

AGENDA

REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, September 11, 2019 – 5:30pm

El Camino Hospital | Conference Rooms A&B, F&G (ground floor)
2500 Grant Road Mountain View, CA 94040

MISSION: To heal, relieve suffering, and advance wellness as your publicly accountable health partner.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Lanhee Chen, Board Chair		5:30 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 5:31 – 5:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		information 5:32 -5:42
4. QUALITY COMMITTEE REPORT	Julie Kliger, Quality Committee Chair; Mark Adams, MD, CMO		discussion 5:42 – 6:07
5. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair		motion required 6:07 – 6:13
6. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 6:13 – 6:14
7. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (8/21/2019) Information <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> b. FY19 Annual Patient Safety/Claims Report	Lanhee Chen, Board Chair		motion required 6:14 – 6:16
8. Health & Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report	Imtiaz Qureshi, MD, Enterprise Chief of Staff; Linda Teagle, MD, Los Gatos Chief of Staff		motion required 6:16 – 6:31
9. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - FY19 Annual Compliance and Privacy Report	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		information 6:31 – 6:46

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

In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: - Final FY19 Strategic Plan Metrics	Dan Woods, CEO		information 6:46 – 7:31
11. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets; <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation; <i>Gov't Code Section 54957.6</i> for conference with labor negotiator Dan Woods: - CEO Report on New Services and Programs, Legal Update, and Labor Negotiations	Dan Woods, CEO		discussion 7:31 – 7:56
12. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: - Executive Session	Lanhee Chen, Board Chair		discussion 7:56 – 8:01
13. ADJOURN TO OPEN SESSION	Lanhee Chen, Board Chair		motion required 8:01 – 8:02
14. RECONVENE OPEN SESSION/REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Lanhee Chen, Board Chair		information 8:02 – 8:03
15. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Hospital Board Meeting (8/21/2019) <i>Reviewed and Recommended for Approval by the Medical Executive Committee</i> b. Medical Staff Report Information c. FY20 Period 1 Financials d. Reports on Educational Activity	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 8:03 – 8:05
16. CEO REPORT ATTACHMENT 16	Dan Woods, CEO		information 8:05 – 8:07
17. BOARD COMMENTS	Lanhee Chen, Board Chair		information 8:07 – 8:09
18. ADJOURNMENT	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 8:09 – 8:10pm

Upcoming Meetings:

Regular Meetings: October 10, 2019; November 6, 2019; December 11, 2019; February 12, 2020; March 11, 2020; April 15, 2020; May 13, 2020; May 26, 2020*; June 10, 2020 *Joint Meeting with Finance Committee

Education Sessions: October 23, 2019 (retreat); April 22, 2020



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, August 21, 2019
2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)**

Board Members Present

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

Board Members Absent

Don Watters

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:30pm by Chair Chen. A silent roll call was taken. Director Watters was absent. All other Board members were present at roll call.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	Raina Schwartzberg spoke regarding the negotiations between SEIU-UHW and Silicon Valley Medical Development and expressed concerns about compensation and benefits for healthcare workers. Henry Li voiced his support for workers at the SVMD clinics and the education fund.	
4. QUALITY COMMITTEE REPORT	Director Kliger reported that there are four new unanimously-recommended candidates for appointment to the Quality Committee for the Board’s consideration and introduced the two present in the audience. Mark Adams, MD, CMO, explained that the final FY19 dashboard will be available in September. He described the Committee’s deep dives into patient safety indices (PSI-4, PSI-18, and PSI-19) as further detailed in the packet. Dr. Adams also discussed the national definition of quality in healthcare: Safe, Timely, Effective, Efficient, Equitable, Patient-Centered Care (STEEEP). In response to Board questions, Dr. Adams described year-to-date organizational performance on quality measures. The Board suggested 1) addressing the lag in the data, 2) using a format of reporting that is more understandable and actionable, 3) inclusion of metrics that are not organizational goals, and 4) more education and context for how to review quality from a governance level. Director Kliger noted that she and Dr. Adams have discussed an organizational scorecard to present this information differently.	
5. FY19 YEAR-END FINANCIAL REPORT	Iftikhar Hussain, CFO, provided an overview of the year-end financials: <ul style="list-style-type: none">- Adjusted discharges (aggregate measure) are 0.7% below budget.- There has been a reduction in commercial payor mix related to the	<i>FY19 Period 12 Financials approved</i>

	<p>decline in deliveries.</p> <ul style="list-style-type: none"> - Operating margin is \$23 million ahead of budget due to 1) non-recurring and unusual items (IGT payments, Medi-Cal supplemental payment program related to managed care) and 2) strong revenue cycle operations. - Cash position is strong. - Capital spending for the year was \$183 million; the variance was \$65 million in placeholders for potential projects and \$56 million due to the delay in the BHS and IMOB projects. <p>In response to Director Miller's question, Mr. Hussain described the construction related to seismic updates for the parking lot, noting that the Finance Committee will be reviewing the major capital projects update at its next meeting in September.</p> <p>In response to Board questions, Mr. Hussain noted that there are growth plans for the Maternal Child Health Service Line, including OB recruitment. He also discussed the overall decline in volume and changes in the market.</p> <p>Motion: To approve the FY19 Period 12 Financials</p> <p>Movant: Fung Second: Kalbach Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Watters Recused: None</p>	
<p>6. FY19 BOARD SELF-ASSESSMENT REPORT AND ACTION PLAN</p>	<p>Erica Osborne from Via Healthcare Consulting, reviewed the findings and recommendations from the FY19 Board Self-Assessment. She facilitated a discussion with the Board, including the following areas:</p> <ul style="list-style-type: none"> - Quality Oversight: using STEEEP definition for quality, updating quality reporting, incorporating more Board education on quality, defining the Board's role in quality and implementing a quality governance framework (IHI, HRO, Lean, etc.) - Board/Executive Team Relations: streamlining presentations, providing materials with context and identifying strengths/weaknesses, question framing (engaging rather than adversarial), the process of building trust - Meeting Effectiveness: more discussion rather than reporting out, frequency of meetings, post-meeting evaluations, consideration of and opportunities for delegation of authority, information flows between the Committees and the Board, continuing education at each meeting <p>Dan Woods, CEO, noted that ECH will be recruiting for a Chief Quality Officer who will report to the Chief Medical Officer.</p> <p>The Board discussed a proposed action plan focused on 1) training and education, 2) meeting conduct and efficiency, and 3) quality:</p> <ul style="list-style-type: none"> - Conduct post-meeting surveys to assess meeting effectiveness - Create customized approach to quality oversight - Restructure board presentations to improve focus and promote dialogue - Evaluate the number of agenda items and meeting frequency - Encourage more social board gatherings to enhance Board culture 	

	<p>Ms. Osborne noted that Via will prepare a Board action plan with responsible parties and timeframes for the Governance Committee’s review and will bring it to the Board for approval. She recommended that the Governance Committee oversee the execution of the plan on a quarterly basis. Chair Chen requested that the tasks be presented thematically.</p>	
<p>7. GOVERNANCE COMMITTEE REPORT</p>	<p>Director Fung, Governance Committee Chair, described FY20 Board Education Plan and the FY20 Hospital Board Competencies as further detailed in the packet.</p> <p>Motion: To approve the FY20 Board Education Plan.</p> <p>Movant: Fung Second: Kalbach</p> <p>Chair Chen suggested incorporating a different topic for the October Educational Session. The Board discussed the conference quality, options for Board attendance (all together, rotating), and visiting other high performing organizations.</p> <p>Motion: To approve the FY20 Board Education Plan adding an item F “visitation to high performing health care organizations.”</p> <p>Movant: Fung Second: Kalbach</p> <p>Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Watters Recused: None</p> <p>The Board requested that the Board Retreat, currently scheduled in February 2020, be moved earlier in the year.</p> <p>Director Fung noted that the District Board Ad Hoc Committee will use these competencies for the evaluation of appointments and re-appointments.</p> <p>Motion: To approve the FY20 Hospital Board Competencies.</p> <p>Movant: Fung Second: Miller Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Watters Recused: None</p>	<p><i>FY20 ECH Competencies approved</i></p> <p><i>FY20 Board Education Plan approved</i></p>
<p>8. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 7:40pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (6/12/2019); pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Quality Committee Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets and <i>Gov’t Code Section 54957.6</i> for conference with labor negotiator Dan Woods; <i>Gov’t Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation: CEO Report on New Services and Programs, Labor Negotiations, and Legal Update; pursuant to <i>Gov’t Code Section 54957</i> for discussion and report on</p>	<p><i>Adjourned to closed session at 7:40pm</i></p>

