

**AGENDA**  
**COMPLIANCE AND AUDIT COMMITTEE MEETING**  
**OF THE EL CAMINO HOSPITAL BOARD**  
**Thursday, August 15, 2019 – 5:00 pm**  
El Camino Hospital, Conference Room E (ground floor)  
2500 Grant Road, Mountain View, CA 94040

Lica Hartman will be participating via teleconference from 9876 Wilshire Blvd, Beverly Hills, CA 90210.

**PURPOSE:** To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>1. CALL TO ORDER/ROLL CALL</b>	Sharon Anolik Shakked, Chair		<b>5:00 – 5:01pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:01 – 5:02</b>
<b>3. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Sharon Anolik Shakked, Chair		<b>information</b> <b>5:02 – 5:05</b>
<b>4. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> <b>Approval</b> a. <a href="#">Minutes of the Open Session of the CAC Meeting (5/16/ 2019)</a> <b>Information</b> b. <a href="#">Status of FY20 Committee Goals</a>	Sharon Anolik Shakked, Chair	<i>public comment</i>	<b>motion required</b> <b>5:05 – 5:10</b>
<b>5. REPORT ON BOARD ACTIONS</b> <a href="#">ATTACHMENT 5</a>	Board Members		<b>information</b> <b>5:10 – 5:15</b>
<b>6. RETENTION AND DESTRUCTION OF ORGANIZATION RECORDS</b> <a href="#">ATTACHMENT 6</a>	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>discussion</b> <b>5:15 – 5:20</b>
<b>7. AUDITOR ENGAGEMENT REVIEW: AMENDMENT TO PROPERTY MANAGEMENT CONSULTING AGREEMENT</b>	Jim Griffith, COO		<b>discussion</b> <b>5:20 – 5:25</b>
<b>8. KPIs, SCORECARD, AND TRENDS</b> <a href="#">ATTACHMENT 8</a>	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>information</b> <b>5:25 – 5:30</b>
<b>9. ADJOURN TO CLOSED SESSION</b>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>5:30 – 5:30</b>
<b>10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:30 – 5:31</b>
<b>11. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>5:31 – 5:40</b>

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b><i>Approval</i></b> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the CAC Meeting (5/16/2019) <b><i>Information</i></b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: b. Compliance Log (May-June 2019) c. Privacy Log (May-June 2019) d. Internal Audit Work Plan e. Committee Pacing Plan			
<b>12.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Report on SVMD Compliance Program	Bruce Harrison, President, SVMD; Mary Rotunno, General Counsel		<b>discussion</b> <b>5:40 – 5:50</b>
<b>13.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Enterprise Risk Management	Jim Griffith, COO; Mary Rotunno, General Counsel		<b>discussion</b> <b>5:50 – 6:00</b>
<b>14.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Business Continuity	Jim Griffith, COO; Ken King, CASO; Mary Rotunno, General Counsel		<b>discussion</b> <b>6:00 – 6:05</b>
<b>15.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Report on Internal Audit Activity	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		<b>discussion</b> <b>6:05 – 6:10</b>
<b>16.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - FY19 Patient Safety/Claims Report	Sheetal Shah, Director, Risk Management & Patient Safety; Mary Rotunno, General Counsel		<b>discussion</b> <b>6:10 – 6:20</b>
<b>17.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - FY19 Annual Compliance and Privacy Report	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		<b>discussion</b> <b>6:20 – 6:30</b>
<b>18.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - IT Security Discussion	Deb Muro, CIO; Brian Kreitzer, CISO; Mary Rotunno, General Counsel		<b>discussion</b> <b>6:30 – 6:55</b>
<b>19.</b> <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters – Senior Management: - Executive Session	Sharon Anolik Shakked, Chair		<b>discussion</b> <b>6:55 – 6:58</b>
<b>20. ADJOURN TO OPEN SESSION</b>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>6:58 – 6:59</b>
<b>21. RECONVENE OPEN SESSION/REPORT OUT</b>	Sharon Anolik Shakked, Chair		<b>6:59 – 7:00</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
To report any required disclosures regarding permissible actions taken during Closed Session.			
<b>22. ADJOURNMENT</b>	Sharon Anolik Shakked, Chair		<b>motion required 7:00pm</b>

**Upcoming Meetings:**

Regular Meetings: September 26, 2019; November 21, 2019; January 23, 2020; March 19, 2020; May 21, 2020

