

# AGENDA

## REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

**Thursday, October 10, 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
<b>1. CALL TO ORDER/ROLL CALL</b>	Lanhee Chen, Board Chair		<b>5:30 – 5:31pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information 5:31 – 5:32</b>
<b>3. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		<b>information 5:32 -5:35</b>
<b>4. FY20 PERIOD 2 FINANCIALS</b> <a href="#">ATTACHMENT 4</a>	Iftikhar Hussain, CFO	<i>public comment</i>	<b>possible motion 5:35 – 5:45</b>
<b>5. FY19 FINANCIAL AUDIT</b> <a href="#">ATTACHMENT 5</a>	Brian Conner, Moss Adams LLP		<b>discussion 5:45 – 6:00</b>
<b>6. QUALITY COMMITTEE REPORT</b> <a href="#">ATTACHMENT 6</a>	Julie Kliger, Quality Committee Chair; Cheryl Reinking, RN, CNO		<b>discussion 6:00 – 6:15</b>
<b>7. FY19 ORGANIZATIONAL GOAL ACHIEVEMENT</b> <a href="#">ATTACHMENT 7</a>	Dan Woods, CEO	<i>public comment</i>	<b>possible motion 6:15 – 6:30</b>
<b>8. FY20 ORGANIZATIONAL GOAL METRICS</b> <a href="#">ATTACHMENT 8</a>	Dan Woods, CEO	<i>public comment</i>	<b>possible motion 6:30 – 6:45</b>
<b>9. CAPITAL FUNDING REQUEST: MV CAMPUS COMPLETION PROJECT</b> <a href="#">ATTACHMENT 9</a>	Ken King, CASO	<i>public comment</i>	<b>possible motion 6:45 – 7:00</b>
<b>10. FY20 CEO PERFORMANCE REVIEW PROCESS</b> <a href="#">ATTACHMENT 10</a>	Bob Miller, Executive Compensation Committee Chair	<i>public comment</i>	<b>possible motion 7:00 – 7:10</b>
<b>11. ADJOURN TO CLOSED SESSION</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 7:10 – 7:16</b>
<b>12. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information 7:16 – 7:17</b>
<b>13. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management:</b> - FY19 Financial Audit	Brian Conner, Moss Adams LLP		<b>discussion 7:17 – 7:27</b>