	<p>personnel performance matters – CEO: FY19 CEO Performance Review; and pursuant to <i>Gov’t Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p>Movant: Kalbach Second: Rebitzer Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Watters Recused: None</p>	
9. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open session was reconvened at 9:45pm by Chair Chen. Agenda items 9-16 were addressed in closed session. Directors Kalbach and Po were absent at the start of the second open session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (6/12/2019) and the Medical Staff Report, including the credentials and privileges report, by a unanimous vote in favor of all members present (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, and Zoglin). Director Watters was absent.</p>	
10. AGENDA ITEM 18: CONSENT CALENDAR	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (6/12/2019); Pathways Home Health and Hospice FY20 Budget (June – October); Cardiothoracic Surgery Panel (MV); FY19 Period 11 Financials; Medical Staff Development Plan; Radiation Oncology Equipment Replacement; Emergency Department Remodel Project; Quality Committee Member Appointments; Medical Staff Report (including the Revised Scope of Service – Patient Experience, Medical Staff Peer Review Policy, Revisions to Neurosurgery Delineation of Privileges, Revisions to Pediatrics Delineation of Privileges, FPPE Policy, OPPE Policy, and Policy for Allied Health Professionals); Proposed Revised Medical Staff Bylaws; and for information: Finance Committee Approvals; Major Projects Update.</p> <p>Movant: Miller Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Kalbach, Po, Watters Recused: None</p>	Consent calendar approved
11. AGENDA ITEM 19: CEO REPORT	<p>Directors Kalbach and Po rejoined the meeting.</p> <p>Dan Woods, CEO, described the American Heart Association’s recognition of the Mountain View campus with their “Get With the Guidelines Gold Plus” award. He also described the successful Epic rollout at four of the five San Jose Medical Group clinics.</p> <p>He highlighted CONCERN:EAP’s digital therapeutic work, the record donations to the El Camino Health Foundation in FY19, and the June and July contributions from the Auxiliary.</p>	
12. AGENDA ITEM 20: BOARD COMMENTS	<p>Director Miller recognized Chaplain John Harrison and described her attendance at recent community events.</p>	

13. AGENDA ITEM 21: ADJOURNMENT	Motion: To adjourn at 9:48pm. Movant: Miller Second: Kalbach Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin Noes: None Abstentions: None Absent: Watters Recused: None	Meeting adjourned at 9:48pm
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:

Lanhee Chen
Chair, ECH Board of Directors

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Cindy Murphy, Director of Governance Services
Sarah Rosenberg, Contracts & Board Services Coordinator



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING COVER MEMO

To: El Camino Hospital Board of Directors
From: Imtiaz Qureshi, MD, Enterprise Chief of Staff
Linda Teagle, MD Chief of Staff Los Gatos
Date: September 11, 2019
Subject: Medical Staff Report – Open Session

Recommendation:

To approve the Medical Staff Report, including Policies and Scopes of Service identified in the attached list.

Summary:

1. **Situation:** The Medical Executive Committee met on August 22, 2019.
2. **Background:** MEC received the following informational reports.
 - a) **Quality Council** – The Quality Council met on August 7, 2019. SSI sub-committee remains in place to address the increased number of SSIs this year over last year. The QC co-chairperson highlighted accomplishments from the departments and programs reporting below. The QC recommended that increased resources are considered for addition to the Palliative Care Program. There are currently one part-time physician and two part-time nurse practitioners. The consult response time is delayed because of the lack of personnel and no coverage on the weekends. Quality Councils further recommends expansion of the Inpatient Hospice Program to the LG Campus. Reports and performance dashboards were received from the following ECH Departments/Programs:
 - i. Infection Prevention Annual PI Report
 - ii. Emergency Departments (LG and MV) Annual Report
 - iii. Patient Experience (HCAHPS)
 - iv. Palliative Care
 - v. Patient and Employee Safety Committee
 - b) **Leadership Council** – Leadership Council met on August 20, 2019. The target date for implementation of the consolidated peer review committee and policy is October – November. Medical Staff Consultant Mark Smith is working with the Leadership Council on a proposal for management of physician behavior issues to be handled separately from clinical care concerns..
 - c) **CEO Report** – The CEO Report was provided and included the following updates:
 - i. Physician Lounge at MV opened for lunch daily 11:30 am – 1:30 pm in Conference Room C.

- ii. ECH continues to negotiate with PRN Nurse's Union to come to a mutually beneficial agreement for the nurse's contract.
 - iii. Experienced and well-qualified candidates have been selected to fill the VP of Marketing and President of Foundation positions and will start in September.
 - iv. ED remodel to begin soon at MV to improve patient flow and add a secure location for Behavioral Health Patients.
 - v. The purchase of a Halcyon™ Adaptive System and an EDGE® Radiosurgery System has been approved for the Radiation Oncology department.
- d) CMO Report –
 - i. The CMO presented the preliminary results of the Physician Engagement Survey. ECH ranked in the 72nd percentile compared with other PG participants for engagement. An opportunity for improvement identified was with the QRR system vs performance improvement. The CMO explained that as the results are further analyzed, departments and specialties will be notified to collaborate on addressing the findings
 - ii. The FY 19 Quality Dashboard performance through June was reviewed and provided in the meeting packet for MEC members.
- e) CNO Report – The CNO informed MEC members:
 - i. Nursing leadership is committed to working with the medical staff and CMO to enhance teamwork between the physicians and nursing. Nursing scored relationship with medical staff high during the last employee engagement survey.
 - ii. Contract negotiations continue with the nurses' union. Accomplishments for nursing includes: submitting its application for the fourth Magnet Status Designation; selection of the 9th cohort for new graduations and its newest transition program to provide nurses opportunities to train to new specialty areas.
 - iii. Announced that perioperative nursing leadership changes: Shelly Reynolds is leaving as Director and Sara Hanson will be stepping in as interim.
- f) Chief of Staff Reports
 - i. Enterprise – Medical Staff Annual Leadership Ship Retreat will be held September 28, 2019 and will include afternoon strategic planning session to discuss a plan for leading the ECH Medical Staff into the future.
 - ii. Los Gatos – The LG Chief of Staff requested that MEC members formulate concrete ideas to propose to the GB for improvement and collaboration.

3. Other Review: The MEC approved the Policies and Scopes of Service identified in the attached file.

List of Attachments:

- 1. Spreadsheet showing approved Policy and Scopes of Service

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

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board

11-Sep-19

DOCUMENTS WITH MAJOR REVISIONS

Scope of Service-Perioperative Services-Mountain View (Pre-op/Short Stay, Post Anesthesia Care Unit, Endoscopy Center, Operating Room, Willow Outpatient Surgery Department)	Periop	Scope	Addition of Willow OSD scope
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DOCUMENTS WITH MINOR REVISIONS

Document Name	Department	Type of Document	Summary of Policy Changes
Radiation Protection Program	Imaging	Policy	Omitted c-arm section as that is covered in the Fluoroscopy policy; slight edits to how pregnant workers obtain radiation safety info; added annual review of Lead Apron report at the RSC; and review of wrong exposure events as they occur at the RSC.
Workplace Violence Prevention Plan	Security	Plan	Updated with changes
Scope of Service Marketing	Marketing	Scope	
Individualized Quality Control Plan Respiratory Care Blood Gas Laboratories	Respiratory Therapy	Plan	

DOCUMENTS WITH NO REVISIONS

Document Name	Department	Type of Document	
Scope of Service Patient Access	Patient Access	Scope	

SCOPE OF SERVICE

Perioperative Services – MOUNTAIN VIEW
(Pre-op/Short Stay, Post Anesthesia Care Unit, Endoscopy Center,
Operating Room, Willow Outpatient Surgery Department)

SCOPE

The Perioperative Service Line includes the Pre-op/Short Stay Unit, Operating Room (OR),

Post Anesthesia Care Unit (PACU), and Endoscopy Unit (ENDO) and Willow Outpatient Surgery Department (Willow OSD).

The outpatient invasive-procedure admit area is located on the Pre-Op/Short Stay Unit).

The admissions and discharges for endoscopy will be done in the Endoscopy Department.

The admissions and discharges for the Willow OSD will be done in the Willow OSD

~~All outpatient procedure patients are admitted to the Pre-op/Short Stay Unit or Willow OSD Monday~~

~~through Friday depending on which location the procedure has been scheduled. -~~ All

surgical patients 13 years and older are admitted on the Short Stay

Unit or at Willow OSD. Pediatric patients 12 and under are admitted on the Pediatric Unit or Willow OSD. The Short Stay

~~Unit functions as a PAP (Pre Admission Program), Pre-Operative Holding Area, Admission Unit, as well as a postoperative same day surgery/procedure area.~~

~~A Nursing Director is responsible for services provided in the Perioperative departments and reports to the Chief Nursing Officer (CNO). There are Clinical Nurse Managers who are responsible for day-to-day coordination of services in each of the Perioperative departments. Each manager contributes to the success of their department by budget control and providing staffing to accommodate a fluctuating patient population. The Clinical Nurse Managers report to the Perioperative Service Director.~~

PERIOPERATIVE SERVICES

OBJECTIVES:

- Deliver safe, effective and appropriate care.
- Facilitate collaboration between all health care providers to assure that the community health care needs are met.
- Provide services in an efficient and timely manner.
- Continuously seek ways to improve patient outcomes, improve service, and reduce cost
- Maintain a work environment that is safe and supportive.

