

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

**Wednesday, February 10, 2021 – 5:30pm**

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040

PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 DATED MARCH 18, 2020, EL CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

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

To watch the meeting livestream, please visit: <https://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
<b>1. CALL TO ORDER/ROLL CALL</b>	Lanhee Chen, Board Chair		<b>5:30 – 5:31pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information</b> <b>5:31 – 5:32</b>
<b>3. PUBLIC COMMUNICATION</b> 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> b. Written Correspondence	Lanhee Chen, Board Chair		<b>information</b> <b>5:32 -5:35</b>
<b>4. BOARD RECOGNITION</b> <i>Resolution 2021-01</i> <a href="#">ATTACHMENT 4</a>	Dan Woods, CEO	<i>public comment</i>	<b>motion required</b> <b>5:35 – 5:40</b>
<b>5. QUALITY COMMITTEE REPORT</b> <a href="#">ATTACHMENT 5</a>	Julie Klinger, Quality Committee Chair; Mark Adams, MD, CMO		<b>discussion</b> <b>5:40 – 5:55</b>
<b>6. FY21 PERIOD 6 FINANCIALS</b> <a href="#">ATTACHMENT 6</a>	Carlos Bohorquez, CFO	<i>public comment</i>	<b>possible motion</b> <b>5:55 – 6:10</b>
<b>7. GOVERNANCE COMMITTEE REPORT</b> a. <a href="#">Draft Resolution 2021-02: Delegating Authority to the ECH Board Finance Committee; Proposed Revised ECH Community Benefit Policy; Proposed Revised Finance Committee Charter</a> b. <a href="#">Proposed FY21 ECH Board Member Competencies</a>	Peter C. Fung, MD, Governance Committee Chair	<i>public comment</i>	<b>possible motion(s)</b> <b>6:10 – 6:30</b>
<b>8. ADJOURN TO CLOSED SESSION</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required</b> <b>6:30 – 6:35</b>
<b>9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information</b> <b>6:35 – 6:36</b>
<b>10. CONSENT CALENDAR</b> <i>Any Board Member may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair		<b>motion required</b> <b>6:36 – 6:38</b>

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) 988-7504 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><b>Approval</b>  <i>Gov't Code Section 54957.2:</i></p> <p>a. Minutes of the Closed Session of the Hospital Board Meeting (12/9/2020)</p> <p><b>Reviewed and Recommended for Approval by the Quality, Patient Care and Patient Experience Committee</b>  <i>Health &amp; Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</p> <p>b. Quality Committee Report</p> <p>(i) Medical Staff Credentials and Privileges Report</p> <p>(ii) Quality Council Minutes</p>			
<p><b>11.</b> <i>Health &amp; Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</p> <p>- Medical Staff Report</p>	<p>Apurva Marfatia, MD,                      Enterprise Chief of Staff;                      Michael Kan, MD,                      Los Gatos Chief of Staff</p>		<p><b>motion required</b>  <b>6:38 – 6:48</b></p>
<p><b>12.</b> <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <p>- Women's Hospital Expansion Project for New Services and Programs</p>	<p>Jim Griffith, COO;                      Ken King, CASO</p>		<p><b>discussion</b>  <b>6:48 – 7:13</b></p>
<p><b>13.</b> <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <p>- FY21 Q2 Strategic Plan Metrics</p>	<p>Dan Woods, CEO</p>		<p><b>discussion</b>  <b>7:13 – 7:23</b></p>
<p><b>14.</b> <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <p>- Strategic Planning Update</p>	<p>Dan Woods, CEO;                      Edward Levine, MD,                      Michelle Chmielewski, and                      Celia Huber, McKinsey &amp; Company</p>		<p><b>discussion</b>  <b>7:23 – 8:23</b></p>
<p><b>15.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation; <i>Gov't Code Section 54957</i> and <i>54957.6</i> for discussion and report on personnel matters:</p> <p>- CEO Report on Legal Update and Personnel Matters</p>	<p>Dan Woods, CEO</p>		<p><b>discussion</b>  <b>8:23 – 8:33</b></p>
<p><b>16.</b> Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management:</p> <p>- Executive Session</p>	<p>Lanhee Chen, Board Chair</p>		<p><b>discussion</b>  <b>8:33 – 8:43</b></p>
<p><b>17. ADJOURN TO OPEN SESSION</b></p>	<p>Lanhee Chen, Board Chair</p>		<p><b>motion required</b>  <b>8:43 – 8:44</b></p>
<p><b>18. RECONVENE OPEN SESSION/                      REPORT OUT</b></p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	<p>Lanhee Chen, Board Chair</p>		<p><b>information</b>  <b>8:44 – 8:45</b></p>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>19. CONSENT CALENDAR ITEMS:</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 8:45 – 8:47</b>
<b>Approval</b> a. <a href="#">Minutes of the Open Session of the Hospital Board Meeting (12/9/2020)</a> b. <a href="#">Board Advisory Committee Assignments</a> c. <a href="#">LPCH NICU Professional Services Payment</a>  <i>Reviewed and Recommended for Approval by the Finance Committee</i> d. <a href="#">FY21 Period 5 Financials</a> e. <a href="#">Enterprise Telepsychiatric Services Renewal</a>  <i>Reviewed and Recommended for Approval by the Medical Executive Committee</i> f. <a href="#">Medical Staff Report</a> g. <a href="#">El Camino Hospital Medical Staff Bylaws Revisions</a>			
<b>Information</b> h. <a href="#">Mountain View Site Plan Status</a> i. <a href="#">Finance Committee Approvals</a>			
<b>20. WOMEN’S HOSPITAL EXPANSION PROJECT FUNDING</b> <a href="#">ATTACHMENT 20</a>	Ken King, CASO	<i>public comment</i>	<b>possible motion 8:47 – 8:57</b>
<b>21. CEO REPORT</b> <a href="#">ATTACHMENT 21</a>	Dan Woods, CEO		<b>information 8:57 – 9:07</b>
<b>22. BOARD COMMENTS</b>	Lanhee Chen, Board Chair		<b>information 9:07 – 9:09</b>
<b>23. ADJOURNMENT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 9:09 – 9:10pm</b>

**Upcoming Regular Meetings:** February 24, 2021 (Retreat); March 10, 2021; April 7, 2021; May 12, 2021; May 24, 2021 (Joint with Finance Committee); June 9, 2021

# El Camino Hospital Board

RESOLUTION 2021 001

**RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL  
REGARDING RECOGNITION OF SERVICE AND SUPPORT**

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**WHEREAS**, the Board of Directors of El Camino Hospital values and wishes to recognize 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 recognize frontline healthcare workers for their dedication and efforts, which are often above and beyond the call of duty, during these extraordinary times.

Since the onset of the pandemic, nearly one year ago, frontline health care workers have provided care to El Camino Health's patients during the unprecedented circumstances created by this once-in-a-century pandemic. These include Physicians, Nurses, Respiratory Therapists, Physical Therapists, Occupational Therapists, Speech Therapists CNAs, Administrative Assistants, Unit Clerks, Phlebotomists, ED Techs and Surgical Techs, that work in many areas across the enterprise, but primarily the ED, Medical/Surgical Units, CCU, ICU, PCU, 3B/3C Telemetry PACU, OR, 2B/OPS, as well as employees that work in our patient care resources, imaging, nutritional and environmental services departments. El Camino Health staff have consistently displayed selfless dedication by placing the care of El Camino Health's patients ahead of all other priorities as the pandemic continues. The frontline workers of El Camino Health are at the center of caring for patients affected by the pandemic.

**WHEREAS**, the Board would like to acknowledge El Camino Health's frontline healthcare workers for their continuous commitment to El Camino Health's patients and the community since the pandemic began and have met the continuous challenges presented by the pandemic with steadfast resolve.

**NOTWITHSTANDING** the Board does formally and unanimously pay tribute to:

## **FRONTLINE HEALTHCARE WORKERS**

**FOR THEIR ONGOING COMMITMENT AND DEDICATION TO EL CAMINO HEALTH PATIENTS AND THE COMMUNITY DURING THE COVID-19 PANDEMIC**

**IN WITNESS WHEREOF**, I have hereunto set my hand this **TENTH DAY OF FEBRUARY** 2021

### **EL CAMINO HOSPITAL BOARD OF DIRECTORS:**

Lanhee J. Chen, JD, PhD  
Julie Eliger, MPA, BSN, RN  
Bob Rebitzer

Peter C. Fung, MD, MS, FACP, FAAN, FAHA  
Julia E. Miller  
Carol A. Somersille, MD, FACOG  
John L. Oglin

Gary Galbach  
Jack Po, MD  
George O. Ting, MD

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**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 Pliger, President and Quality Committee Chair  
Barbara Adams, CEO  
**Date:** February 10, 2021  
**Subject:** Quality Patient Care and Patient Experience Committee Report

**Purpose:** To inform the Board of the work of the Quality Committee. The Committee met on February 1, 2021.

**Summary:**

- The consent agenda including the 2021 Enterprise Quality Dashboard was accepted without any exceptions. During her report the Chair recognized Cheryl Reininger, RN, CCO and her team for achieving a successful Magnet re-certification from ANCC. This is ECH's fourth Magnet designation and it is one of only 100 hospital nationwide to receive a fourth.
- Cheryl Reininger, RN, CCO presented a recent patient story that came from the Maternal Child Health area. While her overall care was satisfactory there was a concern raised regarding her lactation support. Following service recovery several adjustments to the overall lactation support service were successfully implemented.
- Barbara Adams, CEO presented the quarterly ECH Quality report.

There are three key areas of focus for ECH with respect to quality and service:

- HEOS** Healthcare Effectiveness Data and Information Set
- IPS** Medicare Incentive Payment System
- PS** Net promoter score

ECH has established three north pillars one of which is quality and service. For quality the goals are: achieve top decile HEOS composite score by 2023 and achieve IPS composite exceptional rating annually. While there are many more HEOS measures 8 key metrics have been selected based on importance to patient care impact on financial reimbursement and concordance with IPS measures. The latest quarter results show improvements in all 8 categories of HEOS measures with composite score improvement to 3.3. However the Committee felt that while improvement is occurring there is a need for the physician group to set higher targets and to realize stronger quality performance goals. Dr. Adams explained to the Committee that next more robust targets would be established in 2021.

Dr. Adams has continued on improving the CMS merit-based Incentive Payment System (IPS) score. The latest results show ECH scoring 80% that qualifies ECH for the exceptional bonus level. This is not only excellent achievement in quality but will also result in a financial benefit in the form of a CMS bonus to be determined in August of this year.

Finally the IPS score for ECH has shown a steady improvement. The 2020 IPS score for ECH is 80% compared to 78% for 2019. Baseline 2020 was 72.3.

4.
  - a. **Safe Care:**
    - i. SSER is slightly below target accompanied by some good news that Surgical Site Infections are down significantly
    - ii. CIRS total COI patient requiring prolonged ICU care 3 secondary to prolonged catheterization following urinary retention
    - iii. C.diff: 1 cases total 1 failed screening
    - iv. CLSI S total 1 secondary to urinary infection source 1 secondary to a longstanding chemotherapy port 1 related to improper care from the line
  - b. **Timely:**
    - i. All three E measures showed increases related to increasing COI census combination of waiting for test results and delays because of reduced availability
  - c. **Effective Care:**
    - i. CIRS SEP-1 Compliance rate: increased in Q2 to 81.8% still below internal goal CIRS median rate is 80% across all hospitals.
    - ii. PC-01: 1 case as in Q1 but lower denominator resulted in higher rate: 1.89%
    - iii. PC-02 C/S rate: decreased but still above target of 23.0% focused interventions on several outliers under day 1 one practitioner has a rate of 100% for example
  - d. **Efficient Care:**
    - i. LOS/E expected LOS: Long term patients difficult to discharge and place including COI-19 patients impact this metric.
  - e. **Equitable Care:** no issues
  - f. **Patient-Centered Care:**
    - i. P enterprise slightly decreased. E improved CH decreased patient surgery improved. The lack of patient visitation due to COI pandemic affects these scores and has been experienced by many hospital systems

5. There was a follow up discussion regarding health equity. A review of the demographics of our service area revealed that our population is very diverse but also economically advantaged. Santa Clara County for example has the highest household median income in CA and 11<sup>th</sup> highest in the U.S. A summary of our COI patient demographics and outcomes was compiled to review to look for any disparities that might be identified for corrective action. While we have seen a shift to a younger population of patients hospitalized with COI age continues to be a significant risk factor above all other demographical categories. The percentage of COI patients by race and ethnicity is fairly proportionate to all hospitalized patients as a base for comparison with the exception of the "other" category which shows a three-fold greater percentage by comparison. This demonstrates one of the challenges of using race and/or ethnicity in a very diverse community as the number of mixed marriage offspring cannot be categorized and more and more people refuse to identify their race/ethnicity. The deaths from COI however do appear to line up closely with the overall patient population percentages. From this limited information we have not demonstrated any healthcare disparity in our patient population.

Because of the high concentration of affordable housing in our service area many of our employees are forced to live far outside our service area in communities that may be less advantaged. Keeping this in mind as we reviewed our employee vaccination rate we noticed a significantly lower rate among our Environmental Services Employees. This group of employees are lower wage earners and have a higher rate of Hispanic ethnicity. We then engaged this group by arranging for special education sessions with both one of our infectious disease specialists accompanied by a Spanish translator. Following this intervention the vaccination rates increased

and then more closely matched our general employee rate. This demonstrated the need to tailor health messaging to different groups rather than relying on one size fits all. It also confirmed that language is a critical component of this communication.

Another tool to assess the Social Determinants of Health which impact health equity is the CDC Healthy Places Index (HP). This index is based on 20 community factors that are compiled and used to calculate a score from 0 – 100. Healthcare is a very small component which is no surprise of course. Reviewing the indices we see that our service area has an incredibly high HP compared to other parts of Santa Clara County.

Committee members made several suggestions pertaining to potential interventions both within our employee population/service area and surrounding areas.

**Attachments:**

1. Board Quality Dashboard (SHEEP)

**Quarterly Board Quality Dashboard (STEEP Dashboard) FYTD 21, Q2** (unless otherwise specified by \*)

Quality Domain	Metric	Baseline	Target	Performance				
		FY 20	FY 21	FYTD21, Q1	FYTD21, Q2	FYTD21, Q3	FYTD21, Q4	FYTD21 Total
Safe Care	Risk Adjusted Mortality Index	0.74	0.76	0.75	0.79			0.77
	Sepsis Mortality Index	0.96	0.90	0.76	1.14			0.98
	Serious Safety Events Rate (SSER) (baseline Dec'19 to Jun'20)	4.28	4.00	3.98	**3.87			3.87
	Surgical Site Infections (SSI)	0.36	1.0 (SIR)	0.62	0.12			0.37
	Catheter Associated Urinary Tract Infection (CAUTI) - HAI	0.47	<= 0.48	0.51	0.71			0.51
	Central Line Associated Blood Stream Infection (CLABSI) - HAI	0.15	<= 0.2	0.0	0.71			0.0
	Clostridium Difficile Infection (CDI) - HAI	1.46	<= 1.46	1.6	1.44			1.52
	Modified PSI-90 CMS HAC Reduction Program	0.919	0.90	0.898	0.815			0.857
Timely	Patient Throughput - ED Door to Admit Order	190 min	181 min	188 min	197 min			193 min
	Patient Throughput - Median Time Arrival to ED Departure	257 min <sup>†</sup>	245 min	255 min	274 min			265 min
	ED Arrival to Direct Discharge for ED Patients	151 min	145 min	152 min	154 min			153 min
Effective	Risk Adjusted Readmissions Index	0.96	0.93	0.88	*0.90			0.89
	CMS SEP-1 Compliance Rate	70.9%	86%	67.6%	81.8%			75.6%
	PC-01 Elective Delivery Prior to 39 Weeks Gestation	ENT: 1.3%	1.3%	1.4% (1/71)	*1.89% (1/53)			1.6%
	PC-02 NTSV C-Section	ENT: 24.0%	23.5%	27.6% (142/514)	*25.5% (85/333)			26.8%
	ECMN: CMS 165 Controlling High Blood Pressure	51.20%	63	58.0%	56.0%			57.0%
	ECMN: CMS 122 Diabetes Hemoglobin A1c Poor Control	43.30%	<45	26.0%	29.0%			28.0%
	HEDIS: Composite	NA	3.0	3.25	3.3			3.3
Efficient	Arithmetic Observed LOS/ Geometric Expected LOS	1.32	1.00	1.32	1.32			1.32
	MSPB-1 Medicare Spending per Beneficiary (CMS)	0.99 (CY 18)	0.99	0.99	None updated annually, January			0.99
Equitable	Hospital Charity Care Support	\$20.5 mil	NA	\$6.6 mil	\$5.7 mil			\$12.3 mil
	Clinic Charity Care Support	\$44.3k	NA	\$8.5k	1.1k			9.6k
	Language Line Unmet Requests (data collection started Q2)	0.34%	<1%	0.39%	0.64%			0.52%
	Length of Stay Disparity (Top 3 races) 40% patients did not report their race	Black: 4.05 White: 3.79 Asian: 3.64	NA	3.98 3.81 3.54	4.56 3.97 3.38			4.25 3.89 3.47
Patient-centered	IP Enterprise - HCAHPS Likelihood to Recommend	83.1	83.6	80.7	78.6			79.5
	ED - HCAHPS Likelihood to Recommend	75.7	78.2	73.9	78.7			76.5
	ECHMN - Likelihood to Recommend <sup>†</sup>	71.9	75.9	76.1	75.7			75.9
	MCH - HCAHPS Likelihood to Recommend	84.1	84.6	82.9	78.2			80.5
	OAS - HCAHPS Likelihood to Recommend	84.7	86.4	83.5	86.1			84.9
	NRC Net Promoter Score (NPS)	72.3	75	76.2	75.7			76.0

Report updated 1/25/21

\* data available up to FYTD 21 November only

\*\* data available FYTD 21 October only, displays rolling 12 month data (December 2019 to October 2020)

<sup>†</sup> Correction of errors made in reconciling data from multiple sources





# El Camino Health

## Summary of Financial Operations

*Fiscal Year 2021 – Period 6  
7/1/2020 to 12/31/2020*

# Operational / Financial Results: Period – December as of / /

## PERIOD - RESULTS

(\$ thousands)

	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year
<b>Activity / Volume</b>	ADC	454	454		443	11
	Total Discharges	1,807	1,775	32	2,151	(284)
	Adjusted Discharges	3,012	2,050	962	3,304	(292)
	Emergency Room	3,158	2,800	358	4,274	(1,116)
	OP Procedural Cases	14,570	7,025	7,545	10,100	4,470
	Gross Charges	307,404	282,025	25,379	323,501	(16,097)
<b>Operations</b>	Total FTEs	2,873	2,870	3	2,810	63
	Productive Hrs. / APD	30.0	34.3	(4.3)	30.4	(0.4)
	Cost Per Adjusted Discharge	10,250	18,412	(8,162)	15,280	(5,030)
	Net Days in A/R	40.0	40.0	0	40.3	(0.3)
<b>Financial Performance</b>	Net Patient Revenue	2,280	73,742	18,547	80,005	(6,263)
	Total Operating Revenue	5,308	78,820	10,548	1,704	3,004
	<b>Operating Income</b>	0,000	0,000	0,000	0,000	0,000
	<b>Operating EBITDA</b>	0,000	0,000	0,000	0,000	0,000
	Net Income	4,270	81	3,400	27,174	(22,904)
	Operating Margin	7.3%	0.3%	10.5%	14.2%	(3.7%)
	<b>Operating EBITDA</b>	0,000	0,000	0,000	0,000	0,000
	DCOH (days)	50	435	134	484	(85)

Moody's Medians		Performance to A Median
A	Aa	
47.7	47.1	
10,723	257,000	
11,804	314,048	
0,000	0,000	
0,000	0,000	
8,210	18,720	
2.0%	3.0%	
0,000	0,000	
254	204	

Moody's Medians: Not for profit and public healthcare annual report September 0, 2020. Dollar amounts have been adjusted to reflect month averages.



# Operational / Financial Results: YTD 2020 as of 10/15/2020

## YTD 2020 - RESULTS

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year
Activity / Volume	ADC	454	454	0		443	11
	Total Discharges	11,341	10,200	1,141		12,314	(1,073)
	Adjusted Discharges	17,550	15,237	2,313		17,247	303
	Emergency Room	18,531	15,201	3,240		24,518	(5,987)
	OP Procedural Cases	77,213	47,024	30,189		57,114	20,100
	Gross Charges	2,105,782	1,152,223	953,559		1,315,508	790,274
Operations	Total FTEs	2,788	2,841	(53)		2,780	8
	Productive Hrs. / APD	30.0	35.0	(5.0)		31.3	(1.3)
	Cost Per Adjusted Discharge	17,875	18,844	(1,069)		15,724	2,151
	Net Days in A/R	40.0	40.0	0.0		40.3	(0.3)
Financial Performance	Net Patient Revenue	532,080	420,330	112,050		507,573	25,410
	Total Operating Revenue	550,320	448,147	108,173		535,370	20,041
	Operating Income	10,000	10,000	0		10,000	0
	Operating EBITDA	10,000	10,000	0		10,000	0
	Net Income	177,512	13,020	164,438		13,070	83,842
	Operating Margin	1.5%	7.0%	13.4%		8.5%	(2.0%)
	Operating EBITDA	10,000	10,000	0		10,000	0
	DCOH (days)	50	435	134		484	85

Moody's Medians		Performance to A Median
A	Aa	
47.7	47.1	
40,335	1,541,000	
701,184	1,887,880	
10,000	10,000	
10,000	10,000	
40,311	112,355	
2.00	3.00	
10,000	10,000	
254	204	

Moody's Medians: Not for profit and public healthcare annual report September 30, 2020. Dollar amounts have been adjusted to reflect 9 month totals.

# Executive Dashboard as of 01/01/2024

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
<b>Consolidated Financial Perf.</b>								
Total Operating Revenue	91,764	95,368	78,820	16,548	535,379	556,320	448,147	108,173
Operating Expenses	78,768	88,446	81,414	(7,032)	490,084	520,436	479,397	(41,039)
Operating Margin \$	12,996	6,922	(2,594)	9,516	45,295	35,884	(31,250)	67,134
Operating Margin %	14.2%	7.3%	(3.3%)	10.5%	8.5%	6.5%	(7.0%)	13.4%
EBIDA \$	15,767	13,940	4,013	9,927	72,598	78,266	9,391	68,876
EBIDA %	17.2%	14.6%	5.1%	9.5%	13.6%	14.1%	2.1%	12.0%
<b>Hospital Volume</b>								
<b>Licensed Beds</b>	443	454	454	-	443	454	454	-
ADC	240	245	205	41	232	240	197	43
Utilization MV	66%	64%	54%	10.2%	63%	62%	51%	11.3%
Utilization LG	30%	33%	26%	6.4%	30%	32%	27%	5.7%
Utilization Combined	54%	54%	45%	9.0%	52%	53%	43%	9.5%
Adjusted Discharges	3,304	3,012	2,659	352	19,247	17,556	15,237	2,319
Total Discharges (Excl NNB)	1,790	1,597	1,432	165	10,174	9,339	8,197	1,142
Total Discharges	2,151	1,867	1,775	92	12,315	11,341	10,200	1,141
<b>Inpatient Cases</b>								
MS Discharges	1,249	1,134	894	240	7,043	6,307	5,086	1,221
Deliveries	382	291	362	(71)	2,257	2,139	2,116	23
BHS	113	124	133	(9)	605	611	734	(123)
Rehab	46	48	44	4	269	282	261	21
<b>Outpatient Cases</b>	14,374	17,734	10,725	7,009	81,632	95,744	61,316	34,428
ED	4,274	3,158	2,800	358	24,518	18,531	15,291	3,240
Procedural Cases				-				-
OP Surg	551	562	339	223	2,971	3,176	1,989	1,187
Endo	235	192	151	41	1,398	1,352	841	511
Interventional	172	167	115	52	1,085	1,046	603	443
All Other	9,142	13,655	7,320	6,335	51,660	71,639	42,591	29,048
<b>Hospital Payor Mix</b>								
Medicare	45.1%	47.3%	48.6%	(1.3%)	48.9%	48.1%	48.4%	(0.4%)
Medi-Cal	8.0%	9.0%	7.4%	1.6%	7.6%	7.8%	7.5%	0.4%
Commercial IP	20.8%	17.6%	20.4%	(2.7%)	19.0%	19.9%	20.5%	(0.7%)
Commercial OP	23.5%	23.2%	21.2%	2.0%	22.0%	22.0%	21.1%	0.8%
Total Commercial	44.2%	40.8%	41.6%	(0.8%)	41.1%	41.8%	41.7%	0.2%
Other	2.7%	2.9%	2.4%	0.5%	2.4%	2.3%	2.5%	(0.1%)
<b>Hospital Cost</b>								
Total FTE <sup>1</sup>	2,809.5	2,872.3	2,870.1	(2.2)	2,779.9	2,787.7	2,840.8	53.1
Productive Hrs/APD	30.4	30.0	34.3	4.3	31.3	30.9	35.0	4.2
<b>Consolidated Balance Sheet</b>								
Net Days in AR	49.3	46.0	49.0	3.0	49.3	46.0	49.0	3.0
Days Cash	484	569	435	133	484	569	435	133

<sup>1</sup> Paid FTE; Budget in this case is using the Flex Budget instead of Fixed Budget

# Overall Commentary for Period □ - Decem□er □□□□

Period ending □□/□□/□□□□

- ECH and ECHMN volumes continue to exceed budget with a number of service lines exceeding pre□Covid□1□ levels
- Due to an increase in the case mix index □CMI□total average length of stay □ALOS□has increased by 0.5 days which has resulted in ADC is 3.4□ higher year□over□year
- Total gross charges, a surrogate for volume, were favorable to budget by □84.□M / 30.0□ and □44.0M / 13.□□ better than the same period last year
- Net patient revenue was favorable to budget by □18.5M / 25.2□ and □□.3M / 7.3□ better than the same period last year
- Operating expenses were □7.0M / 8.□□ unfavorable to budget, which is primarily attributed to higher than expected inpatient and outpatient volumes
- Operating margin was favorable to budget by □□.5M / 3□□.8□ and □□.1M / 4□.7□ lower than the same period last year
- Operating EBIDA was favorable to budget by □□.□M / 247.4□ and □1.8M / 11.□□ lower than the same period last year

# Financial Overview: Period - December

Period ending / /

## Financial Performance

- December operating income was \$M compared to a budgeted loss of \$2.0M, resulting in a favorable variance of \$0.5M. The primary drivers are volume which have significantly exceeded budget, stable payor mix and close management of variable expenses
- Volumes and Revenues continue to be stronger than budget as demonstrated by:
  - Adjusted discharges were favorable to budget by 352 cases / 13.2% and 202 / 8.8% lower than the same period last year
  - Favorable variance gross charges of \$84.0M was nearly evenly split between inpatient and outpatient services:
    - Inpatient gross charges: Favorable to budget by \$42M / 28% variance primarily driven by lab, pharmacy, imaging, and critical care
    - Outpatient gross charges: Favorable to budget by \$42M / 33% variance primarily driven by surgery, lab, cath. lab, emergency room, and ancillary services
  - Operating Expenses were unfavorable to budget by \$7.0M / 8.0% , primarily due to increased patient activity, increased use / cost of PPE associated with Covid-19 and other Covid-19 associated expenses
    - S&B were unfavorable by \$3.3M / 7.3%
    - Supplies were unfavorable by \$2.7M / 28.4%
    - All other discretionary non-volume driven expenses were unfavorable to budget by \$1.0M
    - Additional expenses attributed to Covid-19 are an average of approx. \$50 per month for the first six months of FY2021
- Non Operating Income includes:
  - Investment Income of \$57.4M is primarily attributed to unrealized gains on investments

# Financial Overview: Period – December cont

Period ending / /

## Financial Performance

### Hospital Operations:

- Adjusted Discharges (AD) Favorable to budget by 352 / 13 and below prior year by 23 / :
- Mountain View: Favorable to budget by 202 ADs / 10 and below prior year by 380 / 14
- Los Gatos: Favorable to budget by 150 ADs / 27 and above than prior year by 87 / 14
- Operating Expense Per Adjusted Discharge: \$24,500 which is 2 favorable to budget

Note: Excludes depreciation and interest

### El Camino Health Medical Network (ECHMN) Operations:

- December total visits of 21,308 was 10.5% above prior month and 7.7% favorable to budget
- Net income was favorable to budget by 3% and 11% better than December 2020
- YTD ECHMN remains favorable to budget by 1.5% or 1% and is \$1.3M or 7% better than FY 2020 performance

# Financial Overview: YTD Q1-Q4 as of 12/31/2021

## Consolidated Financial Performance

- YTD FY2021 net operating margin of \$35.0M is favorable to budgeted by \$7.1M and consistent with Q2 forecast as presented by management in November
- Year-over-year operating margin is \$0.4M lower than the same period last year, which directly an increase in depreciation and interest of \$15.1M expenses associated with recently completed capital projects at the Mountain View campus
- Strong volume recovery from the first wave of Covid-19, consistent payor mix and careful management of variable expenses continue to be the primary drivers of favorable performance to budget
  - Adjusted discharges are 2,315 /15.2□ favorable to budget and 1,82 / 8.8□ lower than the same period last year
- Operating expenses are \$41.0M / 8.□□ unfavorable to budget
  - Unfavorability driven higher than budgeted volumes and expenses associated with Covid-19 pandemic
  - Operating expense per adjusted discharge of \$24,551 is 4.1□ favorable to budget which demonstrates consistent management of variable expenses

Note: Excludes depreciation and interest expense



# Consolidated Statement of Operations (\$000s)

Period ending □□/□□/□□□□

Period 6 FY 2020	Period 6 FY 2021	Period 6 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
323,501	367,494	282,925	84,569	29.9%	<b>OPERATING REVENUE</b>					
(237,496)	(275,206)	(209,183)	(66,022)	(31.6%)	<b>Gross Revenue</b>	1,931,508	2,105,782	1,615,223	490,559	30.4%
<b>86,005</b>	<b>92,289</b>	<b>73,742</b>	<b>18,547</b>	<b>25.2%</b>	<b>Deductions</b>	(1,423,935)	(1,572,793)	(1,194,884)	(377,909)	(31.6%)
5,759	3,079	5,078	(1,999)	(39.4%)	<b>Net Patient Revenue</b>	<b>507,573</b>	<b>532,989</b>	<b>420,339</b>	<b>112,650</b>	<b>26.8%</b>
<b>91,764</b>	<b>95,368</b>	<b>78,820</b>	<b>16,548</b>	<b>21.0%</b>	<b>Other Operating Revenue</b>	27,806	23,331	27,808	(4,477)	(16.1%)
					<b>Total Operating Revenue</b>	<b>535,379</b>	<b>556,320</b>	<b>448,147</b>	<b>108,173</b>	<b>24.1%</b>
					<b>OPERATING EXPENSE</b>					
46,746	48,774	45,468	(3,306)	(7.3%)	<b>Salaries &amp; Wages</b>	275,279	287,363	264,268	(23,095)	(8.7%)
12,307	14,519	11,304	(3,215)	(28.4%)	<b>Supplies</b>	80,414	84,167	65,468	(18,700)	(28.6%)
12,673	14,035	14,381	347	2.4%	<b>Fees &amp; Purchased Services</b>	84,322	83,514	86,654	3,140	3.6%
4,271	4,100	3,653	(447)	(12.2%)	<b>Other Operating Expense</b>	22,766	23,010	22,367	(643)	(2.9%)
(1,317)	1,428	926	(502)	(54.2%)	<b>Interest</b>	1,216	8,572	5,554	(3,018)	(54.4%)
4,087	5,591	5,681	91	1.6%	<b>Depreciation</b>	26,087	33,810	35,087	1,277	3.6%
<b>78,768</b>	<b>88,446</b>	<b>81,414</b>	<b>(7,032)</b>	<b>(8.6%)</b>	<b>Total Operating Expense</b>	<b>490,084</b>	<b>520,436</b>	<b>479,397</b>	<b>(41,039)</b>	<b>(8.6%)</b>
<b>12,996</b>	<b>6,922</b>	<b>(2,594)</b>	<b>9,516</b>	<b>(366.8%)</b>	<b>Net Operating Margin</b>	<b>45,295</b>	<b>35,884</b>	<b>(31,250)</b>	<b>67,134</b>	<b>(214.8%)</b>
					<b>Non Operating Income</b>					
14,178	57,357	3,413	53,943	1580.4%	<b>Net Margin</b>	48,375	141,628	17,324	124,304	717.5%
<b>27,174</b>	<b>64,279</b>	<b>819</b>	<b>63,460</b>	<b>7750.0%</b>		<b>93,670</b>	<b>177,512</b>	<b>(13,926)</b>	<b>191,438</b>	<b>(1374.7%)</b>
					<b>EBIDA</b>					
17.2%	14.6%	5.1%	9.5%		<b>Operating Margin</b>	13.6%	14.1%	2.1%	12.0%	
14.2%	7.3%	-3.3%	10.5%		<b>Net Margin</b>	8.5%	6.5%	-7.0%	13.4%	
29.6%	67.4%	1.0%	66.4%			17.5%	31.9%	-3.1%	35.0%	

# Consolidated Balance Sheet as of 12/31/2020

(\$ thousands)

## ASSETS

	December 31, 2020	Audited June 30, 2020
<b>CURRENT ASSETS</b>		
Cash	207,967	228,464
Short Term Investments	284,968	221,604
Patient Accounts Receivable, net	137,338	128,564
Other Accounts and Notes Receivable	8,741	13,811
Intercompany Receivables	32,953	72,592
Inventories and Prepaids	23,783	101,267
<b>Total Current Assets</b>	<b>695,750</b>	<b>766,303</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	17,341	15,364
Plant & Equipment Fund	188,907	166,859
Women's Hospital Expansion	30,401	22,563
Operational Reserve Fund	159,684	148,917
Community Benefit Fund	17,917	17,916
Workers Compensation Reserve Fund	16,482	16,482
Postretirement Health/Life Reserve Fund	31,275	30,731
PTO Liability Fund	30,504	27,515
Malpractice Reserve Fund	1,971	1,919
Catastrophic Reserves Fund	21,010	17,667
<b>Total Board Designated Assets</b>	<b>515,491</b>	<b>465,933</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>12,247</b>	<b>23,478</b>
<b>LONG TERM INVESTMENTS</b>	<b>476,303</b>	<b>372,175</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>708</b>	<b>680</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>32,348</b>	<b>29,065</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,364,216	1,342,012
Less: Accumulated Depreciation	(710,283)	(676,535)
Construction in Progress	495,912	489,848
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,149,845</b>	<b>1,155,326</b>
<b>DEFERRED OUTFLOWS</b>	21,425	21,416
<b>RESTRICTED ASSETS</b>	32,543	28,547
<b>OTHER ASSETS</b>	84,572	3,231
<b>TOTAL ASSETS</b>	<b>3,021,233</b>	<b>2,866,153</b>

