El Camino Health

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, November 9, 2022 – 5:30 pm
El Camino Hospital | 2500 Grant Road Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e) (1), El CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 912-3348-0990# 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**	Bob Rebitzer, Board Chair		**5:30 – 5:31 pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Bob Rebitzer, Board Chair		**information 5:31 – 5:32**
3.	**PUBLIC COMMUNICATION** a. Oral Comments *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.* b. Written Correspondence	Bob Rebitzer, Board Chair		**information 5:32 – 5:35**
4.	**MEDICAL STAFF REPORT**	Prithvi Legha, MD MV Chief of Staff Philip Ho, MD LG Chief of Staff		**discussion 5:35 – 5:45**
5.	**QUARTERLY QUALITY COMMITTEE REPORT**	Carol Somersille, MD Quality Committee Chair; Holly Beeman, MD Chief Quality Officer		**discussion 5:45 – 6:00**
6.	**ADJOURN TO CLOSED SESSION**	Bob Rebitzer, Board Chair	*public comment*	**motion required 6:00 – 6:01**
7.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Bob Rebitzer, Board Chair		**information 6:01 – 6:02**
8.	*Health and Safety Code Section 32106(b)* for a report and discussion involving healthcare facility trade secrets: **STRATEGIC PLAN PROGRESS UPDATE**	Dan Woods, Chief Executive Officer		**discussion 6:02 - 6:42**
9.	*Health and Safety Code Section 32106(b)* for a report and discussion involving healthcare facility trade secrets: **QUARTERLY FINANCIAL AND MANAGED CARE STRATEGIC UPDATE**	Carlos Bohorquez, Chief Financial Officer		**discussion 6:42 - 6:57**
10.	*Health and Safety Code Section 32106(b)* for a report and discussion involving healthcare facility trade secrets: (approval in 2nd open session) **PHYSICIAN SERVICES AGREEMENT**	Mark Adams, MD Chief Medical Officer		**discussion 6:57-7:12**
11.	*Report involving Gov't Code Section 54957(b) and 54956.9(d)* for discussion and report on personnel matters and conference with Legal Counsel: **CEO REPORT**	Dan Woods, Chief Executive Officer		**discussion 6:57 – 7:02**

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) 988-8254** 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
12. Report involving *Gov't Code Section 54957(b)* for discussion and report on personnel performance matters – Senior Management: **EXECUTIVE SESSION**	Bob Rebitzer, Board Chair		**discussion** **7:02 – 7:12**
13. CONSENT CALENDAR *Any Board Member may remove an item for discussion before a motion is made.*	Bob Rebitzer, Board Chair		**motion required** **7:12 – 7:13**
Approval *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the Hospital Board (10/12/2022) ***Reviewed and Approved by the Medical Executive Committee*** *Health & Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters*:* b. Credentialing and Privileges Report			
14. ADJOURN TO OPEN SESSION	Bob Rebitzer, Board Chair		**motion required** **7:13 – 7:14**
15. RECONVENE OPEN SESSION/ REPORT OUT	Bob Rebitzer, Board Chair		**information** **7:14 – 7:15**
To report any required disclosures regarding permissible actions taken during Closed Session.			
16. CONSENT CALENDAR ITEMS: *Any Board Member or member of the public may remove an item for discussion before a motion is made.*	Bob Rebitzer, Board Chair	*public comment*	**motion required** **7:15 – 7:16**
Approval a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings b. Minutes of the Open Session of the Hospital Board (10/12/2022) c. Physician Services Agreement ***Reviewed and Recommended for Approval by the Medical Executive Committee*** d. Policies, Plans, and Scope of Services ***Reviewed and Recommended for Approval by the Finance Committee*** e. Capital Project Request – MV Imaging Equipment Replacement and Expansion			
17. CEO REPORT a. Update b. Pacing Plan	Dan Woods, Chief Executive Officer		**information** **7:16 – 7:26**
18. BOARD COMMENTS	Bob Rebitzer, Board Chair		**information** **7:26 – 7:29**
19. ADJOURNMENT	Bob Rebitzer, Board Chair	*public comment*	**motion required** **7:29 – 7:30 pm**

Upcoming Regular Meetings December 7, 2022; February 15, 2023; April 5, 2023; May 10, 2023; June 14, 2023
Special Sessions: February 2023 (Joint Board and Committee Education); August 2023 (Board Retreat)

El Camino Health

El Camino Health Board of Directors
Quality, Patient Care and Patient Experience Committee Memo

To: Quality, Patient Care and Patient Experience Committee
From: Carol Somersille, MD, Chair
Date: November 9, 2022
Subject: FY23 First Quarter Board Quality Dashboard (STEEEP)

Purpose:

To update the Board of Directors on the activities of the Quality, Patient Care and Patient Experience Committee.

Summary:

1. Situation: The El Camino Health Board Quality Dashboard (STEEEP) is based on the Quality Framework first elucidated in Crossing the Quality Chasm (Institute of Medicine, 2001). By striving to deliver care, which is Safe, Timely, Effective, Efficient, Equitable and Patient Centered, El Camino Health is focused on optimizing and improving our performance and processes in these six quality domains.

2. Authority: The Quality, Patient Care and Patient Experience Committee of the Board is responsible for the quality and safety of care provided to El Camino Health patients. This dashboard provides oversight on key quality metrics.

3. Background: At the beginning of each fiscal year, an assessment is completed to identify specific areas for quality/performance improvement. A subset of these areas are then prioritized and designated as leading indicators tracked on the Board Quality Dashboard (STEEEP), which is published once per quarter. The metrics on the STEEEP dashboard are primarily acute care measures. The ECHMN Performance Dashboard for FY23 Quarter 1 is reviewed separately, (during this same committee meeting).

4. Assessment: The first quarter results are shown in green/yellow/red performance scheme. Measures shaded in **GREEN** are at or exceeding target. Those in **YELLOW** are within 5% of the target. Measures in **RED** are off target by greater than 5%.

   A. Safe Care—The Hospital Acquired Condition (HAC) metric is a weighted composite of five individual measures. The methodology for this measure is modeled after the CMS 5-Star rating methodology. First quarter performance is favorable; (lower is better) HAC Index of 0.77 compared to a FY23 target of 0.986.

      i. Hospital Acquired Pressure Injury (HAPI) Stage 3, Stage 4 and Unstageable. A pressure injury wound is numerically classified as Stage 1 or 2 or 3 or 4, based on the deepest tissue type exposed. The higher the number, the deeper the wound. Six of our patients had a) Stage 3, Stage 4 or Unstageable HAPI in FY2021 and eight had a HAPI in FY2022. To achieve a 7.5% reduction for FY23 our target is to have less than 8 HAPI occurrences in FY23. This translates to a goal of having less than 2 HAPI per quarter. To be on track for HAPI performance we would want to see 1 or no stage 3 or 4 pressure injuries in the first quarter of FY23. We had 2 patients have Stage 3, Stage 4 and Unstageable HAPI in Q1 of FY23. Improvement efforts include a focus on device related pressure injuries. Both HAPIs in Q1 were

related to medical devices; a nasal cannula for oxygen delivery, an abdominal feeding tube insertion site. According to the literature, medical-device related pressure injuries now account for more than 30% of all hospital-acquired pressure injuries. (The Joint Commission, July 2018) Respiratory therapy staff have collaborated with our wound care team to collaborate and implement best practices to protect patient's skin who require prolonged use of supplemental breathing support with a medical device. As of October 22, 2022, respiratory therapy team is performing 'skin' rounds to ensure we are proactively protecting skin in contact with respiratory medical devices.

B. Timely Care

i. ED Imaging Turnaround Time. This metric measures the amount of time it takes from imaging study is ordered to when the images have been taken by a radiology tech, the images interpreted and reported by the radiologist. This is a new metric on the STEEEP dashboard for FY23. The rationale for escalating this performance measure to the STEEEP dashboard is because of the trend of prolonged radiology reading times affecting the timeliness of patient care and ED throughput. In FY21 13% of studies were outliers, taking >45 minutes for the radiologist to interpret and dictate the report after the exam was completed by the tech. In FY22, 20% of ED studies were outliers. Current performance (78%) is not meeting target (84%) of studies completed within this period. Factors contributing to the pro-longed reading time are the increase volume and complexity of imaging studies ordered in the ED. Radiologist interpretation time is a focus of improvement. Challenges include off-hours results completion delays and StatRad staffing shortages. Dr. Bhimani is working closely with Radiology teams to address these gaps, identify, and support implementation of improvements.

C. Effective

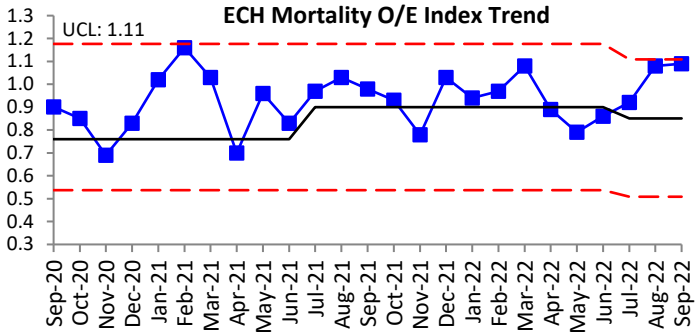
i. Risk Adjusted Readmission Index. Current Readmission Index for Q1 of FY23 is 1.02, unfavorable to the target of 1.00. Management continues to focus on this opportunity to ensure our patients after discharge from the hospital are able to remain home, in long-term care or SNF after discharge, as appropriate for their condition. We are encouraged to see a favorable trend downwards in our risk adjusted readmission rate.

Observed/Expected Readmission Index by Quarter								
Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY33
0.92	0.97	0.95	0.94	1.05	0.96	1.12	1.06	1.02

ii. Risk Adjusted Mortality Index. The risk adjusted mortality index for Q1 (1.03) is unfavorable to the target of 0.85. For the month of September, 80% of patient deaths were due to Sepsis, Cancer, Cardiac, Stroke and Renal Failure. Having a mortality index >1.0 is not typical for our performance, yet, remains within the upper and lower control limits for this measure suggesting

this is 'acceptable' noise. Each patient mortality included in the measure is being reviewed closely to detect any trends. None has been identified.

As a review, control limits are the horizontal lines on the below statistical process control chart at a distance of ± 3 standard deviations of the plotted statistic's mean, used to judge the stability of a process.



iii. Sepsis Mortality Index. FYTD Sepsis Mortality Index for Q1 (1.02) exceeded the FY23 target of 0.98. An isolated uptick of sepsis deaths in the month of August has been studied and no actionable trends identified. Similar to the control chart displayed above for Mortality Index, the August Sepsis Mortality Index of 1.3 was within the bounds of the upper control limit of 1.48. The Sepsis Mortality Index in September returned to below zero (0.89).

iv. NTSV C-section Rate for Primigravid Woman with a singleton pregnancy. The data for Q1 of FY23 will be finalized in one week. This is a unique core measure in that the results are reported both in Leap Frog for letter Grades and by CMS for star ratings. Leapfrog relies on CMQCC chart abstraction data. CMS relies on IBM for chart abstraction. I identified that the CMQCC and IBM core measure results for the same measure were very different. We have implemented a workflow to ensure the results are consistent. This requires manual review of charts by a physician to verify outliers and ensure numerator and denominator are accurate for both IBM and CMQCC.

D. Efficient

i. Patient throughput Admit Order to ED Departure Median Time. The ED throughput measure tracked on the STEEEP dashboard for FY23 is the "Arrival to Direct Discharge Median time". This is the throughput measure used by CMS to calculate our Star Rating. In spite of a 29% increase in ED volumes FY22 to FY21, the Median Time from arrival to direct discharge decreased favorably from 189 minutes in FY21 to 162 minutes in FY22. Current FY23 Q1 performance is 177 minutes, unfavorable to goal of 162 minutes. Children with respiratory infections (RSV) is contributing to the longer times. As a countermeasure to this increase in pediatric volume we now have respiratory therapists on site in the ED to expedite our care of these sick pediatric patients.

