

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

Wednesday, August 12, 2020 – 5:30pm

El Camino Hospital 2500 Grant Road Mountain View, CA 94040

PLEASE NOTE: THE BOARD OF DIRECTORS EXECUTIVE ORDER 2020 0001E MARCH 18 2020 EL CAMINO HOSPITAL WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. THE BOARD IS OPENING THE OPEN SESSION MEETING TO TELECONFERENCING:

1-669-900-9128, MEETING CODE: 369-007-4917#. No participant code. Just press #.

To watch the meeting livestream please visit: www.elcaminohealth.org/about-us/leadership/board-meeting-stream
Please note that the livestream is for **meeting viewing only** and there is a slight delay to provide public comment please use the phone number listed above.

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	Janhee Chen Board Chair		5:30 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Janhee Chen Board Chair		information 5:31 – 5:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> Written Correspondence	Janhee Chen Board Chair		information 5:32 -5:35
4. BOARD RECOGNITION <i>Resolution 2020-08</i> ATTACHMENT 4	Jan Woods CEO	<i>public comment</i>	motion required 5:35 – 5:40
5. QUALITY COMMITTEE REPORT ATTACHMENT 5	Julie Liger Quality Committee Chair Marjams MCMO		information 5:40 – 5:55
6. FINANCIAL REPORT a. 2020 Period 12 Financials Proposed 2021 Capital and Operating Budget	Michael Moody Interim CFO	<i>public comment</i>	possible motion 5:55 – 6:15
7. ADJOURN TO CLOSED SESSION	Janhee Chen Board Chair	<i>public comment</i>	motion required 6:15 – 6:25
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Janhee Chen Board Chair		information 6:25 – 6:26
9. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting 8/8/2020 Minutes of the Closed Session of the Joint Hospital Board and Finance Committee Meeting 7/27/2020 c. Minutes of the Closed Session of the Executive	Janhee Chen Board Chair		motion required 6:26 – 6:28

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.

In observance of the Americans with Disabilities Act please notify us at 650-888-504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>Compensation Committee Meeting 5/28/2020</p> <p>Information <i>Health & Safety Code Section 32155:</i> Reviewed by the Quality, Patient Care and Patient Experience Committee</p> <p>d. Annual Performance Improvement Reports: Stroke Program Anesthesia Services Palliative Care Perioperative Services</p>			
<p>10. <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report</p>	<p>Purva Marfatia, MD Enterprise Chief of Staff Michael Chan, MD Ross Santos, Chief of Staff</p>		<p>motion required 6:28 – 6:38</p>
<p>11. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator and boards: - 2021 Organizational Performance Goals</p>	<p>Mathryn Wiseman, CHRO</p>		<p>discussion 6:38– 6:53</p>
<p>12. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: - 2021 Strategic Plan Metrics</p>	<p>Chan Woods, CEO</p>		<p>discussion 6:53 – 7:38</p>
<p>13. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: - CEO Report on Legal Updates Free Programs and Services and Personnel</p>	<p>Chan Woods, CEO</p>		<p>discussion 7:38 – 7:43</p>
<p>14. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CEO: - Executive Session: CEO Performance Review</p>	<p>Manhee Chen, Board Chair</p>		<p>discussion 7:43 – 8:03</p>
<p>15. ADJOURN TO OPEN SESSION</p>	<p>Manhee Chen, Board Chair</p>		<p>motion required 8:03 – 8:04</p>
<p>16. RECONVENE OPEN SESSION/ REPORT OUT Do report any required disclosures regarding permissible actions taken during Closed Session.</p>	<p>Manhee Chen, Board Chair</p>		<p>information 8:04 – 8:05</p>
<p>17. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i></p>	<p>Manhee Chen, Board Chair</p>	<p>public comment</p>	<p>motion required 8:05 – 8:08</p>
<p>Approval</p> <p>a. Minutes of the Open Session of the Hospital Board Meeting 8/8/2020 b. Minutes of the Open Session of the Hospital Board Meeting 8/27/2020 c. Minutes of the Open Session of the Joint</p>			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>Hospital Board and Finance Committee Meeting 8/2/2020</p> <p>d. Designation of Applicant's Agent for Non-State Agencies</p> <p><i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i></p> <p>e. Minutes of the Open Session of the Executive Compensation Committee Meeting 5/28/2020</p> <p><i>Reviewed and Recommended for Approval by the Finance Committee</i></p> <p>f. 2020 Period 11 Financials</p> <p>g. EHR Reading Panel Renewal Agreements</p> <p>h. Gastroenterology Panel M</p> <p>i. Radiation Oncology Equipment Replacement – Updated Funding Request</p> <p><i>Reviewed and Recommended for Approval by the Governance Committee</i></p> <p>□ October 2020 Joint Board and Committee Education Session</p>			
<p><i>Reviewed and Recommended for Approval by the Medical Executive Committee</i></p> <p>□ Medical Staff Report</p> <p><i>Information</i></p> <p>l. Finance Committee Approvals</p> <p>m. Executive Compensation Committee Approvals</p>			
<p>18. FY21 ORGANIZATIONAL PERFORMANCE GOALS ATTACHMENT 18</p>	<p>Manhee Chen Board Chair</p>	<p>public comment</p>	<p>possible motion 8:08 – 8:10</p>
<p>19. CEO REPORT ATTACHMENT 19</p>	<p>Man Oods CEO</p>		<p>information 8:10 – 8:13</p>
<p>20. BOARD COMMENTS</p>	<p>Manhee Chen Board Chair</p>		<p>information 8:13 – 8:14</p>
<p>21. ADJOURNMENT</p>	<p>Manhee Chen Board Chair</p>	<p>public comment</p>	<p>motion required 8:14 – 8:15pm</p>

Upcoming Regular Meetings: September 1, 2020 October 14, 2020 November 11, 2020 December 1, 2020 February 10, 2021 March 10, 2021 April 1, 2021 May 12, 2021 June 1, 2021

EL CAMINO HOSPITAL BOARD

RESOLUTION 2020-08

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

WHEREAS, the Board of Directors of El Camino Hospital values and wishes to recognize on an ongoing basis the contribution of individuals who enhance the experience of the hospital's patients, their families, the community and the staff, as well as individuals who in their efforts exemplify El Camino Hospital's mission and values.

WHEREAS, the Board wishes to honor and acknowledge all those involved in making COVID-19 diagnostic testing available to patients, staff, physicians, and community members. Since the beginning of the pandemic, El Camino Health's care teams have advocated for testing and multidisciplinary teams have worked to make testing more widely available.

Initially, only patients presenting with symptoms who met certain criteria could be tested. Once it was identified that the virus was spreading in the community, the hospital worked to expand testing for patients. Now, anyone presenting in the emergency room with symptoms and all patients coming in for a procedure or to give birth are tested for COVID-19.

To ensure staff caring for and interacting with patients are healthy, diagnostic testing has also been made available to all employees.

Additionally, a cross-functional team was brought together to develop a way to conduct community-wide asymptomatic testing for El Camino Healthcare District. The team has established a testing site on the Mountain View hospital campus and is in the process of launching pop-up testing sites at local organizations.

WHEREAS, the Board would like to commend the multidisciplinary teams for their collaboration and innovation in setting up testing for patients, staff, physicians, and community members.

NOW THEREFORE BE IT RESOLVED that the Board does formally and unanimously pay tribute to:

**Employee Wellness & Health Services, Finance, Government Relations, Human Resources, IT,
Laboratory Services, Marketing & Communications, Nursing, Physicians, South Asian Heart Center**

IN WITNESS THEREOF, I have here unto set my hand this **12TH DAY OF AUGUST, 2020**.

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Peter C. Fung, MD
Gary Kalbach

Julie Kliger
Julia E. Miller
Bob Rebitzer
Jack Po, MD, PhD

George O. Ting, MD
Don Watters
John Zoglin

JULIA E. MILLER
SECRETARY/TREASURER,
EL CAMINO HOSPITAL BOARD OF DIRECTORS



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

To: El Camino Hospital Board of Directors
From: Julie Kliger, MPA, BSN, Quality Committee Chair
Mark Adams, MD, CMO
Date: August 12, 2020
Subject: Quality, Patient Care and Patient Experience Committee Report

Purpose:

To inform the Board of the work of the Quality Committee.

Summary:

1. Several items from the consent agenda were extracted for discussion. One item was the C. Difficile infection (CDI) rate which continues to remain above target and shows volatility. The three main areas of intervention to address this include adequate and proper room turnover cleaning, universal hand washing, and proper assessment and documentation of those patients who are admitted with CDI but are not identified which then counts as a new infection. The fluctuation in door to treatment times for stroke patients was discussed. There are many variables that are being addressed some of which are complicated by our relatively low volume of cases.
2. Cheryl Reinking, RN, CNO, presented a recent patient experience letter of appreciation. This career nurse who had never been hospitalized prior to this episode was effusive in her praise of everyone who cared for her throughout her stay. Referring to the clinical team: “While all this may seem like, “just doing my job,” it was the way each of them did what they did that made the difference for me.”
3. Mark Adams, MD, CMO, presented the El Camino Health Medical Network (ECHMN) HEDIS Composite Score methodology, analysis, and target for FY21. The ECHMN quality improvement structure and function was briefly reviewed in follow up to an in depth report provided at the last Quality Committee meeting. The eight measures were selected by cross walking the various quality programs such as MIPS and HEDIS then correlated to importance for patient care management. A quantitative scoring system was generated based on national standards. The current ECHMN HEDIS Composite Score is 2.75 which will serve as the baseline. The FY21 target is 3.0. This composite score will be used for the organizational performance goal and the measures will be used to award the ECHMN physician quality incentive compensation.
4. Dr. Adams presented the final version of the proposed Board quality dashboard to be reviewed by the Board of Directors on a quarterly basis. The Quality Committee will continue to review the more sophisticated control charts and more detailed analysis of topics requiring attention but the Board will receive the new dashboard as a part of the Quality Committee Report. The intent is to review those areas of potential concern. With this edition, there are several areas below target. As seen in the enterprise quality and safety control chart dashboard, the sepsis mortality index has increased over the past few months. Each death has been carefully and thoroughly reviewed looking for root or common causation. There have been cases where the SEP-1 bundle elements have not been fully deployed. During the pandemic, many patients have waited too long to seek medical care which has resulted in more end stage sepsis patients appearing for treatment creating a challenge in reversing the pathophysiology. An additional challenge has been the need to limit fluid resuscitation in COVID-19 patients to prevent pulmonary complications. More emphasis will be placed on application of the bundle in the right circumstances. As noted in the enterprise

quality control chart dashboard, C. Difficile Infection (CDI) has been higher than goal although the trend is downward with some months at zero including June. Continued reinforcement of infection control measures is necessary to further reduce this HAI. Otherwise, HAI metrics are improved and the most recent CMS Hospital Acquired Conditions [HAC] penalty program results are completed and El Camino will receive no penalty in that program which is great news. The enterprise PC-01, pre-term elective deliveries, is above target and will require continued effort to decrease that metric. PC-02, NTSV C-Section, has been hovering near the target and will also require continued vigilance. In the efficient category, there has been a change in how the LOS is measured. The arithmetic observed LOS/Geometric expected LOS index was being generated by 3M through the finance department. We have terminated our 3M contract so now are obtaining this index through our Premier Care Science match that which had been provided by 3M. Basically, the 3M index of 1.0 roughly corresponds to a Premier Care Science index of 1.3. We will need to reset the target for the future accordingly. Finally, there are several categories in patient experience that are near but below target. Several initiatives are being deployed to improve those scores such as post discharge phone calls, a new WeCare program to enhance communication with patients, and more emphasis on discharge information/communication. In the ambulatory space, the ECHMN uses Net Promotor Score (NPS) which is close but below target.

5. Dr. Adams provided a copy of the most recent iteration of the proposed FY21 organizational performance goals. The Committee previously approved the measures with the actual metrics to be determined when the FY20 baselines are available in September. The baseline for the Serious Safety Event Rate for the six months from December 2019, to May 2020 was calculated at 4.16. However, the three most recent months with the pandemic induced extremely low census may have seriously distorted this number. When organizations begin the High Reliability Organization (HRO) journey the SSER often increases before it decreases. We are committing to reduce it in the current proposal. A concern was expressed from management that starting out with an possibly artificially low baseline with a target that may be difficult to reach might have a negative impact on those working on the goal and could impair engagement to continue the hard work of becoming an HRO. Management therefore recommended that the starting point (used as baseline) be set at 5.0 instead. The Committee did not agree and voted to recommend that the lower 4.16 baseline be used. An adjustment was made to the targets instead so that the minimum will be set at 5.0, the target at 4.0, and the maximum at an additional 10% improvement which would be 3.6. The Organizational Performance Goal Chart can be found later in the packet under Item 18.

Attachments: Quarterly Board Quality dashboard based on STEEEP

Quarterly Board Quality Dashboard (STEEP Dashboard) FY 20 End of Q4

Quality Domain	Metric	Baseline	Target	Performance				
		FY 19	FY 20	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FYTD 20 thru June
Safe Care	Risk Adjusted Mortality Index	0.97	≤ 0.90	0.61	0.78	0.76	0.69	0.73
	Sepsis Mortality Index	1.06	≤ 0.90	0.69	0.98	1.01	1.05	0.98
	% of Serious Safety Events (SSEs) Classified (New program began categorization 12/1/19)	New Program	Establish baseline	Began 12/1/19	100% (Dec only)	100% (Jan & Feb)	100%	100%
	95% classified in ≤30-days							
	Surgical Site Infections (SSI)	0.52	SIR ≤1.0 NHSN ratio	0.22	0.28	0.60	0.37	0.36
	Catheter Associated Urinary Tract Infection (CAUTI) - HAI	1.09	SIR ≤0.75 NHSN ratio	0.27	0.77	0.26	0.67	0.48
	Central Line Associated Blood Stream Infection (CLABSI) - HAI	0.36	SIR ≤0.50 NHSN ratio	0.39	0.00	0.36	0.00	0.20
	Clostridium Difficile Infection (CDI) - HAI	1.96	SIR Goal: ≤ 0.70	1.58	1.18	1.59	1.52	1.46
Modified PSI-90 CMS HAC Reduction Program	0.71	1.02	1.010	0.899	0.965	0.991	0.919	
Timely	Enterprise Patient Throughput - ED Door to Admit Order	205 min	TBD	188 min	187 min	197 min	185 min	190 min
	Patient Throughput - Median Time Arrival to ED Departure	284 min	266 min	256 min	252 min	270 min	252 min	257 min
	OP18b - Median Time from ED Arrival to ED Departure for Discharged ED patients	CY18 183 min	CY19 <180 min	163 min	164 min	168.5 min	169 min (Apr & May)	167 min
Effective	Risk Adjusted Readmissions Index	0.99		≤ 0.96	0.96	1.06	0.92	0.84 (Apr & May)
	CMS SEP-1 Compliance Rate	74%	≥ 80%	82.6%	70.0%	68.0%	55% (Apr & May)	70.86%
	PC-01 Elective Delivery Prior to 39 Weeks Gestation	ENT: 0.99%	0.00%	0%	2.08%	0.99%	3.28% (Apr & May)	1.39%
		(4/404)		(0/103)	(2/96)	(1/101)	(2/61)	(5/361)
	PC-02 NTSV C-Section	ENT: 24.9%	≤ 23.9%	23.97%	22.55%	24.56%	25.45% (Apr & May)	24.00%
	SVMD: CMS 165 Controlling High Blood Pressure (New)	48.7% (470/966) (CY19)	TBD	49.1%	49.7%	51.7%	49.32%	51.2%
	ECMA: CMS 165 Controlling High Blood Pressure	43.1% (767/1778) (CY 19)	TBD	43.9%	43.4%	54.4%	54.28%	50.4%
	SVMD: CMS 122 Diabetes Hemoglobin A1c Poor Control (New)	48.6% (1081/2223) (CY 19)	TBD	46.9%	46.7%	48.7%	39.60%	43.3%
ECMA: CMS 122 Diabetes Hemoglobin A1c Poor Control	43.1% (402/933) (CY 19)	TBD	38.5%	41.3%	51.0%	47.62%	43.6%	
Efficient	Arithmetic Observed LOS/ Geometric Expected LOS	1.08	1.00	1.32	1.26	1.34	1.30	1.32
	MSPB-1 Medicare Spending per Beneficiary (CMS)	0.99 (CY 16)	0.89 (best decile all hospitals CY 18)	0.99 (CY 18) 4Q 2019	None Annual data only			0.99
Equitable	Hospital Charity Care Support	\$21.6m	\$23.0m	\$6.8m	\$6.6m	\$5.8m	\$8.2m	\$20.5m
	Clinic Charity Care Support	\$18k	TBD	\$9.8k	\$7.8k	\$10.6k	16.0k	44.3k
	Language Line Unmet Requests (data collection started Q2)	4.60%	<5%	Began Q2	2.90%	0.09%	0.65%	0.34%
	Length of Stay Disparity (Top 3 races) 40% patients did not report their race	African American	None	4.09	3.97	4.18	3.89	4.05
White		3.67		3.76	4.02	3.74	3.79	
Asian American		3.65		3.04	3.75	4.33	3.64	
Patient-centered	HCAHPS: Staff Responsiveness	65.7	≥ 67.1	66.4	69.1	63.6	69.0	66.5
	HCAHPS: Discharge Information	86.7	≥ 87.3	86.9	88.0	88.1	86.2	87.2
	HCAHPS: Likelihood to Recommend	83.5	≥ 84.2	83.2	82.7	83.3	82.27	83.4
	Emergency Department (ED) Satisfaction	66	≥ 69.0	70.6	70.8	70.9	77.1	70.7
	OAS CAHPS: Rating 9's & 10's	43 rd %tile	≥ 35 th %tile	41 %tile	52 %tile	41 %tile	47th %tile	32nd %tile
	NRC Net Promoter Score	71.9 NPS	78.8 NPS	74.4	70.4	71.1	73.2	72.3

Report updated 7/20/20



El Camino Health

Summary of Financial Operations

Fiscal Year 2020 – Period 12

7/1/2019 to 6/30/2020

Period 12 Overview

- The month of June includes certain year-end adjustments that distort the monthly results
 - Included in this presentation is a pro-forma reconciliation to show the June operating results without these adjustments
 - The results for June, without the year-end adjustments, are favorable in comparison to both the prior months and the budget
 - ***The Operating Gain is favorable by \$2.3 million***
- The year-end adjustments are significant and approximately 67% of the adjustments are the result of year-end actuary studies

Consolidated Statement of Operations (\$000s)