## LIABILITIES AND FUND BALANCE

	December 31, 2020	Audited June 30, 2020
<b>CURRENT LIABILITIES</b>		
Accounts Payable	24,647	35,323
Salaries and Related Liabilities	46,099	35,209
Accrued PTO	31,128	28,124
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	16,097	10,956
Intercompany Payables	32,364	70,292
Malpractice Reserves	1,560	1,560
Bonds Payable - Current	9,020	9,020
Bond Interest Payable	8,463	8,463
Other Liabilities	13,871	3,222
<b>Total Current Liabilities</b>	<b>185,550</b>	<b>204,469</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	31,275	30,731
Worker's Comp Reserve	16,482	16,482
Other L/T Obligation (Asbestos)	6,509	4,094
Bond Payable	497,174	513,602
<b>Total Long Term Liabilities</b>	<b>551,441</b>	<b>564,908</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>76,960</b>	<b>77,133</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>31,009</b>	<b>30,700</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	1,951,139	1,771,854
Board Designated	194,242	188,457
Restricted	30,892	28,631
<b>Total Fund Bal &amp; Capital Accts</b>	<b>2,176,273</b>	<b>1,988,942</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>3,021,233</b>	<b>2,866,153</b>

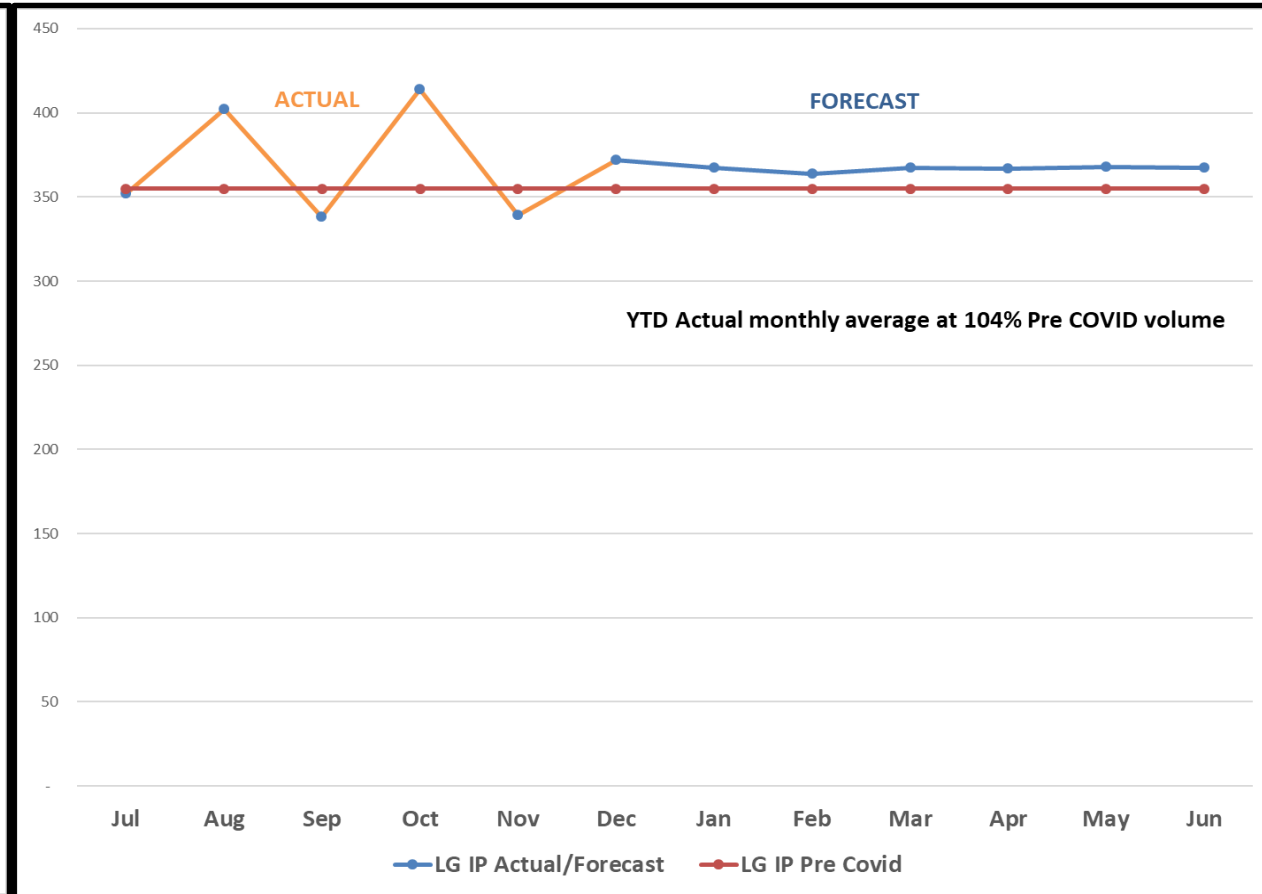
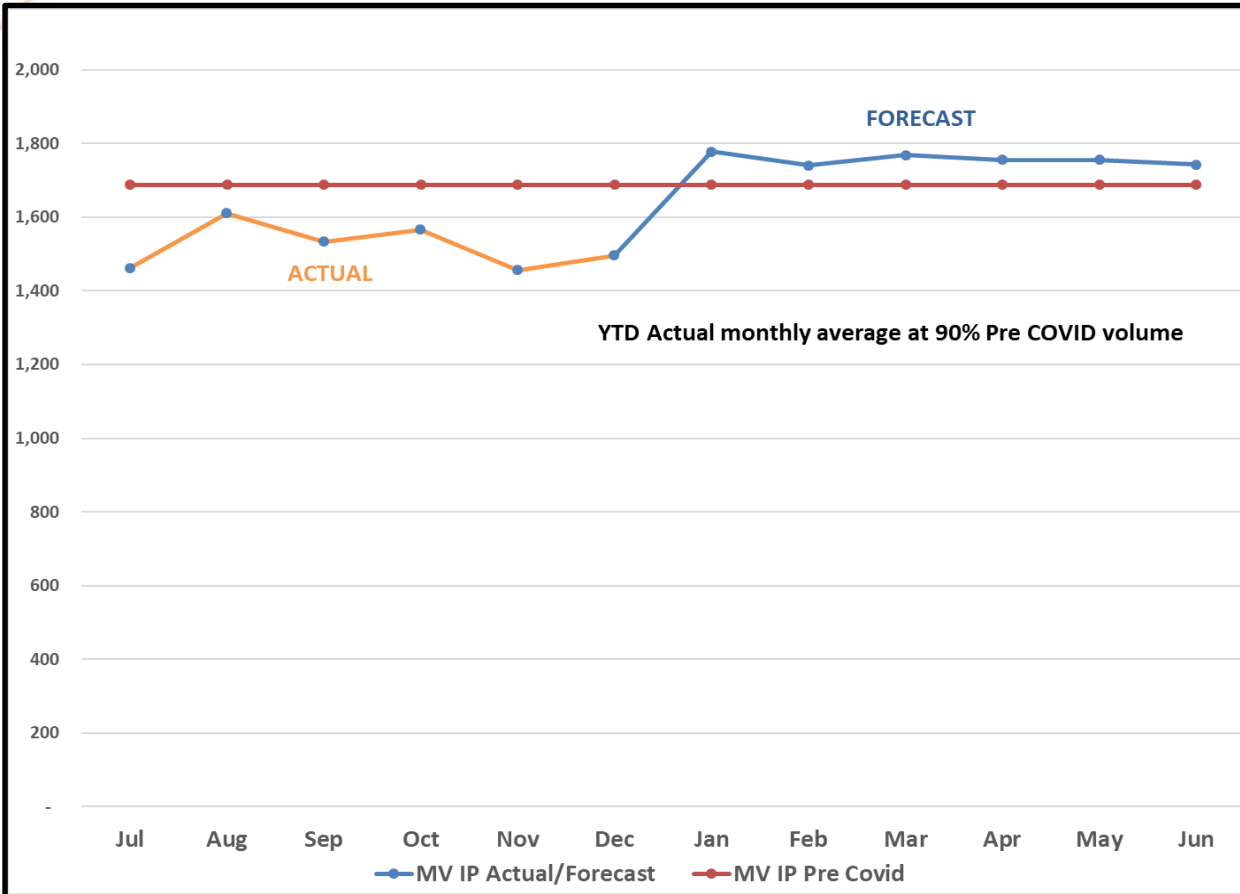
# APPENDI □

# Monthly Inpatient Volume Trends

Actual Jul-Dec Budget Jan-Jun – Including Pre COVID Levels

MV

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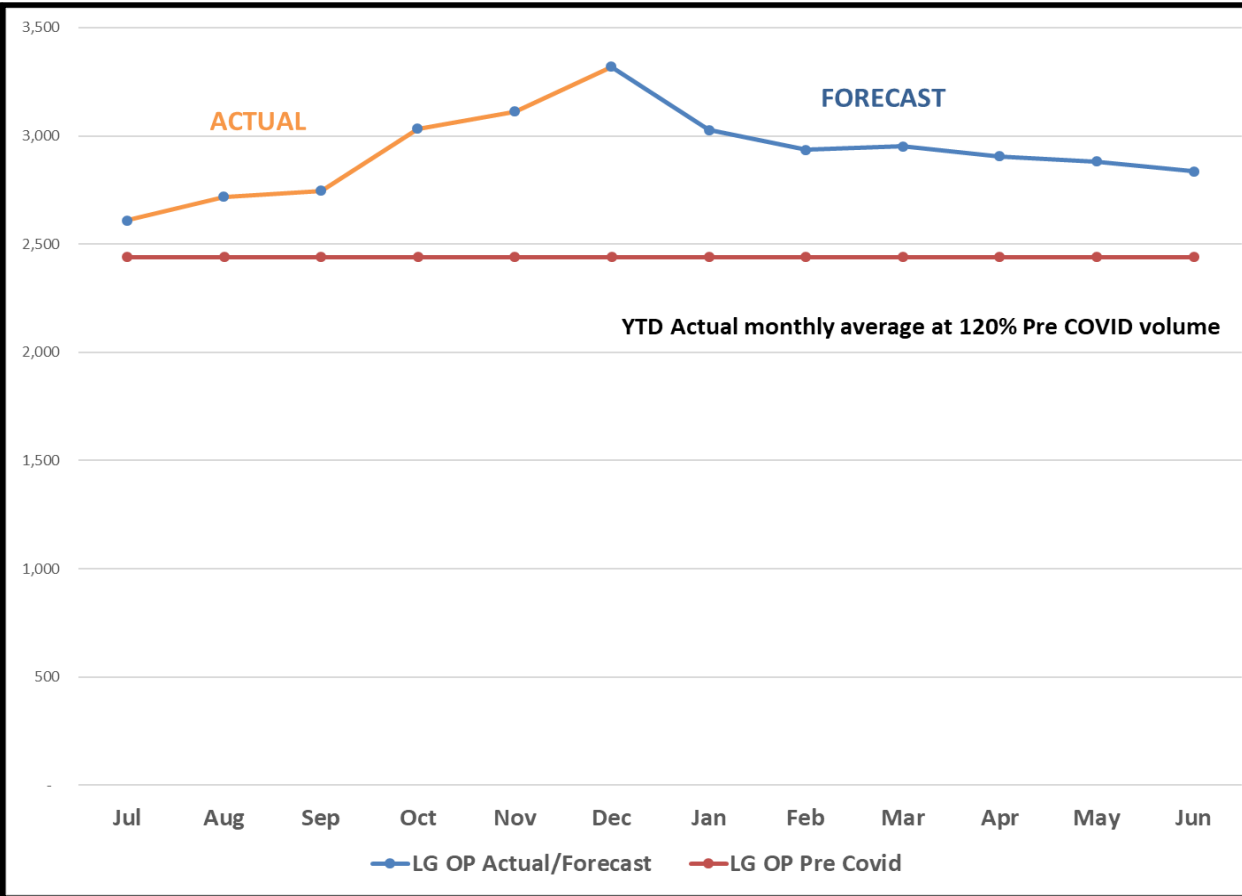
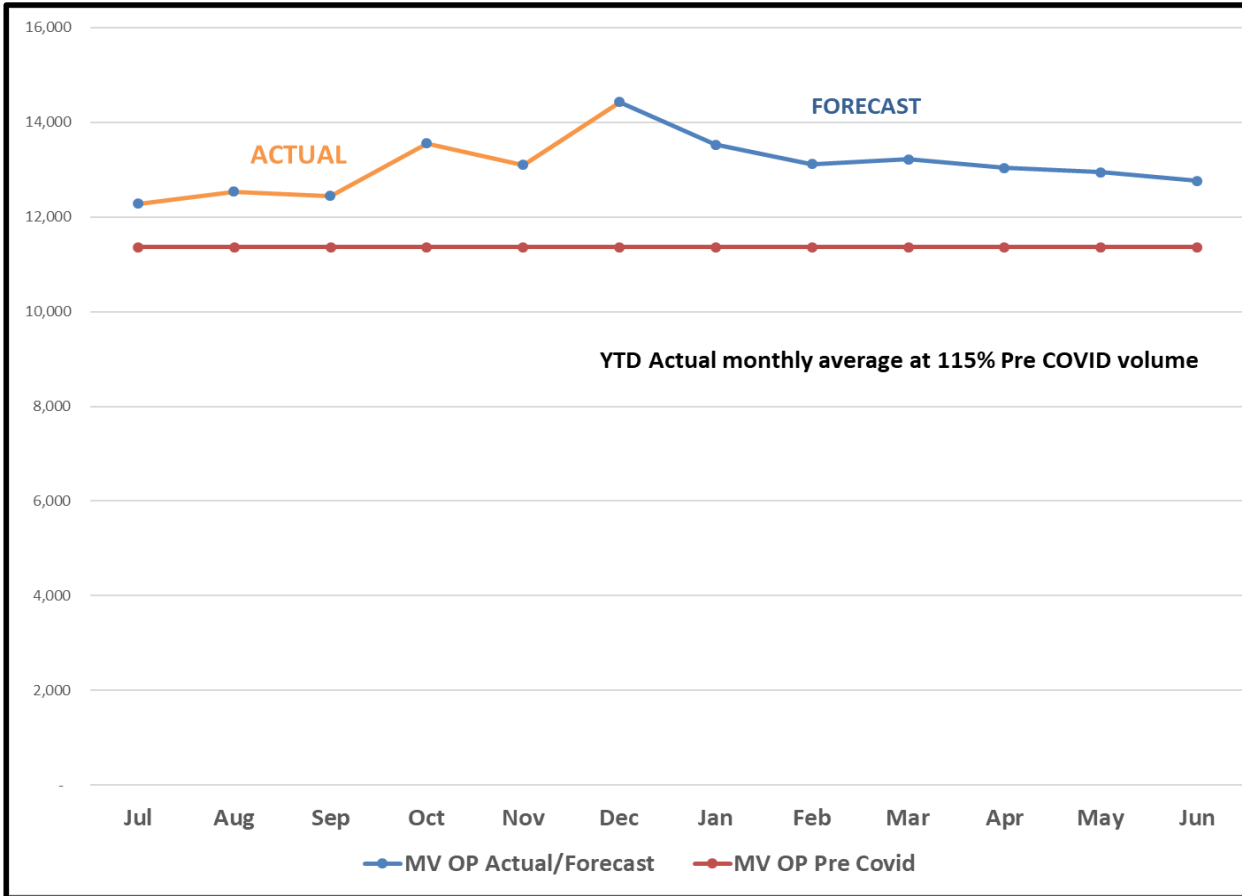


# Monthly Outpatient Volume Trends Hospital Volume

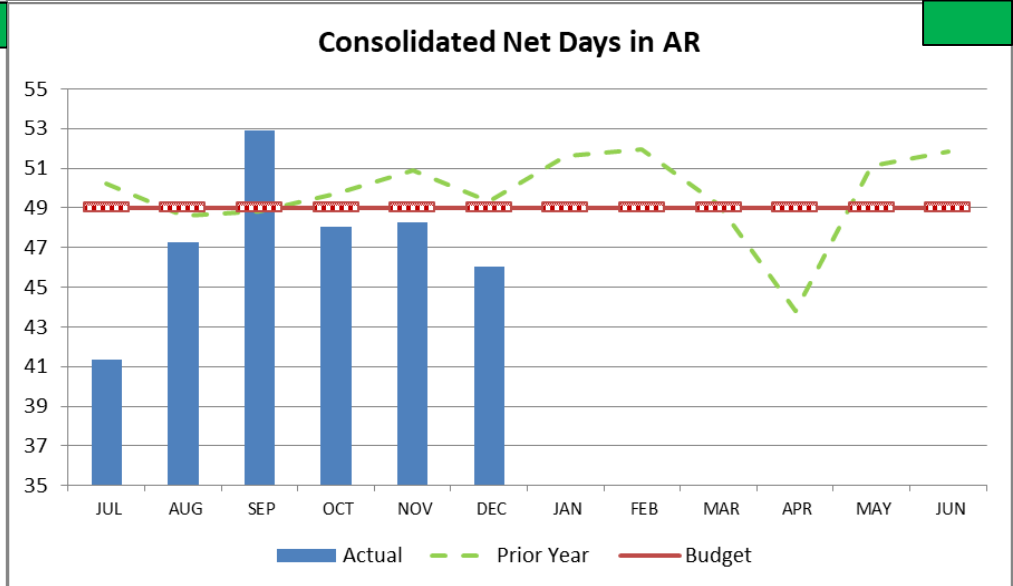
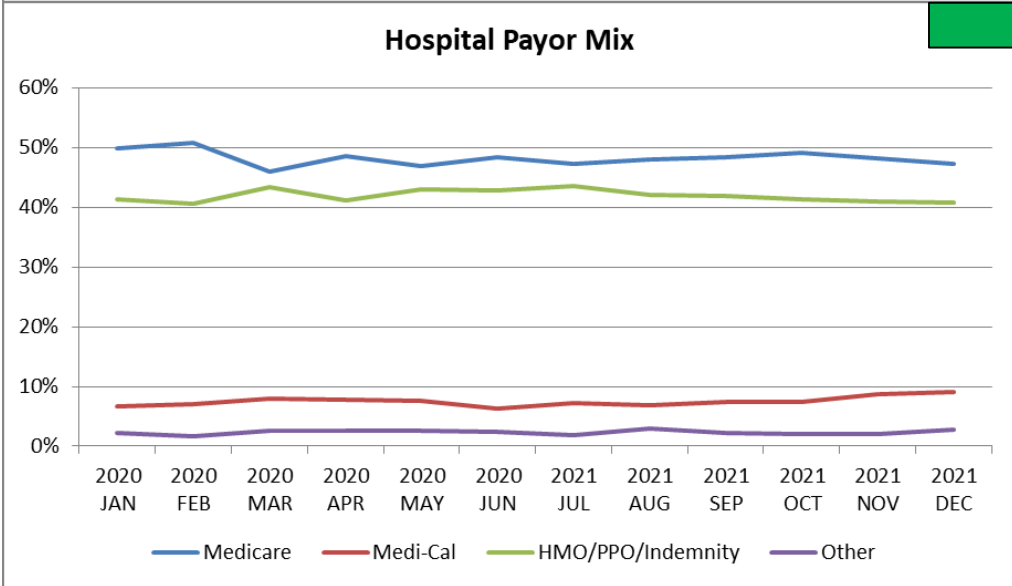
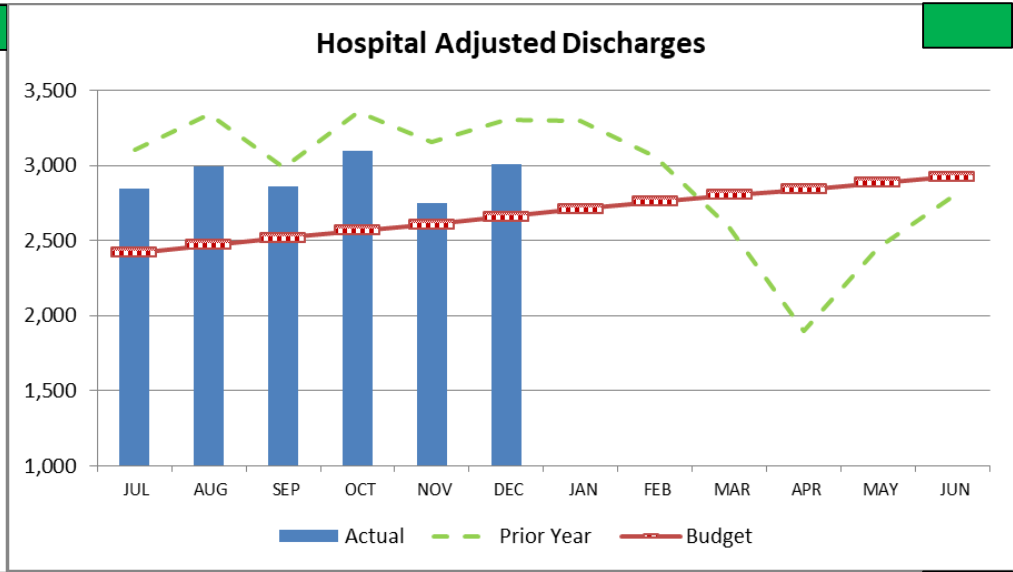
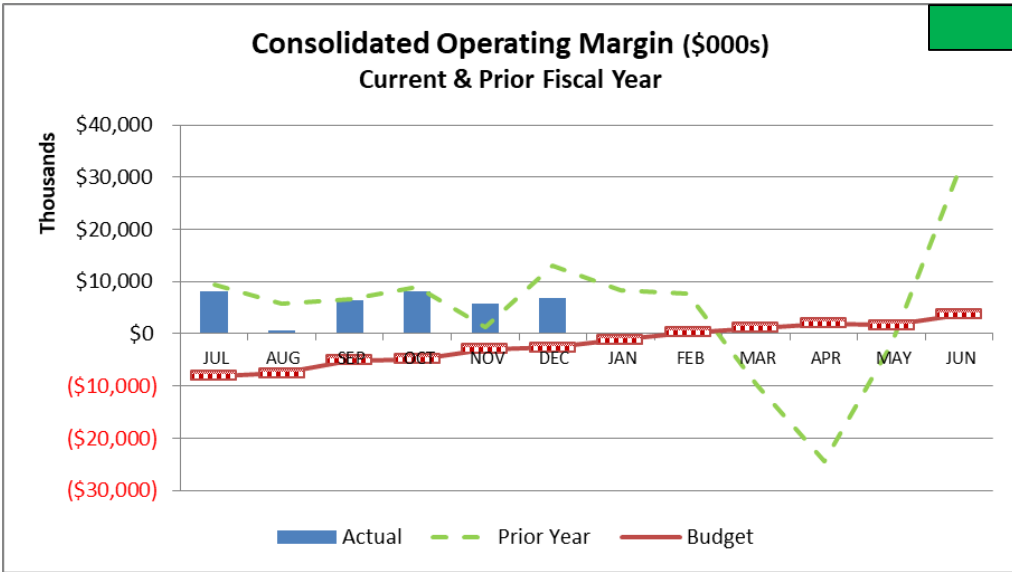
Actual Jul-Dec Budget Jan-Jun - Including Pre COVID Levels

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# TD Financial Pls – Monthly Trends



# Investment Scorecard as of 09/30/2020

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
<b>Investment Performance</b>		CY 4Q 2020 / FY 2Q 2021		Fiscal Year-to-Date 2021		8y 2m Since Inception (annualized)		FY 2021	2019
Surplus cash balance*		\$1,302.1	--	--	--	--	--	--	--
Surplus cash return		8.5%	8.0%	13.0%	12.2%	6.6%	6.4%	4.0%	5.6%
Cash balance plan balance (millions)		\$336.2	--	--	--	--	--	--	--
Cash balance plan return		11.2%	9.2%	17.1%	14.3%	8.9%	7.9%	6.0%	6.0%
403(b) plan balance (millions)**		\$581.5	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		3-year			8y 2m Since Inception (annualized)				2019
Surplus cash Sharpe ratio		0.69	0.67	--	--	0.93	0.93	--	0.34
Net of fee return		7.8%	7.3%	--	--	6.6%	6.4%	--	5.6%
Standard deviation		9.0%	8.6%	--	--	6.3%	6.1%	--	8.7%
Cash balance Sharpe ratio		0.73	0.64	--	--	1.00	0.96	--	0.32
Net of fee return		9.8%	8.0%	--	--	8.9%	7.9%	--	6.0%
Standard deviation		11.4%	10.3%	--	--	8.1%	7.4%	--	10.3%
<b>Asset Allocation</b>		CY 4Q 2020 / FY 2Q 2021							
Surplus cash absolute variances to target		9.4%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		7.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
<b>Manager Compliance</b>		CY 4Q 2020 / FY 2Q 2021							
Surplus cash manager flags		16	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		19	< 27 Green < 34 Yellow	--	--	--	--	--	--

\*Excludes debt reserve funds (~\$12 mm), District assets (~\$34 mm), and balance sheet cash not in investable portfolio (\$214 mm). Includes Foundation (~\$39 mm) and Concern (~\$15 mm) assets.

\*\*As of September 30, 2020 as more recent data not yet available.

# TD and November Operating Margin, Non-Operating Income and Net Margin by Affiliate as of 11/30/2018 (\$ in thousands)

	Period 6- Month			Period 6- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Operating Margin</b>						
Mountain View	6,118	(920)	7,038	41,802	(19,219)	61,020
Los Gatos	3,846	1,448	2,398	13,640	8,053	5,587
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>9,964</b>	<b>528</b>	<b>9,436</b>	<b>55,442</b>	<b>(11,166)</b>	<b>66,607</b>
<b>Operating Margin %</b>	<b>11.0%</b>	<b>0.7%</b>		<b>10.5%</b>	<b>-2.7%</b>	
<b>El Camino Hospital Non Operating Income</b>						
<b>Sub Total - Non Operating Income</b>	<b>56,113</b>	<b>2,905</b>	<b>53,208</b>	<b>137,091</b>	<b>15,509</b>	<b>121,582</b>
<b>El Camino Hospital Net Margin</b>	<b>66,077</b>	<b>3,433</b>	<b>62,644</b>	<b>192,533</b>	<b>4,343</b>	<b>188,190</b>
<b>ECH Net Margin %</b>	<b>73.0%</b>	<b>4.7%</b>		<b>36.5%</b>	<b>1.0%</b>	
Concern	152	228	(76)	371	170	201
ECSC	0	0	0	(3)	0	(3)
Foundation	802	(11)	812	2,846	(9)	2,855
El Camino Health Medical Network	(2,751)	(2,832)	80	(18,235)	(18,430)	195
<b>Net Margin Hospital Affiliates</b>	<b>(1,798)</b>	<b>(2,615)</b>	<b>816</b>	<b>(15,021)</b>	<b>(18,269)</b>	<b>3,248</b>
<b>Total Net Margin Hospital &amp; Affiliates</b>	<b>64,279</b>	<b>819</b>	<b>63,460</b>	<b>177,512</b>	<b>(13,926)</b>	<b>191,438</b>



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

Period ending / /

Period 6 FY 2020	Period 6 FY 2021	Period 6 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
254,788	281,351	216,641	64,710	29.9%	<b>OPERATING REVENUE</b>					
(188,808)	(211,048)	(160,479)	(50,570)	(31.5%)	<b>Gross Revenue</b>	1,534,208	1,622,656	1,226,418	396,238	32.3%
<b>65,980</b>	<b>70,303</b>	<b>56,162</b>	<b>14,141</b>	<b>25.2%</b>	<b>Deductions</b>	(1,129,361)	(1,208,113)	(908,537)	(299,576)	(33.0%)
3,207	1,161	2,125	(964)	(45.4%)	<b>Net Patient Revenue</b>	<b>404,847</b>	<b>414,543</b>	<b>317,881</b>	<b>96,663</b>	<b>30.4%</b>
<b>69,186</b>	<b>71,464</b>	<b>58,288</b>	<b>13,176</b>	<b>22.6%</b>	<b>Other Operating Revenue</b>	11,639	8,484	10,211	(1,727)	(16.9%)
					<b>Total Operating Revenue</b>	<b>416,486</b>	<b>423,027</b>	<b>328,092</b>	<b>94,935</b>	<b>28.9%</b>
					<b>OPERATING EXPENSE</b>					
37,066	38,539	36,136	(2,403)	(6.7%)	<b>Salaries &amp; Wages</b>	217,602	226,285	208,751	(17,534)	(8.4%)
9,822	10,923	8,438	(2,485)	(29.4%)	<b>Supplies</b>	64,286	64,294	48,951	(15,344)	(31.3%)
5,225	7,077	6,709	(368)	(5.5%)	<b>Fees &amp; Purchased Services</b>	40,601	39,540	40,796	1,255	3.1%
3,127	2,920	2,417	(503)	(20.8%)	<b>Other Operating Expense</b>	16,167	15,367	14,743	(623)	(4.2%)
(1,318)	1,428	926	(502)	(54.2%)	<b>Interest</b>	1,215	8,572	5,554	(3,018)	(54.4%)
3,245	4,459	4,581	122	2.7%	<b>Depreciation</b>	20,985	27,167	28,517	1,350	4.7%
<b>57,167</b>	<b>65,345</b>	<b>59,207</b>	<b>(6,138)</b>	<b>(10.4%)</b>	<b>Total Operating Expense</b>	<b>360,855</b>	<b>381,225</b>	<b>347,311</b>	<b>(33,915)</b>	<b>(9.8%)</b>
<b>12,019</b>	<b>6,118</b>	<b>(920)</b>	<b>7,038</b>	<b>(765.2%)</b>	<b>Net Operating Margin</b>	<b>55,630</b>	<b>41,802</b>	<b>(19,219)</b>	<b>61,020</b>	<b>(317.5%)</b>
12,035	56,113	2,905	53,208	1831.6%	<b>Non Operating Income</b>	43,101	137,091	15,509	121,582	784.0%
<b>24,054</b>	<b>62,231</b>	<b>1,985</b>	<b>60,246</b>	<b>3034.7%</b>	<b>Net Margin</b>	<b>98,731</b>	<b>178,893</b>	<b>(3,710)</b>	<b>182,603</b>	<b>(4922.4%)</b>
20.2%	16.8%	7.9%	8.9%		<b>EBIDA</b>	18.7%	18.3%	4.5%	13.8%	
17.4%	8.6%	-1.6%	10.1%		<b>Operating Margin</b>	13.4%	9.9%	-5.9%	15.7%	
34.8%	87.1%	3.4%	83.7%		<b>Net Margin</b>	23.7%	42.3%	-1.1%	43.4%	

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

Period ending / /

Period 6 FY 2020	Period 6 FY 2021	Period 6 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
61,175	77,112	57,535	19,577	34.0%	<b>Gross Revenue</b>	354,507	431,838	339,574	92,263	27.2%
(43,397)	(58,346)	(42,836)	(15,510)	(36.2%)	<b>Deductions</b>	(264,419)	(330,023)	(253,128)	(76,895)	(30.4%)
<b>17,778</b>	<b>18,766</b>	<b>14,699</b>	<b>4,067</b>	<b>27.7%</b>	<b>Net Patient Revenue</b>	<b>90,088</b>	<b>101,815</b>	<b>86,446</b>	<b>15,368</b>	<b>17.8%</b>
379	270	272	(2)	(0.7%)	<b>Other Operating Revenue</b>	2,311	2,268	1,627	642	39.5%
<b>18,157</b>	<b>19,036</b>	<b>14,970</b>	<b>4,066</b>	<b>27.2%</b>	<b>Total Operating Revenue</b>	<b>92,399</b>	<b>104,083</b>	<b>88,073</b>	<b>16,010</b>	<b>18.2%</b>
					<b>OPERATING EXPENSE</b>					
7,632	8,279	7,189	(1,091)	(15.2%)	<b>Salaries &amp; Wages</b>	44,898	48,880	42,501	(6,379)	(15.0%)
1,921	3,170	2,420	(749)	(31.0%)	<b>Supplies</b>	13,482	17,164	13,898	(3,266)	(23.5%)
2,957	2,517	2,678	161	6.0%	<b>Fees &amp; Purchased Services</b>	16,602	16,934	16,017	(917)	(5.7%)
411	336	398	62	15.7%	<b>Other Operating Expense</b>	2,056	2,314	2,616	302	11.6%
0	0	0	0	0.0%	<b>Interest</b>	0	0	0	0	0.0%
788	888	837	(51)	(6.1%)	<b>Depreciation</b>	4,777	5,152	4,988	(164)	(3.3%)
<b>13,710</b>	<b>15,190</b>	<b>13,522</b>	<b>(1,668)</b>	<b>(12.3%)</b>	<b>Total Operating Expense</b>	<b>81,815</b>	<b>90,443</b>	<b>80,020</b>	<b>(10,423)</b>	<b>(13.0%)</b>
<b>4,447</b>	<b>3,846</b>	<b>1,448</b>	<b>2,398</b>	<b>165.6%</b>	<b>Net Operating Margin</b>	<b>10,584</b>	<b>13,640</b>	<b>8,053</b>	<b>5,587</b>	<b>69.4%</b>
0	0	0	0	0.0%	<b>Non Operating Income</b>	0	0	0	0	0.0%
<b>4,447</b>	<b>3,846</b>	<b>1,448</b>	<b>2,398</b>	<b>165.6%</b>	<b>Net Margin</b>	<b>10,584</b>	<b>13,640</b>	<b>8,053</b>	<b>5,587</b>	<b>69.4%</b>
28.8%	24.9%	15.3%	9.6%		<b>EBIDA</b>	16.6%	18.1%	14.8%	3.2%	
24.5%	20.2%	9.7%	10.5%		<b>Operating Margin</b>	11.5%	13.1%	9.1%	4.0%	
24.5%	20.2%	9.7%	10.5%		<b>Net Margin</b>	11.5%	13.1%	9.1%	4.0%	

# El Camino Health Medical Network (\$000s)

Period ending □□/□□/□□□□

Period 6 FY 2020	Period 6 FY 2021	Period 6 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
7,539	9,031	8,749	282	3.2%	<b>Gross Revenue</b>	42,793	51,289	49,231	2,057	4.2%
(5,291)	(5,811)	(5,869)	57	1.0%	<b>Deductions</b>	(30,154)	(34,658)	(33,220)	(1,438)	(4.3%)
<b>2,248</b>	<b>3,220</b>	<b>2,880</b>	<b>339</b>	<b>11.8%</b>	<b>Net Patient Revenue</b>	<b>12,639</b>	<b>16,631</b>	<b>16,012</b>	<b>619</b>	<b>3.9%</b>
1,601	803	1,957	(1,154)	(59.0%)	<b>Other Operating Revenue</b>	9,575	8,073	11,627	(3,554)	(30.6%)
<b>3,849</b>	<b>4,023</b>	<b>4,838</b>	<b>(815)</b>	<b>(16.8%)</b>	<b>Total Operating Revenue</b>	<b>22,214</b>	<b>24,704</b>	<b>27,639</b>	<b>(2,935)</b>	<b>(10.6%)</b>
					<b>OPERATING EXPENSE</b>					
1,566	1,603	1,622	19	1.2%	<b>Salaries &amp; Wages</b>	10,037	9,615	9,974	358	3.6%
580	426	435	9	2.1%	<b>Supplies</b>	2,566	2,621	2,552	(69)	(2.7%)
4,070	3,942	4,583	641	14.0%	<b>Fees &amp; Purchased Services</b>	24,817	24,501	27,386	2,885	10.5%
672	801	768	(33)	(4.3%)	<b>Other Operating Expense</b>	4,040	5,016	4,590	(426)	(9.3%)
1	0	0	0	0.0%	<b>Interest</b>	0	0	0	0	0.0%
52	231	261	31	11.8%	<b>Depreciation</b>	310	1,414	1,567	153	9.8%
<b>6,940</b>	<b>7,003</b>	<b>7,669</b>	<b>667</b>	<b>8.7%</b>	<b>Total Operating Expense</b>	<b>41,769</b>	<b>43,168</b>	<b>46,069</b>	<b>2,901</b>	<b>6.3%</b>
<b>(3,092)</b>	<b>(2,980)</b>	<b>(2,832)</b>	<b>(149)</b>	<b>5.2%</b>	<b>Net Operating Margin</b>	<b>(19,555)</b>	<b>(18,464)</b>	<b>(18,430)</b>	<b>(34)</b>	<b>0.2%</b>
0	229	0	229	0.0%	<b>Non Operating Income</b>	0	229	0	229	0.0%
<b>(3,092)</b>	<b>(2,751)</b>	<b>(2,832)</b>	<b>80</b>	<b>(2.8%)</b>	<b>Net Margin</b>	<b>(19,555)</b>	<b>(18,235)</b>	<b>(18,430)</b>	<b>195</b>	<b>(1.1%)</b>
					<b>EBIDA</b>	-86.6%	-69.0%	-61.0%	(8.0%)	
-79.0%	-68.4%	-53.1%	(15.2%)		<b>Operating Margin</b>	-88.0%	-74.7%	-66.7%	(8.1%)	
-80.3%	-74.1%	-58.5%	(15.6%)		<b>Net Margin</b>	-88.0%	-73.8%	-66.7%	(7.1%)	
-80.3%	-68.4%	-58.5%	(9.9%)							

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

**To:** El Camino Hospital Board of Directors  
**From:** Peter C. Ong, Chair, Governance Committee  
**Date:** February 10, 2021  
**Subject:** Agenda item 1a – Governance Committee Report: Draft *Resolution 2021-02* delegating authority to the El Camino Hospital Board Finance Committee Proposed Revised El Camino Hospital Community Benefit Grants Policy Proposed Revised Finance Committee Charter.