E. Patient Centered

i. IP Units –HCAHPS Likelihood to commend. Inpatient units did not meet target. FY23 Q1 performance is 79.9 < target of 81. This was due to decrease in our scores in Los Gatos Med Surg and Mountain View 3B and 4B. In Los Gatos, those patients that were admitted through the ED scored us lower. In 3B and 4B, our responsiveness scores were lower. We continue

to focus on Nurse Communication and the power of three, which includes Nurse Leader rounding, bedside report and Purposeful Hourly rounding. Rounding in Los Gatos has been challenging due to continued staffing issues but plans are in place to help with that.

ii. ED Likelihood to Recommend Top Box Rating. We did not meet our target for Q1 of FY23. FYQ1 performance of 70.3 < target of 75.0. We continue to have record high census and acuity and we continue to focus on patient flow, improving throughput and wait times. For those patients waiting greater than four (4) hours, are scores decline substantially. We are working on a plan to discharge lower acuity patients quicker.

iii. MCH – HCAHPS Likelihood to Recommend. FY23 performance is lower than goal of 81.5. ECH MCH continues to struggle with visitor and family issues and construction in MCH. We recently changed our visitor policy to allow families into our kitchen areas and cafeteria and have increased our rounding for families impacted by the construction noise. As the census increases, there was more patient movement, which resulted in dissatisfied patients and families.

iv. ECHMN Likelihood to Recommend Care Provider. We did not meet our target for Q1. FY23 Q1 performance of 82.6 < target of 83.4. Every metric in the ECHMN frictionless dashboard improved in September. Primary Care continues to struggle with access; however, we have identified improvements in our scheduling system to help. Specialty clinics improved in all areas.

List of Attachments Attachment 1—Board Quality Dashboard (STEEEP) FY23 Quarter 1.

El Camino Health

Month to Quality Committee of the Board: November, 2022

FY23 Quarterly Board Quality Dashboard (STEEEP)

Quality Domain	Metric	Baseline	Target	Performance				
		FY 22	FY 23	FY23, Q1	FY23, Q2	FY23, Q3	FY23, Q4	FYTD23 Total
Safe Care	HAC Index	1.066	0.986	0.77				**0.77**
	HAC Component: Clostridium Difficile Infection (C.diff)	9.25	8.56	7.00				**7.00**
	HAC Component: Surgical Site Infections (SSI)	4.5	4.16	3.00				**3.00**
	HAC Component: nvHAP	28.75	26.59	26.00				**26.00**
	HAC Component: IP Units area Patient Falls Reported to NDNQI	38.25	35.38	25.00				**25.00**
	HAC Component: HAPI Stage 3, Stage 4 and Unstageable	2.00	1.85	2.00				**2.00**
Timely	Stroke: TTITT (time to intravenous thrombolytic therapy) <= 30 min	28.6% (8/28)	50%	50% (4/8)				**50% (4/8)**
	Stroke: Door-to-Groin <= 90 minutes	50% (9/18)	50%	100% (2/2)				**100% (2/2)**
	Imaging TAT: ED including Xray (target = % completed ≤ 45 min)	79.01%	84%	78.43%				**78.43%**
Effective	Risk Adjusted Readmissions Index	1.05	1.00	1.02				**1.02**
	Risk Adjusted Mortality Index	0.94	0.85	1.03				**1.03**
	Risk Adjusted Sepsis Mortality Index	1.02	0.98	1.02				**1.02**
	PC-02 NTSV C-Section	23.50%	23.5%	---				---
Efficient	Patient Throughput- Median Time from ED Arrival to ED Deaprture for *discharged ED patients*	162	162	177				177
Equitable	% Patients - Ethnicity documented	97.90%	----	97.59%				**97.59%**
	% Patients - Race documented	98.29%	----	97.75%				**97.75%**
Patient-centered	IP Units Enterprise - HCAHPS Likelihood to Recommend	80.8	81	79.9				**79.9**
	ED - Likelihood to Recommend (PG)	74.5	75	70.3				**70.3**
	MCH - HCAHPS Likelihood to Recommend	81.3	81.5	72.3				**72.3**
	ECHMN (El Camino Health Medical Network)	83.2	83.4	81.0				**81.0**

Updated: 111/1/22

Legend

STEEEP: Safe Care, Timely, Effective, Efficient, Equitable, Patient-Centered

Green: At or exceeding target

Yellow: Missed target by 5% or less

Red: Missed target by > 5%

White: No target

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS

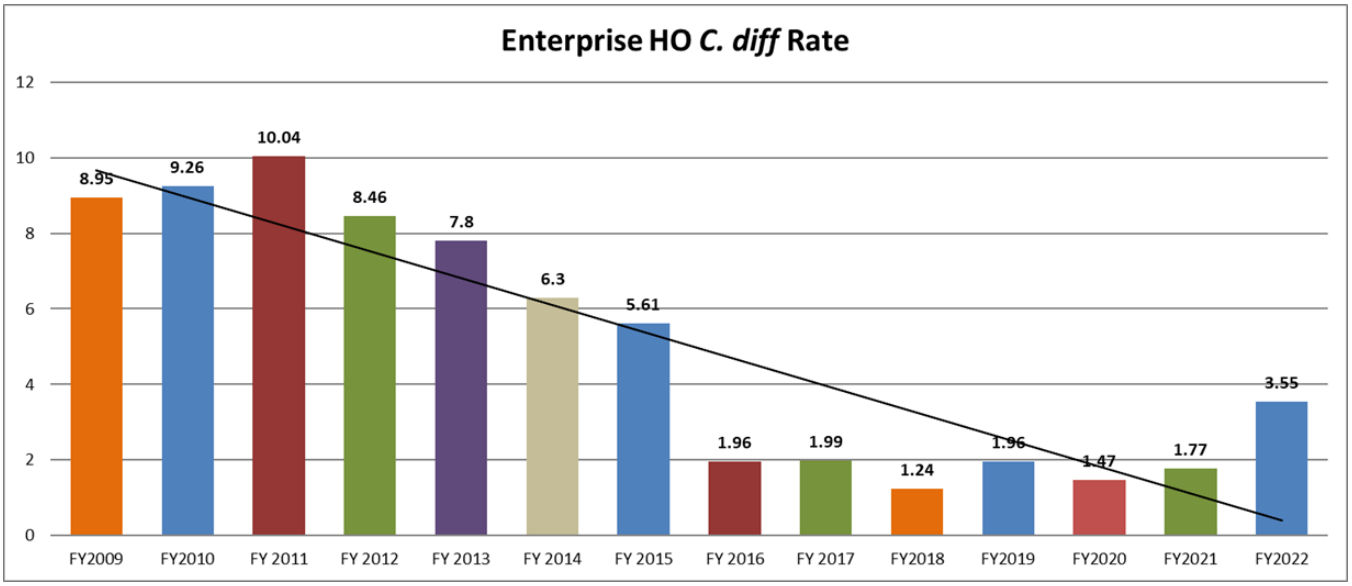
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Holly Beeman, MD, MBA – Chief Quality Officer
Date: November 9, 2022
Subject: Clostridium Difficile Infection Process Improvement

Situation: During the August 2022 El Camino Hospital Board Meeting board members requested a presentation describing a deeper dive into the process by which we try to improve when we are not meeting target for a metric measuring the quality of care we provide our patients. Dr. Beeman will share with the board the process, approach and teams engaged to decrease Clostridium Difficile infections. The purpose of sharing this (operational) information is to make visible to the Board, how management utilizes LEAN process improvement methods to address opportunities for improvement.

Background: Clostridium Difficile (C. Diff) is a bacterial infection of the large intestines. Unlike most bacteria, C. Difficile changes into a spore form that cannot be seen. These spores can survive on surfaces for up to 5 months. Most importantly, spores cannot be killed by alcohol gel and only respond to hand washing with soap and water. Rates of hospital acquired C. Diff infections are measured as a quality standard for hospitals in the USA. In FY22 at El Camino Health (ECH), hospital acquired C. Diff. infections more than doubled from previous years (~15 cases to 37 cases). In order to meet ECH's high quality standards and provide the best care to our patients we will reduce hospital onset C. Diff infection rates by 33% in FY23. This translates to a 10% reduction in # of hospital onset C.Diff infections from 37 in FY22 to 33 or less infections in FY23.

C difficile at ECH since 2010-2022 per 10,000 patient days



Clostridium Difficile Infection Process Improvement
November 9, 2022

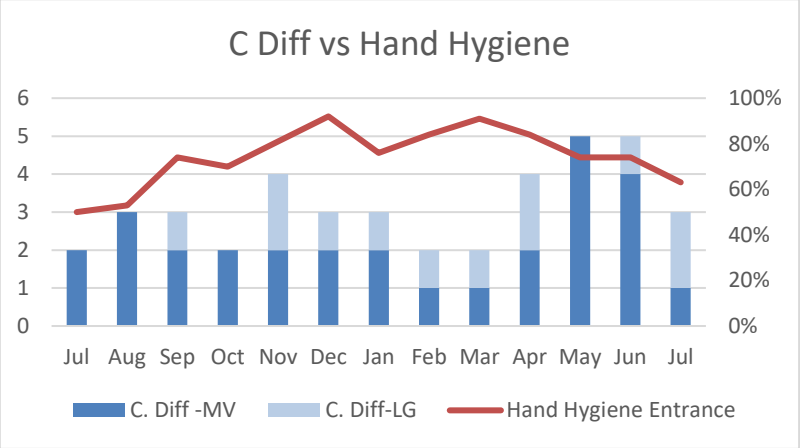
Performance Improvement Process:

1. Organize a Team. Hospital acquired infections, such as C. Difficile, require engagement, and focus from multiple stakeholders in the hospital including infection prevention, nursing, medical staff, pharmacy, environmental services, nutrition, antibiotic stewardship team, and performance improvement department. A combination of leaders and front line staff from these areas is organized into a team. This large team has a leadership steering committee to direct the work, remove barriers, and provide needed resources such as data.

Name	Role	Name	Role
Holly Beeman	Exec. Sponsor/ CQO	Areena Chaudhry	Manager of Nursing
Lyn Garrett	Sponsor/ Director of Quality	Catherine Nalesnik	Director of Infection Prevention
Jen Murray	Coach/ PI Program Manager	Owen Simwale	Infection Prevention Manager
Ann Aquino	Director of Nursing	Carol Kemper	Physician Lead, Medical Director IP

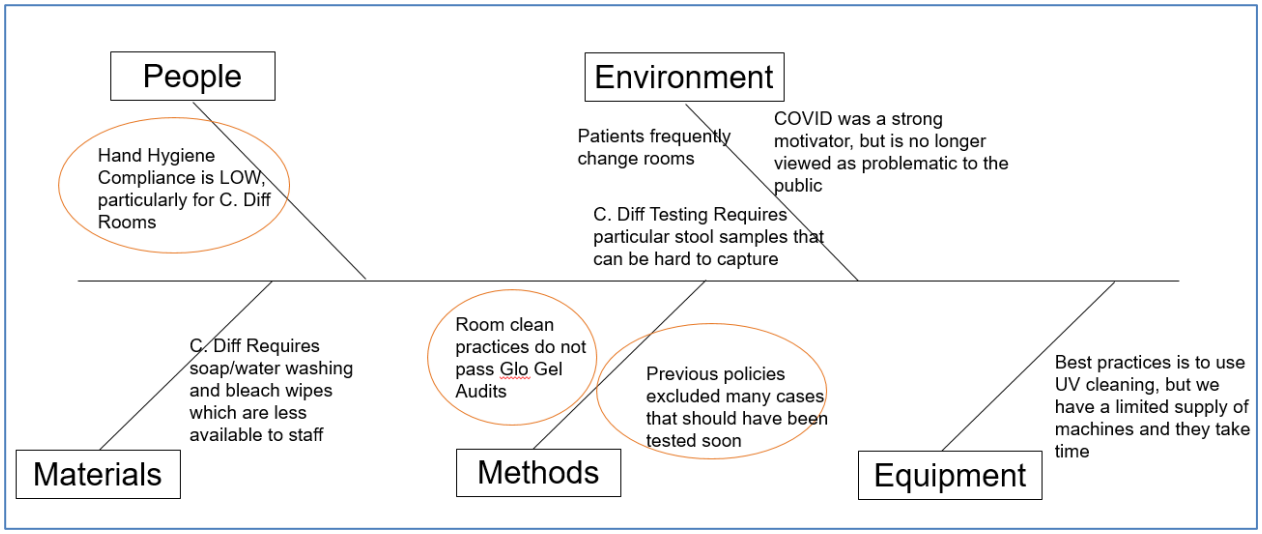
2. Study and understand current conditions. The Infection Prevention team in partnership with nursing and environmental services performed an audit on C. Diff workflows from May 22 – Jul 22 and found three key findings.
    - Delay in diagnosis. Delayed C. Diff testing prevents patients who have active C.Diff infection on admission from being categorized as community acquired, and, delays implementation of “Isolation Precautions” for the patient with C. Diff infection. Our review of C. Diff cases demonstrates that 24% of the time, there is a delay in ordering and collecting the stool for testing.
    - Environmental services room cleaning. Audit performed in collaboration with EVS demonstrates that 26% of rooms did not pass the glo gel monitoring after terminal cleaning[1].
    - Hand hygiene. Audits demonstrate decreasing rates of hand washing in general, and, only 54% of staff leaving a C.Diff patient room washed their hands prior to exiting the room.

