |
| 23,190 | 4,510 | 3,300 | 1,210 | 36.7% | **Non Operating Income** | (7,713) | 52,885 | 21,669 | 31,216 | 144.1% |
| **33,466** | **12,872** | **9,191** | **3,680** | **40.0%** | **Net Margin** | **56,243** | **106,542** | **67,365** | **39,177** | **58.2%** |
| 17.6% | 15.9% | 14.2% | 1.7% | | **EBITDA** | 17.3% | 13.9% | 13.7% | 0.2% | |
| 12.1% | 8.9% | 6.6% | 2.3% | | **Operating Margin** | 11.4% | 8.5% | 7.5% | 1.1% | |
| 39.4% | 13.7% | 10.3% | 3.4% | | **Net Margin** | 10.0% | 16.9% | 11.0% | 5.9% | |

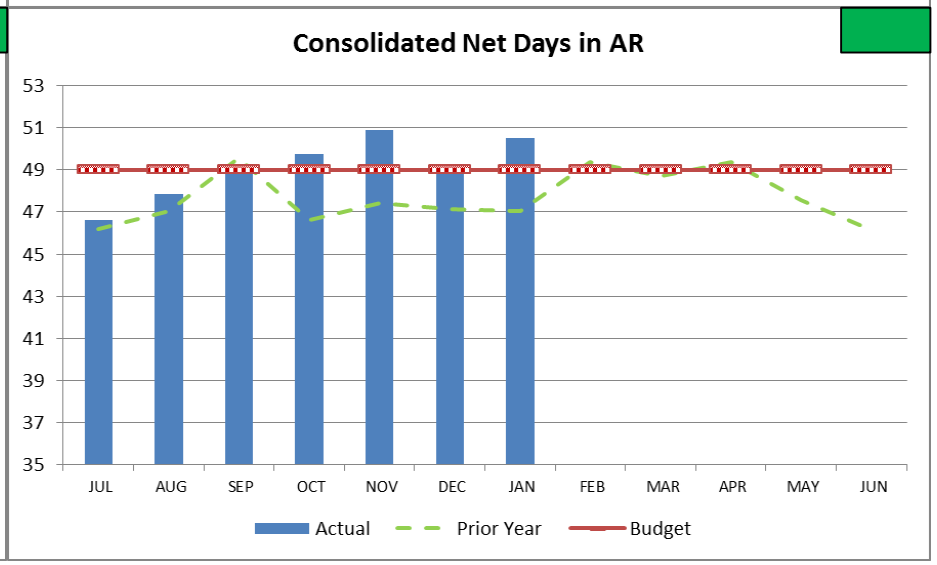
# Monthly Financial Trends







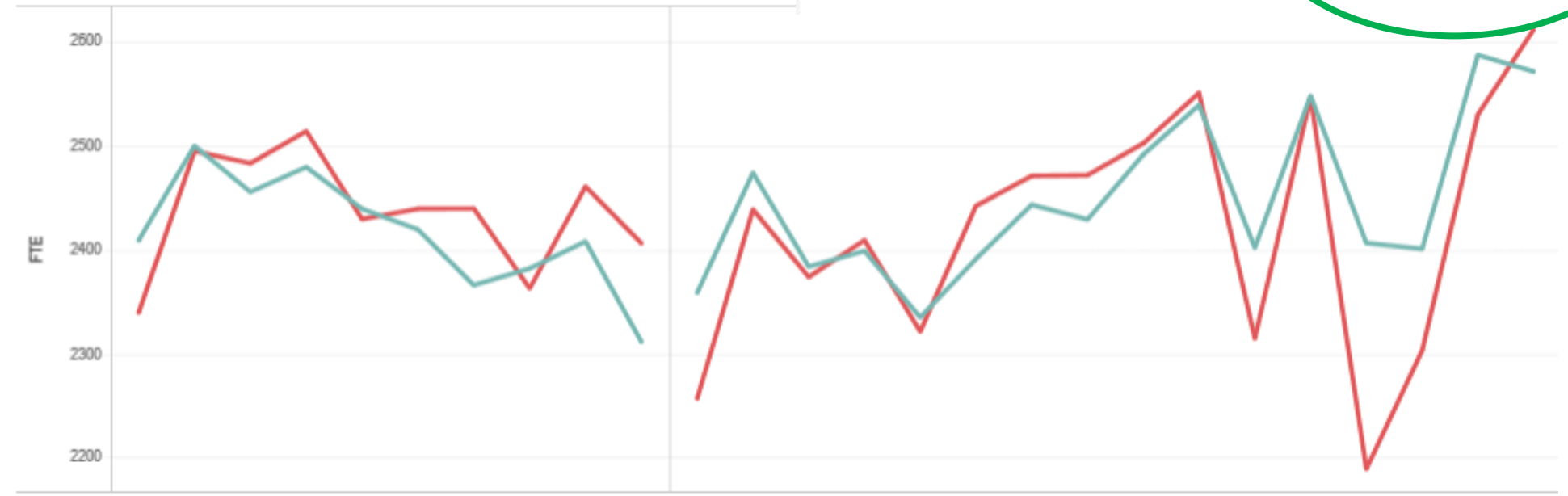



El Camino Health

# Productivity is Favorable YTD

| Current PP Worked FTE over Target | |
|---|---|
| Variance | Variance % |
| (40.4) | -1.57% |

| YTD Worked FTE over Target | |
|---|---|
| Variance | Variance % |
| 26.7 | 1.09% |




| | PP17 | PP18 | PP19 | PP20 | PP21 | PP22 | PP23 | PP24 | PP25 | PP26 | PP1 | PP2 | PP3 | PP4 | PP5 | PP6 | PP7 | PP8 | PP9 | PP10 | PP11 | PP12 | PP13 | PP14 | PP15 | PP16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual FTE | 2339.8 | 2495.1 | 2483.4 | 2514.4 | 2429.7 | 2439.6 | 2439.9 | 2363.1 | 2461.1 | 2406.5 | 2256.9 | 2438.9 | 2373.9 | 2409.4 | 2321.6 | 2442.4 | 2471.4 | 2472.0 | 2502.6 | 2551.4 | 2314.8 | 2547.2 | 2189.1 | 2303.0 | 2530.4 | 2612.3 |
| Target FTE | 2409.3 | 2500.2 | 2455.9 | 2479.8 | 2439.6 | 2419.6 | 2366.1 | 2382.2 | 2408.2 | 2311.6 | 2358.9 | 2474.2 | 2383.9 | 2399.1 | 2335.1 | 2391.4 | 2443.5 | 2429.4 | 2491.8 | 2539.5 | 2402.1 | 2548.4 | 2406.7 | 2400.9 | 2587.9 | 2571.9 |
| Variance | 69.5 | 5.1 | (27.5) | (34.6) | 9.8 | (20.0) | (73.7) | 19.1 | (52.9) | (94.8) | 102.0 | 35.4 | 10.0 | (10.3) | 13.5 | (51.0) | (27.8) | (42.6) | (10.8) | (11.9) | 87.3 | 1.2 | 217.6 | 97.9 | 57.5 | (40.4) |

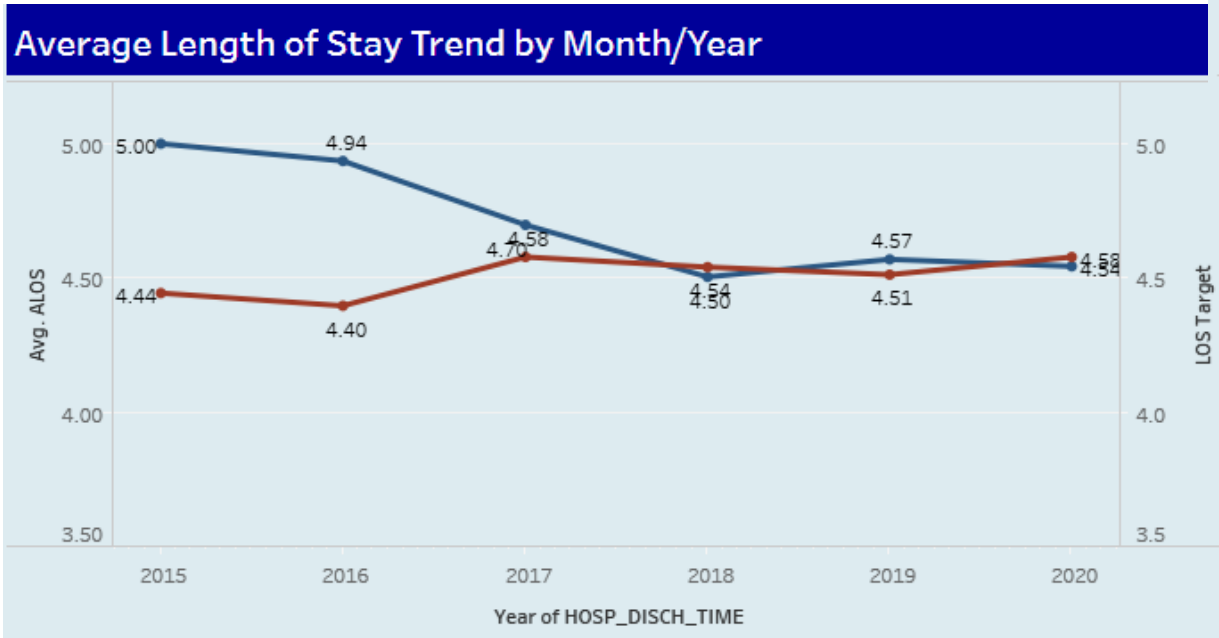
Note: Data is for Combined Hospital only.
Variable department target hours and FTE variance are driven by volumes times the budgeted standard. Volume data is based on service date and is updated when charges are entered or reversed. This may cause target hours to change in historical pay periods.

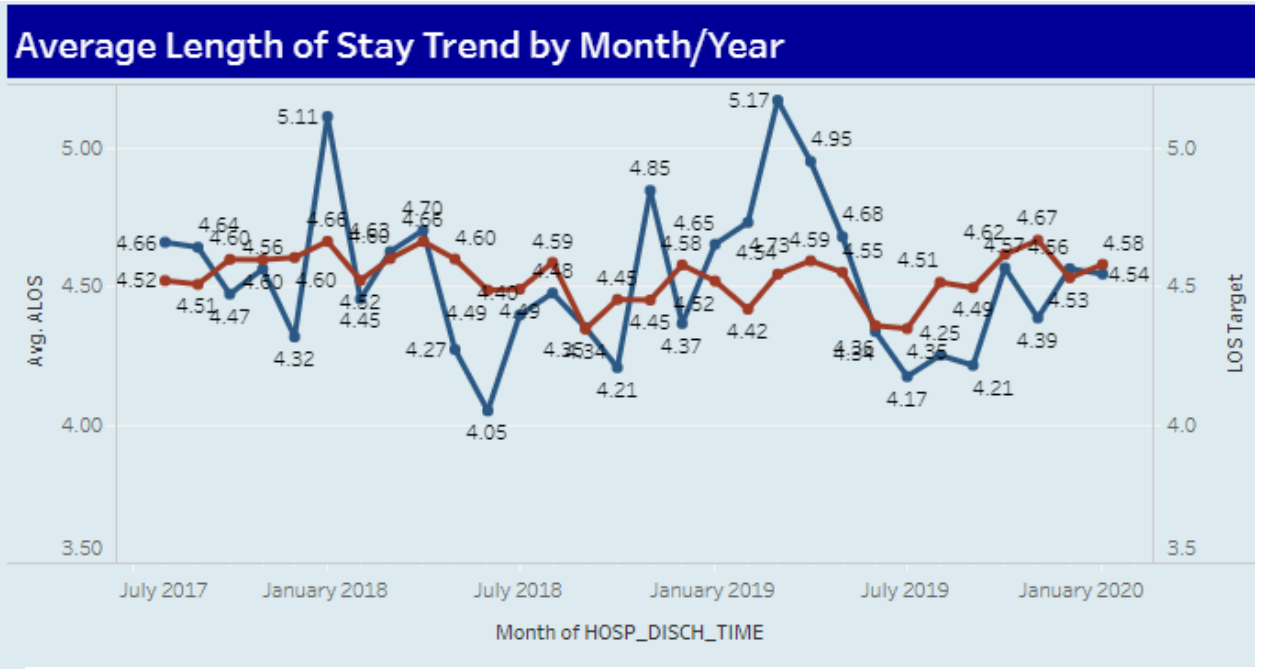
El Camino Health

# Medicare Length of Stay

ALOS vs Milliman well-managed benchmark (red line). Medicare is our largest book of business and growing due to aging population. Lower length of stay is a key driver for improving the Medicare margin