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

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
14. <i>Gov't Code Section 54957.6</i> for conference with labor negotiator Lanhee Chen: - FY20 CEO Base Salary	Lanhee Chen, Board Chair; Bob Miller, Executive Compensation Committee Chair		<b>discussion</b> <b>7:27 – 7:37</b>
15. <i>Gov't Code Section 54957.6</i> for conference with labor negotiator Lanhee Chen: - FY19 CEO Individual Incentive Score	Lanhee Chen, Board Chair;		<b>possible motion</b> <b>7:37 – 7:47</b>
16. <b>CONSENT CALENDAR</b> <i>Any Board Member may remove an item for discussion before a motion is made.</i>  <b>Approval</b> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (9/11/2019)  <b>Reviewed and Recommended for Approval by the Executive Compensation Committee</b> b. Minutes of the Closed Session of the Executive Compensation Committee Meeting (5/30/2019)  <b>Information</b> <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Dan Woods: c. Executive Performance Incentive Score and Payout	Lanhee Chen, Board Chair		<b>motion required</b> <b>7:47 – 7:49</b>
17. <i>Health &amp; Safety Code Section 32155</i> 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		<b>motion required</b> <b>7:49 – 8:04</b>
18. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets; <i>Health &amp; Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - CEO Report on New Services and Programs, Quality Update	Dan Woods, CEO		<b>discussion</b> <b>8:04 – 8:49</b>
19. 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		<b>discussion</b> <b>8:49 – 8:54</b>
20. <b>ADJOURN TO OPEN SESSION</b>	Lanhee Chen, Board Chair		<b>motion required</b> <b>8:54 – 8:55</b>
21. <b>RECONVENE OPEN SESSION/REPORT OUT</b> To report any required disclosures regarding permissible actions taken during Closed Session.	Lanhee Chen, Board Chair		<b>information</b> <b>8:55 – 8:56</b>
22. <b>CONSENT CALENDAR ITEMS:</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required</b> <b>8:56 – 8:58</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><b>Approval</b></p> <p>a. <a href="#">Minutes of the Open Session of the Hospital Board Meeting (9/11/2019)</a></p> <p>b. <a href="#">Resolution 2019-10: Amending the El Camino Hospital 403(b) Retirement Plan Matching Contributions</a></p> <p><b>Reviewed and Recommended for Approval by the Executive Compensation Committee</b></p> <p>c. <a href="#">Minutes of the Open Session of the Executive Compensation Committee Meeting (5/30/2019)</a></p> <p><b>Reviewed and Recommended for Approval by the Finance Committee</b></p> <p>d. <a href="#">FY20 Period 1 Financials</a></p> <p>e. <a href="#">Cardiology Call Panel (LG) Renewal</a></p> <p><b>Reviewed and Recommended for Approval by the Compliance and Audit Committee</b></p> <p>f. <a href="#">Compliance Committee Report</a>   Annual 403(b) Plan Audit Annual Cash Balance Plan Audit</p> <p><b>Reviewed and Recommended for Approval by the Medical Executive Committee</b></p> <p>g. <a href="#">Medical Staff Report</a></p> <p><b>Information</b></p> <p>h. <a href="#">Major Capital Projects Update</a></p> <p>i. <a href="#">Finance Committee Approvals</a></p> <p>j. <a href="#">FY19 Community Benefit Report</a></p> <p>k. <a href="#">Executive Compensation Committee Approvals</a></p> <p>l. <a href="#">Report on Educational Activity</a></p>			
<b>23. FY19 FINANCIAL AUDIT APPROVAL</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>possible motion 8:58 – 9:00</b>
<b>24. FY19 CASO INCENTIVE PLAN PAYOUT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>possible motion 9:00 – 9:02</b>
<b>25. FY20 CEO BASE SALARY</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>possible motion 9:02 – 9:04</b>
<b>26. FY19 CEO INCENTIVE PAYOUT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>possible motion 9:04 – 9:06</b>
<b>27. CEO REPORT <a href="#">ATTACHMENT 27</a></b>	Dan Woods, CEO		<b>information 9:06 – 9:08</b>
<b>28. BOARD COMMENTS</b>	Lanhee Chen, Board Chair		<b>information 9:08 – 9:10</b>
<b>29. ADJOURNMENT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 9:10pm</b>

**Upcoming Meetings:**

Regular Meetings: 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 (with Quality Committee); April 22, 2020



# El Camino Health

## Summary of Financial Operations

*Fiscal Year 2020 – Period 2  
7/1/2019 to 08/31/2019*



# Financial Overview

## Financial Performance

- Strong revenues is fueled by volume growth drove \$7.9M operating margin favorable variance. Despite the higher volumes, expenses remained close to budgeted.
  - Operating expense is at budget level
    - Supplies are higher than budget due to procedural volume growth
    - Other Operating Expense favorable due to delay in activation costs for Sobrato & Taube Pavilions
- Revenue cycle operations remain strong with low days in AR and high payments. Cash collections for the year are \$6.3 million higher than target
- Non Operating Income unfavorable variance due to timing of community benefit grants and will normalize over the year

## Hospital Volume

- Adjusted Discharges (AD) are 11% to be favorable to budget. The budget growth target was 2.5% which is aggressive compared to historical growth.
  - Mountain View: Favorable to budget by 422 ADs (8.9%) and favorable to prior year by 11.0%
    - Infusion Volumes (up 23%), extended hours, new Oncologist and increased productivity
    - High ER volume
    - Overall procedural volume favorable to budget by 144 cases (3%)
  - Los Gatos: Favorable to budget by 256 ADs 25% and favorable to prior year by 32%
    - Surgeries (up 28%) – Orthopedics (purchase of technology), Urology, Ophthalmology (program moved from Willow ASC while it is closed for licensing)
    - Overall procedural volume favorable to budget by 129 cases (14%)
    - Op Emergency Room favorable to budget by 193 visits (11%)

## Payor Mix

- For August, payor mix is at budget – improvement in Urology and Orthopedic payor mix.
- Year to date payor mix is close to budget;

## Productivity

- YTD FTEs are in line with targets as management is flexing to meet volumes.