[1] Glo gel comes in gel or powder form and contains plastic simulated germs. The Glo gel is sprinkled on a surface prior to cleaning. After cleaning is complete, the cleaned surface is visualized with a UV light. Any residual ‘germs’ will light up brightly under the UV light. A surface which has been adequately cleaned will have no residual/visible ‘germs’ upon inspection with a UV light.



3. Understand Root Causes. The team performed a gap analysis for each C. Difficile case in FY22 and identified the following causes:

Early Order/Collection	Hand Hygiene	High Risk	C. Diff Work Flows	Cleaning	Blank
31-Dec	19-Jan	30-Dec	6-Apr	25-Apr	9-May
25-Dec	7-Feb	23-Nov	30-Mar		18-May
5-Jun	22-Feb	13-Dec	11-Apr		31-May
18-Jun	30-Oct	30-Jan	8-Apr		21-Jun
12-Apr					
22-Jun					
21-Sep					
26-Feb					
30-Dec					



4. Identify Experiments/Solutions.

   A. Earlier identification of cases. Goal = prompt ordering and collection of stools.
      - The nursing Standardized Procedure for stool collection has been revised, focusing on day 1-3 of hospitalization testing
      - Working with IT to develop an EPIC prompt q 8 hours to focus NS on collecting stools as soon as possible
      - Improved identification of higher risk patients on admission

   B. Hand hygiene and PPE. Goal = Revitalize Hand Hygiene Program
      - Improved attention to orientation, training and education and staff competencies.
      - Launch hand washing awareness campaign November 2022
      - Discussed at Safety Huddle 3 x during first week of November
      - CFO raises Hand Hygiene awareness at Safety Huddle
      - Hand Hygiene in Voices Message from CEO Nov 7, 2022

   C. Environmental cleanliness. Goal = prevent in-hospital spread of C. Diff
      - EVS leadership collaborating with infection prevention to improve practices, redoubling efforts to perform quality clean of C. Difficile rooms.

5. Collect data on in process measures. Track and monitor progress.

Measure	Baseline FY22	Target
C. Diff Cases	37	~33 (10% improvement)
Orders Placed Timely	76%	90%
Glo Gel Pass Rate	74%	95%
ATP Pass Rate[2]	100%	100%
Hand Hygiene (Exit C. Diff Rooms)	54%	90%

List of Attachments: None

[2] ATP is an enzyme that is present in all living cells, and an ATP test can detect the amount of organic matter that remains after cleaning an environmental surface, medical device or surgical instrument.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Mary Rotunno, General Counsel
Date: November 9, 2022
Subject: Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings

Recommendation: To continue the determination made by the Board of Directors at its meeting on October 13, 2021, in Resolution 2021-10 acknowledging that there still exists a state of emergency due to the COVID-19 pandemic and to continue the findings by the Board of Directors to allow continued public participation by teleconference in Board and Advisory Committee meetings in accordance with the recommendation of the Santa Clara County Health Officer.

Summary:

1. Situation: At the October 13, 2021 Board Meeting, the Board of Directors adopted Resolution 2021-10, which made findings to continue holding virtual public meetings under the Ralph M. Brown Act based on the continued state of emergency due to the COVID-19 pandemic and that either (a) the state of emergency continues to directly impact the ability to meet safely in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing.
   This Resolution relies on the September 21, 2021, recommendation by the Health Officer of the County of Santa Clara that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings.

2. Authority: On March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20, suspending specific provisions of the Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means.
   On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which placed an end date of September 30, 2021, for agencies to meet remotely.
   On September 16, 2021, Governor Newsom signed Assembly Bill 361 (2021) ("AB 361"), which allows for local legislative and advisory bodies to continue to conduct meetings via teleconferencing if the Board of Directors, by majority vote, makes the findings set forth in paragraph 1 above, not later than thirty (30) days after teleconferencing for the first time under the AB 361 rules, and every 30 days thereafter.

3. Legal and Compliance Review: ECH, outside counsel at Best Best & Krieger, LLP ("BB&K"), reviewed the legislation and prepared Resolution 2021-10.

Attachment:

1. Resolution 2021-10 - Resolution of the Board of Directors of El Camino Hospital Making Findings and Determinations Under AB 361 for Teleconference Meetings

RESOLUTION 2021-10

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL MAKING FINDINGS AND DETERMINATIONS UNDER AB 361 FOR TELECONFERENCE MEETINGS

WHEREAS, all meetings of the El Camino Hospital's Board of Directors and Advisory Committees are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and watch the Board of Directors and its Advisory Committees conduct their business;

WHEREAS, such meetings ordinarily take place on the campus of the Hospital, located at 2500 Grant Road, Mountain View, California, 94040, in the County of Santa Clara;

WHEREAS, ordinarily, the Ralph M. Brown Act imposes certain requirements on local agencies meeting via teleconference;

WHEREAS, the Legislature recently enacted Assembly Bill 361 (AB 361), which amended Government Code section 54953 to allow local agencies to use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) of section 54953 of the Government Code if the legislative body holds a meeting during a proclaimed state of emergency and determines by majority vote that, as a result of the emergency, either (a) meeting in person would present imminent risks to the health and safety of attendees, or (b) state or local official continue to impose or recommend measures to promote social distancing;

WHEREAS, the Governor issued a proclamation declaring a state of emergency on March 4, 2020 due to the COVID-19 pandemic, pursuant to section 8625 of the California Emergency Services Act, and this proclaimed state of emergency currently remains in effect;

WHEREAS, on August 2, 2021, in response to the Delta variant, the Health Officer of the County of Santa Clara ordered all individuals to wear face coverings when inside public spaces;

WHEREAS, on September 21, 2021, the Health Officer of the County of Santa Clara issued a recommendation that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings;

WHEREAS, AB 361 requires compliance with separate procedures for teleconference meetings during a state of emergency, found in subdivision (e) of Government Code section 54953;

WHEREAS, AB 361 requires that the legislative body using the teleconferencing procedures of AB 361 make renewed findings by majority vote, not later than every thirty (30) days, that the legislative body has reconsidered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person,

or (b) state or local officials continue to impose or recommend measures to promote social distancing;

WHEREAS, the Board of Directors of the Hospital desires to make findings and determinations for meetings of the Board of Directors and its Advisory Committees consistent with AB 361 to utilize the special procedures for teleconferencing provided by AB 361 due to imminent risks to the health and safety of attendees, as well as Hospital staff and patients;

WHEREAS, in response to the COVID-19 pandemic, Hospital staff has set up hybrid in-person/teleconference public meetings, whereby members of the Board of Directors and Advisory Committee members and staff that can attend the meeting in-person on the campus of the Hospital can do so, while members of the public have the full ability to observe and comment on the meetings off-campus through the Hospital's virtual meeting platforms;

WHEREAS, the Board of Directors fully supports the public's right to participate in all meetings of the Board of Directors and its Advisory Committees, but acknowledges that it cannot require members of the public who wish to attend meetings in-person to submit proof of vaccination or negative test results;

WHEREAS, it is important that the Board of Directors ensure that Board members, Advisory Committee members and Hospital staff have a safe workplace and Hospital patients have a safe environment to receive care, to the maximum extent possible; and

WHEREAS, the Board of Directors desires to balance the rights of members of the public to participate in meetings of the Board of Directors and its Advisory Committees with the rights of the Board of Directors, Advisory Committee members and Hospital staff to conduct the meetings in a safe environment.

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

1. The Board of Directors finds and determines that, as a result of the COVID-19 pandemic emergency, meetings of the Board of Directors and its Advisory Committees in which the public attends in-person on the campus of the Hospital would present imminent risks to the health and safety of the Board of Directors, Hospital staff, members of the public and patients of the Hospital.

2. The Board of Directors finds and determines that conducting such meetings in a hybrid in-person/teleconference model provides the safest environment for the Board of Directors, Advisory Committee members and Hospital staff to conduct business, while allowing for maximum public participation.

3. The Board of Directors finds and determines that the Health Officer of the County of Santa Clara has recommended measures to promote social distancing as one means to reduce the risk of COVID-19 transmission.

4. The Board of Directors and its Advisory Committees shall conduct teleconference meetings under AB 361 in accordance with the requirements of AB 361, found in subdivision (e) of Government Code section 54953.

5. Through the duration of the state of emergency, if the Board of Directors desires to continue utilizing teleconferencing meetings under the special provisions of AB 361, the Board of Directors will make findings by majority vote not later than thirty (30) days after this meeting (or, if there is no meeting within thirty (30) days of this meeting, at the start of the next meeting), and not later than every thirty (30) days thereafter (or, if there is no meeting within thirty (30) days thereafter, at the start of the next meeting), that the Board of Directors has reconsidered the circumstances of the state of emergency and that either (a) the state of emergency continues to directly impact the ability of the public to meet safely in person, or (b) that state or local officials continue to impose or recommend measures to promote social distancing.

6. The findings of the Board of Directors set forth above apply to all meetings of the Board of Directors and its Advisory Committees, including, without limitation, the October 4, 2021 meeting of the Quality, Patient Care and Patient Experience Committee, which predated this Resolution.

PASSED AND ADOPTED at the regular meeting of the Board of Directors of El Camino Hospital held on October 13, 2021 by the following vote:

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

NOES: None

ABSENT: None

ABSTAIN: None

ATTEST:

DocuSigned by:
Lanhee Chen
71D3D3DB297E475...
Chair,
El Camino Hospital Board of Directors

DocuSigned by:
Julia Miller
30CE6DD9439C4ED...
Secretary,
El Camino Hospital Board of Directors

El Camino Health

Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, October 12, 2022

Pursuant to Government code section 54953(e)(1), El Camino Health did not provide a physical location to the public for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present
Bob Rebitzer, Chair
Jack Po, MD, Ph.D., Vice-Chair*
Julia E. Miller, Secretary/Treasurer
Peter Fung, MD
Julie Kliger, MPA, BS
Carol A. Somersille, MD
George O. Ting, MD
Don Watters
John Zoglin

Board Members Absent
Lanhee Chen, JD, PhD

*Director Po joined the meeting via Zoom at 5:33 pm

Others Present
Dan Woods, CEO
Deanna Dudley, CHRO
Meenesh Bhimani, MD, COO
Omar Chughtai, CGO
Carlos Bohorquez, CFO**
Deb Muro, CIO**
Christine Cunningham, CXO**
Vineeta Hiranandani, VP of Marketing and Communication**
Andreu Reall, VP of Strategy
Mary Rotunno, General Counsel

**via telepresence

Others Present (cont.)
Shahab Dadjou, Interim President, El Camino Health Medical Network
Shreyas Mallur, MD, Associate Chief Medical Officer
Bob Miller, Chair, Executive Compensation Committee
Stephanie Iljin, Manager of Administration
Brian Richards, Information Technology
Marianne Vicencio, Via Healthcare Consulting (Via)**
Abigail Suarez, Via Healthcare Consulting (Via)**

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Bob Rebitzer called the open session meeting of the Board of Directors of El Camino Hospital (the Board") to order at 5:30 p.m. A verbal roll call was taken. All Board members were present at roll call except for Jack Po, MD, who joined via Zoom at 5:33 pm, and Lanhee Chen, who was absent. Chair Rebitzer 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.	**Meeting was called to order at 5:33 p.m.**
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Rebitzer asked the Board for declarations of conflict of interest with any items on the agenda. None were reported.	
3. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board, and no comments were made.	*Public communication occurs during the second open session, agenda item 14.*
4. FY22 AUDITED FINANCIAL REPORT	Carlos Bohorquez, CFO, introduced independent auditor Joelle Pulver, Moss Adams, LP CPA, who reviewed the FY22 audited financial statements for El Camino Health (ECH). Ms. Pulver reported that Moss Adams issued an unmodified audit opinion that the consolidated financial statements are fairly presented in accordance with generally accepted accounting principles. The following information was included in the agenda packet:	

