

**AMENDED AGENDA
AND SPECIAL MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS**

Wednesday, March 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: 760-083-0558#. 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
1. CALL TO ORDER/ROLL CALL	Lanhee Chen, Board Chair		5:30 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 5:31 – 5:32
3. PUBLIC COMMUNICATION 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		information 5:32 – 5:35
4. QUALITY COMMITTEE REPORT ATTACHMENT 4	Julie Klinger, Quality Committee Chair; Mark Adams, MD, CMO		discussion 5:35 – 5:50
5. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 5:50 – 5:55
6. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 5:55 – 5:56
7. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (2/10/2021) Reviewed and Recommended for Approval by the Quality, Patient Care and Patient Experience Committee <i>Health & Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</i> b. Quality Committee Report (i) Medical Staff Credentials and Privileges Report (ii) Quality Council Minutes	Lanhee Chen, Board Chair		motion required 5:56 – 5:58

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
c. Medical Staff Report			
8. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: - Strategic Planning Update	Dan Woods, CEO; Edward Levine, MD, Michelle Chmielewski, and Celia Huber, McKinsey & Company		discussion 5:58 – 7:58
9. <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: - CEO Report on Legal Update and Personnel Matters	Dan Woods, CEO		discussion 7:58 – 8:03
10. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: - Executive Session	Lanhee Chen, Board Chair		discussion 8:03 – 8:08
11. ADJOURN TO OPEN SESSION	Lanhee Chen, Board Chair		motion required 8:08 – 8:09
12. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Lanhee Chen, Board Chair		information 8:09 – 8:10
13. CONSENT CALENDAR ITEMS: <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>	motion required 8:10 – 8:12
Approval a. Minutes of the Open Session of the Hospital Board Meeting (2/10/2021) b. PBX Operator Scope of Service <i>Reviewed and Recommended for Approval by the Finance Committee</i> c. Enterprise Mental Health and Addiction Aspire Program Physician Psychiatric Contract with ECMA <i>Reviewed and Recommended for Approval by the Medical Executive Committee</i> d. Medical Staff Report Information e. Education: Medical Staff Office Function f. FY21 Period 7 Financials			
14. CEO REPORT ATTACHMENT 14	Dan Woods, CEO		information 8:12 – 8:17
15. BOARD COMMENTS	Lanhee Chen, Board Chair		information 8:17 – 8:18
16. ADJOURNMENT	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 8:18 – 8:19 pm

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

To: El Camino Hospital Board of Directors
From: Julie Kliger, MPA, BSN, Quality Committee Chair
Mark Adams, MD, CMO
Date: March 10, 2021
Subject: Quality, Patient Care and Patient Experience Committee Report

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

Summary:

1. The FY21 Enterprise Quality Dashboard was extracted from the consent agenda for additional discussion. In the current edition—January—there were several areas showing movement away from FY21 targets. The readmission index for December—most recent month available—increased to 1.05 although the FY21 FYTD index is 0.92 which is better than target of 0.93. Every readmission is reviewed looking for common causes. One definite area of concern is the increased incidence of COVID patient readmissions. Our data analytics support company, Premier, did verify to us that nationally they are seeing a similar increase in post-COVID readmissions. CMS has exempted COVID patients from the Bundled Payment for Care Improvement—Advanced (BPCI—A) program for similar reasons. The mortality index for January—most recent month available—has also increased to 1.03 with a FYTD index of 0.83 which is above target. There is also a COVID effect here as well which is based on the way that the expected mortality (index is observed divided by expected) is calculated. This is based on the Risk of Mortality (ROM) and Severity of Illness (SOI) scores. Younger patients with minimal co-morbidities who contract COVID have lower ROM and SOI scores yet may still succumb to the disease. We are in the process of verifying this with Premier. Even with the spikes in mortality and readmission indices, both are still well within control limits. This will be followed closely. There has been some fluctuation in hospital acquired infections (HAI) but overall we continue to be close to or below target. Based on performance for CY 2020 we will not be subject to the CMS Hospital Acquired Condition (HAC) penalty program for FFY22 which is good news. Surgical Site Infections have shown a marked decline and for the first time there were 0 Serious Safety Events (SSE) in November—the most recent recorded month. The sepsis mortality index was 1.18 in January and 1.02 FYTD with a target of 0.90. Each sepsis case is reviewed. COVID patients are challenging as the standard treatment of sepsis patients must be modified in those patients because of pulmonary susceptibility to fluid challenges. We are also seeing more end stage sepsis patients perhaps because of continued reluctance of the general public to seek hospital care unless they have severe symptoms. Cheryl Reinking reviewed the challenges we have faced with ED throughput based on the tremendous COVID surge we experienced the past several months. All of these findings will need to be verified and tracked for the next several months.
2. Cheryl Reinking RN, CNO, presented a recent patient story based on a letter describing a visit to the ED followed by admission to the hospital. The letter recounted multiple episodes of caring and service beyond expectations including nursing and physician staff. Interestingly, despite an 8 hour wait in the ED because of the COVID surge, the care was superlative. Even the food was outstanding and helped the patient get well accordingly. As a former sports team owner, this patient felt that the customer service was excellent and mentioned that his nurse was “...the most caring and professional nurse I have ever met.”

3. The committee reviewed its current FY21 goals and discussed FY22 goals. The committee will attempt to streamline the pacing plan to allow more time for meaningful discussion and less for simple presentations/reports. They also agreed to include some education on several areas pertaining to the medical staff: the six physician core competencies and Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) activities.
4. Dr. Adams next presented a progress report on LEAN management at El Camino. LEAN is no longer a “program” or “project” but a tool that is embedded in the management of the organization. Problems or challenges are now addressed using a standardized process based on the use of an A3 approach. This includes identifying the problem (scope, background, current condition, and problem statement), setting a target that can be measured, performing an analysis, proposing countermeasures, and proscribing an implementation plan. Many of these activities occur on a department or unit level but those that rise to the level of enterprise concerns are tracked by the LEAN Steering Team. This team has the responsibility to support the projects, make decisions when needed, resolve issues, and review status updates. Two important such activities currently being followed by the LEAN Steering Committee are a) patient throughput value stream and b) peri-operative value stream. An example of the steering committee oversight was provided in an attachment.

In response to several questions from the committee, Jim Griffith, COO, provided some detailed examples of how his performance improvement team assists with the LEAN activities but also assured the committee that LEAN tools are now used at the frontlines of the organization.

5. Dr. Adams led a discussion regarding the status of the FY21 Quality Assurance and Performance Improvement (QAPI) plan and its relationship to the overall longer term quality and safety initiative. This QAPI Plan provides the details for the implementation of the long term quality plan. It is revised each year to reflect progress and any changes that need to be made based on key metrics with application of LEAN measures as applicable. The QAPI also serves to satisfy the regulatory requirement for the CMS Conditions of Participation and by The Joint Commission. The five key areas that represent strategic opportunities are as follows:
 - A. Governance, Leadership, and Management
 - B. Quality Organization Integration
 - C. Performance Improvement Metrics and Methods
 - D. Journey to High Reliability
 - E. Culture of Safety

Progress in each of those areas was reviewed with the committee noting that many of the tactics have been completed. Discussion centered on those areas either incomplete or in progress including the time the Board spends on quality, the HRO work which was delayed secondary to COVID and the enhancement of the culture of safety including communication of safety issues, encouraging and recognizing good catches, increasing the frequency of leader rounding, and selecting a vendor for enterprise wide education. It was noted that the FY22 QAPI is currently under construction and will be presented to the Board later this year.

Attachments: None



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, February 10, 2021**

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** 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

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:30pm by Chair Chen. A verbal roll call was taken. Director Po joined the meeting at 5:31pm during the call to order. 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. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. BOARD RECOGNITION	Dan Woods, CEO, recognized frontline healthcare workers for their continuous commitment to El Camino Health’s patients and the community since the pandemic began and for meeting the continuous challenges presented by the pandemic with steadfast resolve. Motion: To approve <i>Resolution 2020-09</i> recognizing the El Camino Health Foundation. Movant: Fung Second: Miller Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None The Board commended the workers, including the representatives in attendance, for their tremendous efforts and dedication during this time.	
5. QUALITY COMMITTEE REPORT	Director Kliger, Quality Committee Chair, commended Cheryl Reinking, RN, CNO, and her team for a fourth successful Magnet re-certification from the American Nurses Credentialing Center (ANCC).	