**Recommendation(s):** To approve 1) Draft *Resolution 2021-02*: delegating authority to the El Camino Hospital Board Finance Committee 2) the Proposed Revised El Camino Hospital (“ECH”) Community Benefit Grants Policy (“Policy”) and 3) the Proposed Revised Finance Committee Charter (“Charter”).

**Summary:**

- Situation:** At the ECH Board’s June 2020 meeting, following discussion and approval of the 2021 ECH Community Benefit Plan (the “Plan”) Board Chair Chen requested that staff or the Governance Committee provide a recommendation to the Board to amend the Community Benefit process and how the Board considers the plan on a yearly basis.
- Authority:** On February 12, 2020, the Board approved a “Procedure for Delegating Specific Authority to the Board’s Advisory Committees” (the “Procedure”) that requires Governance Committee review of any proposed delegation of authority to a Board Advisory Committee.
- Background:** The 2021 Plan provides grants to outside organizations \$100,000 in sponsorship funding and \$200,000 in placeholder funds totaling \$300,000 million. Under the current Policy, the Hospital’s Community Benefit staff receives grant applications reviews them thoroughly and brings their recommendations to the Community Benefit Advisory Council (“CBAC”) for consideration. The CBAC is comprised of professionals in the community from various settings who have knowledge of the community’s unmet health needs. The community benefit staff then brings the CBAC’s recommendations to the Board for review and approval. As noted above, Chair Chen requested a proposal to amend the process for review and approval of the Plan.  
  
The proposed revisions to the Policy will replace the CBAC review with review by “The CEO’s Committee” and 2) provides for Finance Committee approval of the Plan \$100 million annually. The proposed revision to the Charter provides for Finance Committee approval of the Plan \$100 million annually. The Board will be aware of the total Plan amount as part of the annual budget approval process and will be informed of significant mid-year changes to the Plan as noted in the Policy. The Board would retain authority to approve the Plan if it exceeds \$100 million.
- Assessment:** \$3.0 million is a small percentage of ECH’s net revenue and does not warrant the expenditure of significant Board time reviewing each grant proposal as the Board has done in the past. Review by the CBAC is an unnecessary step.
- Other Reviews:** At its February 2, 2021 meeting, the Governance Committee reviewed and unanimously voted to recommend approval of the Proposed Resolution Revised Policy and Revised Charter. Legal counsel has reviewed and approved the proposed delegation of authority.

Draft Resolution 2021-02 Proposed Revised Policy and Proposed Revised Charter  
February 10, 2021

6. Outcomes: 0/0

**List of Attachments:**

1. Procedure for Delegating Specific Authority to the Board's Advisory Committees
2. Draft Revised Finance Committee Charter
3. Draft Revised ECH Community Benefit Grants Policy
4. Draft Resolution 2021-02

**Suggested Board Discussion Question:**

1. Does this proposal provide for appropriate governance-level review of the annual ECH Community Benefit Grant Plan Proposals?

# Procedure for Delegating Specific Authority to Board Advisory Committees

## COVERAGE:

El Camino Hospital Board of Directors, El Camino Hospital Board Advisory Committees, and El Camino Hospital Staff

## PURPOSE:

The Board Advisory Committees are made up of members of the Board and other individuals. As such, the Board Advisory Committees may advise the Board but cannot take action on behalf of El Camino Hospital without a specific delegation of authority by the Board.

The purpose of this procedure is to ensure efficient and thorough Board-approved procedures for delegating specific authority to the members of the Board Advisory Committees to take action on behalf of El Camino Hospital for the management of certain activities and affairs of El Camino Hospital.

## DEFINITIONS:

Board: El Camino Hospital Board of Directors

Board Advisory Committees: the Compliance and Audit Committee, the Executive Compensation Committee, the Finance Committee, the Governance Committee, the Investment Committee, and the Quality/Patient Care and Patient Experience Committee

## REFERENCES:

0/0

## PROCEDURE:

- A. Proposals for delegation of authority to a Board Advisory Committee shall originate from a Board member or one of the Board Advisory Committees and must be submitted in writing to the Governance Committee for evaluation.
- B. Proposed delegations of authority submitted to the Governance Committee by a Board member or Board Advisory Committee for consideration or submitted to the Board by the Governance Committee for approval shall contain the following elements:
  1. The proposal shall recommend the specific language and scope of the proposed delegation of authority.
  2. The proposal shall specifically describe the Board's retained authority.
  3. The proposal shall state that persons exercising authority under the delegation are recognized as "agents" of El Camino Hospital for purposes of such person's right to indemnification by El Camino Hospital.
  4. The proposal shall state that any proposed action outside the scope of the Board's approved delegation of authority shall require further Board approval.

- C. The Governance Committee shall obtain advice of legal counsel to confirm whether the specific delegation of authority is consistent with California Law.
- D. The Governance Committee shall consider whether the proposed delegation of authority is consistent with the mission and activities described by the applicable Board Advisory Committee's Charter and whether to recommend the proposed delegation of authority to the Board for approval.
- E. If the Governance Committee recommends that the Board approve a proposed delegation of authority to a Board Advisory Committee, the Board shall consider approval of the proposed delegation of authority.
- F. Resolutions of the Board approving a delegation of authority to a Board Advisory Committee shall be in writing and shall contain the following elements:
  1. The resolution shall specifically define the delegation of authority and the scope of the delegation of authority.
  2. The resolution shall specifically describe the Board's retained authority.
  3. The resolution shall state that persons exercising authority under the delegation are recognized as "agents" of El Camino Hospital for purposes of such person's right to indemnification by El Camino Hospital.
  4. The resolution shall state that any proposed action outside the scope of the Board's approved delegation of authority shall require further Board approval.

Approvals:

Governance Committee: 2/7/2020

Hospital Board of Directors: 2/12/2020

## El Camino Hospital Board of Directors Finance Committee Charter Draft Revised February 2, 2021

### Purpose

The purpose of the Finance Committee (the “Committee”) is to assist the El Camino Hospital (ECH) Board of Directors to (“Board”) provide oversight, information sharing and financial reviews related to operating and capital budgeting, financial planning, financial reporting, capital structure, financing relationships and certain contractual agreements for El Camino Hospital and its affiliated entities where ECH is the sole corporate member (“the Organization”). In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

### Authority

All governing authority for the Organization resides with the Board and except as specifically provided in Sections E and F of “Specific Duties,” the Committee serves as an advisory body only. The Committee will report to the Board at the next scheduled meeting any recommendation made or action taken within the Committee’s authority. The Committee has the authority to select, engage, and supervise any consultant it deems necessary to advise the Committee on issues related to its responsibilities. In addition, the Committee may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of Board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external non-director members appointed to the Committee.

### Membership

- The Committee shall be comprised of two or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- The Finance Committee may also include 2-3 Community members<sup>1</sup> with expertise which is relevant to the Committee’s areas of responsibility, such as banking, financial management, planning and real estate development, etc.
- All Committee members with the exception of non-Community members shall be appointed by the Board Chair subject to approval by the Board. Non-Community members shall be appointed by the Committee subject to approval of the Board. All Committee appointments shall be for a term of one year, expiring on the 30<sup>th</sup> renewal date annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board member, the Vice-Chair must be a Hospital Board member.

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<sup>1</sup> Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.



## Staff Support and Participation

The CEO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the executive team may participate in the Committee meetings as deemed necessary.

## General Responsibilities

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters brought to this Committee. With input from the Committee the management team shall develop dashboard metrics that will be used to measure and track financial performance for the Committee's review. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee thereby allowing Committee members to engage in meaningful data-driven discussions. Upon careful review and discussion and with input from management the Committee shall then make recommendations to the Board. The Committee is responsible for ensuring that performance metrics which are not being met to the Board's expectations are reported to the Board.

## Specific Duties

The specific duties of the Committee are:

### A. Budgeting

- Review the annual operating and capital budgets for alignment with the mission and vision of the Organization and make recommendations to the Board.
- Review any financial requests in excess of the CEO's signing authority and make recommendations to the Board.
- Review the Organization's long-range forecasts and financial plans and make recommendations to management regarding steps advisable to improve the Organization's financial strength.

### B. Financial Reporting

- Review each accounting period's financial statements and ensure the Board is advised of any necessary corrective actions.
- Obtain a clear understanding of the Organization's financial reporting process by reviewing the hospital's dashboard items and periodic financial reports and advise management on how to improve its financial reporting in order to improve accountability and ease of reading and understanding.

### C. Financial Planning and Forecasting

- Semi-annually receive an update on management's assessment of expected results as well as potential risks related to the payor contracts.
- Evaluate the financial implications of emerging payment processes and provide advice to management regarding associated risk management concerns.

- Evaluate financial planning and forecasting to help ensure it remains in alignment with the mission and strategic direction of the Organization.

#### **D. Treasury, Pension Plans, and Contracting Concerns**

- Review and make recommendations to the Board regarding all new debt issuances and derivative instruments in excess of \$1 million.
- Monitor compliance with debt covenants and evaluate the Organization's capital structure.
- Review and make recommendations to the Board regarding changes in banking relationships including without limitation depository accounts investment accounts and major credit facilities. The term "major credit facilities" does not include management-approved trade credit facilities offered in the ordinary course of business by vendors to the hospital. The Committee may recommend delegation of approval authority for specified changes to the CEO but must maintain reporting and oversight of any such changes
- Review and make recommendations to the Board regarding proposed plan design or benefit design changes in excess of management authority limits to employee retirement plans including changes to investments within those plans.
- Review and make recommendations to the Board regarding contractual agreements with persons considered to be "insiders" under IRS regulations, and those which are in excess of the CEO's signing authority

#### **E. Capital and Program Analysis**

- Review and make recommendations to the Board with respect to the business plans of all capital items or proposed business ventures in excess of the CEO's signing authority, and all variances to budget in excess of the CEO's signing authority on projects in process.
- Review retrospective analyses of all strategic business ventures and all strategic capital expenditures in excess of \$2.0 million as presented by management or as per the review schedule set forth by the Committee to assess the reasonableness of business plans that were developed at the time of original approval and to promote learning as a result of any identified issues or concerns.
- Review and recommend approval for the acquisition or disposition of capital which is in excess of \$1 million.
- Approve unbudgeted capital expenditures exceeding the CEO's signature authority but not in excess of \$1 million.
- Approve the annual ECH Community Benefit Plan including grants to outside organizations sponsorships and placeholder funds combined which shall not exceed \$1 million annually.

#### **F. Physician Financial Arrangements**

- Review and recommend for Board approval Physician financial arrangements in excess of \$100k of fair market value in accordance with the Corporate Compliance: Physician Financial Arrangements Policy.

- Approve Physician Financial Arrangements in excess of 20000 annually or if upon renewal or amendment the annual increase is greater than 10% in accordance with the Corporate Compliance: Physician Financial Arrangements Policy.
- Approve the Annual Summary Report of Physician Financial Arrangements.

#### **G. Financial Policies**

- Review and recommend approval of any Board-level financial policies including any financial policies for which responsibility has been specifically assigned to another Board Committee.

#### **H. Ongoing Education**

- Endorse and encourage Committee education and dialogue relative to emerging healthcare issues that will impact the viability and strategic direction of the Organization.

#### **I. Management Partnership**

- Work in partnership with the CEO and other hospital executives to assist in the development of financial policies which will help ensure the Organization's success.
- Provide ongoing counsel to the CEO regarding areas of opportunity for either personal or organizational improvement.

### **Committee Effectiveness**

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and Hospital's strategic goals. The Committee strives for continuous improvement with regard to its processes, procedures, materials and meetings and other functions to enhance its contribution to the full Board.

### **Meetings and Minutes**

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan and the operational requirements of the organization. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all committees of the Board shall be governed by and held and taken in accordance with the provisions of Article III of the Bylaws concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.

Current Status: Active Policy Stat ID: 6942910



**El Camino Health**

**Origination:** 04/2014  
**Effective:** 01/2018  
**Last Approved:** 01/2018  
**Last Revised:** 01/2018  
**Next Review:** 12/2020  
**Owner:** *Barbara Avery: Director  
Community Benefit*  
**Area:** *Finance*  
**Document Types:** *Policy*

## **Draft Revised Community Benefits Grants Policy 2/2/2021**

### **COVERAGE:**

El Camino Hospital Community Benefit Grantees

### **PURPOSE:**

El Camino Hospital ~~the Hospital~~ recognizes that the health of the community is improved by the efforts of many different organizations, and the Hospital has a history of supporting those organizations by making grants to them. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a committee comprised of members of the executive team appointed by the CEO [CEO's Committee] a Community Benefit Advisory Council. The Hospital annually approves a plan ~~that~~which includes a provisional list of organizations and the amount of the expected grants to each sponsorships, and placeholder funds which shall be approved by the Hospital Board Finance Committee and included in the annual budget. The total amount approved by the Finance Committee shall not exceed \$5 million.

### **PROCEDURE:**

- A. To ensure that the Hospital can be responsive to the changing health needs in the Hospital during a fiscal year, the senior Community Benefit staff ~~[P]~~ of Corporate and Community Health Services and Director of Community Benefit ~~will~~ follow the guidelines below:
  1. The total annual Community Benefit expenditures, as authorized by the Hospital Board Finance Committee of Directors approval of the Hospital's annual Community Benefit Plan, cannot exceed the approved aggregate amount.
  2. Approved individual grant amounts, as stated in the annual Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Increases to these previously awarded grants in excess of \$50,000 up to

≤150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of ≤150,000 must be presented to the CEO's Committee Community Benefit Advisory Council (CBAC), receive their recommendation for support and be approved by the Hospital Board Finance Committee and reported to the Hospital Board of Directors.

3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CEO's Committee CBAC and receive their recommendation for support. New grants in excess of ≤50,000 require the approval of the Hospital Board Finance Committee.
4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
5. The Finance Committee CBAC and the Board will receive a report identifying all grant funding changes at the end of the fiscal year.
  - Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the Finance Committee Board. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.

*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

□

## Assign Acknowledgments

Select Users or User Groups

**Note** Acknowledgments have not yet been assigned. Clicking the button below will assign them.

Automatically assign when new versions with changes are approved

6942910

**EL CAMINO HOSPITAL**  
**DRAFT RESOLUTION 2021-02**  
**DELEGATING AUTHORITY TO THE FINANCE COMMITTEE TO APPROVE THE**  
**ANNUAL EL CAMINO HOSPITAL COMMUNITY BENEFIT PLAN**  
**NOT TO EXCEED \$5 MILLION ANNUALLY**

**WHEREAS** the Board of Directors has determined it is necessary to carefully consider and approve the annual El Camino Hospital Community Benefit Grant Plan “Plan” proposal:

**WHEREAS** on the recommendation of the Governance Committee the Board has determined such action can be undertaken by the Board’s Finance Committee no other it:

**RESOLVED** that the Board’s Finance Committee shall have authority to annually approve the Plan including grants to outside organizations sponsorship and placeholder funds not to exceed a total of five million annually it further

**RESOLVED** the Board shall retain authority to approve the Plan if it exceeds five million annually it further

**RESOLVED** that persons exercising authority under the delegation are recognized as “agents” of El Camino Hospital for purposes of such person’s right to indemnification by El Camino Hospital it further

**RESOLVED** any proposed action outside the scope of the Board’s approved delegation of authority shall require further Board approval.

**DULY PASSED AND ADOPTED** at a regular meeting held on February 10, 2021 by the following votes:

YES:

NOES:

SE:

S:

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Lia E. Miller Secretary/Treasurer

ECH Board of Directors

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

**To:** El Camino Hospital Board of Directors  
**From:** Peter C. Ong, Chair, Governance Committee  
**Date:** February 10, 2021  
**Subject:** Agenda Item 1 – Governance Committee Report: Proposed 2021 Hospital Board Member Competencies

**Recommendation(s):** To recommend approval of the Proposed 2021 Hospital Board Competency Matrix to the El Camino Healthcare District Board of Directors.

**Summary:**

- Situation:** In 2020 the Governance Committee recommended and the Board adopted the attached competency matrix (see attached). Using the competency matrix all Board members evaluated themselves and all other Board members resulting in identification of gaps in overall Board competencies. The gap analysis was then used to inform Board member retention and recruitment efforts.
- Authority:** One of the Governance Committee’s chartered responsibilities is to define the necessary skill sets, diversity and other attributes required for Board members to support Hospital strategy, goals, community needs and current market conditions and make recommendations to the Board regarding Board composition.
- Background:** The Board has over time modified the highest priority competencies in response to changing Hospital strategy, goals, community needs and market conditions. Competency 3 (Leadership of high performing organizations in other industries including Board experience) replaced healthcare industry experience and experience in clinical integration/continuum of care in 2019. The current terms of Directors Chen (2<sup>nd</sup>) and Alach (1<sup>st</sup>) expire on June 30, 2021. At its January 2, 2021 meeting the District Board re-elected Director Chen to a third three-year term and appointed an Ad Hoc Committee to review the re-election of Director Alach.
- Assessment:** There is a need to confirm the Board competencies for 2021.
- Other Reviews:** At its February 2, 2021 meeting the Governance Committee voted to recommend approval of the draft 2021 Board Competency Matrix. The Committee also had a robust discussion regarding adding “Diversity” to the matrix, but agreed that it would be appropriate to delay that addition until the Committee has time to have a thoughtful and informed discussion regarding a definition of diversity.
- Outcomes:** Recommendation for 2021 Board Competency Matrix. The El Camino Healthcare District Board has the ultimate authority to determine necessary competencies for El Camino Hospital Board Directors.

**List of Attachments:**

- Draft Revised 2021 Board Competency Matrix

**Suggested Board Discussion Questions:**

- Is the Competency Matrix adequate for 2021? If not, what should be added or deleted?
- What are the top priority Board competencies for 2021?







**Minutes of the Open Session of the  
El Camino Hospital Board of Directors  
Wednesday, December 9, 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.

<u>Board Members Present</u>	<u>Board Members Absent</u>	<u>Members Excused</u>
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** Carol A. Somersille, MD** John Zoglin, Vice Chair**	None  **via teleconference	None

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/ Action</b>
<b>1. CALL TO ORDER/ ROLL CALL</b>	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. Director Po joined the meeting at 5:40pm during Agenda Item 5: FY21 Period 4 Financials. All other Board members were present at roll call. All members participated via videoconference pursuant to Santa Clara County’s shelter in place order. Chair Chen reviewed the logistics for the meeting and welcomed Director Somersille to the Board. 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.	
<b>2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES</b>	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.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. QUALITY COMMITTEE REPORT</b>	<p>Director Kliger, Quality Committee Chair, provided an overview of the discussion at the December 7, 2020 Quality Committee meeting:</p> <ul style="list-style-type: none"> <li>- The all-cause readmission index is down to 0.87 (lower is better).</li> <li>- Several quality and patient safety indicators showed improvement from the last reporting period.</li> <li>- The Serious Safety Event Rate (SSER) increased, but, as it is a new measure for the organization, more data is needed to determine whether these numbers are significant. The Committee will continue to monitor this.</li> <li>- The sepsis mortality index also increased over the last two reporting periods and the Committee further discussed sepsis management processes.</li> </ul> <p>The Committee also discussed 1) the role of the Diversity, Equity, and Inclusion (DEI) Committee and equity metrics on the STEEEP dashboard and 2) triggers for bringing metrics back to the Committee for review, including falling performance (over 1 quarter/three reporting periods) and as determined by management.</p>	

	<p>In response to Director Fung’s question, Mark Adams, MD, CMO, explained that the sepsis mortality index includes COVID patients, but noted that there have been few COVID deaths at ECH.</p> <p>Director Rebitzer commended this report for its issue orientation and high-level summary.</p>	
<p><b>5. FY21 PERIOD 4 FINANCIALS</b></p>	<p>Carlos Bohorquez, CFO, provided an overview of the FY21 Period 4 Financials, including:</p> <ul style="list-style-type: none"><li>- The organization has performed well with strong revenue and expenses in line with expectations. He highlighted an 8.5% increase in overall gross charges compared to the same period last year.</li><li>- Net operating margin was \$8.1 million, which was unfavorable to last year primarily due to a \$2.2 million YOY increase in depreciation and interest from the Taube and Sobrato Pavilion projects.</li><li>- Staff developed an updated forecast based on FY21 first quarter results, and presented it to the Finance Committee at its meeting on November 23, 2020. The Committee will review another update to the forecast with results through Period 5 at its January 2021 meeting.</li><li>- Revenue increased YOY by 3.8%. Procedural volumes have returned, with the exception of Emergency Department cases.</li><li>- Operating income was \$23.3 million, which was about \$7 million less than the prior year due to increased depreciation and interest on the large construction projects (Taube and Sobrato).</li><li>- Other operating expenses were unfavorable to budget due to increased utilities for the additional square footage in the new buildings.</li><li>- Net margin was \$42.6 million versus \$47.2 million last year.</li><li>- EBIDA was 13.9% compared to 14.3% in the same period in FY20.</li></ul> <p>Mr. Bohorquez noted that, even with the conditions of the pandemic, the organization was performing well, but he anticipated a softening of revenue in November and December 2020. Additional testing and PPE may also impact supplies and other variable expenses.</p> <p>He also reviewed key utilization statistics; total discharges are lower YOY and Average Daily Census (ADC) was higher (242 in October and 238 year to date) than both last year and budget, primarily due to an increase in case mix index (CMI). The Emergency Department October volumes were 24% lighter than the prior fiscal year and outpatient surgical cases increased by 6% YOY.</p> <p>Staff are closely monitoring payor mix, especially given increased unemployment rates due to the pandemic.</p> <p>September’s increase in net days in Accounts Receivable (AR) was due to challenges with a specific payor, which were identified and corrected in October 2020.</p> <p>Mr. Bohorquez reported that 1) staff executed the Board-authorized forward rate SWAP transaction on the Series 2015A bonds on October 14, 2020, resulting in expected net present value savings of \$11.5 million and 2) he and Dan Woods, CEO, provided updates to ECH’s rating agencies and noted that the organization’s performance rebound was well received.</p>	

	<p>In response to questions from the Board, the Board and staff further discussed:</p> <ul style="list-style-type: none"> <li>- Changes in the payor mix and close monitoring of unemployment rates</li> <li>- The likelihood of restrictions on elective procedures due to increasing COVID-19 cases; Mr. Woods explained that ECH has weekly calls with hospital CEOs in the County and hospital COOs have daily calls. Other organization have suspended or severely reduced elective procedures. Mr. Woods and Mark Adams, MD commented that ECH staff are making best efforts not to eliminate all elective surgeries to be able to take care of patients with both COVID and non-COVID health issues.</li> <li>- How other institutions are performing and how volumes are rebounding or not (90% back, except for Emergency Department volumes), depending on services and geography</li> </ul> <p><b>Motion:</b> To approve the FY21 Period 4 Financials.</p> <p><b>Movant:</b> Kalbach  <b>Second:</b> Ting  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<p><b>6. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:55pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (11/11/2020); pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Quality Committee Report (Medical Staff Credentials and Privileges Report, Quality Council Minutes); pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: Strategic Planning Update; pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation and <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: CEO Report on Legal Services and New Programs and Services; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Kalbach  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><b>Adjourned to closed session at 5:55pm</b></p>
<p><b>7. AGENDA ITEM 14: RECONVENE OPEN SESSION/</b></p>	<p>Open session was reconvened at 8:12pm by Chair Chen. Agenda Items 7-13 were addressed in closed session. Director Po was not present at the beginning of the second open session, but rejoined the meeting during the</p>	

<p><b>REPORT OUT</b></p>	<p>CEO Report.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (11/11/2020), Quality Committee Report, including the Medical Staff Credentials and Privileges Report and the Quality Council Minutes, and the Medical Staff Report by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Somersille, Ting, and Zoglin).</p>	
<p><b>8. AGENDA ITEM 15:                  CONSENT                  CALENDAR</b></p>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Miller requested that Item 15d: Medical Staff Report be removed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (11/11/2020); FY20 CEO Incentive Compensation Payout; FY21 Period 3 Financials; and for information: Mountain View Site Plan Status.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Kalbach  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Rebitzer, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Po  <b>Recused:</b> None</p> <p>Director Miller expressed concerns about Code Silver and Code Active Shooter in the PBX Call Center Scope of Service, which require timely responses. She suggested sending the policy back to staff for revisions to direct staff to call 9-1-1.</p> <p>Dan Woods, CEO, described staff processes for identifying an active shooter or weapons threat, including the internal call to local operators, announcements on the ECH intercom system, and a simultaneous call to 9-1-1 emergency responders. He commented that the policy will be reviewed to ensure that it is contemporary and as safe and efficient as possible.</p> <p>Director Ting suggested that the volume of the PBX calls be reviewed as they are quite loud. Mr. Woods commented that the system is a combination of analog and digital components and noted that staff will review the decibel levels.</p> <p><b>Motion:</b> To approve the consent calendar: Medical Staff Report with the exception of the PBX policy.</p> <p><b>Movant:</b> Kalbach  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Rebitzer, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Po  <b>Recused:</b> None</p>	<p><i>Consent                  calendar                  approved</i></p>

<p><b>9. AGENDA ITEM 16: RESOLUTION 2020-12: Establishing and Appointing Members of a Strategic Planning Ad Hoc Committee</b></p>	<p>The Board took no action on this item.</p>	
<p><b>10. AGENDA ITEM 17: CEO REPORT</b></p>	<p>Dan Woods, CEO, described ECH’s daily communication with the County and other local hospitals on COVID-19 patients and hospital resources. Mr. Woods highlighted ECH’s structural heart program’s accomplishments, including a 4-Star rating from the American College of Cardiology and recent feature in Cath Lab Digest.</p> <p>He explained that the triennial Community Health Needs Assessment (CHNA) is underway.</p> <p>Mr. Woods emphasized the importance of wearing a mask and described the marketing partnership with other healthcare organizations locally and nationally to encourage all to “Mask Up.”</p> <p>He thanked the community and donors to the El Camino Health Foundation. He reported that Auxiliary services have been suspended due to the increasing COVID-19 numbers in the community.</p> <p>Mr. Woods commended Cheryl Reinking, RN for her work at ECH and for her upcoming graduation from USF’s Doctor of Nursing Practice program. The Board congratulated Ms. Reinking.</p>	
<p><b>11. AGENDA ITEM 18: BOARD COMMENTS</b></p>	<p>None.</p>	
<p><b>12. AGENDA ITEM 19: ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at 8:25pm.  <b>Movant:</b> Miller  <b>Second:</b> Kalbach  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><i>Meeting adjourned at 8:25pm</i></p>

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

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Lanhee Chen  
Chair, ECH Board of Directors

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Julia E. Miller  
Secretary, ECH Board of Directors

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

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

**To:** El Camino Hospital Board of Directors  
**From:** Cindy Murphy, Director Governance Services  
**Date:** February 10, 2021  
**Subject:** Appointment of Director Carol A. Somersille to Board Advisory Committees

**Recommendation:**

To approve the appointment of Director Carol A. Somersille to the Investment Committee and the Finance Committee.

**Summary:**

- Situation:** On December 15, 2020, the El Camino Healthcare District Board of Directors elected Dr. Somersille to the El Camino Hospital Board of Directors.
- Authority:** The Board's Advisory Committee Charters provide that the El Camino Hospital Board Chair shall appoint the members of the Advisory Committees subject to Board approval.
- Background:** The attached proposed Revised Advisory Committee and Liaison Appointments reflects Board Chair Chen's recommendation to appoint Director Somersille to the Investment Committee and the Finance Committee. The only other change is the removal of former Director Matters from the Finance Committee and the Investment Committee.
- Assessment:** N/A
- Other Reviews:** None.
- Outcomes:** N/A

**List of Attachments:**

- Proposed Revised Advisory Committee and Liaison Appointments

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

## FY21 El Camino Hospital Board of Directors Advisory Committee & Liaison Appointments

Committee Appointments						
COMMITTEE	COMPLIANCE AND AUDIT	EXECUTIVE COMPENSATION	FINANCE	GOVERNANCE	INVESTMENT	QUALITY
CHAIR	Sharon Anolik Shakked	Bob Miller	John Zoglin	Peter C. Fung, MD	Brooks Nelson	Julie Kliger
BOARD MEMBERS	Jack Po, MD	Julie Kliger	Carol A. Somersille, MD	Bob Rebitzer	Peter C. Fung, MD	Jack Po, MD
	Julia E. Miller	George O. Ting, MD			Carol A. Somersille, MD	George O. Ting, MD
COMMUNITY MEMBERS	Lica Hartman	Teri Eyre	Joseph Chow	Christina Lai	Nicola Boone	Terrigal Burn, MD
	Christine Sublett	Jaison Layney	Wayne Doiguchi	Peter Moran	John Conover	Alyson Falwell
		Pat Wadors	Boyd Faust	Mike Kasperzak	Richard Juelis	Krutica Sharma
				Ken Alvares		Melora Simon
EX OFFICIO MEDICAL STAFF OFFICERS						Apurva Marfatia, MD
						Michael Kan, MD
						Prithvi Legha, MD <i>Alternate</i>
						Philip Ho, MD <i>Alternate</i>

### Liaison Appointments

ECH FOUNDATION BOARD OF DIRECTORS (Liaison)

Julia E. Miller

COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) (Liaison)

John Zoglin

### LEGEND

\*Board Members

\*Community Members

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

**To:** El Camino Hospital Board of Directors  
**From:** Fran Woods, Chief Executive Officer  
**Date:** February 10, 2021  
**Subject:** LPCH Professional Services Payment

**Recommendation:**

To approve delegating to the Chief Executive Officer the authority to execute an amendment to the Lucile Packard Children's Hospital (LPCH) Neonatal Intensive Care Unit (NICU) Professional Services Agreement authorizing a one-time retroactive payment in the amount of \$23,021.00 for continued exclusive neonatal services provided at the Mountain View campus without an executed agreement.

**Summary:**

- Situation:** LPCH requested to be compensated by ECH for continued exclusive neonatal services to cover their costs previously provided to ECH at no cost upon renewal of the LPCH professional services agreement on January 1, 2020. LPCH retains collections for professional services provided by its neonatologists.

On November 2, 2019, ECH obtained Finance Committee approval to negotiate compensation up to a not-to-exceed annual amount of \$3,000,000 effective January 1, 2020 for continued exclusive neonatal coverage.

Based on initial negotiations, ECH sent LPCH an amendment on 12/31/19 for \$8 million of neonatology coverage at \$3,000,000 per year. That amendment was never signed and negotiations of compensation and terms continued over the next seven months while LPCH continued to provide neonatology services.

On August 10, 2020, both parties reached an agreement and executed an amendment requiring payment to LPCH in the amount of \$3,000,000 per year for 8 million of neonatal coverage with a minimum of \$8 million starting September 1, 2020.

LPCH requested payment for services provided during the expired agreement period of January 1, 2020 through August 9, 2020. ECH declined LPCH's request for retroactive payment as ECH's policy 51.00 requires a fully executed agreement for all physician payments. LPCH repeatedly requested retroactive payment for services provided during the expired agreement period.

Based on historical review of the email communications between ECH and LPCH, it has been determined that a "meeting of the minds" of compensation and terms arguably occurred on July 1, 2020. Approval is requested to pay LPCH the prorated payment amount of \$23,021.00 which is based on \$291,000 per month, \$3,000,000 per year for the time period of July 1, 2020 through August 9, 2020.

- Authority:** According to Administrative Policies and Procedures 1.00 Physician Financial Arrangements – Review and Approval, a change in compensation to an existing physician agreement must be evidenced by a written amendment signed by both parties before the change in compensation takes effect. Any exceptions to the policy require Board approval.



Professional Services Payment

February 10, 2021

3. Background: Since 1998 LPCH has provided exclusive 24-hour neonatal/perinatal professional services with no compensation from ECH.
4. Fair Market Value Assessment: Compensation in the prorated payment amount of \$23,211.00 is based on \$30,000 per year which is below the 12<sup>th</sup> percentile and above the 10<sup>th</sup> percentile \$182,000 according to the 2020 Texas Ranger Total Annual Payments Including Medical Direction Report for Neonatology Hospital-based Services.
5. Legal and Compliance Review: Outside counsel Mitch Olebo has reviewed the retroactive payment for compliance risk.
6. Outcomes: ECH conducts an annual review process of all contracted services directly related to patient care to assure that the services provided are safe of high quality and that the staff are competent. Each physician providing Professional services works with ECH to complete an annual review and Clinical Contract Services Performance Evaluation.