Education Sessions: October 23, 2019; April 22, 2020



**Minutes of the Open Session of the  
Compliance and Audit Committee  
Thursday, May 16, 2019  
El Camino Hospital | Conference Room C  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Sharon Anolik Shakked**, Chair

**Lica Hartman**

**Christine Sublett**

**Bob Rebitzer**, Vice Chair

Arrived in time to vote on consent calendar

**Members Absent**

**Julia Miller**

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Compliance and Audit Committee of El Camino Hospital (“the Committee”) was called to order at 5:00pm by Chair Anolik Shakked. A silent roll call was taken. Ms. Miller and Mr. Rebitzer were absent. All other Committee members were present at roll call.	<i>Called to order at 5:00pm</i>
<b>2. POTENTIAL CONFLICT OF INTEREST</b>	Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. CONSENT CALENDAR</b>	<p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove an item from the consent calendar. Item (c) Status of FY20 Committee Goals was pulled. Chair Anolik Shakked requested changes to the language of Goals #2 and 3 to map to the previously agreed upon language (as documented in the minutes from the last Committee meeting) by replacing “if necessary” with “if applicable.”</p> <p><b>Motion:</b> To approve the consent calendar: (a) Minutes of the Open Session of the Compliance and Audit Committee Meeting (March 21, 2019); and (b) Status of FY19 Committee Goals, and (c) Status of FY20 Committee Goals as amended.</p> <p><b>Movant:</b> Sublett <b>Second:</b> Hartman <b>Ayes:</b> Anolik Shakked, Hartman, Sublett, Rebitzer <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Miller <b>Recused:</b> None <i>Bob Rebitzer arrived 5:04 pm</i></p>	<i>Consent Calendar approved as amended</i>
<b>5. REPORT ON BOARD ACTIONS</b>	Chair Anolik Shakked questioned whether the cover-memo summary, “Background,” was supposed to read “Quality Committee Meeting” instead of “Compliance and Audit Committee Meeting”. Ms. Wigglesworth confirmed reference to the Quality Committee was an error. There were no further questions about the Report on Board Actions.	
<b>6. AMENDMENT OF COMMITTEE CHARTER</b>	<p>Ms. Sublett proposed further amending the Charter to augment “Information Technology (IT) Security” to instead read “Information Technology (IT) and Cyber Security” throughout the document, in addition to the proposed language under “External Audit Function”.</p> <p><b>Motion:</b> To approve the Amendment of the Compliance and Audit Committee Charter as proposed, with the addition of replacing “Information Technology (IT) Security” with “Information Technology (IT) and Cyber Security” throughout the document.</p>	<i>Amendment of Committee Charter approved as amended</i>

	<p><b>Movant:</b> Sublett  <b>Second:</b> Hartman  <b>Ayes:</b> Anolik Shakked, Hartman, Sublett, Rebitzer  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Miller  <b>Recused:</b> None</p>	
<p><b>7. KPIs, SCORECARD, AND TRENDS</b></p>	<p>Diane Wigglesworth, Sr. Director, Corporate Compliance reviewed the KPIs, Scorecard, and Trends, noting a slight increase in investigations due to additional compliance activity with the opening of new SVMD clinics in April 2019.</p> <p>Ms. Wigglesworth told the Committee she plans to track and report KPIs separately for each of the affiliates starting in FY20 with the annual report. However, for now, the affiliates are included in the combined report which shows increases in billing, and Anti-Kickback/Stark issues that were discussed and reconciled.</p> <p>In response to a question from Mr. Rebitzer, Ms. Wigglesworth explained that the purpose of the KPI report is to track high-level activity for the Committee, with specific risks being discussed in closed session if there were areas of concern. In addition, the graphs were designed to provide a comparison from the same period last year versus this year, and show trends over a two-year period. She also commented that the cover memo always highlights changes and items of significance.</p> <p>Ms. Wigglesworth also explained that the KPIs tracked are based on the Department of Justice (DOJ) guidelines for a comprehensive compliance and audit program. That policy, procedure, education, reporting trends and audit findings demonstrate areas the Committee is expected to monitor.</p> <p>Alex Robison, Protiviti, commented that ECH is monitoring the seven elements required and that, as compared to other healthcare organizations, El Camino has a more robust and well-defined compliance program.</p> <p>Ms. Wigglesworth provided the Committee with two informational law firm memos for compliance committees on responsibilities and elements that should be tracked and reported, along with recent changes to the Federal registry guidelines.</p> <p>Mary Rotunno, General Counsel, explained that the memos summarized a new focus in DOJ guidance, as well as voluntary disclosure and retaining cooperation credits.</p>	
<p><b>8. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:29 pm.  <b>Movant:</b> Sublett  <b>Second:</b> Hartman  <b>Ayes:</b> Anolik Shakked, Hartman, Sublett, Rebitzer  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Miller  <b>Recused:</b> None</p>	<p><i>Adjourned to closed session at 5:29 pm</i></p>
<p><b>9. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open session was reconvened at 7:14pm. Agenda Items 10-15 were discussed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (March 21, 2019) by a unanimous vote of all members present (Anolik Shakked, Hartman, Sublett, Rebitzer). Ms. Miller was</p>	<p><i>Open session reconvened at 7:14pm.</i></p>