	<p>She also provided an overview of the discussion at the February 1, 2021 Quality Committee meeting:</p> <ul style="list-style-type: none"> - The Committee reviewed and discussed the El Camino Health Medical Network’s quality and service performance, including developments in infrastructure, governance, and leadership; new and more robust targets will be established in June 2021. - On the Board quality dashboard, results are mixed. The organization is performing well on readmissions and there is opportunity for improvement in sepsis mortality, elective delivery prior to 39 weeks, C-section, throughput, and likelihood to recommend. - There was a follow up discussion on health equity and the Committee continues to explore how we can improve equity within the community and with patients. 	
<p>6. FY21 PERIOD 6 FINANCIALS</p>	<p>Carlos Bohorquez, CFO, provided an overview of the FY21 Period 6 Financials. He noted that the budget was developed during a period of uncertainty and the performance has been favorable to budget in a variety of areas. He highlighted:</p> <ul style="list-style-type: none"> - Average Daily Census (ADC) and length of stay have increased. - Total and adjusted discharges have decreased year over year due to hesitancy to seek care due to the pandemic and shifting of inpatient surgical procedures to an outpatient setting. - The organization is managing operations well; FTEs and productive hours per adjusted patient day were both favorable to budget and the prior year. - Cost per adjusted discharge has increased from the prior year due to the cost of personal protective equipment (PPE) and increased usage of PPE, and additional expenses associated with the pandemic including testing for patients and employees. - Financial performance was solid in this period, with operating income of almost \$7 million and EBIDA of 14.6%. <p>He also reviewed financials year-to-date, noting strong performance overall. Mr. Bohorquez noted that there was a significant wave of COVID-19 patients in January 2021 and as a result, the Operating Room capacity in Mountain View needed to be reduced, which negatively impacted revenue and will be reflected in the next financial presentation to the Board.</p> <p>Director Zoglin discussed comments from the Finance Committee including 1) the development of new projections and 2) the suggestion to discuss the role of financial performance in incentivizing executives with the Executive Compensation Committee. He suggested that the Board consider how it reviews regular and adjusted discharges given the organizational shift to telehealth services and split inpatient/outpatient services.</p> <p>In response to Director Fung’s question, Mr. Bohorquez explained that the Mountain View and Los Gatos campuses are on the same hospital license, so transfers between campuses would have only one discharge.</p> <p>Motion: To approve the FY21 Period 6 Financials.</p> <p>Movant: Po Second: Fung Ayes: Chen, Fung, Klinger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None</p>	<p><i>FY21 Period 6 Financials</i></p>

	<p>Recused: None</p>	
<p>7. GOVERNANCE COMMITTEE REPORT</p>	<p>a. Draft Resolution 2021-02: Delegating Authority to the ECH Board Finance Committee; Proposed Revised ECH Community Benefit Policy; and Proposed Revised Finance Committee Charter</p> <p>Director Fung described the two sources of Community Benefit funding: 1) Hospital dollars and 2) taxpayer dollars for the District. He described the proposal to create a committee under the CEO’s purview to review Hospital Community Benefit grant funding, which would make a recommendation to the Hospital Board’s Finance Committee for approval not to exceed an annual plan amount of \$5 million. This would be reported to the Board for information.</p> <p>Chair Chen commented that this work is to ensure that the material the Board is reviewing and discussing is at a governance level. This area was identified as a potential opportunity.</p> <p>The Board engaged in a robust discussion about the composition of the reviewing body (hospital executives and middle management), feedback and input from the Community Benefit Advisory Council (CBAC), alignment with community and hospital objectives, inclusion of community comments, and the parallel review of the process for District Community Benefit funding.</p> <p>Barbara Avery, Director of Community Benefit, commented that the change in approvals does not concern her as long as the intent of the process remains the same, to provide funding to organizations that support the most at-risk in the community. Mr. Woods and Ms. Avery explained that the guidelines for allocating grant funding are based on prioritized identified needs in a triennial Community Health Needs Assessment. Cecile Currier, VP, Corporate & Community Health Services and President CONCERN:EAP, noted that the intent at the heart of a community benefit program is to provide greater access to care.</p> <p>Motion: To approve (1) Resolution 2021-02: Delegating Authority to the El Camino Hospital Board Finance Committee, (2) the Proposed Revised El Camino Hospital Community Benefit Policy and (3) the Proposed Revised Finance Committee Charter.</p> <p>Movant: Fung Second: Miller Ayes: Chen, Fung, Miller, Rebitzer, Somersille, Ting Noes: Zoglin Abstentions: Kliger, Po Absent: None Recused: None</p> <p>b. Proposed FY21 ECH Board Member Competencies</p> <p>Director Fung noted that the District Board’s Ad Hoc Committee will use this competency list to evaluate candidates to fill the current vacancy on the Hospital Board. He described the Committee’s robust discussion about including diversity on the list and the Committee’s agreement to delay that addition until the Committee has time to have a thoughtful and informed decision on the definition of diversity.</p> <p>Director Somersille suggested that the Board include diversity as one of the competencies to represent in some way the community it serves. She noted that it is important to address unconscious biases.</p>	<p><i>Resolution 2021-02, Revised ECH Community Benefit Policy, and Revised FC Charter approved</i></p>

	<p>The Board discussed the Governance Committee’s deliberations, the need to clearly define and address diversity, and whether diversity should be a competency or a general condition of consideration.</p> <p>Directors Miller and Somersille voiced their support of adding diversity to the list.</p> <p>Motion: To recommend that the District Board approve the Proposed FY21 Hospital Board Competency Matrix.</p> <p>Movant: Fung Second: Kliger</p> <p>Amendment (Miller): To recommend that the District Board approve the Proposed FY21 Hospital Board Competency Matrix with the addition of the word diversity as one of the factors listed on the matrix itself.</p> <p>Director Fung accepted the amendment; Director Somersille seconded the amendment.</p> <p>The Board further discussed the amended substitute motion. In response to Director Kliger’s question, Director Miller commented that the definition of diversity is being left open. Director Zoglin expressed concerns about evaluating Board members on diversity as a competency on the matrix. Director Kliger noted that this would be contrary to the Governance Committee’s determination.</p> <p>Ayes: Miller, Rebitzer, Somersille Noes: Chen, Zoglin Abstentions: Fung, Kliger, Po, Ting Absent: None Recused: None</p> <p>Director Po commented that addressing diversity is important, but it was not clear what it meant to add the word diversity to the matrix.</p> <p>The amended motion failed and the Board voted on the original motion: To recommend that the District Board approve the Proposed FY21 Hospital Board Competency Matrix as drafted and proposed originally.</p> <p>Ayes: Chen, Fung, Kliger, Po, Rebitzer, Ting, Zoglin Noes: Somersille Abstentions: Miller Absent: None Recused: None</p>	<p><i>FY21 ECH Board Member Competencies approved</i></p>
<p>8. ADJOURN TO CLOSED SESSION</p>	<p>Chair Chen thanked Sarah Rosenberg, Contracts Administrator/Governance Services EA, for her service to ECH.</p> <p>Motion: To adjourn to closed session at 6:37pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (12/9/2020); 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: FY21 Q2 Strategic Plan Metrics; 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</p>	<p><i>Adjourned to closed session at 6:37pm</i></p>

	<p><i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation and <i>Gov't Code Section 54957</i> and <i>54957.6</i> for a discussion and report on personnel matters: CEO Report on Legal Services and Personnel Matters; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p>Movant: Miller Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>9. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 9:07pm by Chair Chen. Agenda Items 9-16 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (12/9/2020), 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, Kliger, Miller, Po, Rebitzer, Somersille, Ting, and Zoglin).</p>	
<p>10. AGENDA ITEM 20: CONSENT CALENDAR</p>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (12/9/2020); Board and Advisory Committee Assignments; LPHC NICU Professional Services Payment; FY21 Period 5 Financials; Enterprise Tele psychiatry Services Renewal; Medical Staff Report; El Camion Hospital Medical Staff Bylaws Revisions; and for information: Mountain View Site Plan Status; Finance Committee Approvals.</p> <p>Movant: Miller Second: Rebitzer Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Consent calendar approved</i></p>
<p>11. AGENDA ITEM 20: WOMEN'S HOSPITAL EXPANSION PROJECT FUNDING</p>	<p>Ken King, CASO, provided an overview of the request for \$149 million in funding for expansion and remodel of the Women's Hospital. He reviewed the expansion plan of multiple phases over 38 months:</p> <ul style="list-style-type: none"> - The plan is designed to maintain safety of the environment (three floors of operational space, and two floors of parking), which would still be in operation during construction. - There would be a 44% increase in Mother-Baby rooms and a 20% increase in NICU bed capacity. - The renovated floors would include additional and expanded call rooms and showers for physicians. - About \$37 million of the capital investment would be for building infrastructure needs, including new HVAC equipment, updated electrical equipment, elevator modernizations, new communication 	<p><i>Women's Hospital Expansion funding project approved</i></p>

	<p>systems, and fire alarm upgrades.</p> <p>Motion: To approve the Women’s Hospital Expansion Project at a cost not to exceed \$149 million and to authorize Dan Woods, CEO to execute the construction contracts and other agreements required to successfully complete the project.</p> <p>Movant: Ting Second: Somersille Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
12. AGENDA ITEM 21: CEO REPORT	<p>Dan Woods, CEO, reported that the number of COVID-19 patients has significantly declined. He commended the nursing staff for ECH’s fourth Magnet designation.</p> <p>Mr. Woods explained that Santa Clara County Supervisor Joseph Simitian presented the organization with a Certificate and Medal of Commendation for exemplary service during the pandemic.</p> <p>He thanked the community and donors to the El Camino Health Foundation, noting that fundraising to date is just under \$2 million. He also thanked the Auxiliary for their volunteer services.</p>	
13. AGENDA ITEM 22: BOARD COMMENTS	None.	
14. AGENDA ITEM 23: ADJOURNMENT	<p>Motion: To adjourn at 9:18pm.</p> <p>Movant: Miller Second: Po Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Meeting adjourned at 9:18pm</i>

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

Lanhee Chen
Chair, ECH Board of Directors

Julia E. Miller
Secretary, ECH Board of Directors

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

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

To: Board of Directors
From: Ken King, CASO
Date: March 10, 2021
Subject: PBX – Scope of Service Policy

Recommendation(s): It is recommended that the Board Approve the PBX – Scope of Service Policy.