	• Auditor opinion and report • Significant risks identified • Matters to be communicated to the governing body • Statements of net position • Operations Discussion topics included changes in investment balances due to market volatility and changes in ECH risk tolerance for net patient accounts receivable.	
5. ADJOURN TO CLOSED SESSION	Before the meeting adjourned to closed session, a community member who had called into the meeting reported that the posted call-in phone number was not accurate on the El Camino Health website. Motion to adjourn to closed session at 5:50 p.m. *pursuant to Gov't Code Section 54957.2 for approval of the minutes of the Closed Session of the Hospital Board (09/12/22); pursuant to Health and Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: (Medical Staff Credentialing & Privileges Report; Exception to Physician Financial Arrangements Policy); pursuant to Health and Safety code Section 32106(b) Physician Contracts (MV Otolaryngology ED and Inpatient Call Panel Renewal, Enterprise Neurology, Neurodiagnostic, and Neurohospitalist Coverage); pursuant to Gov't Code Section 54957 for discussion and report on personnel performance matters –Senior Management (for discussion of FY22 Audited Financial Statements); pursuant to Gov't Code Section 54957(b) for a report on personnel performance matters (Executive Compensation Committee Approvals); pursuant to Health and Safety code Section 32106(b) for a report and discussion involving health care facility trade secrets: (FY22 Year in Review and Strategy Forward); pursuant to Gov't Code Section 54957(b)and 54956.9(d)for discussion and report on personnel matters and conference with Legal Counsel (CEO Report); pursuant to Gov't Code Section 54957 for discussion and report on personnel performance matters and 54957.6 for a conference with labor negotiator (FY22 CEO Performance Incentive Individual Score and FY23 CEO Base Salary and Range).* **Motion:** to adjourn to closed session at 5:50 p.m. **Movant**: Somersille **Second**: Kliger **Ayes**: Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes**: None **Abstentions**: None **Absent**: Chen **Recused**: None	***Follow-up:*** *Ensure the call-in number for board meetings is accurately posted on the ECH website.* ***Adjourned to closed session at 5:50 p.m.***
6. AGENDA ITEM 15: RECONVENE OPEN SESSION/ REPORT OUT	Open Session was reconvened at 7:20 p.m. by Chair Rebitzer. Agenda Items 7 -14 were addressed in closed session. During the closed session, the El Camino Hospital Board of Directors approved the FY22 CEO Performance Incentive	***Follow-up:*** *Ms. Iljin to connect community member to the*

	Individual Score, the minutes of the Closed Session of the Hospital Board (09/12/22), and the Credentials and Privileges Report by a unanimous vote of all Directors present (Directors Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, and Zoglin). Director Chen was absent. A community member called into the board meeting to request help reporting her concerns about her care. The caller was advised to contact Stephanie Iljin in administration, who will assist her in resolving her concerns.	*proper personnel to resolve concerns.*
7. AGENDA ITEM 16: CONSENT CALENDAR ITEMS	Chair Rebitzer asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion. A board member pulled the Open Session minutes of the 09/12/2022 ECH Board meeting and requested that they be amended to reflect that Dr. Ho was introduced as the new Chief of Staff of the Los Gatos campus. **Motion:** to approve the consent calendar, with the provision that the Open Session minutes of 09/12/22 be amended to include the introduction of Dr. Ho, to include: a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings b. Minutes of the Open Session of the Hospital Board (09/12/2022) – to be amended c. Exception to Physician Financial Arrangements Policy d. Policies, Plans, and Scope of Services e. MV Otolaryngology ED and Inpatient Call Panel Renewal f. Enterprise Neurology, Neurodiagnostic, and Neuro-hospitalist Coverage **Movant:** Miller **Second:** Fung **Ayes:** Fung**,** Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Chen **Recused:** None	***Consent calendar approved***
8. AGENDA ITEM 17: FY22 AUDITED FINANCIAL REPORT	Motion to approve FY22 Audited Financial Report **Movant:** Watters **Second:** Fung **Ayes:** Fung**,** Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Chen **Recused:** None	***FY22 Audited Financial Report was approved***
9. AGENDA ITEM 18: FY22 CEO	Motion to approve FY22 CEO Performance Incentive Plan Payout at a score of 83.9%	***FY22 CEO Performance***

PERFORMANCE INCENTIVE PLAN PAYOUT	**Movant:** Miller **Second:** Watters **Ayes:** Fung**,** Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Chen **Recused:** None	***Incentive Plan Payout was approved***
10. AGENDA ITEM 19: FY23 CEO BASE SALARY	Motion to approve FY23 CEO Base Salary and Range as disclosed at the meeting. **Movant:** Miller **Second:** Ting **Ayes:** Fung**,** Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters **Noes:** Zoglin **Abstentions:** None **Absent:** Chen **Recused:** None	***FY23 CEO Base Salary and Range was approved***
11. AGENDA ITEM 20: FY22 ORGANIZATION PERFORMANCE INCENTIVE PLAN SCORE	Motion to approve FY22 Organization Performance Incentive Plan Score of 83.9% **Movant:** Miller **Second:** Watters **Ayes:** Fung**,** Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes:** **Abstentions:** None **Absent:** Chen **Recused:** None	***FY22 Organization Performance Incentive Plan Score was approved***
12. AGENDA ITEM 21: CEO REPORT	Mr. Woods provided a brief CEO report including the following highlights: • Due to increased patient volume, a new observation unit was opened to reduce emergency department boarding. • ECH is hosting the 5th annual Maternal Mental Health Symposium for over 1,000 attendees registered, representing eighteen countries. • The Chinese health initiative held the annual event for the Chinese-speaking physician network. • The Heart and Vascular Institute's remote monitoring initiative is live, enabling ECH to monitor patients' blood pressures in their homes. • ECH offers a "transitions program" and a new graduate residency program to increase nurse retention. • The ECH Foundation has already achieved 45% of target for the fiscal year. Discussion: • There is a golf-related activity on October 24, 2022. All board members and leadership are invited for dinner and golf. • ECH could be more proactive in promoting its accomplishments and abilities.	***Governance Committee Follow-up:*** *Link Committee goals and pacing plans to ECH strategic plan and value proposition.*

	• The group was reminded that board committee goals and pacing plans were approved by the Governance Committee (GC) subject to tying these goals/objectives to ECH's strategic plan. The GC meets on 10/25/2022.	
13. AGENDA ITEM 22: BOARD COMMENTS	Directors Zoglin and Somersille attended an American Hospital Association meeting recently. Director Zoglin agreed to write a summary of the event to share with the Board.	
14. AGENDA ITEM 23: ADJOURNMENT	**Motion**: to adjourn at 7:45 p.m. **Movant:** Miller **Second:** Kliger **Ayes:** Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Chen **Recused:** None	***Meeting adjourned at 7:45 p.m.***

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

_____

Bob Rebitzer
Chair, ECH Board of Directors

_____

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Marianne Vicencio, Via Healthcare Consulting
Reviewed by: Stephanie Iljin, Manager of Administration

EL CAMINO HEALTH BOARD OF DIRECTORS
Policies, Plans, and Scopes of Services for Review
November 9, 2022

Department	Policy Name	Revised	Doc Type	Notes	Committee Approvals
New Business					
Health Information Management	1. Scope of Service: Health Information Management Services	Revised	Scope of Svc	• Updated Sections: Scope of Service, Appropriateness, Necessity, and Timeliness of Services	• HIM Leadership • Med Dir • ePolicy • MEC
Information Security	2. Secure Texting	Revised	Policy	• Updated Policy Statement	• Dept Dir • CIO • ePolicy • MEC

Status **Pending** PolicyStat ID **11322147**

El Camino Health

Origination	06/2009
Last Approved	N/A
Effective	Upon Approval
Last Revised	07/2022
Next Review	3 years after approval
Owner	Kristina Underhill: Manager HIM Ops
Area	Scopes of Service

Scope of Service: Health Information Management Services

~~Scope and Complexity of Services Offered~~

Scope of Service

Health Information Management ~~Services~~ is organized to support the collection, maintenance, dissemination and use of patients' health information in a timely and accurate manner according to governmental, professional and institutional guidelines and is considered the custodian of the El Camino Hospital Legal Medical Record. Our mission is to ensure the accuracy, integrity, accessibility and security of all patient health information . The purposes of the legal medical record ~~are~~is to:

1. Facilitate the ~~diagnosis and treatment of the~~continuity of patient care
2. To aid quality assurance and peer review activities by documenting the standards and patterns of care of El Camino Hospital and it's individual practitioners ~~and~~by providing data for administrative and medical decisions.
3. Serve as the legal health record for El Camino Hospital
4. Provide data for quality ~~measures~~metrics, health research, planning, and regulatory data ~~submission~~submissions
5. Verification of services and treatment covered by insurance.

Scope of ~~Services~~Service includes:

Coding/Abstraction - physician attribution and reporting social determinants of health of all patient classes

Provider professional claim support/education
Release of Information - subpoenas, patient requests, legal, HEDIS, denied claims, RAC, payor audit and continuity of care
Management of Dictation / Transcription
Analysis for chart completion - Inpatient, Newborn, Observation, Outpatient Surgery, Outpatient/Ancillary, Emergency Room records

Physician Suspension oversight and management

~~Physician Suspension~~
~~Coding/Abstracting~~
~~Release of Information~~
~~Dictation / Transcription~~
~~Analysis for chart completion~~
Record Retrieval and Retention
Birth Recording and data submission to Santa Clara County
Management of the electronic/paper legal medical record
Scanning and quality assurance of paper documents for legal medical record
Quality ~~audits~~metrics and reporting – Joint Commission ~~standards~~, Premier, Department of Health Care Access and Information (HCAi), and quarterly measures of readmission/mortality rates
Patient Identity - management of master patient index, chart corrections, duplicate medical record numbers
Documentation Management for Clinic Services
Patient Portal Customer Support Services for Electronic Health Record - adult/minor proxy access, activation of new accounts

After-hours / holiday support services for hospital/clinic staff and providers

Data Reporting - Heath Information metrics, provider case listing

Provider support - on-boarding clinic providers, provider education, provider audits related to compliance / regulatory standards

Types and Ages of Clients Served

Patients all types and ages and their representatives
Medical Staff
Administration
Insurance Companies
Clinical Staff
Allied Health Professionals
Attorneys
Other Health Care Organizations
Government Agencies
~~All~~ Hospital Departments and affiliates

Community Health Providers

Assessment Methods

HIM staff skill sets are evaluated using job competencies specific to their job function.

Quality audits are performed routinely for record management functions, coding and abstracting, data collection, release of information and transcription.

Appropriateness, Necessity and Timeliness of Services

Health Information Management Services is staffed seven days per week from 7:00 am to 5:00 pm ~~and~~Monday - Friday and 8:30am - 5:00pm Saturday and Sunday. We are open to the public for release of information M-F 8:00 am to 4:30 pm. Holiday coverage varies.

Staffing/Skill Mix

Leadership is provided by three registered health information management professionals, credentialed by the American Health Information Management Association, which include a ~~supervisor~~manager with a RHIT credential , a manager with a CCS credential, a director with an RHIA credential. Coding staff hold either a Certified Coding Associate (CCA) ~~or~~, Certified Professional Coder (CPC) and/or Certified Coding Specialist (CCS) credential. All other staff must meet minimum job competencies.

Level of Service Provided

Health Information Management Services provides services under hospital and departmental policy and procedure guidelines.

Standards of Practice

Health Information Management Services is governed by state and federal regulations including Title 22 and the Medicare Conditions of Participation, and standards established by the Joint Commission on Accreditation of Healthcare Organizations.

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.

Approval Signatures

Step Description	Approver	Date

Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	09/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	08/2022
Department Medical Director or Director for non-clinical Departments	Kristina Underhill: Manager HIM Ops	07/2022
	Kristina Underhill: Manager HIM Ops	07/2022

History

Comment by Underhill, Kristina: Manager HIM Ops on 9/16/2021, 4:21PM EDT

> Please review the updated scope of services policy

Edited by Underhill, Kristina: Manager HIM Ops on 3/4/2022, 6:07PM EST

> Provided/added additional details of services offered

Last Approved by Underhill, Kristina: Manager HIM Ops on 3/4/2022, 6:07PM EST

Last Approved by Underhill, Kristina: Manager HIM Ops on 3/4/2022, 6:07PM EST

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 3/30/2022, 1:55PM EDT

> Updated title

Draft saved by Underhill, Kristina: Manager HIM Ops on 4/22/2022, 7:48PM EDT

Edited by Underhill, Kristina: Manager HIM Ops on 4/22/2022, 7:49PM EDT

> Added additional services provided

Last Approved by Underhill, Kristina: Manager HIM Ops on 4/22/2022, 7:49PM EDT

Last Approved by Underhill, Kristina: Manager HIM Ops on 4/22/2022, 7:49PM EDT

> frank reviewed and approved

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 5/11/2022, 3:11PM EDT

> ePolicy 5/6/22

Last Approved by Encisa, Franz: Director Quality and Public Reporting on 5/27/2022, 2:25PM EDT

> MEC 5/26/22

Comment by Underhill, Kristina: Manager HIM Ops on 7/20/2022, 9:41PM EDT

> Patrick , the policy was reviewed and approved in May 2022 but not published. Can you publish the version above?