ALOS is close to target



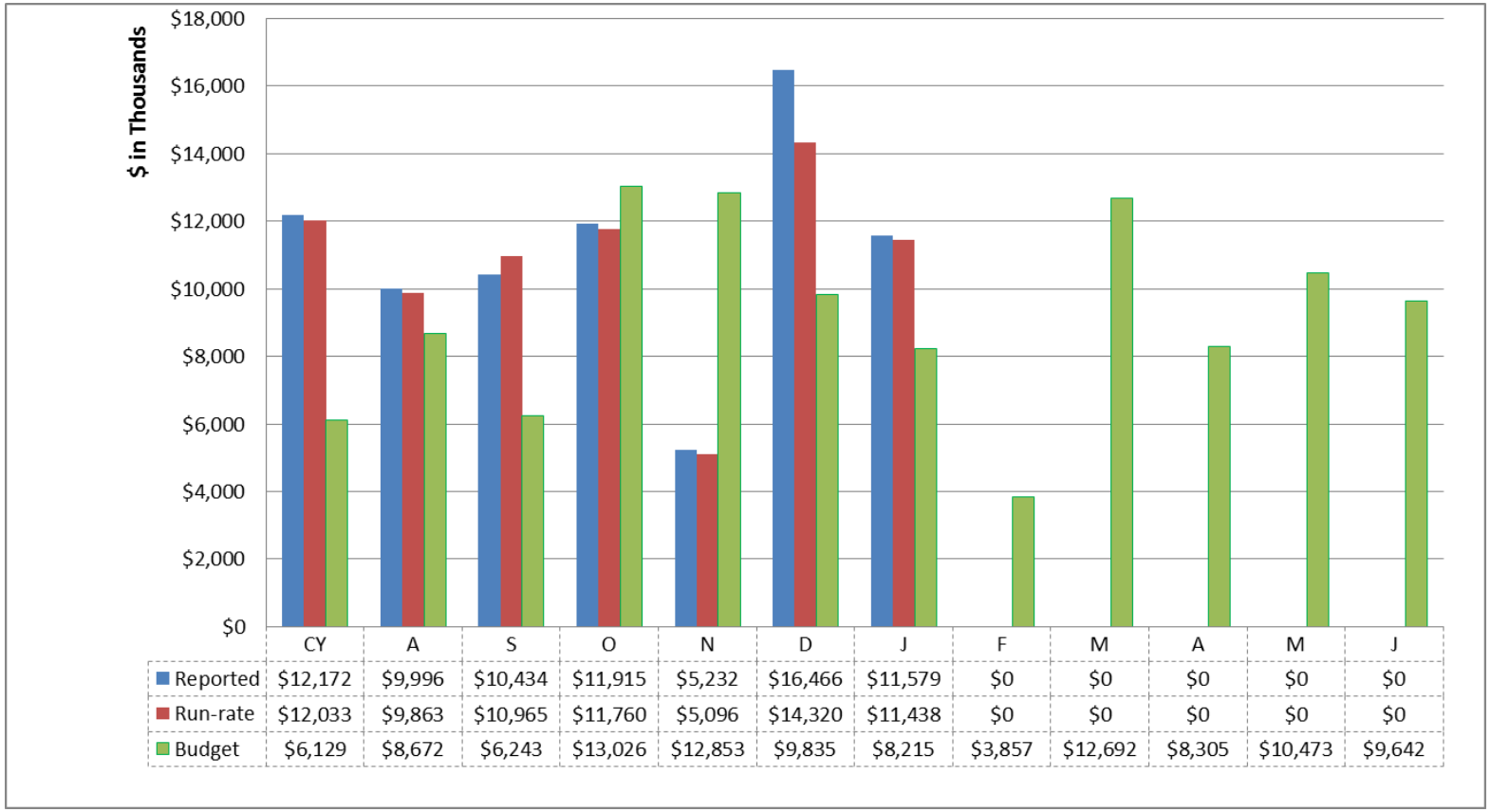




Actual Benchmark

El Camino Health

# ECH Hospital Operating Margin

## Run rate is booked operating income adjusted for material non-recurring transactions




| | CY | A | S | O | N | D | J | F | M | A | M | J |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reported | $12,172 | $9,996 | $10,434 | $11,915 | $5,232 | $16,466 | $11,579 | $0 | $0 | $0 | $0 | $0 |
| Run-rate | $12,033 | $9,863 | $10,965 | $11,760 | $5,096 | $14,320 | $11,438 | $0 | $0 | $0 | $0 | $0 |
| Budget | $6,129 | $8,672 | $6,243 | $13,026 | $12,853 | $9,835 | $8,215 | $3,857 | $12,692 | $8,305 | $10,473 | $9,642 |

| **FY 2020 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Revenue Adjustments** | J | A | S | O | N | D | J | YTD |
| Mcare Settlmt/Appeal/Tent Settlmt/PIP | 129 | 129 | 210 | 137 | 129 | 194 | 129 | 1,059 |
| RAC Release | - | - | (746) | - | - | - | - | (746) |
| PRIME Incentive | - | - | - | - | - | 1,944 | - | 1,944 |
| Various Adjustments under $250k | 9 | 4 | 5 | 18 | 6 | 8 | 12 | 62 |
| **Total** | **138** | **133** | **(531)** | **155** | **136** | **2,146** | **141** | **2,318** |

El Camino Health

# INVESTMENT SCORECARD AS OF DECEMBER 31, 2019

| Key Performance Indicator | Status | El Camino | Benchmark | El Camino | Benchmark | El Camino | Benchmark | FY20 Budget | Expectation Per Asset Allocation |
|---|---|---|---|---|---|---|---|---|---|
| **Investment Performance** | | **4Q 2019** | | **Fiscal Year-to-date** | | **7y 2m Since Inception (annualized)** | | **FY 2020** | **2019** |
| Surplus cash balance* | | $1,087.8 | -- | -- | -- | -- | -- | -- | -- |
| Surplus cash return | | 3.9% | 4.2% | 4.8% | 4.9% | 5.9% | 5.8% | 4.0% | 5.6% |
| Cash balance plan balance (millions) | | $293.8 | -- | -- | -- | -- | -- | -- | -- |
| Cash balance plan return | | 5.3% | 5.1% | 5.6% | 5.7% | 8.1% | 7.4% | 6.0% | 6.0% |
| 403(b) plan balance (millions) | | $548.4 | -- | -- | -- | -- | -- | -- | -- |
| **Risk vs. Return** | | **3-year** | | | | **7y 2m Since Inception (annualized)** | | | **2019** |
| Surplus cash Sharpe ratio | | 1.14 | 1.11 | -- | -- | 1.09 | 1.08 | -- | 0.34 |
| Net of fee return | | 7.8% | 7.4% | -- | -- | 5.9% | 5.8% | -- | 5.6% |
| Standard deviation | | 5.2% | 5.1% | -- | -- | 4.7% | 4.7% | -- | 8.7% |
| Cash balance Sharpe ratio | | 1.16 | 1.09 | -- | -- | 1.17 | 1.12 | -- | 0.32 |
| Net of fee return | | 9.6% | 8.5% | -- | -- | 8.1% | 7.4% | -- | 6.0% |
| Standard deviation | | 6.6% | 6.1% | -- | -- | 6.2% | 5.8% | -- | 10.3% |
| **Asset Allocation** | | **4Q 2019** | | | | | | | |
| Surplus cash absolute variances to target | | 9.4% | < 10% | -- | -- | -- | -- | -- | -- |
| Cash balance absolute variances to target | | 7.4% | < 10% | -- | -- | -- | -- | -- | -- |
| **Manager Compliance** | | **4Q 2019** | | | | | | | |
| Surplus cash manager flags | | 9 | < 24 Green<br>< 30 Yellow | -- | -- | -- | -- | -- | -- |
| Cash balance plan manager flags | | 11 | < 27 Green<br>< 34 Yellow | -- | -- | -- | -- | -- | -- |

*Excludes debt reserve funds (~$53 mm), District assets (~$38 mm), and balance sheet cash not in investable portfolio. Includes Foundation (~$35 mm) and Concern (~$13 mm) assets. Budget adds back in current Foundation and Concern assets and backs out current debt reserve funds.

El Camino Health

# Consolidated Balance Sheet

(in thousands)

**ASSETS**

| CURRENT ASSETS | January 31, 2020 | Audited June 30, 2019 |
|---|---|---|
| Cash | 82,115 | 124,912 |
| Short Term Investments | 257,733 | 177,165 |
| Patient Accounts Receivable, net | 145,322 | 132,198 |
| Other Accounts and Notes Receivable | 6,200 | 5,058 |
| Intercompany Receivables | 40,724 | 8,549 |
| Inventories and Prepaids | 69,226 | 64,093 |
| **Total Current Assets** | **601,319** | **511,976** |
| | | |
| **BOARD DESIGNATED ASSETS** | | |
| Foundation Board Designated | 17,567 | 16,895 |
| Plant & Equipment Fund | 182,210 | 171,304 |
| Women's Hospital Expansion | 22,430 | 15,472 |
| Operational Reserve Fund | 148,917 | 139,057 |
| Community Benefit Fund | 18,729 | 18,260 |
| Workers Compensation Reserve Fund | - | 20,732 |
| Postretirement Health/Life Reserve Fund | - | 29,480 |
| PTO Liability Fund | - | 26,149 |
| Malpractice Reserve Fund | 1,838 | 1,831 |
| Catastrophic Reserves Fund | 20,605 | 19,678 |
| **Total Board Designated Assets** | **412,296** | **458,857** |
| | | |
| **FUNDS HELD BY TRUSTEE** | **42,035** | **83,073** |
| | | |
| **LONG TERM INVESTMENTS** | **403,319** | **375,729** |
| | | |
| **CHARITABLE GIFT ANNUITY INVESTMENTS** | **573** | **602** |
| | | |
| **INVESTMENTS IN AFFILIATES** | **35,442** | **38,532** |
| | | |
| **PROPERTY AND EQUIPMENT** | | |
| Fixed Assets at Cost | 1,334,954 | 1,692,693 |
| Less: Accumulated Depreciation | (654,021) | (622,877) |
| **Property, Plant & Equipment - Net** | **1,156,372** | **1,069,816** |
| | | |
| **DEFERRED OUTFLOWS** | 33,451 | 33,876 |
| **RESTRICTED ASSETS** | 27,686 | 24,279 |
| **OTHER ASSETS** | 976 | 1,036 |
| **TOTAL ASSETS** | **2,713,469** | **2,597,775** |

**LIABILITIES AND FUND BALANCE**

| CURRENT LIABILITIES | January 31, 2020 | Audited June 30, 2019 |
|---|---|---|
| Accounts Payable | 47,087 | 38,390 |
| Salaries and Related Liabilities | 10,190 | 30,296 |
| Accrued PTO | 25,294 | 26,502 |
| Third Party Settlements | 12,477 | 11,331 |
| Intercompany Payables | 41,627 | 8,464 |
| Bonds Payable - Current | 9,128 | 8,630 |
| Bond Interest Payable | 460 | 12,775 |
| Other Liabilities | 1,490 | 14,577 |
| **Total Current Liabilities** | **151,851** | **150,966** |
| | | |
| **LONG TERM LIABILITIES** | | |
| Post Retirement Benefits | 29,579 | 29,480 |
| Worker's Comp Reserve | 19,754 | 18,432 |
| Other L/T Obligation (Asbestos) | 4,044 | 3,975 |
| Bond Payable | 509,576 | 507,531 |
| **Total Long Term Liabilities** | **562,953** | **559,417** |
| | | |
| **DEFERRED REVENUE-UNRESTRICTED** | 1,560 | 1,113 |
| | | |
| **DEFERRED INFLOW OF RESOURCES** | 13,268 | 13,715 |
| | | |
| **FUND BALANCE/CAPITAL ACCOUNTS** | | |
| Unrestricted | 1,766,481 | 1,389,510 |
| Board Designated | 189,950 | 458,839 |
| Restricted | 27,405 | 24,215 |
| **Total Fund Bal & Capital Accts** | **1,983,837** | **1,872,563** |
| | | |
| **TOTAL LIABILITIES AND FUND BALANCE** | **2,713,469** | **2,597,775** |

El Camino Health

# APPENDIX

# Non Operating Items and Net Margin by Affiliate

## $ in thousands

| | Period 7- Month | | | Period 7- FYTD | | |
|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| **El Camino Hospital Operating Margin** | | | | | | |
| Mountain View | 9,968 | 6,561 | 3,407 | 65,498 | 54,242 | 11,255 |
| Los Gatos | 1,612 | 1,654 | (42) | 12,296 | 10,730 | 1,566 |
| **Sub Total - El Camino Hospital, excl. Afflilates** | **11,579** | **8,215** | **3,364** | **77,793** | **64,973** | **12,821** |
| **Operating Margin %** | **13.0%** | **9.9%** | | **13.0%** | **11.4%** | |
| **El Camino Hospital Non Operating Income** | | | | | | |
| **Sub Total - Non Operating Income** | **5,156** | **2,860** | **2,296** | **48,257** | **18,610** | **29,648** |
| **El Camino Hospital Net Margin** | **16,736** | **11,076** | **5,660** | **126,051** | **83,582** | **42,469** |
| **ECH Net Margin %** | **18.7%** | **13.3%** | | **21.1%** | **14.6%** | |
| Concern | 323 | 78 | 245 | 448 | 562 | (113) |
| ECSC | (1) | 0 | (1) | (29) | 2 | (31) |
| Foundation | (1,056) | 122 | (1,179) | 2,758 | 953 | 1,805 |
| Silicon Valley Medical Development | (3,131) | (2,085) | (1,045) | (22,687) | (17,734) | (4,952) |
| **Net Margin Hospital Affiliates** | **(3,864)** | **(1,885)** | **(1,980)** | **(19,509)** | **(16,217)** | **(3,292)** |
| **Total Net Margin Hospital & Affiliates** | **12,872** | **9,191** | **3,680** | **106,542** | **67,365** | **39,177** |