**List of Attachments:** 0/0

**Suggested Board Discussion Questions:** 0/0



# El Camino Health

## Summary of Financial Operations

*Fiscal Year 2021 – Period 5  
7/1/2020 to 11/30/2020*

# Overall Commentary for Period $\square$ – November $\square\square\square\square$

Period ending 11/30/2020

- ECH and ECHMN volumes continue to exceed budget and pre-Covid levels with the exception of MV's emergency room
- Overall gross charges, a surrogate for volume, were favorable to budget by  $\square\square4.7\text{M} / 23\square$  and  $\square14.5\text{M} / 4\square$  better than the same period last year
- Net patient revenue was favorable to budget by  $\square1\square.5\text{M} / 23\square$  and  $\square5.5\text{M} / \square\square$  better than the same period last year
- Operating expenses were  $\square\square.0\text{M} / 7\square$  unfavorable to budget, which is primarily attributed to higher than expected inpatient and outpatient volumes
- Operating margin was favorable to budget by  $\square8.\square\text{M} / 2\square3\square$  and  $\square4.3\text{M} / 325\square$  higher than the same period last year
- Operating EBIDA was favorable to budget by  $\square\square.3\text{M} / 23\square\square$  and  $\square7.3\text{M} / 122\square$  better than the same period last year

# Consolidated Statement of Operations (\$000s)

Period ending 11/30/2020

Period 5 FY 2020	Period 5 FY 2021	Period 5 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
327,143	341,648	276,988	64,660	23.3%	<b>Gross Revenue</b>	1,608,007	1,738,288	1,332,299	405,990	30.5%
(244,064)	(253,051)	(204,846)	(48,205)	(23.5%)	<b>Deductions</b>	(1,186,439)	(1,297,588)	(985,701)	(311,887)	(31.6%)
<b>83,078</b>	<b>88,597</b>	<b>72,142</b>	<b>16,455</b>	<b>22.8%</b>	<b>Net Patient Revenue</b>	<b>421,568</b>	<b>440,700</b>	<b>346,597</b>	<b>94,103</b>	<b>27.2%</b>
4,893	3,234	5,017	(1,784)	(35.5%)	<b>Other Operating Revenue</b>	22,046	20,252	22,730	(2,478)	(10.9%)
<b>87,971</b>	<b>91,831</b>	<b>77,159</b>	<b>14,672</b>	<b>19.0%</b>	<b>Total Operating Revenue</b>	<b>443,615</b>	<b>460,952</b>	<b>369,327</b>	<b>91,625</b>	<b>24.8%</b>
					<b>OPERATING EXPENSE</b>					
45,159	47,222	44,284	(2,938)	(6.6%)	<b>Salaries &amp; Wages</b>	228,532	238,589	218,800	(19,789)	(9.0%)
14,869	13,641	11,065	(2,576)	(23.3%)	<b>Supplies</b>	68,107	69,648	54,163	(15,485)	(28.6%)
17,948	14,264	14,147	(118)	(0.8%)	<b>Fees &amp; Purchased Services</b>	71,649	69,479	72,272	2,794	3.9%
4,064	3,512	3,777	265	7.0%	<b>Other Operating Expense</b>	18,495	18,910	18,714	(196)	(1.0%)
282	1,428	926	(502)	(54.2%)	<b>Interest</b>	2,533	7,144	4,627	(2,517)	(54.4%)
4,308	6,068	5,902	(166)	(2.8%)	<b>Depreciation</b>	22,000	28,220	29,406	1,186	4.0%
<b>86,631</b>	<b>86,136</b>	<b>80,101</b>	<b>(6,034)</b>	<b>(7.5%)</b>	<b>Total Operating Expense</b>	<b>411,316</b>	<b>431,990</b>	<b>397,983</b>	<b>(34,007)</b>	<b>(8.5%)</b>
<b>1,340</b>	<b>5,695</b>	<b>(2,942)</b>	<b>8,637</b>	<b>(293.6%)</b>	<b>Net Operating Margin</b>	<b>32,299</b>	<b>28,962</b>	<b>(28,656)</b>	<b>57,617</b>	<b>(201.1%)</b>
17,925	64,968	3,129	61,839	1976.5%	<b>Non Operating Income</b>	34,197	84,272	13,911	70,361	505.8%
<b>19,264</b>	<b>70,663</b>	<b>186</b>	<b>70,476</b>	<b>37805.8%</b>	<b>Net Margin</b>	<b>66,496</b>	<b>113,234</b>	<b>(14,745)</b>	<b>127,978</b>	<b>(868.0%)</b>
6.7%	14.4%	5.0%	9.3%		<b>EBIDA</b>	12.8%	14.0%	1.5%	12.5%	
1.5%	6.2%	-3.8%	10.0%		<b>Operating Margin</b>	7.3%	6.3%	-7.8%	14.0%	
21.9%	76.9%	0.2%	76.7%		<b>Net Margin</b>	15.0%	24.6%	-4.0%	28.6%	

# Financial Overview: Period

Period ending 11/30/2020

## Financial Performance

- November's Operating income was \$5.7M compared to a budgeted loss of \$2.9M, resulting in a favorable variance of \$8.6M. The primary drivers continued to be increased volumes in comparison to the budget, and strong payor mix
- Volumes and Revenues continue to be stronger than budget as demonstrated by:
  - Adjusted discharges were favorable to budget by 143 cases / 5%
  - Favorable variance in gross charges was nearly evenly split between inpatient and outpatient services:
    - Inpatient gross charges: Favorable to budget by \$34M / 23% variance primarily attributed by surgery, cath. lab, critical care, pharmacy, and ancillary services
    - Outpatient gross charges: Favorable to budget by \$31M / 25% variance primarily driven by surgery, cath. lab, radiation oncology, imaging, and ancillary services
  - Operating Expenses were unfavorable to budget by \$11.0M / 7.5%, primarily due to increased patient activity
    - S&B were unfavorable by \$2.1M / 7%
    - Supplies were unfavorable by \$2.2M / 2%
    - All other discretionary non-volume driven expenses were unfavorable to budget by \$0.7M
- Non Operating Income includes:
  - Investment Income was \$1.5M primarily attributed to unrealized gains on investments

# Financial Overview: Period cont

Period ending 11/30/2020

## Financial Performance

### Hospitals

Adjusted Discharges (AD) Favorable to budget by 143 / 5 and unfavorable to prior year by 40 / 13:

Mountain View: Favorable to budget by 103 ADs / 5 and unfavorable to prior year by 423 / 1

Los Gatos: Favorable to budget by 40 ADs / 7 and favorable to prior year by 17 / 3

Operating Expense Per Adjusted Discharge: \$25,834 which is 3 unfavorable to budget

Note: Excludes depreciation and interest

## El Camino Health Medical Network (ECHMN)

- Total visits were 3 favorable to budget
- Urgent Care visits continue to drive the favorable visit variance
- Through November 31, 2020 ECHMN's total visits are favorable to budget by 7.1% and better than the prior year same store visits excluding urgent care visits by 2.00.
- November's net income of \$4.0M was unfavorable to budget by \$1.2M / 40.4
- YTD net income is \$114 / 0.7 favorable to budget and \$1M / 0.7 better than the same period last year

# Financial Overview: Period 1 cont

Period ending 11/30/2020

## Financial Performance

- YTD FY2021 net operating margin of \$2M is favorable to budgeted by \$57M and \$3.3M lower than the same period last year. Lower year-over-year net operating margin is driven by increases in depreciation and interest expense.
- Post Covid volume recovery, strong payor mix and careful management of variable expenses have been the primary drivers of favorable performance
  - Adjusted discharges are 1,003 / 1,000 favorable to budget and 1,387 / 1,000 lower than the same period last year
- Operating expenses are \$34M / 1,000 unfavorable to budget
  - Unfavorability driven by volume increase
  - Operating Expense Per Adjusted Discharge: \$24,501 which is 4¢ favorable to budget

Note: Excludes depreciation and interest

# Consolidated Balance Sheet

in thousands

	Audited	
	October 31, 2020	June 30, 2020
<b>CURRENT ASSETS</b>		
Cash	192,102	228,464
Short Term Investments	251,429	221,604
Patient Accounts Receivable, net	139,039	128,564
Other Accounts and Notes Receivable	9,369	13,811
Intercompany Receivables	40,724	72,592
Inventories and Prepays	24,131	101,267
<b>Total Current Assets</b>	<b>656,794</b>	<b>766,303</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	15,363	15,364
Plant & Equipment Fund	181,185	166,859
Women's Hospital Expansion	30,401	22,563
Operational Reserve Fund	159,684	148,917
Community Benefit Fund	17,354	17,916
Workers Compensation Reserve Fund	16,482	16,482
Postretirement Health/Life Reserve Fund	31,094	30,731
PTO Liability Fund	30,578	27,515
Malpractice Reserve Fund	1,958	1,919
Catastrophic Reserves Fund	17,665	17,667
<b>Total Board Designated Assets</b>	<b>501,764</b>	<b>465,933</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>16,247</b>	<b>23,478</b>
<b>LONG TERM INVESTMENTS</b>	<b>404,867</b>	<b>372,175</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>683</b>	<b>680</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>31,389</b>	<b>29,065</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,347,868	1,342,012
Less: Accumulated Depreciation	(698,644)	(676,535)
Construction in Progress	502,910	489,848
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,152,133</b>	<b>1,155,326</b>
<b>DEFERRED OUTFLOWS</b>	<b>21,525</b>	<b>21,416</b>
<b>RESTRICTED ASSETS</b>	<b>28,220</b>	<b>28,547</b>
<b>OTHER ASSETS</b>	<b>86,006</b>	<b>3,231</b>
<b>TOTAL ASSETS</b>	<b>2,899,629</b>	<b>2,866,153</b>

## LIABILITIES AND FUND BALANCE

	Audited	
	October 31, 2020	June 30, 2020
<b>CURRENT LIABILITIES</b>		
Accounts Payable	34,921	35,323
Salaries and Related Liabilities	42,942	35,209
Accrued PTO	31,227	28,124
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	11,047	10,956
Intercompany Payables	40,814	70,292
Malpractice Reserves	1,560	1,560
Bonds Payable - Current	9,020	9,020
Bond Interest Payable	5,078	8,463
Other Liabilities	22,627	3,222
<b>Total Current Liabilities</b>	<b>201,537</b>	<b>204,469</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	31,094	30,731
Worker's Comp Reserve	16,482	16,482
Other L/T Obligation (Asbestos)	4,134	4,094
Bond Payable	500,131	513,602
<b>Total Long Term Liabilities</b>	<b>551,840</b>	<b>564,908</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>77,024</b>	<b>77,133</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>31,009</b>	<b>30,700</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	1,815,057	1,771,854
Board Designated	194,495	188,457
Restricted	28,667	28,631
<b>Total Fund Bal &amp; Capital Accts</b>	<b>2,038,219</b>	<b>1,988,942</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>2,899,629</b>	<b>2,866,153</b>



## Dashboard - as of November 30, 2020

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
<b>Consolidated Financial Perf.</b>								
Total Operating Revenue	87,971	91,831	77,159	14,672	443,615	460,952	369,327	91,625
Operating Expenses	86,631	86,136	80,101	(6,034)	411,316	431,990	397,983	(34,007)
Operating Margin \$	1,340	5,695	(2,942)	8,637	32,299	28,962	(28,656)	57,617
Operating Margin %	1.5%	6.2%	(3.8%)	10.0%	7.3%	6.3%	(7.8%)	14.0%
EBIDA \$	5,931	13,192	3,886	9,305	56,831	64,326	5,377	58,948
EBIDA %	6.7%	14.4%	5.0%	9.3%	12.8%	14.0%	1.5%	12.5%
<b>Hospital Volume</b>								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	243	243	206	37	231	239	195	44
Utilization MV	66%	63%	54%	9.0%	63%	62%	51%	11.5%
Utilization LG	32%	33%	27%	6.0%	30%	32%	27%	5.5%
Utilization Combined	55%	53%	45%	8.1%	52%	53%	43%	9.7%
Adjusted Discharges	3,157	2,750	2,607	143	15,942	14,545	12,578	1,967
Total Discharges (Excl NNB)	1,722	1,476	1,402	74	8,384	7,741	6,765	976
Total Discharges	2,072	1,794	1,741	53	10,164	9,474	8,425	1,049
<b>Inpatient Cases</b>								
MS Discharges	1,194	1,010	876	134	5,794	5,172	4,192	980
Deliveries	368	329	358	(29)	1,875	1,848	1,754	94
BHS	114	92	125	(33)	492	487	602	(115)
Rehab	46	45	44	1	223	234	217	17
<b>Outpatient Cases</b>								
ED	13,755	16,210	10,526	5,684	67,258	78,041	50,591	27,450
ED	3,875	2,981	2,699	282	20,244	15,372	12,491	2,881
<b>Procedural Cases</b>								
OP Surg	459	534	336	198	2,420	2,614	1,650	964
Endo	244	198	146	52	1,163	1,160	691	469
Interventional	183	141	109	32	913	877	488	389
All Other	8,994	12,356	7,235	5,121	42,518	58,018	35,271	22,747
<b>Hospital Payor Mix</b>								
Medicare	48.5%	48.3%	48.6%	(0.4%)	49.7%	48.2%	48.4%	(0.2%)
Medi-Cal	7.4%	8.7%	7.4%	1.3%	7.5%	7.6%	7.5%	0.1%
Commercial IP	19.7%	19.2%	20.4%	(1.2%)	18.7%	20.3%	20.6%	(0.3%)
Commercial OP	21.5%	21.8%	21.2%	0.6%	21.7%	21.7%	21.1%	0.6%
Total Commercial	41.2%	41.0%	41.7%	(0.6%)	40.4%	42.0%	41.7%	0.3%
Other	2.9%	2.0%	2.3%	(0.3%)	2.4%	2.2%	2.5%	(0.3%)
<b>Hospital Cost</b>								
Total FTE <sup>1</sup>	2,810.9	2,846.2	2,847.1	0.9	2,773.9	2,771.6	2,834.2	62.6
Productive Hrs/APD	31.3	30.9	34.1	3.1	31.5	31.1	35.2	4.2
<b>Consolidated Balance Sheet</b>								
Net Days in AR	50.9	48.3	49.0	0.7	50.9	48.3	49.0	0.7
Days Cash	465	552	435	117	465	552	435	117

<sup>1</sup> Paid FTE; Budget in this case is using the Flex Budget instead of Fixed Budget



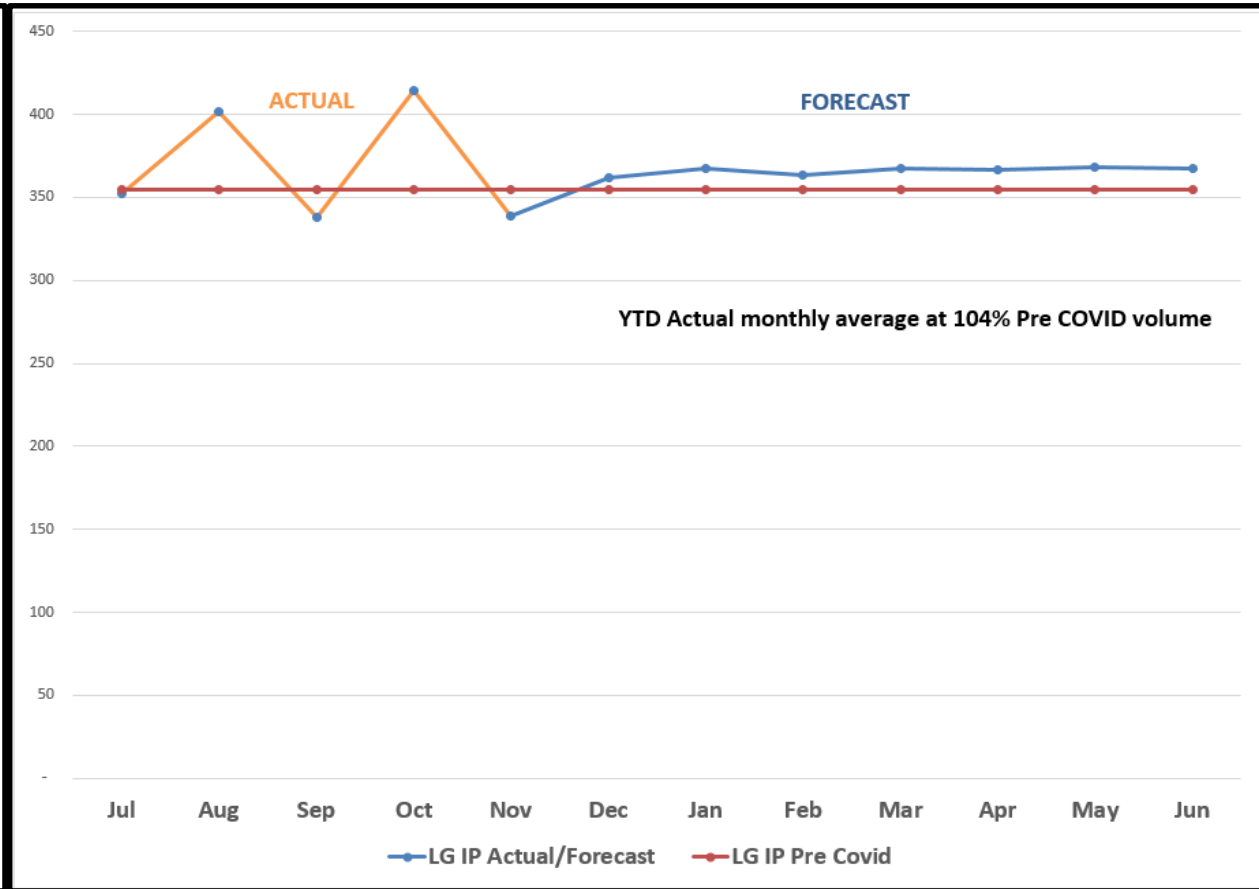
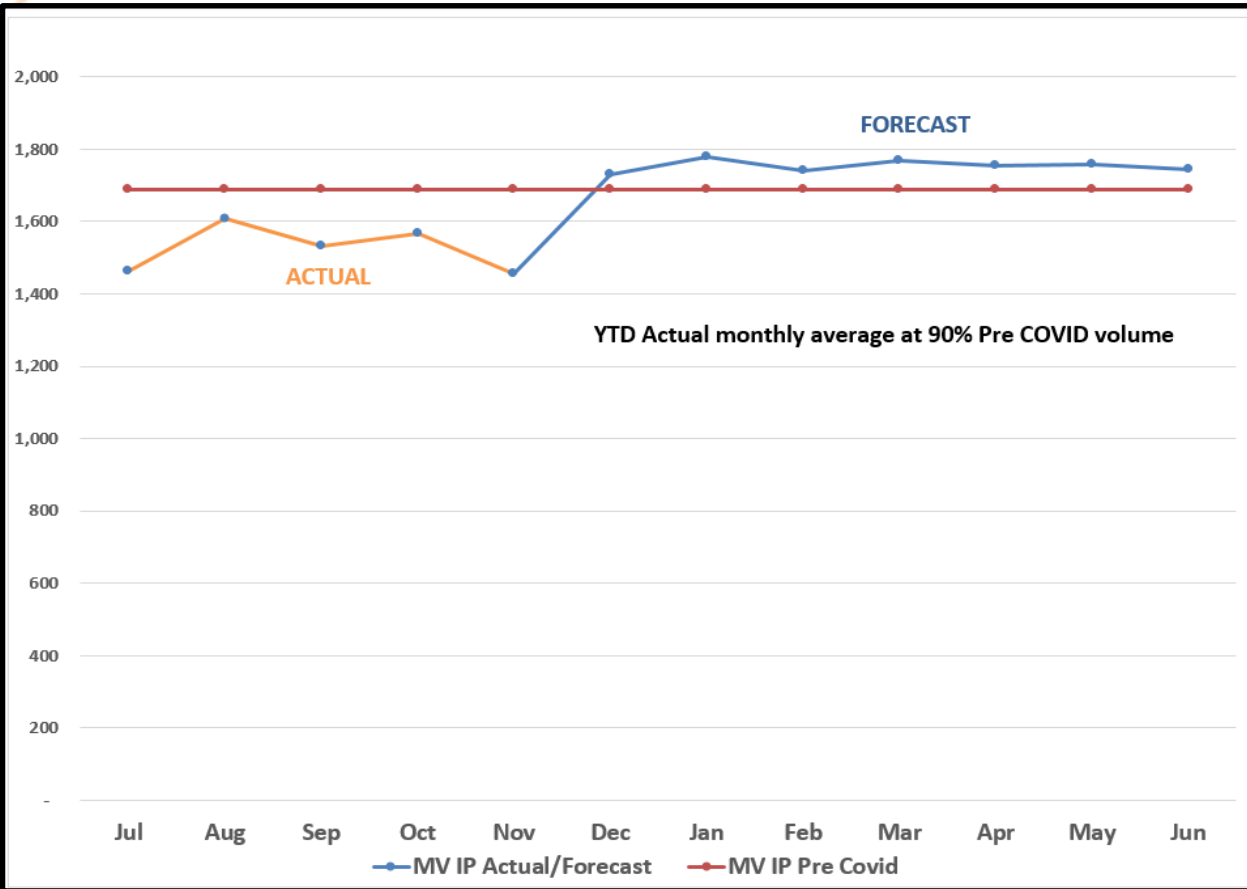
# APPENDI □

# Monthly Inpatient Volume Trends

Legend: Actual (Orange line), Forecast (Blue line) – Including Pre COVID Levels (Red line)

MV

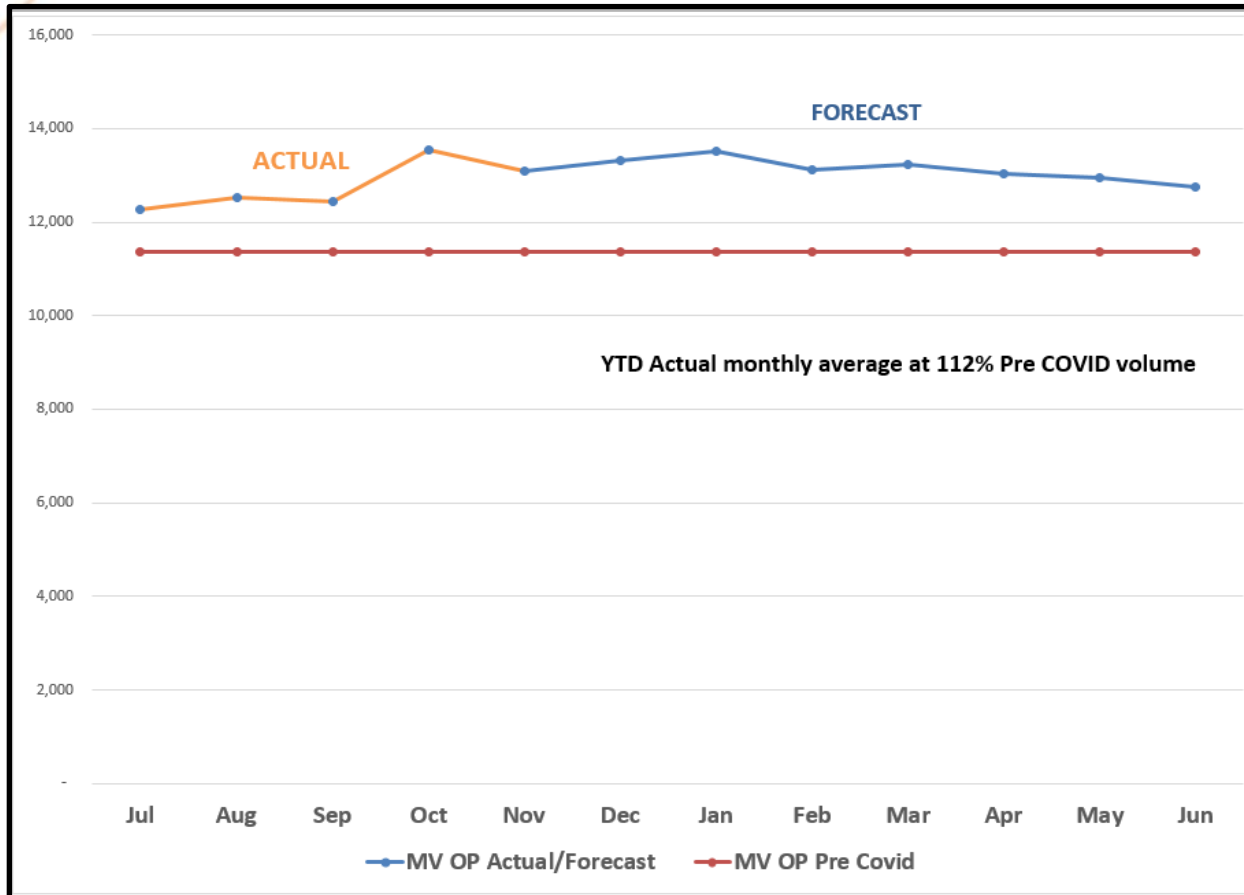
LG



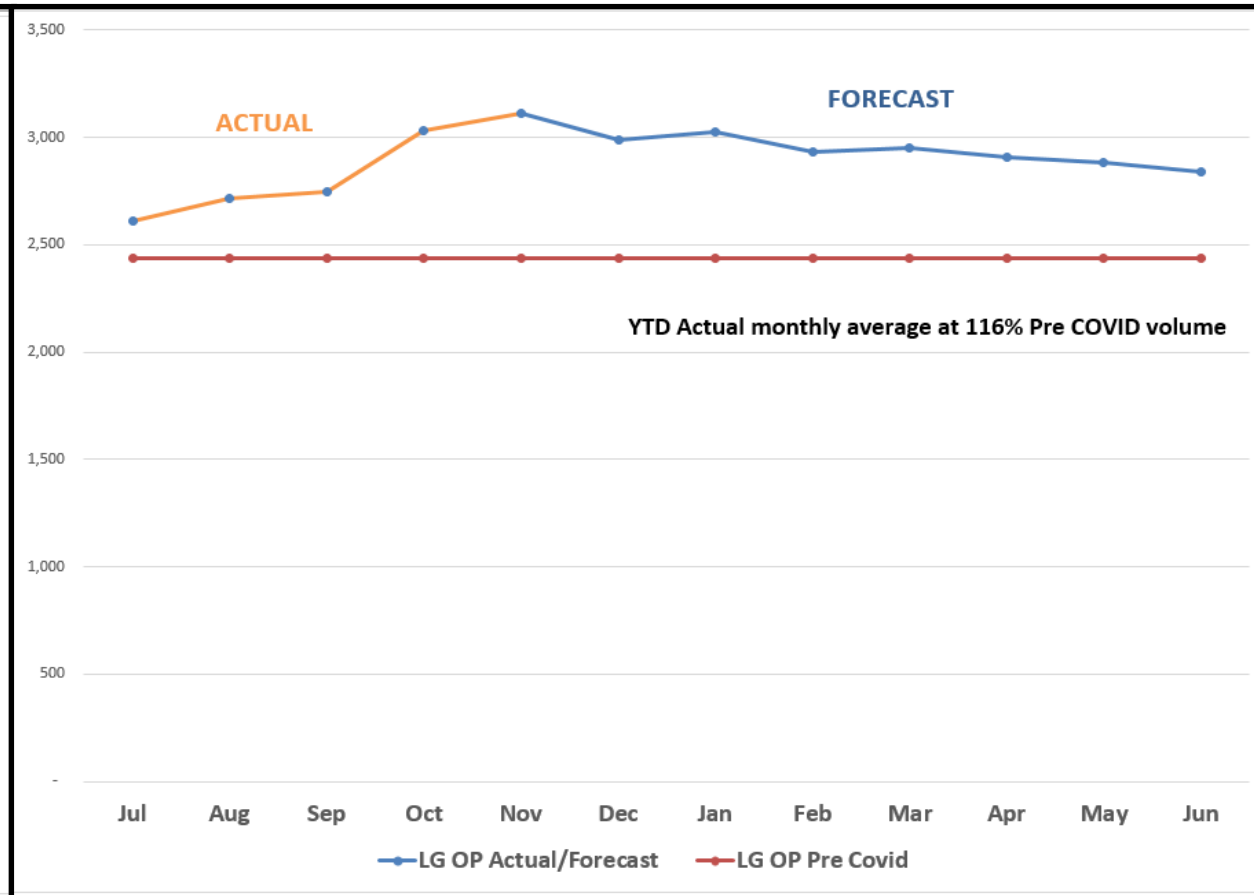
# Monthly Outpatient Volume Trends Hospital Volume

Actual Forecast – Including Pre COVID Levels

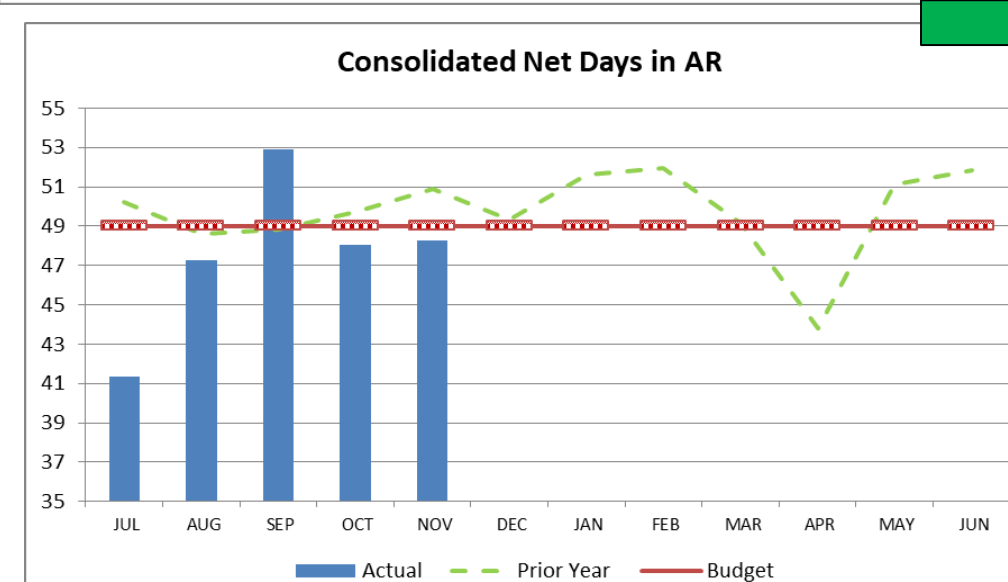
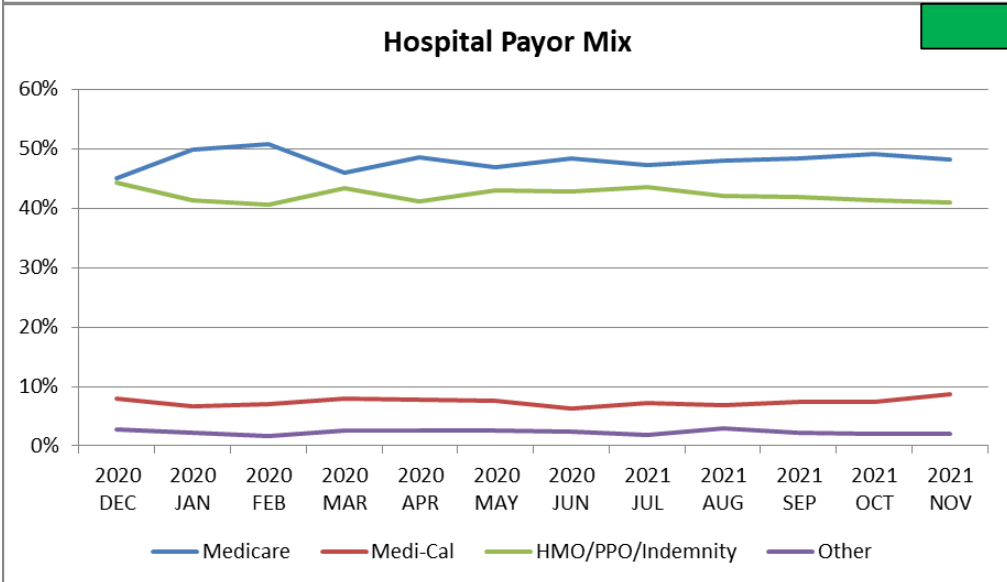
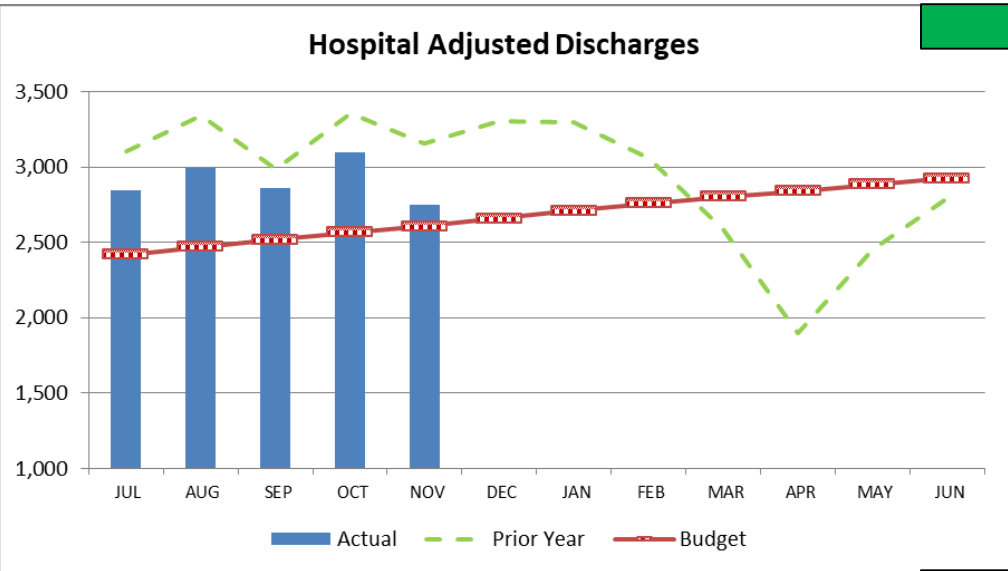
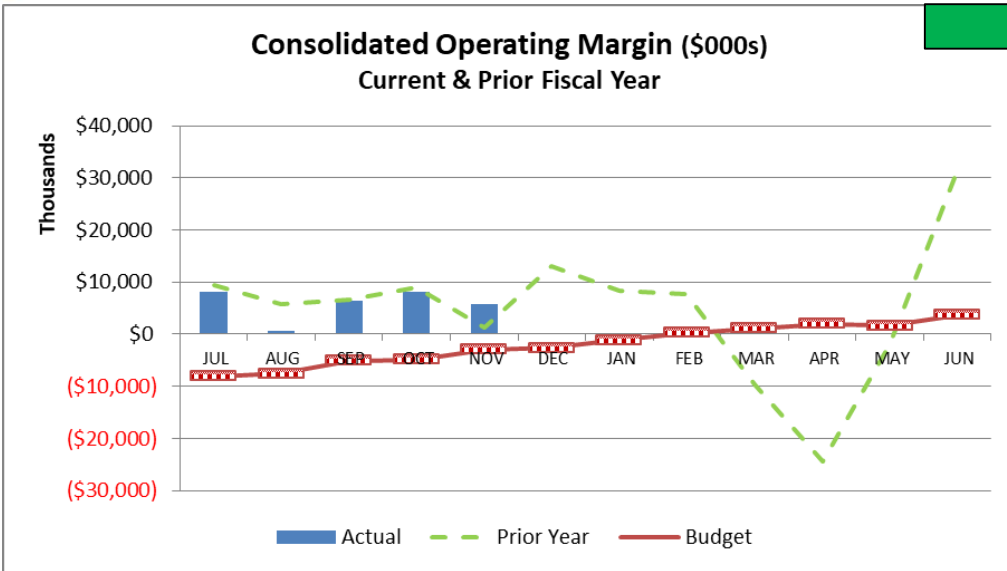
MV



LG



# YTD FY2021 Financial KPIs – Monthly Trends



# Investment Scorecard as of September 30, 2020

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
<b>Investment Performance</b>		<b>CY 3Q 2020 / FY 1Q 2021</b>		<b>Fiscal Year-to-Date 2021</b>		<b>7y 11m Since Inception (annualized)</b>		<b>FY 2021</b>	<b>2019</b>
Surplus cash balance*		\$1,120.8	--	--	--	--	--	--	--
Surplus cash return	Green	4.1%	3.9%	4.1%	3.9%	5.7%	5.6%	4.0%	5.6%
Cash balance plan balance (millions)		\$301.8	--	--	--	--	--	--	--
Cash balance plan return	Green	5.3%	4.6%	5.3%	4.6%	7.7%	7.0%	6.0%	6.0%
403(b) plan balance (millions)		\$581.5	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		<b>3-year</b>			<b>7y 11m Since Inception (annualized)</b>				<b>2019</b>
Surplus cash Sharpe ratio	Green	0.51	0.51	--	--	0.83	0.83	--	0.34
Net of fee return	Green	5.8%	5.5%	--	--	5.7%	5.6%	--	5.6%
Standard deviation	Green	8.2%	7.9%	--	--	6.0%	5.8%	--	8.7%
Cash balance Sharpe ratio	Green	0.54	0.49	--	--	0.91	0.88	--	0.32
Net of fee return	Green	7.0%	6.0%	--	--	7.7%	7.0%	--	6.0%
Standard deviation	Green	10.3%	9.4%	--	--	7.7%	7.1%	--	10.3%
<b>Asset Allocation</b>		<b>CY 3Q 2020 / FY 1Q 2021</b>							
Surplus cash absolute variances to target	Yellow	12.4%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target	Yellow	12.1%	< 10% Green < 20% Yellow	--	--	--	--	--	--
<b>Manager Compliance</b>		<b>CY 3Q 2020 / FY 1Q 2021</b>							
Surplus cash manager flags	Green	23	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags	Green	25	< 27 Green < 34 Yellow	--	--	--	--	--	--

\*Excludes debt reserve funds (~\$18 mm), District assets (~\$42 mm), and balance sheet cash not in investable portfolio (\$236 mm). Includes Foundation (~\$37 mm) and Concern (~\$15 mm) assets.