	absent.	
<b>10. AGENDA ITEM 20: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 7:15pm. <b>Movant:</b> Sublett <b>Second:</b> Hartman <b>Ayes:</b> Anolik Shakked, Hartman, Sublett, Rebitzer <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Miller <b>Recused:</b> None	<i>Meeting adjourned at 7:15pm.</i>

**Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:**

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Sharon Anolik Shakked  
Chair, Compliance and Audit Committee

## FY20 COMMITTEE GOALS

### Compliance and Audit Committee

#### PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

**STAFF:** **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review reporting from the new compliance program incident management tool and assess if the level of detail is sufficient for the committee's oversight.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – <b>paced for 11/21/2019 meeting</b>
2. Review the hospital's assessment of the impact and any action plan, if applicable, of the 2020 California Consumer Privacy Act on Hospital operations.	Q3 FY20	Committee reviews and provides recommendations to the Compliance Officer – <b>paced for 3/19/2020 meeting</b>
3. Review the results and mitigation action plan of a privacy and security risk assessment of SVMD.	Q3 FY20	Committee reviews and provides recommendations to the Compliance Officer – <b>paced for 3/19/2020 meeting</b>
4. Review ECH's IT Security Strategic Plan.	Q4 FY20	Committee reviews and provides recommendations to CIO – <b>paced for 5/21/2020 meeting</b>

#### SUBMITTED BY:

**Chair:** Sharon Anolik Shakked

**Executive Sponsor:** Diane Wigglesworth

**Approved by the ECH Board of Directors 6/12/2019**

**EL CAMINO HOSPITAL  
COMMITTEE MEETING COVER MEMO**

**To:** Compliance and Audit Committee  
**From:** Cindy Murphy, Director of Governance Services  
**Date:** August 15, 2019  
**Subject:** Report on Board Actions

**Purpose:**

To keep the Committee informed with regards to actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

**Summary:**

1. **Situation:** It is important to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last Compliance and Audit Committee meeting, the Hospital Board has met once and the District Board has met once. In addition, since the Board has delegated certain authority to the Compliance and Audit Committee, the Finance Committee, and the Executive Compensation Committee; those approvals are also noted in this report.

**A. ECH Board Actions**

**June 12, 2019**

- Approved FY19 Period 10 Financials
- Approved FY20 Organizational Goals
- Approved FY20 El Camino Hospital Capital and Operating Budget
- Approved FY20 Community Benefit Plan
- Approved FY20 CEO Salary Range
- Approved FY20 Master Calendar, Committee Appointments and Committee Goals
- Approved Infection Control Medical Director Agreement

**B. ECHD Board Actions**

**June 18, 2019**

- Approved Resolution 2019-05 Recognizing ECH Community Benefit Grantee Cristo Rey San Jose Jesuit High School
- Approved Resolution 2019-06 Establishing Tax Appropriation Limit
- Approved FY20 Community Benefit Plan
- Approved FY20 ECH Capital and Operating Budget, FY20 ECHD Consolidated and Stand-Alone Budget and FY19 Period 10 Financials
- Allocated \$6,958,521 of tax revenues to the Mountain View Campus Women's Hospital Expansion/Renovation/Reconstruction Project



Report on Board Actions  
August 15, 2019

- Appointed Director Julia Miller as the District's Liaison to the Community Benefit Advisory Council
- Elected New Board Officers
  - Gary Kalbach, Chair
  - George O. Ting, MD, Vice Chair
  - Julia Miller, Secretary/Treasurer
- Appointed Julia Miller as Chair of the ECH Board Member Election and Re-Election Ad Hoc Committee, George O. Ting, MD as a member of the Committee, and Lanhee Chen and Christina Lai as advisors.