# El Camino Hospital Volume Annual Trends

Service Line Volume
As of January 2020 (Last Updated 2/23/2020 8:47:53 AM)

| | | CURRENT MONTH | | | | | YEAR-TO-DATE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PY | CY | Bud | Bud Var | PY Var | PY | CY | Bud | Bud Var | PY Var |
| IP | Heart and Vascular | 202 | 201 | 204 | -3 | -1 | 1,282 | 1,365 | 1,291 | 74 | 83 |
| | MCH | 423 | 439 | 421 | 18 | 16 | 2,936 | 3,043 | 2,945 | 98 | 107 |
| | Oncology | 63 | 54 | 62 | -8 | -9 | 412 | 419 | 410 | 9 | 7 |
| | Orthopedics | 135 | 139 | 145 | -6 | 4 | 969 | 982 | 1,039 | -57 | 13 |
| | Neurosciences | 83 | 76 | 84 | -8 | -7 | 515 | 532 | 522 | 10 | 17 |
| | Spine Surgery | 27 | 23 | 30 | -7 | -4 | 184 | 214 | 209 | 5 | 30 |
| | Behavioral Health | 93 | 112 | 126 | -14 | 19 | 667 | 719 | 757 | -38 | 52 |
| | GYN | 22 | 17 | 21 | -4 | -5 | 134 | 143 | 127 | 16 | 9 |
| | Urology | 27 | 28 | 27 | 1 | 1 | 164 | 219 | 165 | 54 | 55 |
| | Other SLs | 605 | 696 | 629 | 67 | 91 | 3,904 | 4,327 | 4,036 | 291 | 423 |
| | Total | 1,680 | 1,785 | 1,750 | 35 | 105 | 11,167 | 11,963 | 11,502 | 461 | 796 |
| OP | Emergency | 4,103 | 4,406 | 4,139 | 267 | 303 | 27,590 | 28,938 | 27,824 | 1,114 | 1,348 |
| | Heart and Vascular | 357 | 371 | 363 | 8 | 14 | 2,655 | 2,765 | 2,704 | 61 | 110 |
| | MCH | 431 | 478 | 447 | 31 | 47 | 3,156 | 3,258 | 3,269 | -11 | 102 |
| | Oncology | 720 | 851 | 928 | -77 | 131 | 4,870 | 5,824 | 5,802 | 22 | 954 |
| | Orthopedics | 66 | 103 | 65 | 38 | 37 | 408 | 674 | 399 | 275 | 266 |
| | Neurosciences | 11 | 6 | 11 | -5 | -5 | 49 | 60 | 49 | 11 | 11 |
| | Spine Surgery | 25 | 19 | 25 | -6 | -6 | 176 | 147 | 173 | -26 | -29 |
| | Behavioral Health | 225 | 244 | 253 | -9 | 19 | 1,596 | 1,581 | 1,799 | -218 | -15 |
| | GYN | 93 | 112 | 97 | 15 | 19 | 808 | 829 | 855 | -26 | 21 |
| | Urology | 180 | 185 | 184 | 1 | 5 | 1,178 | 1,242 | 1,201 | 41 | 64 |
| | Other SLs | 5,427 | 7,465 | 5,575 | 1,890 | 2,038 | 37,388 | 46,315 | 38,390 | 7,925 | 8,927 |
| | Total | 11,638 | 14,240 | 12,086 | 2,154 | 2,602 | 79,874 | 91,633 | 82,465 | 9,168 | 11,759 |
| Grand Total | | 13,318 | 16,025 | 13,836 | 2,189 | 2,707 | 91,041 | 103,596 | 93,967 | 9,629 | 12,555 |

# El Camino Hospital – Mountain View ($000s)

Period ending 1/31/2020

| Period 7 FY 2019 | Period 7 FY 2020 | Period 7 Budget 2020 | Variance Fav (Unfav) | Var% | $000s | YTD FY 2019 | YTD FY 2020 | YTD Budget 2020 | Variance Fav (Unfav) | Var% |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **OPERATING REVENUE** | | | | | |
| 251,909 | 276,262 | 258,398 | 17,865 | 6.9% | **Gross Revenue** | 1,650,846 | 1,810,370 | 1,759,910 | 50,460 | 2.9% |
| (184,993) | (203,698) | (192,665) | (11,033) | (5.7%) | **Deductions** | (1,211,795) | (1,333,059) | (1,308,917) | (24,143) | (1.8%) |
| **66,916** | **72,564** | **65,732** | **6,832** | **10.4%** | **Net Patient Revenue** | **439,052** | **477,311** | **450,993** | **26,317** | **5.8%** |
| 1,474 | 1,446 | 1,782 | (336) | (18.9%) | **Other Operating Revenue** | 14,382 | 13,085 | 14,215 | (1,129) | (7.9%) |
| **68,390** | **74,011** | **67,515** | **6,496** | **9.6%** | **Total Operating Revenue** | **453,433** | **490,396** | **465,208** | **25,188** | **5.4%** |
| | | | | | **OPERATING EXPENSE** | | | | | |
| 36,833 | 38,210 | 37,951 | (258) | (0.7%) | **Salaries & Wages** | 242,520 | 255,812 | 256,024 | 212 | 0.1% |
| 9,590 | 10,154 | 9,362 | (791) | (8.5%) | **Supplies** | 62,457 | 74,439 | 65,095 | (9,345) | (14.4%) |
| 6,737 | 7,467 | 5,790 | (1,676) | (29.0%) | **Fees & Purchased Services** | 44,433 | 48,067 | 40,950 | (7,117) | (17.4%) |
| 2,113 | 2,434 | 2,086 | (348) | (16.7%) | **Other Operating Expense** | 14,737 | 18,600 | 18,072 | (529) | (2.9%) |
| 269 | 1,554 | 1,428 | (125) | (8.8%) | **Interest** | 2,497 | 2,769 | 4,798 | 2,029 | 42.3% |
| 3,533 | 4,226 | 4,336 | 110 | 2.5% | **Depreciation** | 24,568 | 25,211 | 26,028 | 817 | 3.1% |
| **59,076** | **64,043** | **60,953** | **(3,090)** | **(5.1%)** | **Total Operating Expense** | **391,213** | **424,898** | **410,965** | **(13,933)** | **(3.4%)** |
| **9,314** | **9,968** | **6,561** | **3,407** | **51.9%** | **Net Operating Margin** | **62,221** | **65,498** | **54,242** | **11,255** | **20.7%** |
| 20,772 | 5,156 | 2,860 | 2,296 | 80.3% | **Non Operating Income** | (17,243) | 48,257 | 18,610 | 29,648 | 159.3% |
| **30,086** | **15,124** | **9,422** | **5,702** | **60.5%** | **Net Margin** | **44,977** | **113,755** | **72,852** | **40,903** | **56.1%** |
| 19.2% | 21.3% | 18.3% | 3.0% | | **EBITDA** | 19.7% | 19.1% | 18.3% | 0.8% | |
| 13.6% | 13.5% | 9.7% | 3.7% | | **Operating Margin** | 13.7% | 13.4% | 11.7% | 1.7% | |
| 44.0% | 20.4% | 14.0% | 6.5% | | **Net Margin** | 9.9% | 23.2% | 15.7% | 7.5% | |

# El Camino Hospital – Los Gatos ($000s)

**Period ending 1/31/2020**

| Period 7 FY 2019 | Period 7 FY 2020 | Period 7 Budget 2020 | Variance Fav (Unfav) | Var% | $000s | YTD FY 2019 | YTD FY 2020 | YTD Budget 2020 | Variance Fav (Unfav) | Var% |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **OPERATING REVENUE** | | | | | |
| 52,391 | 61,662 | 59,936 | 1,726 | 2.9% | **Gross Revenue** | 357,528 | 416,269 | 406,150 | 10,119 | 2.5% |
| (37,595) | (46,773) | (44,417) | (2,356) | (5.3%) | **Deductions** | (262,961) | (311,192) | (301,203) | (9,989) | (3.3%) |
| **14,796** | **14,889** | **15,520** | **(631)** | **(4.1%)** | **Net Patient Revenue** | **94,567** | **105,077** | **104,947** | **131** | **0.1%** |
| 349 | 374 | 272 | 102 | 37.5% | **Other Operating Revenue** | 2,027 | 2,686 | 1,899 | 787 | 41.4% |
| **15,145** | **15,264** | **15,792** | **(529)** | **(3.3%)** | **Total Operating Revenue** | **96,594** | **107,763** | **106,845** | **918** | **0.9%** |
| | | | | | **OPERATING EXPENSE** | | | | | |
| 7,213 | 7,598 | 7,642 | 44 | 0.6% | **Salaries & Wages** | 48,567 | 52,495 | 51,499 | (996) | (1.9%) |
| 1,946 | 2,418 | 2,531 | 113 | 4.5% | **Supplies** | 14,290 | 15,901 | 16,662 | 762 | 4.6% |
| 2,741 | 2,572 | 2,749 | 177 | 6.5% | **Fees & Purchased Services** | 18,666 | 19,173 | 19,193 | 20 | 0.1% |
| 264 | 285 | 388 | 104 | 26.7% | **Other Operating Expense** | 2,179 | 2,341 | 2,945 | 603 | 20.5% |
| 0 | 0 | 0 | 0 | 0.0% | **Interest** | 0 | 0 | 0 | 0 | 0.0% |
| 805 | 780 | 828 | 49 | 5.9% | **Depreciation** | 5,293 | 5,557 | 5,816 | 259 | 4.5% |
| **12,969** | **13,652** | **14,138** | **486** | **3.4%** | **Total Operating Expense** | **88,995** | **95,467** | **96,115** | **648** | **0.7%** |
| **2,176** | **1,612** | **1,654** | **(42)** | **(2.6%)** | **Net Operating Margin** | **7,599** | **12,296** | **10,730** | **1,566** | **14.6%** |
| 0 | 0 | 0 | 0 | 0.0% | **Non Operating Income** | 0 | 0 | 0 | 0 | 0.0% |
| **2,176** | **1,612** | **1,654** | **(42)** | **(2.6%)** | **Net Margin** | **7,599** | **12,296** | **10,730** | **1,566** | **14.6%** |
| 19.7% | 15.7% | 15.7% | (0.1%) | | **EBITDA** | 13.3% | 16.6% | 15.5% | 1.1% | |
| 14.4% | 10.6% | 10.5% | 0.1% | | **Operating Margin** | 7.9% | 11.4% | 10.0% | 1.4% | |
| 14.4% | 10.6% | 10.5% | 0.1% | | **Net Margin** | 7.9% | 11.4% | 10.0% | 1.4% | |