## Dashboard - as of August 31, 2019

\*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.

	Month					YTD			
	PY	CY	Bud/Target	Variance CY vs Bud		PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.									
Total Operating Revenue	80,660	87,322	86,861	461		154,636	176,940	168,863	8,077
Operating Margin \$	8,614	6,152	5,479	672		15,789	16,549	8,609	7,940
Operating Margin %	10.7%	7.0%	6.3%	0.7%		10.2%	9.4%	5.1%	4.3%
EBIDA %	16.2%	12.4%	12.0%	0.4%		15.9%	14.7%	11.0%	3.7%
Hospital Volume									
Licensed Beds	443	443	443	-		443	443	443	-
ADC	225	219	231	(12)		220	453	227	226
Utilization MV	61%	60%	63%	(2.8%)		60%	61%	61%	0.1%
Utilization LG	29%	28%	30%	(2.5%)		28%	30%	30%	(0.5%)
Utilization Combined	51%	49%	52%	(2.7%)		50%	51%	51%	(0.1%)
Total Discharges (Excl NNB)	1,578	1,691	1,618	73		3,054	3,375	3,151	224
Hospital Payor Mix									
Medicare	47.3%	47.8%	47.5%	0.3%		46.4%	48.6%	47.8%	0.8%
Medi-Cal	7.6%	8.1%	7.9%	0.2%		8.4%	7.9%	8.1%	(0.2%)
Total Commercial	42.9%	42.6%	42.2%	0.3%		42.7%	41.4%	41.7%	(0.3%)
Other	2.2%	1.6%	2.4%	(0.8%)		2.5%	2.1%	2.4%	(0.3%)
Hospital Cost									
Total FTE	2,596.0	2,733.7	2,747.7	14.0		2,580.4	2,740.5	2,749.1	8.6
Productive Hrs/APD	31.0	31.5	32.4	0.8		31.2	31.4	32.7	1.4
Consolidated Balance Sheet									
Net Days in AR	47.0	47.8	49.0	1.2		46.6	47.2	49.0	1.8
Days Cash	512	473	435	38		512	473	435	38

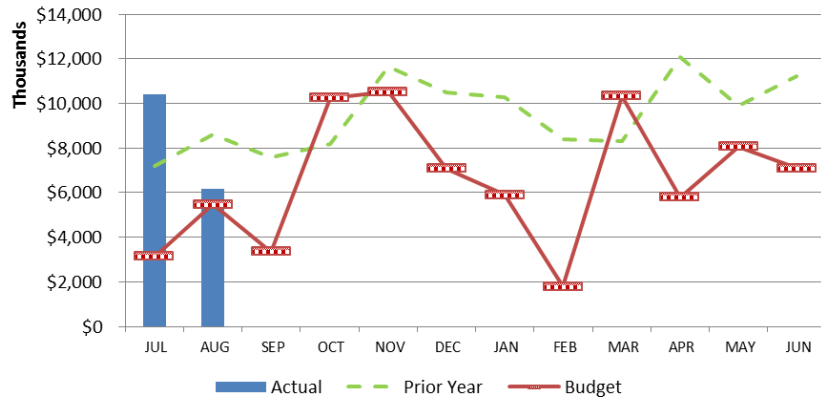
# Consolidated Statement of Operations (\$000s)