GOALS:

- ▶ Promote retention and recruitment practices to maintain a high level of proficiency in Perioperative staff
- ▶ Utilize Operating Room Committee to increase collaboration and discuss operational and budgetary issues in the OR.
- ▶ Work collaboratively with the Anesthesia Department to facilitate the OR schedule and accommodate urgent cases added to the schedule.
- ▶ Increase utilization of Perioperative Services by promoting opportunities for new business growth and efficient use of areas.
 - Provide ongoing educational opportunities for staff growth.

Responsibilities of On-Call Staff Members:

- On-Call is a requirement for Perioperative staff.
- ▶ Staff members on-call for emergencies are responsible for maintaining a communication method (home phone, cell phone, beeper) with the Hospital.
- ▶ Staff is responsible for planning travel to assure that traffic, which could not be anticipated, does not delay response time.
- ▶ Staff members must be able to arrive at the Hospital within 30 minutes from notification by phone or beeper.
- ▶ Endoscopy staff must be able to arrive at the Hospital within 30 minutes from notifications by phone or beeper.

WILLOW OUTPATIENT SURGERY DEPARTMENT

SCOPE

The Willow OSD provides comprehensive multi-disciplinary outpatient care to patients and their families, inclusive of all patients admitted to the department.

The patient care team consists of: Pre-op Team, Operating room Team, Recovery Room Team and Sterile Processing Department (SPD).

The department conducts admission, surgery, post-op care and discharge services.

Patient Eligibility Criteria:

- Patients or their legal guardian must be capable of receiving and following specific instructions and be motivated both physically and mentally to have surgery performed as an outpatient.
- Patients must be at least one (1) year of age.
- The physical condition of the patient, as determined by the primary operating physician, must be such that any procedure is NOT anticipatory of hospitalization or a blood transfusion.
- Patient requiring emergency surgery will NOT be scheduled at the Willow OSD.

- Patients who are morbidly obese or over 300 lbs., or have a BMI over 40 will not be scheduled at the Willow OSD unless clear by the Anesthesia Medical Director.
- It is the responsibility of the admitting Physician to assess his/her patient's suitability to undergo outpatient surgery the Willow OSD. If the admitting Physician has questions concerning the patient's suitability, he/she shall consult with the Anesthesia Medical Director before scheduling. The admitting Physician shall discuss any questions regarding his/her patient's medical status with regard to the patient's care at Willow OSD with the Anesthesia Medical Director.
- For patients scheduled to receive care by an anesthesiologist, it is the responsibility of the attending anesthesiologist to assess his/her patient's suitability for anesthesia services.
- The final determination and eligibility for admission to the Willow OSD rests with the admitting physician and, if the patient is scheduled to receive care by an anesthesiologist, the attending anesthesiologist.

Scheduling:

All procedures must be scheduled through the scheduling coordinators between 0830 and 1500 hours, Monday through Friday.

Procedures may be added to the daily schedule on a first-come, first-served basis, time permitting.

Only "elective" surgical procedures will be scheduled.

Special equipment needs should be scheduled in advance of procedure.

Types of Anesthesia Offered:

General, Monitored Anesthesia Care (M.A.C.), regional, local and Moderate (conscious) sedation

Pre-Surgical Testing:

Patients presenting for a procedure will have medically indicated laboratory or investigative testing completed prior to the procedure as ordered by the attending physician. The results should be faxed to the Willow OSD prior to the date of service.

Pre-operative and Post-operative Instructions:

Pre-operative and post-operative discharge instructions will be given to all surgery outpatients.

Pre-operative assessments will be conducted to identify specific patient needs and provide patient education to help decrease complications and relieve patient anxiety.

Length of Recovery Period:

Any patient receiving any medication other than strictly local anesthesia will be transported to the Recovery unit of Willow OSD. They must remain in the Willow OSD Recovery unit until the discharge criteria has been met.

The patient's discharge from the Willow OSD will be dependent upon nursing assessment and/or physician assessment and meeting discharge criteria.

Transfers and/or Admissions:

A patient may be transferred to MV hospital main campus at the direction of the attending physician(s).

STAFFING

The Willow OSD utilizes RNs to provide direct patient care with the assistance of clinical support personnel (CNAs), and Administrative Support.

RNs are assigned to patient care. Administrative and clinical support provides assistance for activities in the unit.

Patient population is a function of projected surgical procedures.

Normal business hours are:

Monday-Friday – 0600 to 1700

The Willow OSD is closed weekends and holidays.

Requirements for Staff :-

All staff must complete orientation as specified in the Department Specific Orientation Manual, as well as assigned HealthStream Learning Center modules.

Minimum requirements for RNs are: BCLS, ACLS, PALS, AccuCheck, and age-specific competency.

HealthStream Modules: Universal Protocol Correct Site Verifications, Surgical Consent.

Minimum requirements for unlicensed clinical support staff are: BCLS, and age-specific competency.

PRE-OP/SHORT STAY UNIT

SCOPE

The Pre-op/Short Stay Unit admits patients who are having procedures. They may be outpatients, AM admits, and in-house patients. The Pre-op/Short Stay Unit is located on the 2nd floor of the New Main Hospital. The Pre-op/Short Stay Unit conducts preadmission and admission services, post-op care for short stay procedures and surgery including discharge.

- **Pre-Admission Program** – Patients scheduled for surgery are invited to attend

the pre-admission program which facilitates early assessment, admission health

testing, patient/family teaching, as well as financial counseling. This assessment

may be performed by telephone or in person.

- **Admission** – Patients to be admitted on the day of surgery/invasive procedure are

admitted through the Pre-Op/Short Stay Unit.

- **In Patients** – The Pre-op/Short Stay unit admits patients who are currently in house as a pre-procedural holding area.

- **Post Operative Procedure** – patients on the day of the surgery/invasive procedure are returned to the Short Stay Unit to complete their recovery and be

discharged to home.

STAFFING

~~The Pre-Op/Short Stay Unit utilizes RNs to provide direct patient care with the assistance~~

of clinical support personnel (CNAs), and Administrative Support

~~RNs are assigned to patient care.~~ Administrative and clinical support provides assistance for activities in the unit.

Patient population is a function of projected surgical, Interventional Services, ECT's, Cardioversions, outpatient transfusions and radiology invasive procedures.

Normal business hours are:

Monday-Friday – 0500 to 2130

The Pre-Op/Short Stay Unit is closed weekends and holidays.

Requirements for Staff :-

~~All staff must complete orientation as specified in the Department Specific Orientation Manual, as well as assigned HealthStream Learning Center modules.~~

~~Minimum requirements for RNs are: BCLS, ACLS, APEX Innovations, AccuCheck, and age-specific competency.~~

HealthStream Modules: Universal Protocol Correct Site Verifications, Surgical Consent.

~~Minimum requirements for unlicensed clinical support staff are: BCLS, and age-specific competency.~~

POST ANESTHESIA CARE UNIT

SCOPE

~~The Post Anesthesia Care Unit provides Stage I recovery care of the post procedural~~

~~patient. They also provide nursing care for patients receiving electroconvulsive therapy, Transesophageal Echocardiography, Cardioversion and pain control procedures for which an anesthetic agent or sedative has been administered. It consists of eighteen beds and is~~

located on the 2nd floor in the new Main Hospital.

STAFFING

~~PACU utilizes ACLS and PALS certified RNs to provide direct patient care with the assistance of clinical support personnel. A ratio of RN to Patient is progressive, beginning at 1:1 until airway patency is stable, and then maintained at 1:2 until the patient is transferred out of the PACU.~~

~~Each nurse provides care to any patients requiring post anesthesia recovery and is responsible for assigned patients from admission to PACU through discharge from PACU.~~

~~The charge nurse makes daily assignments and is not assigned specific beds but acts as a float nurse to assist with admissions, discharges, transports and break relief. When the charge nurse leaves the unit, another RN is assigned to direct patient flow.~~

~~Clinical support staff transports patients, cleans and stocks supplies, assists nursing personnel with lifting and turning of patients, and some clinical tasks.~~

~~The RN's do not float to other units in the Hospital.~~

~~Students serve as observers in PACU and any care given in the department is provided only under the direct supervision of a staff nurse.~~

Normal business hours are:

M-F – 0700 hours to 2330 hours, On call only 2230 hours to 0700 hours.

~~Saturday – 0830 hours to 1700 hours, On call only 0630 hours to 0830~~
hours and 1630 hours to 0700 hours.

Sunday and Holiday – On call 0630 hours to 0700 hours (24.5 hours).