Period ending 06/30/2020

Period 12 FY 2019	Period 12 FY 2020	Period 12 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
294,309	308,375	331,617	(23,242)	(7.0%)	Gross Revenue	3,552,081	3,648,324	3,849,558	(201,235)	(5.2%)
(208,746)	(222,670)	(245,544)	22,874	9.3%	Deductions	(2,600,260)	(2,680,668)	(2,845,881)	165,212	5.8%
85,563	85,705	86,073	(368)	(0.4%)	Net Patient Revenue	951,821	967,655	1,003,678	(36,023)	(3.6%)
7,346	8,148	4,482	3,666	81.8%	Other Operating Revenue	47,026	55,919	54,496	1,423	2.6%
92,909	93,853	90,555	3,298	3.6%	Total Operating Revenue	998,847	1,023,574	1,058,173	(34,599)	(3.3%)
					OPERATING EXPENSE					
39,162	35,508	46,999	11,491	24.4%	Salaries & Wages	512,087	543,403	557,655	14,252	2.6%
12,106	11,412	12,818	1,406	11.0%	Supplies	138,555	152,491	146,796	(5,695)	(3.9%)
21,465	16,377	13,470	(2,907)	(21.6%)	Fees & Purchased Services	143,194	173,431	157,562	(15,870)	(10.1%)
4,184	3,460	3,524	64	1.8%	Other Operating Expense	34,742	44,227	45,996	1,769	3.8%
369	1,399	1,428	29	2.0%	Interest	4,240	9,449	11,939	2,490	20.9%
4,401	4,428	5,208	780	15.0%	Depreciation	52,181	53,982	59,463	5,481	9.2%
81,686	72,583	83,447	10,864	13.0%	Total Operating Expense	884,998	976,984	979,411	2,427	0.2%
11,223	21,270	7,108	14,162	199.2%	Net Operating Margin	113,849	46,590	78,762	(32,172)	(40.8%)
23,039	33,538	3,300	30,238	916.3%	Non Operating Income	53,048	66,819	38,196	28,624	74.9%
34,262	54,808	10,408	44,400	426.6%	Net Margin	166,896	113,410	116,958	(3,549)	(3.0%)
17.2%	28.9%	15.2%	13.7%		EBITDA	17.0%	10.7%	14.2%	(3.4%)	
12.1%	22.7%	7.8%	14.8%		Operating Margin	11.4%	4.6%	7.4%	(2.9%)	
36.9%	58.4%	11.5%	46.9%		Net Margin	16.7%	11.1%	11.1%	0.0%	

June Pro-Forma results (000's)

Description	Amount	Commentary
Consolidated Operating Gain	\$ 21,270	
YEAR END ADJUSTMENTS:		
Inter Government Transfer Revenue	2,580	Budgeted In May
Foundation transfer of COVID funds	1,160	Fund balance transfer from restricted
Pension Liability adjustment	6,023	Actuary calculated
Workers' Compensation liability adjustment	1,818	Actuary calculated
COVID related expenses		
Salaries, Wages & Benefits	(501)	COVID related direct costs
Supplies	(159)	COVID related direct costs
Purchased Services	(806)	COVID related direct costs
Depreciation true-up for Behavioral Bldg. & MOB	1,000	Timing of building opening
Other year-end true-ups	788	Final reconciliations & Accruals
Total of Year-end adjustments	<u>11,903</u>	
June Pro-Forma Operating Income	\$ 9,367	
Budgeted Operating Income	<u>\$ 7,108</u>	
Favorable Operating Gain Variance	<u><u>\$ 2,259</u></u>	

Financial Overview - June

Financial Performance

- Operating Gain excluded the pro-forma adjustments was \$9.4M, compared to a budgeted Operating Gain of \$7.1M. Revenues approximated the budget while expenses were favorable. The drivers are:
 - Volumes and Revenues continue to improve but remain below pre Covid levels
 - Adjusted Discharges are 260 cases or 9% below budget
 - Gross charges are \$23M or 7% below budget
 - Higher mix of procedural cases drove Net Revenue per Adjusted Discharge 9.5% higher than budget (see slide 8)
 - Operating Expenses are favorable to budget, excluding year-end adjustments, by \$2.7M
 - Salaries, Wages & Benefits were favorable by \$3.7M (8%)
 - Supplies were favorable by \$1.4M (11%)
 - Fees & Purchased Services were unfavorable \$2.1M (15%)
- Non Operating Income is favorable to the budget by \$30.2M which is driven by:
 - A mark-to-market positive adjustment of approximately \$30.0M due to unrealized gains in equity and fixed income positions during the month.

Financial Overview – June cont.

Financial Performance

Hospitals

- Adjusted Discharges (AD) unfavorable to budget by 260 ADs (9%) and unfavorable to prior year by 357 AD's
- This volume generated revenues at budget levels
 - Mountain View: Unfavorable to budget by 254 ADs (10%) and unfavorable to prior year by 417 AD's
 - Los Gatos: Unfavorable to budget by 6 ADs (1%) and favorable to prior year by 61 AD's
- Operating Expense* Per Adjusted Discharge was \$21,056 which is 6% below budget
- Excluding the year-end adjustments, the Operating Expense* Per Adjusted Discharge was \$23,625 which is 6% above budget
 - * Excluding Depreciation and Interest

El Camino Health Medical Network

- Visits, including Telehealth were 18,478 for June, 12% higher than the average monthly visit volume prior to the COVID pandemic
- Additionally, the collection percentage increased by 16% from May causing a positive adjustment to Net Revenue

Consolidated Balance Sheet

(in thousands) ASSETS

	Audited	
	June 30, 2020	June 30, 2019
CURRENT ASSETS		
Cash	228,464	124,912
Short Term Investments	222,095	177,165
Patient Accounts Receivable, net	116,523	132,198
Other Accounts and Notes Receivable	10,811	5,058
Intercompany Receivables	72,515	8,549
Inventories and Prepays	101,267	64,093
Total Current Assets	751,675	511,976
BOARD DESIGNATED ASSETS		
Foundation Board Designated	15,364	16,895
Plant & Equipment Fund	169,236	171,304
Women's Hospital Expansion	22,563	15,472
Operational Reserve Fund	148,917	139,057
Community Benefit Fund	17,916	18,260
Workers Compensation Reserve Fund	16,482	20,732
Postretirement Health/Life Reserve Fund	30,731	29,480
PTO Liability Fund	27,515	26,149
Malpractice Reserve Fund	1,965	1,831
Catastrophic Reserves Fund	17,667	19,678
Total Board Designated Assets	468,356	458,857
FUNDS HELD BY TRUSTEE	23,478	83,073
LONG TERM INVESTMENTS	383,699	375,729
CHARITABLE GIFT ANNUITY INVESTMENTS	680	602
INVESTMENTS IN AFFILIATES	29,065	38,532
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,831,861	1,692,693
Less: Accumulated Depreciation	(676,535)	(622,877)
Property, Plant & Equipment - Net	1,155,326	1,069,816
DEFERRED OUTFLOWS	20,952	33,876
RESTRICTED ASSETS	28,823	24,279
OTHER ASSETS	3,231	1,036
TOTAL ASSETS	2,865,283	2,597,775

LIABILITIES AND FUND BALANCE

	Audited	
	June 30, 2020	June 30, 2019
CURRENT LIABILITIES		
Accounts Payable	35,323	38,390
Salaries and Related Liabilities	35,209	30,296
Accrued PTO	28,124	26,502
Third Party Settlements	10,956	11,331
Intercompany Payables	70,214	8,464
Bonds Payable - Current	9,020	8,630
Bond Interest Payable	8,463	12,775
Other Liabilities	7,082	14,577
Total Current Liabilities	204,391	150,966
LONG TERM LIABILITIES		
Post Retirement Benefits	30,731	29,480
Worker's Comp Reserve	16,482	18,432
Other L/T Obligation (Asbestos)	4,094	3,975
Bond Payable	508,002	507,531
Total Long Term Liabilities	559,308	559,417
DEFERRED REVENUE-UNRESTRICTED	77,133	1,113
DEFERRED INFLOW OF RESOURCES	31,221	13,715
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,775,990	1,389,510
Board Designated	188,542	458,839
Restricted	28,697	24,215
Total Fund Bal & Capital Accts	1,993,229	1,872,563
TOTAL LIABILITIES AND FUND BALANCE	2,865,283	2,597,775

Statement of Cash Flows

	MTD	YTD
Cash from Operations		
Net Income	\$54,808	\$113,410
add Depreciation	\$4,428	\$53,658
(Increase) decrease in working capital:		
Accounts Receivable	(6,499)	15,670
Inventory & Prepays	386	654
Other AR and Notes Receivable	(2,803)	(69,986)
Accounts Payable	2,038	42,853
Payroll, PTO and Related Liabilities	8,793	6,294
Third Party Settlements	719	(200)
Short Term Leases	2,924	(352)
Bonds Current & Interest Payable	1,693	(737)
<u>Net Cash Flow s From Operations</u>	<u>7,251</u>	<u>(5,804)</u>
Net Cash Provided by (used in) Operations	66,487	161,264
Investing Cash flow s		
Board Designated Assets & Investments	(2,711)	43,980
Investment in Affiliates	718	9,467
Property Plant & Equipment	(2,534)	(123,256)
Other Assets	(22,103)	(31,724)
<u>Net Cash Provided by (used in) Investing</u>	<u>(26,629)</u>	<u>(101,533)</u>
Financing Cash Flow s		
Deferred Revenues / Income	18,345	93,973
Increase (decrease) in Debt	(5,208)	(10,770)
Deferred Inflow s of Resources	-	-
Fund Balance Transfers	(1,441)	5,548
<u>Net Cash Provided by (used in) Financing</u>	<u>\$11,696</u>	<u>\$88,751</u>
Total Cash Increase (Decrease)	\$51,554	\$148,482
Starting Cash Balance	\$399,006	\$302,077
Total Cash Increase (Decrease)	\$51,554	\$148,482
Ending Cash Balance	\$450,559	\$450,559

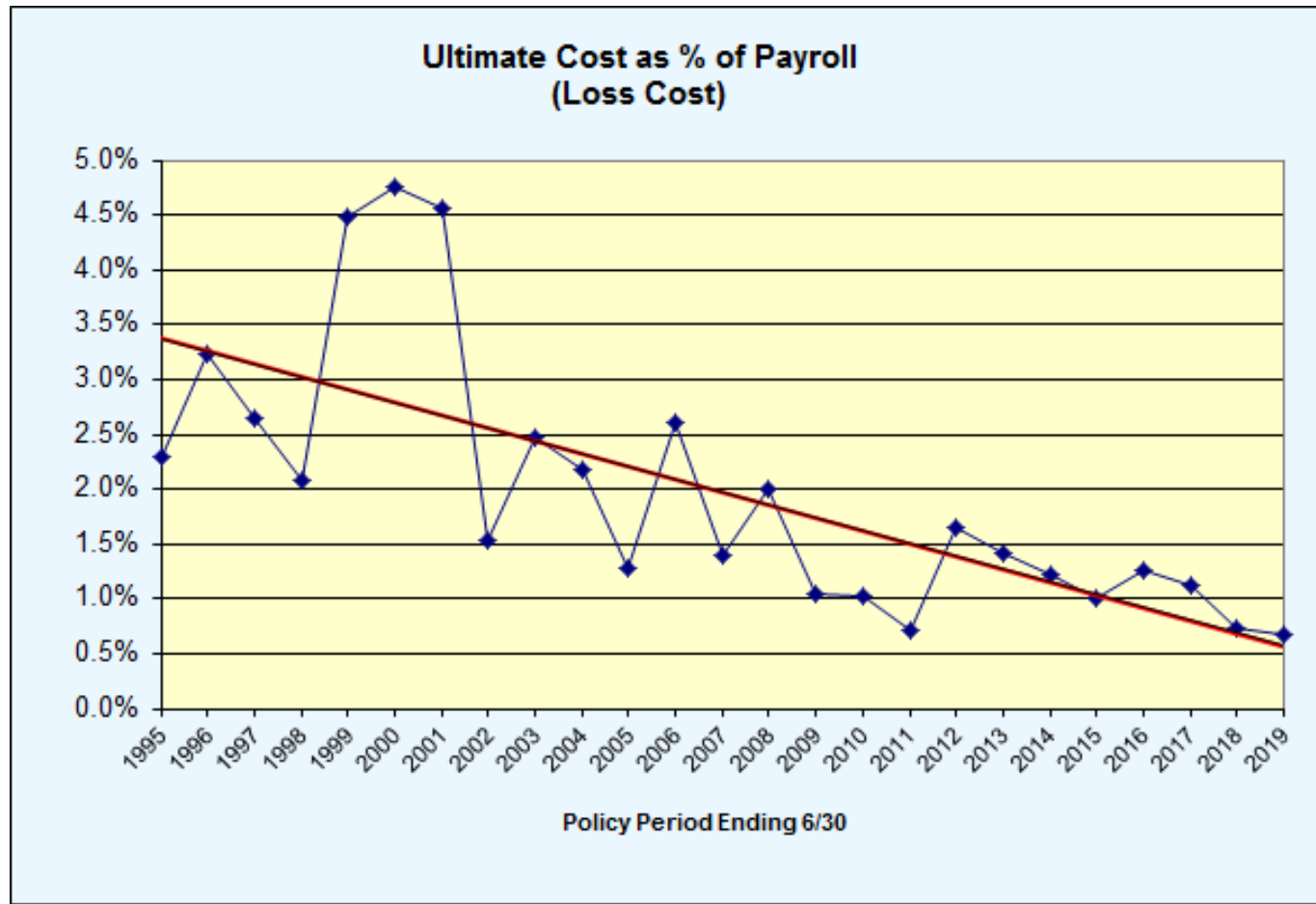
APPENDIX

Dashboard - as of June 30, 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	92,909	93,853	90,555	3,298	998,847	1,023,574	1,058,173	(34,599)
Operating Expenses	81,686	72,583	83,447	10,864	884,998	976,984	979,411	2,427
Operating Margin \$	11,223	21,270	7,108	14,162	113,849	46,590	78,762	(32,172)
Operating Margin %	12.1%	22.7%	7.8%	14.8%	11.4%	4.6%	7.4%	(2.9%)
EBIDA \$	15,993	27,097	13,744	13,352	170,270	110,021	150,164	(40,143)
EBIDA %	17.2%	28.9%	15.2%	13.7%	17.0%	10.7%	14.2%	(3.4%)
Hospital Volume								
Licensed Beds	443	454	443	11	443	444	443	1
ADC	236	212	256	(44)	242	227	242	(16)
Utilization MV	65%	54%	70%	(15.9%)	66%	61%	66%	(4.5%)
Utilization LG	30%	31%	33%	(1.4%)	30%	30%	32%	(1.7%)
Utilization Combined	53%	47%	58%	(11.1%)	55%	51%	55%	(3.6%)
Adjusted Discharges	3,149	2,791	3,052	(261)	35,538	35,326	36,126	(800)
Total Discharges (Excl NNB)	1,696	1,424	1,680	(256)	19,730	18,967	19,740	(773)
Total Discharges	2,024	1,739	2,021	(282)	23,767	23,073	23,817	(744)
Inpatient Cases								
MS Discharges	1,187	961	1,137	(176)	13,744	12,931	13,472	(541)
Deliveries	348	336	357	(21)	4,283	4,340	4,275	65
BHS	112	82	136	(54)	1,181	1,154	1,407	(253)
Rehab	49	45	50	(5)	522	542	586	(44)
Outpatient Cases								
ED	4,144	2,743	3,933	(1,190)	48,454	42,846	47,737	(4,891)
Procedural Cases								
OP Surg	426	363	445	(82)	5,023	4,771	5,155	(384)
Endo	247	195	241	(46)	2,662	2,295	2,792	(497)
Interventional	162	176	178	(2)	2,179	1,988	2,254	(266)
All Other	7,550	9,556	8,700	856	92,300	97,196	99,852	(2,656)
Hospital Payor Mix								
Medicare	49.1%	48.4%	48.5%	(0.1%)	49.0%	48.6%	48.6%	0.0%
Medi-Cal	7.3%	6.3%	8.1%	(1.8%)	8.0%	7.4%	8.1%	(0.7%)
Commercial IP	19.1%	19.5%	20.8%	(1.3%)	20.0%	20.2%	20.4%	(0.2%)
Commercial OP	21.3%	23.4%	20.3%	3.1%	20.7%	21.4%	20.6%	0.8%
Total Commercial	40.4%	42.9%	41.1%	1.8%	40.7%	41.5%	41.0%	0.6%
Other	3.2%	2.4%	2.2%	0.2%	2.4%	2.4%	2.3%	0.1%
Hospital Cost								
Total FTE	2,752.9	2,668.0	2,696.2	28.2	2,682.2	2,762.7	2,721.2	(41.5)
Productive Hrs/APD	31.6	32.2	30.6	(1.6)	30.6	32.6	31.4	(1.2)
Consolidated Balance Sheet								
Net Days in AR	46.2	50.4	49.0	(1.4)	46.2	50.4	49.0	(1.4)
Days Cash	507	525	435	89	507	525	435	89

*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.

Workers' Compensation Ultimate Loss Trend



The Ultimate Loss Trend for Workers' Compensation costs being below 1% of payroll and the downward slope of the cost is the driver of the favorable year-end adjustment to Worker's Compensation expense.

Procedural Volume & Revenue Trend



A higher concentration of Outpatient procedural cases over the last few months has generated higher overall Revenue.