# Silicon Valley Medical Development ($000s)

Period ending 1/31/2020

| Period 7 FY 2019 | Period 7 FY 2020 | Period 7 Budget 2020 | Variance Fav (Unfav) | Var% | $000s | YTD FY 2019 | YTD FY 2020 | YTD Budget 2020 | Variance Fav (Unfav) | Var% |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **OPERATING REVENUE** | | | | | |
| 1,292 | 8,488 | 9,408 | (920) | (9.8%) | **Gross Revenue** | 5,584 | 51,281 | 62,604 | (11,323) | (18.1%) |
| (908) | (5,970) | (5,715) | (255) | (4.5%) | **Deductions** | (3,653) | (36,124) | (38,125) | 2,001 | 5.2% |
| **384** | **2,518** | **3,693** | **(1,175)** | **(31.8%)** | **Net Patient Revenue** | **1,931** | **15,157** | **24,478** | **(9,321)** | **(38.1%)** |
| 4 | 1,815 | 1,665 | 149 | 9.0% | **Other Operating Revenue** | 39 | 11,390 | 9,820 | 1,570 | 16.0% |
| **388** | **4,333** | **5,359** | **(1,026)** | **(19.1%)** | **Total Operating Revenue** | **1,970** | **26,547** | **34,298** | **(7,751)** | **(22.6%)** |
| | | | | | **OPERATING EXPENSE** | | | | | |
| 206 | 1,826 | 1,674 | (152) | (9.1%) | **Salaries & Wages** | 858 | 11,863 | 12,820 | 957 | 7.5% |
| 35 | 350 | 388 | 38 | 9.8% | **Supplies** | 303 | 2,916 | 2,713 | (204) | (7.5%) |
| 1,034 | 4,300 | 4,209 | (92) | (2.2%) | **Fees & Purchased Services** | 5,238 | 29,117 | 28,745 | (372) | (1.3%) |
| 234 | 936 | 980 | 44 | 4.5% | **Other Operating Expense** | 906 | 4,976 | 6,443 | 1,467 | 22.8% |
| 0 | (1) | 0 | 1 | 0.0% | **Interest** | 0 | 0 | 0 | 0 | 0.0% |
| 51 | 52 | 193 | 141 | 73.2% | **Depreciation** | 299 | 362 | 1,312 | 950 | 72.4% |
| **1,560** | **7,463** | **7,444** | **(19)** | **(0.3%)** | **Total Operating Expense** | **7,604** | **49,234** | **52,033** | **2,799** | **5.4%** |
| **(1,172)** | **(3,131)** | **(2,085)** | **(1,045)** | **50.1%** | **Net Operating Margin** | **(5,634)** | **(22,687)** | **(17,734)** | **(4,952)** | **27.9%** |
| 1,000 | 0 | 0 | 0 | 0.0% | **Non Operating Income** | 6,810 | 0 | 0 | 0 | 0.0% |
| **(172)** | **(3,131)** | **(2,085)** | **(1,045)** | **50.1%** | **Net Margin** | **1,176** | **(22,687)** | **(17,734)** | **(4,952)** | **27.9%** |
| -289.1% | -71.1% | -35.3% | (35.8%) | | **EBITDA** | -270.7% | -84.1% | -47.9% | (36.2%) | |
| -302.3% | -72.3% | -38.9% | (33.3%) | | **Operating Margin** | -285.9% | -85.5% | -51.7% | (33.8%) | |
| -44.4% | -72.3% | -38.9% | (33.3%) | | **Net Margin** | 59.7% | -85.5% | -51.7% | (33.8%) | |

El Camino Health

**EL CAMINO HOSPITAL BOARD OF DIRECTORS**
**BOARD MEETING COVER MEMO**

| | |
|---|---|
| **To:** | El Camino Hospital Board of Directors |
| **From:** | Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP and Barbara Avery, Director, Community Benefit |
| **Date:** | March 11, 2020 |
| **Subject:** | FY20 Community Benefit Mid-term Report |

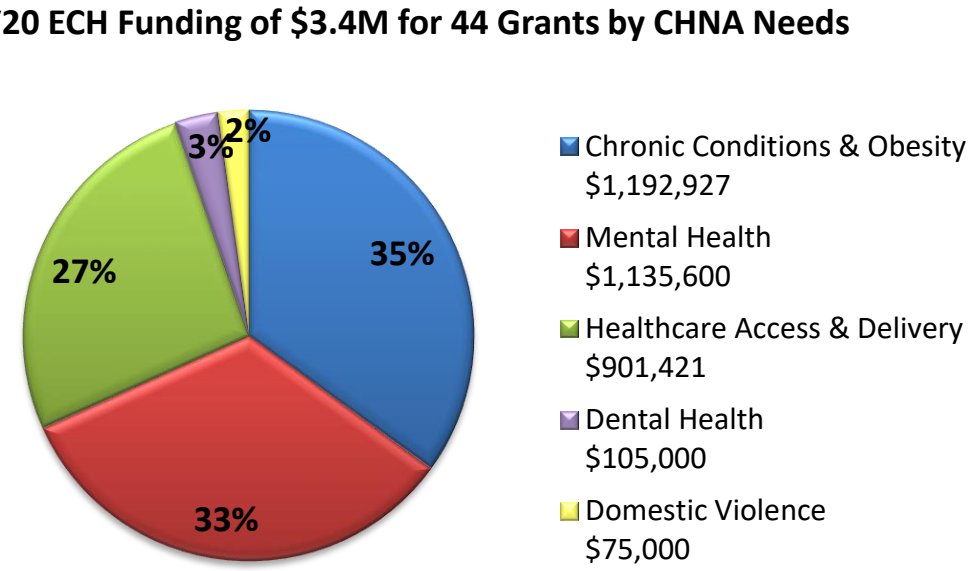
**Purpose:** To update the Board of Directors on the mid-term progress of the Community Benefit grants program.

**Summary:**

**1.** Situation: All Community Benefit grant partners are required to submit mid-term reporting on their approved metrics and budget, as well as provide a narrative update on program progress, successes, challenges and, as applicable, new trends in their field of work. All 44 grant partners met this mid-term requirement.

**2.** Authority: Community Benefit staff assess mid-term documents, communicate with grantees, as appropriate, and analyze metric progress, which is reported through the dashboard.

**3.** Background: The El Camino Hospital Board of Directors approved investing $3,409,948 in 44 Community Benefit grants to address unmet local health needs. The framework for the hospital's grant funding priorities is the 2019 Community Health Needs Assessment (CHNA), which is conducted every three years as required by state and federal regulations. Health needs are determined through the CHNA process and inform the grantmaking process. The graph below reflects how the FY20 Grant Funding is invested across these health needs.




**4.** Assessment: N/A

**5.** Other Reviews: N/A

**6.** Outcomes: Data from the grant midyear reports finds that 77% of programs met 80% or more of metric targets, a slight increase from 73% in FY19.

Midyear Performance:

- Total individual metrics across all grants: 144 metrics at midyear; 186 at yearend as some are measured annually
  - Midyear performance:
    - Metrics at 90% - 100% of the target: 90%
    - Metrics at 75% - 89% of the target: 7%
    - Metrics at 0% – 74% of the target: 3%
  - Note: performance is now reflected in three categories

Themes from Midyear Reports:

- Across all programs, targeted total for people served was met at 99%, demonstrating community's need for the services funded by ECH
- Youth mental health programs reported crisis-level needs with increased demand for services and heightened severity of conditions
- Dire need for social workers across a wide range of programs to help underserved community members navigate social services, benefits and health care system, particularly specialty care
- Schools are increasingly tasked with broader responsibilities for the health and well-being of students and families seeking services
- Nonprofits struggling to recruit and retain staff and volunteers due to cost-of-living, traffic and housing

**List of Attachments:**

**1.** FY20 El Camino Hospital Community Benefit Grant Funding Portfolio
**2.** FY20 El Camino Hospital Community Benefit Midterm Grants Year-over-Year Dashboard

**Suggested Board Discussion Questions:** N/A – this is a consent item.

FISCAL YEAR 2020

# Community Benefit Grant Funding


**$3.7 Million** invested to address unmet health needs and improve the health of the people in our community.

El Camino Health

## Healthy Body Program Partners

**5210 Health Awareness Program —** School-based nutrition and health programs at Campbell Union, Cupertino Union and San Jose Unified School Districts

**African American Community Service Agency —** Family health services outreach program for low-income, ethnically diverse children and families

**Bay Area Women's Sports Initiative —** Physical activity and self-esteem program for girls at Campbell Union School District

**Better Health Pharmacy, Santa Clara County Public Health Department —** No-cost, generic medication program for low-income individuals

**Breathe California of the Bay Area —** Screenings, education and home assessment for families of children with asthma

**Cambrian School District —** School nurse program

**Campbell Union School District —** School nurse program

**Challenge Diabetes Program —** Pre-diabetes screening and education for community service agencies

**Community Health Partnership —** Safety-net clinics capacity building, learning collaborative and training

**Cupertino Union School District —** School nurse program

**Gardner Family Health Network —** Clinical services and healthy behavior change program for people with pre-diabetes and diabetes

**GoNoodle, Inc. —** Movement and mindfulness programs for youth at more than 180 schools in 17 districts

**Healthier Kids Foundation —** Dental and hearing screenings for children

**Indian Health Center of Santa Clara Valley —** Clinical services and healthy behavior change program for young people at risk for or who have pre-diabetes or diabetes

**Medical Respite (Healthcare Foundation of Northern & Central California) —** Medical care and psychosocial services for homeless patients

**Mount Pleasant School District —** School nurse program

**On-site Dental Care Foundation —** Mobile dental services and education for low-income and homeless community members

**Playworks, Education Energized —** Physical activity and positive school climate program at Campbell Union School District

**Pre-diabetes Awareness Initiative (Hill & Company) —** Awareness, screening and chronic disease management resources for pre-diabetes

**Tower Foundation of San Jose State University —** Rehabilitation, awareness, and community education for stroke (RACES)

**Vista Center for the Blind and Visually Impaired —** Vision rehabilitation program

## Healthy Mind Program Partners

**Almaden Valley Counseling Service —** School-based social-emotional skill building in elementary and middle schools in the San Jose area

**Alzheimer's Association Latino Family Connections —** Culturally based services for patients and caregivers

**Bill Wilson Center —** Psychotherapy for children who've suffered abuse

**Cambrian School District —** Mental health counseling

**Cancer CAREpoint —** Counseling for cancer patients, survivors, family members and caregivers

**Child Advocates of Silicon Valley —** Advocacy and support services for foster teens

**Counseling and Support Services for Youth (CASSY) —** Mental health counseling at Campbell Union School District

**Cupertino Union School District —** Mental health counseling

**Hearts and Minds Center (formerly Respite and Research for Alzheimer's Disease) —** Addressing older adult isolation and providing caregiver respite

**Jewish Family Services of Silicon Valley —** Mental health support for low-income older adults

**LifeMoves —** Mental health counseling at homeless shelters

**Momentum for Mental Health —** Psychiatric services and medication management for underinsured and uninsured

**Peninsula Healthcare Connection —** Psychiatric services and medication management for homeless and at-risk community members

**Teen Success, Inc. —** Promoting self-sufficiency and health education for teen mothers

**Uplift Family Services —** Mental health counseling and addiction prevention services at Campbell Union High School District

## Healthy Community Program Partners

**Chinese Health Initiative —** Health screening and education

**Los Gatos-Saratoga Recreation —** Addressing social isolation among older adults through guided activities and support groups

**Next Door Solutions to Domestic Violence —** Crisis counseling, shelter services and support for victims of domestic violence

**Pacific Hearing Connection —** Screening and access to free or reduced-cost hearing aids for children and adults

**South Asian Heart Center —** Screenings and education for heart disease and diabetes

**Valley Verde —** Home gardens and nutrition education for low-income households

**West Valley Community Services —** Social work case management, assistance accessing benefits and nutrition workshops for at-risk families and older adults

# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY BODY | **5-2-1-0**<br>FY20 Requested:$25,000<br>FY20 Approved: $20,000<br>FY19 Approved: $25,000<br>FY19 Spent: $24,450<br>FY18 Approved: $15,000<br>FY18: Spent:$10,396<br>New Metrics: 0 of 3 | Students served | 4,000 | 4,120 | ● | 100% | 6,500 | 6,178 | ● | 67% | 4,000 | 3,870 | ● | 100% | 6,500 | 5,673 | ● | 67% | 4,000 | 5,471 | ● | 100% | 5,600 | The participation from new schools was greater than projected. |
| | | Students who report being active one or more hours per day after program engagement | N/A | N/A | | | 56% | 58% | ● | | N/A | N/A | | | 56% | 61% | ● | | N/A | N/A | | | 56% | |
| | | Students who report the knowledge to limit sweetened beverage to 0 per day after program engagement | N/A | N/A | | | 75% | 66% | ● | | N/A | N/A | | | 75% | 78% | ● | | N/A | N/A | | | 75% | |
| | **African American Community Services Agency (AACSA)**<br>*Family Health Services*<br>FY20 Requested: $25,000<br>FY20 Approved: $20,000<br>New Metrics: N/A | Individuals served | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | 112 | 282 | ● | 100% | 560 | Agency maximized outreach at large events and had higher numbers than expected for screenings, exercise classes and parenting health workshops. |
| | | Encounters (screenings, workshops and class sessions) | - | - | | | - | - | | | - | - | | | - | - | | | 112 | 325 | ● | | 560 | |
| | | Healthy cooking class attendees will report that they learned how to cook in a healthier way | - | - | | | - | - | | | - | - | | | - | - | | | 65% | 65% | ● | | 65% | |
| | | Parents will report that they have gained a better understanding of how to support their child's healthy development | - | - | | | - | - | | | - | - | | | - | - | | | 65% | 75% | ● | | 65% | |
| | **BAWSI Girls Program**<br>FY20 Requested: $21,000<br>FY20 Approved: $16,500<br>FY19 Approved: $16,500<br>FY19 Spent: $16,500<br>FY18 Approved: $16,000<br>FY18 Spent: $16,000<br>New Metrics: 0 of 3 | Youth served | 60 | 62 | ● | 100% | 120 | 130 | ● | 100% | 62 | 65 | ● | 100% | 124 | 127 | ● | 100% | 60 | 53 | ● | 67% | 124 | Students chose to participate in other afterschool activities; agency expects to meet year-end targets. |
| | | Average weekly attendance | 80% | 90% | ● | | 80% | 87% | ● | | 85% | 84% | ● | | 85% | 84% | ● | | 80% | 83% | ● | | 80% | |
| | | Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program | - | - | | | - | - | | | 75% | 92% | ● | | 75% | 95% | ● | | 85% | 93% | ● | | 85% | |
| | **Better Health Pharmacy - Santa Clara County Public Health Department**<br>FY20 Requested: $75,000<br>FY20 Approved: $50,000<br>FY19 Approved: $50,000<br>FY19 Spent: $50,000<br>New Metrics: 3 of 5 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 1,250 | 1,919 | ● | 100% | 2,500 | 3,040 | ● | 100% | 1,500 | 2,303 | ● | 100% | 1,800 | Additional pharmacy staff contributed to greater than anticipated individuals served and prescriptions filled. |
| | | Prescriptions Filled | - | - | | | - | - | | | 10,000 | 12,780 | ● | | 20,000 | 25,456 | ● | | 11,000 | 16,416 | ● | | 22,000 | |
| | | Patients who reported that they are very satisfied with the time waited for services | - | - | | | - | - | | | - | - | | | - | - | | | 97% | 94% | ● | | 97% | |
| | | Patients who reported that they are very satisfied with the time waited for medication information | - | - | | | - | - | | | - | - | | | - | - | | | 97% | 92% | ● | | 97% | |
| | | Patients who report that they are very satisfied with the quality of service | - | - | | | - | - | | | - | - | | | - | - | | | 97% | 98% | ● | | 97% | |
| | **Breathe California**<br>*Children's Asthma Program*<br>FY20 Requested: $50,000<br>FY20 Approved: $50,000<br>FY19 Approved: $50,000<br>FY19 Spent: $42,587<br>FY18 Approved: $ 50,000<br>FY18 spent: $50,000<br>New Metrics: 0 of 3 | Parents, children, teachers and care providers served through air quality assessment and asthma management training | 225 | 296 | ● | 33% | 800 | 805 | ● | 100% | 225 | 103 | ● | 67% | 800 | 3,344 | ● | 100% | 225 | 580 | ● | 100% | 800 | Agency responded to a request to provide multi-session school assembly which contributed to reaching significantly more children than targeted; additionally agency benefitted from the effort of volunteer interns. |
| | | Children with asthma who receive multi-session asthma education who have an increase in knowledge/skills, as measured by pre/post-tests, skills observation, and parent report | - | - | | | - | - | | | 50% | 70% | ● | | 70% | 70% | ● | | 50% | 65% | ● | | 70% | |
| | | Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist | - | - | | | - | - | | | 50% | 45% | ● | | 50% | 73% | ● | | 50% | 100% | ● | | 60% | Agency served more child care centers this grant period, which are more likely than private homes to make recommended changes. |
| | **Cambrian School District**<br>*School Nurse Program*<br>FY20 Requested: $140,500<br>FY20 Approved: $128,000<br>FY19 Approved: $129,500<br>FY19 Spent: $129,500<br>FY18 Awarded: $116,315<br>FY18 spent: $116,315<br>New Metrics: 2 of 5 | Students served | 805 | 1,268 | ● | 50% | 2,110 | 1,843 | ● | 50% | 1,000 | 1,360 | ● | 100% | 3,400 | 3,423 | ● | 50% | 1,400 | 1,488 | ● | 33% | 3,350 | |
| | | Students who have failed health screenings who saw a healthcare provider | 20% | 0% | ● | | 40% | 28% | ● | | N/A | N/A | | | 29% | 16% | ● | | N/A | N/A | | | 20% | |
| | | Uninsured students who have applied for coverage | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | 15% | |
| | | School staff who engaged in AED training in the school year | - | - | | | - | - | | | - | - | | | - | - | | | 5% | 4% | ● | | 18% | Diabetic students required increased attention from the school's only nurse, resulting in less than predicted time to conduct AED training. |
| | | Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage | 15% | 10% | ● | | 30% | 31% | ● | | 10% | 31% | ● | | 30% | 100% | ● | | 35% | 25% | ● | | 90% | Agency expects to achieve annual target, as more trainings have been scheduled. |

**Community Benefit Dashboard Notes**

**FY20**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "purple" indicator if performance against target is 75% - 89%
- ● A metric receives a "blue" indicator if performance against target is 0% - 74%

**FY18 and FY19**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "red" indicator if performance against target is 0% - 89%

**N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY BODY | **Campbell Union School District**<br>*School Nurse Program*<br>FY20 Requested: $215,000<br>FY20 Approved: $215,000<br>FY19 Approved: $215,000<br>FY19 Spent: $215,000<br>FY18 Approved: $ 225,000<br>FY18 Spent: $217,507<br>New Metrics: 0 of 5 | Students served | 2,060 | 1,883 | ● | 66% | 4,560 | 3,910 | ● | 80% | 2,100 | 1,994 | ● | 100% | 3,950 | 3,884 | ● | 100% | 2,100 | 1,950 | ● | 100% | 3,950 | |
| | | Uninsured students who have applied for healthcare insurance | 35% | 61% | ● | | 70% | 72% | ● | | 40% | 48% | ● | | 70% | 87% | ● | | 40% | 48% | ● | | 65% | School District developed a script for families of students without healthcare insurance, which were sent via School Messenger (phone call) and e-mail. Nurses and community liaisons also contacted families to discuss resources. School nurses conducted site visits to Gardner Clinics and The Health Trust to further establish partnerships between agencies. |
| | | Students with a failed health screening who saw a healthcare provider | 40% | 33% | ● | | 72% | 70% | ● | | 40% | 41% | ● | | 74% | 74% | ● | | 40% | 47% | ● | | 76% | As cited above, the school developed a script to assist families of students with a failed health screening. Students without vision insurance were provided with multiple resources, including VSP Sight for Students vouchers which provide free eye exams/glasses from local optometrists identified by school nurses. |
| | | Students identified as needing urgent dental care through on-site screenings who saw a dentist | N/A | N/A | | | 60% | 63% | ● | | N/A | N/A | | | 60% | 63% | ● | | N/A | N/A | | | 60% | |
| | | Rosemary and Lynhaven students who receive fluoride varnish during onsite screenings | N/A | N/A | | | 20% | 30% | ● | | N/A | N/A | | | 25% | 39% | ● | | N/A | N/A | | | 38% | |
| | **Challenge Diabetes Program**<br>FY20 Requested: $205,158<br>FY20 Approved: $195,000<br>FY19 Approved: $196,468<br>FY19 Spent: $129,367<br>FY18 Approved: $ 192,290<br>FY18 Spent: $157,516<br>New Metrics: 2 of 6 | Clients served in the program | 420 | 520 | ● | 100% | 420 | 520 | ● | 100% | 450 | 396 | ● | 50% | 450 | 427 | ● | 83% | 426 | 321 | ● | 50% | 426 | Program's enrollment numbers were lower than expected because a large percentage of the eligible population across community services agencies have already been reached. Additionally, program experienced a vacancy in Program Coordinator position and delay in pre-testing at new school site. |
| | | Total services provided, including monthly food bags and workshops | - | - | | | - | - | | | 2,000 | 1,969 | ● | | 4,000 | 3,861 | ● | | 1,285 | 1,078 | ● | | 4,270 | |
| | | Workshop participants who agree or strongly agree that they are confident in their ability to eat healthy food | - | - | | | - | - | | | - | - | | | - | - | | | 75% | 98% | ● | | 75% | |
| | | Workshop participants who agree or strongly agree that they are confident in their ability to get enough physical activity | - | - | | | - | - | | | - | - | | | - | - | | | 75% | 94% | ● | | 75% | |
| | | Clients post-screened for HbA1c | N/A | N/A | | | 360 | 411 | ● | | N/A | N/A | | | 360 | 315 | ● | | N/A | N/A | | | 325 | |
| | | Participants who experience at least a 0.10 percentage point decrease in HbA1c | N/A | N/A | | | 25% | 50% | ● | | N/A | N/A | | | 25% | 27% | ● | | N/A | N/A | | | 20% | |
| | **Community Health Partnership**<br>*Patient Engagement Collaborative of Safety-net Clinics*<br>FY20 Requested: $50,000<br>FY20 Approved: $50,000<br>FY19 Approved: $50,000<br>FY19 Spent: $50,000<br>New Metrics: 0 of 3 | Clinic staff who attend learning collaborative training sessions on patient attribution and patient engagement | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 20 | 22 | ● | 100% | 60 | 86 | ● | 100% | 20 | 30 | ● | 100% | 60 | In response to request from clinic leadership, agency added a monthly workgroup in addition to the quarterly collaborative. |
| | | Safety net clinics where workflow is implemented to improve processing of member attribution lists, data and patient engagement | - | - | | | - | - | | | 6 | 6 | ● | | 12 | 28 | ● | | 9 | 9 | ● | | 31 | |
| | | Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline | - | - | | | - | - | | | 1% (represents 844 patients) | 6% (represents ~5,000 patients) | ● | | 3% | 7% | ● | | 3% | N/A | | | 6% | Data unavailable as of December 31, 2019 due to transition to Santa Clara County Health Plan which uses a different data tracking system. |
| | **Cupertino Union School District**<br>*School Nurse Program*<br>FY20 Requested: $81,921<br>FY20 Approved: $81,921<br>FY19 Approved: $76,000<br>FY19 Spent: $76,000<br>FY18 Approved: $ 72,481<br>FY18 Spent: $ 72,481<br>New metrics: 1 of 5 | Students served | 550 | 597 | ● | 100% | 1,211 | 1,195 | ● | 100% | 560 | 548 | ● | 100% | 1,225 | 1,103 | ● | 100% | 563 | 510 | ● | 100% | 1,103 | |
| | | Students who failed a mandated health screening who saw a healthcare provider | 60% | 67% | ● | | 82% | 91% | ● | | 62% | 57% | ● | | 85% | 81% | ● | | 62% | 63% | ● | | 84% | |
| | | Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist | N/A | N/A | | | 80% | 87% | ● | | N/A | N/A | | | 82% | 86% | ● | | N/A | N/A | | | 84% | |
| | | Teachers accessing GoNoodle Health Education curricula and activities | - | - | | | - | - | | | - | - | | | - | - | | | 77% | 74% | ● | | 88% | |
| | | Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage | 75% | 96% | ● | | 80% | 99% | ● | | 80% | 97% | ● | | 85% | 97% | ● | | 82% | 74% | ● | | 87% | |
| | **Gardner Family Health Network**<br>FY20 Requested: $266,508<br>FY20 Approved: $220,000<br>FY19 Approved: $220,000<br>FY19 Spent: $220,000<br>FY18 Approved: $ 185,000<br>FY18 Spent: $185,000<br>New Metrics: 0 of 4 | Patients served | 500 | 956 | ● | 100% | 1,000 | 1,363 | ● | 100% | 800 | 773 | ● | 75% | 1,500 | 1,466 | ● | 75% | 800 | 1,402 | ● | 100% | 1,500 | Clinic experienced an increase in referrals from both physicians and patients who self-referred, as well as fully staffed dietitians. |
| | | Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator | 700 | 1,030 | ● | | 2,100 | 2,747 | ● | | 1,280 | 1,163 | ● | | 2,560 | 3,568 | ● | | 1,425 | 2,404 | ● | | 2,910 | |
| | | Patients demonstrating a reduction in body weight | 50% | 49% | ● | | 50% | 46% | ● | | 49% | 44% | ● | | 49% | 48% | ● | | 49% | 48% | ● | | 49% | |
| | | Patients demonstrating a reduction in HbA1c levels | 45% | 71% | ● | | 45% | 63% | ● | | 65% | 50% | ● | | 65% | 44% | ● | | 44% | 49% | ● | | 44% | |
| | **GoNoodle**<br>FY20 Requested: $113,000<br>FY20 Approved: $113,000<br>FY19 Approved: $113,000<br>FY19 Spent: $113,000<br>FY18 Approved: $ 110,000<br>FY18 Spent: $110,000<br>New Metrics: 1 of 5 | Students served | - | - | | 50% | - | - | | 100% | - | - | | 33% | - | - | | 80% | 38,250 | 34,255 | ● | 67% | 38,250 | |
| | | Schools served | 183 | 236 | ● | | 183 | 231 | ● | | 220 | 184 | ● | | 220 | 184 | ● | | 184 | 189 | ● | | 184 | |
| | | GoNoodle physical activity breaks played | 150,000 | 130,973 | ● | | 275,000 | 260,117 | ● | | 150,000 | 134,146 | ● | | 245,000 | 251,691 | ● | | 120,000 | 96,472 | ● | | 238,000 | Agency is assessing improvement among schools with lower than usual utilization rates. |
| | | Teachers who believe GoNoodle benefits their students' focus and attention in the classroom | N/A | N/A | | | 90% | 92% | ● | | N/A | N/A | | | 90% | 93% | ● | | N/A | N/A | | | 92% | |
| | | Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects | N/A | N/A | | | 90% | 86% | ● | | N/A | N/A | | | 60% | 80% | ● | | N/A | N/A | | | 75% | |