Requirements for Staff:

~~All staff must complete orientation as specified in the Department Specific Orientation Manual, as well as assigned HealthStream Learning Center modules.~~

~~Minimum requirements for RN staff are: ACLS, PALS, previous experience in PACU or Critical Care Unit, AccuCheck, and age-specific competency.~~

ENDOSCOPY UNIT

SCOPE

~~The Endoscopy Unit (ENDO) performs upper and lower gastrointestinal and~~

~~interventional procedures, manometries, thoracoscopy with support from OR personnel, bronchoscopy~~ and interventional bronchoscopy procedures, Transesophageal echocardiograms, ~~and other procedures for which the proceduralist is privileged for adult~~ patients.

STAFFING

~~The Endoscopy Unit staffing consists of RNs, endoscopy technicians (ET), and a Business Rep III. There is one RN and one ET assigned to assist with each procedure, except when acuity requires, 2 RNs may be assigned. Bronchoscopies are assigned an RN~~ and a respiratory therapist, and TEE's are assigned an RN and a radiology technologist.

~~Patient status and physician request may increase the number of personnel required during a procedure. An Endo RN/critical care RN/Flex RN or Anesthesiologist assists with transportation of monitored CCU patients to ENDO.~~

A charge nurse makes assignments with adjustments made throughout the day based on a patient need.

Patients may receive local, moderate sedation or general anesthesia. ~~If the patient is to receive moderate sedation without the presence of an anesthesiologist, an additional ACLS certified RN is assigned to monitor the patient and administer moderate sedation. The monitoring RN will be assigned to exclusively monitor the patient during the procedure.~~

~~Cases may be performed in CCU, the Operating Room or the Emergency Department based on patient need. Patients having a procedure will be recovered in the main PACU or recovery area in the Endoscopy unit.~~

Normal business hours are:

M-F – 0600 hours to 2000 hours

Saturday – 0700-1530 hours

All other hours are covered by Endoscopy staff On-call

Hospital Supervisor will call on call staff for Endoscopy only

SCHEDULING

Endoscopy cases are scheduled Monday through Saturday.

~~Endoscopy Units schedules on a first request basis, following the established block~~
schedule times for the Endoscopy Unit.

~~Procedures are scheduled by the Endoscopy business rep or RN staff until 1600 hours,~~
then by the Nursing Supervisor.

~~When the Endoscopy schedule does not accommodate an emergency procedure, the~~
~~physician has the option of pre-empting another procedure. The physician is responsible~~
~~for notifying the physician he is bumping. If the procedure occurs outside scheduled~~
hours, the on call system will be activated.

Requirements for Staff:

~~All~~ staff must complete orientation as specified in the Department Specific Orientation
Manual, as well as assigned HealthStream Learning Center modules.

Minimum requirements for RNs are: ACLS, AccuCheck, and age specific competencies.

Minimum requirements for ETs are: BCLS, and age specific competency.

OPERATING ROOM

SCOPE

THE main Operating room is located on the second floor of the new main Hospital. The
~~Operating Room (OR) consists of 10 suites. There is a center core for sterile supplies,~~
instruments, an Anesthesia/Medication Room and multiple equipment storage rooms.
There is a clean and a dirty elevator for transportation of case carts, linen and garbage.
~~These elevators only service the Operating Room of the 2nd floor, Central Sterile~~
Processing and Decontamination areas on the ground floor of the New Main Hospital.

~~Elective surgery is scheduled Monday through Friday from 0730 hours to 2315 hours,~~
~~according to a block scheduling system. After hour emergencies are covered by on call~~
teams.

~~The OR provides twenty four hour nursing care to the patients requiring surgical~~
~~intervention. The surgical patient is admitted to the hospital either as an outpatient,~~
~~same~~
day surgery (AM admit) as an inpatient, or from the Emergency Department.

~~Services are provided by the RN, ORT, ORA and Business office personnel, all with~~
~~appropriate training. The department uses Title 22, AORN Guidelines for Perioperative~~
Practice, and The Joint commission as guidelines for practice.

~~Staffing levels are based on patient acuity, staff skill level, staff training needs,~~
equipment, OR protocols and infection control requirements.

The RN performs circulating duties.

The RN or ORT performs scrub duties.

~~RN assessments and nursing diagnoses are the basis for care planning for the surgical patient in the OR.~~

Students are observers only in the Operating room and do not provide direct patient care.

~~Performance Improvement and SCIP measures are used to measure quality and patient outcomes.~~

Specialty Services provided but not limited to:

- CardioThoracic
- General
- GYN
- Head & Neck
- Neurosurgery
- Orthopedics
- Plastic Reconstruction
- Podiatry
- Robotics
- Urology
- Vascular

STAFFING

~~The department staffing consists of RNs, Operating Room Technicians (ORT's), Operating Room Assistants (ORA's), and business office clerical personnel. There are staff nurses who have responsibility for being a resource to the staff regarding particular surgical specialties. Float RNs are assigned to coordinate instruments, supplies and break~~

~~reliefs~~ for the suites. Staff are assigned to the OR front desk to coordinate the daily schedule and facilitate activities in the department, under the direction of the OR Manager. When available, an RN is assigned to the turn-over position and coordinates and assists in getting following cases started.

~~Staffing in the OR is based on the minimum number of staff required to manage the projected schedule of surgeries. The staffing pattern describes the usual number and skill mix required each day. It is based on projected caseload, patient acuity, and the block allocations. It is adjusted when blocks change, a permanent change in case load occurs, as~~

staff training needs are identified, when patient acuity changes or protocols dictate.

Every case is assigned two OR staff persons.

An RN is always assigned to circulate.

Either an RN or an ORT may be assigned to scrub.

Staffing is supplemented on weekends, holidays and evening shift with the on call teams.

~~Nurses and technicians are scheduled for call only after demonstrating competency in the types of cases usually performed on an urgent basis. One team, either on duty or on call, must be open heart trained. Additional staff may be called to work to provide special skills or additional staff at the discretion of the charge nurse.~~

If the patient is to receive moderate sedation without the presence of an anesthesiologist,

~~an additional ACLS certified RN is assigned to monitor the patient and administer moderate sedation. The monitoring RN will be assigned to exclusively monitor the patient during the procedure.~~

If a laser is to be used during a surgical procedure, a person trained in the use of the laser

is designated a “laser operator”.

If the stealth system is used, a stealth-trained RN or ORT is assigned to the case. If the RN circulating is stealth-trained, no additional staff is assigned.

~~RN's, ORT's, ORA's and Environmental Services personnel assist with room turnover, supply and equipment management, cleaning, transporting patients, and anesthesia cleanup and setup.~~

Adjustments to core staffing are made the previous day for the planned case schedule. Adjustments are made during the day as changes to the schedule arise and for the evening shift. The OR Manager or their designee makes the adjustments.

~~Excused time off is granted or assigned when staffing exceeds the need. This is done according to department guidelines, contractual language and is classified as “HC”.~~

~~The OR Manager or designee makes patient care assignments each afternoon for the following day. The OR Manager or charge nurse makes the evening and weekend assignments at the beginning of the shift.~~

Registry and traveler staff are used to supplement staffing when necessary.

~~Shift report is at 0652 hours for the day shift and 1452 hours for the evening. This is to allow a seven minute window to change in or out or scrub attire at the beginning and end of shift.~~

~~There are resource nurses for each specialty available within the staffing matrix to support training and learning needs of the staff.~~

No charge nurse is assigned when the OR is covered by on call staff only.

~~Weekend/Holiday charge nurses have completed all competencies and the charge nurse orientation.~~

~~The Nursing Supervisor for the Hospital is available as a resource for both charge nurses and nurses on call.~~

~~One ORA is assigned to every 2-4 rooms and supports the activities of the OR staff and anesthesiologists.~~

Normal business hours:

Sunday - Saturday – 0645 hours to 2315 hours.

Sunday through Thursday 2245-0715 the OR is staffed by an ORT with an RN On-call

General Call Team: Monday through Friday 1430-0700, Saturday, Sunday and Holidays

24 hours.

Cardiac Call Team: Monday through Friday, 1430-0700 Saturday, Sunday and Holidays

24 hours.

Requirements for Staff:

~~All staff must complete orientation as specified in the Department Specific Orientation Manual, as well as assigned HealthStream Learning Center modules.~~

Minimum requirements for RNs are: ACLS, BCLS and age specific competencies.

~~Minimum requirements for ORTs are: Successful completion of ORT training program, BCLS and age specific competencies.~~

~~Minimum requirements for ORA's: BCLS, successful completion of the anesthesia assistant training and ORA Aseptic Technique and Sterile IV System Setup program.~~
A percentage of RNs are CNOR certified.

STAFFING PATTERNS

Operating Room:

~~The staffing pattern describes core staffing. Adjustments to core staffing are made the previous day for the planned case schedule. Adjustments are made during the day as needed.~~

OPERATING ROOM STANDARDS OF CARE

Nursing Process:

The nursing process is applied to the care of patients in the O.R. The circulating RN is responsible to ensure the process is used as the basis for each patient's care.