Summary:

1. **Situation:** The PBX - Scope of Service Policy was pulled from a prior Board Consent Calendar with questions regarding the response procedures for Code Active Shooter and Code Silver.

The relevant text within the PBX Scope of Service states the following:

“Additionally, Operators initiate outgoing calls and manage emergency notifications via: phone, two-way radio and overhead paging systems. Response codes are handled through the ‘55’ emergency line which included, but are not limited to:”
All Codes Listed, including Code Silver and Code Active Shooter.

The question of the Board was regarding the procedure for responding to an Active Shooter and who should make the call to 911.

- A. Management Response: Utilizing the FBI’s “Learn How to Survive a Shooting Event in a Healthcare Setting” written by the International Association of Emergency Medical Service Chiefs, the Central Safety Committee and the Emergency Preparedness Committee reviewed our Active Shooter Response which provided the following information:
 - a. A person’s first responsibility is for his or her safety.
 - b. A second responsibility is to those in the immediate vicinity, those who are in line-of-sight or ear shot of where you are.
 - c. A third responsibility is to those in your place. (This is critical to keep others from going to the location where an Active Shooter is.)
 - d. A fourth responsibility is to notify public safety.

With this information it was concluded that staff should call the 55 Emergency Line so that the PBX Operator could notify the organization via overhead page. It was also concluded that in addition to PBX Operator calling 911, that upon being notified, the 24/7 on duty security supervisor would call 911 and be the on-site point of contact for arriving law enforcement. Revisions to the response procedures for Code Active Shooter and Code Silver will be made, however the PBX Operator Scope of Service is accurate as it is written.

2. **Authority:** It is a requirement of the Joint Commission that policies be approved by the Governing Body.
3. **Background:** This is a routine update to a policy which is required to be reviewed at least every three (3) years.

PBX – Scope of Service Policy
March 10, 2021

4. Assessment: The policy as provided is an accurate representation of the PBX – Scope of Services.
5. Other Reviews: This was reviewed by the El Camino Health Emergency Preparedness Committee and the Central Safety Committee
6. Outcomes: None

List of Attachments: PBX – Scope of Service Policy

Suggested Committee Discussion Questions: None – Consent Calendar Item



Current Status: Pending

PolicyStat ID: 8809449



Origination: 10/2015
Effective: Upon Approval
Last Approved: N/A
Last Revised: 11/2020
Next Review: 3 years after approval
Owner: Ricky Dutt: Supervisor Call Center
Area: Scopes of Service
Document Types:

PBX Call Center Department Scope of Service

The PBX Call Center provides communication services to El Camino Health employees, patients and their families, Auxilians, and medical staff.

Scope and Complexity of Services Offered

PBX Communication Operators are the first point of contact for anyone calling El Camino Health's main number. Operators handle incoming calls for: staff & patients (internal), public (external), physicians (answering service clients), and emergency code responses 24/7. Operators focus on providing callers with general inquiry assistance and efficiently transferring calls to the appropriate destinations. Operators work closely with clinical staff, department management and answering service clients to ensure calls are handled with a high degree of customer service. Additionally, Operators initiate outgoing calls and manage emergency notifications via: phone, two-way radio and overhead building paging systems. Response codes are handled through the '55' emergency line which includes, but are not limited to:

- Code Gray – Angry Violent Person
- Code Green – Missing Patient / Elopement
- Code Silver – Person w/ weapon (non-firearm) / Hostage Situation
- Code Active Shooter - Person w/ firearm regardless of whether shots have been fired or not
- Code Yellow – Bomb Threat
- Code Orange – Chemical or Hazardous Materials Spill/Leak
- Code Pink – Infant Abduction
- Code Purple – Child Abduction
- Code Red – Fire / Smoke
- Code Triage – Internal / External Disaster
- Shelter in Place
- System Failure or Interruption
- Wide Variety of Medical Response Codes

Staffing

A mix of full-time and part-time staff provide full coverage of services 24/7. Call Center staff are located at both the Mountain View and Los Gatos campus and report to the Supervisor of the Call Center ensuring continuity of services across the organization.

Level of Service Provided

Call Center Department provides services under hospital policy and procedure guidelines.

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]	11/2020
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	11/2020
Department Medical Director	Ricky Dutt: Supervisor Call Center	11/2020
	Ricky Dutt: Supervisor Call Center	11/2020

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

To: El Camino Hospital Board of Directors
From: Bruce Harrison, President SVMD
Jim Griffith, Chief Operating Officer
Mark Adams, MD, FACS, Chief Medical Officer
Joseph Sandoval, Director Mental Health & Addiction Services
Date: March 10, 2021
Subject: Adolescent Psychiatric Physician Contract through ECMA (Enterprise)

Purpose:

Approval to recruit Board Certified Adolescent Psychiatrist above the Fair Market Value 75th percentile.

Recommendation:

To approve recruitment of a Board Certified Adolescent Psychiatrist above the Fair Market Value 75th percentile.

Summary: In an effort to increase access to adolescent mental health programs, develop stronger physician alignment, increase access to in-network providers, and improve clinical variance, Mental Health & Addictions Services (MHAS) is working to recruit psychiatric providers through El Camino Medical Associates (ECMA). This request is for the recruitment of a Board Certified Adolescent Psychiatrist above the Fair Market Value 75th percentile. This provider type is challenging to recruit due to its rarity and ability to earn significantly high compensation in this market.

The provider will be responsible for direct professional services to adult and adolescent patients within MHAS, while providing quality and program oversight of MHAS ASPIRE programs. This work includes providing assessments, medication management, assigning diagnosis, and program leadership over a multidisciplinary team.

1. **Situation:** This provider type is challenging to recruit due to its rarity and ability to earn significantly high compensation in this market.
2. **Authority:** Per ECH Physician Financial Arrangements policy, ECMA physicians exceeding 75% requires ECH Finance Committee and Board approval.
3. **Background:** The primary goal of ASPIRE is to promote emotional wellness of young people. Our four programs — middle school, high school, transitional age, and dual diagnosis (Quest) — provide a validating, supportive environment for participants to gain healthy behaviors and learn how to manage their feelings, emotions and personal interactions. Although ASPIRE is for young people with symptoms of a serious mental health condition, the focus is to offer solutions and provide hope. This program has grown substantially over the years, now serving over 175 young adults a year.

MHAS leadership identified adolescent psychiatrists as a priority provider type in improving access to care. This provider type is rare and often out of network with payers. This adolescent psychiatrist would strengthen ECH's ability to serve and grow existing outpatient programs, negotiate professional services contracts, and improve access to care.

Adolescent Psychiatric Physician Contract through SVMD
March 10, 2021

An adolescent psychiatrist with a history of high quality care, strong leadership, and an intimate understanding of ECH's ASPIRE programs has been identified. MHAS leadership feels confident in bringing this provider on at a higher percentile.

4. Assessment:

Position: .6 FTE at \$240K

The offer proposed is above the 75th percentile. See attached Pinnacle 2019 Fair Market Value Consulting Guide

Proposed Compensation: \$400K (Full time equivalent)

2019 Pinnacle Psychiatry (Pediatric) Guide's Percentiles: 50th = 320K / 75th = \$376K / 90th = \$431K

2020 Pinnacle Psychiatry (Pediatric) Guide's Percentiles have not been released yet.

5. Other Reviews:

At its January 25, 2021 meeting, the Finance Committee voted to recommend Board approval of this proposal.

6. Outcomes:

- Increased access to care, stronger physician/hospital alignment, increased in-network providers, and improved clinical variance.

List of Attachments: None.

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

To: El Camino Hospital Board of Directors
From: Apurva Marfatia, MD, Enterprise Chief of Staff
Michael Kan, MD Chief of Staff Los Gatos
Date: March 10, 2021
Subject: Medical Staff Report – Open Session

Recommendation:

To approve the Medical Staff Report, including the Scope of Service identified in the attached list and the Delineation of Privileges.