Sent for re-approval by Underhill, Kristina: Manager HIM Ops on 7/20/2022, 9:41PM EDT

> Version from May 2022 was approved but not published.

Last Approved by Underhill, Kristina: Manager HIM Ops on 7/20/2022, 9:41PM EDT

Last Approved by Underhill, Kristina: Manager HIM Ops on 7/20/2022, 9:41PM EDT

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 8/26/2022, 3:59PM EDT

> ePolicy 8/5/22

Last Approved by Encisa, Franz: Director Quality and Public Reporting on 9/22/2022, 4:13PM EDT

> MEC 9/22/22

Status **Pending** PolicyStat ID **12242105**

El Camino Health

Origination	05/2017
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2022
Next Review	3 years after approval

Owner	Diane Wigglesworth: Sr Dir Corporate Compliance
Area	Information Security
Document Types	Policy

Secure Texting

I. COVERAGE:

This issue specific policy applies to all workforce members, business associates and agents that access or uses El Camino Health IT assets or infrastructure. The workforce members maybe defined as follows:

1. El Camino Health Employees, ~~Physicians, Partners~~Medical Staff
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure the exchange of information via texting within ECH and with any external entity is secured, protected and carried out in compliance with the relevant regulatory and legal requirements. Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate.

III. POLICY STATEMENT:

It is the policy of El Camino Health (ECH) that only the ECH approved secure text messaging application may be used when sending text messages containing electronic patient health information (ePHI), or any personally identifiable information (PII), including, social security numbers, names, addresses or financial account information.

- **Additionally, ECH policy prohibits all users from copying, pasting, or appending any text messages into a patient's medical record, including "TigerText messages.**

IV. DEFINITIONS:

Secure Text Message - electronic communication handled through encrypted means.

V. REFERENCES:

Policy Use of cellular phones with the hospital.

Policy Physician Orders for approved methods of transmitting physician orders.

Security Risk Management (NIST, PCI DSS)

El Camino Health (ECH) follows a continuous Security Risk Management process for identifying, categorizing, and ranking security risks and vulnerabilities. This practice involves the execution and management of plans to remediate or mitigate risks deemed to be unacceptable to the organization.

The SRM process is accomplished through the implementation of policies, procedures, technologies, physical safeguards, and security awareness and training. ECH utilizes the NIST 800-53 controls catalog and PCI DSS guide in the approach for selecting suitable SRM controls to systematically resolve risks and vulnerabilities to our ECH information systems, IT assets, and medical devices. Because texting is an issue specific problem, ECH's practice is to select a vendor technology solution to remediate or mitigate the texting risks.

Regulatory Compliance (HIPAA Security Rule Standards)

The Information Services Division (ISD) is responsible for implementing the policies, procedures, and technologies that ensure compliance across the enterprise with the HIPAA Security Rule standards for protecting electronically stored Protected Health Information (ePHI). The specific details that define these standards are integrated into our Regulatory Compliance (RC) policies. The result of this integration produces a comprehensive set of RC and Security Risk Management (SRM) policies.

Any policy that implements a Security Rule standard is classified as a Regulatory Compliance (RC) policy. This means Federal and/or state law require covered entities to actively enforce HIPAA compliance to said standard. The Security Rules listed in this policy explicitly identifies the Administrative, Physical, and Technical standards that must be implemented and enforced.

Additionally, "Organizational Requirements" and "Policies and Procedures and Documentation Requirements" are listed in each respective policy. These particular standards define the implementation and artifact maintenance activities and should be sustained throughout the policy lifecycle. Collectively these standards outline specific safeguards to ensure the confidentiality, integrity, and availability of ePHI on the ECH information systems, IT assets, and medical devices remain relevant, operational, and effective.

The RC HIPAA Security Rule standard applicable to this policy is listed in the table below.

Security Rule	Standard	Section
Transmission Security (§ 164.312(e)(1))	Implement technical security measures to guard against unauthorized access to electronic protected health	Technical Safeguards

	information that is being transmitted over an electronic communications network.	

VI. PROCEDURE:

A. The secure text messaging application will be installed on all desktops to be used as the primary device for secure texting. While this application can also be used on personal devices it is at the discretion of the user and not the responsibility of El Camino Hospital. Please refer to policy Use of cellular phones with the hospital.

B. Texting unencrypted electronic protected health information (ePHI), personally identifiable information (PII); financial or other sensitive data is not permitted and is a violation of this policy. Texting of patient images taken outside of the secure text messaging application is not permitted and is a violation of this policy.

C. The secure text messaging application is not approved for transmitting physician orders. Please refer to Policy 3.04 Physician Orders v2 for approved methods of transmitting physician orders.

D. Physicians must sign the Secure Texting Physician User Agreement to acquire ECH's approval and a license to use the secure text messaging application. Secure text messages containing photographic or other images used to make clinical decisions must be forwarded to HIMS for inclusion in the Legal Medical Record.

E. Non-physician workforce members must sign the Secure Texting User Agreement form to use the secure text messaging application. ECH Leader approval must be obtained in writing to download and use the secure mobile messaging application on a personal device. Such use on a personal device is at the sole discretion of the user and not required by El Camino Hospital

F. Only authorized users will be provisioned with secure text messaging application accounts. Accounts must be disabled within 24 hours of being notified that a user has terminated employment or no longer requires the secure text messaging capabilities to perform job duties. This action also applies to personally owned devices that were approved to have the secure text message application installed.

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.

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	09/2022

ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	09/2022
InfoSec - CISO, Technical Services Director, CIO	Rodney Smith Jr: IT Security Architect	08/2022
	Rodney Smith Jr: IT Security Architect	08/2022

History

Draft saved by Hanley, Jeanne: Policy and Procedure Coordinator on 12/22/2021, 3PM EST

Draft discarded by Hanley, Jeanne: Policy and Procedure Coordinator on 12/22/2021, 3PM EST

Draft saved by Smith Jr, Rodney: IT Security Architect on 8/19/2022, 3:24PM EDT

Edited by Smith Jr, Rodney: IT Security Architect on 8/19/2022, 3:27PM EDT

> Corporate Compliance would like to ensure all Secure Text users are informed that incorporating any type of text messages into a patient record is prohibited.

Last Approved by Smith Jr, Rodney: IT Security Architect on 8/19/2022, 3:27PM EDT

Last Approved by Smith Jr, Rodney: IT Security Architect on 8/19/2022, 4PM EDT

> CISO approves the revised language and Corporate Compliance also concurs

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 9/14/2022, 12:26PM EDT

> Updated coverage

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 9/14/2022, 12:27PM EDT

> ePolicy 9/2/22

Last Approved by Encisa, Franz: Director Quality and Public Reporting on 9/22/2022, 4:12PM EDT

> MEC 9/22/22

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 10/12/2022, 2:49PM EDT

> Removed partners per ePolicy on 9/2/22

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 10/12/2022, 2:58PM EDT

> Temporary ownership until Diane has confirmed who should own IS policies. Meeting w/ Joe Voje and Deb Muro.

El Camino Health

EL CAMINO HEALTH BOARD OF DIRECTORS

To: El Camino Health Board of Directors
From: Meenesh Bhimani, COO
Ken King, CAO
Date: November 9, 2022
Subject: Capital Project Request – MV Imaging Equipment Replacement and Expansion

Recommendation:

The Finance Committee reviewed this request at the September 27, 2022 meeting and voted to recommend Board Approval of the final funding request not to exceed $18.7 million for the construction and installation of Imaging Equipment in the MV Hospital.

Summary:

1. Situation: When the new MV Hospital building opened in 2009, the Imaging Equipment was state-of-the-art. Now the equipment is over 13 years old and is at or near its "End of Support" date from the manufacturer. We need to replace the aged out Imaging Equipment that is essential to hospital operations.

The following lists the equipment to be replaced:

Item	Modality	Type	Room	Existing Equipment	End of Support Date	Note
1	CT	AS	CT #1	SOMATON Definition AS	12/31/2020	
2	CT	DS	CT #2	SOMATON Definition DS	12/31/2020	
3	MRI	1.5 T	MRI #2	MAGNOTOM Espree	12/31/2024	
4	MRI	3.0 T	MRI #1	MAGNOTOM TRIO	12/31/2024	
5	X-ray	General	ED	Axiom Aristos FX Plus	12/31/2021	
6	X-ray	General	X-ray #1	Axiom Aristos MX/VX	12/31/2020	
7	*X-ray*	*General*	*X-ray #3*	*Axiom Aristos MX/VX*	*12/31/2020*	*To be Removed*
8	X-ray	Fluoro	X-ray #2	Axiom Aristos Luminois TF	12/31/2022	
9	X-ray	Fluoro	X-ray #5	Axiom Aristos Luminois TF	12/31/2022	
10	*X-ray*	*Fluoro*	*X-ray #4*	*Axiom Aristos Luminois TF*	*12/31/2022*	*Relocated to LG in 2014*
11	Nuc Med	PET	PET	Biograph 40 TruePoint	12/31/2022	
12	Nuc Med	SPECT	SPECT #1	Symbia TruePoint	12/31/2024	Future Replacement
13	Nuc Med	SPECT	SPECT #2	Symbia S-Series	12/31/2024	Future Replacement
14	CT	New	CT #3	NA	NA	To be Installed by combining X-ray #3 & #4

Replacing this equipment requires a building permit from OSHPD to ensure that the equipment is installed in accordance with current building codes and standards, which in turn requires associated construction and building modifications. Additionally, replacing the equipment is to be done in a phased approach so there is no reduction in service while the construction and installation is in process. Note that the project request includes replacing two X-ray rooms with a third CT scanner.

2. Authority: In accordance with policy, Capital Expenditures over $5 million require the approval of the Board of Directors.

3. Background: The Board Approved the purchase of replacement imaging equipment and the possible addition of two new rooms, one to add a third CT Scanner and one to add a seventh Interventional Lab in the 1st Floor Imaging Department. The initial funding approval was $16.9 million, $15.9 million for the equipment only and $1 million for planning and design services. Purchase orders were placed in late 2019 for all the equipment except the interventional lab. Just as the planning process was getting started, the pandemic hit and management put the project development on hold for several months. Once re-initiated in the fall of 2020 the planning and code analysis identified the need for significant renovation to address code minimum requirements and in some cases modifications to equipment configurations and room construction to accommodate the installations. The project update provided to the Board Finance Committee in September 2020 indicated a total project cost estimate of $37.5 million.

In the spring of 2021, just prior to the submission to OSHPD, the construction and installation cost estimate increased to just over $41 million. Management made the decision to eliminate the seventh Interventional Lab and to defer to a future date the replacement of the two Nuclear Medicine SPECT Units. These changes reduced the project cost estimate to $33.3 million. Fast forward to today where we now have an OSHPD set of approved plans and specifications along with a GMP Construction/Installation Proposal from Truebeck Construction that brings our total project cost to $35.6 million. The costs break down as follows:

Imaging Equipment	12,747,715
Construction / Installation	17,130,000
Other FF&E	240,000
Soft Costs	4,478,804
Contingency @ 3 %	1,037,896
Total Project Cost	**35,634,415**
Rounded	**35,600,000**
Less Prior Approved Funding	(16,900,000)
Requested Final Funding	**18,700,000**

There are two primary reasons for the $2.3 million increase in cost from the prior estimate. The first is due to extending the original timeline by eight months to ensure that volume and service is not impacted during construction. The second is that the competitive bids received reflect the current market conditions, which are impacted by long lead times, workforce availability, material costs and inflation.

4. Assessment: The replacement equipment and addition of a 3rd CT scanner will bring state of the art imaging technology to ECH; enhancing patient safety, patient experience, increased efficiency and throughput, and increased access while reducing down time and resultant diversion time. The equipment will continue ECH's tradition of utilizing 'low-dose' technologies, minimizing harmful excessive radiation exposure. A larger bore opening will accommodate plus size patients and help reduce claustrophobia, while new artificial intelligence tools will standardize tech workflow and increase efficiency. We expect to achieve a significant reduction in exam duration and a reduction in exam variation. The reliability of the new equipment will allow us to maintain services with minimal downtime disruption.