• Assessment

Assessment begins in the Short Stay Unit for Out patients or AM admits, and in the nursing unit from which a surgery patient will come. An RN receives the patient and begins the assessment including the verification process to ensure the correct patient with complete and correct identification has informed consent for the anticipated procedure. Data collected by the admitting RNs and physician, test results and other information are reviewed to identify extraordinary needs. The circulating RN reviews the preoperative assessment and verifies the patient's name, birthdate, medical record number, history and physical, consent, patient's anticipated procedure and boarding pass are consistent. Care is then transferred to the O.R. RN.

• **Nursing Diagnosis**

Patients coming to the O.R. have these nursing diagnoses:

1. Potential for anxiety due to:
 - a. Loss of personal control
 - b. Knowledge deficit
 - c. Unfamiliar setting
2. Potential for injury due to:
 - a. Loss of protective reflexes
 - b. Loss of sensation
 - c. Immobility
 - d. Contact with high energy equipment
3. Potential for infection due to endogenous and exogenous sources.
4. Potential for hypothermia due to evaporation, conduction or radiation.
5. Potential for alteration in comfort due to surgical intervention.

• Planning

The RN from the Short Stay Unit or nursing floor reviews the medical record and assesses the patient to determine the degree of the patient's risk related to the nursing diagnoses and whether additional diagnoses apply.

Specific areas of assessment are mental/emotional status, limitations to communication, and limitations to mobility, hypothermia risk, nutritional status, and pain and skin condition.

~~Additional data used in care planning include age, medications, allergies, type of surgery, anticipated length of surgery, co-morbidities, laboratory and test results, completion of medical orders and preoperative instructions.~~

~~The medical plan of care is integrated in several ways. The surgeon will include special requests at the time the procedure is scheduled or contact the O.R. charge nurse before the case to communicate needs. The medical record and preference card are used to integrate the plan of care.~~

The goals for perioperative nursing care include but are not limited to:

1. Maintain autonomy
2. Free of nosocomial infection
3. Maintain skin integrity
4. Free of injury
5. Maintain temperature
6. Experience minimal discomfort
7. Maintain adequate coping mechanisms
8. Experience a caring and supportive environment
9. Maintain patient's rights.

~~The initial care plan is either documented in the EHR, written on the Perioperative Nursing Record or~~
communicated to the O.R. team.

• Intervention

Independent nursing actions may include:

- ~~1. Adherence to Universal Protocol and Correct Site Verification & Marking~~
2. Monitoring, proper positioning and security
3. Skin preparation
4. Maintaining aseptic field
5. Safety procedures
6. Providing information and emotion support
7. Facilitating communication
8. Accommodating physical limitations
9. Pain management
10. Selection of grounding sites for electrical devices
11. Performing surgical counts – sponges, needles and instruments
12. Handling of specimens

- **Evaluation**

~~The circulating RN evaluates patient care at the conclusion of each case. The extent of the evaluation depends on the~~ level of consciousness of the patient.

~~The skin is assessed for signs of injury. The patient's temperature is recorded in PACU. Adverse patient responses are reported either verbally or through the~~ Quality Review Report.

Documentation

All documentation of perioperative care is done in the EHR. Moderate sedation care is documented in the EHR or on the Moderate Sedation Record when an anesthesiologist is not present during the case.

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
MV Perioperative UPC	7/2019
OR Committee	7/2019
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	11/06, 5/09, 2/19

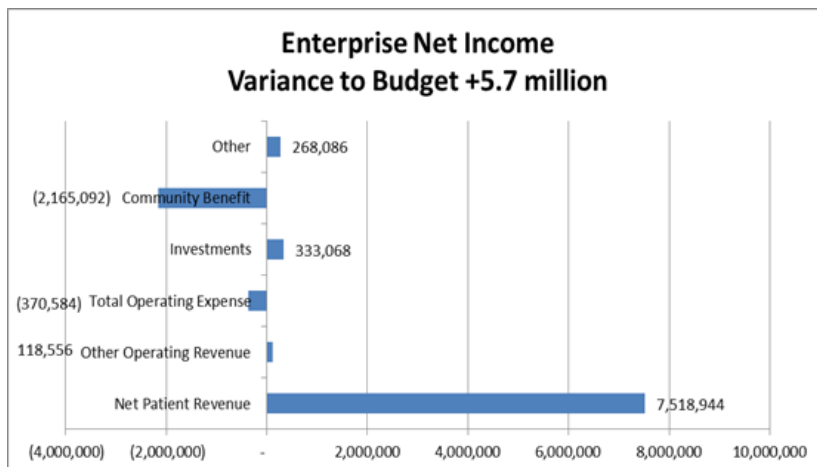


El Camino Health

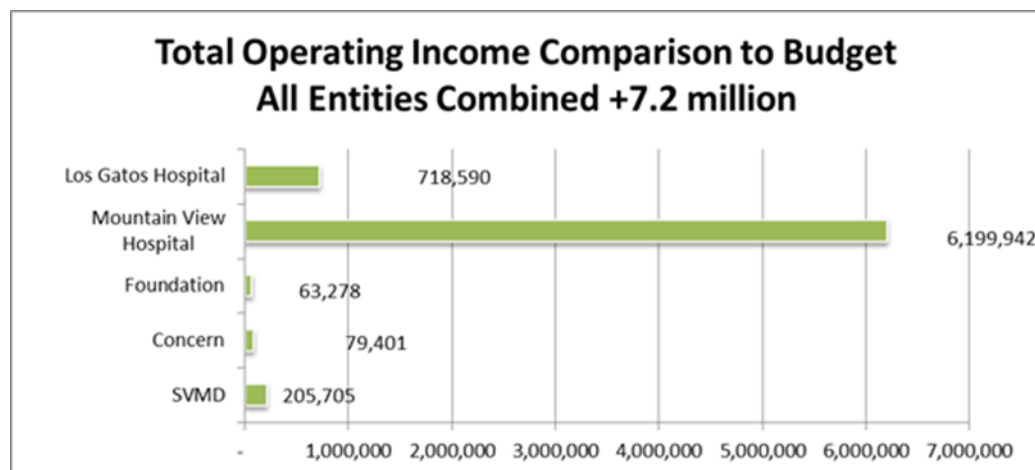
Summary of Financial Operations

*Fiscal Year 2020 – Period 1
7/1/2019 to 07/31/2019*

Financial Overview – Consolidated Operating Results



- Enterprise Net Income favorable to budget by \$5.7M (95%)
- Driven by high growth in Hospital volume



Financial Overview - Hospitals

Volume

- July volume as measured by Adjusted Discharges (AD) were favorable to both budget by 11.1% (309 ADs) and prior year by 14.4% (392 ADs).
 - Mountain View: Fav to budget by 8.6% (197 Ads). Fav to prior year by 10.9% (243 ADs)
 - Drivers: Infusion Volumes (up 29%), extended hours, new Oncologist and increased productivity. Surgery and Endoscopies (up 12.5%)
 - Los Gatos: Fav to budget by 22% (112 Ads). Fav to prior year by 31.5% (149 ADs)
 - Drivers: Surgery and Endoscopies (up 18%). Orthopedics, Urology, ENT.

Financial Performance

- July Operating Income was favorable to budget by 113% (\$6.9M) and favorable to prior year by 81% (\$5.8M)
 - Mountain View: Fav to budget by 122% (\$6.2M)
 - Los Gatos: Fav to budget by 69% (\$719K)
 - Drivers:
 - Net Revenue Fav to budget by 12% (\$9.2M) due to volume favorability
 - Operating Expense Unfav to budget by 3.2% (\$2.3M) due primarily to Medical Supplies used to support increased volumes

Payor Mix

- Commercial is 1.0 percentage points unfavorable to budget. Commercial volume grew but there was a disproportionate increase in Medicare particularly in Urology and Ortho service lines
- Unlike FY 19, OB volume is higher than budget and not affecting the change in payer mix

Productivity

- For July, productive FTEs were 2.3% favorable to target.