FY 21 Forecast & Budget Presentation

*ECH Board of Directors
August 12, 2020*

Objectives

- Present baseline budget for FY21
 - Based on the FY21 forecast version 1
- Discuss the drivers and key assumptions being presented and the inherent risks
- Have an interactive discussion during this presentation

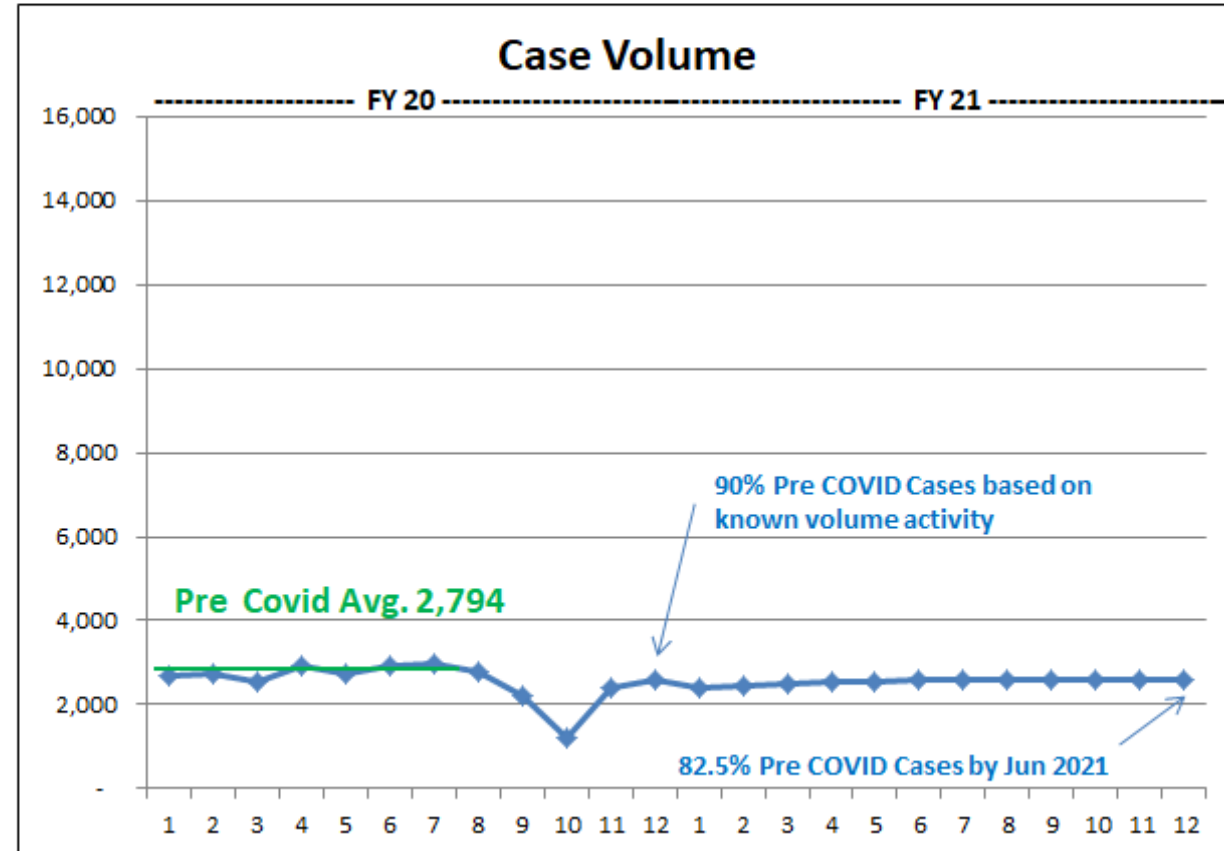
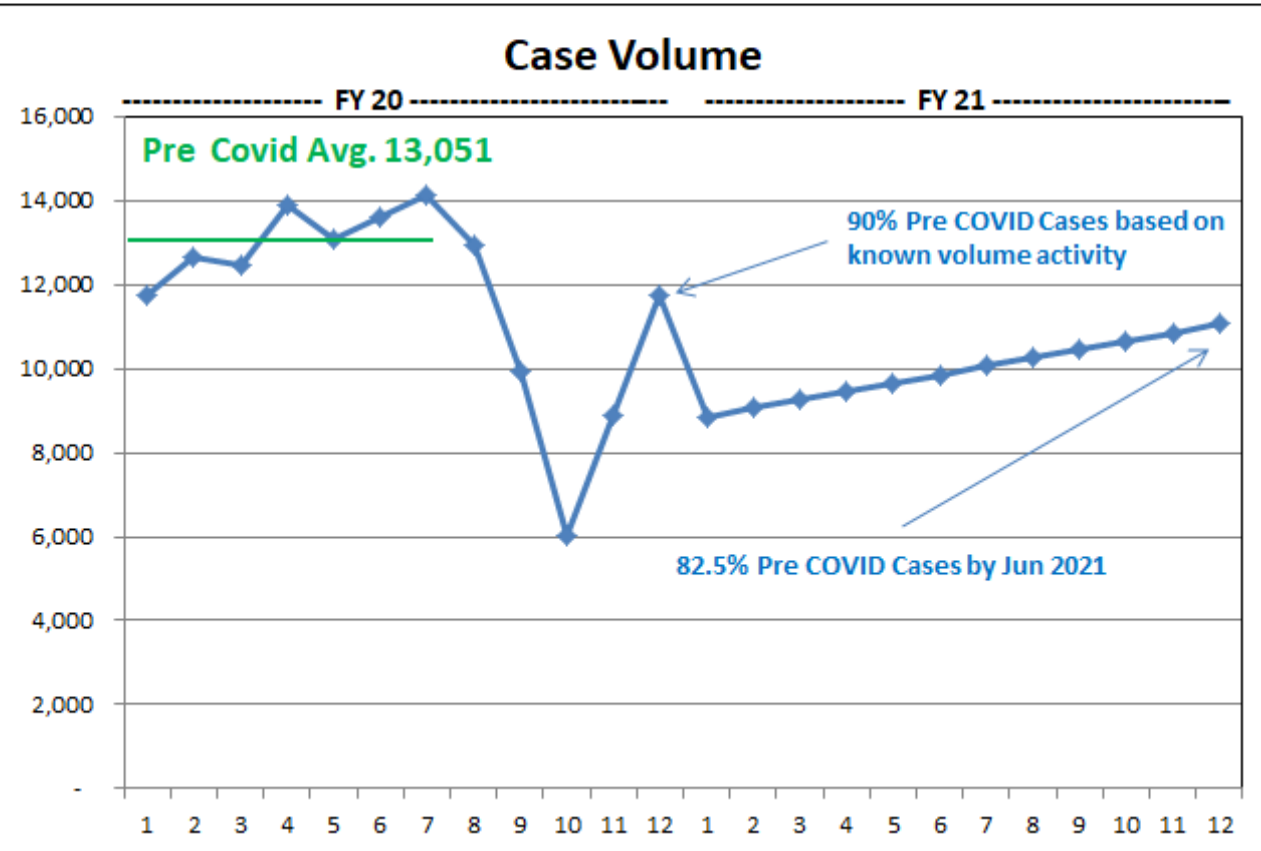
El Camino Hospitals

Key Assumptions

Financial Forecast Update – Hospital Overall Volumes

Mountain View

Los Gatos



Key Assumptions P L

Category	Item Description	Assumptions	Comments
Revenue - Net Patient Revenue	By Product & Payor	Driven by historical net revenue per case	Includes contract increase assumptions July 1
Revenue - General	Rate increase	3% annually for HMO/PPO payer, 1% for Gov't. Overall 2.6% (Current Plan)	Affordability - to remain mid-market
	Payor Mix	Based on Actual July-May Experience	Held flat through projection period.

Key Assumptions PL

Category	Item Description	Assumptions	Comments
Labor - Salaries	Variable Departments	FY20 Budget Productivity Targets applied with adjustments made for FY20 approved additions/changes	Productivity metric applied to projected departmental volumes to arrive at productive FTEs. Annual Wage increases included
	Fixed Departments	Held flat at current levels	Model will allow for projected flexing Annual wage increases included
Labor - Benefits	All Departments	Overall Hospitals Benefits rate established based on July19- April 20 actuals	Benefit rate applied to projected Salaries
Inflation/Other	Wages and benefits	Inflation: 3.0%	Per contractual obligation and historical trend
	Pharmacy	Inflation: 4.2%	From GPO. Includes inflation and utilization of lower cost alternatives
	Supplies	Inflation: 2.0%	From GPO
	Purchased Services/Consulting	Overall Reduction: 10%	

ECHMN

□ey Assumptions

Key Assumptions Volume

Category	Timeframe	Method
Visits and Activity from Operating Revenues	<ul style="list-style-type: none"> <li data-bbox="588 339 835 368">• FY20 Actual <li data-bbox="588 515 1003 544">• FY21 Forecast/ Budget 	<ul style="list-style-type: none"> <li data-bbox="1047 339 2015 368">• Includes FY 20 actuals through May with estimates for June <li data-bbox="1047 515 2308 594">• FY 21 Forecast based on July 2019 – January 2020 Actuals annualized for same store practices plus new providers added. <li data-bbox="1047 651 2321 729">• July 2020 – September 2020: Monthly volume growth forecast to achieve 85% of pre Covid volume levels (Jul 2019 – Feb 2020) <li data-bbox="1047 772 2295 851">• October 2020 – December 2020: Monthly volume growth forecast to achieve 100% of pre Covid volume levels <li data-bbox="1047 908 2295 986">• January 2021 – June 2021: Monthly volume growth forecast to achieve 105% of pre Covid volume levels

Key Assumptions PL

Category	Item Description	Assumptions	Comments
Patient Revenue - Charges	By Specialty and Provider	Driven by historical charge per visit by provider	Adjusted for changes in physicians.
Net Patient Revenue	Rate Increase and Revenue Cycle Improvements	Historical PPO reimbursement levels adjusted for FY 21 contract improvements and 1% annual update for Medicare funded programs	Adds \$2.5M in PPO plan reimbursement and \$82K from Medicare
	Payor Mix	Based on Actual July-April historical payor mix	Held flat through FY 21
Premium Revenue	Managed Care	Lives and premium revenues at current levels	May be opportunity to add plans and lives during second half of fiscal year.
Hospitalist / Intensivist Program	County of Santa Clara contract	Based on proposal submitted to County	Currently awaiting notice from County as to status of proposal. Contract renewal may be at risk.

Key Assumptions PL

Category	Item Description	Assumptions	Comments
Labor - Salaries	Clinic Departments	Staffing levels at required levels by department and projected volumes	Includes restructure of Willow Glen Urgent Care department
	Represented Staff	Adjusted current below market rates to reflect potential impact from negotiations	Adds approximately \$1.7M in salary and benefit costs
	Open Positions	Open positions will be frozen	Reduces operating loss by \$1.4M
Labor – Benefits	All Departments	Overall benefit rate established based on July 19- April 20 actuals	Benefit rate applied to projected salaries
Inflation	Wages and benefits	3%	Based on organizational estimate
Lab Draw Stations	Service to be outsourced	All lab draw stations to be outsourced to third party.	Reduces annual operating loss by \$1M

Capital Budget

Routine Capital Budget Pool

- Due to the current environment and other priorities management has not performed the typical standard capital budget forecast for Fiscal Year 2021
- Proposal
 - Establish a \$20M ***routine*** capital pool of dollars based on the EBIDA forecast less other cash flow items including principal and interest payments. This pool of funds is meant for the following categories:
 - Medical Equipment
 - Equipment
 - IT
- Additionally there are currently approved fully funded projects □ partially funded projects
 - □or fully funded projects management estimates \$51.4 million in expenditures for Fiscal Year 2021, these amounts are included in the cash flow estimates (a detailed list is in the appendix)
 - □or partially funded projects management estimates \$42.6 million in potential expenditures for Fiscal year 2021, these amounts are NOT included in the cash flow estimates (a detailed list is in the appendix)
 - *The outstanding projects will be assessed and evaluated during Fiscal year 2021 by management*

Consolidated Results

Consolidated P&L

FY20 Budget vs FY20 Pro vs FY21 Budget Compared to FY20

Enterprise (Excl District) \$ in Millions	FY20 Budget	FY20 Actual (Annualized)	FY21 Budget	Delta	Delta %
Net Patient Revenue	1,003.7	964.1	893.1	(71.0)	-7.4%
Other Operating Revenue	54.5	51.9	54.1	2.2	4.2%
Total Net Revenue	1,058.2	1,016.0	947.2	(68.8)	-6.8%
Salaries, Wages & Benefits	557.7	554.0	534.2	(19.8)	-3.6%
Supplies & Drugs	146.8	154.0	135.7	(18.3)	-11.9%
Physician Fees	64.5	56.8	65.1	8.3	14.5%
Purchased Services & Consulting	93.1	114.1	106.2	(7.9)	-6.9%
All Other (Leases, G&A Other)	46.0	44.6	50.1	5.5	12.3%
Depreciation & Interest	71.4	63.0	79.6	16.6	26.3%
Total Operating Expense	979.4	986.5	970.9	(15.6)	-1.6%
Operating Margin	78.8	29.5	(23.7)	(53.2)	-180.6%
Non Operating Income/Expense	38.2	36.3	35.5	(0.8)	-2.1%
Net Margin	117.0	65.7	11.8	(54.0)	-82.1%
EBIDA	150.2	92.4	55.8	(36.6)	-39.6%
EBIDA Margin	14.2%	9.1%	5.9%		
Operating Margin	7.4%	2.9%	-2.5%		
Total Margin	11.1%	6.5%	1.2%		

Summary Cash Flow Statement

(000's)

	<u>FY 21 Budget</u>
Forecasted EBIDA	\$ 55,800
Less:	
Principial Payments (1)	(9,020)
Interest Payments (1)	(20,312)
Pension Contribution in excess of Pension Expense	(6,500)
Total Deductions	<u>(35,832)</u>
Cash Available for Routine Capital Expenditures	19,968
Cash Payments for previously approved projects	<u>(51,358)</u>
Operating Cash Flow	(31,390)
Non-Operating Income	<u>35,500</u>
FY 2021 Forecasted Cash Flow	<u><u>\$ 4,110</u></u>

(1) Amounts are for 2015 and 2017 non-District bonds

Key Consolidated High Level Metrics

	Fiscal Year 2020	Fiscal Year 2021	S&P AA Median Metrics
Financial Operating Metrics:			
Operating Margin	2.9%	(2.5%)	4.4%
Operating EBIDA Margin	9.1%	5.9%	11.1%
Financial Position Metrics:			
Days Cash On Hand	488	506	363
Debt to Equity	23%	22%	19%

S&P Medians are based on FY 2018, latest available

Summary

Summary

- The continued financial recovery from the COVID 19 pandemic is a long road
- Management has prepared a budget that reflects the current short-term tactics as well as a plan to thoughtfully "right size" the cost structure going forward
 - We have called out risk factors along the way and with COVID 19 as an industry we are back to the basics of volumes, payer mix and cost containment
- ADDITIONAL QUESTIONS & COMMENTS
- THANK YOU

Proposed Motion

- To approve and adopt the Fiscal Year 2021 Budget as recommended by the Finance Committee on July 27, 2020.



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, July 8, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present

Lanhee Chen**, Chair
 Peter C. Fung, MD**
 Gary Kalbach**
 Julia E. Miller**, Secretary/Treasurer
 Jack Po, MD, PhD**
 Bob Rebitzer**
 George O. Ting, MD**
 Don Watters**
 John Zoglin**, Vice Chair

Board Members Absent

Julie Kliger
 **via teleconference

Members Excused

None

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 verbal roll call was taken. Chair Chen reviewed the logistics for the meeting. Director Kliger was absent. Directors Po and Rebitzer joined the meeting during Agenda Item 4: Consent Calendar. All other Board members were present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
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 noted.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed. Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (6/10/2020). Movant: Kalbach Second: Watters Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None	Consent calendar approved
5. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:33pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (6/10/2020); pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: El Camino Health System Strategic Planning Process. Movant: Kalbach Second: Miller Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None	Adjourned to closed session at 5:33pm

	<p>Abstentions: None Absent: Kliger Recused: None</p>	
<p>6. AGENDA ITEM 10: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 8:10pm by Chair Chen. Agenda Items 6-9 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (6/10/2020) by a unanimous vote in favor of all members participating in the meeting (Directors Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, and Zoglin). Director Kliger was absent.</p> <p>Director Zoglin commented that he hopes the organization is working with local school districts to provide COVID-19 testing prior to school re-openings. Dan Woods, CEO, commented that he has been in touch with the superintendents of the school districts within the El Camino Healthcare District and the team is working on a plan to provide the testing.</p>	
<p>7. AGENDA ITEM 11: ADJOURNMENT</p>	<p>Motion: To adjourn at 8:12pm.</p> <p>Movant: Kalbach Second: Fung Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	<p><i>Meeting adjourned at 8:12pm</i></p>

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



**Minutes of the Open Session of the
Special Meeting of the
El Camino Hospital Board of Directors
Monday, July 27, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present

Lanhee Chen ☐☐, Chair
 Peter C. Fung, MD ☐☐
 Gary Kalbach ☐☐
 Julie Kliger ☐☐
 Julia E. Miller ☐☐, Secretary/Treasurer
 Jack Po, MD, PhD ☐☐
 Bob Rebitzer ☐☐
 George O. Ting, MD ☐☐
 Don Watters ☐☐
 John Zoglin ☐☐☐☐ice Chair

Board Members Absent

☐☐ via teleconference

Members Excused

☐one

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session of the Special Meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:53pm by Chair Chen. Verbal roll call was taken. Chair Chen reviewed the logistics for the meeting. All Board members were present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. Quorum was present pursuant to State of California Executive Orders 2520 dated March 12, 2020 and 220 dated March 18, 2020.	
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 noted.	
3. PUBLIC COMMUNICATION	None.	
4. APPROVAL OF SWAP TRANSACTION	<p>Michael Moody, Interim CEO explained that the request is for the Board to authorize a nine-month window for management to review and execute a S/P transaction as discussed during the Joint Meeting with the Finance Committee earlier that evening.</p> <p>Motion: to approve Resolution 2020-0</p> <p>Movant: Michael Second: Miller</p> <p>In response to Director Rebitzer’s question, Mr. Moody clarified that the Resolution would allow management to execute the transaction.</p> <p>Ayes: Chen, Fung, Kliger, Michael, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: none Abstentions: none Absent: none Recused: none</p>	<i>Consent calendar approved</i>
5. AGENDA ITEM 11: ADJOURNMENT	<p>Motion: to adjourn at 5:00pm.</p> <p>Movant: Michael Second: Watters Ayes: Chen, Fung, Kliger, Michael, Miller, Po, Rebitzer, Ting, Watters, Zoglin</p>	<i>Meeting adjourned at 7:57pm</i>

	<input type="checkbox"/> oglin Noes: <input type="checkbox"/> one Abstentions: <input type="checkbox"/> one Absent: <input type="checkbox"/> one Recused: <input type="checkbox"/> one	
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:

Janhee Chen
Chair ECH Board of Directors

Julia E. Miller
Secretary ECH Board of Directors

Prepared by: Cindy Murphy Director of Governance Services

DRAFT



**Minutes of the Open Session of the
Joint Meeting of the Finance Committee
El Camino Hospital Board of Directors
Monday, July 27, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present

Hospital Board Members:

Lanhee Chen, Chair

Peter C. Fung, MD**

Gary Kalbach**

Julie Kliger, MPA, BSN**

Julia E. Miller** Secretary/reasurer

Jack Po, MD, PhD**

Bob Rebitzer**

George O. Ting, MD**

Don Watters**

John Zoglin ice Chair

Finance Committee Members:

Joseph Chow**

Boyd Faust**

Richard Juelis**

Board Members Absent

one

**via teleconference

Members Excused

one

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	<p>The open session meeting of the Joint Meeting of the Finance Committee and the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:30pm by Chair Chen. Verbal roll call was taken. Chair Chen reviewed the logistics for the meeting. Director Fung and Mr. Faust joined the meeting at 5:31pm. All Board and Committee members were present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. Quorum was present pursuant to State of California Executive Orders 2520 dated March 12, 2020 and 220 dated March 18, 2020.</p>	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	<p>Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.</p>	
3. PUBLIC COMMUNICATION	<p>Members of the public including representatives from SEIU – United Healthcare workers expressed concerns about the financial impact of the pandemic on frontline staff including flected staffing schedules stresses on the job and difficulties in navigating and having sufficient benefits.</p> <p>Employees from the Labor Delivery Department in Los Altos expressed concerns about the restructure in the current model of care and schedules in the department including the change from 12 to eight hour shifts the lack of employee and provider input and the consolidation with postpartum space and services.</p> <p>Kevin Baptiste member of the SEIU H Executive Board expressed concerns about the lack of communication from leadership to floor staff about how best to keep employees safe. He also urged management to invest in employee health and safety including hazard pay for frontline workers.</p>	
4. REVIEW AND	<p>Chair Chen explained that there will be a motion on this item in the Special</p>	

<p>DISCUSS UPDATE ON PREVIOUSLY APPROVED SWAP TRANSACTION</p>	<p>Hospital Board meeting immediately following the joint session.</p> <p>Michael Moody, Interim CFO, introduced Chuc Piripatich and Jennifer Brown from Ponder Co and explained that the presentation will cover risks and mitigation tactics.</p> <p>Mr. Piripatich reviewed the mechanics of an interest rate swap: a contract to exchange cash flows between two different counterparties.</p> <p>He then outlined the type of transaction that ECH is considering: a fixed payer swap where the buyer (ECH) pays a fixed rate, receives a variable rate that offsets variable interest costs on bonds, and is used in conjunction with variable rate bonds to affect synthetic fixed debt. Mr. Piripatich noted that ECH is considering an Interest Rate Swap because of very low current interest rates (0.81%) and the ability to lock in long term rates in anticipation of future refunding. The traditional tax-empt market does not have an efficient way to lock in rates for a future bond issue; instead, organizations can enter into a forward starting fixed rate payer swap. ECH has bonds that are callable February 1, 2025 and those cash flows would become effective when the bonds are called.</p> <p>Mr. Piripatich explained that current costs would be \$MM, a fee to tax-empt index for floating rate bonds about 0.11% plus a 0.60% credit facility cost, the current cost of capital, total synthetic fixed rate would be 1.6%. Mr. Piripatich provided an overview of the main risks with this type of transaction as further detailed in the materials: issuance renewal basis, market to market, negative rate collateral posting which includes credit rating maintenance requirements, and counterparty.</p> <p>Mr. Piripatich explained that the 1.6% cost of capital includes transaction costs and the net present value bond savings would be \$1.4 million. He, Mr. Moody, and Ms. Brown further described 1) the potential lost opportunity cost to issue bonds at a lower interest rate, 2) how there are no bonds that can be refunded today to take advantage of low interest rates, and 3) how tax law changed in 2017 to prohibit advanced refunding.</p> <p>Mr. Moody reported that the proposed transaction would apply to one third of the outstanding par amount on the 2015 bonds (\$40 million) as a way to mitigate risk. In response to Director Ting's question, Mr. Moody noted that this amount was determined based on risk appetite.</p> <p>In response to Board and Committee member questions, Mr. Piripatich noted that 1) this transaction would be saving money on the debt side of the balance sheet, 2) several other Ponder Co. clients are reviewing these kinds of transactions, and 3) ECH executed a Swap like this in 2008 which was did not turn out favorable as the transaction occurred before the 2008 financial crisis. Mr. Piripatich commented that it is worth considering if the enterprise can make money from operations if the cost of capital is 1.6% on this relatively small portion of the structure.</p>	
<p>5. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:25pm pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: 2021 Initial Forecast, 2021 Budget – Fee Services and Programs.</p> <p>Movant: Michael Second: Po Ayes: Chen, Cho, Aust, Ung, Uelis, Alach, Liger, Miller, Po, Reiter, Ring, Atters, Oglin Noes: One Abstentions: One</p>	<p>Adjourned to closed session at 6:25pm</p>

	Absent: none Recused: none	
6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 5:52pm by Chair Chen. Agenda items 6-8 were addressed in closed session. No actions were taken during the closed session.	
7. AGENDA ITEM 10: FY21 INITIAL FORECAST AND FY21 BUDGET	There was no discussion on this item.	
8. AGENDA ITEM 11: ADJOURNMENT	Motion: to adjourn at 7:53pm. Movant: Michael Second: Matters Ayes: Chen, Cho, Aust, Ung, Uelis, Michael, Liger, Miller, Po, Reiter, Roglin, Matters, Roglin Noes: none Abstentions: none Absent: none Recused: none	<i>Meeting adjourned at 7:53pm</i>

Attest as to the approval of the foregoing minutes by the Finance Committee and the Board of Directors of El Camino Hospital:

Janhee Chen
 Chair ECH Board of Directors

Lilia E. Miller
 Secretary ECH Board of Directors

John Roglin
 Chair ECH Finance Committee

Prepared by: Cindy Murphy Director of Governance Services
 Sarah Rosen Manager Contracts Administrator/Governance Services E

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

To: El Camino Hospital Board of Directors
From: Mary Rotunno, General Counsel
Date: August 12, 2020
Subject: Designation of Applicant's Agents Resolution for Non-State Agencies

Recommendation:

To designate the Controller, General Counsel, and Chief Financial Officer as authorized agents to provide information supporting FEMA application submitted on behalf of El Camino Hospital ("Hospital").

Summary:

1. **Situation:** Management is preparing a FEMA application on behalf of Hospital to recover eligible costs related to the COVID-19 local emergency which includes a required designation form.
2. **Authority:** The form must be signed by two members of Hospital's governing body.
3. **Background:** At its April 15, 2020 meeting, the Hospital Board approved Resolution 2020-02 which declared a Local Emergency, and authorized the CEO or his designee (the "Authorized Officer") to perform certain exceptional emergency-related functions. This includes, "The Corporation's Authorized Officer is authorized and directed to take all measures to seek and recover disaster relief funding from all sources, including state and federal agencies." The management team is working on a FEMA application which requires the attached designation form.
4. **Assessment:** Designation of agents on behalf of El Camino Hospital is required for FEMA application.
5. **Other Reviews:** ECH Legal Counsel reviewed and approved designation form.
6. **Outcomes:** Submission of ECH's FEMA application for cost recovery of allowable COVID-19 related costs.

List of Attachments:

1. Designation form
2. Resolution 2020-02 approved April 15, 2020

Suggested Board Discussion Questions: None - this is a consent item.

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE Board of Directors OF THE EL Camino Hospital
(Governing Body) (Name of Applicant)

THAT General Counsel, OR
(Title of Authorized Agent)

Controller, OR
(Title of Authorized Agent)

Senior Analyst
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the EL Camino Hospital, a public entity
(Name of Applicant)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the EL Camino Hospital, a public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below:

- This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
- This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this _____ day of _____, 20____

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)

_____, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the Board of Directors of the EL Camino Hospital
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20____.

(Signature)

(Title)

Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

Governing Body Representative: These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

Certification Section:

Name and Title: This is the individual that was in attendance and recorded the Resolution creation and approval.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification.")

RESOLUTION NO. 2020-02

**RESOLUTION OF THE BOARD OF DIRECTORS OF
EL CAMINO HOSPIATL**

DECLARING A LOCAL EMERGENCY

WHEREAS, El Camino Hospital (the “Corporation”), is a nonprofit public benefit corporation organized under the laws of the State of California. The Corporation operates hospitals, outpatient clinics, and other healthcare facilities.

WHEREAS, conditions of disaster or of extreme peril to the health and safety of persons and property have arisen both internationally and within the United States as a result of the introduction of the novel coronavirus (“COVID-19”), a novel communicable disease which led to California Governor Gavin Newsom, to proclaim a State of Emergency for California on March 4, 2020; and

WHEREAS, currently COVID-19 has spread globally, infecting hundreds of thousands of persons and causing fatalities worldwide. Due to the expanding list of countries with widespread transmission of COVID-19, and increasing travel alerts and warnings for countries experiencing sustained or uncontrolled community transmission issued by the Centers for Disease Control and Prevention (“CDC”), COVID-19 has created conditions that are likely to be beyond the control of local resources and require the combined forces of other political subdivisions to combat this virus; and

WHEREAS, a local health emergency was proclaimed by the County of Santa Clara] Public Health Officer on February 3, 2020, ratified by the Board of Supervisors on February 10, 2020, and thereafter extended on March 10, 2020 until April 9, 2020; and

WHEREAS, the CDC confirmed person-to-person transmission of COVID-19 in the United States, raising the possibility of community transmission occurring in the general public, and on March 13, 2020, President Donald Trump declared a Federal Declaration of National Emergency; and

WHEREAS, the Corporation’s ability to mobilize local resources, accelerate procurement of vital supplies, use mutual aid, and seek future reimbursement by state and federal governments will be critical to successfully responding to COVID-19; and

WHEREAS, these conditions warrant and necessitate that the Corporation declare the existence of a local emergency; and

WHEREAS, the State Public Assistance Program allows certain private nonprofit organizations to receive an allocation of funds under the California Disaster Assistance Act;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of El Camino Hospital as follows:

1. That the Board of Directors of the Corporation hereby declares the existence of a local emergency as a result of COVID-19 and directs the Corporation staff to take the necessary steps for the protection of life, health and safety.
2. During the existence of said local emergency, the powers, functions, and duties of the Corporation shall be those prescribed by state law and by policies and procedures of the Corporation . The Corporation's Chief Executive Officer or his/her designee (the "Authorized Officer") is hereby authorized to implement the Corporation's existing policies and procedures for emergency operations.
3. To the extent that there are federal or state government work or procurement policies and procedures that must be complied with to receive reimbursement for emergency expenditures, and the Corporation seeks such reimbursement, the Corporation shall comply with such procedures.
4. The Corporation's Authorized Officer may commit or expend the Corporation's non-budgeted funds for emergency purposes during this state of emergency and the Corporation's Authorized Officer shall take all reasonable steps to recover such costs from aid or reimbursement available from all sources, including state and federal agencies.
5. The Corporation's Authorized Officer may suspend the performance of any Corporation contracts as required to comply with public health orders during this period of emergency.
6. The Corporation's Authorized Officer is hereby authorized to implement on behalf of the Corporation and the Corporation Board any suspension of any existing law or regulation ordered by federal, state or local governments that are ordinarily applicable to Corporation operations or governance.
7. The Corporation shall track costs for staffing, supplies, and equipment related to COVID-19 preparation and prevention and forward that information to the Corporation's Authorized Officer.
8. The Corporation's Authorized Officer is authorized and directed to take all measures to seek and recover disaster relief funding from all sources, including state and federal agencies.
9. The Corporation shall coordinate Corporation-wide planning, preparedness and response efforts regarding COVID-19 with the Santa ClaraCounty Office of Emergency Services.
10. The Corporation's Authorized Officer shall enter into supply, equipment purchase, and/or physician contracts needed to respond to the declared emergency. Such contracts shall comply with applicable laws, regulations and exceptions allowed during the declared emergency.
11. Actions taken by the Corporation's Authorized Officer prior to the effective date of this Resolution in response to threats posed by COVID-19 are hereby ratified.

12. The recitals set forth above are incorporated herein and made an operative part of this Resolution.

13. This Resolution shall take effect immediately.

ADOPTED this 15th day of April 2020.

AYES: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin

NOES: None

ABSTAIN: None

ABSENT: None

DocuSigned by:
Julia Miller
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Julia E. Miller
Secretary/Treasurer



**Minutes of the Open Session of the
Executive Compensation Committee
of the El Camino Hospital Board of Directors
Thursday, May 28, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present

Teri Eyre**
Jaison Layney**
Julie Kliger** □ice Chair
Bob Miller** □Chair
George Ting, MD
Pat Wadors**
John Zoglin**

Members Absent

□one
□□via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	<p>□he open session meeting of the Executive Compensation Committee of El Camino Hospital (the “Committee”) was called to order at 4:02pm □y Chair Bob Miller. □ verbal roll call □as taken. □ George Ting □oined the meeting during □agenda item 5: Report on Board □ctions and participated □ith staff onsite. Pat □adors □oined via videoconference during □agenda item 6: Committee □oals. □ll Committee mem□ers □ere present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. □ □uorum □as present pursuant to State of California Executive Orders □□25□20 dated March 12□2020 and □□2□20 dated March 18□2020.</p>	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	<p>Chair Miller asked if any Committee mem□ers had a conflict of interest □ith any of the items on the agenda. □o conflicts □ere noted. □hen □r. □ing and Ms. □adors □oined the meeting□they also reported no conflicts.</p>	
3. PUBLIC COMMUNICATION	<p>□one.</p>	
4. CONSENT CALENDAR	<p>Chair Miller asked if any mem□er of the Committee or the public □ished to remove an item from the consent calendar.</p> <p>Motion: □o approve the consent calendar: Minutes of the Open Session of the Executive Compensation Committee Meeting □5/5/2020□and for information: Progress on □□20 Committee □oals□article of □interest</p> <p>Movant: □liger Second: □ayney Ayes: Eyre□□liger□□ayney□Miller□□oglin Noes: □one Abstentions: □one Absent: □ing□□adors Recused: □one</p>	<p><i>Consent calendar approved</i></p>
5. REPORT ON BOARD ACTIONS	<p>Chair Miller referred to the recent Board approvals as further detailed in the packet□including revisions to the Executive Compensation Philosophy□Salary □dministration Policy□and Executive Performance □ncentive Plan Policy. Cindy Murphy□□irector of □overnance Services□ reported that the Committee Self□□ssessments are planned to launch in □uly 2020.</p>	
6. PROPOSED FY21 ECC GOALS	<p>□he Committee discussed the use of Committee goals and ho□ they align with the Committee’s charter and standard annual work. Proposed topics</p>	<p><i>Proposed FY21 Committee</i></p>

	<p>included: making sure executive compensation policies and programs meet legal and regulatory requirements timely and accurate completion of the pacing plan making recommendations to the Board regarding innovation or efficiency and ensuring Committee participation and engagement.</p> <p>The Committee requested adding a goal for 2021: to conduct a Self Assessment to review overall Committee effectiveness.</p> <p>Motion: To approve the 2021 Committee Goals as amended above.</p> <p>Movant: King Second: Payne Ayes: Eyre Liger Payne Miller King Adors Oglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>The goals will be forwarded to the Governance Committee and the Board for review and approval.</p>	<p><i>Goals as amended approved</i></p>
<p>7. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 4:16pm.</p> <p>Movant: Liger Second: Adors Ayes: Eyre Liger Payne Miller King Adors Oglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Adjourned to closed session at 4:16pm</i></p>
<p>8. AGENDA ITEM 10: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 5:52pm. Agenda items 6 were addressed in closed session. Ms. Adors left the meeting during the closed session.</p> <p>During the closed session the Committee approved the Minutes of the Closed Session of the Executive Compensation Committee Meeting 5/5/2020 by a unanimous vote in favor of all members present in person and by teleconference Eyre Liger Payne Miller Adors King Oglin</p>	
<p>9. AGENDA ITEM 16: PROPOSED INCENTIVE GOAL STRUCTURE</p>	<p>Motion: To recommend the following incentive goal structure to the Board as further outlined in the materials and discussed by the Committee:</p> <ul style="list-style-type: none"> - Recalibrate 2020 organizational goals from 12 months to an eight-month time period. - Reallocate eight given to the People goal to the other 2020 goals due to pandemic-related postponement of the Employee Engagement Survey. - Approve an exception to policy removing individual goal eight during the Recovery period goals will be 100 organizational - Approve an exception to policy to move from two 12-month goal periods to three eight-month periods for July 2020 through June 2021 – and to voice support of the conceptual goal structure for the Recovery Period March – October 2020 and 2021 organizational goals - Possibly include metrics in the Recovery Goals that measure preparedness for a second wave 	<p><i>Proposed Incentive Goal Structure Recommended for approval</i></p>

	<p>Movant: Liger Second: Eyre Ayes: Eyre Liger Payne Miller King adors Noes: Oglin Abstentions: one Absent: one Recused: one</p>	
<p>10. AGENDA ITEM 17: PROPOSED FY21 EXEC SALARY RANGES</p>	<p>Motion: To defer action on the 2021 Executive Salary Ranges pending more current data on what is going on in the market. Movant: adors Second: Payne Ayes: Eyre Liger Payne Miller King adors Oglin Noes: one Abstentions: one Absent: one Recused: one</p>	<p><i>Action deferred</i></p>
<p>11. AGENDA ITEM 18: PROPOSED FY21 CEO SALARY RANGE</p>	<p>Motion: To recommend that the Board to defer action on the 2021 CEO Salary Range pending more current data on what is going on in the market. Movant: Liger Second: Eyre Ayes: Eyre Liger Payne Miller King adors Oglin Noes: one Abstentions: one Absent: one Recused: one</p>	<p><i>FY21 CEO Salary Range deferral recommended</i></p>
<p>12. AGENDA ITEM 19: ECC CONSULTANT 6- MONTH REVIEW AND RFP PROCESS</p>	<p>The Committee noted that it is best practice to review the consulting market place every few years and discussed appointing an ad hoc committee to facilitate the Request for Proposal RFP process. Kathryn Cis CHRO and Julie Johnston Director Total Rewards explained that it would be ideal to conduct interviews at the September or November ECC meeting at the latest and have the consultant selected and in place by the end of the calendar year. This way the staff and the consultant would have adequate time to onboard if needed and prepare the market analysis which is typically reviewed in the spring. Ms. adors and Ms. Liger offered their help with the RFP process. Motion: To authorize the Chair to form an ad hoc committee to conduct an RFP process. Movant: adors Second: Payne Ayes: Eyre Liger Payne Miller King adors Oglin Noes: one Abstentions: one Absent: one Recused: one</p>	<p><i>Chair authorized to form an ad hoc committee</i></p>
<p>13. AGENDA ITEM 20: PROPOSED FY21 PACING PLAN</p>	<p>The Committee requested that a review of the geographic differential be added to the Pacing Plan. Chair Miller noted that there may be a review of incentive goals in January 2021.</p>	
<p>14. AGENDA ITEM 21: CLOSING COMMENTS</p>	<p>Chair Miller thanked the Committee for their work</p>	