**C. Finance Committee Actions**

- Approved Lithotripsy Professional Services Agreement and Behavioral Health Unit On-Call Panel Agreements
- Approved Funding for MV Campus Signage not to exceed \$2.5 million

**D. Compliance and Audit Committee: None since last report.**

**E. Executive Compensation Committee Actions**

- Approved FY20 Executive Bases Salary Ranges and Base Salaries
- Approved FY20 Individual Executive Goals

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: N/A

**List of Attachments**: None

**Suggested Committee Discussion Questions**: None



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

**To:** Compliance and Audit Committee  
**From:** Diane Wigglesworth, Sr. Director, Corporate Compliance  
**Date:** August 15, 2019  
**Subject:** Retention and Destruction of Organization Records

**Purpose:**

The Compliance and Audit Committee requested a review of the Hospital's Retention and Destruction of Organization Records policy for potential inclusion of specific guidance regarding email retention.

**Summary:**

1. Situation: The Hospital's Retention and Destruction of Organization Records procedure did not reference email, but has now been modified to call out on the retention and destruction schedule.
2. Authority: The Compliance and Audit Committee requested a review. Policies are reviewed and ultimately approved by the Hospital Board. Procedures are not approved by the Hospital Board.
3. Background: The Hospital's policy has been in place since 2003 without specific clarity around emails.
4. Assessment: An effective records management program should take into consideration all record formats (including emails), from the point of creation through to storage/retention and eventual record disposal or archival.
5. Other Reviews: This version was reviewed by ePolicy Committee (the body that reviews and approves procedure revisions) and approved in January 2019.
6. Outcomes: The Hospital revised the Retention and Destruction policy (see highlights in yellow) based on guidance from the California Hospital Association recommendation inclusive of legislative, regulatory, legal and business requirements.

**List of Attachments:**

1. Retention and Destruction of Organization Records procedure – as revised

**Suggested Committee Discussion Questions:**

1. Do the revisions to the procedure address the Committee's concerns?

<b>TITLE:</b>	Corporate Compliance – Retention and Destruction of Organization Records
<b>CATEGORY:</b>	Administrative
<b>LAST APPROVAL:</b>	02/2017

<b>TYPE:</b>	<input type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Practice Guideline <input type="checkbox"/> Standardized <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Plan <input type="checkbox"/> Scope of Service/ADT      Procedure
<b>SUB-CATEGORY:</b>	Administrative
<b>OFFICE OF ORIGIN:</b>	Corporate Compliance
<b>ORIGINAL DATE:</b>	4/2003

**I. COVERAGE:**

All El Camino Health staff

**II. PURPOSE:**

To document the legally and logistically appropriate record retention periods for Records created at El Camino Health facilities. It is El Camino Health's policy to maintain effective and cost efficient management techniques in the retention and destruction of all Records in accordance with all applicable state and federal laws and regulations.

Many factors have been taken into consideration in the creation of this policy, including legal requirements, frequency of use, clinical or fiscal pertinence of records, space constraints, specific department needs, technological advancements, and historical or research uses for records.

**III. STATEMENT:**

It is the policy of El Camino Health that all Records be retained in accordance with applicable: (1) Federal, State and/or local law and regulation; (2) statutes of limitation; and/or (3) contractual requirements.

Each department has the responsibility for developing appropriate controls, systems, and processes to ensure that Records are either retained or appropriately destroyed according to the Record and Data Retention Schedule in Attachment "A".

If a subpoena or litigation notice is received for certain records, Legal will issue a notice to the affected department(s) with specific guidance relative to the retention of Records until official investigation or such matter is completed.

**IV. DEFINITIONS:**

**Records:** All paper and electronic records and media used for business purposes including medical records and emails.

**V. REFERENCES:**

California Department of Health Care Services Stats 2017, Ch511, Sec. 25 (AB 1688)

<b>TITLE:</b>	Corporate Compliance – Retention and Destruction of Organization Records
<b>CATEGORY:</b>	Administrative
<b>LAST APPROVAL:</b>	02/2017

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California Hospital Association Record and Data Retention Schedule 2018

**VI. PROCEDURE:**

- El Camino Health shall maintain medical records for a minimum of ten (10) years following patient discharge, except for minors. Records of minors must be maintained for at least twenty five (25) years following patient discharge according to the California Department of Health Care Services (DHCS) [**AB 1688 (Chapter 511, Statutes of 2017)**].
- The minimum recommended retention period for each category of records is outlined in the Record and Date Retention Schedule (See Attachment A)
- E-Mail systems facilitate both internal and external business communications on a day-to-day basis. Messages contained on email systems should be kept for no more than 10 years. E-mail systems therefore should not be considered, or used as, an information archival or storage system.
- If a document is not listed in this policy, it is recommended that the retention period listed for a similar document, or for a document required for a similar purpose, be used.