Dashboard - ECH combined as of July 31, 2019

	Month					YTD			
	PY	CY	Bud/Target	Variance CY vs Bud		PY	CY	Bud/Target	Variance CY vs Bud
Hospital Volume									
Licenced Beds	443	443	443	-		443	443	443	-
ADC	216	234	223	11		216	234	223	11
Utilization MV	59%	63%	60%	3%		59%	63%	60%	3%
Utilization LG	27%	32%	31%	1%		27%	32%	31%	1%
Utilization Combined	49%	53%	50%	3%		49%	53%	50%	3%
Total Discharges (Excl NNB)	1,483	1,689	1,533	156		1,483	1,689	1,533	156
Consolidated Financial Perf.									
Total Operating Revenue	73,976	89,618	82,002	7,616		73,976	89,618	82,002	7,616
Operating Margin \$	7,175	10,397	3,129	7,268		7,175	10,397	3,129	7,268
Operating Margin	9.7%	11.6%	3.8%	7.8%		9.7%	11.6%	3.8%	7.8%
EBIDA %	15.6%	17.0%	9.8%	7.1%		15.6%	17.0%	9.8%	7.1%
Hospital Payor Mix									
Medicare	45.5%	49.4%	48.1%	1.3%		45.5%	49.4%	48.1%	1.3%
Medi-Cal	9.2%	7.8%	8.3%	-0.5%		9.2%	7.8%	8.3%	-0.5%
Total Commercial	42.6%	40.2%	41.2%	-1.0%		42.6%	40.2%	41.2%	-1.0%
Other	2.8%	2.6%	2.4%	0.2%		2.8%	2.6%	2.4%	0.2%
Hospital Cost									
Total FTE	2,564.8	2,746.7	2,692.6	(54)		2,564.8	2,746.7	2,692.6	(54)
Productive Hrs/APD	31.5	31.2	33.1	2		31.5	31.2	33.1	2
Hospital Balance Sheet									
Net Days in AR	45.0	45.1	49.0	4		45.0	45.1	49.0	4
Days Cash	511	502	511	(9)		511	502	511	(9)

*Beginning with the June FY 19 report, the Dashboard and the financial report has been updated to show the ECH consolidated results instead of just the Hospitals. The descriptions of the metrics indicate whether the data is hospital only.

Consolidated Statement of Operations (\$000s)

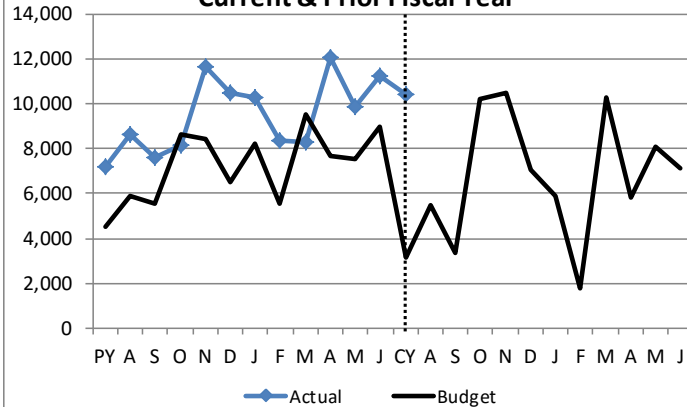
Period ending 07/31/2019

Period 1 FY 2019	Period 1 FY 2020	Period 1 Budget 2020	Variance Fav (Unfav)	Var%		YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					\$000s					
					OPERATING REVENUE					
265,851	314,063	300,240	13,823	4.6%	Gross Revenue	265,851	314,063	300,240	13,823	4.6%
(195,150)	(228,555)	(222,257)	(6,299)	(2.8%)	Deductions	(195,150)	(228,555)	(222,257)	(6,299)	(2.8%)
70,701	85,508	77,983	7,524	9.6%	Net Patient Revenue	70,701	85,508	77,983	7,524	9.6%
3,275	4,110	4,019	91	2.3%	Other Operating Revenue	3,275	4,110	4,019	91	2.3%
73,976	89,618	82,002	7,616	9.3%	Total Operating Revenue	73,976	89,618	82,002	7,616	9.3%
					OPERATING EXPENSE					
40,626	45,081	45,657	576	1.3%	Salaries & Wages	40,626	45,081	45,657	576	1.3%
9,990	13,132	11,284	(1,848)	(16.4%)	Supplies	9,990	13,132	11,284	(1,848)	(16.4%)
9,250	12,921	13,208	287	2.2%	Fees & Purchased Services	9,250	12,921	13,208	287	2.2%
2,551	3,290	3,787	497	13.1%	Other Operating Expense	2,551	3,290	3,787	497	13.1%
121	233	495	262	53.0%	Interest	121	233	495	262	53.0%
4,264	4,565	4,443	(122)	(2.7%)	Depreciation	4,264	4,565	4,443	(122)	(2.7%)
66,801	79,221	78,873	(348)	(0.4%)	Total Operating Expense	66,801	79,221	78,873	(348)	(0.4%)
7,175	10,397	3,129	7,268	232.2%	Net Operating Margin	7,175	10,397	3,129	7,268	232.2%
					Non Operating Income					
9,417	1,305	2,869	(1,564)	(54.5%)	Net Margin	9,417	1,305	2,869	(1,564)	(54.5%)
16,592	11,702	5,998	5,704	95.1%		16,592	11,702	5,998	5,704	95.1%
15.6%	17.0%	9.8%	7.1%		EBITDA	15.6%	17.0%	9.8%	7.1%	
9.7%	11.6%	3.8%	7.8%		Operating Margin	9.7%	11.6%	3.8%	7.8%	
22.4%	13.1%	7.3%	5.7%		Net Margin	22.4%	13.1%	7.3%	5.7%	

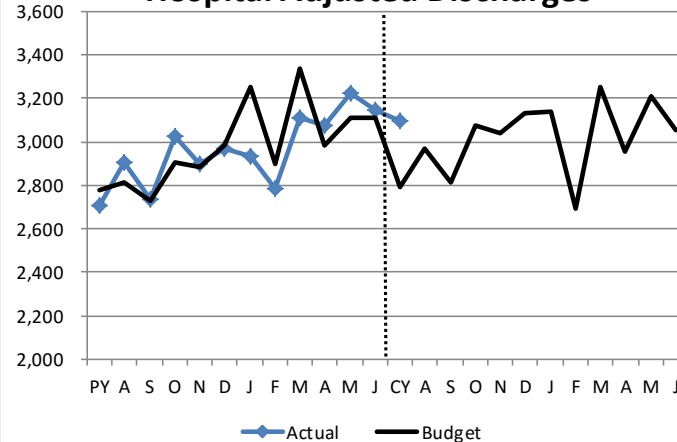
Monthly Financial Trends

Consolidated Operating Margin (\$000s)

Current & Prior Fiscal Year

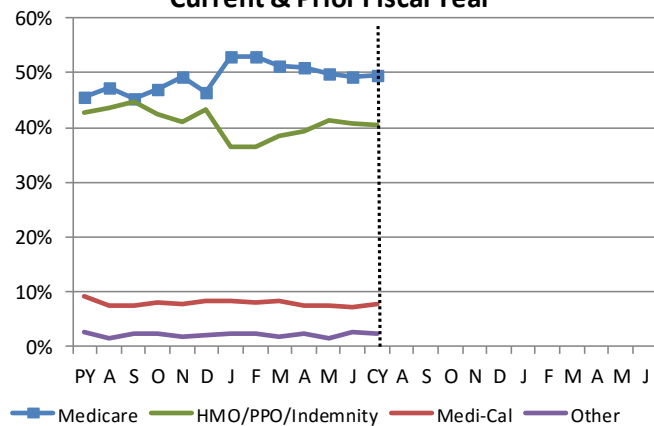


Hospital Adjusted Discharges

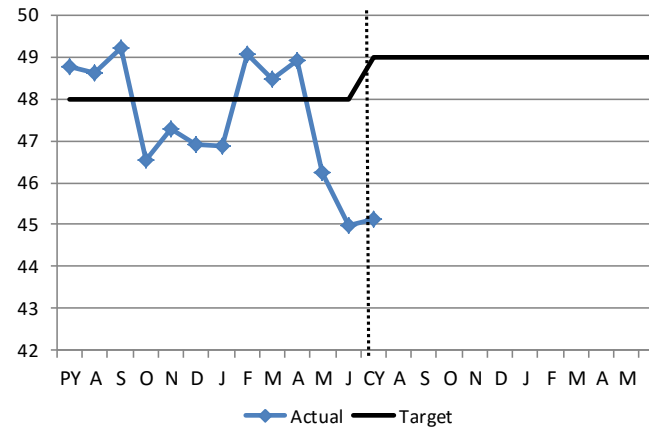


Hospital Payor Mix

Current & Prior Fiscal Year



Hospital Net Days in AR



- Volume trend using adjusted discharges is favorable to budget in the last three months.
- Operating Margin in July favorable to budget driven by favorable revenue (volumes)
- Payer mix in July is unfavorable due to disproportionate growth in Medicare
- Revenue cycle operation consistently better than targets and show a favorable trend