# TD and November Operating Margin, Non-Operating Income and Net Margin by Affiliate as of 11/30/2018

in thousands

	Period 5- Month			Period 5- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Operating Margin</b>						
Mountain View	6,739	(1,230)	7,969	35,683	(18,299)	53,982
Los Gatos	3,211	1,427	1,784	9,794	6,605	3,189
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>9,950</b>	<b>197</b>	<b>9,753</b>	<b>45,477</b>	<b>(11,694)</b>	<b>57,171</b>
<b>Operating Margin %</b>	<b>11.3%</b>	<b>0.3%</b>		<b>10.4%</b>	<b>-3.4%</b>	
<b>El Camino Hospital Non Operating Income</b>						
<b>Sub Total - Non Operating Income</b>	<b>62,600</b>	<b>2,784</b>	<b>59,816</b>	<b>80,979</b>	<b>12,604</b>	<b>68,375</b>
<b>El Camino Hospital Net Margin</b>	<b>72,550</b>	<b>2,981</b>	<b>69,570</b>	<b>126,456</b>	<b>910</b>	<b>125,546</b>
<b>ECH Net Margin %</b>	<b>82.4%</b>	<b>4.2%</b>		<b>29.0%</b>	<b>0.3%</b>	
Concern	121	76	45	219	(59)	278
ECSC	0	0	0	(3)	0	(3)
Foundation	2,003	(13)	2,016	2,044	2	2,042
El Camino Health Medical Network	(4,012)	(2,857)	(1,154)	(15,484)	(15,598)	115
<b>Net Margin Hospital Affiliates</b>	<b>(1,888)</b>	<b>(2,794)</b>	<b>907</b>	<b>(13,222)</b>	<b>(15,654)</b>	<b>2,432</b>
<b>Total Net Margin Hospital &amp; Affiliates</b>	<b>70,663</b>	<b>186</b>	<b>70,476</b>	<b>113,234</b>	<b>(14,745)</b>	<b>127,978</b>

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

Period ending 11/30/2020

Period 5 FY 2020	Period 5 FY 2021	Period 5 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
259,919	263,104	211,632	51,472	24.3%	<b>Gross Revenue</b>	1,279,420	1,341,305	1,009,777	331,528	32.8%
(193,228)	(194,687)	(156,769)	(37,918)	(24.2%)	<b>Deductions</b>	(940,554)	(997,065)	(748,058)	(249,006)	(33.3%)
<b>66,691</b>	<b>68,418</b>	<b>54,863</b>	<b>13,554</b>	<b>24.7%</b>	<b>Net Patient Revenue</b>	<b>338,867</b>	<b>344,240</b>	<b>261,718</b>	<b>82,522</b>	<b>31.5%</b>
1,846	1,326	2,085	(758)	(36.4%)	<b>Other Operating Revenue</b>	8,433	7,323	8,086	(763)	(9.4%)
<b>68,537</b>	<b>69,744</b>	<b>56,948</b>	<b>12,796</b>	<b>22.5%</b>	<b>Total Operating Revenue</b>	<b>347,299</b>	<b>351,563</b>	<b>269,804</b>	<b>81,759</b>	<b>30.3%</b>
					<b>OPERATING EXPENSE</b>					
35,706	37,206	35,154	(2,051)	(5.8%)	<b>Salaries &amp; Wages</b>	180,536	187,746	172,615	(15,131)	(8.8%)
11,809	10,469	8,303	(2,166)	(26.1%)	<b>Supplies</b>	54,464	53,372	40,513	(12,859)	(31.7%)
9,418	7,001	6,549	(452)	(6.9%)	<b>Fees &amp; Purchased Services</b>	35,375	32,463	34,086	1,623	4.8%
2,776	2,218	2,446	228	9.3%	<b>Other Operating Expense</b>	13,040	12,447	12,326	(121)	(1.0%)
282	1,428	926	(502)	(54.2%)	<b>Interest</b>	2,533	7,144	4,627	(2,517)	(54.4%)
3,463	4,683	4,799	116	2.4%	<b>Depreciation</b>	17,740	22,708	23,936	1,228	5.1%
<b>63,454</b>	<b>63,005</b>	<b>58,178</b>	<b>(4,827)</b>	<b>(8.3%)</b>	<b>Total Operating Expense</b>	<b>303,688</b>	<b>315,880</b>	<b>288,103</b>	<b>(27,777)</b>	<b>(9.6%)</b>
<b>5,083</b>	<b>6,739</b>	<b>(1,230)</b>	<b>7,969</b>	<b>(647.8%)</b>	<b>Net Operating Margin</b>	<b>43,611</b>	<b>35,683</b>	<b>(18,299)</b>	<b>53,982</b>	<b>(295.0%)</b>
17,243	62,600	2,784	59,816	2148.9%	<b>Non Operating Income</b>	31,066	80,979	12,604	68,375	542.5%
<b>22,326</b>	<b>69,339</b>	<b>1,553</b>	<b>67,785</b>	<b>4363.5%</b>	<b>Net Margin</b>	<b>74,677</b>	<b>116,662</b>	<b>(5,695)</b>	<b>122,357</b>	<b>(2148.5%)</b>
12.9%	18.4%	7.9%	10.5%		<b>EBIDA</b>	18.4%	18.6%	3.8%	14.8%	
7.4%	9.7%	-2.2%	11.8%		<b>Operating Margin</b>	12.6%	10.1%	-6.8%	16.9%	
32.6%	99.4%	2.7%	96.7%		<b>Net Margin</b>	21.5%	33.2%	-2.1%	35.3%	



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

Period ending 11/30/2020

Period 5 FY 2020	Period 5 FY 2021	Period 5 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
58,555	70,736	57,186	13,550	23.7%	<b>Gross Revenue</b>	293,332	354,726	282,040	72,686	25.8%
(44,740)	(52,817)	(42,605)	(10,212)	(24.0%)	<b>Deductions</b>	(221,022)	(271,677)	(210,292)	(61,385)	(29.2%)
<b>13,815</b>	<b>17,920</b>	<b>14,581</b>	<b>3,339</b>	<b>22.9%</b>	<b>Net Patient Revenue</b>	<b>72,310</b>	<b>83,049</b>	<b>71,748</b>	<b>11,301</b>	<b>15.8%</b>
370	392	271	121	44.4%	<b>Other Operating Revenue</b>	1,932	1,998	1,355	644	47.5%
<b>14,185</b>	<b>18,312</b>	<b>14,852</b>	<b>3,459</b>	<b>23.3%</b>	<b>Total Operating Revenue</b>	<b>74,242</b>	<b>85,047</b>	<b>73,102</b>	<b>11,945</b>	<b>16.3%</b>
					<b>OPERATING EXPENSE</b>					
7,390	8,081	7,055	(1,026)	(14.5%)	<b>Salaries &amp; Wages</b>	37,266	40,601	35,313	(5,288)	(15.0%)
2,583	2,730	2,371	(359)	(15.1%)	<b>Supplies</b>	11,561	13,994	11,477	(2,517)	(21.9%)
2,993	2,923	2,663	(260)	(9.8%)	<b>Fees &amp; Purchased Services</b>	13,644	14,416	13,339	(1,078)	(8.1%)
279	378	496	118	23.8%	<b>Other Operating Expense</b>	1,645	1,978	2,218	240	10.8%
0	0	0	0	0.0%	<b>Interest</b>	0	0	0	0	0.0%
791	988	840	(149)	(17.7%)	<b>Depreciation</b>	3,989	4,263	4,151	(113)	(2.7%)
<b>14,036</b>	<b>15,100</b>	<b>13,425</b>	<b>(1,675)</b>	<b>(12.5%)</b>	<b>Total Operating Expense</b>	<b>68,105</b>	<b>75,253</b>	<b>66,498</b>	<b>(8,755)</b>	<b>(13.2%)</b>
<b>149</b>	<b>3,211</b>	<b>1,427</b>	<b>1,784</b>	<b>125.0%</b>	<b>Net Operating Margin</b>	<b>6,137</b>	<b>9,794</b>	<b>6,605</b>	<b>3,189</b>	<b>48.3%</b>
0	0	0	0	0.0%	<b>Non Operating Income</b>	0	0	0	0	0.0%
<b>149</b>	<b>3,211</b>	<b>1,427</b>	<b>1,784</b>	<b>125.0%</b>	<b>Net Margin</b>	<b>6,137</b>	<b>9,794</b>	<b>6,605</b>	<b>3,189</b>	<b>48.3%</b>
					<b>EBIDA</b>	13.6%	16.5%	14.7%	1.8%	
					<b>Operating Margin</b>	8.3%	11.5%	9.0%	2.5%	
					<b>Net Margin</b>	8.3%	11.5%	9.0%	2.5%	
6.6%	22.9%	15.3%	7.7%							
1.0%	17.5%	9.6%	7.9%							
1.0%	17.5%	9.6%	7.9%							

# El Camino Health Medical Network (\$000s)

Period ending 11/30/2020

Period 5 FY 2020	Period 5 FY 2021	Period 5 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					<b>OPERATING REVENUE</b>					
8,668	7,807	8,169	(362)	(4.4%)	Gross Revenue	35,255	42,258	40,482	1,775	4.4%
(6,096)	(5,548)	(5,472)	(75)	(1.4%)	Deductions	(24,863)	(28,846)	(27,351)	(1,496)	(5.5%)
<b>2,572</b>	<b>2,259</b>	<b>2,697</b>	<b>(438)</b>	<b>(16.2%)</b>	Net Patient Revenue	<b>10,392</b>	<b>13,411</b>	<b>13,131</b>	<b>280</b>	<b>2.1%</b>
1,878	780	1,938	(1,157)	(59.7%)	Other Operating Revenue	7,974	7,270	9,670	(2,400)	(24.8%)
<b>4,450</b>	<b>3,040</b>	<b>4,635</b>	<b>(1,595)</b>	<b>(34.4%)</b>	Total Operating Revenue	<b>18,366</b>	<b>20,681</b>	<b>22,801</b>	<b>(2,120)</b>	<b>(9.3%)</b>
					<b>OPERATING EXPENSE</b>					
1,628	1,501	1,569	68	4.3%	Salaries & Wages	8,471	8,012	8,351	339	4.1%
458	427	379	(48)	(12.8%)	Supplies	1,986	2,195	2,117	(78)	(3.7%)
5,029	3,864	4,518	654	14.5%	Fees & Purchased Services	20,747	20,559	22,803	2,244	9.8%
917	875	765	(110)	(14.3%)	Other Operating Expense	3,368	4,215	3,822	(393)	(10.3%)
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
52	384	261	(123)	(47.1%)	Depreciation	258	1,184	1,306	122	9.4%
<b>8,083</b>	<b>7,051</b>	<b>7,492</b>	<b>441</b>	<b>5.9%</b>	Total Operating Expense	<b>34,830</b>	<b>36,165</b>	<b>38,399</b>	<b>2,234</b>	<b>5.8%</b>
<b>(3,633)</b>	<b>(4,012)</b>	<b>(2,857)</b>	<b>(1,154)</b>	<b>40.4%</b>	Net Operating Margin	<b>(16,464)</b>	<b>(15,484)</b>	<b>(15,598)</b>	<b>115</b>	<b>(0.7%)</b>
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
<b>(3,633)</b>	<b>(4,012)</b>	<b>(2,857)</b>	<b>(1,154)</b>	<b>40.4%</b>	Net Margin	<b>(16,464)</b>	<b>(15,484)</b>	<b>(15,598)</b>	<b>115</b>	<b>(0.7%)</b>
					<b>EBIDA</b>					
-80.5%	-119.3%	-56.0%	(63.3%)		Operating Margin	-88.2%	-69.1%	-62.7%	(6.5%)	
-81.7%	-132.0%	-61.7%	(70.3%)		Net Margin	-89.6%	-74.9%	-68.4%	(6.5%)	
-81.7%	-132.0%	-61.7%	(70.3%)			-89.6%	-74.9%	-68.4%	(6.5%)	

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

**To:** El Camino Hospital Board of Directors  
**From:** Mark Adams, MD, FACS, Chief Medical Officer  
Jim Griffith, Chief Operating Officer  
**Date:** February 10, 2021  
**Subject:** Psychiatric Telehealth Services (Enterprise)

**Recommendation:** To approve delegating to the Chief Executive Officer the authority to execute an Enterprise Psychiatric Telehealth Services two-year renewal agreement with the existing terms.

**Summary:**

1. **Situation:** The contracted Group currently makes a psychiatrist available to provide emergency psychiatry consultations 24/7/365 for the Mountain View and Los Gatos Emergency Departments via a video system that allows the Group to cover multiple hospitals. Their performance has been positive, greatly improving the quality and efficiency of psychiatric emergency services at ECH. The current agreement expires March 31, 2021.

Management would like to retain Group at the current compensation rate with the current performance standards.

The existing rate is \$250/episode, not to exceed \$250,000 per year. ECH pays Group \$13,750 per month for up to 55 consults per month, and \$250 per episode when over 55 consults per month. Approximately 45% of the payment to Group is credited back to ECH via assigned revenue.

There were a total of 1,330 psychiatric telehealth episodes at the Mountain View and Los Gatos campuses during the time period from December 2019 through November 2020. The total paid to Group during the same time period was \$179,706, which is the result of \$325,915 in charges and \$146,208 in credits to ECH.

2. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee recommendation and Board approval is required prior to the Chief Executive Officer signature of physician agreements that exceed the 75<sup>th</sup> percentile for fair market value.
3. **Background:** ECH has utilized this Group since 2018 to provide psychiatric telehealth consultations for the Emergency Departments at the Mountain View and Los Gatos campuses.
4. **Fair Market Value Assessment:** Compensation at \$250 per episode is between the 75<sup>th</sup> percentile (\$210), and the 90<sup>th</sup> percentile (\$300) according to the 2020 MD Ranger Telemedicine – Psychiatry Per Episode Payments Report. A renewal term of two years is proposed.
5. **Other Reviews:** Legal and Compliance will review the agreement and compensation terms prior to CEO execution. This proposal was reviewed and recommended for approval by the Finance Committee at its January 25, 2021 meeting.
6. **Outcomes:** Bi-annual performance standards related to mental health assessment turnaround time and EMR documentation time are monitored and incentivized up to \$10,000 every six months. In CY20, the Group responded 87.9% of the time within 2 hours.

**List of Attachments:** N/A

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

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

**To:** El Camino Hospital Board of Directors  
**From:** Patricia Arfatia, Enterprise Chief of Staff  
Michael Chan, Chief of Staff Los Gatos  
**Date:** February 10, 2021  
**Subject:** Medical Staff Report – Open Session

**Recommendation:**

To approve the Medical Staff Report including the attached Policies, Plans, Scopes of Service and the delineation of Privileges.

**Summary:**

1. **Situation:** The Medical Executive Committee met on January 28, 2021.
2. **Background:** EC received the following informational reports.
  - a. **Quality Council** – The Quality Council met on January 20, 2021. Reports and performance dashboards were reviewed and approved from the following ECH departments/Service Lines:
    1. Annual P Report Environmental Services
    2. Environmental Services Dashboard
    3. Annual P Report Mental Health
    4. Mental Health Dashboard
    5. Annual P Report Rehab Services
    6. Rehab Services Dashboard
  - b. **Leadership Council** – The Leadership Council met on January 12, 2021 and discussed the following:
    1. Medical Staff Services Office update on staffing and software
    2. Bylaws approval by the Organized Members of the Medical Staff
    3. Palliative Care update
    4. Covid-19 update on testing and vaccination
  - c. **The CEO Report** was provided and included the following updates:
    1. Over 20,000 COVID-19 tests have been administered
    2. As of January 2<sup>nd</sup>, 2021 members of the medical staff received their 1<sup>st</sup> dose of the COVID-19 vaccine and 2 received their 2<sup>nd</sup> dose in our ER and LG clinics
    3. Received approval for relocation and improvement of the Cardiac & Pulmonary Illness Center to the Sorato Pavilion
    4. Submitting the Women's Hospital Expansion and Remodel Project for Q1 '21 to the Board for approval
  - d. **The CFO Report** was provided and included the following updates:
    1. The COVID Surge Plan and update was discussed
    2. The hospital obtained its 4<sup>th</sup> GDE designation
  - e. **The CMO Report** was provided and included the following updates:
    1. Readmission Index: All Patient All Case Readmit - Currently on 0.93 and 2021 target is 0.93



**BOARD**  
**Policies, Plans and Scopes for Approval**  
**February 10th, 2021**

Department	Policy/Procedure Name	Type of Change	Type of Document	Notes	Committee Approvals
HR	1. Equal Employment Opportunity/Disability and Reasonable Accommodation	Revised	Policy	Updated to correct name of EHWS and updated title to reflect content of Policy	HR Leadership including CHRO
HVI	1. Scope of Service – Norma Melchor Heart & Vascular Institute	None	Scope of Service		HVI Medical Director
Foundation	1. Scope of Service – El Camino Hospital Foundation	Revised	Scope of Service	Updates made to board member count, quantity of signature events, funds (including restricted, board designated and endowments) and current staffing roles/titles	Foundation President
Environment of Care	1. Fire Prevention Management Plan	Revised	Plan	Clarified the performance indicator, updated with Facilities recommendations	Central Safety and Fire Safety Management Work Group
Risk Management	1. Service Animals for Disabled Patients and Visitors	None	Policy		
Sleep Center	1. Scope of Service – Sleep Center Los Gatos	Revised	Scope of Serv.	Updated to include pediatrics	Sleep Center Medical Director Dr. Masri



**Origination:** 09/1994  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 12/2020  
**Next Review:** 3 years after approval  
**Owner:** Beth Shafran-Mukai: Director  
 HR Operations  
**Area:** Human Resources  
**Document Types:** Policy

## Equal Employment Opportunity/ Disability and Reasonable Accommodation

### COVERAGE:

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

### PURPOSE:

El Camino Hospital is an equal opportunity employer and makes employment decisions on the basis of qualifications and competencies. El Camino Hospital strictly prohibits unlawful discrimination or in employment based on race, ancestry, national origin, color, sex, sexual orientation, gender identity, religion, disability, marital status, age, medical condition (rehabilitated cancer and genetic characteristics), inappropriate refusal of protected leaves, in retaliation for engaging in any activity protected by law, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, or based on any other status protected by federal, state or local law, ordinance or regulation. El Camino Hospital also prohibits discrimination or harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful and will not be tolerated.

This commitment applies to **all** persons involved in the operations of El Camino Hospital, including supervisors and co-workers, and applies to all employment practices, including advertisements, applications and interviews, licensing or certification, referrals by employment agencies, salary, classifications and duties, hiring, transferring, promoting or leaving a job, working conditions, participation in a training or apprenticeship program, employee organization, or union.

### STATEMENT:

This policy is written to ensure understanding of and compliance with California and Federal laws which prohibits discrimination in employment.

### DEFINITIONS:

1. It is the responsibility of every employee, regardless of supervisory status, to adhere to these policies. An employee who is found to have violated the Discrimination and Harassment policy shall be subject to

disciplinary action up to and including termination.

2. To assure the dignity and worth of each individual, El Camino Hospital managers and supervisors are responsible to provide an environment which is committed to this policy.

## **PROCEDURE:**

### **Individuals with a Disability - Reasonable Accommodation**

See California Government Code § 12920 and the federal Americans with Disabilities Act 42 U.S.C. 12101, et seq.

1. The manager will make good faith attempts to provide reasonable accommodation for the known physical or mental limitations of an individual with a disability who is an applicant or employee, unless an undue hardship would result.
2. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job will contact Human Resources and/or the appropriate manager and specify the restrictions on job duties and what accommodation is being requested to perform the essential functions of the job. Human Resources and the appropriate manager, will conduct an interactive process to identify any barriers that would make it difficult for the applicant or employee to perform her/his essential job functions, and potential accommodations which would allow the essential functions of the job to be performed. Employee Wellness & Health Services may be consulted if needed. If the accommodation is deemed reasonable and will not impose an undue hardship, the manager in consultation with Human Resources will make the accommodation.
3. If an applicant or employee believes she/he has been subject to any form of unlawful discrimination, she/he should provide a written complaint to Human Resources or the manager.

### **Procedure for Discrimination Complaints**

1. An individual who believes that she/he has not received equal opportunity in employment should report the incident to her/his direct supervisor, manager, department director or to a Human Resources Business Partner or the Director of Human Resources Operations immediately. The report should be submitted in writing. If the incident involves the employee's direct supervisor, manager or department director, the employee must report the incident immediately to the Human Resources Department. Employees are to be assured that their doing so will not result in any reprisal or retaliation.
2. The written complaint must be specific and include the dates of the alleged incident, names of the individuals involved, names of any witnesses, and as much information as possible regarding the complaint. El Camino Hospital will timely initiate an effective, thorough and objective investigation and attempt to resolve the situation.
3. Any department director/manager/supervisor who receives a report or complaint of a violation of this policy must report it immediately to a Human Resources Business Partner or the Director of Human Resources Operations.
4. If El Camino Hospital determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination.



5. El Camino Hospital will not retaliate against any employee for filing a complaint and will not knowingly permit retaliation by management or coworkers.

*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	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	01/2021
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	12/2020
HR Leaders including CHRO	Tamara Stafford: Dir Talent Development & EHS	11/2020
Contributor Input	Beth Shafran-Mukai: Director HR Operations	11/2020
	Beth Shafran-Mukai: Director HR Operations	11/2020

COPY



Current Status: Pending

PolicyStat ID: 9061755



**Origination:** 10/2015  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 01/2021  
**Next Review:** 3 years after approval  
**Owner:** Andrew Cope: President  
 Foundation  
**Area:** Scopes of Service  
**Document Types:** Scope of Service/ADT

## Scope of Service - El Camino Hospital Foundation

### PURPOSE

The El Camino Hospital Foundation is the philanthropic arm of El Camino Hospital Governed by a 13-member Foundation Board of Directors, the Foundation Board also includes two liaison representatives from the Hospital Board and Auxiliary who both serve as ex-officio, non-voting members. The Board meets six times per year and is supported by five working Foundation committees and three special event committees. Its mission is to advance the health of our community through philanthropy and foster innovation while supporting patient and family centered care. Funds raised are used specifically to benefit approved funding priorities of El Camino Hospital.

### Scope and Complexity of Services Offered

The ECH Foundation is a full-service fundraising department that focuses on identifying, cultivating, asking and stewarding charitable gifts. The Foundation accepts donations from individuals, corporations, small businesses and foundations. Primary solicitation programs include:

- Employee giving campaign
- Board-based e-message and direct mail appeals
- Three signature annual fundraising events including a golf tournament, one gala, and a women's luncheon
- Grants and sponsorships
- Major gifts program securing gifts of \$10,000 and above
- Planned giving program with focus on Legacy Society membership

Funds received are either restricted or unrestricted. The Foundation manages 7 restricted funds, 23 board-designated funds and 10 endowment funds. Unrestricted funds are allocated through the Foundation's Allocations Committee process, with final approval agreed upon by the Foundation Board of Directors and ECH leadership.

### Staffing

The Foundation leadership team includes a President, Director of Foundation Operations, Special Events Manager, Donor Relations Manager, Annual Giving Officer and Senior Philanthropy Officer. Additional staff include 5 FTE: 2 database administrators, 1 coordinator for annual giving, 1 events administrative assistant and 1 executive assistant. As well, a cadre of volunteers is frequently used for special event execution and mailing projects.

# Level of Service Provided

The Foundation provides services under hospital and divisional policy and procedure guidelines.

## Standard of Practice

□ here applicable, The Foundation is governed by state and federal guidelines, codes of ethics used in philanthropy, and Joint Commission on Accreditation of Healthcare Organizations requirements.

*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]	01/2021
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	01/2021
President of Foundation	Andrew Cope: President Foundation	01/2021
	Andrew Cope: President Foundation	01/2021



**Origination:** 02/2018  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 10/2020  
**Next Review:** 1 year after approval  
**Owner:** John Folk: Director  
 Engineering Svcs  
**Area:** Fire Safety Management  
**Document Types:** Plan

## Environment of Care - Fire Prevention Management Plan

### COVERAGE:

This Fire Prevention Management Plan applies to hospital functions at all hospital-operated facilities including the Mountain View and Los Gatos campuses and outpatient clinics.

### PROGRAM OBJECTIVES AND SCOPE:

El Camino Hospital is committed to providing a safe, accessible, effective and efficient Environment of Care consistent with its mission, services and applicable governmental mandate. This includes the provision of environment of care that protects patients, employees, visitors and property from fire and smoke. The intent of this plan is to describe a comprehensive, facility-wide management system, the objectives of which are to:

1. Anticipate, identify, assess and adequately control risks to human health, safety and the care environment relative to fire prevention and life safety;
2. Ensure processes, operations, work practices and behaviors remain conducive to continued fire prevention, safety, and conform to applicable standard and governmental mandate (i.e. Fire prevention Code 101, Title 8, Title 19, various fire codes);
3. Provide education and training that fosters an acceptable level of continuous readiness and emergency preparedness through safety training and fire drills;
4. Maintain the structural and systemic features of fire protection with a level of integrity and functionality that is adequate and compliant; and
5. Implement interim life safety activities to protect occupants during periods when a building does not meet the applicable provision of the life safety code.

A. Goals:

Based on areas of improvement noted in the FY-20 Annual Evaluation, the performance improvement indicators for FY-21 will be:

- Staff knowledge of horizontal and vertical evacuation (defend in place strategy move to next smoke compartment).
- Staff knowledge of the acronym RACE for responding to a fire situation
- Staff knowledge of the acronym PASS for using a fire extinguisher

- Staff knowledge on the Hospital emergency phone number

**B. Objectives:**

Specific objectives of the FY-21 Fire Prevention Management Plan include the following:

- Complete certification of fire doors in Hospital and associated outpatient clinics as applicable
- Continue to educate all Engineering staff on new fire protection systems such as fire pump, sprinklers and alarm systems in the new Sobrato and Taube buildings.
- Identified supervisory staff will attend NFPA code classes to further their knowledge and applications of fire safety codes.
- Develop an internal auditing process to ensure contract fire system companies are meeting all of their contractual obligations.
- Ensure a process is in place to provide oversight on all contractors working in electrical and IDF closets or rooms.
- Increase oversight and improve mechanisms for the monitoring of above ceiling work that includes contractors, project management and facilities.
- Continue to implement the required High Rise Emergency Action Plan for the Sobrato building.
- Upgrade the NVR in the Central Utility Plant.

## REFERENCES:

1. Joint Commission Accreditation Manual for Hospitals, Environment of Care Standards, EC .02.03.01, .02.03.03, .02.03.05, Code of Federal Regulations, Title 29, Sections 1910.101-106, 155;
2. California Code of Regulations, Title 8, Sections 3203, 3220, 3219, 3221, 6151, 6184;
3. Title 19, Chapters 1 and 5;
4. California Code of Regulations, Title 22, Sections 70741, 70743, 70745;
5. NFPA 101 (Fire prevention Code), Chapters 5, 6, 7 and 13;
6. NFPA 13, 72, 96.

## AUTHORITY

In accordance with its bylaws and administrative protocols, the El Camino Hospital Leadership Team has given authority to the Safety and Facility Directors and Chief Engineer to ensure this plan is formulated, appropriately set forth and implemented. Program implementation and day-to-day operational management has been delegated to the Chief Engineer.

The authority and responsibility for fire prevention response education has been delegated to the Facility and Safety Directors/Officer & the Chief of Engineering under the supervision of the Chief Administrative Officer (CAO).

## PROGRAM ORGANIZATION AND RESPONSIBILITIES

**A. Leadership Team**

The El Camino Hospital Leadership Team (i.e. the organization's governing body) provides the program

vision, leadership, support and appropriate resources through the development, communication and institutionalizing of business fundamentals relative to environmental health and safety.

**B. Facilities Engineering Department**

The El Camino Mountain View and Los Gatos Engineering Department, in partnership with the Facility and Safety/Security Director, is responsible for the overall management of the fire prevention management program. This includes:

1. Coordinating the initial assessment of risks (including assistance with construction/remodel project risk assessments);
2. Program design and developing the facility's written plan;
3. Monitoring ceiling and wall penetrations for fire prevention;
4. Identifying training needs;
5. Tracking/interpretation of relevant fire codes; and
6. Technical consultation; assistance with implementation; initial response investigation and reporting of emergency events; and evaluation of program efficacy and improvement.

**C. Environmental, Health & Safety Manager, Clinical Laboratory, Chief Engineer**

The EH&S Manager works together with the Laboratory Departments and Chief Engineer to assess life safety issues and fire hazards within the Pathology and Clinical Laboratories, and ensure that these hazards are addressed through appropriate procedures, processes, and systems.

**D. Central Safety Committee**

The Central Safety Committee (CSC) ensures the fire prevention management program remains in alignment with the core values and goals of the organization by providing direction, determining priority and assessing the need for change. The CSC also ensures coordination, communication and appropriate integration of performance improvement, strategic planning and injury prevention activities, including those of existing committees, sub-committees and organizational units and establishes and /or approves infrastructures to support Performance Improvement techniques.

The Central Safety Committee meets regularly and as part of the standing agenda, receives and reviews reports and summaries of action taken relative to Fire Prevention Management on a quarterly basis.

Agenda items include:

- Issues requiring action, recommendations or approval;
- Issues requiring monitoring/periodic or ongoing review; and
- Needs that are multi-disciplinary in nature.

**E. Department Managers/Directors**

Department Managers are responsible for the development and management of department-specific fire prevention programs that include:

- Procedures for fire prevention, where applicable;
- Basic fire response plan; equipment and procedures for the movement of patients to areas of refuge;
- Evacuation procedures;
- Fire safety training for employees; and
- Emergency/incident reporting and investigating procedures.

- Engineering to provide consultative services to dept. managers around fire safety.

#### F. **Employees**

Employees (including contract employees) are responsible to participate in required fire prevention training and fire drills, and must demonstrate core competencies in the subject matter. Employees must ensure their behaviors, work practices and operations are fire safe, responsible and in alignment with the facility and departmental procedures (including the no smoking policy), applicable training, and provisions of this plan.

## **I RIS ASSESSMENT**

Risks associated with fire are typically identified and assess through facility-wide processes described within this plan, such as:

1. Routine Hazard Surveillance (daily rounding)
2. The examination of the building's fire protection features and assessment of LSC compliance, conducted as part of the completion of the **Statement of Conditions (SOC)**.
3. A **Building Inspection/Maintenance Program** to identify and resolve operational/non-structural LSC deficiencies;
4. Comprehensive project evaluations and site assessments to determine the need for **Interim Life Safety Measures**;
5. **Safety Trends Spreadsheet** – Central Safety Committee review of pertinent data/information; incident reports; evaluations, and risk analysis.

The risk profile with respect to fire and life safety includes, but is not limited to: risk of fires; explosions; exposure to smoke and toxic combustion by-products; life safety system failure; risk of harm to patients, staff, and visitors; legal exposures.

Key factors driving the level of relative risk are likelihood of an unwanted event coupled with the magnitude of the consequences. These factors are typically affected by the existence and management of ignition sources (such as smoking and heat producing elements), volume and type of ignitable substances, combustible fuel load, high risk activities, integrity and efficacy of fire prevention systems.

In light of this, high risk areas where additional resources and attention are directed, as appropriate, include the clinical laboratory/pathology, oxygen enriched environments (such as the O.R.), Facility Services, storage areas, construction projects (ILSM), corridors and stairwells, and waste storage.

These resources include:

- The application and maintenance of effective fire prevention features and systems (compartments, automatic suppression, early warning, portable extinguishers, etc.),
- The development and implementation of comprehensive fire prevention procedures
- Interim Life Safety Measures (ILSM) where identified deficiencies and construction compromise fire prevention systems, and
- Effective response procedures, the efficacy and appropriateness of which are evaluated through Fire Drills.

## **PROGRAM IMPLEMENTATION**

The text that follows highlights the fire prevention management plan implementation processes:

A. **Assessment of the building's structural and mechanical features of fire protection** - The life safety features of the building are periodically evaluated in an effort to assess and ensure compliance with the applicable NFPA 101 (LSC) standards and to preserve their integrity and effectiveness. To this end, processes of inspections, testing, maintenance, interim measures, and repairs are coordinated through the Facility Services Department (and construction services, as appropriate), in concert with the Safety/Security department. Life Safety Code deficiencies and areas of non-compliance are identified and documented through the on-going **Statement of Conditions (SOC)** process. This evaluation process gives rise to a single source document that adequately reflects the overall condition of the building and systems, as it relates to the Life Safety Code. Any LSC deficiencies are immediately corrected.