5. Other Reviews:

Clinical Engineering/IT Review: There is no question from a Clinical Engineering and IT perspective that the Imaging Equipment is due to be replaced. Once the end of support dates comes and passes, the manufacture can only provide best effort to repair due to the availability of parts, limited trained personnel and guaranteed uptime. This is critical as best effort service repair will not meet the demands of our operations. Once a manufacture declares end of support they stop the manufacturing of the parts needed to repair the system. The new equipment will be more reliable and come with operating systems and software that is current and less vulnerable than the existing equipment.

Finance Review: The financial analysis was broken into 2 components. The first was the evaluation of the replacement equipment and the second was the evaluation of adding a 3rd CT unit.

The baseline scenario assumes no incremental volumes would be generated. In order to develop a meaningful analysis, the "do nothing" scenario assumes annual reduction in volumes due to equipment failure/unavailability of 2%, 4%, and 6%. At the 2% volume reduction level, the 10yr. NPV is -$17.3M.

Adding the 3rd CT allows ECH to grow the service and the financial pro forma analysis indicates the requested investment brings significant benefit to the organization with a 10 yr. NPV of +4.6M.

Finance Committee Review: The Board Finance Committee voted to recommend Board Approval of this capital-funding request at the meeting held on September 27, 2022.

Legal / Compliance Review: Not Applicable

6. **Outcomes**: In addition to all of the anticipated benefits of new upgraded technology the success of this project will be measured by completing the installation of replacement equipment within 36 months and doing so without unplanned disruptions to patient care, all within the approved funding. See the target timeline in the attached presentation.

7. **List of Attachments:**

- None

El Camino Health

Capital Facilities Project Request
MV Imaging Equipment Replacement and Expansion

Meenesh Bhimani, Chief Operating Officer

Ken King, Chief Administrative Services Officer

November 9, 2022

Background, Capital Funding Request and Needs Assessment

Board Memo Excerpt – February 13, 2019

Background:

- This request is the first of two requests. Approval of this request will allow us to place purchase orders for equipment that requires the manufacturers' participation in the development of detailed plans and specifications that must receive OSHPD review and approval.
- Once OSHPD review is substantially complete and construction sequence and costs are known, the final request for funding will be presented.

Funding Request – Finance Committee

- To recommend Board Approval of the final funding request not to exceed $18.7 million for the replacement and expansion of imaging equipment at MV Hospital

Why do we need to replace the Imaging Equipment?

- Equipment is at or near its “End of Support” date and it is essential to hospital operations
- Existing equipment is no longer state of the art and is beginning to have more frequent failures and down-time.
- Image quality from the Radiologists perspective has declined with the age of the equipment
- New equipment will provide higher quality images with lower dose radiation
- New equipment comes with AI tools which improves tech workflow and efficiency
- New CT’s and MRI’s come with larger bores which reduces claustrophobia and accommodates larger patients
- New equipment captures images faster and will reduce exam durations
- Replacing two X-ray rooms with a 3rd CT scanner will improve through-put and allow for procedural growth by interventional radiologists

Industry Standards Confirm Need for Equipment Replacement

Loc	Current Equipment Type	In Service Date	ECRI Life Expectency	AHRA Extended Life	Accruent Maximum Life	Siemens End of Support*	Failures Recorded Over Last 3 years	Mean Time Between Failures (Months)
CT1	SOMATOM Definition DS	2009	8 years (2017)	10 years (2019)	12 Years (2021)	12/31/2020	31	1
CT2	SOMATOM Definition AS	2009	8 years (2017)	10 years (2019)	12 Years (2021)	12/31/2024	31	1
MR2	MAGNETOM Espree	2009	10 years (2019)	15 years (2024)	15 years (2024)	12/31/2025	49	1
MR1	MAGNETOM TRIO	2009	10 years (2019)	15 years (2024)	15 years (2024)	12/31/2024	26	2
Rm 5 R/F	AXIOM LUMINOS TF	2009	10 years (2019)	15 years (2024)	15 years (2024)	12/31/2022	14	4
PET	BIOGRAPH 40 TruePoint	2009	10 years (2019)	10 years (2019)	15 years (2024)	12/31/2022	13	4
Rm 1 XR	AXIOM Aristos MX / VX	2009	10 years (2019)	15 years (2024)	12 Years (2021)	12/31/2020	26	3
Rm 2 R/F	AXIOM LUMINOS TF	2009	10 years (2019)	15 years (2024)	15 years (2024)	12/31/2022	14	4
ED XR	AXIOM Aristos FX Plus	2009	10 years (2019)	15 years (2024)	20 years (2029)	12/31/2021	19	1
Delayed								
SPECT	Symbia TruePoint	2009	8 years (2017)	15 years (2024)	15 years (2024)	12/31/2024	5	22
SPECT	Symbia S-Series	2009	8 years (2017)	15 years (2024)	15 years (2024)	12/31/2024	15	7

- Once the end of support dates comes and passes, the manufacture can only provide best effort to repair due to the availability of parts, limited trained personnel and guaranteed uptime.
- Best effort to repair does not meet our operational requirements.

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Planned Equipment

Replacement:

- CT scan #1
- CT scan #2
- MRI #1
- MRI #2
- PET – CT
- ED x-ray
- General x-ray #1
- X-ray #2 (fluoro)
- X-ray #5 (fluoro)

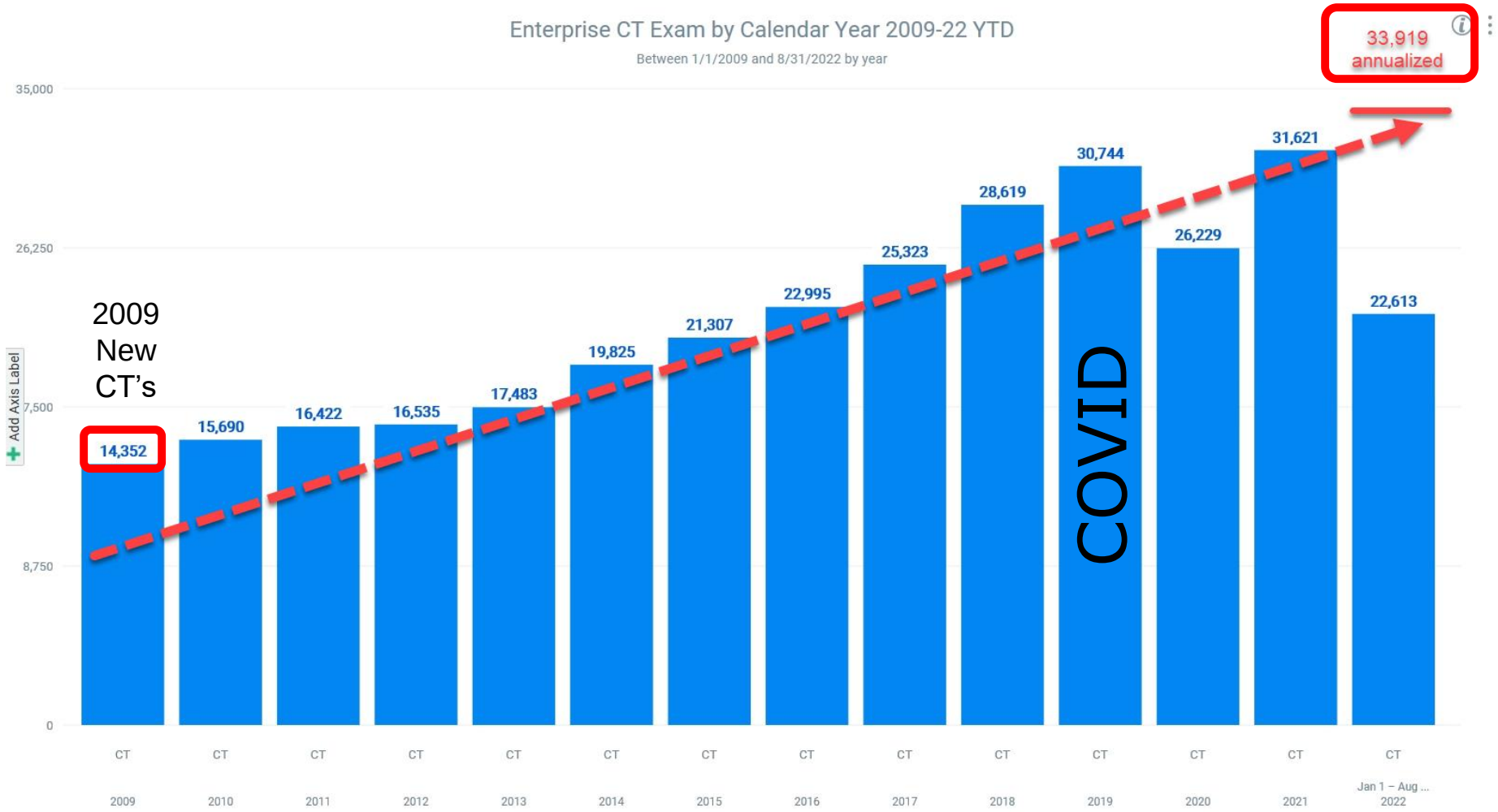
New:

- CT scan #3

Projected CT Volume Growth

2009 – 2022
136% Growth

Annual Average Growth 6.6% in past 5 years



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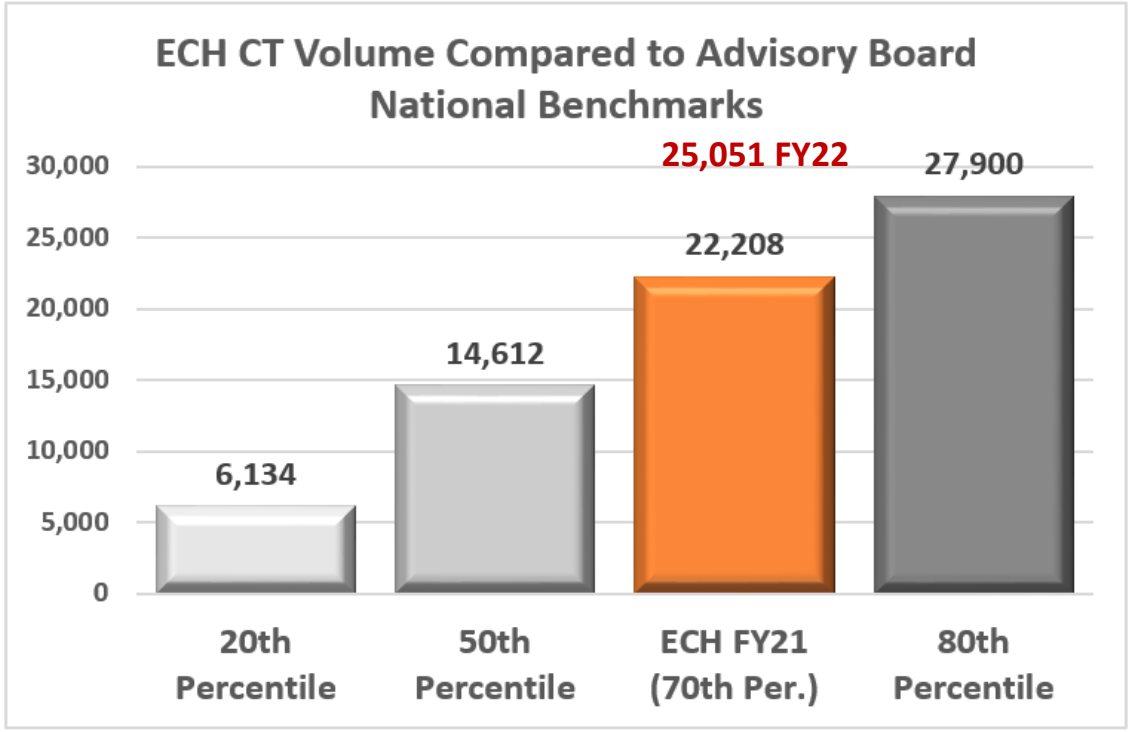
CT Volume at ECH Compared to Benchmarks

High Volumes Impact Operations & Supports Need for 3rd CT

- Interventional radiology cases to often run to 10:00 PM
- ED cases often delayed impacting ED throughput
- Inpatients not always scanned in timely manner, increasing length of stay
- Outpatients shifted to Los Gatos campus due to lack of appointment availability in MV
- Any CT downtime exacerbates impact

Forecasted market growth is 18.4% over next 10 years



Source: Imaging Productivity and Efficency Report Insights from 2017 Imaging Benchmarking Survey - Advisory Board

n = 96, 85, National cohort

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Project Timeline, Scope and Cost

Existing Floorplan

- CT Scanners
- MRI's
- X-Ray Units
- Nuclear Med

ED X-ray

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Existing Floorplan
Extensive Construction Zones

Zone 1 required to meet equipment clearances & build approved stress test environment.