INVESTMENT SCORECARD AS OF JUNE 30, 2019

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY19 Year End Budget	Expectation Per Asset Allocation
Investment Performance		2Q 2019		Fiscal Year-to-date		6y 8m Since Inception (annualized)		2019	
Surplus cash balance*		\$1,028.7	--	--	--	--	--	\$892.9	--
Surplus cash return		2.9%	2.8%	5.4%	5.7%	5.6%	5.5%	3.2%	5.6%
Cash balance plan balance (millions)		\$277.6	--	--	--	--	--	\$276.9	--
Cash balance plan return		3.1%	3.0%	6.0%	5.9%	7.8%	7.0%	6.0%	6.0%
403(b) plan balance (millions)		\$514.1	--	--	--	--	--	--	--
Risk vs. Return		3-year		6y 8m Since Inception (annualized)		2019			
Surplus cash Sharpe ratio		1.06	1.04	--	--	1.02	1.01	--	0.34
Net of fee return		7.2%	6.8%	--	--	5.6%	5.5%	--	5.6%
Standard deviation		5.4%	5.2%	--	--	4.9%	4.8%	--	8.7%
Cash balance Sharpe ratio		1.09	1.03	--	--	1.12	1.06	--	0.32
Net of fee return		8.8%	7.8%	--	--	7.8%	7.0%	--	6.0%
Standard deviation		6.7%	6.2%	--	--	6.3%	6.0%	--	10.3%
Asset Allocation		2Q 2019							
Surplus cash absolute variances to target		7.1%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		6.9%	< 10%	--	--	--	--	--	--
Manager Compliance		2Q 2019							
Surplus cash manager flags		17	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		23	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~\$83 mm), District assets (~\$41 mm), and balance sheet cash not in investable portfolio (~\$128 mm). Includes Foundation (~\$31 mm) and Concern (~\$14 mm) assets. Budget adds back in current Foundation and Concern assets and backs out current debt reserve funds.

Hospital Balance Sheet

(in thousands)

ASSETS

	Audited	
	July 31, 2020	June 30, 2019
CURRENT ASSETS		
Cash	121,305	117,494
Short Term Investments	180,175	161,725
Patient Accounts Receivable, net	125,126	126,437
Other Accounts and Notes Receivable	3,393	3,646
Intercompany Receivables	5,601	7,456
Inventories and Prepaids	65,243	64,056
Total Current Assets	500,843	480,815
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	171,489	171,304
Women's Hospital Expansion	15,472	15,472
Operational Reserve Fund	144,294	139,057
Community Benefit Fund	18,036	18,260
Workers Compensation Reserve Fund	20,849	20,732
Postretirement Health/Life Reserve Fund	29,494	29,480
PTO Liability Fund	25,926	26,149
Malpractice Reserve Fund	1,831	1,831
Catastrophic Reserves Fund	19,973	19,678
Total Board Designated Assets	447,364	441,963
FUNDS HELD BY TRUSTEE	74,056	83,073
LONG TERM INVESTMENTS	355,354	375,729
INVESTMENTS IN AFFILIATES	33,070	37,150
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,308,845	1,307,595
Less: Accumulated Depreciation	(625,271)	(620,761)
Construction in Progress	392,581	375,094
Property, Plant & Equipment - Net	1,076,155	1,061,928
DEFERRED OUTFLOWS	29,858	29,908
RESTRICTED ASSETS - CASH	-	-
TOTAL ASSETS	2,516,700	2,510,566

LIABILITIES AND FUND BALANCE

	Audited	
	July 31, 2020	June 30, 2019
CURRENT LIABILITIES		
Accounts Payable	48,183	37,494
Salaries and Related Liabilities	30,909	29,609
Accrued PTO	25,926	26,149
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	11,319	11,156
Intercompany Payables	2,002	1,003
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	8,630	8,630
Bond Interest Payable	3,834	12,775
Other Liabilities	7,330	7,383
Total Current Liabilities	142,234	138,299
LONG TERM LIABILITIES		
Post Retirement Benefits	29,494	29,480
Worker's Comp Reserve	18,549	18,432
Other L/T Obligation (Asbestos)	3,984	3,975
Other L/T Liabilities (IT/Medl Leases)	-	-
Bond Payable	507,095	507,531
Total Long Term Liabilities	559,122	559,417
DEFERRED REVENUE-UNRESTRICTED	181	494
DEFERRED INFLOW OF RESOURCES	9,822	9,822
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,357,977	1,360,571
Board Designated	447,364	441,962
Restricted	-	-
Total Fund Bal & Capital Accts	1,805,341	1,802,533
TOTAL LIABILITIES AND FUND BALANCE	2,516,700	2,510,566

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (1 OF 2)

- **Plant & Equipment Fund** – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of \$14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.
- **Women's Hospital Expansion** – established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction. At the end of fiscal year 2019 another \$7.2 million was added to this fund bringing it to \$22.5 million.
- **Operational Reserve Fund** – originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on the current projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- **Community Benefit Fund** – following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving \$1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of \$500,000 or more a year. \$15 million within this fund is a board designated endowment fund formed in 2015 with a \$10 million contribution, and added to at the end of the 2017 fiscal year end with another \$5 million contribution, to generate investment income to be used for grants and sponsorships, in fiscal year 2019 it generated over \$872 thousand of investment income for the program.

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (2 OF 2)

- **Workers Compensation Reserve Fund** – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.
- **Postretirement Health/Life Reserve Fund** – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date. At the end of fiscal year 2018, GASB #75 was implemented that now represents the full actuarially determined liability.
- **PTO (Paid Time Off) Liability Fund** – originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- **Malpractice Reserve Fund** – originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than \$50,000. Above \$50,000 our policy with the BETA Healthcare Group kicks in to a \$30 million limit per claim/\$40 million in the aggregate.
- **Catastrophic Loss Fund** – was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring \$5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled \$6.8 million that did mostly cover all the necessary repairs.

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

To: El Camino Hospital Board of Directors
From: Peter C. Fung, MD, Board Member
Date: August 21, 2019
Subject: Report on Educational Activity

Purpose: For information.

Summary:

Conference Title: AHA Leadership Summit, July 25-27, 2019

Sponsoring Organization: American Hospital Association

1. Key Educational Points, Lessons Learned: (Please use as much space as necessary)

- The roles and responsibilities of the hospital board should primarily focus on oversight for quality and safety, medical staff credentialing, and community relationships.
- Methods to enhance consumer (patients, physicians and employees) experience center around:
a) elevation; b) insight; c) pride; and d) connection.
- Give our patients the information they value including price transparency. What is Value? Please explore www.aha.org/TheValueInitiative.
- As hospitals become health systems, the need for board members with different skills and perspectives, as well as members who serve on multiple boards at multiple levels of system governance, is likely to increase. New skill sets not currently available within existing boards may be needed, *e.g.*, competencies needed to oversee the full continuum of care in a risk-based environment.
- Do we need greater diversity in board member age, gender, ethnicity, geographic location and other characteristics to reflect the needs of populations served?
- Social Determinants of Health: a) economic stability including employment and income;
b) neighborhood and physical environment including housing, safety, transportation, parks;
c) education; and d) food, including hunger and access to healthy options.

2. Has the conference improved your ability to fulfill your obligations as a member of the ECH Board? If so, how? I have now a better understanding of the governance of the board, including the importance of appointment and reappointment of trustees to improve my obligation as a board member and chair of the Governance Committee. I now understand further the importance of developing the culture of safety and quality of the entire organization. I also learned how sometimes seemingly “trivial” events can drastically change the consumers’ experience and perception of quality. Lastly, I understand better the social determinations of health which would improve my effectiveness as a District Board Director.

3. Were there speakers that ECH should consider inviting? ☐ Yes ☐ No

4. Do you recommend this conference to other members of the Board? ☒ Definitely ☐ No

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

To: El Camino Hospital Board of Directors
From: Gary Kalbach, Board Member
Date: August 21, 2019
Subject: Report on Educational Activity

Purpose: For Information.

Summary:

Conference Title: AHA Leadership Summit, July 25-27, 2019

Sponsoring Organization: American Hospital Association

1. Key Educational Points, Lessons Learned: (Please use as much space as necessary)

While at the conference, I attended a workshop titled:
The Quest for Quality – Achieving Quality Health Care and Advancing Health in Communities

Among our goals should be:

- Changing organizational culture to achieve AHA's five commitments of access, value, partnership, well-being and coordination
- Turning board members, physicians and front-line staff into quality champions
- Developing partnerships within our community to improve health status
- Partnering with patients and families to deliver truly patient-centered care

Summary: Quality is a culture that starts with the Board of Directors

Other Key Points:

- Community physicians should see the measurements
- Hospitals must continually communicate quality goals and progress to physicians
- There should be daily conversations on safety and quality
- Create and maintain a culture of reporting up on events and a commitment to follow through
- Place visible "quality boards" on every unit for patients and staff to see
- Board members need to "feel" quality
 - o Board members in the OR in scrub
 - o Rounding by board members at all times of day night on a random basis
 - o Rounds by management using the "My rounding" app to document.
- Must create a culture of communication—listen!
- CMS encourages patients and families on boards or advisory boards

2. Has the conference improved your ability to fulfill your obligations as a member of the ECH Board? If so, how? Yes, it focused my emphasis as a board member on an action plan to enhance quality in many ways as a director.