1. In addition to the SOC assessment and correction processes, this facility has established and implemented a **Building Maintenance Program (BMP)** to identify and resolve the more ongoing, mechanical and operational deficiencies (e.g. door latches, exit lights, penetrations, corridors, etc.), in lieu of creating PFIs for their resolutions.
2. A comprehensive Life Safety Code **Building Inspection Program** is the primary component of the BMP. Most of this program element is incorporated into and conducted through the Hazard Surveillance and Facilities Services Rounds. The Hazard Surveillance and engineering inspection protocols (Instruction Sets) address required elements set forth in the Joint Commission standards.
3. The frequency of the Life Safety Code Building Inspections will coincide with the established Hazard Surveillance Rounds and engineering rounds schedule. However, Plant Engineering is responsible for conducting additional inspections if it is so indicated through direct observation of deficiencies, additional projects involving remodeling, structural changes, electrical work or activities that are likely to change or compromise the condition of the life safety features.
4. The Engineering Department is responsible for periodic inspections of the integrity of the fire and smoke stop partitions, including follow up inspections once a construction project is completed.
5. The table below describes the common types of LSC deficiencies to be addressed through the BMP, and the responsible functions:

LSC Compliance Item	Responsible Functions
<p><b>Rated Doors</b>, including stairwell and occupancy separation doors have:</p> <ol style="list-style-type: none"> <li>a. Functioning positively latching assemblies</li> <li>b. Properly functioning self-closing devices</li> <li>c. Gaps of less than an 1/8" between double leaf doors</li> <li>d. Less than 3/4" undercuts</li> <li>e. (LSC 5-2.1.5.4, 13-3.2.1)</li> </ol>	<p>Engineering to assess, repair and maintain</p>
<p><b>Rated Partitions</b> (smoke and fire):</p> <ol style="list-style-type: none"> <li>a. Have properly functioning self-closing or automatic closing devices (LSC 5-2.6; 5-2.1.5.3)</li> <li>b. Are maintained to preclude the transmission of smoke/fire (e.g. penetrations sealed with approved rated materials) (LSC 6/3.6.1).</li> <li>c. Corridor wall penetrations are properly sealed with materials</li> </ol>	<p>Engineering to assess and make repairs.</p>



capable of maintaining intended resistance ( <i>LSC 6-3.6.1</i> )	
<b>Means of Egress</b> lighting properly functioning ( <i>LSC 5-8.1</i> ).	<ul style="list-style-type: none"> <li>▪ Engineering</li> <li>▪ Safety</li> <li>▪ Security</li> <li>▪ Hazard Surveillance team</li> </ul>
<b>Exit signs and Directional signs</b> clearly show emergency exit routes ( <i>LSC 5-10.1.2</i> )	<ul style="list-style-type: none"> <li>▪ Engineering</li> <li>▪ Safety</li> <li>▪ Security</li> <li>▪ Hazard Surveillance team</li> </ul>
The following <b>Grease Producing Devices</b> are properly maintained: <ul style="list-style-type: none"> <li>a. Exhaust hoods</li> <li>b. Duct systems</li> <li>c. Grease removal devices</li> <li>d. (<i>LSC 7-2.3; NFPA 96</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hazard Surveillance</li> <li>▪ Safety</li> <li>▪ Engineering</li> <li>▪ Nutritional Services</li> </ul>

B. **Testing of the life safety systems**, as well as annual preventive maintenance of all components and initiating devices are conducted by internal engineering personnel on a pre-determined, cyclical schedule that ensures optimal coverage with minimal disruption of care and business activities. (Resources may be supplemented by personnel from a licensed contract firm).

1. Maintenance and testing requirements include:
  - a. Inspection and testing of all Initiating Devices at prescribed intervals (including smoke detectors, flow and tamper switches, duct detectors and manual pull stations) and supervisory devices.
  - b. Five year hydrostatic testing of standpipes
  - c. Annual testing of audible alarms, strobes, PA systems, etc.
  - d. Visual inspections of fire department connections
  - e. Weekly fire pump testing under no flow conditions
  - f. Annual fire pump testing under flow conditions
  - g. Operation of smoke and fire dampers (every 6 years)
  - h. Annual testing of roll down doors
  - i. Maintenance of any cooking facility exhaust hood systems (to include filter changes, hood cleaning and degreasing, and duct maintenance). **02.03.05**
  - j. Inspection of water based fire suppression systems; including pumps, drains and connection are coordinated through Engineering.

2. Engineering coordinates the testing of other automatic fire suppression systems (such as kitchen hood system, pre-action, Halon, etc.), through a licensed contractor.
3. Included in the foregoing inspection, testing and maintenance processes are detection and early warning devices that, upon actuation, triggers systems designed to slow the movement of fire and the transmission of smoke such as designated fans, in-duct dampers, and self-closing rated doors. Engineering will ensure that the functionality of the dampers themselves are tested and verified every six years.
4. Fire alarms are monitored externally by a compliant proprietary supervising station (per NFPA 72, 4-4.2.1). Upon activation, the signal enunciates locally and is immediately transmitted to the monitoring agency that notifies the fire department having jurisdiction. This system is periodically tested as part of the fire drill processes.
5. The Security Department is responsible for inspecting portable fire extinguishers monthly and coordinating annual servicing.

C. **Fire Drills** - In an effort to enhance training and reinforce fire readiness, the Security Department, in concert with engineering, will ensure fire drills are scheduled and conducted at the frequency of one drill per shift per quarter. Each drill will be observed and critiqued to help determine the overall level of emergency preparedness, discern areas requiring improvement, and assess the effectiveness of the fire prevention training efforts. Additional fire drills are coordinated as necessary for compliance with Interim Life Safety Measures (ILSM).

In lieu of observing all areas during a drill, a sample of areas will be selected, including the point of alarm/drill origin, an adjacent area, a smoke compartment above and/or below (as applicable) the point of origin. Part of the fire drill process includes an on-the-spot educational component to compliment life safety and fire prevention training efforts. Fire Drill scenarios are designed to simulate fires and ensuing emergency events and to evaluate staff knowledge of the following:

- Use and functioning of fire alarm systems (e.g. manual pull stations)
- Transmission of alarms
- Smoke and fire containment
- Transfer to areas of refuge (horizontal and vertical evacuation)
- Extinguishment
- Specific fire response duties
- Preparing for building evacuation

All personnel are trained in the facility fire response plan and the effectiveness of such training is evaluated as part of the Fire Prevention Program performance measure **(EC .02.03.03)**

D. **Interim Life Safety Measures** - Where conditions during construction/remodel projects and or identified life safety code deficiencies impair any existing life safety system, appropriate interim systems are implemented in lieu of the impaired system in an effort to compensate for the temporary loss and ensure continued integrity of the program. The Safety and Facility Director will work in partnership with the Construction Project Manager, Chief Engineer and the local fire authority having jurisdiction, as indicated. They will ensure that, prior to the start of any project, risks are adequately assessed, and the appropriate interim measures are selected and implemented, as the level of risk decrees.

If a life safety system is to remain impaired, or if the Chief Engineer feels that the impaired Life safety System is vitally critical, then the Chief Engineer (designee) will instruct the Security department or Construction Services to institute a fire watch and will ensure the local Fire Authority is notified and institute ILSM per code requirements.

E. **Education and Training** - All employees attend General Hospital Orientation (GHO) at the time of hire, where general information and education regarding the basic fire response plan, fire prevention, the smoking policy, and life safety features of the building are provided. Licensed Independent Practitioners (LIP) receive training at the time of credentialing and with each renewal.. Additionally, subsequent training and practical application are provided during fire drills. Department managers will also ensure that subsequent training is given that is specific to departmental procedures, processes, behaviors and precautions, to include:

1. Specific roles and responsibilities at the fire or alarm's point of origin, including:
  - Relocation of those close to the source or otherwise in immediate danger;
  - Activate emergency notification procedures, including alarm systems and phone numbers;
  - Confinement of the fire, including closing doors and compartments, management of flammables and oxidizers;
  - Proper use of extinguishing equipment.
  - Location and proper use of equipment for evacuating patients to areas of refuge, points of assembly, etc.;
2. Specific roles and responsibilities if a fire alarm actuates and the employee and/or LIP is away from the point of origin, i.e. respond if appropriate, stand by and await further instructions, prepare to close doors and relocate occupants.
3. Other relevant aspects of life safety, fire prevention, as well as any substantive changes, adjustments and improvements of the subject matter, based upon:
  - Assessment of educational needs, coordinated through the department manager;
  - Organizational experiences and learning's;
  - Results of risks assessments, hazard surveillance, inspections, etc.;
  - Central Safety Committee recommendations;
  - EH&S Manager, Facility Director or the Safety/Security Director's input.

## PROGRAM PERFORMANCE

The standards and indicators by which performance relative to this plan will be measured are developed based upon organizational experiences, discerned risks, inspection results, observed work practices, and Integrated Safety Committee recommendations. They include:

A. Intent/Requirement:

Staff knowledge, skill and competency necessary for their role(s) in the event of a fire or fire alarm. As part of the facility's ongoing efforts to improve staff knowledge, the average percentage of correct responses to subject questions will be tracked.

B. Performance Standard:

Acceptable Staff performance with respect to the facility's fire prevention program requires that employees understand their roles and responsibilities relative to the use of fire prevention systems, emergency notification, relocation of occupants, etc.

Based on opportunities for improvement identified in FY-20 annual EOC evaluation the FY-21 Performance Improvement Indicators are as follows:

EOC Area	Indicator	Responsible Dept/Function	Target
Fire Prevention	Staff knowledge of the acronym RACE for responding to a fire situation	Engineering, Security and Department Managers	>90%
Fire Prevention	Staff knowledge of the acronym PASS for using a fire extinguisher	Engineering, Security and Department Managers	> 90%
Fire Prevention	Staff knowledge on the Hospital emergency phone number	Engineering, Security and Department Managers	> 90%
<i>* Percentage of employees surveyed during fire drills who knew the requested information.</i>			

C. Process and Frequency of Measurement:

Progress for this project will be reported out quarterly at the Central Safety Committee. Data will be collected during hazard surveillance rounds and fire drills.

## PROGRAM EFFECTIVENESS

The effectiveness of the fire prevention program, including the appropriateness of the program design, training, equipment and behaviors will be monitored and assessed on an ongoing basis through the Central Safety Committee. Relevant documents, reports, as well as concurrent and retrospective statistical data will be tracked through the facility's Safety Trends spreadsheet. The Central Safety Committee will receive periodic fire prevention reports and make recommendations as indicated. Reports include:

- Significant, relevant information gleaned from fire drill reports
- The results of inspections by regulatory agencies
- Reports of actual emergencies
- Interim Fire Prevention Measures that may affect building occupants
- Reports of fire prevention code deficiencies that may require additional time and/or resources to correct.

## ANNUAL PROGRAM EVALUATION

On an annual basis, the fire prevention management program is evaluated relative to its **objectives, scope, effectiveness and performance**. The continued appropriateness and relevance of program **Objectives** are assessed, as well as whether or not these objectives were met.

The **Scope** is evaluated relative to its continuing to comprise meaningful aspects, relevant equipment, technology and systems, items that add value and elements conducive to continuous regulatory compliance.

The year is reviewed retrospectively to determine the extent to which the program was **Effective** in meeting the needs of the customer, the patients and the organization, within the parameters of the given Scope and Objectives. This analysis includes initiatives, accomplishments, problem solving, examples and other evidence of effectiveness.

The **Performance** dimensions are reviewed to evaluate expectations of performance attainment,

measurement techniques, process stability and improvement efforts and outcomes, secondary to performance monitoring results.

Results of this evaluation process will form the basis for performance improvement standards, strategic goal setting, planning, and verifying the continued applicability of program objectives.

*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	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	01/2021
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	12/2020
Central Safety Committee	Steve Weirauch: Mgr Environmental Hlth&Safety [JH]	12/2020
Fire Safety Management Work Group	John Folk: Director Engineering Svcs [JH]	12/2020
	John Folk: Director Engineering Svcs [JH]	12/2020



**Origination:** 03/2015  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 11/2020  
**Next Review:** 3 years after approval  
**Owner:** Bido Baines: Exec Dir Urology  
 Svcs&MensHlth  
**Area:** Scopes of Service  
**Document Types:** Scope of Service/ADT

## Scope of Service - Sleep Center Los Gatos

### Types and Ages of Patients Served

The Sleep Center serves outpatients 2 years and older. It is not necessary that the referring physician have privileges at El Camino Hospital for the patient to receive services.

### Assessment Methods

Sleep studies are provided by a licensed, technologist who adheres to the ethical and practice guidelines of the Board of Registered Polysomnographic Technologists. An El Camino Hospital privileged physician provides oversight to the sleep study in the provision of patient care.

Phone calls from patients with additional questions or concerns following a sleep study will be addressed by the sleep center staff or physician. The sleep center staff will address the questions or concerns and make referrals as necessary. General patient care is through the Director of Nursing.

### Scope and Complexity of Services Offered

The Sleep Center is located at El Camino Hospital Los Gatos. Routine operating hours for the sleep center scheduling are Monday through Friday, 8:30am to 5:00pm. Services are not available on holidays recognized by El Camino Hospital. Sleep studies are conducted from 8:30pm to 7:00am Monday through Saturday. The sleep center has 4 sleep rooms and one control room. Patients provide for and arrange their own transportation to and from the sleep center. The sleep center schedule is maintained by the sleep coordinator. Sleep technologists are health professionals with specialized education, training and experience in sleep studies.

### Appropriateness, Necessity and Timeliness of Services

The physician conducting the consultation with the patient will assess whether or not the patient needs a sleep study. The medical director makes the final decision for the appropriateness of a patient's ability to participate in a sleep study.

### Criteria for Exclusion

The following criteria provide guidance for patients that would be excluded from participating in a sleep study at El Camino Hospital.

- Patients less than 2 years of age
- Non ambulatory patients
- Patients with intravenous lines in place
- Patients with severe dementia

## Staffing/Staff Mix

An Executive Director, Medical Director and Nurse Director oversees the operations of the Sleep Center. Sleep technologist will conduct the sleep study with general oversight by the patient care director and medical director. Staffing may increase as volume increases.

The competency of the staff is evaluated through observation of performance and skills competency validation by both the El Camino medical director and chief technologist.

## Requirements for Staff

- All staff will follow all applicable hospital policies and procedures.
- All staff will be required to participate in the HeathStream safety series.
- Hospital orientation
- Safety/Emergency binders are reviewed annually by all staff.

All sleep technologists on staff are required to be board certified or board eligible by the board of registered polysomnographic technologists as a registered polysomnographic technologist.

## Level of Service Provided

The level of service is consistent with the needs of the patient as determined by the sleep technologist, and supervising physician. The department is designed to meet the level of care needs of the patient. Additional practices are described in department policy and procedure. This manual is maintained within the department and posted online.

A performance improvement process will be developed by medical director to identify opportunities for improvement in patient care. Patients and referring physicians may be contacted by El Camino Hospital to assess their satisfaction with its Sleep Center program.

## Standards of Practice

Sleep technologists are credentialed by the Board of Registered Polysomnographic Technologists. The sleep center service at the El Camino hospital complies with the laws and standards established by these two bodies. Additional practices are described in the Patient Care Services Policies and 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]	01/2021
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	12/2020
Department Medical Director	Bido Baines: Exec Dir Urology Svcs&MensHlth	11/2020
	Bido Baines: Exec Dir Urology Svcs&MensHlth	11/2020

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**Practitioner Name:**

**INSTRUCTIONS:**

**Indicate Request Type:**  Initial Appointment       Renewal of Privileges       Additional Privileges

**Applicant:** Check off the “Requested” box for each privilege requested. Please note: Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

**Department Chief:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE). If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

**Other conditions:**

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

REQUIRED QUALIFICATIONS	
To be eligible to apply for privileges as Physician Assistant - Surgical, the applicant must meet the following criteria:	
<b>Education/Training</b>	Completion of an ARC-PA-approved program (prior to January 2001, completion of a CAAHEP-approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA program.
<b>Certification</b>	Current National Commission On Certification Of Physician Assistants (NCCPA) certification.
<b>Current Experience</b>	Applicants for initial appointment must be able to demonstrate the provision of clinical services reflective of the scope of privileges requested, to at least thirty (30) inpatients/outpatients within the past 12 months, or successful completion of formal PA training program within the past 12 months. Experience must correlate to requested privileges. (Case logs required).
<b>Licensure</b>	Currently licensed as a Physician Assistant in the State of California. Current Basic Life Support (BLS). <b>BLS must be maintained during appointment period.</b>
<b>DEA</b>	Have an active, individual federal, registered DEA number for prescribing of controlled substances.
<b>Physician Supervisor (s)</b>	PAs must identify their Physician Supervisor(s). Physician Supervisors must be an Active Staff member of the El Camino Medical Staff.
<b>FPPE</b>	Method and quantity to be determined by the Department Chief at time of application review for Core and Non-Core privileges and evidenced on the specialty FPPE Plan
<b>Renewal of Privileges</b>	Current demonstrated competence with an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, of at least sixty (60) inpatients/outpatients within the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
<b>Special Non-Core Privileges (See Specific Criteria below)</b>	Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Requested	Privilege	Additional/Special Criteria
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<input type="checkbox"/>	<p><b><u>CORE PRIVILEGES PHYSICIAN ASSISTANT - SURGICAL</u></b></p> <p>Core privileges for Physician Assistant - Surgical, include the ability to assess, diagnose, monitor, promote health and protection from disease, and manage patients of supervising physician. PAs may not admit patients to the hospital.</p> <p><b><u>Core Procedures List</u></b></p> <p>The core procedures in Physician Assistant - Surgical, include the following procedures and such other procedures that are extensions of the same techniques and skills. It defines the types of activities/procedures/privileges that the majority of practitioners meeting the core educational, certification and experience requirements are competently able to perform.</p> <ul style="list-style-type: none"> <li>• Perform history and physical</li> <li>• Apply, remove, and change dressings and bandages</li> <li>• Chest Tube Removal</li> <li>• Arterial Line Placement</li> <li>• Central Line Placement (Internal Jugular, Subclavian, and Femoral)</li> <li>• Counsel and instruct patients, families, and caregivers as appropriate</li> <li>• Complete discharge summaries and orders</li> <li>• Direct care as specified by ECH medical staff–approved protocols</li> <li>• Implement therapeutic intervention for specific conditions when appropriate</li> <li>• Initiate appropriate referrals</li> <li>• Insert and remove nasogastric tubes</li> <li>• Make rounds on hospitalized patients</li> <li>• Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, x-ray, EKG, IV fluids and electrolytes, electromyography, electrocardiogram, and radiologic examinations, including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc.</li> <li>• Perform debridement and general care for superficial wounds and minor superficial surgical procedures</li> <li>• Perform incision and drainage of superficial abscesses</li> <li>• Perform site checks after placement of catheters or pacemakers</li> <li>• Perform venous punctures for blood sampling, cultures, and IV catheterization</li> <li>• Remove epicardial pacing wires</li> <li>• Remove temporary transvenous cardiac pacing catheters</li> <li>• Perform routine immunizations</li> <li>• Perform urinary bladder catheterization (short term and indwelling), e.g. Robinson, coudé, Foley</li> <li>• Perform Simple Joint Reductions, including Fingers, Toes, Shoulder, Ankle, Elbow, Wrist and Hip</li> <li>• Closed reductions of fractures and dislocations</li> <li>• Record progress notes</li> <li>• Medications: Administer, order, furnish or prescribe drugs and provide treatment within the PA’s scope of practice, and consistent with the PA’s skill, training, competence, professional judgment and El Camino Hospital’s policies.</li> <li>• Bedside minor surgical procedures</li> <li>• Insertion or removal of drains</li> <li>• Removal of Swan-Ganz Catheter</li> </ul>	
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Requested	Privilege	Additional/Special Criteria
<input type="checkbox"/>	Endotracheal (Extubation and) Intubation	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Must hold a current Advance Cardiac Life Support (ACLS)</li> <li>• ACLS must be maintained during appointment period</li> <li>• Documentation of performing at least ten (10) Endotracheal Intubations within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Must hold a current Advance Cardiac Life Support (ACLS)</li> <li>• ACLS must be maintained during appointment period</li> <li>• Documentation of performing at least twenty (20) Endotracheal Intubations within the past 24 months</li> </ul>
<input type="checkbox"/>	Chest Tube Insertion	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least three (3) Chest Tube Insertions within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least six (6) Chest Tube Insertions within the past 24 months</li> </ul>
<input type="checkbox"/>	Thoracentesis	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least five (5) Thoracentesis procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least ten (10) Thoracentesis procedures within the past 24 months</li> </ul>
<input type="checkbox"/>	Paracentesis	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least five (5) Paracentesis procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least ten (10) Paracentesis procedures within the past 24 months</li> </ul>
<input type="checkbox"/>	Tunneled Central Line Placement	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least five (5) Tunneled Central Line Placements within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least ten (10) Tunneled Central Line Placements within the past 24 months</li> </ul>
<input type="checkbox"/>	Perform Bone Marrow Aspiration and Biopsies from the Posterior Iliac Crest	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least five (5) procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of performing at least ten (10) procedures within the past 24 months</li> </ul>

Requested	Privilege	Additional/Special Criteria
<input type="checkbox"/>	Lumbar Puncture	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least three (3) Lumbar Punctures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least six (6) Lumbar Punctures within the past 24 months</li> </ul>
<input type="checkbox"/>	Perform Arthrocentesis or Injections of Joints	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least five (5) procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least ten (10) procedures within the past 24 months</li> </ul>
<input type="checkbox"/>	Perform Hematoma Blocks	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least three (3) procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least six (6) procedures within the past 24 months</li> </ul>
<input type="checkbox"/>	Perform Emergent management of Acute Cardiopulmonary Arrest, Following ACLS Criteria, and ECH Hospital Policies and Protocols	<p><b>New applicant and current medical staff applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>Must hold a current Advance Cardiac Life Support (ACLS)</li> <li>ACLS must be maintained during appointment period</li> </ul>
<input type="checkbox"/>	Injections of Tendons, Trigger Points	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least ten (10) procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>Documentation of performing at least twenty (20) procedures within the past 24 months</li> </ul>

Requested	Privilege	Additional/Special Criteria
<input type="checkbox"/>	<p>Assisting Supervising Physician in the OR, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Positioning of patient</li> <li>• Perform incision</li> <li>• Placing and Holding Surgical Retractors</li> <li>• Manage surgical instruments in the operative field</li> <li>• Anoscopy</li> <li>• Suctioning</li> <li>• Swabbing/Sponging of tissue</li> <li>• Suture</li> <li>• Cauterize</li> <li>• Surgical wound closure</li> <li>• Inserting/removing drains</li> <li>• Local and regional anesthesia</li> <li>• Nerve blocks</li> </ul> <p>PA <i>may not</i>:</p> <ul style="list-style-type: none"> <li>• Administer anesthesia (except local and regional anesthesia)</li> </ul>	<p><b>New applicant applying for privileges:</b>  <b>Applicant must:</b></p> <ul style="list-style-type: none"> <li>• Documentation of assisting in fifty (50) cases in the OR within the past 12 months</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p>Completed surgical assisting training in PA Program, and completed surgical rotations during PA program, within the past 12 months</p> <p style="text-align: center;"><b>OR</b></p> <p>Letter from Supervising Physician attesting to providing PA with OR assisting education prior to assisting in the OR <b>AND</b> Supervising Physician will proctor <i>while training</i>, a minimum of five (5) procedures <b>AND</b> until competency has been reached. Documentation of proctoring required</p> <ul style="list-style-type: none"> <li>• Documentation of appropriate continuing education</li> <li>• Receives a positive performance evaluation from the supervising physician</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Documentation of assisting in one-hundred (100) cases in the OR within the past 24 months</li> <li>• Documentation of appropriate continuing education</li> <li>• Receives a positive performance evaluation from the supervising physician</li> </ul>
<input type="checkbox"/>	<p><u>da Vinci Robotic Surgery</u> - Assisting Supervising Physician in the OR</p>	<p><b>New applicant applying for privileges: *</b></p> <ul style="list-style-type: none"> <li>• Must hold privileges to Assist Supervising Physician in the OR</li> <li>• Documentation of training with the daVinci Robot by Intuitive Surgical (or comparable course)</li> <li>• Documentation of assisting supervising physician in at least ten (10) procedures within the past 12 months</li> </ul> <p><b>Current AHP applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Must hold privileges to Assist Supervising Physician in the OR</li> <li>• Documentation of assisting supervising physician in at least ten (10) procedures within the past 12 months</li> </ul>

Requested	Privilege	Additional/Special Criteria
<input type="checkbox"/>	Open and Close Sternotomy	<b>New applicant applying for privileges:</b> <ul style="list-style-type: none"> <li>Documentation of performing at least ten (10) procedures within the past 12 months</li> </ul> <b>Current AHP applying for reappointment:</b> <ul style="list-style-type: none"> <li>Documentation of performing at least twenty (20) procedures within the past 24 months</li> </ul>
<input type="checkbox"/>	Vein Harvesting	<b>New applicant applying for privileges:</b> <ul style="list-style-type: none"> <li>Documentation of performing at least ten (10) procedures within the past 12 months</li> </ul> <b>Current AHP applying for reappointment:</b> <ul style="list-style-type: none"> <li>Documentation of performing at least twenty (20) procedures within the past 24 months</li> </ul>

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at **El Camino Hospital**, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

**DEPARTMENT CHIEF RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges**
- Recommend privileges with the following conditions/modifications:**
- Do not recommend the following requested privileges:**

Privilege	Condition/Modification/Explanation
1.	
2.	

Requested	Privilege	Additional/Special Criteria
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3.	
Notes:	

\_\_\_\_\_  
*Division Chief Signature (if applicable)*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chief Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Practitioner Name:** 
**INSTRUCTIONS:**
**Indicate Request Type:**  Initial Appointment       Renewal of Privileges       Additional Privileges

**Applicant:** Check off the “Requested” box for each privilege requested. Please note: Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

**Department Chief:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation (FPPE). If recommended with conditions or not recommended, provide conditions or explanation on the last page of this form.

**Other conditions:**

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

REQUIRED QUALIFICATIONS	
be eligible to apply for privileges in Pain Management, the applicant must meet the following criteria:	
<b>Education/Training</b>	Basic Education: MD or DO Minimal Formal Training: Successful completion of an ACGME- or AOA accredited residency in a relevant medical specialty, followed by successful completion of an ACGME, or AOA, or a Royal College of Physicians and Surgeons of Canada-accredited fellowship in pain medicine of at least a 12-month duration.
<b>Certification</b>	Currently certified or eligible in Pain Management by the American Board of Anesthesia (ABA), American Board of Psychiatry and Neurology (ABPN), American Board of Pain Medicine (ABPM), or the American Board of Physical Medicine and Rehabilitation (ABPR), or completion of certification must occur within five (5) years of completion of fellowship. Once certified members must maintain board certification as required by the same board or association.
<b>Current Experience</b>	Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient or consultative services to at least fifty (50) patients within the past 12 months, <i>AND</i> documentation of ten (10) invasive pain management procedures performed within the past 12 months, or successful completion of an AOA- or ACGME accredited residency or clinical fellowship within the past 12 months (case logs required).
<b>Licensure</b>	Current active, unrestricted physician license by the Medical Board of California or the Board of Osteopathic Examiners of the State of California.
<b>DEA</b>	Have an active, individual federal, registered DEA number for prescribing of controlled substances.
<b>Additional Requirements</b>	Board certification must be maintained in the physician’s primary specialty in order for the physician to be qualified for continued medical staff membership. A two year grace period will be granted if needed, for practitioners to obtain recertification. Physicians who have been on staff continuously prior to July 14, 2010 are exempt.
<b>FPPE</b>	Method and quantity to be determined by the Department Chief at time of application review for Core and Non-Core privileges and evidenced on the specialty FPPE Plan
<b>Renewal of Privileges</b>	Documentation of at least one-hundred (100) patients (inpatient, outpatient or consultative services) within the past 24 months, <i>AND</i> documentation of twenty (20) invasive pain management procedures performed within the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
<b>Special Non-Core Privileges (See Specific Criteria below)</b>	Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.



Requested	Privilege	Additional/Special Criteria
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<input type="checkbox"/>	<p><b><u>CORE PRIVILEGES PAIN MEDICINE</u></b></p> <p>Core privileges for Pain Management include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with acute and chronic pain or pain requiring palliative care, which includes invasive pain medicine procedures beyond basic pain medicine. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p><b><u>Core Procedures List</u></b></p> <p>The core procedures in Pain Medicine include the following procedures and such other procedures that are extensions of the same techniques and skills. It defines the types of activities/procedures/privileges that the majority of practitioners meeting the core educational, certification and experience requirements are competently able to perform.</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Behavioral modification and feedback techniques</li> <li>• Chemical neuromuscular denervation (e.g., Botox® injection)</li> <li>• Diagnosis and treatment of chronic and cancer-related pain</li> <li>• Discography and intradiscal/percutaneous disc treatments</li> <li>• Epidural and intrathecal medication management</li> <li>• Epidural, subarachnoid, or peripheral neurolysis</li> <li>• Fluoroscopically guided facet blocks</li> <li>• Implantation of subcutaneous, epidural, and intrathecal catheters</li> <li>• Infusion port and pump implantation</li> <li>• Injection of joint and bursa, including sacroiliac, hip, knee, and shoulder joint injections</li> <li>• Management of chronic headache</li> <li>• Modality therapy and physical therapy</li> <li>• Neuroablation with cryo, chemical, and radiofrequency modalities</li> <li>• Nucleoplasty</li> <li>• Percutaneous and subcutaneous implantation of neurostimulator electrodes</li> <li>• Peripheral, cranial, costal, plexus, and ganglion nerve blocks</li> <li>• Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation</li> <li>• Recognition and management of therapies, side effects, and complications of pharmacologic agents used in the management of pain</li> <li>• Rehabilitative and restorative therapy</li> <li>• Stress management and relaxation techniques</li> <li>• Spinal injections, including epidural injections: interlaminar, transforaminal, nerve root sheath injections, zygapophysial joint injections, and blood patch</li> <li>• Superficial electrical stimulation techniques (e.g., transcutaneous electrical neural stimulation)</li> <li>• Trigger point injections</li> </ul>	
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Requested	Privilege	Additional/Special Criteria
<b>NON – CORE (SPECIAL) PRIVILEGES</b>		
<input type="checkbox"/>	Fluoroscopy Use (Non-Core) <ul style="list-style-type: none"> <li>▪ Includes supervision of other staff using the equipment</li> </ul> <p>(Criteria has already been approved for across specialty lines)</p>	<p><b>New applicant applying for non- core privileges:</b></p> <ul style="list-style-type: none"> <li>• California CDPH Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</li> <li>• Certificate/permit must be maintained</li> <li>• Copy of valid certificate/permit must be on file in the Medical Staff Office at all times</li> </ul> <p><b>Current medical staff applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• California CDPH Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</li> <li>• Certificate/permit must be maintained</li> <li>• Copy of valid certificate/permit must be on file in the Medical Staff Office at all times</li> </ul>
<input type="checkbox"/>	Minimally Invasive Lumbar Decompression (MILD)	<p><b>New applicant applying for privileges:</b></p> <ul style="list-style-type: none"> <li>• Must hold current Fluoroscopy privileges</li> <li>• Certificate of training</li> <li>• Documentation of five (5) MILD procedures performed within the past 12 months, or successful completion of residency within the past 12 months</li> </ul> <p><b>Current medical staff applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Must hold current Fluoroscopy privileges</li> <li>• Documentation of ten (10) MILD procedures performed within the past 24 months, or successful completion of residency within the past 12 months</li> </ul>

Requested	Privilege	Additional/Special Criteria
<input type="checkbox"/>	Moderate (Conscious) Sedation  (Criteria has already been approved for across specialty lines)	<p><b>New applicant applying for non-core privileges:</b></p> <ul style="list-style-type: none"> <li>• Non-anesthesiologist practitioners are required that they have received training in administering moderate sedation as part of their residency or specialty training program or that they have received the El Camino Moderate Sedation Study Module</li> <li>• Requires passing the Moderate Sedation Examination with score of 85% or higher</li> <li>• Exam must be taken as provided by ECH Medical Staff Office</li> </ul> <p><b>Current medical staff applying for reappointment:</b></p> <ul style="list-style-type: none"> <li>• Applicants must be able to demonstrate current competence and evidence of the administration of moderate sedation to at least fifteen (15) patients in the previous twenty-four (24) months</li> <li>• Case logs required</li> <li>• Requires passing the Moderate Sedation Examination with score of 85% or higher</li> <li>• Exam must be taken as provided by ECH Medical Staff Office</li> </ul>

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at **El Camino Hospital**, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_ **Applicant Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Print Name**

Requested	Privilege	Additional/Special Criteria
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**DEPARTMENT CHIEF RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges**
- Recommend privileges with the following conditions/modifications:**
- Do not recommend the following requested privileges:**

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
<b>Notes:</b>	

\_\_\_\_\_  
*Division Chief Signature (if applicable)*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chief Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

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

**To:** El Camino Hospital Board of Directors  
**From:** Patricia Arfatia, Enterprise Chief of Staff  
Michael Chan, Chief of Staff Los Gatos  
**Date:** February 10, 2021  
**Subject:** Medical Staff's Proposed Bylaws Amendments

**Recommendation:**

To approve the Medical Staff's Proposed Bylaws Amendments.

**Summary:**

1. **Situation:** The Organized Medical Staff submitted Proposed Amendments to the Medical Staff Bylaws to the Board for approval.
2. **Authority:** Pursuant to Article III, Section 12.3, the Board has the authority to approve amendments to the Medical Staff Bylaws.
3. **Background:** The El Camino Hospital Organized Medical Staff voted to approve certain amendments to its Bylaws as follows:
  - Change the minimum period of time a practitioner may remain as a Provisional Staff member to 6 months and the maximum to 12 months.
  - Change some of the circumstances and conditions under which Temporary Privileges may be granted.
  - Defines Automatic Administrative Suspension.
  - Provides that if dues remain unpaid, Medical Staff membership and clinical privileges shall be automatically suspended after sixty (60) days from the date the dues invoice notification was sent and shall remain so suspended until the practitioner pays the delinquent dues.
  - Provides for and defines "Deemed Automatic Resignation."
  - Changes use of attendance record in making reappointments.
4. **Other Review:** The Organized Medical Staff voted to approve the proposed amendments and Medical Staff legal counsel also reviewed and approved.

**Attachments:** Proposed Amendments

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

**Attachment 1 - PROPOSED AMENDMENTS TO EI CAMINO HOSPITAL MEDICAL STAFF BYLAWS**

**4.3 PROVISIONAL STAFF**

**4.3-1 QUALIFICATIONS**

(b) A practitioner may remain a Provisional Staff member for a minimum **of six (6) months and maximum** period of twelve (12) months. At the conclusion of the provisional period, an activity profile will be generated and the practitioner will be advanced to the appropriate staff category based on the level of patient contacts (see definition under section 4.2-1). If Focused Professional Practice Evaluation (FPPE) requirements have not yet been satisfied at the end of twelve (12) month period, the privileges that still require proctoring will be relinquished. A provisional staff member may request an extension for proctoring with a plan to increase activity to meet proctoring requirements to the Department Chief for recommendation to the Credentials Committee. Proctoring cannot be extended beyond 24 months from time of initial appointment. If privileges are terminated or suspended based upon failure to complete proctoring, the member shall not be entitled to any procedural hearing and appellate review rights provided for in the Fair Hearing Plan in these Bylaws.