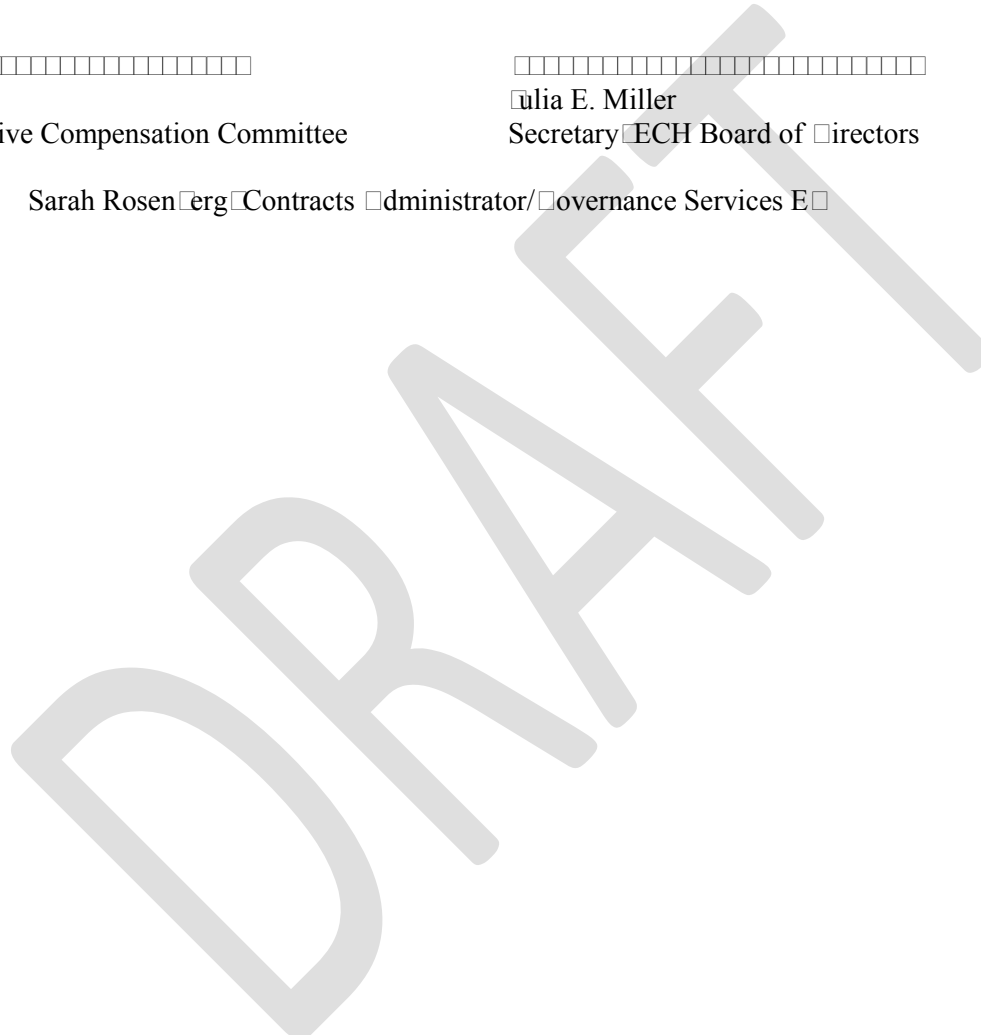
<p>15. AGENDA ITEM 22: ADJOURNMENT</p>	<p>Motion: To adjourn at 6:04pm. Movant: Payne Second: Adams Ayes: Eyre, Liger, Payne, Miller, King, Adams, Roglin Noes: none Abstentions: none Absent: none Recused: none</p>	<p><i>Meeting adjourned at 6:04pm</i></p>
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Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and the Board of Directors of El Camino Hospital.

Bo Miller
Chair, Executive Compensation Committee

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Sarah Rosen, Manager, Contracts Administrator/ Governance Services ECH





El Camino Health

Summary of Financial Operations

Fiscal Year 2020 – Period 11

7/1/2019 to 5/31/2020

Consolidated Statement of Operations (\$000s)

Period ending 05/31/2020

Period 11 FY 2019	Period 11 FY 2020	Period 11 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
315,671	253,514	333,599	(80,085)	(24.0%)	Gross Revenue	3,257,772	3,339,949	3,517,942	(177,993)	(5.1%)
(227,095)	(182,584)	(246,797)	64,213	26.0%	Deductions	(2,391,514)	(2,457,998)	(2,600,337)	142,339	5.5%
88,576	70,930	86,802	(15,872)	(18.3%)	Net Patient Revenue	866,258	881,951	917,605	(35,654)	(3.9%)
5,318	3,550	5,386	(1,835)	(34.1%)	Other Operating Revenue	39,680	47,770	50,013	(2,243)	(4.5%)
93,894	74,480	92,187	(17,707)	(19.2%)	Total Operating Revenue	905,938	929,721	967,618	(37,897)	(3.9%)
					OPERATING EXPENSE					
47,215	45,971	47,727	1,756	3.7%	Salaries & Wages	472,925	507,895	510,656	2,761	0.5%
13,869	9,881	12,874	2,993	23.2%	Supplies	126,449	141,079	133,979	(7,100)	(5.3%)
15,028	12,870	13,205	336	2.5%	Fees & Purchased Services	121,729	157,055	144,092	(12,963)	(9.0%)
3,316	3,203	3,672	469	12.8%	Other Operating Expense	30,559	40,767	42,472	1,705	4.0%
189	1,419	1,428	10	0.7%	Interest	3,871	8,050	10,511	2,461	23.4%
4,406	3,122	5,225	2,103	40.2%	Depreciation	47,780	49,554	54,255	4,701	8.7%
84,023	76,465	84,131	7,666	9.1%	Total Operating Expense	803,312	904,399	895,964	(8,436)	(0.9%)
9,871	(1,985)	8,056	(10,041)	(124.6%)	Net Operating Margin	102,626	25,321	71,654	(46,333)	(64.7%)
(12,156)	24,966	3,300	21,666	656.5%	Non Operating Income	30,008	33,281	34,896	(1,615)	(4.6%)
(2,285)	22,981	11,356	11,625	102.4%	Net Margin	132,634	58,603	106,550	(47,948)	(45.0%)
15.4%	3.4%	16.0%	(12.5%)		EBITDA	17.0%	8.9%	14.1%	(5.2%)	
10.5%	-2.7%	8.7%	(11.4%)		Operating Margin	11.3%	2.7%	7.4%	(4.7%)	
-2.4%	30.9%	12.3%	18.5%		Net Margin	14.6%	6.3%	11.0%	(4.7%)	

Significant Financial Improvement in May

- The Operating Loss in May was \$2.0 million dollars which is a \$22.6 million improvement from April.
 - ECH posted an Operating Gain of \$1.2 million to lead the improvement in the financial results.
 - SVMD experienced a \$3.0 million dollar Operating Loss which included a write-down of \$860,000 of a receivable from Verity related to the acquisition of the SJMG.
 - Without this write-down the Operating Loss would have been \$2.1 million which is also a significant improvement from previous months

Significant Financial Improvement in May

- Revenue is consistent with volume and payer mix
 - The unfavorable variance in Net Patient Revenue was reduced to \$15.9 million in May
 - Volume is down 23% at ECH and 18% at SVMD
 - The revenue per unit of service increased at ECH & SVMD due to higher collections and the proportion of Commercial insurance inpatients at ECH
 - Included in Net Patient Revenue is a write-down of a receivable of \$860,000 from the purchase of SJMG from Verity
- Overall, Revenue was \$17.7 million below budget and driven by the volume shortfall

Significant Financial Improvement in May

- Expense management improved in May – all categories were favorable
 - Overall Operating Expenses were \$7.7 million or 9% favorable compared to the budget
 - Productivity continues to improve with the last pay period of the month being at 100%
 - Supplies & Purchased Services focus continues with the unfavorable variance in Purchased Services being addressed
- Included in expenses are \$2.0 million of expenses directly related to COVID 19

Financial Overview – Year to Date May

Financial Performance

- The Operating Margin is \$25.3M thru May. This is unfavorable to the budget by \$46.3M
- The unfavorable variance is due to the losses incurred in March of \$9.7M, April of \$24.5M and May of \$2.0
 - The reasons for these losses have been presented previously
- Non Operating Income is at budget due to the material mark-to-market adjustment for the investment portfolio in from April – May and CARES Act distributions received in April

APPENDIX

Pro Forma w. COVID direct costs pulled out

	<u>ECH</u>	<u>SVMD</u>	<u>Total</u>
Misc Operating Income - Rent	\$ 51	\$ -	\$ 51
Salaries & Wages	1,188		\$ 1,188
Supplies	372	15	\$ 387
Fees & Purchased Services	411		\$ 411
Other Operating Expenses			\$ -
Subtotal	<u>\$ 2,022</u>	<u>\$ 15</u>	<u>\$ 2,037</u>
Total Operating Expenses w.o COVID costs	\$ 67,219	\$ 6,406	\$ 73,625
Budgeted Operating Costs	<u>75,702</u>	<u>7,335</u>	<u>83,037</u>
Variance	<u>\$ 8,483</u>	<u>\$ 929</u>	<u>\$ 9,412</u>
Variance Percentage	<u>11%</u>	<u>13%</u>	<u>11%</u>

Dashboard - as of May 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	93,894	74,480	92,187	(17,707)	905,938	929,721	967,618	(37,897)
Operating Expenses	84,023	76,465	84,131	7,666	803,312	904,399	895,964	(8,436)
Operating Margin \$	9,871	(1,985)	8,056	(10,041)	102,626	25,321	71,654	(46,333)
Operating Margin %	10.5%	(2.7%)	8.7%	(11.4%)	11.3%	2.7%	7.4%	(4.7%)
EBIDA \$	14,466	2,556	14,709	(12,154)	154,277	82,925	136,420	(53,494)
EBIDA %	15.4%	3.4%	16.0%	(12.5%)	17.0%	8.9%	14.1%	(5.2%)
Hospital Volume								
Licensed Beds	443	443	443	-	443	443	443	-
ADC	245	197	245	(48)	243	228	241	(13)
Utilization MV	67%	50%	67%	(16.5%)	67%	62%	65%	(3.5%)
Utilization LG	32%	32%	31%	1.1%	30%	30%	32%	(1.8%)
Utilization Combined	55%	44%	55%	(10.8%)	55%	51%	54%	(2.9%)
Adjusted Discharges	3,230	2,455	3,201	(746)	32,389	32,535	33,074	(539)
Total Discharges (Excl NNB)	1,783	1,360	1,681	(321)	18,034	17,545	18,060	(515)
Total Discharges	2,151	1,742	2,036	(294)	21,743	21,336	21,796	(460)
Inpatient Cases								
MS Discharges	1,227	810	1,120	(310)	12,557	11,972	12,335	(363)
Deliveries	391	401	363	38	3,935	4,003	3,918	85
BHS	113	98	146	(48)	1,069	1,073	1,271	(198)
Rehab	52	51	53	(2)	473	497	536	(39)
Outpatient Cases								
ED	13,383	9,528	14,031	(4,503)	138,089	136,087	144,293	(8,206)
Procedural Cases	4,146	2,282	4,066	(1,784)	44,310	40,078	43,804	(3,726)
OP Surg	452	293	491	(198)	4,597	4,408	4,710	(302)
Endo	241	116	250	(134)	2,415	2,100	2,551	(451)
Interventional	183	128	204	(76)	2,017	1,812	2,076	(264)
All Other	8,361	6,709	9,020	(2,311)	84,750	87,689	91,152	(3,463)
Hospital Payor Mix								
Medicare	49.8%	46.9%	49.0%	(2.2%)	49.0%	48.7%	48.6%	0.0%
Medi-Cal	7.4%	7.5%	7.9%	(0.4%)	8.0%	7.5%	8.1%	(0.5%)
Commercial IP	19.9%	22.0%	19.5%	2.6%	20.0%	20.2%	20.4%	(0.1%)
Commercial OP	21.3%	21.0%	21.5%	(0.5%)	20.7%	21.2%	20.6%	0.6%
Total Commercial	41.2%	43.0%	40.9%	2.1%	40.7%	41.4%	41.0%	0.4%
Other	1.6%	2.6%	2.2%	0.5%	2.4%	2.4%	2.3%	0.1%
Hospital Cost								
Total FTE	2,737.3	2,623.7	2,539.5	(84.2)	2,675.8	2,771.2	2,723.1	(48.1)
Productive Hrs/APD	30.8	36.2	30.0	(6.2)	30.6	32.6	31.5	(1.1)
Consolidated Balance Sheet								
Net Days in AR	47.6	51.1	49.0	(2.1)	47.6	51.1	49.0	(2.1)
Days Cash	495	498	435	63	495	498	435	63

*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 HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO**

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: August 12, 2020
Subject: EKG Reading Panel (Enterprise)

Recommendation: To approve

- 1) Delegating to the Chief Executive Officer the authority to execute a two-year renewal of the Palo Alto Medical Foundation (PAMF) Enterprise EKG Reading Panel Agreement with existing terms, to be effective September 1, 2020.
- 2) EKG Reading Panel Agreements that are set to automatically renew from year to year.

Summary:

1. **Situation:** Forty-five (45) physicians who specialize in internal medicine and/or cardiovascular disease provide panel reading services for EKG reviews and interpretations at the Mountain View and Los Gatos campuses (“Panel Services”).

The PAMF EKG Reading Panel Agreement includes 16 physicians and expires July 31, 2020.

Twenty-nine (29) non-PAMF physicians provide Panel Services under agreements that are set to automatically renew from year to year.

Compensation:

- Hospital solely bills and collects for all professional fees for Panel Services provided.
 - Hospital pays 100% of the Medicare physician fee schedule for Panel Services provided to patients paid under the Medicare Fee schedule.
 - Hospital pays 130% of the Medicare physician fee schedule for services provided to patients that are *not* paid under the Medicare physician fee schedule (over 75th percentile for fair market value).
2. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval are required prior to the CEO signature of physician agreements with compensation that exceeds the 75th percentile for fair market value.
 3. **Background:** For more than 20 years, the Hospital has reimbursed physicians for providing the Services.

Prior to 2019, the Hospital inconsistently paid physicians for Panel Services due to: 1) inconsistency of fee schedules in agreements that were set to automatically renew year to year, 2) Hospital attempting to amend all Service agreements to implement consistent fee schedules in 2013, however the physicians that were being paid according to the higher fee schedule almost unilaterally expressed an unwillingness to continue to provide Panel Services for reimbursement according to a reduced Medicare fee schedule.

EKG Reading Panel (Enterprise)
August 12, 2020

In January 2019, the Hospital required all physicians be issued amended and restated agreements in which the Hospital consistently pays the existing rate of 100% of the Medicare fee schedule for Panel Services provided to patients paid under the Medicare Fee schedule and 130% of the Medicare fee schedule for Services provided to patients that are *not* paid under the Medicare fee schedule.

In 2019, reimbursement for Panel Services was below the 75th percentile. 2020 MD Ranger benchmarks now list payment of 130% of the Medicare fee schedule as slightly over the 75th percentile.

Total payment to physicians for providing Panel Services in FY19: \$431,082.

Total Hospital collections for Panel Services in FY19: \$511,000.

4. Fair Market Value Assessment: 100% of the Medicare fee schedule for Panel Services is slightly *below the 50th percentile* for fair market value according to 2020 MD Ranger national Diagnostic Testing Payment Report for EKGs.

130% of the Medicare fee schedule for Panel Services is *above the 75th percentile* for fair market value according to the 2020 MD Ranger national Diagnostic Testing Payment Report for EKGs.

The 2020 Medicare rate for an EKG is \$9.79. 130% of that is \$12.72. The 75th percentile is \$12.00.

5. Other Reviews: Legal and Compliance will review the final renewal agreement and compensation terms prior to execution. The Finance Committee reviewed and recommended this proposal for approval at its July 27, 2020 meeting.
6. Outcomes: Physicians will participate in the peer review process for reading services related to EKG reviews and interpretations.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Marjorie Adams, MD, Chief Medical Officer
Date: July 2, 2020
Subject: Gastroenterology On-Call Panel (M)

Recommendation: To approve delegating to the CEO the authority to execute:

1. The On-Call Panel two-year agreement with an independent physician at the existing rate of \$100/day to be effective upon Board approval.
2. MD On-Call Panel two-year renewal agreements at the existing rate of \$100/day to be effective January 1, 2021.

Summary:

1. **Situation:** The Hospital has separate gastroenterology call panels at each campus in which scheduled physicians respond when needed for emergency department and inpatient gastroenterology consults.

Currently five (5) physicians are contracted to provide on-call coverage services at the Mountain View campus only two (2) of which have Hospital privileges to perform Endoscopic Retrograde Cholangio Pancreatography (ERCP) diagnostic and therapeutic ERCP procedures to treat Hospital patients with biliary/ pancreatic disease. The MD on-call panel agreements expire December 31, 2020.

Hospital would like to add an additional physician to the MD On-Call Panel who has Hospital privileges to perform ERCP. The existing per diem rate of \$100 is over the 5th percentile for fair market value.

Hospital would like to enter into MD On-Call Panel renewal agreements at the existing rate of \$100/day to be effective January 1, 2021 for a term of two years.

2. **Authority:** According to Administrative Policies and Procedures 51.00 Finance Committee review and Board approval are required prior to the CEO signature of physician agreements with compensation that exceeds the 5th percentile for fair market value.

3. **Background:** Effective July 1, 2020 both the MD On-Call Panel agreements were amended to require that the on-call physician be responsible for providing consultative services for patients who require ERCP procedures to treat biliary/ pancreatic disease. If the on-call physician does not have privileges to provide ERCP procedures the on-call physician is expected to provide initial consultative services for patient and continued clinical follow up while arranging for patient to be seen by an interventional endoscopist with Hospital privileges to perform ERCP.

In 2018 the Board approved entering into two-year agreements at the existing per diem rate of \$100/day.

4. **Fair Market Value Assessment:** Compensation will be constrained to the existing rate of \$100/day which is over the 5th percentile according to the 2020 MD Ranger San Francisco

Gastroenterology Call Panel (M)

July 2020

Bay Area Report for Gastroenterology Call Coverage 5th percentile is 1040 and 0th percentile is 480

5. Other Reviews: Legal and Compliance will review the final renewal agreement and compensation terms prior to execution.
6. Outcomes: Physicians will participate in the peer review process for consultations related to gastroenterology call coverage.

List of Attachments: one.

Suggested Board Discussion Questions: one.

**EL CAMINO HOSPITAL
BOARD MEETING MEMO**

To: El Camino Hospital Board of Directors
From: Jim Griffith, COO
 Ken King, CASO
Date: August 12, 2020
Subject: Radiation Oncology Equipment Replacement – Updated Funding Request

Recommendation(s):

To approve the updated costs to replace the Radiation Oncology Equipment Replacement Project at cost not to exceed \$10.3 million.

Summary:

- Situation:** The Finance Committee and Board of Directors approved the replacement of the Radiation Oncology Equipment that would allow ECH to provide new treatments and services with new state of the art equipment in July/August 2019. The room renovation costs initially estimated were based on the experience of the vendor for replacing equipment within an existing shielded vault. Since that time our architects and engineers who were engaged to prepare the construction/installation plans for a required building permit, discovered that a significant amount of work was needed to support the installation of the new equipment.