Summary:

1. Situation: The Medical Executive Committee met on February 25, 2021
2. Background: MEC received the following informational reports.
 - a) Quality Council – The Quality Council met on February 3, 2021. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
 1. Annual PI Report (Infection Control)
 2. Infection Prevention Dashboard
 3. Annual PI Report (Acute Dialysis)
 4. Acute Dialysis Dashboard
 5. Annual PI Report (MV CCU)
 6. MV CCU Dashboard
 7. Annual PI Report (LG ICU)
 8. LG ICU Dashboard
 9. Annual PI Report (Patient Blood Management)
 10. Patient Blood Management Dashboard
 - b) Leadership Council – The Leadership Council met on February 9, 2021 and discussed the following:
 1. Medical Staff Services Office update on staffing and software
 2. Financial Update
 3. Physician Portal Update
 4. Peer Review Process
 - c) The CEO Report was provided and included the following updates:
 1. New Director of Mental Health & Addiction Services was introduced
 2. Over 24,000 COVID-19 tests have been administered
 3. 82% of employees have been vaccinated
 4. 8,000 vaccination doses have been administered
 5. Halcyon Ethos installed
 6. El Camino Los Gatos recognized as one of the best Maternity Hospitals in the U.S.
 7. Dr. Ganesh Krishna & the Interventional Pulmonary Team Research accepted by LUNG
 8. Women’s Hospital Expansion and Remodel Project for \$149M approved
 - d) The CNO Report was provided and included the following updates:
 1. The COVID Surge Plan and Update was discussed

- e) The CMO Report was provided and included the following updates:
1. Readmission Index (All Patient All Cause Readmit) - Currently on 0.96% and FY21 target is 0.93%
 2. Serious Safety Event Rate (SSER) - Currently at 4.28 %. There were 0 in the month of November
 3. Mortality Index – Currently at 0.74%; Target is 0.76%
 4. Hospital Acquired Infections (CDI) - We are at 1.46% and target goal is $\leq 1.46\%$
 5. Surgical Site Infections (SSI) – Enterprise - Currently on 0.36%; SIR goal is ≤ 1.0
 6. Update given on total number of COVID cases in California
 7. Update given on Hospitalized Covid-19 Patients
 8. Update given on COVID numbers county-wide
 9. Update given on vaccine tiers

List of Attachments: Scope of Service

Suggested Board Discussion Questions: None



Origination: 03/2016
Effective: Upon Approval
Last Approved: N/A
Last Revised: 02/2021
Next Review: 3 years after approval
Owner: Matthew Scannell: Director
 Safety & Security Services
Area: Scopes of Service
Document Types: Scope of Service/ADT

Security Services Scope of Service

Types and Ages of Clients Served

Security Services provides support and services to clients of all ages. Individuals served include physicians, staff, contractors, students, volunteers, patients, visitors and members of the public.

Assessment Methods

Security Services activities and performance are presented to and evaluated by the Security Work Group which reports to the Central Safety Committee.

Scope and Complexity of Services Offered

Security Services priority function is that of ensuring a safe environment for all individuals who enter the El Camino Hospital (ECH) campus through monitoring, implementation of security measures, and reporting of incidents with appropriate action taken to resolve issues and minimize risk. Services include but are not limited to: active security patrols, asset protection, lost and found, safe storage of patient belongings, parking lot escorts, directional assistance, emergency response, risk assessments, investigations, personal safety and prevention information and incident reporting.

Appropriateness, Necessity and Timeliness of Services

Director, Security Services, in collaboration with other departmental managers, staff, and the Security Work Group, assesses the appropriateness, necessity and timeliness of service. The appropriateness of service is addressed in departmental policies and procedures.

Staffing/Skill Mix at Mountain View Campus & Los Gatos

Security Services is staffed 24 hours/day, seven days a week. Staffing includes a department Director, Security Services and onsite contract security officers. Contract security officers receive Basic Officer Training orientation to ECH, ECH policies and procedures and Management of Assaultive Behavior Training. Contract Service Provider also performs monthly training for the security officers.

Level of Service Provided

The level of security service is consistent with the needs of the hospital, geographical area, and industry standards. Services are provided under hospital policy and procedural guidelines.

Standards of Practice

Security Services adheres to applicable state and federal regulations including but not limited to standards established by the Joint Commission on Accreditation of Healthcare Organizations as well as hospital and departmental policy and procedures.

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
MEC	Catherine Carson: Senior Director Quality	pending
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	02/2021
Department Medical Director	Matthew Scannell: Director Safety & Security Services	01/2021
	Matthew Scannell: Director Safety & Security Services	01/2021

BOARD
Policies, Plans and Scopes of Service for Approval
March 10th, 2021

Department	Policy/Procedure Name	Type of Change	Type of Document	Notes	Committee Approvals
Security Management	1. Security Services Scope of Service	None	Scope of Service		Central Safety

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, CMO
Date: March 10, 2021
Subject: Clarification of Medical Staff Office Role and Responsibility

Purpose: To inform the Board regarding how the medical staff is organized and supported.

Summary: In basic terms, the organized medical staff means a formal organization of physicians with the delegated responsibility and authority to maintain proper standards of medical care for the betterment of that care. This includes planning for the improvement of that care and for the ethical conduct and professional practices of its members. This responsibility is delegated to the organized medical staff by the governing board. The organized medical staff originated with a set of principles developed by the American College of Surgeons (ACS) in 1919. Since the ACS founded The Joint Commission (TJC) in 1951, this concept was incorporated into TJC and continues to this day. With the creation of Medicare in 1965, this was also incorporated into the CMS Conditions of Participation. The construct of the organized medical staff has not changed appreciably in just over 100 years yet healthcare has changed dramatically. During times of stability, organizational structures can remain stable and serve their constituents well. But in times of rapid transformation, traditional structures lose their relevance. They must evolve or be replaced with new models that can adapt quickly to arising complexities and uncertainties. The organized medical staff is one of those traditional structures: It has a proud and rich legacy but now must change or become obsolete. The El Camino Health organized medical staff through a series of major bylaws amendments has begun the process of transforming itself into a more modern medical staff organization. This has included changing the MEC from a stakeholder committee to a true governing body, creating an enterprise credentials committee and an enterprise multi-specialty peer review committee. The Leadership Council is developing more stringent criteria for medical staff leadership qualifications recognizing that popularity in an election is no longer enough. Both the medical staff and the health system have distinct but parallel responsibilities to provide safe and effective medical care. Since the organized medical staff does not have any administrative staff or systems, it must rely on the health system to provide administrative support. This primarily resides in the Medical Staff Office.

The Director of the Medical Staff Office reports directly to the Chief Medical Officer and provides the leadership, management and operational oversight of the hospital's medical staff organization and its support services. This includes:

Planning, organizing, directing and coordinating the programs and activities of the medical staff organization

Ensuring that the strategies of the health system are supported and attained

Ensuring that the goals and plans of the health system are realized

Ensuring that there is adherence to the requirements of regulatory and accreditation bodies relevant to the organized medical staff

The Medical Staff Office personnel is tasked with maintaining the medical staff roster including membership status, credentials, privileges, verification of all required certifications and training along with providing initial and ongoing evaluations of the six core competencies required of a physician:

Medical knowledge

Procedural skills

Professionalism

Interpersonal communication skills

Practice based learning

Systems knowledge and applications

The Medical Staff Office therefore serves both the health system and the medical staff membership. The Medical Staff Office works with the medical staff leadership collaboratively through the Medical Executive Committee but ultimately must abide by all federal, state, and regulatory mandates and guidelines reporting to the CMO, CEO, and ultimately to the governing Board of the health system. Decisions regarding personnel and technological systems to support MSO activities are made by management with input from the medical staff leadership when appropriate.



El Camino Health

Summary of Financial Operations

*Fiscal Year 2021 – Period 7
7/1/2020 to 01/31/2021*

Operational / Financial Results: Period 7 – January 2021 (as of 1/31/2021)

PERIOD 7 - RESULTS

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's Medians		Performance to 'A1' Medians
									'A1'	'Aa3'	
Activity / Volume	ADC	269	209	60	28.7%	264	5	1.9%	---	---	---
	Total Discharges	1,948	1,806	142	7.9%	2,128	(180)	-8.5%	---	---	---
	Adjusted Discharges	2,743	2,710	33	1.2%	3,294	(551)	-16.7%	---	---	---
	Emergency Room	2,957	2,901	56	1.9%	4,405	(1,448)	-32.9%	---	---	---
	OP Procedural Cases	16,474	10,897	5,577	51.2%	14,956	1,518	10.1%	---	---	---
	Gross Charges (\$)	335,788	288,598	47,190	16.4%	346,412	(10,624)	-3.1%	---	---	---
Operations	Total FTEs	2,896	2,869	27	0.9%	2,840	56	2.0%	---	---	---
	Productive Hrs. / APD	32.5	34.0	(1.5)	-4.4%	28.9	3.6	12.5%	---	---	---
	Cost Per Adjusted Discharge	16,256	18,412	(2,155)	-11.7%	15,286	971	6.3%	---	---	---
	Net Days in A/R	49.1	49.0	0.1	0.2%	51.6	(3)	-4.8%	47.7	47.1	
Financial Performance	Net Patient Revenue (\$)	89,795	75,762	14,033	18.5%	89,972	(177)	-0.2%	106,723	257,000	
	Total Operating Revenue (\$)	94,222	80,801	13,421	16.6%	94,280	(58)	-0.1%	116,864	314,648	
	Operating Income (\$)	(62)	(1,121)	1,059	94.5%	8,362	(8,424)	-100.7%	3,948	10,135	
	Operating EBIDA (\$)	7,055	5,459	1,596	29.2%	14,974	(7,919)	-52.9%	11,301	27,969	
	Net Income (\$)	(23)	2,213	(2,236)	-101.0%	12,872	(12,895)	-100.2%	8,219	18,726	
	Operating Margin (%)	-0.1%	-1.4%	1.3%	95.3%	8.9%	-8.9%	-100.7%	2.9%	3.6%	
	Operating EBIDA (%)	7.5%	6.8%	0.7%	10.8%	15.9%	-8.4%	-52.9%	9.7%	8.9%	
	DCOH (days)	544	435	109	25.1%	465	79	17.0%	254	264	

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

Operational / Financial Results: YTD FY2021 (as of 1/31/2021)