A. Retention:

All El Camino Health staff shall adhere to the retention periods set forth in the Record and Data Retention Schedule attached, and shall be responsible for ensuring the security, privacy and confidentiality of all Records, as required by law.

B. Destruction:

Each department shall develop a destruction schedule relating to the Records for which they are responsible. The destruction method should render the destroyed Records unreadable (e.g., disposal into a shredder or specific, secure container for Records destined for shredding) or undecipherable.

Email records older than 10 years will be permanently removed from El Camino Health systems by an appropriate representative designated by Information Technology /Security.

See Record and Data Retention Schedule in the attachment to determine when it is safe to dispose of certain records. Records should be destroyed as soon as the recommended retention period is passed.

<b>TITLE:</b>	Corporate Compliance – Retention and Destruction of Organization Records
<b>CATEGORY:</b>	Administrative
<b>LAST APPROVAL:</b>	02/2017

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**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Compliance Review:	12/2018
ePolicy Committee:	1/2019
Board of Directors:	
Historical Approvals:	5/13/98, 11/28/00, 05/09/01, 03/02/05, 08/08/07, 06/01/09, 10/12, 1/16

**VIII. ATTACHMENTS:** (See “Attachment” tab top right hand corner)

A. Record and Data Retention Schedule



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

**To:** Compliance and Audit Committee  
**From:** Diane Wigglesworth, Sr. Director, Corporate Compliance  
**Date:** August 15, 2019  
**Subject:** Key Performance Indicators (KPI)

**Purpose:**

To review the trends of the Compliance KPIs and discuss any trends of concern.

**Summary:**

1. Situation: The performance indicators should assist the Committee to monitor activity and identify organizational deficiencies or emerging risks.
2. Authority: The Committee is responsible for oversight of the Compliance program and monthly review of metrics.
3. Background: Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the Committee assess effectiveness of the program.
4. Assessment: The Hospital recognizes that an open line of communication between the compliance department and personnel is important to the success of the Compliance Program. This is reflective in the total number of investigations, concerns, or inquiries brought forth and tracked on the KPI metrics. The compliance activity increased slightly from the previous year. There was an increase in reports related to billing, documentation, and Stark issues primarily due to the opening of new SVMMD-operated clinics. Hotline calls trended consistent with the previous year. The number of privacy issues required to be reported to the state was similar to the previous year and no citations regarding privacy were issued to the Hospital.
5. Other Reviews: N/A
6. Outcomes: Refer to Key Performance Indicator Compliance Scorecard

**List of Attachments:**

1. Corporate Compliance Scorecard FY 2019
2. KPI two-year trend graph

**Suggested Committee Discussion Questions:**

1. Are there any trends of concern?

# Corporate Compliance Scorecard FY19

## El Camino Hospital

Key Performance Indicator	FY19 Current Month	Current YTD Actual	Prior YTD Actual
<b>Total Number of Hospital Discharges (excluding normal newborn)</b>	<b>1,695</b>	<b>19,681</b>	<b>19,773</b>

### Core Elements

Policies and Procedures	Jun. 2019	Jul - Jun. FY 2019	Jul -Jun. FY 2018
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Number of reported instance when policies not followed	0	32	42
Number of disciplinary actions due to Investigations	0	15	15

Education and Training	Jun. 2019	Jul - Jun. FY 2019	Jul -Jun. FY 2018
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Percentage of new employees trained within 30 days of start date	100%	100%	100%
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Investigations	Jun. 2019	Jul - Jun. FY 2019	Jul -Jun. FY 2018
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Total number of investigations	25	292	279
Investigations open	0	4	0
Investigations closed	25	292	279
Hotline concerns substantiated	2	19	18
Hotline concerns not substantiated	2	16	19
Average number of days to investigate concerns	8	8	7

Reporting Trends	Jun. 2019	Jul - Jun. FY 2019	Jul -Jun. FY 2018
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Anti-Kickback/Stark	4	47	42
EMTALA	0	4	0
HIPAA Reports	11	146	160
HIPAA Security Incidents	0	11	14
Billing or Claims	7	86	74
Conflict of Interest	1	2	4