The major discovery is that the equipment installation requirements along with the current 2019 building code standards requires significant upgrades to the mechanical and electrical infrastructure of the building along with upgrades to the structural slabs in both of the shielded rooms. This includes amongst other things the replacement of the HVAC Units on the roof to meet the required air changes and temperature thresholds of the equipment. The bottom line is that the amount of construction required to install the replacement equipment is much more extensive than originally estimated. Additionally, it was discovered that the initial equipment estimates did not include all of the components needed for our building environment and they did not include tax and freight which adds approximately 10% to the total cost of the equipment. The difference from the initially requested funding and the final funding request is outlined below.

	Initially Requested	Final Negotiated Equipment Cost	Tax & Freight	Final Cost
Equipment	\$5,850,000	\$6,170,000	\$617,000	\$6,787,000
Facilities Costs	\$900,000			\$3,512,800
Total	\$6,750,000			\$10,299,800
			Rounded	\$10,300,000
Facilities Costs Detail				
Construction				\$2,466,916
Soft Costs				\$760,000
FF&E (Minor)				\$60,000
Contingency			7%	\$225,884
Total				\$3,512,800

Radiation Oncology Equipment Replacement – Updated Funding Request
August 12, 2020

2. **Authority:** Policy requires both Finance Committee Review and Board Approval for expenditures over \$5 million.
3. **Background:** The justification for replacing the existing equipment made a year ago remains valid. The existing equipment has been in service since May of 2009 and was fully depreciated within seven years. The equipment is required for our ability to provide critical cancer treatment services to our patients and must be replaced. At this stage of the project we now have a GMP construction contract proposal from a qualified contractor and the City of Mountain View plan review process is in its final phase with a Building Permit expected by early August.

Despite the additional costs the ROI remains strong. An updated financial analysis is provided in the assessment section below.

4. **Assessment:** The summary of the pro forma is as follows:

Varian Halcyon Capital Investment		Varian Edge Capital Investment	
Useful Life	7 Years	Useful Life	7 Years
Equipment Cost	\$3,737,000	Equipment Cost	\$3,050,000
Room Renovation Costs	\$2,107,680	Room Renovation Costs	\$1,405,120
Total Capital Cost	\$5,844,680	Total Capital Cost	\$4,455,120
Payback	Year 3	Payback	Year 1
Return on Investment	384%	Return on Investment	2369%
Net Present Value	\$11,335,200	Net Present Value	\$76,008,726

5. **Other Reviews:** The assessment financial pro-formas above were prepared by the Finance department and have been through the requisite review. The project is financially accretive. The Finance Committee reviewed and recommended this proposal for approval at its July 27, 2020 meeting.
6. **Outcomes:** The implementation timeline has been impacted by the COVID-19 Pandemic by approximately three months from the original plan.

Implementation timing is as follows (Original Plan)		UPDATED 07/20
8/19	Board approval of funding for equipment and planning	Done
9/19	Finalize equipment purchase agreement	Done
10/19	Place purchase orders	Done
12/19	Complete phased construction specs, submit for building permit	Done
5/20	Finalize construction costs and gain board approval for funding, if necessary	8/20
6/20	Obtain building permit and start construction	8/20
10/20	Complete construction and installation of HalcyonR	1/21
11/20	Gain CDPH and Radiation Board approval of HalcyonR	2/21
12/20	Start construction/installation of EDGER	3/21
4/21	Complete construction and installation of EDGER	6/21
5/21	CDPH and Radiation Board approval of EDGER	7/21

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Cindy Murphy, Director of Governance Services
Date: August 12, 2020
Subject: October Joint Board and Committee Education Session

Recommendation(s):

To approve the agenda for the agenda for the Joint Board and Committee Education Session.

Summary:

1. **Situation:** The Board continues to request ongoing education to support its work. Ongoing Board education is considered a best practice vital to effective Board functioning.
2. **Authority:** It is within the Governance Committee's chartered responsibilities to recommend educational activities for Hospital Board and Committee members for education, training and development.
3. **Background:** During the joint educational session in April 2020, which was canceled due to the pandemic, we had planned to discuss "Achieving Optimal Governance" during which we hoped to engage in a discussion comparing and contrasting the roles of management, the Committees and the Board. In addition, the community members of the Board's Advisory Committees continue to express interest in at least annual updates on the Strategic Plan implementation. Finally, the organization is undertaking a strategic planning process that we hope will culminate in approval of an updated strategic plan by April 2021.

Recommendation: A decision will be made at a later date whether this meeting will be in person or virtual, though it will likely be virtual. The Governance Committee recommends keeping the session as interactive as possible, even if it is virtual.

- A. Full Group – Update on the current Strategic Plan implementation: 1 hour
 - B. Full Group – Introduction to Current Strategic Planning Process: 1 hour
 - C. Small Group Breakout Sessions – Achieving Optimal Governance: led by Members of the Governance Committee. There is pre learning material provided by the Governance Institute and staff will prepare presentation materials.
4. **Assessment:** N/A
 5. **Other Reviews:** The Governance Committee reviewed and recommended approval of this agenda at its August 4, 2020 meeting.
 6. **Outcomes:** N/A

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Apurva Marfatia, MD, Enterprise Chief of Staff
Michael Kan, MD Chief of Staff Los Gatos
Date: August 12, 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 June 25, 2020.
2. Background: MEC received the following informational reports.
 - a) Quality Council – The Quality Council met on June 3, 2020. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
 - i. Perioperative Annual Report
 - ii. Quarterly IQ Facility Performance and MIPS Performance Survey
 - iii. Palliative Care Annual Report
 - iv. Stroke Program Annual Report
 - b) Leadership Council – The Leadership Council met on July 7 and July 28, 2020
 - i. Quality Council reviewed and discussed:
 1. First meeting of the Leadership Council for FY2021 with newly elected leadership
 2. Proposed that each member of the Leadership Council to have a specific project and discuss throughout the year
 3. Reviewed various committees, specifically the Ethics Committee. Current chair to be invited to the August Leadership Council to discuss direction
 4. Medical Staff Code of Conduct and Professional Behavior procedure was discussed and proposal made as to how to revise so as to meet the needs of the Medical Staff. Behavior issues will be handled outside the Practitioner Excellence Committee.
 5. The July 28 meeting covered the Medical Staff Budget research and proposal for the upcoming FY2021
 - c) The CEO Report was provided and included the following updates:
 - i. Volumes are recovering and approaching the financial situation conservatively
 - ii. Reviewed the latest trends and impact that COVID-19 has on the Hospital and the County
 - iii. Testing continues in house
 - d) The CMO Report was provided and included the following updates:
 - i. Reviewed and discussed the Quality Dashboard
 - ii. ERAS Program discussed as an approach to reduce SIS and LOS

- iii. Reduction of serious safety events (SSER) established as one of the FY2021 Organizational Goals

3. Other Review:

- a) The MEC approved the revised the Medical Staff Code of Conduct and Professional Behavior Procedure

List of Attachments: Policies and Procedures

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

**BOARD
 POLICIES FOR APPROVAL
 August, 2020**

Policy Owner/Dept.	Policy Name	Type of Change	Type of Document	Notes	Committee Approvals
Med Surg/Ortho	Medical, Surgical, Orthopedics and Oncology LG	Minor	Scope of Service	Updated to include Oncology Services	LG Director of Nursing, ePolicy
MCH	Lactation Services	Minor	Scope of Service	Minor changes to verbiage	1.UPC, ePolicy
Marketing	Release of Information to the Media	Minor	Procedure	Updated to El Camino Health and updated roles within Marketing & Communications, coverage includes the Board	ePolicy, MEC
Imaging	Radiation Safety – Radiation Protection Program	None	Policy	Annual Review as required per Title 17	Radiation Safety, Central Safety, ePolicy, MEC
Medical Staff Office	Medical Staff Code of Conduct and Professional Behavior	Minor	Policy	Updated	Leadership Council and MEC



Current Status: Pending

PolicyStat ID: 7919091



Origination: 02/2018
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2020
Next Review: 3 years after approval
Owner: Alexander Tungol: Clinical Manager
Area: Scopes of Service
Document Types: Scope of Service/ADT

Scope of Service Medical Surgical Orthopedics and Oncology Los Gatos

Types and Ages of Patient Served

Medical Surgical Nursing Services provides services to patients from adolescence to geriatric as defined in the department's admission criteria. The primary patient population served consists of inpatients with a wide array of medical conditions and provision for services to outpatient medical-surgical cases and surgical inpatient overflow.

Assessment Methods

Nursing care is provided by a registered nurse utilizing the nursing process. Registered nurses provide direct supervision to clinical support caregivers (certified nursing assistants CNAs) in the provision of patient care.

Scope and Complexity of Services Offered

Medical Surgical Nursing Services provides 24-hour nursing care to:

- a. Medical, surgical, orthopedic, neurologic, oncology and telemetry monitored patients
- b. Procedural inpatients out patients

Care is given as directed and prescribed by the physician. All non-nursing orders are communicated to the appropriate ancillary departments via the computerized Electronic Health Records. Staff communicates specific patient needs and coordinate treatment and plan of care with all ancillary departments. The discharge planning process is initiated on admission, in collaboration with the physician(s), care coordinators/social workers, and patient and family/home caregivers. Multidisciplinary patient care rounds are conducted that includes formal review and revision of the plan of care.

Appropriateness Necessity and Timeliness of Services

The Clinical Manager and shift charge nurses assess the appropriateness, necessity and timeliness of service. The appropriateness of services is addressed in "Patient Care Services Policies Procedures" which are established in collaboration with the medical staff.

Patient's progress is evaluated by physician(s), nurses, members of other health disciplines as well as by the

patient and family.

Staffing Staff Mix

The Clinical Manager oversees the operations of Medical/Surgical/Orthopedic/Oncology Services on a 24-hour basis and reports to the Director of Nursing Services. The Medical Surgical Nursing Services has a skill mix of RNs, clinical support and administrative support to provide care and service to patients.

A charge nurse is assigned and staffing is determined based on hours per patient day (HPPD) and adjusted according to the nursing intensity measurement system (NIMS), a patient classification system. The charge RN for each shift determines prospective staffing needs based on NIMS and individual patient care needs.

The competency of the staff is evaluated annually. Staff education and training is provided to meet and validate performance standards.

Requirements for Staff

- All staff must complete orientation as specified in the department specific orientation module.
- The Heath Stream modules are reviewed annually by all staff.
- All staff are required to be BLS certified.
- RN's caring for Telemetry patients are required to have ACLSRNs must have a current California license and CNAs must be currently certified by the State of California.

Level of Service Provided

The level of service is consistent with the needs of the patient as determined by the medical staff. The department is designed to meet the level of care needs of the patient.

Performance assessment and improvement processes are evaluated through performance improvement activities in conjunction with the multi-disciplinary health care professionals who provide services to the unit(s).

Standards of Practice

Medical Surgical Nursing Services is governed by state regulations as outlined in Title 22 and standards established by The Joint Commission. Additional practices are described in the Patient Care Services Policies

- Procedures and Clinical Practice Standards.

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

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	07/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	06/2020
	Meriam Signo: Director Nursing Svcs-LG	04/2020

COPY



Origination: 03/2015
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2020
Next Review: 3 years after approval
Owner: Lisa Rael: Clinical Manager
Area: Scopes of Service
Document Types: Scope of Service/ADT

Lactation Services Enterprise

Types and Ages of Patient Served

The patient population consists of mothers and babies.

Assessment Methods

Breastfeeding support and education is first evaluated by nursing staff from Mother-baby and NICU. A referral for an inpatient consult from Lactation Services can be made by nurses, doctors or patients when additional resources and experience is needed. Lactation Consultants make assessments, document and develop a plan of care to help primary care nurse and patient.

Out-patient consults are scheduled and seen by Internationally Board Certified Lactation Consultants (IBCLC) after the mother has been discharged from the hospital.

For patients requiring resources not available through Lactation Services, they will be referred to their physician, out patient or other resources in the community.

Scope and Complexity of Services Offered

Lactation Services provides breastfeeding support and education resources to inpatients and outpatients. Inpatient and outpatient mothers can be referred to a lactation consultant by nursing, physicians and patients.

Physicians are notified of consultation by fax or by phone if there is an immediate concern for the baby's needs.

Appropriateness Necessity and Timeliness of Services

The Department Manager assesses the appropriateness, necessity, and timeliness of service. The appropriateness is addressed in hospital and department specific policies and procedures which are established in coordination with the medical staff and Partnership Council.

A continuous Performance Improvement process is in place to monitor on-going performance. This process is designed to assess all aspects of care. Patient progress is evaluated by lactation consultants, nursing staff and medical staff, along with patient and family satisfaction.

Staffing

Lactation consulting is provided daily, except some holidays, to inpatients. Coverage includes Mother-Baby, NICU, CCU, Pediatrics and other areas in the hospital which need lactation consulting for their patient population. The lactation consultant is available to provide outpatient consultations as scheduled and conducts a weekly drop-in support group.

Level of Service Provided

The level of service is consistent with the needs of the patient as determined by the lactation consultants, Mother-baby and NICU nurses' assessment, as well as patient input. Lactation Services is designed to meet the needs of the patient, combining inpatient and outpatient care.

Standard of Practice

Outpatient Lactation Services is governed by state regulations as outlined in Title 22. These standards follow recommendations from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), World Health Organization and International Lactation Consultants Association, (ILCA).

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

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	07/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	06/2020
	Lisa Rael: Clinical Manager	06/2020



Current Status: *Pending*

PolicyStat ID: 8100887



Origination: 05/2001
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2020
Next Review: 3 years after approval
Owner: Jennifer Thrift: Sr Spec Comm & Social Media
Area: Administration
Document Types: Procedure

Release of Information to the Media

COVERAGE:

All El Camino Hospital Staff, Volunteers and Board Members

PURPOSE:

An effective relationship with the news media and our partners is of great importance to El Camino Health. The media should be accorded the fullest cooperation possible. However, under HIPAA privacy regulations, there are strict limitations as to what patient information a hospital may share with the media and our partners (see attached summary).

At El Camino Health, designated staff in the Marketing & Communications department, or other appropriate designated staff, has been given the responsibility and authority to release information to the media according to HIPAA privacy regulations. Anyone else contacted by the media, including administration, managers or individual employees and volunteers, should direct the inquiry to the Marketing & Communications department.

PROCEDURE:

1. Except in emergency situations, all media inquiries should be directed to the Marketing & Communications department for assessment and response. In an emergency situation (extenuating circumstances or emergent conditions) the Chair of the El Camino Hospital Board of Directors may respond directly to media inquiries.
2. Statements about patients, or any other hospital-related matter, may be made only by authorized persons in accordance with the hospital's policy for release of information to the news media. The release of patient information at El Camino Health follows the guidelines of both California law and federal regulations (summary attached). Nothing in this policy is intended to prohibit employee statements that do not violate confidentiality or privacy rules, are not disruptive of the organization's business or operations, are not false or defamatory, and where the employee is not purporting to speak on behalf of (or as a representative of) the hospital.
3. The following persons (listed in the order in which they should be contacted) are authorized to release information to the news media.
 - a. Information about patients:
 - I. Director of Communications (After normal business hours contact hospital operator to reach manager at home)

II. Sr. Communications & Social Media Specialist

b. Other information:

I. Government & Community Relations Director

II. Administrator on call

4. Videotaping and/or photographing patients for release to the media (print, online, or TV and/or radio) or partners (vendors and organizations) require prior written authorization from a patient and prior authorization by Marketing & Communications. All persons photographed or videotaped must also sign an El Camino Health photo consent form.
5. Employees and departments are not to initiate media outreach. Outreach should only be completed by Marketing & Communications staff, unless pre-approved by the Marketing & Communications department.
6. El Camino Health Marketing & Communication distribution of information to the media about Board Member activities should align with these criteria:
 - Be related to efforts or recognition that occur on behalf of El Camino Hospital
 - Involve efforts or recognition related to the healthcare industry
 - Be in compliance with California Fair Political Practices Commission regulations
 - Be issued in consultation with the Director of Communications and the Hospital CEO
 - Be distributed in the manner Marketing & Communications recommends as being most effective
7. The media or partners often request information from physicians, clinicians, hospital staff or leadership or ask that a physician appear on camera or be quoted as a source. To select an appropriate spokesperson on a topic, Marketing & Communications will contact Administration or appropriate department leadership regarding recommendations and suggestions. Criteria would include the topic, the individual's particular expertise; ease in working with the media, status in his/her department or on medical staff. If Administration or department leadership is not available, Marketing & Communications use the above criteria to select a spokesperson. If the request is best answered by a hospital-based physician (i.e. emergency, neonatology, pathology), Marketing & Communications will work with the department manager to select and prepare the spokesperson.
8. Press releases are written and released by Marketing & Communications and/or a designee. If a hospital department has information to be released to the media (print, online, TV and/or radio), designated staff in the Marketing & Communications department must be notified to coordinate the process.
9. In all cases, the assigned Public Information Officer will confer with the Marketing & Communications Department Manager/Director or the Chief Executive Officer as appropriate.

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

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	07/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	06/2020
	Jennifer Thrift: Sr Spec Comm & Social Media	05/2020

COPY



Current Status: Pending

PolicyStat ID: 8085298



Origination: 07/2014
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2020
Next Review: 3 years after approval
Owner: Aletha Fulgham: Assistant Director Imaging Svc
Area: Imaging Services
Document Types: Policy

Radiation Safety Radiation Protection Program

COVERAGE:

All El Camino Hospital staff, medical staff, and volunteers

PURPOSE:

To provide standards for proper radiation protection at El Camino Hospital

POLICY STATEMENT:

This policy describes the ECH Radiation Protection Program, the reporting structure and program oversight. It is the hospital guidance document for occupational and public radiation safety/exposure.

DEFINITIONS:

- ALARA: an acronym for "as low as (is) reasonably achievable," which means making every reasonable effort to maintain **exposures to ionizing radiation** as far below the dose limits as practical.
- RSO: Radiation Safety Officer
- RSC: Radiation Safety Committee
- RPP: Radiation Protection Plan
- RPA: Radiation Protection Apparel

REFERENCES:

- American College of Radiology Radiation Safety
- California Department of Public Health- Radiologic Health Branch
- California State Bill 1237
- Title 17, the California Code of Regulations, Title 10, Code of ederal Regulations, Part 20
- RSO Delegation of Authority: <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8243IR1.pdf>

PROCEDURE:

A. Program Structure and Oversight

1. **Radiation Safety Officer** **RSO** The RSO is qualified by the California Department of Health

Services, Radiologic Health Branch (CDPH) and is responsible for the Radiation Protection Program (RPP.)