YTD FY2021 - RESULTS

(\$ thousands)		YTD FY2021 - RESULTS				YTD FY2021 - RESULTS			Moody's Medians		
		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	'A1'	'Aa3'	Performance to 'A1' Medians
Activity / Volume	ADC	244	198	46	23.2%	237	7	3.0%	---	---	---
	Total Discharges	13,287	12,006	1,281	10.7%	14,443	(1,156)	-8.0%	---	---	---
	Adjusted Discharges	20,299	17,947	2,352	13.1%	22,540	(2,241)	-9.9%	---	---	---
	Emergency Room	21,466	18,192	3,274	18.0%	28,923	(7,457)	-25.8%	---	---	---
	OP Procedural Cases	112,170	72,213	39,957	55.3%	96,588	15,582	16.1%	---	---	---
	Gross Charges (\$)	2,441,571	1,903,822	537,749	28.2%	2,277,920	163,651	7.2%	---	---	---
Operations	Total FTEs	2,803	2,845	(41)	-1.5%	2,788	15	0.5%	---	---	---
	Productive Hrs. / APD	31.1	34.9	(3.8)	-10.9%	30.9	0.2	0.6%	---	---	---
	Cost Per Adjusted Discharge	16,875	18,844	(1,969)	-10.5%	15,724	1,151	7.3%	---	---	---
	Net Days in A/R	49.1	49.0	0.1	0.2%	51.6	(2.5)	-4.8%	47.7	47.1	
Financial Performance	Net Patient Revenue (\$)	622,784	496,101	126,683	25.5%	597,545	25,239	4.2%	747,058	1,798,999	
	Total Operating Revenue (\$)	650,542	528,948	121,594	23.0%	629,659	20,883	3.3%	818,048	2,202,537	
	Operating Income (\$)	35,822	(32,371)	68,193	210.7%	53,657	(17,835)	-33.2%	27,639	70,942	
	Operating EBIDA (\$)	85,321	14,850	70,471	474.6%	87,572	(2,251)	-2.6%	79,104	195,781	
	Net Income (\$)	177,489	(11,713)	189,202	1615.3%	106,542	70,947	66.6%	57,530	131,081	
	Operating Margin (%)	5.5%	-6.1%	11.6%	190.0%	8.5%	-3.0%	-35.4%	2.9%	3.6%	
	Operating EBIDA (%)	13.1%	2.8%	10.3%	367.2%	13.9%	-0.8%	-5.7%	9.7%	8.9%	
	DCOH (days)	544	435	109	25.1%	465	79	17.0%	254	264	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2020. Dollar amounts have been adjusted to reflect 7 month totals.

Executive Dashboard (as of 01/31/2021)

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	94,280	94,222	80,801	13,421	629,659	650,542	528,948	121,593
Operating Expenses	85,918	94,284	81,922	(12,362)	576,003	614,720	561,319	(53,401)
Operating Margin \$	8,362	(62)	(1,121)	1,059	53,657	35,822	(32,371)	68,193
Operating Margin %	8.9%	(0.1%)	(1.4%)	1.3%	8.5%	5.5%	(6.1%)	11.6%
EBIDA \$	14,974	7,055	5,459	1,596	87,572	85,321	14,850	70,471
EBIDA %	15.9%	7.5%	6.8%	0.7%	13.9%	13.1%	2.8%	10.3%
Hospital Volume								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	264	269	209	60	237	244	198	46
Utilization MV	74%	71%	55%	15.8%	65%	64%	52%	12.0%
Utilization LG	29%	34%	27%	7.3%	30%	32%	27%	5.9%
Utilization Combined	60%	59%	46%	13.2%	54%	54%	44%	10.1%
Adjusted Discharges	3,294	2,743	2,710	32	22,540	20,299	17,947	2,352
Total Discharges (Excl NNB)	1,783	1,649	1,460	189	11,957	10,986	9,658	1,328
Total Discharges	2,128	1,948	1,806	142	14,443	13,287	12,006	1,281
Inpatient Cases								
MS Discharges	1,259	1,165	913	252	8,302	7,470	5,999	1,471
Deliveries	376	329	365	(36)	2,633	2,468	2,481	(13)
BHS	111	114	138	(24)	716	725	872	(147)
Rehab	37	41	44	(3)	306	323	305	18
Outpatient Cases								
ED	4,405	2,957	2,901	56	28,923	21,466	18,192	3,274
Procedural Cases								
OP Surg	482	394	343	51	3,453	3,571	2,332	1,239
Endo	226	90	155	(65)	1,624	1,444	996	448
Interventional	176	142	121	21	1,261	1,189	725	464
All Other	9,667	12,891	7,377	5,514	61,327	84,500	49,968	34,532
Hospital Payor Mix								
Medicare	49.9%	51.0%	48.7%	2.3%	49.0%	48.5%	48.5%	0.0%
Medi-Cal	6.6%	10.7%	7.5%	3.2%	7.5%	8.2%	7.5%	0.8%
Commercial IP	20.7%	19.6%	20.4%	(0.8%)	19.3%	19.8%	20.5%	(0.7%)
Commercial OP	20.6%	17.3%	21.2%	(3.9%)	21.8%	21.3%	21.1%	0.2%
Total Commercial	41.3%	36.8%	41.5%	(4.7%)	41.1%	41.1%	41.6%	(0.5%)
Other	2.3%	1.6%	2.3%	(0.8%)	2.4%	2.2%	2.4%	(0.2%)
Hospital Cost								
Total FTE ¹	2,839.7	2,896.2	2,869.2	(27.0)	2,788.4	2,803.3	2,844.6	41.3
Productive Hrs/APD	28.9	32.5	34.0	1.5	30.9	31.1	34.9	3.8
Consolidated Balance Sheet								
Net Days in AR	51.6	49.1	49.0	(0.1)	51.6	49.1	49.0	(0.1)
Days Cash	465	544	435	109	465	544	435	109

¹ Paid FTE; Budget in this case is using the Flex Budget instead of Fixed Budget

Overall Commentary for Period 7 - January 2021

Period ending 1/31/20201

- January operations and financial performance was significantly impacted by a 5X increase in Covid-19 patients over the prior three month averages. As a result of this increase, the organization incurred an additional \$4.0M in SWB and had to reduce OR block times at the MV campus for 3 weeks of the month which resulted in a loss of revenue of approximately \$7.0M.
- 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 \$40.2M / 16.4% and \$10.6M / 3.0% lower than the same period last year
- Net patient revenue was favorable to budget by \$14.0M / 14.5% and \$177K / 0.0% better than the same period last year
- Operating expenses were \$12.4M / 15.1% unfavorable to budget, which is primarily attributed to higher than expected volume versus budget and the significant increase in Covid-19 patients in January
- Operating margin was favorable to budget by \$1.1M / 94.5% and \$8.4M / 101% lower than the same period last year
- Operating EBIDA was favorable to budget by \$1.6M / 29.2% and \$7.9M / 52.9% lower than the same period last year

Financial Overview: Period 7 - January 2021

Period ending 1/31/2021

Financial Performance

- January operating loss was \$62K compared to a budgeted loss of \$1.1M, resulting in a favorable variance of \$1M. The primary drivers are due primarily to volumes which have significantly exceeded budget.
- Volumes and Revenues continue to be stronger than budget as demonstrated by:
 - Adjusted discharges were favorable to budget by 32 cases / 1% and 551 / 16.7% lower than the same period last year
 - Favorable variance gross charges of \$47.2M due primarily to inpatient services:
 - Inpatient gross charges: Favorable to budget by \$46M / 31% variance primarily driven by lab, pharmacy, and critical care
 - Outpatient gross charges: Favorable to budget by \$1M / 1% variance primarily impacted by lower than budgeted Operating Room and Interventional services activity at Mt View
 - Operating Expenses were unfavorable to budget by \$12.4M / 15.1%, primarily due to increased patient activity, increased use / cost of PPE associated with Covid-19 and other Covid-19 associated expenses
 - SWB were unfavorable by \$7.6M / 16.6%
 - Supplies were unfavorable by \$1.4M / 18%
 - All other discretionary non-volume driven expenses were unfavorable to budget by \$3.4M
 - Additional expenses attributed to Covid-19 were \$2.4M in January and an average of approx. \$1.6M per month for the first seven months of FY2021
- Non Operating Income includes:
 - Unfavorable variance of \$3.1M primarily due to unrealized losses on investments

Financial Overview: Period 7 – January 2021 (cont.)