**Community Benefit Dashboard Notes**

**FY20**

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**FY18 and FY19**

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- ● A metric receives a "red" indicator if performance against target is 0% - 89%

**N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● ● ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY BODY | **Healthier Kids Foundation**<br>*DentalFirst & HearingFirst*<br>FY20 Requested: $45,000<br>FY20 Approved: $30,000<br>FY19 Approved: $30,000<br>FY19 Spent: $30,000<br>FY18 Approved $20,000<br>FY18 Spent $20,000<br>New Metrics: 0 of 4 | Children screened through DentalFirst | - | - | ● | 100% | 450 | 495 | ● | 100% | 175 | 187 | ● | 100% | 700 | 753 | ● | 100% | 175 | 168 | ● | 75% | 350 | |
| | | Children screened through HearingFirst | - | - | | | - | - | | | 175 | 190 | ● | | 350 | 385 | ● | | 175 | 200 | ● | | 350 | |
| | | Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services | - | - | | | - | - | | | 35% | 37% | ● | | 35% | 33% | ● | | 35% | 28% | ● | | 35% | A little over half of hearing cases remained open at end of reporting period, so follow-up and full treatment access is still pending. |
| | | Of children dental screened who received a referral, the percent that received and completed appropriate dental services | - | - | | | - | - | | | 75% | 73% | ● | | 75% | 70% | ● | | 75% | 74% | ● | | 75% | |
| | **Indian Health Center**<br>FY20 Requested: $74,000<br>FY20 Approved: $74,000<br>FY19 Approved: $74,000<br>FY19 Spent: $74,000<br>FY18 Approved: $70,000<br>FY18 Spent $60,838<br>New Metrics: 2 of 5 | Youth patients served | 60 | 122 | ● | 100% | 160 | 291 | ● | 100% | 100 | 145 | ● | 100% | 185 | 235 | ● | 100% | 130 | 143 | ● | 100% | 200 | |
| | | Services provided | 676 | 652 | ● | | 1,510 | 1,360 | ● | | 250 | 243 | ● | | 500 | 659 | ● | | 250 | 455 | ● | | 500 | Staff engaged in various outreach techniques to effectively increase utilization of health and wellness services. |
| | | Participants who decrease their BMI percentile | 10% | 32% | ● | | 20% | 48% | ● | | 15% | 39% | ● | | 30% | 34% | ● | | 20% | 39% | ● | | 30% | |
| | | Healthy Adventures Program participants who show increased knowledge about topics discussed in Healthy Adventures curriculum (includes nutrition, physical activity, digestive system, and sugary beverages) | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | 40% | |
| | | Healthy Futures Program participants with total cholesterol values at or below 170mg/dL | - | - | | | - | - | | | - | - | | | - | - | | | 70% | 89% | ● | | 70% | |
| | **Medical Respite**<br>FY20 Requested: $13,500<br>FY20 Approved: $13,500<br>FY19 Approved: $13,500<br>FY19 Spent: $13,500<br>FY18 Approved: $13,500<br>FY18 Spent: $13,500<br>New Metrics: 0 of 3 | Patients served through full program | 100 | 134 | ● | 100% | 200 | 248 | ● | 100% | 110 | 105 | ● | 100% | 220 | 191 | ● | 67% | 105 | 94 | ● | 100% | 190 | |
| | | Program patients linked to Primary Care home | 92% | 90% | ● | | 92% | 95% | ● | | 92% | 91% | ● | | 92% | 91% | ● | | 92% | 93% | ● | | 92% | |
| | | Hospital days avoided for total program | 400 | 536 | ● | | 800 | 992 | ● | | 420 | 420 | ● | | 840 | 764 | ● | | 400 | 376 | ● | | 760 | |
| | **Mt. Pleasant School District**<br>*School Nurse Program*<br>FY20 Requested: $128,000<br>FY20 Approved: $125,000<br>FY19 Approved: $124,000<br>FY19 Spent: $81,841<br>New Metrics: 1 of 5 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 800 | 1,158 | ● | 100% | 2,100 | 2,204 | ● | 100% | 2,220 | 2,126 | ● | 100% | 2,200 | |
| | | School staff receiving CPR/AED, Epi-Pen and seizure training who reported increased knowledge/confidence in their ability to respond | - | - | | | - | - | | | 80% | 88% | ● | | 80% | 86% | ● | | 75% | 80% | ● | | 75% | |
| | | Students chronically absent due to health conditions who improved attendance | - | - | | | - | - | | | - | - | | | - | - | | | 5% | 5% | ● | | 10% | |
| | | Students who saw a provider after a failed health screening | - | - | | | - | - | | | N/A | N/A | | | 45% | 72% | ● | | N/A | N/A | | | 60% | |
| | | Uninsured students whose families have applied for healthcare coverage | - | - | | | - | - | | | N/A | N/A | | | 20% | 18% | ● | | N/A | N/A | | | 20% | |
| | **On-site Dental Care Foundation**<br>FY20 Requested: $100,000<br>FY20 Approved: $90,000<br>FY19 Approved: $74,000<br>FY19 Spent: $74,000<br>FY18 Approved: $70,000<br>FY18 Spent $60,838<br>New Metrics: N/A | Individuals served | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | 70 | 93 | ● | 75% | 135 | |
| | | Services provided, including periodontal and oral cancer screening, dentures, etc. | - | - | | | - | - | | | - | - | | | - | - | | | 214 | 276 | ● | | 415 | |
| | | Patients who agree or strongly agree accessing oral health services improved their oral health | - | - | | | - | - | | | - | - | | | - | - | | | 85% | 93% | ● | | 85% | |
| | | Patients missing multiple teeth who agree or strongly agree they experienced improved functionality when treatment was completed | - | - | | | - | - | | | - | - | | | - | - | | | 85% | 65% | ● | | 85% | |
| | **Playworks**<br>FY20 Requested: $91,627<br>FY20 Approved: $91,627<br>FY19 Approved: $102,000<br>FY19 Spent: $102,000<br>FY18 Approved: $112,000<br>FY18 Spent: $112,000<br>New Metrics: 0 of 5 | Students served | 2,326 | 2,696 | ● | 100% | 2,326 | 2,365 | ● | 100% | 2,328 | 2,332 | ● | 100% | 2,328 | 2,300 | ● | 100% | 2,332 | 2,195 | ● | 100% | 2,332 | |
| | | Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity | - | - | | | - | - | | | N/A | N/A | | | 95% | 100% | ● | | N/A | N/A | | | 95% | |
| | | Teachers/administrators surveyed who agree or strongly agree that Playworks helps to reduce bullying during recess | - | - | | | - | - | | | N/A | N/A | | | 85% | 85% | ● | | N/A | N/A | | | 85% | |
| | | Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class | N/A | N/A | | | 75% | 95% | ● | | N/A | N/A | | | 80% | 100% | ● | | N/A | N/A | | | 90% | |
| | | Teachers/administrators reporting that Playworks positively impacts school climate | N/A | N/A | | | 90% | 99% | ● | | N/A | N/A | | | 90% | 100% | ● | | N/A | N/A | | | 95% | |
| | **Prediabetes Initiative (Hill & Company)**<br>FY20 Requested: $150,000<br>FY20 Approved: $122,800<br>FY19 Approved: $140,000<br>FY19 Spent: $140,000<br>FY18 Approved: $150,000<br>FY18 Spent: $150,000<br>New Metrics: 1 of 5 | Community members reached through Promotores outreach program | 1,000 | 1,414 | ● | 100% | 2,500 | 3,189 | ● | 100% | 1,350 | 1,415 | ● | 100% | 3,000 | 3,060 | ● | 100% | 1,575 | 1,638 | ● | 100% | 3,500 | |
| | | Pre-diabetes presentations and informational tabling conducted in English and Spanish | 75 | 106 | ● | | 136 | 205 | ● | | 75 | 96 | ● | | 165 | 218 | ● | | 87 | 122 | ● | | 195 | |
| | | CDC Risk-Assessments Administered | 800 | 1,134 | ● | | 2,000 | 2,548 | ● | | 1,080 | 1,149 | ● | | 2,400 | 2,554 | ● | | 1,260 | 1,346 | ● | | 2,800 | |
| | | Text messages delivered | 1,000 | 4,858 | ● | | 3,500 | 5,974 | ● | | 15,700 | 15,987 | ● | | 44,856 | 44,909 | ● | | 16,709 | 17,679 | ● | | 47,740 | |
| | | Participants who report learning about prediabetes and its risks, without prior knowledge of the topic, after attending a presentation | - | - | | | - | - | | | - | - | | | - | - | | | 70% | 76% | ● | | 70% | |

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**FY20**

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**FY18 and FY19**

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# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● ● ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Rehabilitation, Awareness, and Community Education for Stroke (RACES)**<br>FY20 Requested: $50,000<br>FY20 Approved: $40,000<br>FY19 Approved: $40,000<br>FY19 Spent: $40,000<br>New Metrics: 1 of 4 | Total individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 200 | 174 | ● | 67% | 438 | 408 | ● | 100% | 194 | 209 | ● | 100% | 438 | |
| | | Individuals served through education and outreach | - | - | | | - | - | | | 186 | 160 | ● | | 410 | 380 | ● | | 180 | 190 | | | 410 | |
| | | Clinical patients served through rehabilitation intervention services | - | - | | | - | - | | | 14 | 14 | ● | | 28 | 28 | ● | | 14 | 19 | | | 28 | |
| | | Rehabilitation component intervention services (hours) | - | - | | | - | - | | | 520 | 625 | ● | | 1,260 | 1,737 | ● | | 520 | 900 | ● | | 1,300 | |
| | | Participants who show a 5-point improvement in scores on the Western Aphasia Battery-Part 1 (quantifies severity of post-stroke communication impairment) | - | - | | | - | - | | | - | - | | | - | - | | | - | - | | | | |
| | | Participants who show a 5-point improvement in scores on the Quality of Communication Life Scale/QCLS (quantifies quality of communication as assessed by stroke/BI survivors) | - | - | | | - | - | | | 25% | N/A | | | 75% | 75% | ● | | N/A | N/A | | | 75% | |
| HEALTHY BODY | **Valley Verde**<br>FY20 Requested: $50,000<br>FY20 Approved: $45,000<br>FY19 Approved: $45,000<br>FY19 Spent: $45,000<br>FY18 Approved: $35,000<br>FY18 Spent: $35,000<br>New Metrics: 0 of 4 | Individuals/households served | 81/18 | 82/17 | ● | 100% | 216/48 | 73/37 | ● | 75% | 92 | 90 | ● | 100% | 300 | 307 | ● | 75% | 92 | 138 | ● | 100% | 300 | |
| | | Services provided | 48 | 46 | ● | | 132 | 411 | ● | | 152 | 150 | ● | | 491 | 612 | ● | | 152 | 180 | ● | | 491 | |
| | | Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys | 80% | 84% | ● | | 80% | 84% | ● | | 80% | N/A | | | 80% | 22% | ● | | 75% | 91% | ● | | 80% | |
| | | Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group | 80% | 84% | ● | | 80% | 80% | ● | | 80% | 90% | ● | | 80% | 88% | ● | | 80% | 91% | ● | | 80% | |
| | **Vista Center for the Blind and Visually Impaired**<br>FY20 Requested: $71,819<br>FY20 Approved: $40,000<br>FY19 Approved: $40,000<br>FY19 Spent: $40,000<br>New Metrics: 0 of 5 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 23 | 31 | ● | 100% | 57 | 66 | ● | 100% | 25 | 26 | ● | 100% | 65 | |
| | | Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation) | - | - | | | - | - | | | 200 | 203 | ● | | 450 | 494 | ● | | 200 | 282 | ● | | 475 | Agency offers multiple services to each client; utilization has wide variation. |
| | | Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss | - | - | | | - | - | | | 90% | 100% | ● | | 90% | 98% | ● | | 90% | 100% | ● | | 90% | |
| | | Clients who report being somewhat confident to confident in their ability to safely move within their residence | - | - | | | - | - | | | 80% | 100% | ● | | 80% | 85% | ● | | 85% | 92% | ● | | 85% | |
| | | Clients who indicate that they are able to read printed material after program participation | - | - | | | - | - | | | 70% | 71% | ● | | 70% | 75% | ● | | 70% | 85% | ● | | 70% | |
| | **Almaden Valley Counseling Services**<br>FY20 Requested: $100,000<br>FY20 Approved: $60,000<br>FY19 Approved: $60,000<br>FY19 Spent: $60,000<br>FY18 Approved: $46,000<br>FY18 Spent: $46,000<br>New Metrics: 0 of 4 | Students served | 100 | 62 | ● | 50% | 270 | 245 | ● | 100% | 30 | 169 | ● | 100% | 280 | 438 | ● | 100% | 60 | 83 | ● | 100% | 280 | Students provided with crisis counseling was significantly higher than prior year, resulting in exceeded targets. The most frequent reasons students required crisis counseling were anxiety, anger management and suicidality. |
| | | Counseling sessions provided | 600 | 550 | ● | | 2,100 | 2,063 | ● | | 400 | 374 | ● | | 1,700 | 3,330 | ● | | 300 | 391 | ● | | 1,755 | |
| | | Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | - | - | | | - | - | | | N/A | N/A | | | 50% | 100% | ● | | N/A | N/A | | | 50% | |
| | | Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under) | - | - | | | - | - | | | N/A | N/A | | | 50% | 100% | ● | | N/A | N/A | | | 50% | |
| HEALTHY MIND | **Alzheimer's Association**<br>*Latino Family Connections*<br>FY20 Requested: $70,000<br>FY20 Approved: $70,000<br>FY19 Approved: $70,000<br>FY19 Spent: $70,000<br>New Metrics: 3 of 5 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 238 | 316 | ● | 67% | 475 | 568 | ● | 100% | 275 | 162 | ● | 50% | 530 | Agency anticipates achieving annual targets through new partnership with bilingual television station to increase outreach and enrollment. |
| | | Services provided | - | - | | | - | - | | | 476 | 316 | ● | | 726 | 854 | ● | | 295 | 292 | ● | | 625 | |
| | | Information and referral services clients who agree or strongly agree they can find resources they can use | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | N/A | |
| | | Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services they received | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | N/A | |
| | | Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | N/A | |
| | **Bill Wilson Center**<br>*Child Abuse Therapy Program*<br>FY20 Requested: $25,000<br>FY20 Approved: $25,000<br>FY19 Approved: $25,000<br>FY19 Spent: $25,000<br>FY18 Approved: $25,000<br>FY18 Spent: $25,000<br>New Metrics: 0 of 3 | Youth (abused children) served | 6 | 6 | ● | 100% | 12 | 12 | ● | 100% | 6 | 6 | ● | 67% | 12 | 12 | ● | 100% | 6 | 6 | ● | 100% | 12 | |
| | | Services provided | 70 | 81 | ● | | 140 | 153 | ● | | 70 | 61 | ● | | 140 | 151 | ● | | 60 | 65 | ● | | 120 | |
| | | Clients who report demonstrating improvement in their coping skills | 75% | 100% | ● | | 90% | 100% | ● | | 80% | 100% | ● | | 90% | 100% | ● | | 80% | 83% | ● | | 90% | |