Reported Events to CMS	Jun. 2019	Jul - Jun. FY 2019	FY 2018 Total
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Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	0	0	0
Number of statement of deficiencies issued to ECH	0	0	0
Number of Actual Sanctions, fines or penalties	0	0	0

Reported Events to CDPH	Jun. 2019	Jul - Jun. FY 2019	FY 2018 Total
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Number of total regulator events self reported by ECH	2	39	34
Number of self reported events followed up by CDPH	2	30	21
Number of total privacy breaches self reported by ECH	2	21	19
CDPH initiated visits (separate from ECH self reported events)	0	17	9
Number of statement of deficiencies issued to ECH	0	7	9
Number of Actual/Realized Sanctions, fines or penalties	\$ 3,700	\$ 4,500	0

Monitoring and Audit Findings	Jun. 2019	Jul - Jun. FY 2019	FY 2018 Total
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Total number of Audit Findings	5	28	36
Number of findings identified has high severity	1	5	4

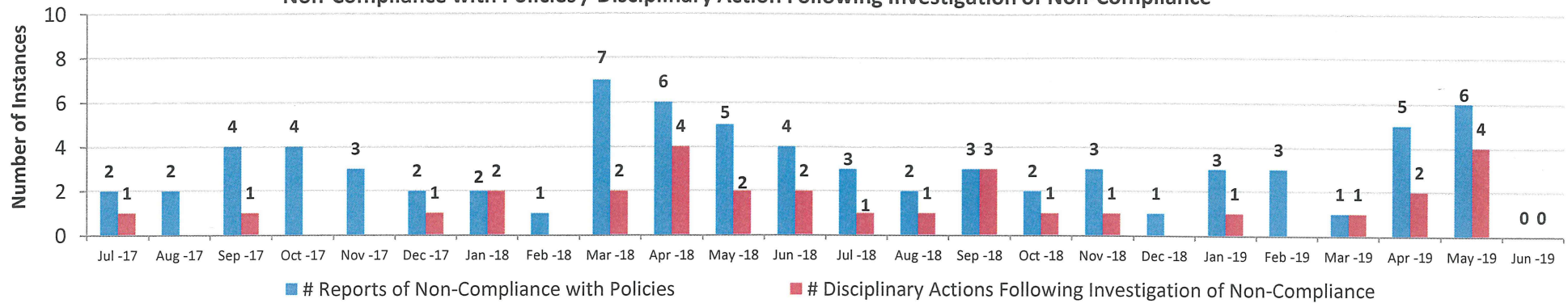
Monitoring and Audit Findings	Jun. 2019	Jul - Jun. FY 2019	FY 2018 Total
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Number of Open Liability Claims	8	8	9
Number of Open Liability Lawsuits	6	6	8

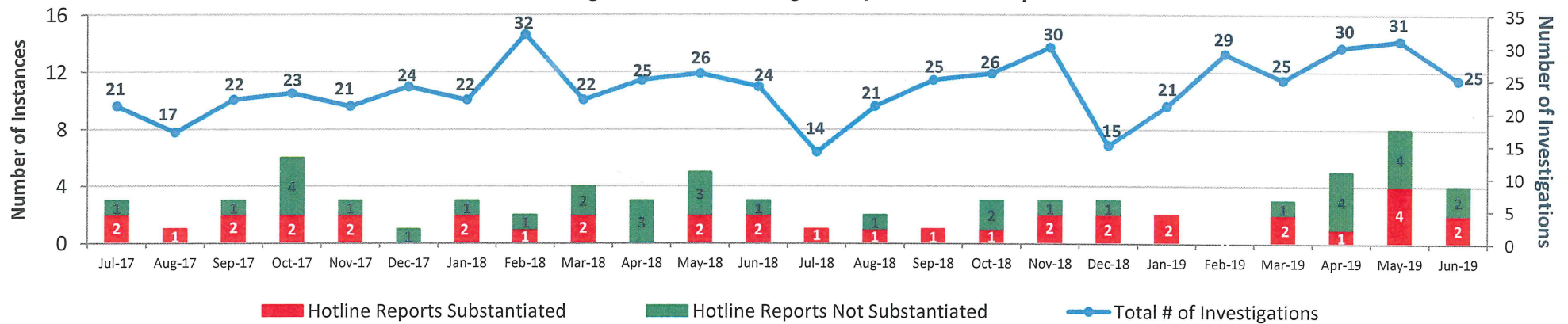
## Corporate Compliance

### Policies & Procedures

#### Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



#### Investigations: Total Investigations / Hotline Activity



#### Privacy Breaches Requiring Report to Outside Entity