Zone 2 to covert two existing rooms into new CT#3, modify storage & expand Nurses Station

Zone 3 to remove exterior walls to move magnets out and in.

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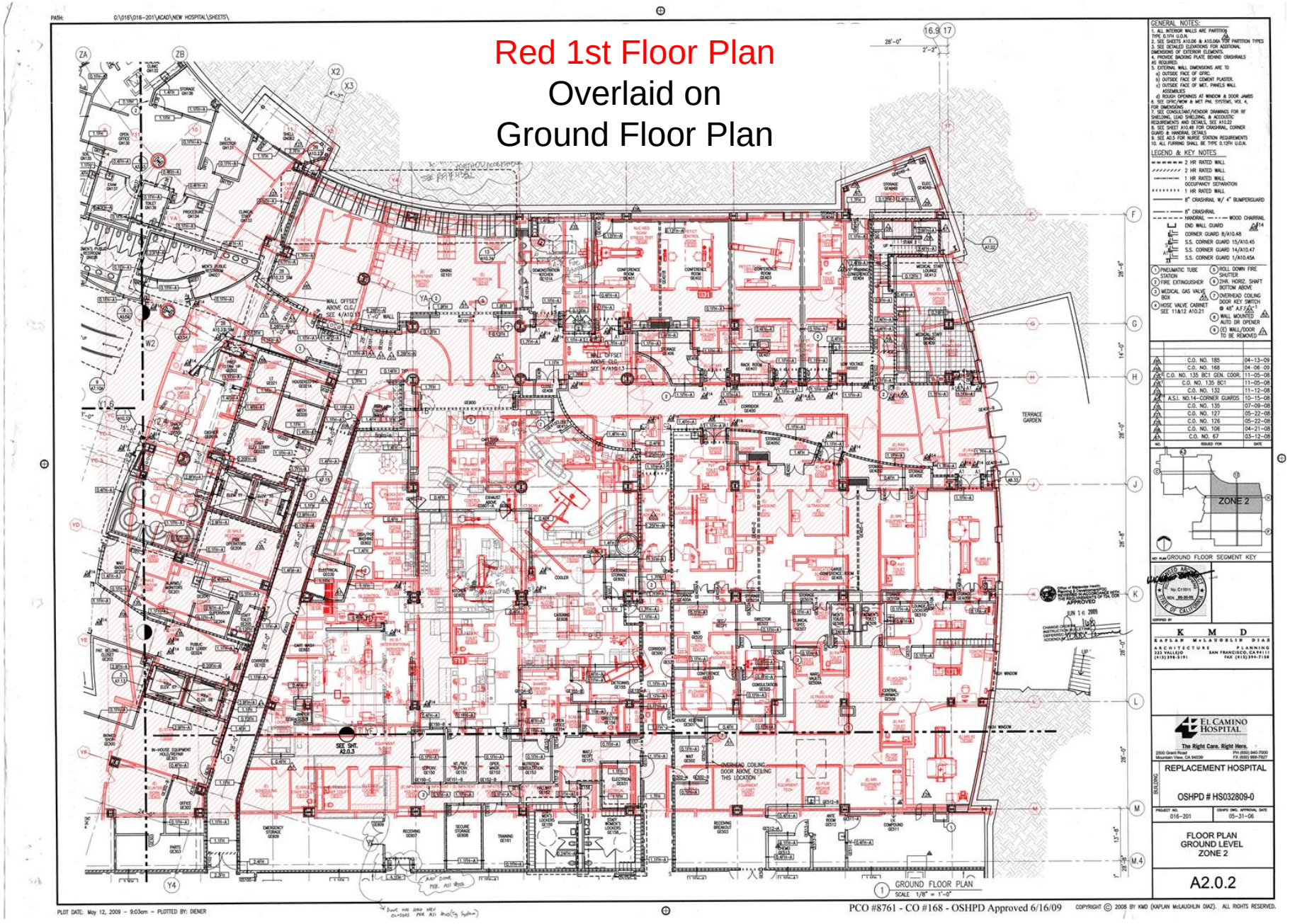
Equipment Installation on 1st Floor ……

Impacts the Ground Floor

Conference Rooms, Kitchen & Serveries, Pharmacy



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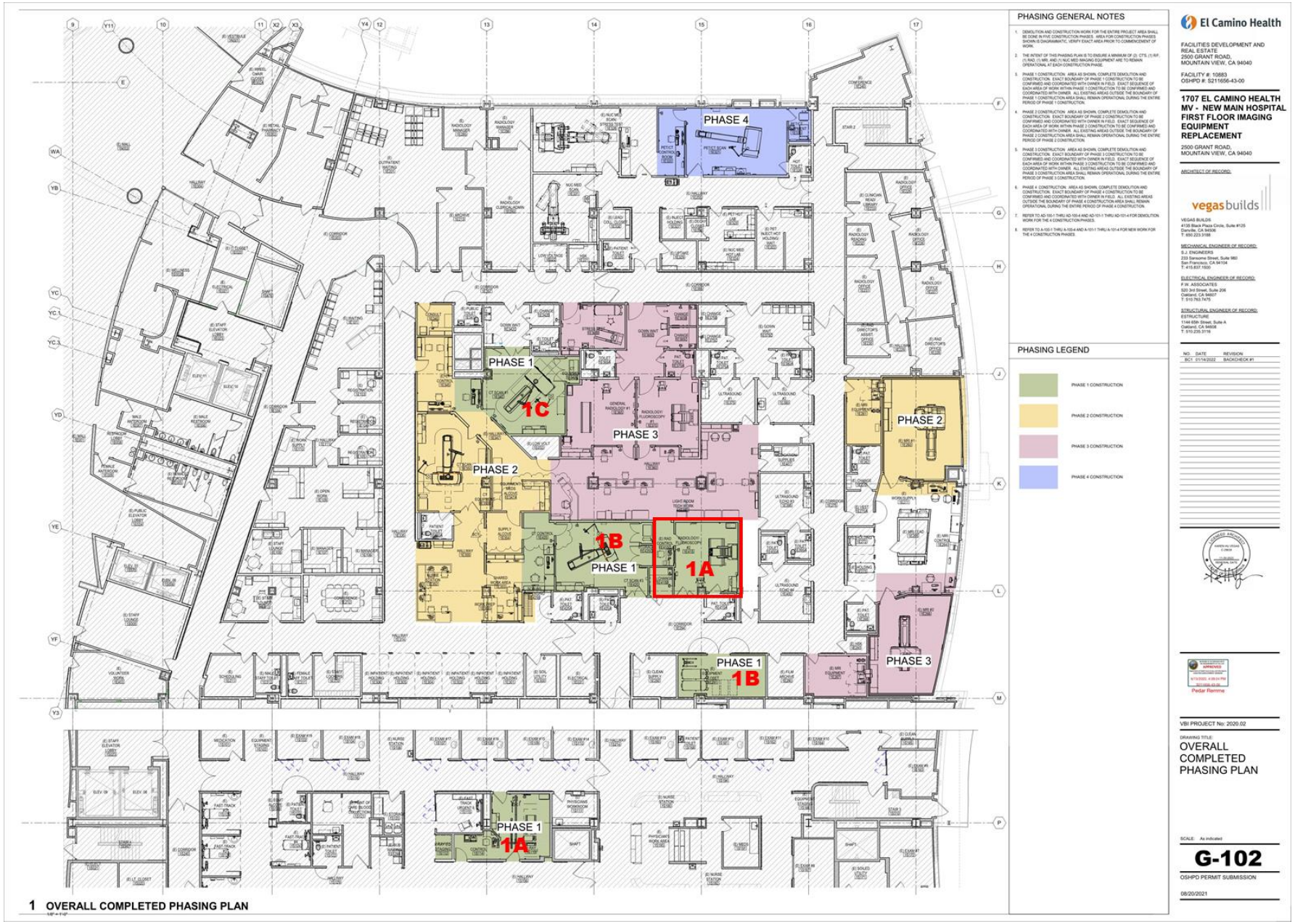
Phasing Plan – Required to Ensure No Loss of Volume

Best for Operations

35 Months Total

Breaks Phase 1 into 3 segments to maintain 2 CT's inside with 1 CT mobile.

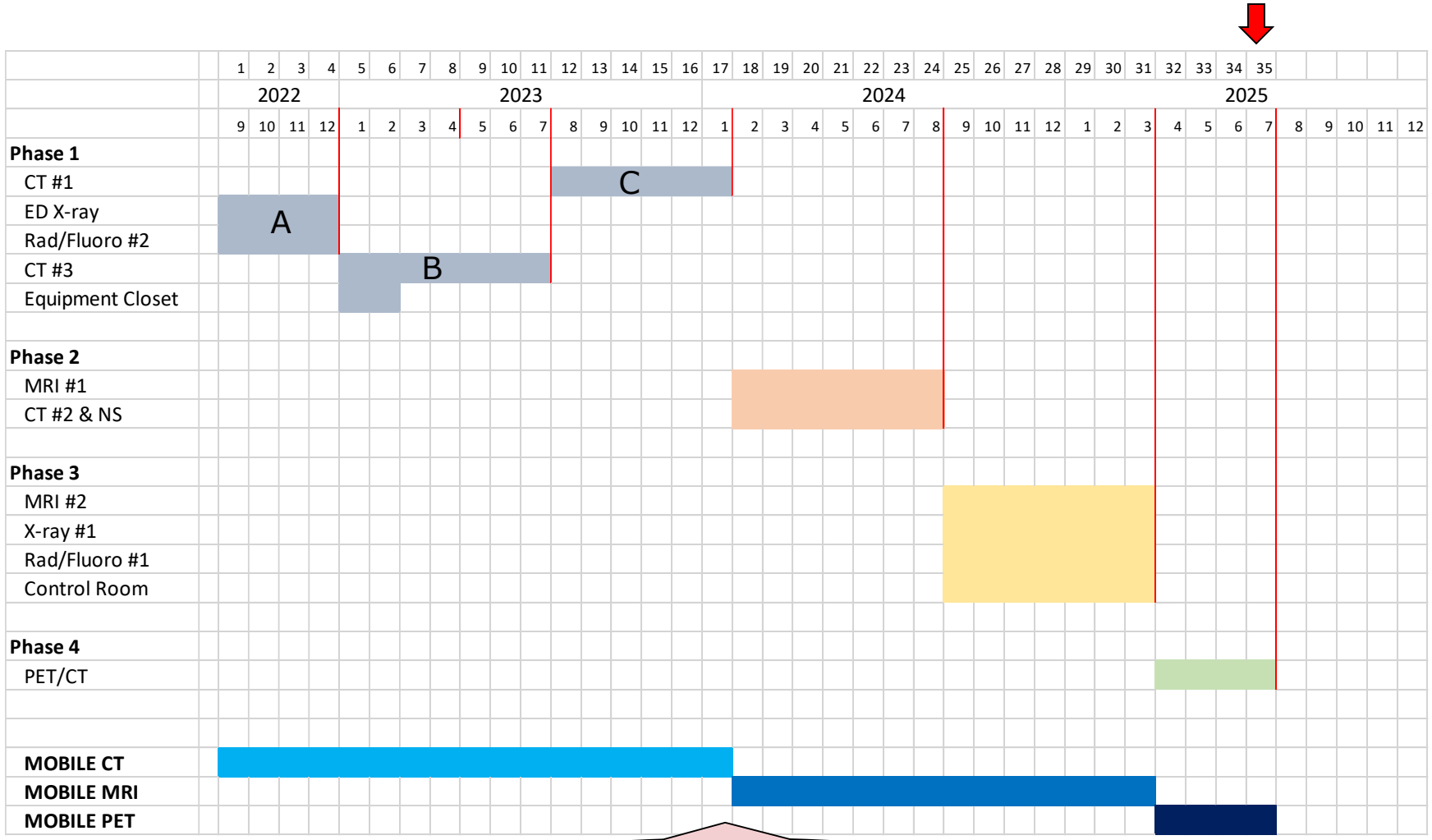


Timeline – Required to Ensure No Loss of Volume or Service

Phasing Plan – Required to Ensure No Loss of Volume

Best plan to support Operations

35 Months Total



Mobile Units will be leased to support operations

Final Funding Request

Imaging Equipment	$12,747,715	
Construction / Installation	$17,130,000	
Other FF&E	$240,000	
Soft Costs	$4,478,804	15%
Contingency @ 3 %	$1,037,896	
Total Project Cost	$35,634,415	
Rounded	**$35,600,000**	
Less Prior Approved Funding	($16,900,000)	
Requested Final Funding	**$18,700,000**	

To approve and recommend Board Approval of the final funding request not to exceed $18.7 million for the construction and installation of Imaging Equipment in the MV Hospital.