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El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● ● ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY MIND | **Cambrian School District**<br>*Mental Health Counseling Program*<br>FY20 Requested: $365,200<br>FY20 Approved: $104,000<br>FY19 Approved: $104,000<br>FY19 Spent: $104,000<br>FY18 Approved: $103,685<br>FY18 Spent: $103,685<br>New Metrics: 0 of 4 | Students served | 40 | 55 | ● | 50% | 110 | 95 | ● | 50% | 40 | 48 | ● | 100% | 110 | 148 | ● | 75% | 40 | 34 | ● | 50% | 110 | The higher demand for individual counseling resulted in more services provided to slightly fewer students than anticipated. |
| | | Services provided | 128 | 95 | ● | | 323 | 254 | ● | | 105 | 308 | ● | | 283 | 305 | ● | | 105 | 172 | ● | | 300 | |
| | | Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under) | N/A | N/A | | | 50% | 65% | ● | | N/A | N/A | | | 50% | 60% | ● | | N/A | N/A | | | 50% | |
| | | Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | N/A | N/A | | | 50% | 50% | ● | | N/A | N/A | | | 50% | 64% | ● | | N/A | N/A | | | 50% | |
| | **Cancer CAREpoint**<br>*Counseling for Cancer Patients, Survivors, Family Members & Caregivers*<br>FY20 Requested: $21,600<br>FY20 Approved: $21,600<br>*Nutrition Program:*<br>FY19 Approved: $21,500<br>FY19 Spent: $21,500<br>FY18 Approved: $22,000<br>FY18 Spent: $22,000<br>New Metrics: N/A | Individual served | - | - | | New Program in FY20 | - | - | | New Program in FY20 | - | - | | New Program in FY20 | - | - | | New Program in FY20 | 100 | 108 | ● | 100% | 250 | |
| | | Counseling sessions provided | - | - | | | - | - | | | - | - | | | - | - | | | 200 | 214 | ● | | 450 | |
| | | Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis | - | - | | | - | - | | | - | - | | | - | - | | | 85% | 78% | ● | | | |
| | | Clients who agree or strongly agree that they received helpful tools or resources | - | - | | | - | - | | | - | - | | | - | - | | | 85% | 93% | ● | | 85% | |
| | **Child Advocates of Silicon Valley**<br>FY20 Requested: $40,000<br>FY20 Approved: $30,000<br>FY19 Approved: $30,000<br>FY19 Spent: $30,000<br>FY18 Approved: $25,000<br>FY18 Spent: $25,000<br>New Metrics: 0 of 3 | Foster children served | - | - | | 100% | - | - | | 100% | 35 | 70 | ● | 100% | 70 | 75 | ● | 67% | 60 | 32 | ● | 0% | 80 | Higher than usual number of Court Appointed Special Advocate (CASA) child relationships ending during this reporting period and therefore new CASA assignments beginning resulted in fewer children served than usual. Recruiting new CASA volunteers is a challenge; agency pursuing new approaches, for example, providing training webinars since volunteers frequently cite traffic as a major deterrent. |
| | | New volunteer Court Appointed Special Advocates (CASAs) | 35 | 54 | ● | | 76 | 95 | ● | | 35 | 70 | ● | | 70 | 60 | ● | | 60 | 32 | ● | | 80 | |
| | | CASA high school seniors who earn their diploma or equivalent | N/A | N/A | | | 80% | 75% | ● | | N/A | N/A | | | 80% | 98% | ● | | N/A | N/A | | | 80% | |
| | **Counseling and Support Services for Youth (CASSY)**<br>FY20 Requested: $120,000<br>FY20 Approved: $100,000<br>FY19 Approved: $100,000<br>FY19 Spent: $100,000<br>New Metrics: 0 of 6 | Students served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 100 | 102 | ● | 100% | 500 | 556 | ● | 100% | 100 | 244 | ● | 100% | 500 | In response to school district request, therapists conducted more classroom presentations than anticipated resulting in broader reach. |
| | | Total services hours provided | - | - | | | - | - | | | 200 | 209 | ● | | 680 | 798 | ● | | 221 | 224 | ● | | 575 | |
| | | Students who work directly with CASSY therapists will meet one or more treatment goals by the end of the 12 sessions | - | - | | | - | - | | | N/A | N/A | | | 85% | 99% | ● | | N/A | N/A | | | 85% | |
| | | Students who work directly with CASSY therapists will show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of 5 points according to the CGAS or stabilization at a 71 or above | - | - | | | - | - | | | N/A | N/A | | | 85% | 99% | ● | | N/A | N/A | | | 85% | |
| | | Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | - | - | | | - | - | | | N/A | N/A | | | 50% | N/A | | | N/A | N/A | | | 50% | |
| | | Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under) | - | - | | | - | - | | | N/A | N/A | | | 50% | N/A | | | N/A | N/A | | | 50% | |
| | **Cupertino Union School District**<br>*Mental Health Counseling Program*<br>FY20 Requested: $183,211<br>FY20 Approved: $140,000<br>FY19 Approved: $165,000<br>FY19 Spent: $165,000<br>FY18 Approved: $123,000<br>FY18 Spent: $118,492<br>New Metrics: 0 of 5 | Students served | 92 | 88 | ● | 100% | 186 | 169 | ● | 80% | 195 | 258 | ● | 100% | 395 | 403 | ● | 100% | 150 | 181 | ● | 100% | 395 | For the first time on record at this school district, counselors had full case loads and waiting lists by early October, earlier than usual, due to increasing intensity of mental health concerns; case management hours were especially high. |
| | | Service hours provided | 751 | 1,371 | ● | | 2,000 | 3,485 | ● | | 1,470 | 2,001 | ● | | 4,251 | 4,486 | ● | | 1,175 | 2,435 | ● | | 4,251 | |
| | | Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under) | N/A | N/A | | | 50% | 60% | ● | | N/A | N/A | | | 50% | 56% | ● | | N/A | N/A | | | 50% | |
| | | Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17) | N/A | N/A | | | 50% | 61% | ● | | N/A | N/A | | | 50% | 59% | ● | | N/A | N/A | | | 50% | |
| | | Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report | 60% | 66% | ● | | 90% | 75% | ● | | 60% | 61% | ● | | 80% | 82% | ● | | 60% | 57% | ● | | 80% | |

**Community Benefit Dashboard Notes**

**FY20**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "purple" indicator if performance against target is 75% - 89%
- ● A metric receives a "blue" indicator if performance against target is 0% - 74%

**FY18 and FY19**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "red" indicator if performance against target is 0% - 89%