Period ending 1/31/2021

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 56 ADs / 2% and below prior year by 526 ADs / 16%:
 - Mountain View: Unfavorable to budget by 128 ADs / 6% and below prior year by 675 / 25%
 - Los Gatos: Favorable to budget by 184 ADs / 32% and above than prior year by 149 / 25%
- Operating Expense Per Adjusted Discharge: \$29,029 which is 4% unfavorable to budget

Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- January total visits of 22,802 was 3.9% above prior month and 11.0% favorable to budget and included 2,551 COVID vaccination visits
- Operating income was unfavorable to budget by \$235K / (8.5%) in January. YTD ECHMN is slightly unfavorable to budget by \$268K / (1.3%) but remains favorable to prior year by \$1.3M / (5.5%)

Financial Overview: YTD FY2021 (as of 1/31/2021)

Consolidated Financial Performance

- YTD FY2021 net operating margin of \$35.8M is favorable to budgeted by \$32.4M
- Year-over-year operating margin is \$17.8M lower than the same period last year, which directly due to an increase in depreciation and interest of \$15.6M expenses associated with recently completed capital projects at the Mountain View campus
- Strong volume recovery from the first wave of Covid-19, continues to be the primary driver of favorable performance to budget
 - Adjusted discharges are 2,342 /13% favorable to budget and 2,235 / 9.8% lower than the same period last year
- Operating expenses are \$53.4M / 9.5% unfavorable to budget
 - Unfavorability driven higher than budgeted volumes and expenses associated with Covid-19 pandemic
 - Operating expense per adjusted discharge of \$25,164 is 1% favorable to budget which demonstrates consistent management of variable expenses

Note: Excludes depreciation and interest expense

Consolidated Statement of Operations (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
346,412	335,788	288,598	47,190	16.4%	Gross Revenue	2,277,920	2,441,571	1,903,822	537,749	28.2%
(256,441)	(245,993)	(212,836)	(33,157)	(15.6%)	Deductions	(1,680,375)	(1,818,787)	(1,407,721)	(411,066)	(29.2%)
89,972	89,795	75,762	14,033	18.5%	Net Patient Revenue	597,545	622,784	496,101	126,683	25.5%
4,309	4,427	5,039	(612)	(12.2%)	Other Operating Revenue	32,114	27,758	32,848	(5,090)	(15.5%)
94,280	94,222	80,801	13,421	16.6%	Total Operating Revenue	629,659	650,542	528,948	121,593	23.0%
					OPERATING EXPENSE					
48,046	53,636	46,005	(7,631)	(16.6%)	Salaries & Wages	323,325	340,999	310,273	(30,726)	(9.9%)
12,923	13,888	11,390	(2,498)	(21.9%)	Supplies	93,337	98,055	76,858	(21,197)	(27.6%)
14,682	15,825	14,434	(1,391)	(9.6%)	Fees & Purchased Services	99,004	99,339	101,088	1,749	1.7%
3,655	3,819	3,513	(306)	(8.7%)	Other Operating Expense	26,421	26,829	25,880	(949)	(3.7%)
1,552	1,428	926	(502)	(54.2%)	Interest	2,769	10,000	6,480	(3,520)	(54.3%)
5,059	5,689	5,653	(35)	(0.6%)	Depreciation	31,146	39,499	40,740	1,241	3.0%
85,918	94,284	81,922	(12,362)	(15.1%)	Total Operating Expense	576,003	614,720	561,319	(53,401)	(9.5%)
8,362	(62)	(1,121)	1,059	(94.5%)	Net Operating Margin	53,657	35,822	(32,371)	68,193	(210.7%)
4,510	39	3,334	(3,295)	(98.8%)	Non Operating Income	52,885	141,667	20,658	121,009	585.8%
12,872	(23)	2,213	(2,236)	(101.1%)	Net Margin	106,542	177,489	(11,713)	189,202	(1615.3%)
14,974	7,055	5,459	1,596	29.2%	Operating EBIDA	87,572	85,321	14,850	70,471	474.6%
15.9%	7.5%	6.8%	0.7%		Operating EBIDA Margin	13.9%	13.1%	2.8%	10.3%	
8.9%	-0.1%	-1.4%	1.3%		Operating Margin	8.5%	5.5%	-6.1%	11.6%	
13.7%	0.0%	2.7%	(2.8%)		Net Margin	16.9%	27.3%	-2.2%	29.5%	

Consolidated Balance Sheet (as of 01/31/2021)

(\$ thousands) ASSETS

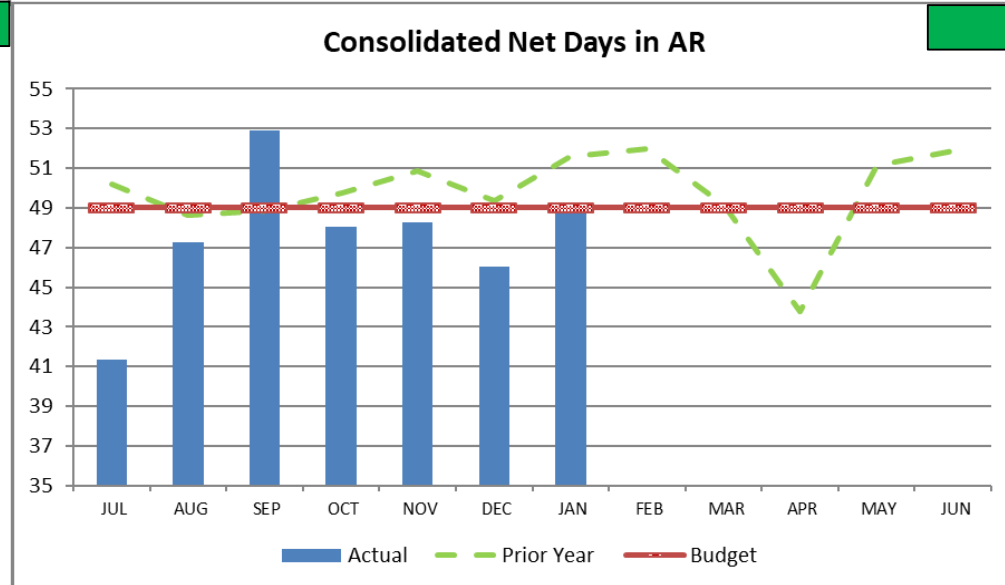
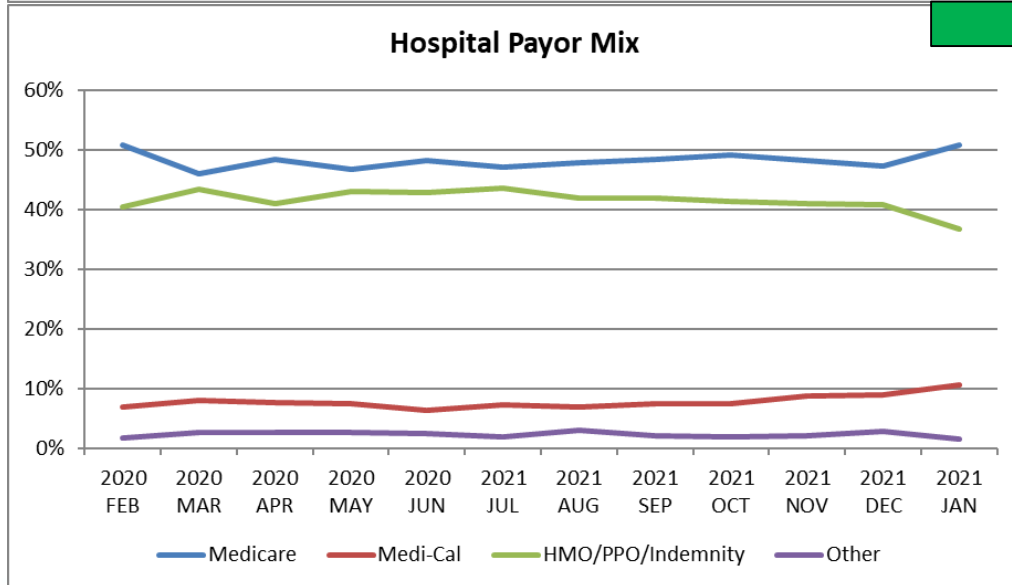
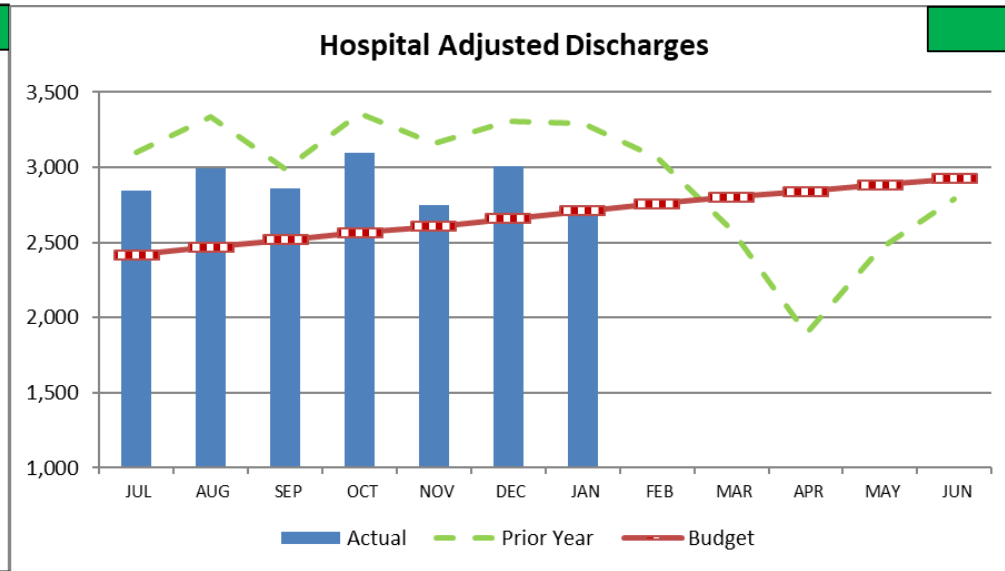
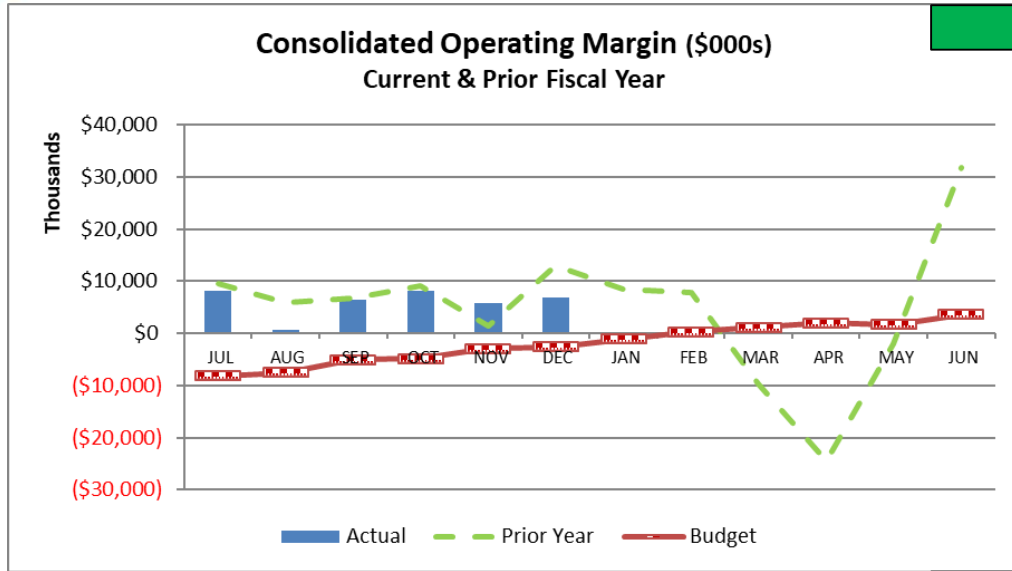
	Audited	
	January 31, 2021	June 30, 2020
CURRENT ASSETS		
Cash	166,105	228,464
Short Term Investments	273,609	221,604
Patient Accounts Receivable, net	147,540	128,564
Other Accounts and Notes Receivable	3,048	13,811
Intercompany Receivables	28,346	72,592
Inventories and Prepaids	25,252	101,267
Total Current Assets	643,899	766,303
BOARD DESIGNATED ASSETS		
Foundation Board Designated	17,108	15,364
Plant & Equipment Fund	224,324	166,859
Women's Hospital Expansion	30,401	22,563
Operational Reserve Fund	160,838	148,917
Community Benefit Fund	17,895	17,916
Workers Compensation Reserve Fund	16,482	16,482
Postretirement Health/Life Reserve Fund	31,365	30,731
PTO Liability Fund	30,394	27,515
Malpractice Reserve Fund	1,976	1,919
Catastrophic Reserves Fund	20,816	17,667
Total Board Designated Assets	551,599	465,933
FUNDS HELD BY TRUSTEE	9,684	23,478
LONG TERM INVESTMENTS	453,156	372,175
CHARITABLE GIFT ANNUITY INVESTMENTS	480	680
INVESTMENTS IN AFFILIATES	33,223	29,065
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,365,986	1,342,012
Less: Accumulated Depreciation	(715,961)	(676,535)
Construction in Progress	498,832	489,848
Property, Plant & Equipment - Net	1,148,857	1,155,326
DEFERRED OUTFLOWS	21,375	21,416
RESTRICTED ASSETS	29,277	28,547
OTHER ASSETS	87,405	3,231
TOTAL ASSETS	2,978,955	2,866,153