## 6.5 TEMPORARY PRIVILEGES

### 6.5-1 CIRCUMSTANCES

The Chief Executive Officer, or his/her designee, upon the recommendation of the Department Chair, when available, or the Chief of Staff in all other circumstances, may grant temporary privileges **with or without medical staff membership** to a practitioner, subject to the conditions set forth in Section 6.5-2 below, in the following circumstances:

(a) Pendency of Application: Temporary privileges may be granted upon the recommendation of the department chief for period not to exceed 120 days when a new applicant with a complete application that raises no significant concerns in awaiting review and approval of the Medical Staff Executive Committee and Board of Directors. **The minimum processing time is expected to be 72 business hours after submission of all documents.** The following items must be verified:

- Current Licensure
- Relevant training or experience
- Current competence
- Ability to perform the privileges requested
- NPDB report
- Complete application **with paid application fee**
- No current or previously successful challenge to licensure or registration
- No subjection to involuntary termination of medical staff membership at another organization
- No subjection to involuntary limitation, reduction, denial or loss of clinical privileges

**(b) Non-applicants: Temporary privileges may be granted to a non-applicant for medical staff membership to meet an important patient care need (as determined by the Chief of Staff and applicable Department Chair) not met by current medical staff members. Such privileges require verification of licensure without limitation or probation, professional liability insurance covering all privileges to be exercised, an absence of Medical Board Section 805 and Data Bank reports, and demonstration of current competency (e.g. peer references).**

#### 6.5-2 CONDITIONS

Temporary privileges may be granted only when the practitioner has submitted a written application for appointment for temporary privileges and the information reasonably supports a favorable determination regarding the requesting practitioner's current licensure, qualifications, ability and judgment to exercise the privileges requested, and only after these items are verified and the practitioner has satisfied the requirement of Section 3.2 (c) regarding professional liability insurance. The Chair of the department **or the Active member of the Medical Staff** to which the practitioner is assigned shall be responsible for supervising the performance of the PR actioner granted temporary privileges, or for designating a department member who shall assume this responsibility. Special requirements of consultation and reporting may be imposed by that chief.

#### 6.5-3 TERMINATION

(a) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated or suspended under Articles 6 and/or 7 of these Bylaws. As necessary, the appropriate department Chair or, in the Chair's absence, the Chief of Staff, shall assign a member of the Medical Staff to assume responsibility for the care of such member's patient(s). The wishes of the patient shall be considered in the choice of a replacement Medical Staff Member.

(b) On the discovery of any information, or the occurrence of any event, of a nature which raises a question about a practitioner's professional qualifications, ability to exercise any or all of the temporary privileges granted, or compliance with any Bylaws, rules and regulations, or special requirements, the Chief of Staff or his/her respective designee, may, after consultation with the department chief responsible for supervision, or his/her designee, terminate any or all of such practitioner's temporary privileges, provided that where a patient's life or well-being is determined to be endangered by continued treatment by the practitioners, the termination may be effected by any person entitled to impose summary suspensions under Article 7. In the event of any such termination, the practitioner's patients then in the Hospital shall be assigned to another practitioner by the department Chair responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

**(c) The practitioner granted temporary privileges may apply for Medical Staff membership in the Provisional category prior to termination at no additional fees.**

#### 6.5-4 RIGHTS OF THE PRACTITIONERS

A practitioner shall **not** be entitled to the procedural rights afforded by Article 8 because his/her request for temporary privileges is refused or because all or any portion of his/her temporary privileges are terminated or suspended **unless it is reported under California Business and Professions Code Section 805.**



### **7.3 AUTOMATIC ADMINISTRATIVE SUSPENSION**

**Automatic administrative suspension is defined as badge deactivation and loss of the hospital's information management system access. Practitioners automatically suspended will cease to function in any leadership position. There will be no procedural rights unless it is reported under California Business and Professions Code Section 805.**

#### 7.3-1 LICENSE

(a) Revocation: Whenever a practitioner's license authorizing him/her to practice in this State is revoked, his/her Medical Staff membership, prerogatives, and clinical privileges shall be immediately and automatically terminated. Such practitioners shall not be entitled to the procedural rights afforded by Article 8.

(b) Expiration: If a practitioner's license expires, then his/her clinical privileges shall be suspended for up to 60 days, pending notification of reinstated license. If reinstatement is not received in 60 days, practitioner's membership, prerogatives, and clinical privileges shall be terminated. Such practitioners shall not be entitled to the procedural right afforded by Article 8.

(c) Restriction: Whenever a practitioner's license authorizing him/her to practice in this state is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted rights to perform that are within the scope of said limitation or restriction shall be immediately and automatically terminated.

(d) Suspension: Whenever a practitioner's license authorizing him/her to practice in this state is suspended, his/her staff membership and clinical privileges shall be automatically suspended effective upon, and for at least the term of, the suspension.

(e) Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her application membership status, prerogatives, privileges and responsibilities, if any, shall automatically become subject to the terms of the probation effective upon, and for at least the term of, the probation.

#### 7.3-2 DRUG ENFORCEMENT ADMINISTRATION

(a) Revocation or Expiration: Whenever a practitioner's DEA certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate. See Rules & Regs "O" for information regarding a DEC Certification Waiver.

(b) Suspension: Whenever a practitioner's DEA certificate is suspended, he/she shall be divested, at a minimum; of his/her right to prescribe medications covered by the certificate effective upon, and for at least the term of, the suspension.

(c) Probation: Whenever a practitioner's DEA certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon, and for at least the term of, the probation.

#### 7.3-3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A practitioner who fails, without good cause to appear and satisfy the requirements of Section 12.7-1, shall automatically be suspended from exercising all, or such portion of his/her clinical privileges as may be suspended, in accordance with the provisions of said Section 12.7-1.

#### 7.3-4 EXECUTIVE COMMITTEE DELIBERATIONS ON MATTERS INVOLVING LICENSE, DRUG ENFORCEMENT ADMINISTRATION, FAILURE TO SATISFY SPECIAL APPEARANCE, AND RELEASE OF CONFIDENTIAL INFORMATION

As soon as practicable after action is taken as described in Section 7.3-2, Paragraphs (b) or (c), or in Sections 7.3-3, 7.3-4, the Medical Staff Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Medical Staff Executive Committee may then recommend such further corrective action as may be appropriate based upon information disclosed or otherwise made available to it, and/or it may direct that an investigation be undertaken pursuant to Section 7.1-3. The procedure to be followed shall be as provided in Sections 7.1-3. The procedure to be followed shall be provided in Sections 7.1-4 through 7.1-7, as applicable. If the Medical Staff Executive Committee directs a further investigation.

#### 7.3-5 PROCEDURAL RIGHTS – MEDICAL RECORDS

Whenever the Medical Staff Executive Committee has determined that suspensions or deemed resignations for failure to complete medical records were in circumstances where such failure affected or could reasonably affect patient care, a report shall be filed with the Medical Board of California as required under California Business and Professions Code Section 805 and the affected practitioner **may** be entitled to the procedural rights set forth in Article 8. In the absence of such a report, a practitioner is not entitled to the procedure rights of the Article 8.

#### 7.3-6 MALPRACTICE INSURANCE

For failure to maintain the amount of professional liability insurance, a practitioner's membership and clinical privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the practitioner provides evidence to the Medical Staff Executive Committee that he/she has secured professional liability coverage. A failure to provide such evidence within sixty (60) days after the date of the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

### 7.3.7 MEDICARE/MEDICAID EXCLUSION

A practitioner who is the subject of a final administrative decision excluding his/her participation in Medicare, Medical, or any similar governmental program is deemed to have resigned from the Medical Staff and is not eligible to apply/reapply until all such sanctions have been lifted.

### 7.3-8 FAILURE TO PAY DUES

For failure to pay dues, if any, as required under Section 14.3, a practitioner's Medical Staff membership and clinical privileges shall be automatically suspended **after sixty (60) days from the date the dues invoice notification was sent** and shall remain so suspended until the practitioner pays the delinquent dues. A failure to pay such dues within sixty (60) days after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

### 7.3-9 PROCEDURAL RIGHTS – MEDICAL RECORDS, MALPRACTICE INSURANCE, AND FAILURE TO PAY DUES

Practitioners whose clinical privileges are automatically suspended and/or who have resigned their Medical Staff membership pursuant to the provisions of 7.3-5 (failure to complete medical records), 7.3.-6 (failure to maintain malpractice insurance), or 7.3-8 (failure to pay dues) shall not be entitled to the procedural rights set forth in Article 8.

### 7.3-10 FAILURE TO COMPLY WITH THE REQUIREMENTS OF A MEDICAL STAFF POLICY

Whenever a practitioner fails to comply with all the requirements of a Medical Staff policy (e.g. medical record/HIPPA training, vaccination or required testing/screening, etc.), the practitioner's privileges may be suspended by action of the Medical Staff Executive Committee or its designee. The practitioner shall be given notice of the failure to comply with the applicable policy and be given a period of thirty (30) days to achieve compliance. Absent compliance, the practitioner's privileges will be suspended after the thirty (30) day notice period has run. Compliance must be completed within ninety (90) days of suspension initiation or the practitioner is deemed to have resigned from the Medical Staff.

### 7.3.-11 NOTICE OF AUTOMATIC SUSPENSION; TRANSFER OF PATIENTS

Whenever a practitioner's privileges are automatically suspended in whole or in part, notice of such suspension shall be given to the practitioner, the Medical Staff Executive Committee, the Administrator/Chief Executive Officer, pertinent hospital staff/departments, and the Board of Directors. Giving of such notice shall not, however, be required in order for the automatic suspension to become effective. In the event of any suspension, the practitioner is terminated by the automatic suspension, his/her patient(s) shall be assigned to another practitioner by the department Chair or Chief of Staff. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

#### **7.4 DEEMED AUTOMATIC RESIGNATION (NEW SECTION)**

Deemed automatic resignation under section 7.4 terminates medical staff membership. A practitioner must re-apply for reinstatement. Medicine Executive Committee to be notified.

##### **7.4-1 FAILURE TO SUBMIT REAPPOINTMENT APPLICATION**

##### **7.4-2 FAILURE TO PAY MEDICAL STAFF DUES**

A failure to pay Medical Staff such dues within sixty (60) days after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

##### **7.4-3 FAILURE TO COMPLETE MEDICAL RECORDS 15 DAYS AFTER AUTOMATIC SUSPENSION**

##### **7.4-4 MALPRACTICE INSURANCE**

A failure to provide such evidence within sixty (60) days after the date of the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership.

##### **7.4-5 PROCEDURAL RIGHTS – MEDICAL RECORDS, MALPRACTICE INSURANCE, AND FAILURE TO PAY DUES**

Practitioners whose clinical privileges are automatically suspended and/or who are deemed to have resigned their Medical Staff membership pursuant under section 7.4 shall not be entitled to the procedural rights set forth in Article 8.

## **12.7 ATTENDANCE REQUIREMENTS**

Members of the Medical Staff are encouraged to attend meetings of the Medical Staff. Meeting attendance may be used ~~by the Executive Committee in evaluating Medical Staff members at the time of reappointment~~ **to evaluate reappointment to committees, nomination for elected positions and stipend payments.**

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

**To:** El Camino Hospital Board of Directors  
**From:** Ben King, CEO  
**Date:** February 10, 2021  
**Subject:** Major Capital Projects in Process

**Purpose:** To keep the Finance Committee informed on the progress of major capital projects in process.

**Summary:**

1. **Situation/Status**

**Taube Pavilion** Major O&M The Life Safety improvements have been completed and the final inspections by OSPH and CPH are expected to be completed by February 1, 2021. The final floor rooms will be put into service the day CPH signs off. The close out of the construction contract is pending final lien releases from all suppliers and subcontractors. The projected final cost remains \$92,000 over the project budget.

**Sobrato Pavilion** Major O&M This project is 99.9% complete with only the finishing touches to be completed. The close out of the construction contract is pending lien releases from all suppliers and subcontractors. The projected final cost remains \$8,000 below the project budget.

**Women's Hospital:** The plans and specifications for the project have been approved and the final funding request is agenda'd for Finance Committee Recommendation for approval on January 20, 2021. Pending Hospital and District Board approval on February 10, 2021 the construction contract will be executed and construction preparation will begin immediately. The target start date for construction activity within the building is on or about April 1, 2021.

**M.V. Campus Completion Project** Phases 1 and 2 which includes the demolition of the old main hospital has received OSHP plan approval. We have delayed the start of this project until the early spring of 2021. In addition to slowing spend of capital dollars this will allow more time to explore and consider the Phase 3 development options which are still under consideration. *NO CHANGE FROM PREVIOUS REPORT.*

**Radiation Oncology Equipment Replacement Project:** The HDR brachytherapy unit is the first of three new pieces of equipment has been installed and is in operation. The room that previously housed the Cyber knife equipment has is nearly ready for the new Linear Accelerator to begin installation the first week of February. The project is currently on schedule and there are no significant issues or concerns. To date \$9.9 million of the \$10.3 million budget has been committed.

**Interventional Equipment Replacement Project:** The plans continue working their way through the OSHP plan review process and we adjusted the timing for the final funding request to the Finance Committee to be in March 2021 and to the Board in April 2021.

**Imaging Equipment Replacement Project:** The OSHP plan review process for the Interventional Project has informed us of issues that we are now applying to the Imaging Equipment Replacement Project. Primarily the realization that the anchorage and power supply of all the new equipment impacts the floor load to a greater extent than first contemplated. Additionally we have learned that there are several rooms that will not be required to meet all aspects of the current building code due to the nature of the specific equipment replacement plan. All of this has pushed the projected OSHP submission date to late March.

Major Capital Projects in Process

February 10, 2021

- Authority: This memo is to keep the Finance Committee and the Hospital Board informed of the progress towards completion of the major development projects within the Mountain View Camps Development Plan.
- Background: The Board of Directors approved the Mountain View Camps Development Projects which consist of the following:

Step 1

Status

North Parking Garage Expansion -  
Behavioral Health Services Building -  
Integrated Medical Office Building -  
Central Plant Upgrades -

Complete  
Substantially Complete – Occupied  
Substantially Complete – Occupied  
Complete

Step 2

Women's Hospital Expansion -  
Remolition of Old Main Hospital -

Final Pending Re-test  
On Hold - Phases 1 & 2

Assessment: N/A

Other Reviews: The Finance Committee reviewed this update at its January 20, 2021 meeting.

Outcomes: As stated in the status updates.

## Finance Committee Approvals Report to the Board – February 10, 2021

**In accordance with the Signature Authority Policy and the Finance Committee Charter, the Finance Committee approved the following capital expenditures at its January 25, 2021 meeting:**

<b>Project</b>	<b>Campus</b>	<b>Not to Exceed Amount</b>	<b>Description of Project and Statement of Need</b>
Purchase of Real Property at 401 Dardanelli Lane, Los Gatos, CA (APN 406-27-002)	Los Gatos	\$1.875 Million	Purchase of residential real property adjacent to ECH's Los Gatos Hospital to use as a recruitment incentive for key staff from outside the immediate geographic area.
Cardiopulmonary Wellness Center (CPWC) Relocation	Mountain View	\$5 Million	The current CPWC, located in the Old Main Hospital, must be relocated in order to allow demolition of the Old Main Hospital. The Mountain View Campus Development Plan (Board Approved in August 2014) proposed relocation of the CPWC to the 2 <sup>nd</sup> Floor of the Willow Pavilion. After careful planning and reconsideration six years later, management recommended and the Finance Committee approved permanently relocating the CPWC to the new Sobrato Pavilion.

**In accordance with the Corporate Compliance: Physician Financial Arrangements Policy, the Finance Committee approved the following agreements at its January 25, 2021 meeting:**

<b>Clinical Area</b>	<b>Campus</b>	<b>Agreement Type</b>	<b>Hourly or Per Diem Rate</b>	<b>Hours</b>	<b>Not-to-Exceed</b>	<b>FMV Assessment</b>	<b>Statement of Need</b>
Hospitalist	Los Gatos	Professional Services Agreement	\$1,700/day	365 Days/Annually	\$620,500	Between the 25 <sup>th</sup> and 50 <sup>th</sup> percentile	Coverage to unassigned patients onsite during the day and on-call coverage in the evenings to unassigned patients who present at the Los Gatos campus.
Interventional Radiology ED & Inpatient	Los Gatos	On-Call Panel	\$1000/day	365 Days/Annually	NTE \$365,000 annually:	75 <sup>th</sup> percentile	Interventional radiology on-call coverage services for ED and inpatients at the Los Gatos campus.



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

**To:** El Camino Hospital Board of Directors  
**From:** Ben King, CEO  
**Date:** February 10, 2021  
**Subject:** Capital Facilities Project – Women’s Hospital Expansion Funding Request

**Recommendation:** To approve the Women’s Hospital Expansion Project at a cost not to exceed \$149 million and to authorize Ben King, CEO to execute the construction contracts and other agreements required to successfully complete the project.

**Summary:** The Expansion of the Women’s Hospital was one of the key drivers for the development of the Sorato Pavilion which allowed for the relocation of physician offices and freed up the 2<sup>nd</sup> and 3<sup>rd</sup> floors for expansion of the Mother/Baby Health Services. This project is an element of the Maintain and Improve Development Master Plan that was approved in August 2018.

- Situation:** The space requirements for an Obstetric/Labor and Delivery/Postpartum with day rooming in and the NICU require that additional area be allocated to the Mother/Baby Health Services. The 2<sup>nd</sup> and 3<sup>rd</sup> floors have been vacated specifically for that purpose. Additionally, the standard of care requires that all postpartum rooms be of sufficient size and be in a private room configuration. The chart below indicates the existing and future capacities and area:

	Existing	Future	Increase
<b>Licensed Beds</b>			
Post Partum	44	52	8
NICU	20	24	4
Anti-Partum / LDRP	0	5	5
<b>Total</b>	64	81	17
<b>Un-Licensed Beds</b>			
LDR's	12	15	3
<b>Total All Beds</b>	76	96	20
			20,000
<b>Total SF Utilized</b>	50,000	70,000	20,000
<b>SF per Bed</b>	745	1000	255
			20,000

The following lists the major elements of the construction to take place:

- Demolition of medical office improvements on the 2<sup>nd</sup> & 3<sup>rd</sup> floor
- 2<sup>nd</sup> floor improvements for 20 NICU beds in private rooms
- 3<sup>rd</sup> floor improvements for 20 Post-Partum rooms from Baby beds in private rooms

Women's Hospital Expansion Funding Request  
 February 10, 2021

- d. Conversion of the existing office space on 1<sup>st</sup> floor South into Anti-Partum additional LDR's, OB ED and Recovery Beds and cosmetic upgrades to 12 existing LDR's.
- e. Conversion of existing rooms in 1000 on 1<sup>st</sup> floor North into larger private rooms and cosmetic upgrades.
- f. New Entry Canopy and Entry vestibule/Expanded Lobby with Cafeteria and Gift Shop
- g. Infrastructure upgrades including replacement exterior windows, new HVAC AHU's, electrical equipment and distribution upgrades/elevator modernizations/communications systems replacements/fire alarm system upgrades and new waste water storage tanks.

2. **Authority:** Capital Project expenditures exceeding \$10 million require the Finance Committee to recommend Board approval.

3. **Background:** The development of this project began in the summer of 2018. H&R Architecture was selected to provide architectural services and Greec Construction was selected as the CM/GC to provide preconstruction planning services and construction of the project. Midway through the plan development process it was determined for multiple reasons that relocating the office to the 2<sup>nd</sup> floor instead of the 1<sup>st</sup> floor North was most beneficial. This change reduced the amount of construction below the 2<sup>nd</sup> floor and preserved major elements of the existing 1<sup>st</sup> floor North which reduced the overall cost and duration of construction.

The project plans that include multiple phases of construction activity have been approved by OSHPD. All of the trade contractor proposals have been bid and a G&P Proposal from Greec Construction is in hand. To date the Board has authorized \$10 million for the development of the project. The El Camino Healthcare District Board has designated \$30.3 million in capital allocation funds for this project.

4. **Assessment:** We aspire to provide the best care for women and newborns in our region. Our maternal child health services enjoy a great reputation in our community which has resulted in increasing provider migration to our facility. Our current facility is not adequate for the complexity of care we provide. It does not meet patient needs or expectations and it lacks capacity for the expected volumes of new patients.

The cost of the project breaks down as follows:

Construction	112,500,000
Soft Costs: Design, PM, Permit Fees, Inspections, Misc.	21,52,441
Net New Furniture, Fixtures & Equipment	4,400,000
Contingency of 10%	8,433,140
<b>Total Project Budget</b>	<b>146,855,581</b>
<b>Rounded</b>	<b>147,000,000</b>

5. **Other Reviews:** The financial review of the project stated a net present value of \$8 million in contribution margin with a 5-year payback not including potential philanthropic support. Additionally, the CH Service Line recently reviewed the strategy and growth initiatives with the members of the Finance Committee. The Finance Committee reviewed and recommended this proposal for approval at its January 20, 2021 meeting.

## Women's Hospital Expansion Funding Request

February 10, 2021

- Outcomes:** The three major phases of construction are targeted to be completed in 38 months. Contingencies are included in the project budget in the event delays beyond our control occur. The start date of construction is April 1, 2021 with a target completion date of July 1, 2023.

### **List of Attachments:**

- Power Point Presentation

### **Suggested Board Discussion Questions:**

- How will the construction activity affect the existing operations?



## Women's Hospital Expansion and Remodel Project

Board of Directors, February 11, 2020

*Ken King, Chief Administrative Officer*

*Jim Griffith, Chief Operating officer*

*Carlos Bohorquez, Chief Financial Officer*

# Women and Newborns Health Center in Mountain View: Mission, Strategy, Design

- **MC Mission:** Provide the highest quality, most personalized holistic care for women, children and families in our community
- **MC Strategy:** Ensure highly personalized, superior quality care for every step of the patient journey.
- **Women's Hospital Design:** A welcoming environment that promotes healing and wellness for women, newborns, and their families



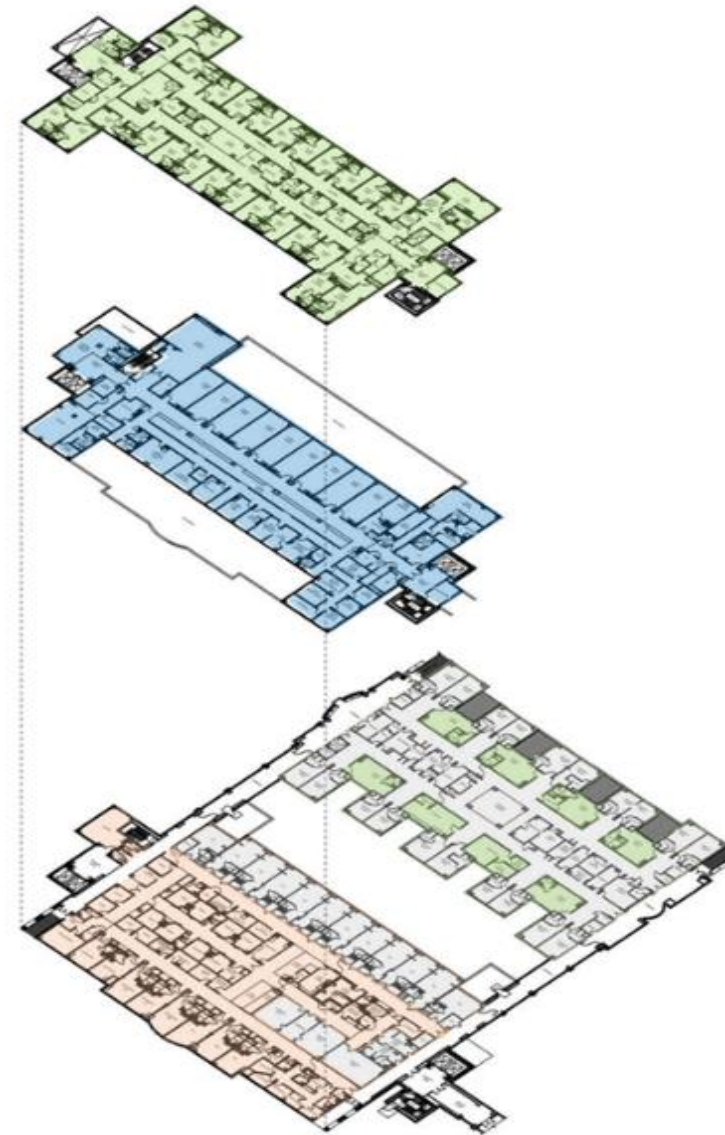
# Expansion Plan

□ 38 month phased plan

Phase/Item
<b>Phase 1A</b>
Garage and Elevator
<b>Phase 1B</b>
New lobby
Level 2 renovation: NICU
Level 3 Renovation: MBU
<b>Phase 2</b>
Antepartum
Refresh LDR rooms
<b>Phase 3</b>
Staged renovation MBU Level 1
Refresh remaining LDR rooms

## REVISED PLAN

- LABOR AND DELIVERY
- NICU
- POSTPARTUM
- EXISTING TO REMAIN



### 3<sup>rd</sup> FLOOR

POSTPARTUM

- PATIENT ROOM : 26

### 2<sup>nd</sup> FLOOR

NICU

- PATIENT ROOM : 20  
(24 BEDS)

### FIRST FLOOR

POSTPARTUM

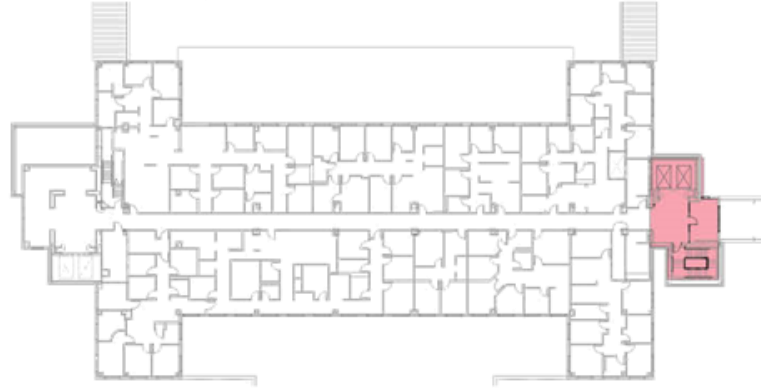
- PATIENT ROOM : 26
- LABOR AND DELIVERY
- L & D ROOM : 15
- ANTEPARTUM ROOM : 5
- C-SECTION : 3
- RECOVERY : 4
- OB-ED / TRIAGE : 4

# Summary of Remodel and Expansion Capacity Improvements

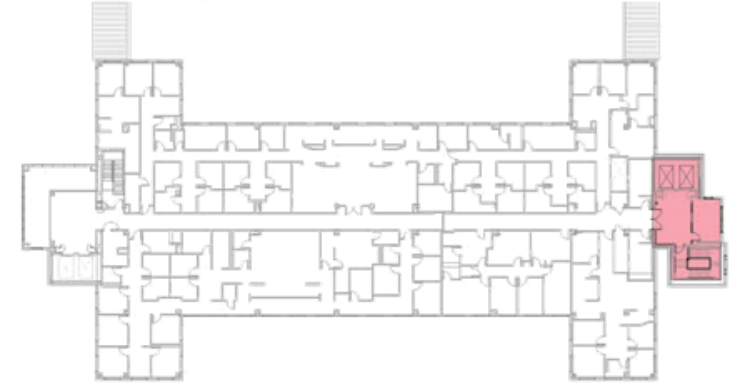
Unit/Area	Licensed Bed Count			Patient Room Count			Square Footage per Bed Area			Notes
	Existing	Future	% Change	Existing	Future	% Change	Existing	Future	% Change	
NICU	20	24	<b>20%</b>	5	20	300%	84	148	76%	19 private rooms, 1 5-bed pod. Includes family spaces
Post-partum (Mother-Baby Unit)	44	52	18%	36	52	<b>44%</b>	125	165	32%	MBU uses semi-private rooms as private rooms (8), so is using 36 beds. Also have periodic use of 8 bed flex unit 3CW (current COVID unit)
Labor and Delivery LDR	12	15	25%	12	15	25%	240	255	6%	Antepartum beds can also flex to LDRP beds
Ante-partum	0	5	New	0	5	New	0	220	New	Antepartum patients are currently housed in L&D or MBU, depending on acuity
Lobby										Includes café. Women's Hospital locked to main hospital making access to food for guests problematic