- a. The duties and responsibilities of the RSO and governance of the RSO and organization are addressed in the Delegation of Authority document.
 - b. The RSO is responsible to report annually the activities of the RPP to the hospital medical staff.
2. **Radiation Safety Committee** □ The Radiation Safety committee reports to the Hospital Safety Committee and meets quarterly. A quorum for any meeting is three of the four core members.

a. Membership

1. Core Members of the RSC are:

- i. RSO
- ii. The Chairman
- iii. A representative from hospital administration
- iv. A representative from nursing administration

2. Represented members are required from each department that utilizes ionizing radiation and may include members of the Medical Staff.

3. Appointment to the RSC is made through recommendation and approval by the RSO.

b. Radiation Safety Committee has the following responsibilities:

1. To review proposals for diagnostic and therapeutic uses of radionuclides.
2. To review regulations for the use, transport, storage and disposal of radioactive materials.
3. In concert with the RSO, analyze technical data regarding the use of ionizing radiation for the ECH Enterprise, and make recommendations to ensure best institutional safety practices, and review regulatory requirements for compliance.
4. To review rules and guidelines for nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides; rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo procedures or autopsy.
5. To assure the provision of radiation safety training suitable to the needs of the hospital.
6. Annual review of equipment records to ensure physics surveys are within limits.
7. Review the Radiation Protection Plan annually.
8. Review quarterly Quality Control records from all areas where radiation is used.
9. Maintains policies on the following topics for guidance.
 - i. Radiation Protection
 - ii. Inspection and maintenance of Radiation Protective Apparel (RPA)
 - iii. Dosimetry monitoring
 - iv. CT radiation dose documentation
 - v. Declared pregnant radiation workers
 - vi. Pregnancy screening and patient management

- vii. Portable radiography guidelines
 - viii. Fluoroscopy exposure regulatory guidance
 - ix. Radiation exposure events; wrong patient or body part imaged
 - x. Radionuclide delivery and storage
 - xi. Radioactive spills and emergencies
 - xii. Radiopharmaceuticals safety
 - xiii. Radioactive waste management
10. Annual review of RPA inspection report.

c. Radiation Areas

- 1. A current copy of department form RH-2364 (notice to employees) is posted. Title 17 is available on-line.
- 2. All radiation areas are identified as hazardous via the posting of a radiation sign or placard.
- 3. Emergency procedures applicable to working with sources of radiation are available.

d. Occupational Exposure

- 1. The hospital will issue a dosimeter to any individual whose anticipated dose is expected to exceed 10% of the annual dose limit while at the facility.
- 2. Dosimeters must be worn appropriately by all radiation workers at all times, if likely to receive 5mSv per year according to the Nuclear Regulatory Commission.
- 3. Dosimeter reports are reviewed by the RSO monthly and reported quarterly to the RSC. Reports are available for review by radiation workers on-line at www.myldr.com
- 4. At no time will a dosimeter be exposed to radiation unless worn by the individual to whom it is issued. Any infraction of this rule may result in the loss of that person's privilege to work with radioactive material and/or ionizing radiation. Flagrant violations of this policy may result in discipline up to and including termination.

3. **Radiation Safety of Pregnant Radiation Workers**

Radiation workers may declare their pregnancy in writing to the Radiation Safety Officer. Upon declaration, the Radiation Safety Officer or designee will provide the worker with a fetal dosimeter and specific precautions and policies relating to radiation safety during their pregnancy. If the pregnancy is not declared, the individual is not considered to be pregnant. See policy **Declared Pregnant Radiation Workers**

4. **Education**

- a. It is an El Camino Hospital requirement that all staff working in a radiation environment be provided with radiation safety training as part of their orientation prior to assumption of duties.
- b. All staff members meet continuing education in radiation safety through current licensure and/or HealthStream.

5. **Investigational Levels for ALARA:**

- a. El Camino Hospital has established investigational levels for occupational doses in conjunction with 10 CFR 20.1201 significantly lower than the annual Nuclear Regulatory Commission

ALARA levels. Individuals exceeding ALARA exposure limits will receive an ALARA Memorandum from Landauer, reviewed by the RSO. The RSO conducts an investigation and maintains records of all occurrences and findings. Should any worker exceed NRC limits, an immediate review by the RSO and RSC will occur. A report of the investigation, any actions taken, and a copy of the individual's exposure records will be presented to the RSC at its first meeting following completion of the investigation.

b. Licensees Investigational Level Thresholds- All Subaccounts

Badge Exposure	Monthly	Quarterly	Yearly	NRC
Diagnostic Radiology Nuclear Medicine Radiation Oncology Interventional Cardiology Fluoroscopy Supervisor				
DDE/TEDE	125 mrem	375 mrem	1500 mrem	30
LDE	375 mrem	1125 mrem	4500 mrem	30
SDE	1250 mrem	3750 mrem	15000 mrem	30
Ring	750 mrem	2250 mrem	9000 mrem	18

c. The Committee will review each dose in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the Committee minutes.

6. **Reestablishment of Investigational Levels:**

- a. In cases where a worker's, or a group of workers' doses, need to exceed an investigation level, a new, higher investigational level may be established for that individual or group on the basis that it is consistent with good ALARA practices.
- b. Justification for new investigational levels will be documented.
- c. The RSC will review the justification, and must approve or disapprove all revisions of investigational levels.

B. **Public Patient Safety Radiation Exposure** It is the policy of El Camino Hospital to keep the radiation exposure to all patients at the lowest possible levels.

- 1. No imaging study will be performed without a valid physician order and corresponding requisition from a licensed medical practitioner.
- 2. Technique charts and modality protocols are available to assist technologist in maintaining ALARA while still producing diagnostic quality images for interpretation.
- 3. The Technologist will use ALARA based principles, optimize technical factors for image acquisition, and maintain best practices in order to reduce patient dose while maintaining diagnostic image quality.
 - a. The technologist will shield the gonads of all patients when the gonads lie within six centimeters of a properly collimated primary beam, unless the shielding will interfere with diagnosis.
 - b. All female patients of child-bearing age will be screened for pregnancy.
 - c. Student Radiologic Technologists work under the direct indirect supervision of a licensed radiographer.

4. During the use of portable fluoroscopy (C-arms), the technologist will delineate the area of radiation exposure or risk during the procedure unless otherwise directed or changed by the supervising physician.
5. Relatives of the patient or other healthcare workers wearing protective apparel may hold the patient in position if other methods fail. Technologists are to hold patients only in an emergency.
6. Any event where a patient is unnecessarily or incorrectly exposed to ionizing radiation will be reviewed, e.g. wrong patient, wrong body part.

C. Pediatric Patients

1. In an effort to reduce patient radiation dose, all pediatric patients should have proper techniques and immobilization devices used while undergoing imaging procedures.
2. When performing CT Scans on pediatric patients, the technologist should significantly reduce technique by using appropriate pediatric protocol.

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	07/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	06/2020
Imaging Services	Aletha Gulgham: Assistant Director Imaging Svc	05/2020
	Aletha Gulgham: Assistant Director Imaging Svc	05/2020



Origination: 10/2008
Effective: Upon Approval
Last Approved: N/A
Last Revised: 08/2020
Next Review: 3 years after approval
Owner: Edith Conner: Interim Manager
Area: Medical Staff
Document Types: Policy

Medical Staff Code of Conduct and Professional Behavior

COVERAGE:

El Camino Hospital Medical Staff and Allied Health Clinicians

PURPOSE:

The purpose is to ensure a safe, cooperative, and professional health care environment that will ensure optimum patient care and prevent or eliminate (to the extent possible) conduct defined as disruptive or unacceptable behavior as defined below in IV B.

POLICY STATEMENT:

It is the policy of the Medical Staff of El Camino Hospital that the physicians and allied health practitioners treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the Board of Directors requires physicians and privileged licensed practitioners will conduct themselves in a professional and cooperative manner in all El Camino Health facilities and understand and agree to adhere to a code of conduct and professional behavior. New and current practitioners of the El Camino Hospital Medical Staff will sign an acknowledgement of receipt of this policy at the time of appointment and reappointment, respectively.

DEFINITIONS:

- A. **Acceptable behavior** is defined as behavior that enables others to perform their duties and responsibilities effectively, promotes the orderly conduct of the organization, and results in respectful and constructive communication. Examples of acceptable behavior include, but are not necessarily limited to:
 1. Demonstration of dignity, respect, courtesy, cooperation and presentation of a positive and professional image when dealing with all patients and coworkers.
 2. Respectful communication in a calm and professional manner.
 3. Addressing disagreements professionally, factually and timely.
 4. Communication with department and intradepartmental team members that is accurate and timely.
- B. **Disruptive or inappropriate behavior** is defined as behavior that disrupts the operation of the hospital, affects the ability of others to do their jobs or to practice competently, or creates a hostile work environment for hospital employees, physicians, allied health practitioners, patients or other individuals. The Medical Staff will not tolerate disruptive behavior, which may include but is not limited to:
 1. Rude, vulgar or abusive conduct, verbal and/or physical, toward, or in the presence of, patients, nurses, hospital employees, other practitioners or visitors.
 2. Non-constructive criticism or disparagement addressed to, or about, a recipient in a way as to intimidate, belittle or to infer stupidity or incompetence.
 3. Impertinent and/or inappropriate comments written or illustrated in the patient's medical records or other official documents that impugn the quality of care in the hospital or malign particular practitioners, employees or hospital policy.

4. Deliberate destruction or stealing of hospital property, including medical records.
5. Disrupting hospital case management, committee or peer review functions.
6. Disrupting hospital personnel's ability to perform their assigned functions.
7. Refusal to accept medical staff assignments when required or refusal to participate in committee or departmental affairs in a professional and appropriate manner.
8. Harassment by a medical staff or Allied Health Staff member against any individual (other medical staff member, Allied Health Staff member, hospital employee, patient or visitor) on the basis of race, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, age, religion, or sexual orientation.
9. "Sexual harassment" is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings or posters). Sexual harassment may include, but is not limited to, unwelcome advances, requests for sexual favors, and any other verbal, visual or physical conduct of a sexual nature when 1) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion or other aspects of employment; or 2) this conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment.

REFERENCE:

California Business and Professions Code 805.8

Adverse Event Reporting to Regulatory or State Licensing Agencies Procedure

PROCEDURE:

- A. Reporting and Initiation of Complaint. Any physician, allied health practitioner, employee, patient, or visitor may report potential unprofessional conduct of a medical staff member through the following channels: submission of an incident report or communication with hospital or medical staff leadership which can be verbal, by email, in writing or in person.
- B. The report shall be forwarded to the Quality, Safety and Risk Department for documentation. Such documentation shall include:
 1. The date, time, and place of the questionable behavior.
 2. A statement of whether the behavior affected or involved a patient in any way, and, if so, information identifying the patient.
 3. The circumstances that precipitated the situation.
 4. A factual and objective description of the questionable behavior.
 5. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations.
 6. A record of any actions taken to remedy the situation including the date, time, place, and name(s) of those intervening.
- C. Investigation:
 1. Once a report of unprofessional behavior regarding a medical staff member is reported, the matter will be referred to the Chief Medical Officer or his/her designee to investigate the incident. Investigation should include discussion with involved medical staff member and others as deemed appropriate. The medical staff member shall have a full opportunity to respond to the concerns during the entirety of the investigative process. The Chief Medical Officer or designee shall make a determination of whether the incident requires any action.
 2. If no further action is required, then the Chief Medical Officer or designee shall document this outcome and file that in the practitioner's quality file.
 3. Initial collegial intervention will be informal among the provider and the campus and department specific vice chair. A copy of this policy will be provided, the need for compliance will be emphasized and the discussion documented in the practitioner's Quality file along with a simple email that will be sent to the provider. A communication of such meeting shall be delivered to the appropriate Department Chair.
 - a. In the spirit of an informal collegial intervention, an administrative representation in the meeting with the

practitioner may be present only at the discretion of the campus and department specific vice chair

4. Level 1 is defined as an apparent or recurrent incidence of disruptive behavior. If the single incident is egregious and/or the incident along with past events signifies a developing pattern of disruptive behavior, the Chief Medical Officer designee and the Department specific Chair will meet with the practitioner to discuss the next intervention. They will provide the practitioner with a copy of this policy and inform the practitioner that the Board requires compliance with the policy and failure to comply shall be grounds for summary suspension.
 - a. The Chief Medical Officer designee or one the Department specific Chairs shall document this meeting and write a follow up letter to the practitioner to document the content of the discussions and the actions that the practitioner has agreed to perform with possible ramifications of compliance failure. This letter shall be kept on file
5. Level 2 is defined as a persistent pattern of disruptive behavior and will be addressed by the Leadership Council. The practitioner will be present at the time that the behavior is discussed. Appropriate recommendation will be recommended.
 - a. Involved practitioner may submit a rebuttal to the charge which will also be kept in the practitioner's quality file
 - b. Documentation of the discussion will be contained in the Leadership Council minutes
 - c. Documentation of the discussion will be placed in the practitioner's file with a certified letter sent to the practitioner of the recommendations
6. Level 3 is defined as a single egregious behavior and/or a persistent pattern of disruptive behavior despite prior counsellings. The matter will be referred to the MEC for review. Possible actions include:
 - a. Development of a behavior contract setting zero tolerant goals for the practitioner or
 - b. Recommending other appropriate actions in accordance with the Medical Staff Bylaws, including possible Summary Suspension, to the Board of Directors
7. c. Appropriate documentation shall be entered in the practitioner's file

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D. Conclusions



1. If the Single Incident is egregious, then move to Level 3

Incident or Pattern	Administrative	Medical Staff
Single Incident	Optional	Campus and Department Specific Vice Chair
Level 1	CMO designee	Department Specific Chair
Level 2	Leadership Council	Leadership Council
Level 3	MEC	MEC

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Attachments

[Code of Conduct - Acknowledgement of Receipt](#)

Approval Signatures

Step Description	Approver	Date
Board	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
ePolicy Committee	Jeanne Hanley: Projects Coordinator	08/2020
MEC	Catherine Carson: Senior Director Quality [JH]	08/2020
Leadership Council	Edith Conner: Interim Manager [JH]	08/2020
	Edith Conner: Interim Manager [JH]	08/2020

Finance Committee Approvals Report to the Board – August 12, 2020

In accordance with the Signature Authority Policy, the following capital expenditure was approved by the Finance Committee at its July 27, 2020 meeting:

Project	Campus	Not to Exceed Amount	Description of Project and Statement of Need
Mountain View Sterile processing Equipment Replacement	MV	\$1.85 million	Routine replacement of equipment that is reaching end of life and is essential and required for being able to perform surgeries and other procedures.

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

To: El Camino Hospital Board of Directors
From: Bob Miller, Executive Compensation Committee Chair
Date: August 12, 2020
Subject: Executive Compensation Committee Approvals

Purpose:

To report to the Board decisions made at the Executive Compensation Committee (ECC) meeting on July 28, 2020.

Summary:

Pursuant to authority granted to it by the Board, the ECC approved the FY21 base salary for the incoming Chief Financial Officer.

FY21 Annualized Base Salary

<u>Job Title</u>	<u>Amount</u>
Chief Financial Officer	\$565,000

List of Attachments: None.

Suggested Board Discussion Questions: None. This is an informational item only.

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

To: El Camino Hospital Board of Directors
From: Kathryn Fisk, CHRO; Mark Adams, MD, Chief Medical Officer; Cheryl Reinking, CNO; Michael Moody Interim CFO
Date: August 12, 2020
Subject: FY21 Organizational Performance Goals

Purpose: To approve the FY21 Organizational Performance Goals.

Summary:

1. **Situation:** In light of the organization's focus on response to and recovery from the COVID-19 pandemic, a great deal of thought has been given to if and how the Organizational Performance Goals might be structured differently for FY21. Management, the Board's Committees, and the Board have reviewed the matter thoroughly and the proposal now includes a threshold financial goal, quality and safety goals, service goals, and a separate financial goal. Success will be measured over a full 12-month period. Additionally, the executive team and other management staff are developing individual goals for the full year.
2. **Authority:** Annually, the Board approves a set of Organizational Performance Goals.
3. **Background:**
 - A. **Threshold: Greater Than or Equal to 3% EBIDA**
 - B. **Quality and Safety Goals (40%) Zero Preventable Harm:**
 - i. **Serious Safety Event Rate** – Target = improve from baseline of 4.16/10K adjusted patient days to 4.0/10K adjusted patient days.
 - ii. **Risk Adjusted Readmission** – Target = close gap to top performers (top 15%) by 50 %. Awaiting final data.
 - iii. **El Camino Health Medical Network (ECHMN) HEDIS Score** – Target = 3.0 (10% improvement)
 - C. **Service Goals (40%) Exceptional Personalized Experience, Always:**
 - i. **Likelihood to Recommend – Inpatient** – Target = 83.6 (30% of improvers)
 - ii. **Likelihood to Recommend – Emergency Room** – Target = 78.2 (30% of improvers)
 - iii. **Likelihood to Recommend – ECHMN** – Target = 75.9 (FY20 Q3 baseline = 71.1)
 - D. **Finance (20%) Sustainable Strength and Vitality** – Target = 100% of Budgeted Operating EBIDA margin.

4. Assessment: The Proposed FY21 Performance Goals are now finalized except for the readmission index which will not be available until mid-September. The Incentive Goals impact everyone in the organization as well as physician medical directors. Quality, Safety, and Patient Experience for the first time will constitute 80% of the incentive plan.
5. Other Reviews; The Quality Committee (8/3/20), the Executive Compensation Committee (7/28/20), and the Finance Committee (7/27/20) have each reviewed and recommended Board approval of the Proposed FY21 Organizational Performance Goals
6. Outcomes: Approved FY21 Organizational Performance Goals that will drive the organization to sustained financial strength and safe, high quality patient care.

List of Attachments: Organizational Performance Goal Chart

Suggested Board Discussion Questions:

1. Are these the right goals for the organization to focus on for sustained financial strength and safe, high quality patient care?