LIABILITIES AND FUND BALANCE

	Audited	
	January 31, 2021	June 30, 2020
CURRENT LIABILITIES		
Accounts Payable	24,377	35,323
Salaries and Related Liabilities	28,835	35,209
Accrued PTO	31,006	28,124
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	13,285	10,956
Intercompany Payables	28,173	70,292
Malpractice Reserves	1,560	1,560
Bonds Payable - Current	9,430	9,020
Bond Interest Payable	-	8,463
Other Liabilities	14,263	3,222
Total Current Liabilities	153,229	204,469
LONG TERM LIABILITIES		
Post Retirement Benefits	31,365	30,731
Worker's Comp Reserve	16,482	16,482
Other L/T Obligation (Asbestos)	6,124	4,094
Bond Payable	487,193	513,602
Total Long Term Liabilities	541,164	564,908
DEFERRED REVENUE-UNRESTRICTED	77,185	77,133
DEFERRED INFLOW OF RESOURCES	31,009	30,700
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,951,116	1,771,854
Board Designated	194,139	188,457
Restricted	31,113	28,631
Total Fund Bal & Capital Accts	2,176,368	1,988,942
TOTAL LIABILITIES AND FUND BALANCE	2,978,955	2,866,153

APPENDIX

YTD FY2021 Financial KPIs – Monthly Trends



Investment Scorecard (as of 12/31/2020)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
Investment Performance		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	--	--	--	--	--	--	--
Risk vs. Return		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%
Asset Allocation		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	--	--	--	--	--	--
Manager Compliance		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.

YTD FY2021 and January Operating Margin, Non-Operating Income and Net Margin by Affiliate (as of 1/31/2021)

(\$ in thousands)

	Period 7- Month			Period 7- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	(862)	405	(1,267)	40,940	(18,814)	59,754
Los Gatos	3,924	1,511	2,412	17,564	9,564	7,999
Sub Total - El Camino Hospital, excl. Affiliates	3,062	1,916	1,146	58,504	(9,249)	67,753
Operating Margin %	3.4%	2.5%		9.5%	-1.9%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	316	3,028	(2,712)	137,408	18,537	118,870
El Camino Hospital Net Margin	3,378	4,945	(1,566)	195,911	9,288	186,623
ECH Net Margin %	3.8%	6.6%		31.8%	1.9%	
Concern	(104)	25	(129)	267	194	72
ECSC	0	0	0	(3)	0	(3)
Foundation	(328)	(21)	(306)	2,518	(30)	2,548
El Camino Health Medical Network	(2,970)	(2,735)	(235)	(21,205)	(21,165)	(40)
Net Margin Hospital Affiliates	(3,402)	(2,732)	(670)	(18,423)	(21,001)	2,578
Total Net Margin Hospital & Affiliates	(23)	2,213	(2,236)	177,489	(11,713)	189,202

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

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
276,262	249,332	221,659	27,673	12.5%	Gross Revenue	1,810,470	1,871,988	1,448,077	423,912	29.3%
(203,698)	(183,291)	(163,698)	(19,594)	(12.0%)	Deductions	(1,333,059)	(1,391,404)	(1,072,235)	(319,169)	(29.8%)
72,564	66,041	57,961	8,080	13.9%	Net Patient Revenue	477,411	480,584	375,842	104,742	27.9%
1,446	2,249	2,106	143	6.8%	Other Operating Revenue	13,085	10,733	12,317	(1,585)	(12.9%)
74,011	68,290	60,067	8,223	13.7%	Total Operating Revenue	490,496	491,317	388,159	103,158	26.6%
					OPERATING EXPENSE					
38,210	42,250	36,603	(5,647)	(15.4%)	Salaries & Wages	255,812	268,535	245,354	(23,181)	(9.4%)
10,154	10,166	8,557	(1,609)	(18.8%)	Supplies	74,439	74,461	57,508	(16,953)	(29.5%)
7,467	8,277	6,740	(1,537)	(22.8%)	Fees & Purchased Services	48,067	47,817	47,535	(282)	(0.6%)
2,434	2,503	2,275	(229)	(10.1%)	Other Operating Expense	18,600	17,870	17,018	(852)	(5.0%)
1,554	1,428	926	(502)	(54.2%)	Interest	2,769	10,000	6,480	(3,520)	(54.3%)
4,226	4,527	4,561	34	0.7%	Depreciation	25,211	31,695	33,078	1,384	4.2%
64,043	69,151	59,662	(9,489)	(15.9%)	Total Operating Expense	424,898	450,377	406,973	(43,404)	(10.7%)
9,968	(862)	405	(1,267)	(312.8%)	Net Operating Margin	65,598	40,940	(18,814)	59,754	(317.6%)
5,156	316	3,028	(2,712)	(89.6%)	Non Operating Income	48,257	137,408	18,537	118,870	641.3%
15,124	(545)	3,433	(3,979)	(115.9%)	Net Margin	113,856	178,348	(276)	178,624	(64624.9%)
15,747	5,094	5,893	(799)	(13.6%)	Operating EBIDA	93,578	82,635	20,744	61,890	298.3%
					Operating EBIDA Margin	19.1%	16.8%	5.3%	11.5%	
					Operating Margin	13.4%	8.3%	-4.8%	13.2%	
					Net Margin	23.2%	36.3%	-0.1%	36.4%	