# Phase 1A

LEVEL 2



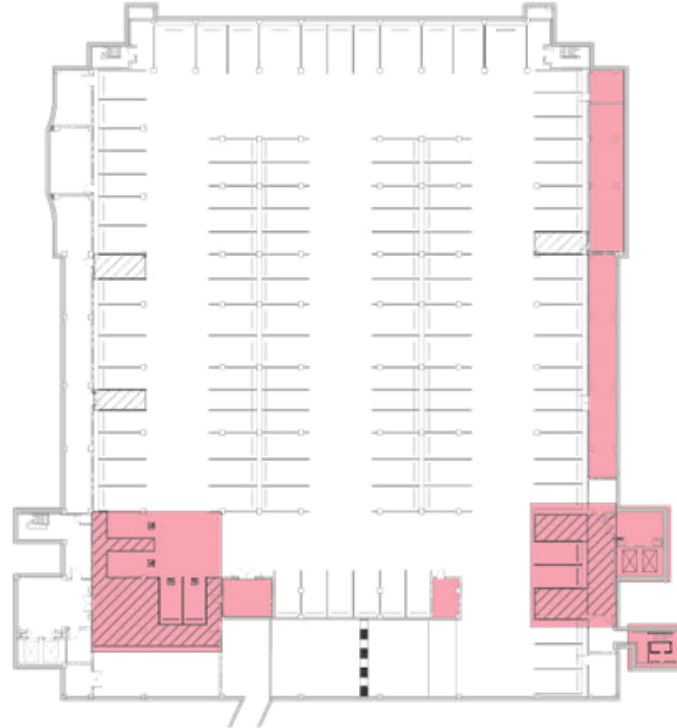
LEVEL 3



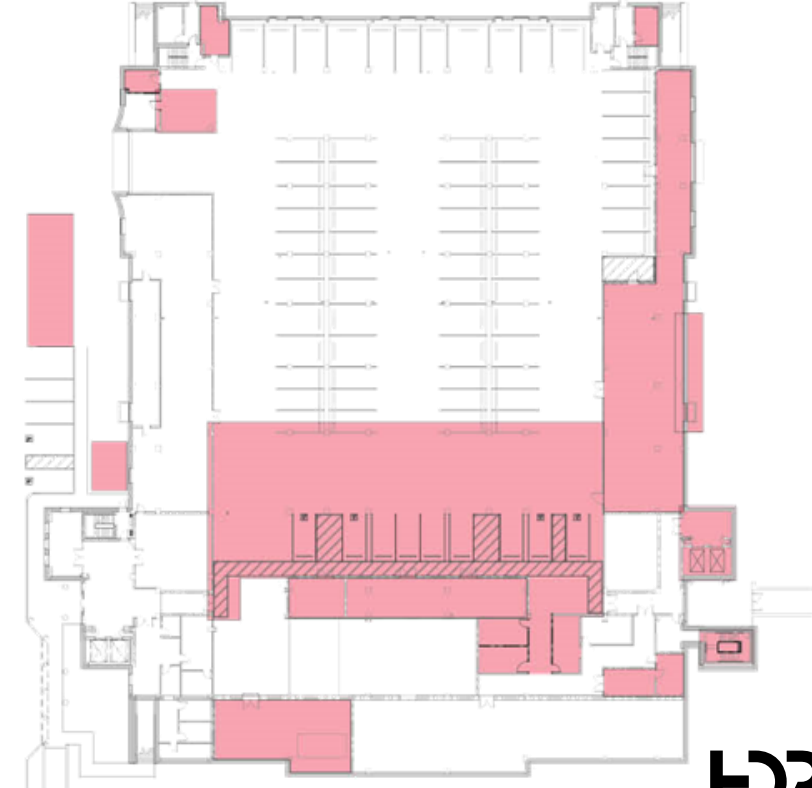
LEVEL 1



LOWER LEVEL



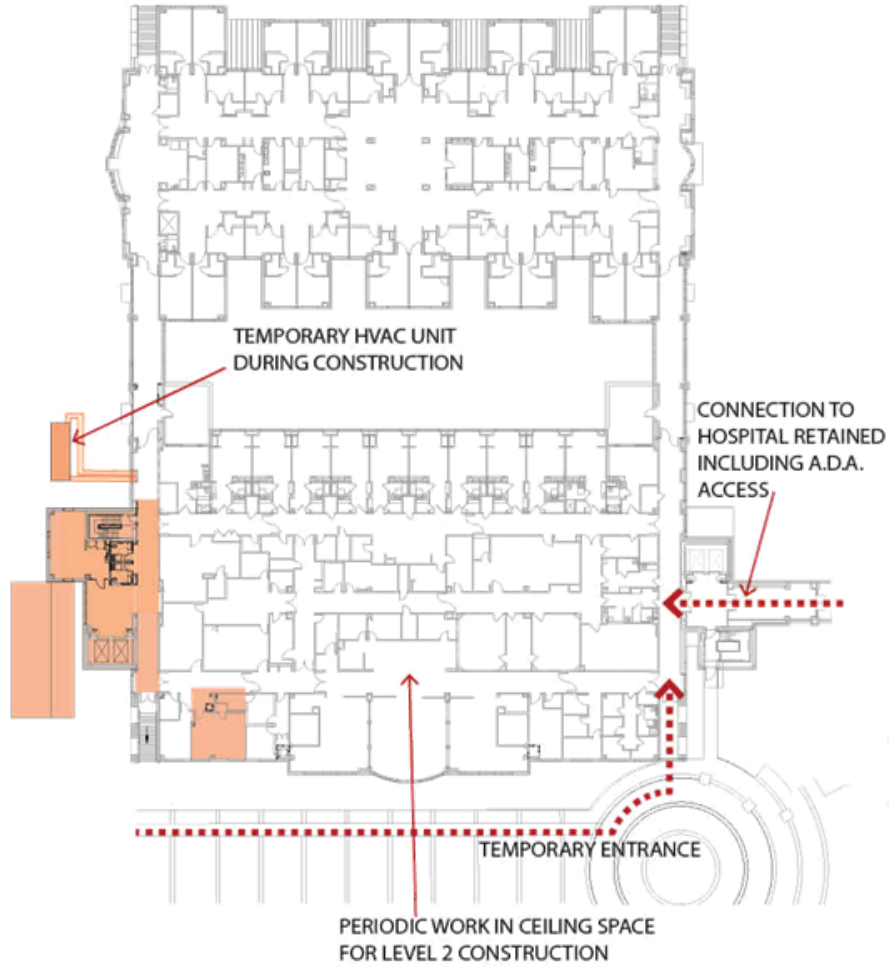
GROUND LEVEL



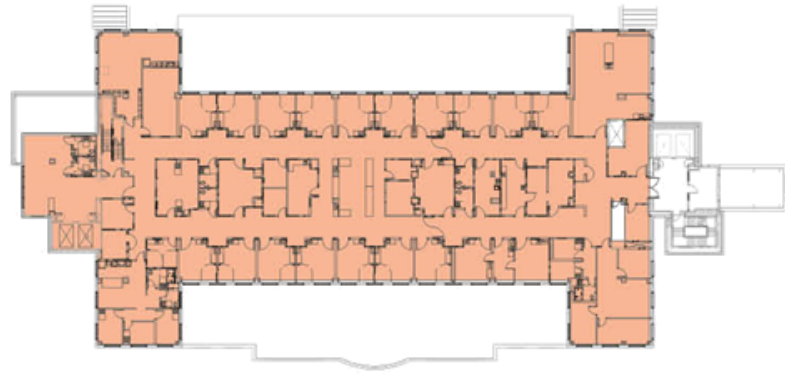


# Phase 1B

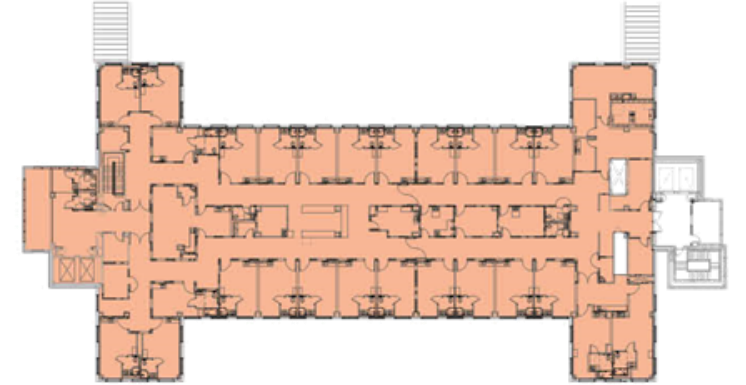
## LEVEL 1



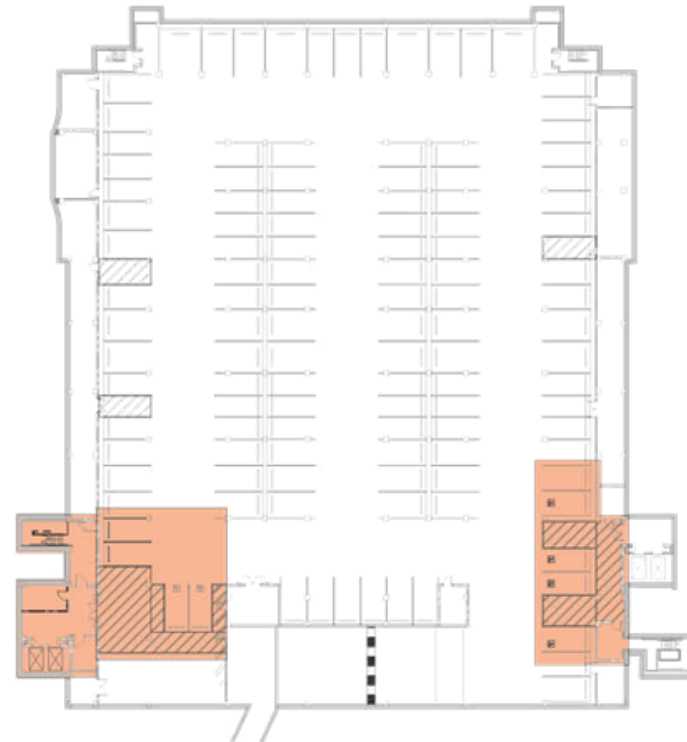
## LEVEL 2



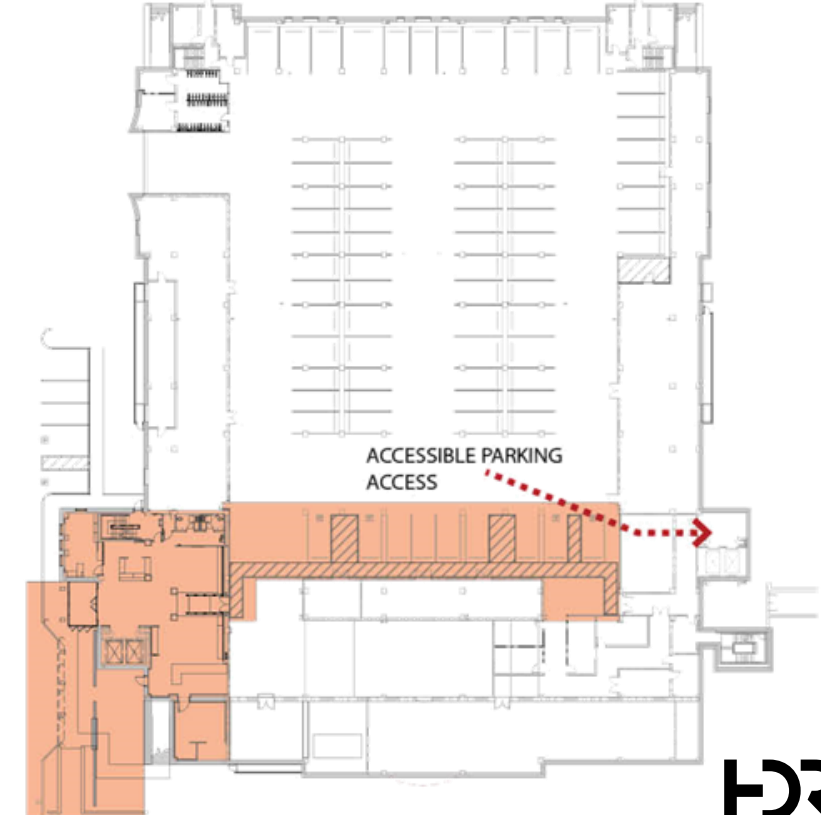
## LEVEL 3



## LOWER LEVEL



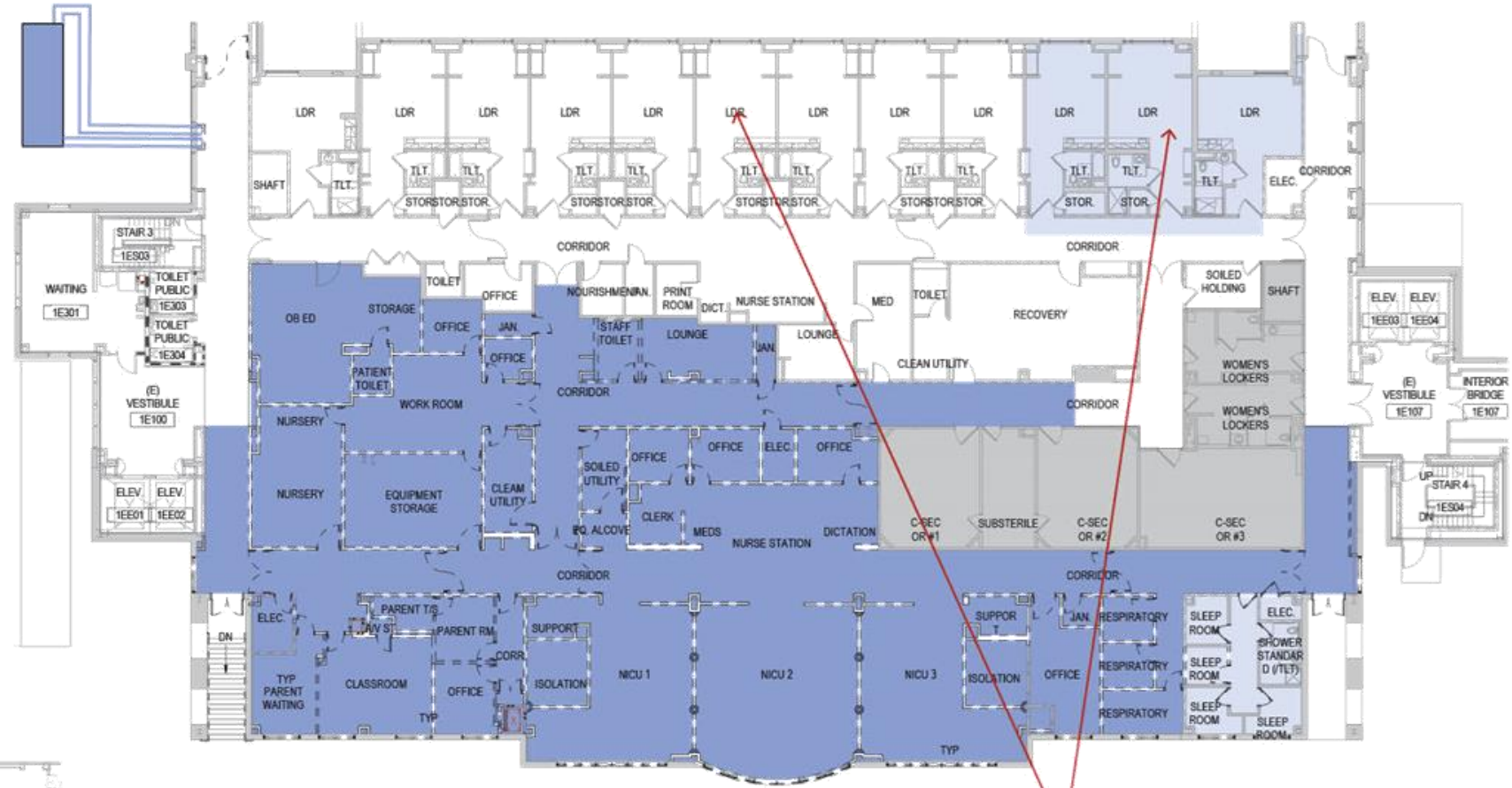
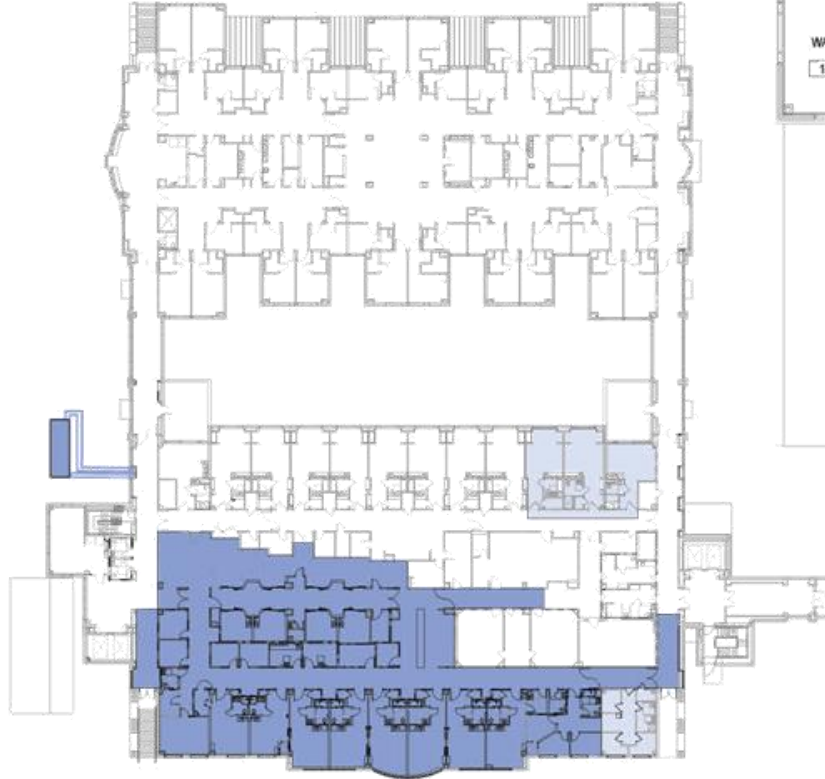
## GROUND LEVEL



# Phase 2

## LEVEL 1-SOUTH - PHASE 2 DEMO/RENOVATION DETAIL

LEVEL 1 (at end of phase)



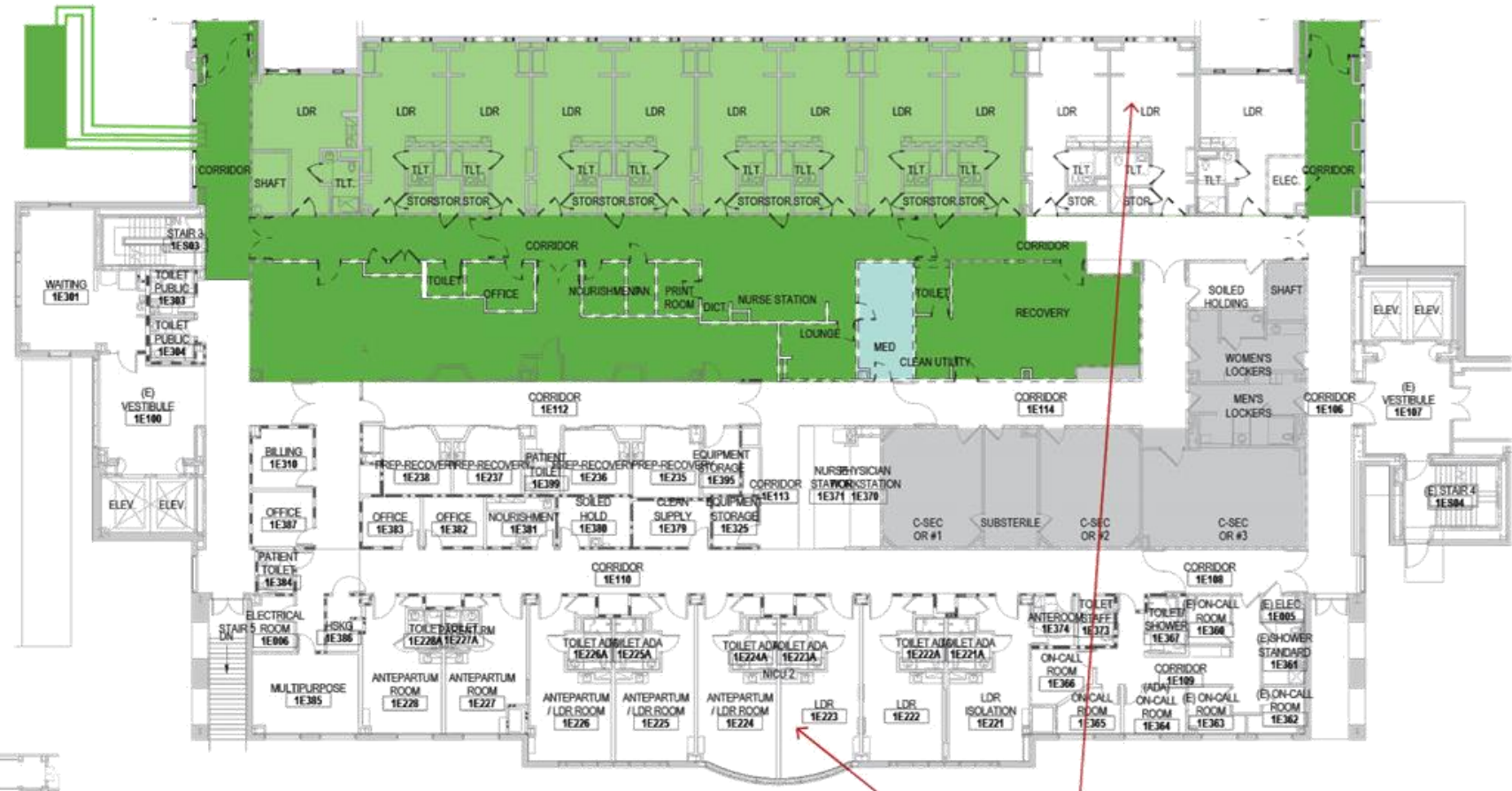
9 LDR ROOMS REMAIN OPERATIONAL DURING THIS PHASE; 3 ARE REFRESHED






- AREA OF PARTIAL PHASING CONSTRUCTION
- AREA OF COSMETIC MODIFICATION ONLY
- AREA IN USE (FOR FUTURE PHASE)
- AREA IN USE (EXISTING TO REMAIN-AVAILABLE THROUGHOUT RENOVATION PROJECT)

# Phase 3

## LEVEL 1-SOUTH - PHASE 3 DEMO/RENOVATION DETAIL

### LEVEL 1 (final state)



-  AREA OF PARTIAL PHASING CONSTRUCTION (PHASE 3A)
-  AREA OF PARTIAL PHASING CONSTRUCTION (PHASE 3B)
-  AREA OF COSMETIC MODIFICATION ONLY
-  AREA COMPLETE FROM PRIOR PHASE
-  PROJECT IN USE (EXISTING TO REMAIN-AVAILABLE THROUGHOUT RENOVATION PROJECT)

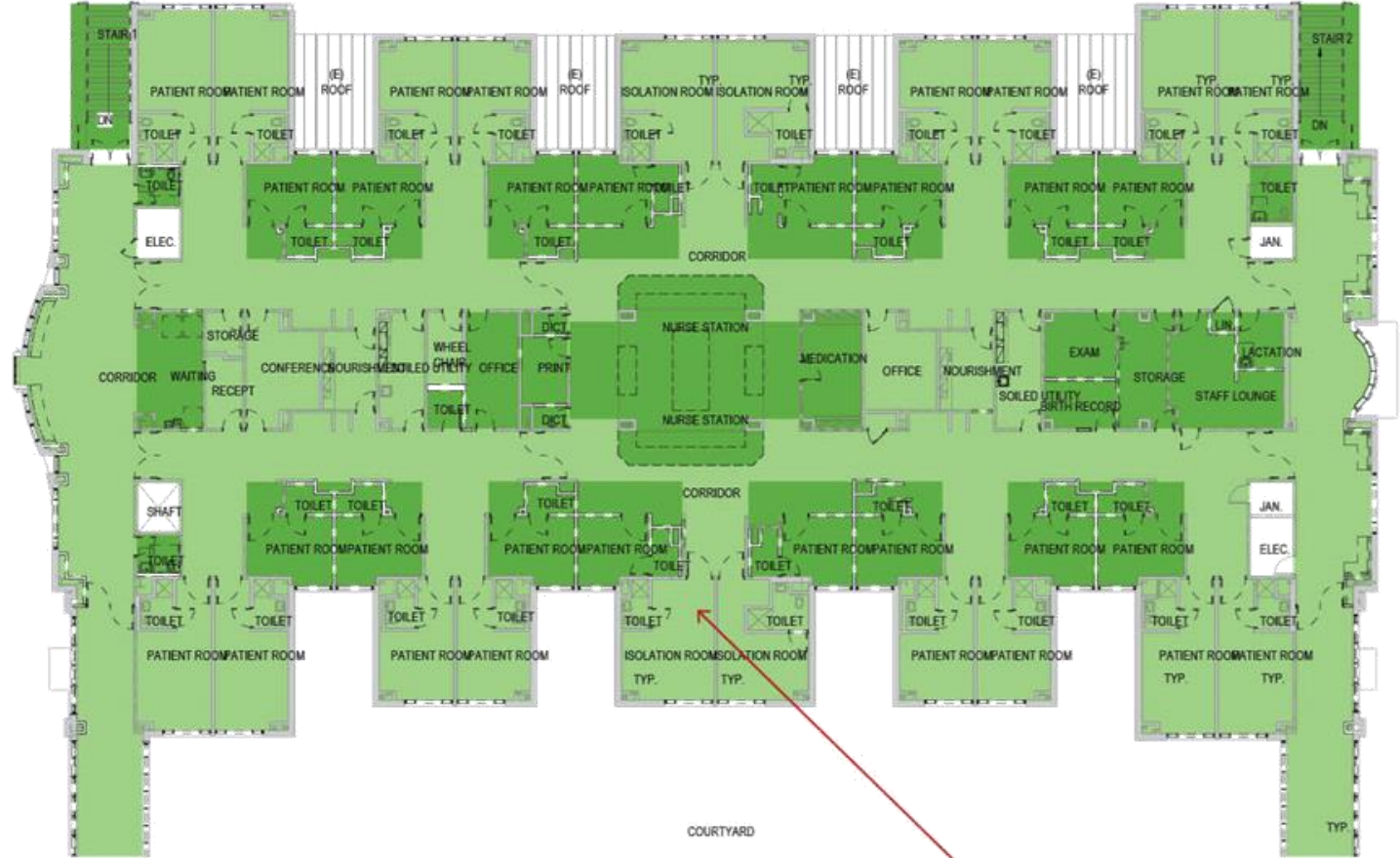
9 LDR ROOMS - INCLUDING THE 3 REFRESHED ROOMS - ARE OPERATIONAL AT ALL TIMES DURING THIS PHASE

# Phase 3

## LEVEL 1-NORTH - PHASE 3 DEMO/RENOVATION DETAIL

5.

### LEVEL 1 (final state)



- AREA OF PARTIAL PHASING CONSTRUCTION (PHASE 3A)
- AREA OF PARTIAL PHASING CONSTRUCTION (PHASE 3B)
- AREA OF COSMETIC MODIFICATION ONLY
- AREA COMPLETE FROM PRIOR PHASE
- PROJECT IN USE (EXISTING TO REMAIN-AVAILABLE THROUGHOUT RENOVATION PROJECT)

10 MOTHER-BABY ROOMS WILL TEMPORARILY RELOCATE TO VACANT EXISTING HOSPITAL ROOMS DURING THIS PHASE, AS THE 1-NORTH FLOOR WILL BE SHUT DURING RENOVATION, FOR A TOTAL OF 34 BEDS AT ALL TIMES.



# Capital Investment

## Total capital investment:

- Mother / Baby expansion project: \$112.2M included in the financial model
- Building infrastructure needs: \$3.8M
- Construction Elements Include:
  - Demolition of medical office improvements on the 2<sup>nd</sup> & 3<sup>rd</sup> Floor
  - 2<sup>nd</sup> Floor Improvements for 24 NICU Beds, 1 in private rooms
  - 3<sup>rd</sup> Floor Improvements for 2 Postpartum, Mom & Baby Beds in private rooms
  - Conversion of the existing NICU space on 1<sup>st</sup> Floor South into Antipartum, Additional LDR's, OB ED and Recovery Beds and cosmetic upgrades to 12 existing LDR's.
  - Conversion of existing rooms in MBU on 1<sup>st</sup> Floor North into larger private rooms & cosmetic upgrades.
  - New Entry Canopy & Entry vestibule, Expanded Lobby with Cafeteria and Gift Shop
  - Infrastructure upgrades including replacement exterior windows, new HVAC AHU's, electrical equipment and distribution upgrades, elevator modernizations, communications systems replacements, fire alarm system upgrades and new waste water storage tanks.

## Mother/Baby Health Expansion

aka Women's Hospital

### Total Project Cost Estimate

Construction Cost GMP Proposal	112,500,000
Total Soft Costs	21,652,441
Total FF&E Costs	6,400,000
Contingency 6%	8,433,146
<b>Total Project Cost Estimate</b>	<b>148,985,587</b>
<b>Rounded</b>	<b>149,000,000</b>

### Project Elements (Cost Drivers)

MCH Expansion Scope of Work	102,661,623
Amenities Scope of Work	9,505,706
Building Infrastructure Scope of Work	36,818,259
<b>Total Project Cost Estimate</b>	<b>148,985,587</b>

## Request

- The Finance Committee recommends that the Board of Directors approve the Women's Hospital Expansion Project at a cost not to exceed \$149 million and authorize Dan Woods, CEO to execute the construction contracts and other agreements required to successfully complete the project.

Questions?

**OPEN SESSION CEO Report  
February 10, 2021  
Dan Woods, CEO**

**Quality and Safety**

The hospitals in Santa Clara County continue to remain in close communication and collaboration to manage hospitalized patient volumes from the post-holiday surge of COVID-19.

During the recent patient surge, we implemented our surge plan and expanded our ability to deliver ICU-level care to a significantly higher volume of patients. The implementation of this plan caused ECH to reduce the number of elective surgeries and procedures. In the coming month, we will begin ramping back up to normal operations.

We continue to make every effort to provide a safe environment for patients, staff and visitors, including the establishment of a separate waiting area for our emergency patients with non-COVID and non-respiratory symptoms. Additionally, we perform a COVID test on all patients admitted to the hospital. In the near future, we hope to further relax the No Visitor policy currently in place. For our healthcare workers we offered COVID-19 vaccines to all El Camino Hospital employees and physicians; 84% of employees received the vaccination.

**Operations**

During the month of January 2021, the American Nurses Credentialing Center (ANCC) awarded ECH with its fourth Magnet Designation. This reflects a tremendous amount of work by Cheryl Reinking, RN, CNO and her team as well as the excellence of nursing practice at El Camino Health.

On December 14, 2020, Santa Clara County Supervisor Joe Simitian presented El Camino Hospital with a Certificate and Medal of Commendation for exemplary service to the District 5 community during the COVID-19 pandemic.

**Information Services**

We implemented two medical device improvements to support our Zero Harm initiative. Our new T-Pump devices provide warming and cooling therapy for chronic pain patients with precise temperature controls to provide relief and comfort and a new interface improves reliability for monitoring certain medical devices by alerting the clinical engineering team of issues before patient care is impacted.

MyChart Bedside is available on patient care units within the MV Campus with a new feature underway for accessing via mobile phone devices in addition to iPads. MyChart





adoption continues to rise with a targeted effort to increase patient adoption and 58.1% of El Camino Health Medical Network (ECHMN) patients are now enrolled.

### **Community COVID-19 Testing and Vaccinations**

ECH continues to provide testing through the El Camino Healthcare District Community COVID-19 Testing Program. Our team has now administered over 20,000 tests throughout the District, including at our Mountain View campus, public school sites and downtown retail locations. Students, in addition to school employees, are offered testing at public school sites where requested. In addition to supporting the District Program, ECH began administering a no-cost testing program at sites in the Los Gatos area on November 5, 2020. Electronic same-day test scheduling and notification of results via MyChart has improved the COVID-19 testing experience for patients.

On December 29, 2020, the District Board reallocated \$1,000,000 from the Testing Program to include funding for COVID-19 vaccinations. On January 19, 2021, we opened our first community vaccination site at the ECHMN clinic on N. 1<sup>st</sup> Street in San Jose. Through February 5, 2021, we vaccinated or scheduled for vaccination 2,843 community members (healthcare workers and individuals 65 years of age and older). District funds will only be used for vaccination services at the 1<sup>st</sup> Street site if insurance is unavailable and the individual lives, works or goes to school in the District. We will continue to offer vaccinations as the County allocates supply to us. Although the State's process for future vaccine allocation is uncertain, we are also developing plans to open a mass vaccination center within the geographic boundaries of the District.

### **Corporate and Community Health Services**

CONCERN started 26 new accounts in January covering 24,368 employees. 2,000 participants attended CONCERN webinars in the last quarter including "Managing Emotions during Turbulent Times," "Strategies for a Safe and Enjoyable Holiday Season" and "The Road to Balance." Community Benefit staff launched the FY22 grant cycle in December 2020. Our outreach included publication in the Silicon Valley Council of Nonprofits' January 2021 newsletter, which is sent to 3,651 professionals at local nonprofits, safety-net clinics and public sector agencies.

The South Asian Heart Center started two new corporate AIM to Prevent programs, received 112 donations totaling \$115,000 and completed six virtual health education events for 116 community members. The Chinese Health Initiative collaborated with the Chinese American Coalition for Compassionate Care to conduct an "Introduction to Mindfulness" webinar with 147 attendees, hosted free three-week Qigong series to promote physical activity and mind-body alignment and held its annual volunteer appreciation event virtually.

## **Marketing and Communications**

El Camino Health participated with 127 health systems in a national MaskUp campaign, <https://www.everymaskup.com/>, that ran in November-December 2020 in national and regional print as well as ECH digital advertising and refreshed our Return to Health (recovery) brand advertising campaign.

In collaboration with Information Services and ECH's COVID-19 vaccination task force, we launched online appointment vaccine scheduling for Phases 1A and 1B and the COVID-19 resource center as a central hub of information covering vaccination info & scheduling, safe care practices, COVID-19 FAQs, testing locations and external resources. We also deployed a new address lookup tool on the El Camino Healthcare District website and posted ECHD's renewed Transparency Certificate of Excellence on the District website. In addition, the team developed and posted 9 new blog articles covering family health tips, balancing stress & diabetes, managing health & positivity, and healthy recipe.

## **Philanthropy**

The El Camino Health Foundation secured \$126,694 in period five and \$548,804 in period six of fiscal year 2021. This brings total FY21 fundraising to date to \$1,904,694, which is 23 percent of goal. A full report is attached.

## **Auxiliary**

The Auxiliary donated 1,567 volunteer hours for the month of November 2020 and 138 volunteer hours during December 2020. I look forward to the day we can fully welcome back all of our Auxilians and restore their important service to the organization.

**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  
Andre Cope, President, El Camino Health Foundation  
**Cc:** Lia Miller, El Camino Hospital Board of Directors Liaison  
**Date:** November 21, 2020  
**Subject:** Report on El Camino Health Foundation Activities 2021 Period

**Purpose:** For information.

**Summary:**

- Situation:** El Camino Health Foundation secured \$2,009,000 in period ending 8/31/2021 and \$880,000 in period ending 10/31/2021. This brings total 2021 fundraising to date to \$2,889,000 which is 23 percent of goal.
- Authority:** N/A
- Background:**

**Major & Planned Gifts**

In November and December 2020 the Foundation received \$3,000,000 including contributions to the South Asian Heart Center and Chinese Health Initiative challenges, 20,000 gifts to the Cardio-Oncology Center and Cancer Center following the foundation's November *Healthy Connections* presentation, Allied Professionals Seminar sponsorships and ticket sales, a \$10,000 gift to the OAS program from a new philanthropy council member, a \$10,000 unrestricted gift, and several bequests. This brings cumulative 2021 major and planned giving to \$3,992,000 which is 22 percent of goal.

**Annual Giving**

In November and December 2020 the Foundation raised \$1,092,000 in annual gifts from direct mail appeals, the 2021 Employee Giving Campaign, Circle of Caring grateful patient program, Hope to Health membership, South Asian Heart Center and Chinese Health Initiative challenge match gifts, online donations, and unsolicited gifts. This brings cumulative 2021 annual giving to date to \$1,903,000 which is 11 percent of goal.

**Special Events**

El Camino Heritage Golf Tournament was postponed until next year. The Foundation sent a 25<sup>th</sup> anniversary appeal message to golfers and tournament sponsors. We received \$10,000 in response. Proceeds are benefiting the patient family residence.

**Upcoming Events**

- *Norma's Literary Luncheon*, Thursday, February 11, 2021. The beneficiaries will be Lifestyle Medicine, South Asian Heart Center and Chinese Health Initiative. The featured author is Susan Orlean with a conversation moderated by Kelly Corrigan. Invitations were mailed in early January. Sponsorships and ticket sales will be reflected in upcoming fundraising reports. This will be a virtual event.

- *Allied Professionals Seminar* – Tuesday, February 9, 2020 featuring Eriq Rygh, a principal in the law firm of Adler & Colvin, who specializes in charitable gift planning, endowments, and nonprofit organizations. The event will be held virtually. Sponsorships and ticket sales are reflected in the major planned gifts section of the fundraising report.
- *Healthy Connections* – a series of three virtual events featuring El Camino Health leaders and healers to help keep donors connected to our hospitals and foundation. The second presentation, *Finding Balance During Difficult Times*, was held on January 20, 2021 and featured Scrivner Center Executive Director Michael Fitzgerald and Reverend John Harrison with a guided meditation exercise conducted by Bob Stahl, PhD. The final program, *Building for the Future*, will be held on March 31, 2021.
- *Taking Wings* – a gala benefit for the Women’s Hospital renovation, Saturday, May 1, 2021.

#### **COVID-19 Emergency Response Fund**

The new Perkin Elmer testing platform purchased with donations to this fund is now live and the hospital is testing all admitted patients for COVID-19 in-house. The Foundation Executive Committee in consultation with hospital leadership meets several times a month to discuss additional needs that can be addressed with these donations.



# El Camino Health Foundation

## FOUNDATION PERFORMANCE

### FY21 Fundraising Report through 11/30/20 - Period 5

ACTIVITY		FY21 YTD (7/1/20 - 11/30/20)	FY21 Goals	FY21 % of Goal	Difference Period 4 & 5	FY20 YTD (7/1/19 - 11/30/19)
Major & Planned Gifts		\$1,115,687	\$6,500,000	17%	\$52,120	\$820,827
Annual Gifts*		\$204,503	\$650,000	31%	\$53,474	\$149,734
Special Events	Chinese Health Initiative Event	\$0	\$125,000	0%	\$0	\$12,045**
	Golf	\$35,700	\$325,000	11%	\$21,100	\$292,452
	Norma's Literary Luncheon	\$0	\$200,000	0%	\$0	\$120,950
	Taking Wing Gala	\$0	\$350,000	0%	\$0	\$22,500
<b>TOTALS</b>		<b>\$1,355,890</b>	<b>\$8,150,000</b>	<b>17%</b>	<b>\$126,694</b>	<b>\$1,418,508</b>

\* Employee giving payroll deductions will be included as they are received beginning CY21/EGC21

\*\* South Asian Heart Center Event

**Highlighted Assets through 11/30/20 - Period 5**

<b>Board Designated Allocations</b>	\$595,927
<b>Donations - Restricted</b>	\$14,592,994
<b>Donations - Unrestricted</b>	\$4,135,563
<b>Endowments - Donor</b>	\$7,106,690
<b>Endowments - Operational</b>	\$14,173,390
<b>Investment Income</b>	\$780,636
<b>Pledge Receivables</b>	\$3,664,115



# El Camino Health Foundation

## FOUNDATION PERFORMANCE

### FY21 Fundraising Report through 12/31/20 - Period 6

ACTIVITY		FY21 YTD (7/1/20 - 12/31/20)	FY21 Goals	FY21 % of Goal	Difference Period 5 & 6	FY20 YTD (7/1/19 - 12/31/19)
Major & Planned Gifts		\$1,399,241	\$6,500,000	22%	\$283,554	\$3,878,800
Annual Gifts*		\$461,953	\$650,000	71%	\$257,450	\$290,570
Special Events	Chinese Health Initiative Event	\$0	\$125,000	0%	\$0	\$12,045**
	Golf	\$40,700	\$325,000	13%	\$5,000	\$316,277
	Norma's Literary Luncheon	\$2,800	\$200,000	1%	\$2,800	\$144,700
	Taking Wing Gala	\$0	\$350,000	0%	\$0	\$22,500
<b>TOTALS</b>		<b>\$1,904,694</b>	<b>\$8,150,000</b>	<b>23%</b>	<b>\$548,804</b>	<b>\$4,664,892</b>

\* Employee giving payroll deductions will be included as they are received beginning CY21/EGC21

\*\* South Asian Heart Center Event

### Highlighted Assets through 12/31/20 - Period 6

<b>Board Designated Allocations</b>	\$346,705
<b>Donations - Restricted</b>	\$14,700,600
<b>Donations - Unrestricted</b>	\$4,459,282
<b>Endowments - Donor</b>	\$7,230,953
<b>Endowments - Operational</b>	\$14,406,046
<b>Investment Income</b>	\$1,051,863
<b>Pledge Receivables</b>	\$3,674,115



**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of February 10, 2021**

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

**Membership Data:**

**Senior Members**

Active Members	231	-5 Net change compared to previous month
Dues Paid Inactive	45	(Includes Associates & Patrons)
Leave of Absence	12	
<b>Subtotal</b>	<b>288</b>	
-----		
Resigned in Month	1	
Deceased in Month	0	

**Junior Members**

Active Members	164	0 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	6	
<b>Subtotal</b>	<b>170</b>	

**Total Active Members      395**

**Total Membership            458**

**Combined Auxiliary Hours from Inception (to November 31, 2020): 6,041,560**

**Combined Auxiliary Hours for FY2021 (to November 31, 2020): 6,521**

**Combined Auxiliary Hours for November 31, 2020: 1,567**

**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of February 10, 2021**

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

**Membership Data:**

**Senior Members**

Active Members	231	0 Net change compared to previous month
Dues Paid Inactive	45	(Includes Associates & Patrons)
Leave of Absence	12	
<b>Subtotal</b>	<b>288</b>	

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Resigned in Month	0
Deceased in Month	0

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**Junior Members**

Active Members	164	0 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	6	
<b>Subtotal</b>	<b>170</b>	

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<b>Total Active Members</b>	<b>395</b>
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<b>Total Membership</b>	<b>458</b>
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**Combined Auxiliary Hours from Inception (to December 31, 2020): 6,041,698**

**Combined Auxiliary Hours for FY2021 (to December 31, 2020): 6,659**

**Combined Auxiliary Hours for December 31, 2020: 138**