Proposed Fiscal Year Organizational Performance Goals

True North Pillar	Weight	GOAL	OBJECTIVES/OUTCOMES	Benchmark		Measurement Defined			Measurement Period
				Internal Benchmarks	External Benchmark	Minimum	Target	Stretch	
Threshold		Operating EBIDA	Return to, and maintain positive EBIDA	FY19: 16.9%. FY20 YTD P11: 11.5%		≥ 3% EBIDA			FY21
Quality and Safety	40.0%	Zero Preventable Harm	Serious Safety Event (SSEs) Rate	Dec '19-May '20 – COVID-Adjusted Baseline 4.16 SSEs per 10K adj. pt. days	External Baseline – best practice is to reduce to zero	5.0	4.0	3.6	FY21
			Risk-Adjusted Readmission Index	FY 20 Target = 0.96. FY 20 Actual: 0.98 (through April)	Premier Standard Risk Calculation	Lower of FY20 Target or Baseline	Close gap to top performers (15%ile) by 50%	Close gap to top performers (15%ile) by 75%	FY21
			Medical Network: Healthcare Effectiveness Data and Information Set (HEDIS) Composite Score	FY20 composite score: 2.75 Aggregate score of the 8 selected measures	Internal Calculation; validate individual measures with external benchmarks	2.75 <i>Maintain baseline</i>	3.0 <i>10% improvement</i>	3.2 <i>15% improvement</i>	FY21
Service	40.0%	Exceptional Personalized Experience, Always	Likelihood to Recommend (LTR) – Inpatient	FY 19: 83.2 FY 20 : 83.1	Press Ganey Top 30% of performers	83.1 <i>Maintain baseline</i>	83.6 <i>30% of Improvers</i>	85.2 <i>10% of Improvers</i>	FY21
			LTR – Emergency Department	FY 19: 71.3 FY 20: 75.7	Press Ganey Top 30% of performers	76.4 <i>50% of improvers</i>	78.2 <i>30% of Improvers</i>	80.7 <i>10% of Improvers</i>	FY21
			LTR – El Camino Health Medical Network	FY19 Baseline: 71.9 FY20 Q3: 71.1	NRC Net Promoter FY20 Q3 50%ile: 78.8	72.9	75.9	78.9	FY21
Finance	20.0%	Sustainable Strength and Vitality	Operating EBIDA margin	FY19: 16.9%. FY20 Projected: 9.1%	S&P Global Ratings AA rating: 11.1%	90% of Budget	100% of Budget	110% of Budget	FY21

OPEN SESSION CEO Report
August 12, 2020
Dan Woods, CEO

Quality and Safety

On August 4, 2020, as part of our journey to become a “highly reliable organization” we replaced our QRR Safety Event reporting system with “iSAFE” reports. This stands for SAFETY ALWAYS FIRST at EL CAMINO. The new system will allow us to gather more information required for safety event investigations and follow up. Staff can access the incidents submitted and track the status of investigations as well as the outcome actions.

Operations

Our Heart & Vascular Service Line recently opened the Women’s Cardiovascular Clinic and the Cardiac Oncology Clinic in the Sobrato Pavilion and Interventional Pulmonologist Ganesh Krishna, MD completed his 60th case on the Intuitive Ion Robot.

The organization is continuing to care for COVID-positive patients as well as many other patients who are seeking healthcare at ECH. El Camino Hospital has not had more than 13 COVID-19 positive patients receiving inpatient care at any one time over the last month. PPE and other supplies are plentiful with no shortages. El Camino Health is participating in 6 clinical research studies related to COVID-19 testing and treatment (Remdesivir, Plasma).

We recently launched our new “We Care” program as part of the patient experience pillar of the strategic plan. The program will help us provide an excellent experience for our patients and their loved ones while achieving our organizational goals. “We Care” will update and embed new employee standard behaviors (last updated in 2001) for the entire organization. The acronym stands for:

- W = Warm Welcome
- E = Engage and Empathy
- C = Compassionate Communication
- A = Ask and Anticipate
- R = Respond Promptly
- E = Excellence Always

Workforce

Since many schools are opening with distance learning this fall, we are again working with the YMCA on a childcare solution for our employees. We continue to provide Foundation sponsored grants to employees in need due to COVID-related financial

issues. As of August 3rd, we provided 44 employees with grants up to \$5,000. The total Foundation fund used for this program thus far is \$185,000.

Information Services

Since the Shelter in Place mandate went in to effect, we aggressively implemented virtual and audio visits as a replacement for in person appointments for ECHMN clinics, the Wound Care Clinic, Outpatient Rehabilitation, the Perinatal Diagnostic Center, the Cancer Clinic, and Outpatient Behavioral Health Services.

We are tracking employee COVID-19 symptoms using an online tool that employees complete each day before beginning work and provides alerts and reports to our employee health and wellness team.

Carbon Health and Premier data are now in the Epic DataWarehouse to improve reporting for ambulatory business metrics. Clinic patients are able to self-schedule appointments, pre-visit questionnaires and check in for appointments via MyChart with increasing usage. El Camino Health is above the 50th percentile for appointments scheduled online as benchmarked with other organizations and trending towards the 75th percentile ranking.

The enterprise continues targeted efforts to increase MyChart adoption, an EPIC tool that serves as a conduit to improve the patient experience and personalized healthcare journey. MyChart is now live at the bedside in Maternal Child Health, NICU, Labor and Delivery, and Surgical/Pediatric units. ECH has 62,300 patients registered in MyChart and 46% of patients seen in July have active MyChart Accounts.

The “Get Well” platform implementation of our “Hospital Room and Clinic of the Future” began on our Maternal Child Health unit. This provides a state-of-the-art media platform in the patient room including personalized patient education, environmental controls, meal ordering, and integration with Epic.

El Camino Healthcare District (ECHD) Community COVID-19 Testing Program

On May 19, 2020, the ECHD Board approved funding and operations of a no cost Community COVID-19 testing program (the District Program) for asymptomatic individuals who live, work, or go to school in the District. Thereafter, on June 16, 2020, the ECHD Board modified the approval to authorize (1) prepaying of \$1.2 million in FY20 to El Camino Health to implement and manage the District Program in FY20 and FY21 and (2) distribution of \$1.2 million in FY21 to provide ongoing services to the District Program in FY21. Pursuant to this authorization, the District entered into a Services Agreement with El Camino Health to operate the District Program.

Pursuant to the agreement with El Camino Health, tests are currently being performed at the El Camino Health Mountain View Hospital campus. To provide good stewardship

of the District's tax revenues, El Camino Health is billing third party insurance and reserving District funds to cover the costs of testing when insurance is not available. As of July 31, 2020, 2,082 tests have been provided. The testing program is patient centered to facilitate quick-prescheduled appointments. Enhancements to the program included online scheduling, extended hours for appointments, and electronic results. Testing is currently being offered Monday through Friday from 7:30 am until 7:00 pm. The length of time to obtain results fluctuates with demand. As of August 3rd, we were receiving results in 3-5 days, but in prior weeks it was taking as long as 7-10 days. We are carefully communicating with patients to set expectations accordingly. Our marketing and communications plan, which includes radio, social, and print media, dramatically increased the number of tests requested and we expanded hours of operations at the MV hospital campus to meet demand.

We are now focused on expanding the program to additional sites throughout the District in ways that will be of greatest benefit to the District. To that end, we are working with leaders of the Mountain View and Los Altos Chambers of Commerce as well as the Sunnyvale Downtown Association to provide mobile testing sites within the District's business districts, particularly for employees of small businesses who are less likely to have insurance and whose work schedules make traveling to the El Camino Hospital campus impractical. Sites have been identified at the Center for the Performing Arts in downtown Mountain View, the Assistance League of Los Altos, and Murphy Park in Sunnyvale. We expect all of these sites to be up and running by no later than the last week in August.

We are also working with public school districts that have school sites within the District boundaries to plan for testing of school district personnel in advance of the beginning of the school year, even though it is anticipated that many schools will begin the year with distance learning. The timing of the intervals as well as the duration of the program has yet to be determined, but we hope to begin no later than the last week of August. We are monitoring third party insurance reimbursement for re-testing as that will impact how far the District funds can be stretched. As well, we recently reached out to the Community Services Agency of Sunnyvale and are in discussions about providing testing to their vulnerable clientele. Finally, we are working with Santa Clara County to identify "hot spots" of infection within the District where additional mobile sites may provide added benefit.

El Camino Health Medical Network (ECHMN)

Two new physicians, Atena Asiaii, MD and Tony Masri, MD join our network this month. Joining our Mountain View clinic, Dr. Asiaii, who specializes in obstetrics and gynecology, attended the Warren Alpert Medical School of Brown University and completed a fellowship at the Camran Nezhat Institute. Dr. Masri, who attended the University of Toledo College of Medicine & Life Sciences and completed a fellowship at Stanford, will serve as the Medical Director of Sleep Medicine.

Corporate and Community Health Services

Over the last several months, CONCERN offered 140 webinars attended by 6,700 individuals. Topics included the emotional impact of the pandemic and effective teleworking as well as understanding and responding to racism and social injustice topics. Our Community Benefit Staff remains in close communication with grant partners, particularly school-based services, regarding urgent needs and program adjustments in response to the pandemic

The South Asian Heart Center (SAHC) hosted five TECH (Tuesday Evening Community Huddle) virtual workshops for community members on lifestyle topics with over 100 attendees. We also trained seven college interns how to perform health coaching and yearly wellness checkups for SAHC participants and hosted two talk on "A Lifetime on Meds or a Lifestyle of MEDS" leading to program signups. We also received Centers for Disease Control recognition for our diabetes prevention program curriculum.

The Chinese Health Initiative (CHI) concluded the second group of its pilot 6-month Diabetes Prevention Program. Sixty percent of participants met the target goal of Body Mass Index at or below 23. Eighty five percent % of participants improved their A1C score. CHI hosted two Ask-A-Dietitian webinars, two diabetes prevention introduction webinars conducted in either Cantonese or Mandarin and two Qigong webinars for homebound seniors to promote increased physical activity. There were a total of 370 attendees.

Marketing and Communications

The second phase of the Return to Health campaign fully launched in early July and included a new video and refreshed digital ads. The current media plan also includes print and YouTube and runs until September. The results have been good with a month over month increase of Return to Health landing page visits. Overall, total landing page visits have surpassed those of the Shaped by You brand advertising campaign.

The primary care campaign currently running targets three consumer segments, ages 25-34, ages 35-64 and Medicare eligible. It includes direct mail and digital with segment specific messages and landing pages.

In collaboration with the District COVID-19 testing team, we launched online appointment scheduling; cross-linked from existing marketing campaign destinations and pages such as homepage, schedule page, newsroom, COVID-19 FAQs, and ECHD website. Updated location pages to reflect the Breast Health Center's move and updated the name to Women's Imaging Center.

We updated the Safe Care page on the website with new videos regarding the Women's Hospital, COVID-19 Screening & Testing, and the negative pressure rooms in the

hospital. Physician briefings videos covered Medical Staff Leadership and Willow Outpatient Surgery.

We had the following Media Coverage in July 2020:

- July 1, 2020 Architectural Record [Mental Health Pavilion at El Camino Hospital by WRNS Studio](#)
- July 3, 2020 Vator.tv [Future of Virtual Care Conference July 1 Podcast](#)
- July 6, 2020 Becker's Hospital Review [10 Hospitals Seeking Pharmacy Leaders](#)
- July 8, 2020 Vator.tv [With Healthcare Going Virtual, What's Working Now?](#)
- July 8, 2020 NBC Bay Area News (Bay City News) [Santa Clara County Unveils New Dashboard for COVID-19 Testing](#)
- July 8, 2020 Telemundo Area de la Bahia [Pick Up](#)
- July 9, 2020 Vator.tv [At Invent Health: With COVID Still Surging, How Are We Preparing?](#)
- July 14, 2020 KCBS Radio [Demand For Food-Making Robots Skyrockets During Coronavirus Pandemic](#)
- July 17, 2020 ENR California [ENR CA Announces 2020 Regional Best Project Winners](#)

Government Relations

SB 758, approved in Assembly Health on August 4, 2020, continues to progress through this year's process in the California legislature. The Bill would extend the 2030 hospital seismic deadline (to be fully operational after a major earthquake) to January 1, 2037 and create an advisory committee to examine how California's health care delivery system prepares and responds to disasters.

The bill is sponsored by California Hospital Association (CHA) to give hospitals additional time for the massive infrastructure upgrades required at a time that hospital budgets are challenged by the pandemic. If passed, this will give ECH an additional 7 years to address seismic compliance issues at our Los Gatos hospital.

Philanthropy

The El Camino Health Foundation secured \$452,147 in Period 11 of FY20 and \$321,849 in Period 12, bringing the total raised by June 30 to \$10,141,294, 132% of goal.

Auxiliary

Our Auxillians are still sheltering in place. We look forward to their return and thank them for 49,844 hours in FY20!

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

To: El Camino Hospital Board of Directors
From: John Conover, Chair, El Camino Health Foundation Board of Directors
Andrew Cope, President, El Camino Health Foundation
Date: August 12, 2020
Subject: Report on El Camino Health Foundation Activities FY20 Periods 11 and 12

Purpose: For information.

Summary:

1. **Situation:** El Camino Health Foundation secured \$452,147 in period 11 of fiscal year 2020 and \$321,849 in period 12, bringing the total raised by June 30 to \$10,141,294, 132% of goal.
2. **Authority:** N/A
3. **Background:**

Major & Planned Gifts

In May, the Foundation received \$225,340 in major and planned gifts. This includes a \$100,000 estate gift and \$110,000 to the COVID-19 Emergency Response Fund. In June, the Foundation received two charitable gift annuities (planned gifts) totaling \$125,000.

Fundraising Events

- **El Camino Heritage Golf Tournament**
In May, the Foundation received \$14,000 in outstanding golf tournament commitments, bringing the tournament to 114% of the FY20 goal.

Annual Giving

In May, the Foundation raised \$67,074 in annual gifts, primarily designated for the El Camino Health COVID-19 Emergency Response Fund. These include responses to the spring direct mail appeal, online donations, unsolicited donations, and matching gifts. In addition, grateful patients made annual gifts in honor of an El Camino Health caregiver through the Circle of Caring program. In June, the Foundation received \$33,244 in annual gifts to the El Camino Health COVID-19 Emergency Response Fund, mental health & addiction services, South Asian Heart Center, Chinese Health Initiative, Cancer Center, and El Camino Fund (unrestricted for use where the need is greatest). These include responses to the spring direct mail appeal, Circle of Caring, matching gifts, and online donations. This brings annual giving to 148% of the FY20 goal.

El Camino Health COVID-19 Emergency Response Fund

The Foundation continues to carefully allocate the nearly \$2.7 million in donations to the COVID-19 Emergency Response Fund. A second round of funding was approved in June and will underwrite purchase of a High Throughput Volume Molecular Open-Platform for the lab, which will enable El Camino Health to perform molecular testing from several vendors and incorporate pooled testing. The Foundation also approved additional funding for emergency employee financial assistance and child care at the YMCA.

Fundraising Events

- *Red Envelope Celebration*, acknowledging the Chinese Health Initiative's 10th anniversary (replacing the South Asian Heart Center gala), has been indefinitely postponed, but fundraising efforts for the Chinese Health Initiative continue.
- *El Camino Heritage Golf Tournament*, Monday, October 26, 2020 at Sharon Heights Golf & Country Club. The Foundation surveyed our golfers, who indicated an interest in playing golf but not the celebration dinner.
- *Norma's Literary Luncheon*, Thursday, February 4, 2021, featuring Cathy comic strip artist and author Cathy Guisewite. Plans remain flexible pending coronavirus developments.
- *Taking Wing*, a gala benefit for the Women's Hospital renovation, Saturday, May 1, 2021 at Los Altos Golf and Country Club.



FOUNDATION PERFORMANCE

FY20 Fundraising Report through 5/31/20 - Period 11					
ACTIVITY	FY20 YTD (7/1/19 - 5/31/20)	FY20 Goals	FY20 % of Goal	Difference Period 10 & 11	FY19 YTD (7/1/18 - 5/31/19)
Major & Planned Gifts	\$6,720,377	\$5,500,000	122%	\$225,340	\$15,673,473
Special Events	Spring Event	\$22,500	6%	\$0	\$246,200
	Golf	\$356,777	110%	\$0	\$342,080
	* SAHC / CHI Events	\$14,826	7%	\$0	\$224,426
	Norma's Literary Luncheon	\$216,865	\$200,000	108%	\$0
Annual Gifts	\$853,503	\$600,000	142%	\$67,074	\$620,582
Investment Income	\$1,634,597	\$500,000	327%	\$159,733	\$2,009,147
TOTALS	\$9,819,445	\$7,675,000	128%	\$452,147	\$19,252,513

* Support transitioning from South Asian Heart Center to Chinese Health Initiative in FY20

Highlighted Assets through 5/31/20 - Period 11

Board Designated Allocations	\$624,802
Donor Endowments	\$7,131,230
Operational Endowments	\$13,639,937
Pledge Receivables	\$4,189,698
Restricted Donations	\$16,010,930
Unrestricted Donations	\$2,373,901



FOUNDATION PERFORMANCE

FY20 Fundraising Report through 6/30/20 - Period 12					
ACTIVITY	FY20 YTD (7/1/19 - 6/30/20)	FY20 Goals	FY20 % of Goal	Difference Period 11 & 12	FY19 YTD (7/1/18 - 6/30/19)
Major & Planned Gifts	\$6,845,377	\$5,500,000	124%	\$125,000	\$15,797,080
Special Events	Spring Event	\$22,500	6%	\$0	\$248,700
	Golf	\$370,777	114%	\$14,000	\$342,080
	* SAHC / CHI Events	\$14,826	7%	\$0	\$227,526
	Norma's Literary Luncheon	\$216,865	108%	\$0	\$136,605
Annual Gifts	\$886,747	\$600,000	148%	\$33,244	\$639,592
Investment Income	\$1,784,202	\$500,000	357%	\$149,605	\$2,172,477
TOTALS	\$10,141,294	\$7,675,000	132%	\$321,849	\$19,564,060

* Support transitioning from South Asian Heart Center to Chinese Health Initiative in FY20

Highlighted Assets through 6/30/20 - Period 12

Board Designated Allocations	\$595,927
Donor Endowments	\$7,290,899
Operational Endowments	\$13,752,569
Pledge Receivables	\$4,189,698
Restricted Donations	\$14,365,335
Unrestricted Donations	\$2,721,575

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of July 8, 2020

Combined Data as of June 30, 2020 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	269	-13 Net change compared to previous month
Dues Paid Inactive	55	(Includes Associates & Patrons)
Leave of Absence	16	
Subtotal	340	

Resigned in Month	42
Deceased in Month	1

Junior Members

Active Members	223	-12 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	8	
Subtotal	231	

Total Active Members	492
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Total Membership	571
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Combined Auxiliary Hours from Inception (to June 30, 2020): 6,035,039
Combined Auxiliary Hours for FY2019 (to June 30, 2020): 49,844
Combined Auxiliary Hours for June 30, 2020: 54

NOTE: Hooks & Needles hours for April, May & June were not available.

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of August 12, 2020

Combined Data as of July 31, 2020 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	261	-8 Net change compared to previous month
Dues Paid Inactive	53	(Includes Associates & Patrons)
Leave of Absence	10	
Subtotal	324	

Resigned in Month	16
Deceased in Month	0

Junior Members

Active Members	163	-60 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	6	
Subtotal	169	

Total Active Members	424
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Total Membership	493
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Combined Auxiliary Hours from Inception (to July 31, 2020): 6,035,125

Combined Auxiliary Hours for FY2020 (to July 31, 2020): 87

Combined Auxiliary Hours for July 31, 2020: 87

NOTE: Hooks & Needles hours for April thru July were not available.