**N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | ● ● | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | ● ● | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | ● ● | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | ● ● | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | ● ● ● | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY MIND | **Jewish Family Services of Silicon Valley**<br>*Wellness for Seniors Program*<br>FY20 Requested: $100,000<br>FY20 Approved: $75,000<br>FY19 Approved: $75,000<br>FY19 Spent: $75,000<br>FY19 Spent: $75,000<br>New Metrics: 0 of 4 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 60 | 95 | ● | 100% | 100 | 104 | ● | 80% | 70 | 109 | ● | 100% | 95 | Agency added a new clinical social worker providing much needed group and individual counseling; added well-attended new mindfulness program; added Mandarin interpreter to increase accessibility. |
| | | Encounters | - | - | | | - | - | | | 195 | 311 | ● | | 359 | 560 | ● | | 250 | 1,263 | ● | | 500 | |
| | | Clients who report utilization of at least two behavioral health services | - | - | | | - | - | | | 70% | 73% | ● | | 95% | 100% | ● | | 70% | 92% | ● | | 95% | |
| | | Clients who report decreased feelings of isolation due to the addition of one to three hours of planned weekly social engagement | - | - | | | - | - | | | 35% | 36% | ● | | 60% | 63% | ● | | 35% | 47% | ● | | 60% | |
| | **LifeMoves**<br>*BehavioralMoves*<br>FY20 Requested: $100,000<br>FY20 Approved: $50,000<br>FY19 Approved: $25,000<br>FY19 Spent: $25,000<br>New Metrics: 0 of 4 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 25 | 29 | ● | 100% | 80 | 122 | ● | 100% | 50 | 116 | ● | 100% | 150 | One shelter experienced higher than usual turnover so more new clients were served; turnover rates at homeless shelters are difficult to predict for target setting. |
| | | Services (hours of individual, group and milieu therapy) | - | - | | | - | - | | | 80 | 90 | ● | | 240 | 248 | ● | | 100 | 137 | ● | | 375 | |
| | | Clients who attend at least three individual therapy sessions who report improved functioning and well-being | - | - | | | - | - | | | 85% | 90% | ● | | 85% | 90% | ● | | 80% | 95% | ● | | 85% | |
| | | Clients who participate in at least three individual or group therapy report improved understanding of behavioral health issues associated with homelessness for themselves and their children, if any | - | - | | | - | - | | | 75% | 80% | ● | | 75% | 85% | ● | | 70% | 75% | ● | | 75% | |
| | **Momentum for Mental Health**<br>FY20 Requested: $58,860<br>FY20 Approved: $50,000<br>FY19 Approved: $50,860<br>FY19 Spent: $50,860<br>FY18 Approved: $26,000<br>FY18 Spent: $26,000<br>New Metrics: 0 of 3 | Patients served | 16 | 22 | ● | 100% | 22 | 22 | ● | 100% | 13 | 22 | ● | 100% | 25 | 25 | ● | 100% | 16 | 21 | ● | 100% | 25 | |
| | | Services provided | 90 | 349 | ● | | 180 | 443 | ● | | 165 | 168 | ● | | 330 | 383 | ● | | 165 | 217 | ● | | 330 | |
| | | Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum | 97% | 100% | ● | | 97% | 100% | ● | | 97% | 100% | ● | | 97% | 100% | ● | | 97% | 95% | ● | | 97% | |
| | **Peninsula HealthCare Connection**<br>**FY20 Requested: $90,000**<br>**FY20 Approved: $90,000**<br>FY19 Approved: $90,000<br>FY19 Spent: $90,000<br>FY18 Approved: $90,000<br>FY18 Spent: $90,000<br>New Metrics: 0 of 5 | Patients served | 100 | 95 | ● | 100% | 200 | 179 | ● | 100% | 100 | 98 | ● | 80% | 200 | 302 | ● | 80% | 100 | 87 | ● | 80% | 200 | Short-term medical leave of one of the providers resulted in slightly fewer available appointments during the reporting period. |
| | | Visits including psychiatry, therapy, and case management | 322 | 293 | ● | | 645 | 606 | ● | | 322 | 268 | ● | | 645 | 402 | ● | | 322 | 293 | ● | | 645 | |
| | | Street outreach encounters to homeless individuals | - | - | | | - | - | | | 75 | 245 | ● | | 150 | 512 | ● | | 75 | 82 | ● | | 150 | |
| | | Psychiatry patients that attend scheduled follow up appointments | - | - | | | - | - | | | 50% | 50% | ● | | 70% | 100% | ● | | 50% | 65% | ● | | 70% | Agency implemented day-before reminder calls. |
| | | Psychiatric patients not hospitalized in a 12-month period | 85% | 87% | ● | | 85% | 90% | ● | | 85% | 85% | ● | | 85% | 100% | ● | | 85% | 85% | ● | | 90% | |
| | **Hearts and Minds Center**<br>*(formerly Respite and Research for Alzheimer's Disease)*<br>FY20 Requested: $50,000<br>FY20 Approved: $50,000<br>FY19 Approved: $50,000<br>FY19 Spent: $50,000<br>New Metrics: 0 of 5 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 30 | 35 | ● | 100% | 44 | 44 | ● | 100% | 31 | 33 | ● | 100% | 44 | |
| | | Nutritional, social activity and personal care services provided | - | - | | | - | - | | | 10,500 | 15,341 | ● | | 25,500 | 32,767 | ● | | 14,500 | 15,477 | ● | | 29,500 | |
| | | Clients served who will experience a decrease in isolation of at least 1 point | - | - | | | - | - | | | N/A | N/A | | | 91% | 98% | ● | | N/A | N/A | | | 92% | |
| | | Clients who maintain and/or stabilize at least one activity of daily living (ADL) with a functioning score of 0-1 as measured by the dependency profile | - | - | | | - | - | | | 64% | 70% | ● | | 91% | 92% | ● | | 65% | 65% | ● | | 91% | |
| | | Clients who experience improved socialization as measured by attending at least 4 activities daily with a functioning score of 0-2 as measured by the dependency profile | - | - | | | - | - | | | 64% | 70% | ● | | 91% | 92% | ● | | 65% | 65% | ● | | 91% | |
| | **Teen Success, Inc.**<br>FY20 Requested: $35,000<br>FY20 Approved: $20,000<br>FY19 Approved: $20,000<br>FY19 Spent: $20,000<br>FY18 Approved: $20,000<br>FY18 Spent: $20,000<br>New Metrics: 0 of 3 | Individuals served | 10 | 10 | ● | 100% | 10 | 10 | ● | 100% | 10 | 10 | ● | 67% | 10 | 10 | ● | 100% | 7 | 7 | ● | 100% | 7 | |
| | | Services provided to teen mothers | 80 | 74 | ● | | 160 | 146 | ● | | 115 | 101 | ● | | 225 | 203 | ● | | 400 | 365 | ● | | 805 | |
| | | Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED | 95% | 92% | ● | | 95% | 93% | ● | | 85% | 86% | ● | | 95% | 93% | ● | | 85% | 89% | ● | | 90% | |
| | **Uplift**<br>*(formerly EMQ)*<br>FY20 Requested: $230,000<br>FY20 Approved: $230,000<br>FY19 Approved: $230,000<br>FY19 Spent: $230,000<br>FY18 Approved: $230,000<br>FY18 Spent: $230,000<br>New Metrics: 0 of 6 | Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations | 1,125 | 1,064 | ● | 100% | 2,900 | 2,927 | ● | 88% | 1,125 | 2,252 | ● | 50% | 2,900 | 2,790 | ● | 100% | 1,125 | 1,015 | ● | 100% | 2,900 | |
| | | Service hours provided | 1,040 | 960 | ● | | 2,290 | 2,160 | ● | | 1,040 | 724 | ● | | 2,200 | 1,993 | ● | | 940 | 865 | ● | | 2,070 | |
| | | Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues | - | - | | | - | - | | | N/A | N/A | | | 20% | 77% | ● | | N/A | N/A | | | 30% | |
| | | Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors | - | - | | | - | - | | | N/A | N/A | | | 60% | 77% | ● | | N/A | N/A | | | 60% | |
| | | Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings | - | - | | | - | - | | | N/A | N/A | | | 80% | 100% | ● | | N/A | N/A | | | 80% | |
| | | Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger | - | - | | | - | - | | | N/A | N/A | | | 80% | 79% | ● | | N/A | N/A | | | 80% | |

**Community Benefit Dashboard Notes**

**FY20**

- A metric receives a "green" indicator if performance against target is 90% - 100+%
- A metric receives a "purple" indicator if performance against target is 75% - 89%
- A metric receives a "blue" indicator if performance against target is 0% - 74%

**FY18 and FY19**

- A metric receives a "green" indicator if performance against target is 90% - 100+%
- A metric receives a "red" indicator if performance against target is 0% - 89%

**N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

# FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

| Health Priority Area | Program | FY20 Metrics | FY18 6-month target | FY18 6-month actual | | FY18 % 6-month metrics met | FY18 Annual Target | FY18 Annual Actual | | FY18 % Annual metrics met | FY19 6-month target | FY19 6-month actual | | FY19 % 6-month metrics met | FY19 Annual Target | FY19 Actual | | FY19 % Annual Metrics Met | FY20 6-month Target | FY20 6-month Actual | | % FY20 6-month Metrics Met | FY20 Annual Target | Supporting Details for Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEALTHY COMMUNITY | **Chinese Health Initiative**<br>FY20 Requested: $51,907<br>FY20 Approved: $35,000<br>FY19 Approved: $40,000<br>FY19 Spent: $40,000<br>FY 18 Approved: $30,000<br>FY18 Spent: $30,000<br>New Metrics: 0 of 3 | Individuals served | 75 | 80 | ● | 100% | 150 | 152 | ● | 100% | 75 | 76 | ● | 100% | 180 | 237 | ● | 100% | 60 | 60 | ● | 100% | 163 | |
| | | Services provided | 150 | 135 | ● | | 300 | 301 | ● | | 150 | 172 | ● | | 350 | 350 | ● | | 100 | 103 | ● | | 1,666 | |
| | | Participants who strongly agree or agree that the program's health education or screening helps them better manage their health | N/A | N/A | | | 90% | 95% | ● | | N/A | N/A | | | 92% | 92% | ● | | N/A | N/A | | | 92% | |
| | **Los Gatos Saratoga Recreation**<br>*Senior Isolation Program*<br>*FY20 Requested: $31,030*<br>*FY20 Approved: $20,000*<br>New Metrics: N/A | Individuals served | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | - | - | | New Partner in FY20 | 100 | 102 | ● | 100% | 200 | |
| | | Participants who report a decrease in social isolation | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | 65% | |
| | | Participants who report social connections have been enriched positively | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | 65% | |
| | | Participants who would recommend these programs to others | - | - | | | - | - | | | - | - | | | - | - | | | N/A | N/A | | | 65% | |
| | **Next Door Solutions**<br>FY20 Requested: $75,000<br>FY20 Approved: $75,000<br>FY19 Approved: $75,000<br>FY19 Spent: $75,000<br>FY 18 Approved: $75,000<br>FY18 Spent: $75,000<br>New Metrics: 1 of 4 | Adults served through the Comprehensive Services For Victims of Domestic Violence Program | 77 | 126 | ● | 100% | 154 | 159 | ● | 100% | 66 | 78 | ● | 100% | 132 | 132 | ● | 100% | 66 | 66 | ● | 100% | 132 | |
| | | Services provided | 564 | 819 | ● | | 1,133 | 1,293 | ● | | 566 | 621 | ● | | 1,133 | 1,245 | ● | | 279 | 345 | ● | | 560 | Agency has seen an increase in demand for domestic survivors seeking Self-Sufficiency services primarily driven by housing needs and assistance. |
| | | Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety | 80% | 93% | ● | | 80% | 94% | ● | | 80% | 92% | ● | | 80% | 93% | ● | | 80% | 92% | ● | | 80% | |
| | | Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency | - | - | | | - | - | | | - | - | | | - | - | | | 55% | 55% | ● | | 55% | |
| | **Pacific Hearing Connection**<br>FY20 Requested: $25,000<br>FY20 Approved: $25,000<br>FY19 Approved: $20,000<br>FY19 Spent: $20,000<br>New Metrics: 1 of 3 | Individuals served | - | - | | New Partner in FY19 | - | - | | New Partner in FY19 | 50 | 51 | ● | 50% | 100 | 116 | ● | 100% | 50 | 39 | ● | 67% | 100 | Agency is adding new sites in second half of grant year as current sites are not experiencing a sufficient number of new clients; expect to achieve annual targets. |
| | | Diagnostic audiology appointments | - | - | | | - | - | | | - | - | | | - | - | | | 3 | 5 | ● | | 6 | |
| | | Hearing aids fit | - | - | | | - | - | | | 9 | 6 | ● | | 20 | 18 | ● | | 5 | 5 | ● | | 14 | |
| | **South Asian Heart Center**<br>FY20 Requested: $200,000<br>FY20 Approved: $110,000<br>FY19 Approved: $170,000<br>FY19 Spent: $170,000<br>FY18 Approved: $240,000<br>FY18 Spent: $240,000<br>New Metrics: 0 of 6 | Individuals served | 208 | 222 | ● | 100% | 383 | 389 | ● | 100% | 92 | 102 | ● | 100% | 187 | 193 | ● | 100% | 61 | 66 | ● | 100% | 220 | |
| | | Services provided | 814 | 888 | ● | | 2,044 | 2,050 | ● | | 499 | 510 | ● | | 1,018 | 1,021 | ● | | 330 | 361 | ● | | 1,198 | |
| | | Improvement in average level of weekly physical activity from baseline | 19% | 21% | ● | | 20% | 21% | ● | | 20% | 22% | ● | | 21% | 22% | ● | | 20% | 19% | ● | | 21% | |
| | | Improvement in average levels of daily servings of vegetables from baseline | 18% | 20% | ● | | 20% | 20% | ● | | 19% | 19% | ● | | 20% | 20% | ● | | 19% | 20% | ● | | 20% | |
| | | Improvement in levels of HDL-C as measured by follow-up lab test | 4% | 5% | ● | | 5% | 5% | ● | | 5% | 5% | ● | | 6% | 6% | ● | | 5% | 5% | ● | | 5% | |
| | | Improvement in cholesterol ratio as measured by follow-up lab test | 7% | 7% | ● | | 7% | 7% | ● | | 6% | 6% | ● | | 7% | 7% | ● | | 6% | 7% | ● | | 6% | |
| | **West Valley Community Services**<br>*CARE*<br>*FY20 Requested: $153,000*<br>*FY20 Approved: $153,000*<br>FY19 Approved: $150,000<br>FY19 Spent: $150,000<br>FY18 Approved: $150,000<br>FY18 Spent: $150,000<br>New Metrics: 0 of 4 | Households served | 63 | 63 | ● | 100% | 122 | 122 | ● | 100% | 65 | 65 | ● | 100% | 124 | 124 | ● | 75% | 65 | 65 | ● | 100% | 125 | |
| | | Households that receive intensive Case Management services | 30 | 30 | ● | | 60 | 60 | ● | | 10 | 10 | ● | | 20 | 20 | ● | | 10 | 10 | ● | | 20 | |
| | | Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index | N/A | N/A | | | 80% | 80% | ● | | N/A | N/A | | | 80% | 80% | ● | | N/A | N/A | | | 80% | |
| | | Program participants who will improve 1 point in the health domain through supportive services | N/A | N/A | | | 80% | 80% | ● | | N/A | N/A | | | 80% | 63% | ● | | N/A | N/A | | | 60% | |
| | **West Valley Community Services**<br>*CARE Senior Services*<br>**FY20 Requested: $59,250**<br>**FY20 Approved: $35,000**<br>**FY19 Approved: $25,000**<br>**FY19 Spent: $25,000**<br>FY18 Approved: $25,000<br>FY18 Spent: $25,000<br>New Metrics: 0 of 3 | Older adults served | 10 | 10 | ● | 100% | 22 | 43 | ● | 100% | 15 | 20 | ● | 100% | 35 | 42 | ● | 100% | 25 | 25 | ● | 100% | 45 | |
| | | Encounters provided | 125 | 130 | ● | | 245 | 260 | ● | | 125 | 130 | ● | | 250 | 273 | ● | | 130 | 139 | ● | | 260 | |
| | | Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index | N/A | N/A | | | 90% | 90% | ● | | N/A | N/A | | | 90% | 90% | ● | | N/A | N/A | | | 90% | |

**Community Benefit Dashboard Notes**

**FY20**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "purple" indicator if performance against target is 75% - 89%
- ● A metric receives a "blue" indicator if performance against target is 0% - 74%

**FY18 and FY19**

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "red" indicator if performance against target is 0% - 89%

**N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year