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

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
61,662	77,828	57,869	19,959	34.5%	Gross Revenue	416,169	509,665	397,443	112,222	28.2%
(46,773)	(56,856)	(43,051)	(13,805)	(32.1%)	Deductions	(311,192)	(386,879)	(296,179)	(90,700)	(30.6%)
14,889	20,972	14,818	6,154	41.5%	Net Patient Revenue	104,977	122,787	101,264	21,523	21.3%
374	257	272	(15)	(5.5%)	Other Operating Revenue	2,686	2,526	1,899	627	33.0%
15,264	21,229	15,090	6,139	40.7%	Total Operating Revenue	107,663	125,312	103,163	22,149	21.5%
					OPERATING EXPENSE					
7,598	9,355	7,258	(2,097)	(28.9%)	Salaries & Wages	52,495	58,235	49,760	(8,476)	(17.0%)
2,418	3,372	2,419	(953)	(39.4%)	Supplies	15,901	20,536	16,317	(4,219)	(25.9%)
2,572	3,324	2,676	(648)	(24.2%)	Fees & Purchased Services	19,173	20,257	18,693	(1,564)	(8.4%)
285	333	397	64	16.2%	Other Operating Expense	2,341	2,646	3,013	367	12.2%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
780	922	828	(93)	(11.3%)	Depreciation	5,557	6,074	5,816	(258)	(4.4%)
13,652	17,305	13,579	(3,727)	(27.4%)	Total Operating Expense	95,467	107,748	93,599	(14,150)	(15.1%)
1,612	3,924	1,511	2,412	159.6%	Net Operating Margin	12,195	17,564	9,564	7,999	83.6%
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
1,612	3,924	1,511	2,412	159.6%	Net Margin	12,195	17,564	9,564	7,999	83.6%
2,391	4,846	2,340	2,506	107.1%	Operating EBIDA	17,752	23,638	15,380	8,257	53.7%
					Operating EBIDA Margin	16.5%	18.9%	14.9%	4.0%	
					Operating Margin	11.3%	14.0%	9.3%	4.7%	
					Net Margin	11.3%	14.0%	9.3%	4.7%	

El Camino Health Medical Network (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
8,488	8,628	9,070	(442)	(4.9%)	OPERATING REVENUE					
(5,970)	(5,846)	(6,088)	242	4.0%	Gross Revenue	51,281	59,917	58,302	1,615	2.8%
2,518	2,782	2,983	(200)	(6.7%)	Deductions	(36,124)	(40,504)	(39,307)	(1,197)	(3.0%)
1,815	1,122	1,938	(815)	(42.1%)	Net Patient Revenue	15,157	19,413	18,994	419	2.2%
4,333	3,904	4,920	(1,016)	(20.6%)	Other Operating Revenue	11,390	9,196	13,565	(4,369)	(32.2%)
					Total Operating Revenue	26,547	28,609	32,559	(3,951)	(12.1%)
					OPERATING EXPENSE					
1,826	1,623	1,622	(0)	(0.0%)	Salaries & Wages	11,863	11,238	11,596	358	3.1%
350	348	403	55	13.6%	Supplies	2,916	2,969	2,955	(14)	(0.5%)
4,300	3,727	4,597	870	18.9%	Fees & Purchased Services	29,117	28,228	31,982	3,754	11.7%
936	950	772	(178)	(23.1%)	Other Operating Expense	4,976	5,967	5,362	(605)	(11.3%)
(1)	0	0	0	0.0%	Interest	0	0	0	0	0.0%
52	226	261	35	13.4%	Depreciation	362	1,641	1,829	188	10.3%
7,463	6,874	7,655	781	10.2%	Total Operating Expense	49,234	50,042	53,724	3,682	6.9%
(3,131)	(2,970)	(2,735)	(235)	8.6%	Net Operating Margin	(22,687)	(21,434)	(21,165)	(269)	1.3%
0	0	0	0	0.0%	Non Operating Income	0	229	0	229	0.0%
(3,131)	(2,970)	(2,735)	(235)	8.6%	Net Margin	(22,687)	(21,205)	(21,165)	(40)	0.2%
(3,080)	(2,744)	(2,474)	(270)	10.9%	Operating EBIDA	(22,325)	(19,793)	(19,336)	(457)	2.4%
					Operating EBIDA Margin	-84.1%	-69.2%	-59.4%	(9.8%)	
					Operating Margin	-85.5%	-74.9%	-65.0%	(9.9%)	
					Net Margin	-85.5%	-74.1%	-65.0%	(9.1%)	
-71.1%	-70.3%	-50.3%	(20.0%)							
-72.3%	-76.1%	-55.6%	(20.5%)							
-72.3%	-76.1%	-55.6%	(20.5%)							

Memorandum

To: El Camino Hospital Board of Directors
From: Dan Woods, CEO
Date: March 10, 2021
Subject: February CEO Report

Operations

COVID-19 Testing, Vaccinations and Advancing Care

El Camino Health has administered more than 25,000 COVID-19 tests to date. We continue to operate pop-up testing locations both within the District and in Los Gatos. Our school testing program continues with several elementary, middle and high schools throughout the District.

More than 1000 medical staff members and 84 percent of ECH employees are now vaccinated. In total, we have administered more than 18,000 doses through employee wellness and health services and through our community clinic.

Similar to airlines reservations system, ECH has created a “stand-by” list for people to receive a vaccine and to further minimize the risk of “wasting” a dose. ECH is also increasing its percentage of MyChart enrolled patients twice as fast as the Epic average.

We continue to provide advanced treatment for cancer patients with the installation of new radiation technology with specialization for prostate and gynecological tumors. The equipment is the first in the San Francisco Bay Area and the fifth installation in the United States. We anticipate our first patients using this new technology in March.

Behavioral Health

Kalpana Nathan, MD, has joined El Camino Health as chief medical director for Mental Health & Addiction Services beginning March 15. Dr. Nathan comes to El Camino Health having spent 23 years supporting patients in the VA system serving as a Stanford professor for a decade.

Human Resources

Recognizing and Investing in our Employees and a New Diversity Initiative

Our annual *Employee Service Awards and Recognition* event was held in a virtual format in February. We honored 184 employees for their years of service. Four Excellence Awards winners were also recognized from a pool of 50 nominees. The awards recognized excellence in leadership, nursing and individual employee efforts,

A new training program called *Leading the ECH Way* leadership was launched. This leadership development program currently includes two cohorts of managers and directors for an 18-month journey. This is a multi-year initiative and targets the development of 180 current and emerging leaders at El Camino Health.

Our newly formed Inclusion, Diversity, Equity and Belonging Steering Committee (I-DEB) has created a pulse survey for employees and physicians to gather information on these topics to inform goal setting for FY22. An enterprise-wide training platform that will help to educate employees and physicians on topics of diversity and inclusion, micro-aggressions and unconscious bias in the workplace will be rolled out during the next 18 months.

Marketing and Communications

The recovery brand advertising campaign, “Return to Health” has been refreshed across digital assets and advertising channels. Vaccine education campaigns, including one for the district and potential connections to the national health system and California Department of Public Health (CDPH) campaigns are under development for release as vaccine supply allocations increase.

Communications garnered a range of media opportunities, including a feature in the *Mountain View Voice* about El Camino Health’s COVID-19 ICU unit and focused on our employees. *This American Life* (national public radio show) featured one of our vaccinators at our community clinic. The *Los Altos Town Crier* did a story about the recently approved renovations of the Women’s Hospital. We had more than 30 media mentions in several publications including *The Mercury News*, *Marin Independent Journal*, *Palo Alto Daily*, *East Bay Times*, *SF Korean*, *Modern Healthcare*, *Sing Tao Daily* online, *Becker’s Hospital Review*, *San Francisco Chronicle* and KTVU.

Corporate, Government, and Community Health Services

Concern

Concern acquired 27 new customers this fiscal year, covering 25,000 employees and is on target to meet business plan goals. We are experiencing a high utilization of counseling services, which is due to COVID-19. We transitioned all of our counseling services, crisis response and training to virtual within 30 days of the pandemic. Our client and customer satisfaction remains high.

Government

ECH staff spoke with State Senator Josh Becker, Assembly member Marc Berman, Supervisor Joe Simitian, and Supervisor Otto Lee's office about the important role that El Camino Health and the El Camino Healthcare District are playing in offering COVID-19 vaccinations. There was great appreciation for our strong orientation to serve the community equitably and to administer vaccinations to meet community demand.

State Senator Josh Becker held a virtual Town Hall on January 21 regarding the pandemic. He was joined by Mark Adams, M.D., El Camino Health's Chief Medical Officer, to discuss health developments and vaccine availability. There were 850 registered attendees as well as 350 questions, comments, and suggestions that were submitted. The event received coverage in the *Daily Journal Online*, *Mountain View Voice*, *SF Gate*, and *The Almanac Online*. Mark Adams, M.D., was one of only two guest panelists included.

ECH participated in Santa Clara County Supervisor Joe Simitian's February virtual town calls to discuss the where, when, and how of COVID-19 vaccinations. Shreyas Mallur, M.D., Associate Chief Medical Officer, El Camino Health, participated in the February 10 Los Altos/Los Altos Hills and the February 25 Cupertino events. Daniel Shin, M.D., Infectious Disease Specialist, Quality Medical Director, participated in the February 11 Sunnyvale and February 17 Mountain View events. Cheryl Reinking, Chief Nursing Officer, participated in the February 18 Saratoga event.

Philanthropy

The El Camino Health Foundation secured \$424,258, which brings total FY21 fundraising to date to \$2,328,952. Two hundred guests attended Norma's Literary Luncheon virtual event on February 4. It included a presentation by author Susan Orlean and follow-up conversation with Kelly Corrigan and raised more than \$155,000 for Lifestyle Medicine, Chinese Health Initiative and South Asian Heart Center. The 2021 Employee Giving Campaign wrapped up with 683 employees committing \$178,236 through 2021 payroll deductions and one-time gifts, a higher percentage of participation than in previous years.

Auxiliary

The Auxiliary donated 723 volunteer hours for the month of February.