3. Were there speakers that ECH should consider inviting? ☐ Yes ☒ No

4. Do you recommend this conference to other members of the Board? ☒ Yes ☐ No

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

To: El Camino Hospital Board of Directors
From: Jack Po, MD, PhD, Board Member
Date: August 21, 2019
Subject: Report on Educational Activity

Purpose: For Information.

Summary:

Conference Title: AHA Leadership Summit, July 25-27, 2019

Sponsoring Organization: American Hospital Association

1. **Key Educational Points, Lessons Learned:** (Please use as much space as necessary)
 - Direct Employer Contracts
 - How other health systems target quality/change management
 - Opioid challenges throughout the country
2. Has the conference improved your ability to fulfill your obligations as a member of the ECH Board? If so, how? Have learned that even significantly under-resourced healthcare systems are achieving incredible quality results and cultures and would love to bring that to ECH.
3. Were there speakers that ECH should consider inviting? ☒ Yes ☐ No
Kim Hollon - CEO and President - Signature Healthcare, Brockton MA – already connected him with Mark Adams, but would like to invite him to give Grand Rounds at ECH
4. Do you recommend this conference to other members of the Board? ☒ Yes ☐ No

OPEN SESSION CEO Report
September 11, 2019
Dan Woods, CEO

Quality and Safety

The General Inpatient Hospice (GIP) program has been very successful during the startup phase of the project at Mountain View. There have been 34 inpatients at the end of life that have qualified and chosen to be in this program. Our partner, Pathways Home Health and Hospice, is providing the hospice services in the hospital setting to our shared patients. The program allows patients who are not ready to be discharged to a different level of care outside the hospital to receive hospice services while in the acute care setting in an inpatient bed. This is a great transition program for our patient and their families who aren't ready to go home or a skilled nursing facility. Since the program has been a success, we plan to expand the GIP program to Los Gatos soon.

We installed a new robotic system for knee and hip replacement surgery at the Mountain View Campus and first utilized at ECH in late January 2019. Following staff trainings, initial knee procedures have been very successful. To date, we have performed over 100 knee procedures with the new system at ECH. In early July, the procedure was performed at Los Gatos with newly acquired equipment. The system uses personalized 3-D software maps based upon preoperative scans that allow the surgeon to perform robotic bone cuts with haptic guidance, which result in better-fitting artificial joints and improved ligament balancing. Evidence supports that this results in shorter length of stay, less pain, less opiates, and greater early functional outcome and stability.

Campus Development

We expect the Taube and Sobrato Pavilions to be ready to occupy in October and November 2019, respectively. Planning work for the Women's Hospital expansion project on the Mountain View Campus is ongoing. We have begun work on the assessment of campus redevelopment options to address seismic compliance issues at the Los Gatos Campus.

Information Services

El Camino Health provided the following presentations at the Epic User Group national forum this week highlighting our organization's leadership in the areas of innovation and delivery of best practices:

- Deb Muro and Robert Henehan presented Analytics and the Web based Enterprise Executive Dashboard using touch screen technology. ECH is the third highest user of this web based analytics tool out of all Epic organizations.
- Dr. Shin and Lian Chang presented a state of the art approach for potassium replacement

- Brian Fong, Johnna Mohun-Escobedo and Michelle Llamas presented a customized Epic Denials reporting solution.
- El Camino outcomes and achievements were included with other premier organizations during the Executive Address by Epic leadership to a large Epic Community audience (estimated at 10,000).

Corporate and Community Health Services

The Chinese Health Initiative ("CHI") provides fee-for-service Qigong classes to promote a healthy lifestyle in the Chinese community. The new sessions started in August with two classes for returning students and two beginning classes conducted in Mandarin or English. About 45 participants attended the free introductory classes and 34 signed up for the 8-week sessions in August.

CHI collaborated with two community service agencies that serve low-income families in Cupertino and Mountain View. CHI provided Mandarin interpretation for about 130 Chinese participants who are enrolled in Challenge Diabetes program and speak limited English. Interpretation was provided by 10 bilingual CHI volunteers at Challenging Diabetes in August.

Philanthropy

During period 1 of fiscal year 2020, which ended on July 31, El Camino Health Foundation secured \$694,925. The 24th annual El Camino Heritage Golf Tournament will be held on Monday, October 28, 2019 at Sharon Heights Golf & Country Club and will benefit the Peter C. Fung, MD Stroke Center. The Taube Pavilion opening festivities for donors will be held on Thursday, October 24, 2019 and the Sobrato Pavilion Opening Celebration is planned for Sunday, November 17, 2019. These events are in the final planning stages. Board staff will provide additional information to Board members as it becomes available.

Auxiliary

The Auxiliary contributed 6,319 volunteer hours in August 2019.

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

To: El Camino Hospital Board of Directors
From: John Conover, Chair, El Camino Health Foundation Board of Directors
Darcie Kiyon, Interim President, El Camino Health Foundation
Date: August 28, 2019
Subject: Report on El Camino Health Foundation Activities FY20 Period 1

Purpose: For information.

Summary:

1. **Situation:** During period 1 of fiscal year 2020, which ended on July 31, El Camino Health Foundation secured \$694,925.
2. **Authority:** N/A
3. **Background:**

Major & Planned Gifts

In July, the Foundation received two gifts designated for the Cancer Center. One is a combined major and planned gift for \$500,000 to name the Mountain View Cancer Center lobby. The other was a memorial gift of \$25,000 from grateful family and friends of a patient who passed away. Together they are naming an infusion bay. At this point in the fiscal year, major gift fundraising is focused on securing sponsorships for the upcoming El Camino Heritage Golf Tournament. Currently there is an estimated \$5,000,000 in major and planned gifts in the pipeline for FY20.

Fundraising Events

- **Golf Tournament**
The 24th annual El Camino Heritage Golf Tournament will be held on Monday, October 28, 2019 at Sharon Heights Golf & Country Club. It will benefit the Peter C. Fung, MD Stroke Center. Tournament registration opened in July. By July 31, the Foundation had received \$16,750 in support of the event. More sponsorships have been committed that will be reflected in future fundraising reports as payment is received.
- **Spring Gala and South Asian Heart Center Gala**
These events will take place in the second half of the fiscal year. The donations reflected in the July fundraising report are belated fulfillment of commitments to FY19 events.
- **Norma's Literary Luncheon**
In July, the Melchor family made a \$70,000 gift to underwrite the expenses for Norma's Literary Luncheon FY20. The event will be held on February 6, 2020 at Sharon Heights Golf & Country Club. Lisa See, author of the bestseller *The Tea Girl of Hummingbird Lane*, will be the featured speaker.

Annual Giving

In July, the Foundation raised \$23,322 in annual gifts from H2H membership renewals, Circle of Caring, responses from the spring direct mail, and online donations.

Other

- *Andrew Cope* will be the new foundation president, effective September 23, 2019.
- *Taube Pavilion Opening Festivities for Donors, Thursday, October 24, 2019* – The foundation is planning special grand opening festivities for donors to the Fulfilling the Promise fundraising initiative. Select guests, including major donors, hospital board members, hospital executive leaders, elected officials, mental health & addiction services senior leaders and medical directors, and media will be invited to the formal program and ribbon cutting, which will commence at 4:00 p.m. in front of the building. Preview tours and an open house will follow from 6-8:00 p.m., and will be open to additional Fulfilling the Promise donors. These festivities are still in the planning stage. Additional grand opening events are being planned separately for physicians, staff, and community members, and will take place over the weekend.
- *Sobrato Pavilion Opening Celebration, Sunday, November 17, 2019* - The foundation is planning a small private luncheon for the donors who have named spaces in the Sobrato Pavilion and their guests. A ribbon cutting with the donors and building tenants will follow. This event is still in the planning phase.



FOUNDATION PERFORMANCE

FY20 Fundraising Report through 7/31/19					
ACTIVITY		FY20 YTD (7/1/19 - 7/31/19)	FY20 Goals	FY20 % of Goal	FY19 YTD (7/1/18 - 7/31/18)
Major & Planned Gifts		\$525,512	\$5,500,000	10%	\$53
Special Events	Spring Event	\$17,500	\$350,000	5%	\$500
	Golf	\$16,750	\$325,000	5%	\$46,000
	South Asian Heart Center Event	\$12,045	\$200,000	6%	\$2,000
	Norma's Literary Luncheon	\$70,000	\$200,000	35%	\$2,500
Annual Gifts		\$23,322	\$600,000	4%	\$7,212
Investment Income		\$29,796	\$500,000	6%	\$149,073
TOTALS		\$694,925	\$7,675,000	9%	\$207,338
Highlighted Assets through 7/31/19					
Board Designated Allocations			\$775,352		
Donor Endowments			\$6,728,467		
Operational Endowments			\$16,293,504		
Pledge Receivables			\$4,627,579		
Restricted Donations			\$13,031,288		
Unrestricted Donations			\$1,193,294		