Financial Assessment

Financial Assessment Methodology

Each project was assessed independently:

- MV Imaging Equipment Replacement Project:
  - Replacement of imaging equipment at MV hospital
  - Assumes a 2.0% annual reduction in cases if equipment not replaced
- MV Imaging Expansion Project:
  - Addition of 3rd CT Scanner at MV hospital
  - Assumes 10 year growth rate per Truven and Advisory Board guidance

MV Imaging Equipment Replacement Project
Key Assumptions / NPV Calculation

- Overall cost of replacement equipment is $32.7 million
  - $11.5 million equipment
  - $15.9 million construction
  - $ 5.3 million other costs + contingency
- FY2022 used for baseline financials and volumes
- Useful life: 10 years
- If replacement does not happen, baseline volumes reduced 2.0% annually due to equipment downtime

Net Present Value Calculation:

- **10 Year NPV: ($17.3 million)**

MV Imaging Equipment Replacement Project: Pro Forma

Equipment Replacement

	Baseline FY22	YR1	YR2	YR3	YR4	YR5	YR6	YR7	YR8	YR9	YR10
Volume											
Inpatient	9,433	9,244	9,059	8,878	8,701	8,527	8,356	8,189	8,025	7,865	7,707
Outpatient	34,590	33,898	33,220	32,556	31,905	31,267	30,641	30,028	29,428	28,839	28,263
Total	**44,023**	**43,143**	**42,280**	**41,434**	**40,605**	**39,793**	**38,997**	**38,217**	**37,453**	**36,704**	**35,970**
Percentage Reduction from Baseline		**-2.0%**	**-4.0%**	**-5.9%**	**-7.8%**	**-9.6%**	**-11.4%**	**-13.2%**	**-14.9%**	**-16.6%**	**-18.3%**
Contribution Margin											
Inpatient	$ 5,636,459	$ 5,523,729	$ 5,413,255	$ 5,304,990	$ 5,198,890	$ 5,094,912	$ 4,993,014	$ 4,893,154	$ 4,795,291	$ 4,699,385	$ 4,605,397
Outpatient	$ 17,766,802	$17,411,466	$17,063,237	$16,721,972	$16,387,533	$16,059,782	$15,738,586	$15,423,815	$15,115,338	$14,813,032	$ 14,516,771
Total	**$ 23,403,261**	**$22,935,196**	**$22,476,492**	**$22,026,962**	**$21,586,423**	**$21,154,694**	**$20,731,600**	**$20,316,968**	**$19,910,629**	**$19,512,416**	**$ 19,122,168**
Incremental CM$		**$ 468,065**	**$ 926,769**	**$ 1,376,299**	**$ 1,816,838**	**$ 2,248,567**	**$ 2,671,661**	**$ 3,086,293**	**$ 3,492,632**	**$ 3,890,845**	**$ 4,281,093**

Capital Cost	$ 32,700,000
Discount Rate	7%
NPV	$(17,312,732)

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MV Imaging Expansion Project – Additional of 3rd CT
Key Assumptions / NPV Calculation

- Overall cost of 3rd CT is $2.9M
  - $1.2M Equipment
  - $1.2M Installation
  - $ 0.5M Other costs + contingency
- Ten year growth rate of 18.7% (IP 10.3% / OP 22.8%) used in analysis reflecting blended results of Truven and Advisory Board projections
  - Sensitivity analysis done assuming 50% and 75% of expected growth
- FY2022 used for baseline financials and volumes
- Useful life of equipment assumed to be 10 years

Net Present Value Calculation:

- **10 Year NPV:**
  - **$4.6 million at 100% growth**
  - **$2.7 million at 75% growth**
  - **$0.8 million at 50% growth**

MV Imaging Expansion Project: Addition of 3rd CT: Pro Forma

Summary - MV CT #3

Overall 10 YR Growth Rate
18.7%

	FY22	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6	YR 7	YR 8	YR 9	YR 10
Incremental Growth %		1.87%	3.75%	5.62%	7.49%	9.37%	11.24%	13.12%	14.99%	16.86%	18.74%
IP	4,256	44	88	131	175	219	263	306	350	394	438
OP	8,922	203	406	609	813	1,016	1,219	1,422	1,625	1,828	2,031
Total	13,178	247	494	741	988	1,235	1,481	1,728	1,975	2,222	2,469
Charges		$ 2,663,257	$ 5,427,325	$ 8,295,066	$ 11,269,419	$ 14,353,394	$ 17,550,078	$ 20,862,635	$ 24,294,310	$ 27,848,428	$ 31,528,398
Deductions		$ 2,083,419	$ 4,245,700	$ 6,489,084	$ 8,815,867	$ 11,228,407	$ 13,729,116	$ 16,320,471	$ 19,005,010	$ 21,785,334	$ 24,664,109
Net Revenue		$ 579,838	$ 1,181,624	$ 1,805,982	$ 2,453,551	$ 3,124,987	$ 3,820,962	$ 4,542,164	$ 5,289,300	$ 6,063,095	$ 6,864,289
Direct		$ 258,156	$ 531,802	$ 821,634	$ 1,128,377	$ 1,452,785	$ 1,795,643	$ 2,157,764	$ 2,539,997	$ 2,943,221	$ 3,368,353
Contribution		$ 321,682	$ 649,823	$ 984,349	$ 1,325,174	$ 1,672,202	$ 2,025,319	$ 2,384,400	$ 2,749,304	$ 3,119,873	$ 3,495,936
Indirect		$ 104,191	$ 214,634	$ 331,610	$ 455,411	$ 586,342	$ 724,718	$ 870,870	$ 1,025,138	$ 1,187,879	$ 1,359,461
Net Margin		**$ 217,491**	**$ 435,188**	**$ 652,739**	**$ 869,763**	**$ 1,085,860**	**$ 1,300,601**	**$ 1,513,530**	**$ 1,724,166**	**$ 1,931,995**	**$ 2,136,475**

Growth Rate Sensitivity	NPV
50.0%	$ 813,748
75.0%	$ 2,689,641
100.0%	$ 4,565,534

Capital Investment	
Equipment and Room	$ 2,938,038
Discount	7%
NPV	**$ 4,565,534**

El Camino Health

Funding Request and Q & A

Funding Request – Finance Committee

- To recommend Board Approval of the final funding request not to exceed $18.7 million for the replacement and expansion of imaging equipment at MV Hospital

Q & A

CEO Report
November 9, 2022
Dan Woods, Chief Executive Officer

Operations

Imaging
Construction started on November 1st, 2022, to replace the CT scanners, MRI, and x-ray equipment at the Mountain View Hospital.

Neurosciences
Paulomi Bhalla, MD, fellowship-trained neurocritical care Physician has been hired to serve as a Neurohospitalist and medical director of the Peter C. Fung, MD Stroke Center. This addition continues to advance ECH forward in our capabilities as a thrombectomy stroke center.

Corporate & Community Health Services

Concern has built a robust program to support first responders and public safety employees. We have recently won the business of two large cities and a county. These three new accounts will start on January 1, 2023.

The South Asian Heart Center engaged 421 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 833 consultations and coaching sessions. We hosted 13 lifestyle workshops and health information events attended by 849 participants and community members.

The Chinese Health Initiative updated the 100-page bilingual "Health Resource Guide for Chinese Seniors in Santa Clara County" to help seniors navigate the medical system and access health resources in the community. It highlights ECH awards, clinical programs, and community services at ECH. CHI distributed hard copies and digital versions to physicians and community partners and outreached to community members at Mountain View Senior Center and Chinese Christian Mission Center. CHI hosted two 4-week qigong series in Chinese and English with 100+ attendees.

Information Services

This Fall, El Camino Health again received the designation of Most Wired, Level 9 for both Acute Care and Ambulatory Care. Most Wired identifies, recognizes and certifies the adoption, implementation and use of information technology by healthcare provider organizations. Level 9 designees are considered leaders in healthcare technology who actively push the industry forward by leveraging technologies in innovative ways. Among the more than 38,000 organizations surveyed by CHIME, El Camino Health was one of 73 organizations reaching Acute Level 9 and 61 organizations reaching Ambulatory Level 9, with rankings above peers in several categories.

Most Wired History at ECH:
Since 2018, El Camino Health has received the following industry leading designation of Most Wired.

2018- Received first Most Wired designation for El Camino Hospital
2019 – Received the Most Wired Quality Award for El Camino Hospital
2020- Received designation of Most Wired – Level 9 for El Camino Hospital.

2021 – Received designation of Most Wired – Level 9 for both Acute and Ambulatory Care (El Camino Hospital and Clinics).
2022 – Received repeat designation of Most Wired – Level 9 both Acute and Ambulatory Care (El Camino Hospital and Clinics).

Tele-psych services are now delivered using the physicians and technology provided by a third party virtual visit platform. Transitioning to this product improves reliability, eliminates redundancy and addresses the vital and immediate psychiatric evaluation needs of the Emergency Department and other areas within El Camino Health.

Marketing and Communications

For social media this month, Facebook posts reached more than 643,459 people which is 3% higher than last month. We also saw 3% more post engagements this month. On LinkedIn, we gained 199 new followers and saw 61% more post impressions.

Nursing

Nurses continue to share best practices through poster and podium presentations. It is important for Magnet hospital nurses to disseminate evidence-based practices with other professional nurses to generate new knowledge and best practices Nurses continue to share best practices through poster and podium presentations. It is important for Magnet hospital nurses to disseminate evidence-based practices with other professional nurses to generate new knowledge and best practices. American Nurses' Credentialing Center (ANCC) Magnet designation is the highest credential a healthcare organization can achieve. Magnet designation is an indication to patients and the public that these organizations have met the most stringent, evidence-based standards of nursing excellence in patient care delivery. It is a results-driven recognition that fosters nurse engagement, and the role nurses play as members of the inter-professional team to improve patient outcomes and reduce healthcare costs. Currently there are 601 Magnet hospitals in the US.

Three ECH nurses recently had presentations accepted at conferences held at the state level. Below is the list of the most recently accepted abstracts for presentation.

- Veronica Palustra, RN, AHM, Patient Care Resources Poster: *Riding the COVID-19 Pandemic Waves with Shared Governance for Staffing and Workforce Safety*. California Hospital Association 2022, accepted July 2022, presented in September.
- Sharon Howe, RN, CCU Poster: *HAPI Reduction in a Critical Care Unit*, accepted for the Association of California Nurse Leaders Conference 2023, accepted August 2022, presenting in Feb 2023.
- Gretchen Suess, RN, Palliative Care Poster: *Knowing Patients' Wishes in One Click*, accepted for the Association of California Nurse Leaders 2023, accepted August 2022, presenting in Feb 2023.

Philanthropy

In September, El Camino Health Foundation secured $108,663 in donations, bringing FY23 fundraising to $4,447,341, which is 47 percent of the fiscal year goal.

Auxiliary

The Auxiliary donated 2,579 volunteer hours for the month of September.

El Camino Hospital Board

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/17	9/14	10/12	11/9	12/7	JAN	2/8	3/8	4/5	5/10	6/14
STANDARD												
Public Communication		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Committee Reports (Informational and Consent item, unless requested)		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Consent Approvals (recommended by Committees)[1]		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Executive Session		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
CEO Report[2]		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
STRATEGY												
Strategic Planning[3]		✓			✓			✓			✓	
Board Retreat									✓			
QUALITY[4]												
Quality Committee Report			✓		✓			✓			✓	
Medical Staff Report			✓		✓			✓		✓		
FINANCE[4]												
Financials[5]		✓			✓			✓			✓	
Budget Review & Approval												✓
COMPLIANCE												
Annual Corporate Compliance Summary								✓				
GOVERNANCE												
Board Self-Assessment & Action Plan			✓									
Director, Committee Member, and/or Chair Appointments												✓
Committee Charter Review												✓
EXECUTIVE PERFORMANCE												
CEO Performance Evaluation & Compensation				✓								

Last Update: 10/26/2022

✓	= **Completed**
✓	= **In Progress**
✓	= **At Risk**

1: Includes credentialing and privileging report, polices, physician agreements, etc.
2: Includes organizational reports on Foundation, CONCERN, Pathways, etc.
3: Includes strategy implementation (as needed), and reports on Performance & Strategic Goals, El Camino Health Medical Network, Enterprise Risk Management, etc.
4: On off months, materials are provided in the Board meeting packet, but will not be reviewed as part of the agenda.
5: Includes capital expenditures, investment committee update, and audited financials in October