Period ending 08/31/2019

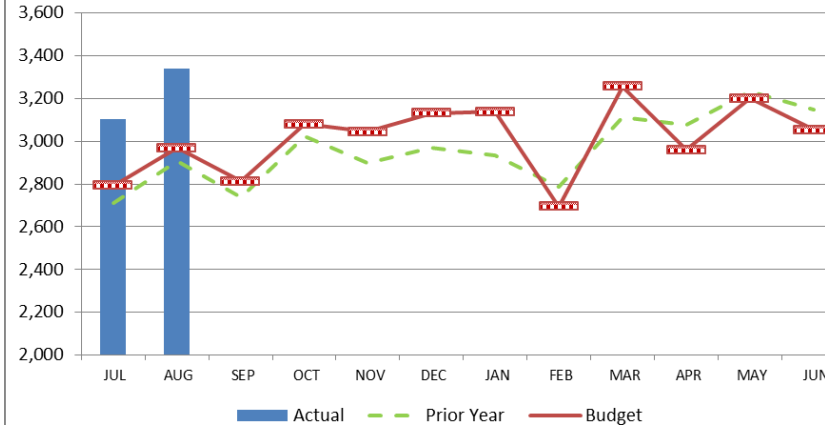
Period 2 FY 2019	Period 2 FY 2020	Period 2 Budget 2020	Variance Fav (Unfav)	Var%		YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					\$000s					
					<b>OPERATING REVENUE</b>					
291,066	317,087	319,154	(2,067)	(0.6%)	<b>Gross Revenue</b>	556,917	631,150	619,394	11,756	1.9%
(213,218)	(233,586)	(236,288)	2,702	1.1%	<b>Deductions</b>	(408,369)	(462,141)	(458,544)	(3,597)	(0.8%)
<b>77,847</b>	<b>83,501</b>	<b>82,866</b>	<b>635</b>	<b>0.8%</b>	<b>Net Patient Revenue</b>	<b>148,548</b>	<b>169,009</b>	<b>160,849</b>	<b>8,159</b>	<b>5.1%</b>
2,812	3,821	3,995	(174)	(4.4%)	<b>Other Operating Revenue</b>	6,088	7,931	8,014	(83)	(1.0%)
<b>80,660</b>	<b>87,322</b>	<b>86,861</b>	<b>461</b>	<b>0.5%</b>	<b>Total Operating Revenue</b>	<b>154,636</b>	<b>176,940</b>	<b>168,863</b>	<b>8,077</b>	<b>4.8%</b>
					<b>OPERATING EXPENSE</b>					
41,654	46,023	46,494	471	1.0%	<b>Salaries &amp; Wages</b>	82,280	91,104	92,151	1,047	1.1%
12,429	13,096	12,183	(914)	(7.5%)	<b>Supplies</b>	22,419	26,229	23,466	(2,762)	(11.8%)
11,007	13,793	13,134	(659)	(5.0%)	<b>Fees &amp; Purchased Services</b>	20,257	26,714	26,342	(373)	(1.4%)
2,506	3,595	4,604	1,009	21.9%	<b>Other Operating Expense</b>	5,057	6,885	8,391	1,506	17.9%
157	236	495	258	52.2%	<b>Interest</b>	278	469	990	521	52.6%
4,293	4,426	4,473	47	1.0%	<b>Depreciation</b>	8,557	8,991	8,915	(75)	(0.8%)
<b>72,046</b>	<b>81,170</b>	<b>81,382</b>	<b>211</b>	<b>0.3%</b>	<b>Total Operating Expense</b>	<b>138,847</b>	<b>160,391</b>	<b>160,254</b>	<b>(137)</b>	<b>(0.1%)</b>
<b>8,614</b>	<b>6,152</b>	<b>5,479</b>	<b>672</b>	<b>12.3%</b>	<b>Net Operating Margin</b>	<b>15,789</b>	<b>16,549</b>	<b>8,609</b>	<b>7,940</b>	<b>92.2%</b>
10,678	3,629	3,213	416	13.0%	<b>Non Operating Income</b>	20,095	4,935	6,082	(1,148)	(18.9%)
<b>19,292</b>	<b>9,781</b>	<b>8,692</b>	<b>1,089</b>	<b>12.5%</b>	<b>Net Margin</b>	<b>35,883</b>	<b>21,483</b>	<b>14,691</b>	<b>6,792</b>	<b>46.2%</b>
16.2%	12.4%	12.0%	0.4%		<b>EBITDA</b>	15.9%	14.7%	11.0%	3.7%	
10.7%	7.0%	6.3%	0.7%		<b>Operating Margin</b>	10.2%	9.4%	5.1%	4.3%	
23.9%	11.2%	10.0%	1.2%		<b>Net Margin</b>	23.2%	12.1%	8.7%	3.4%	

# Monthly Financial Trends

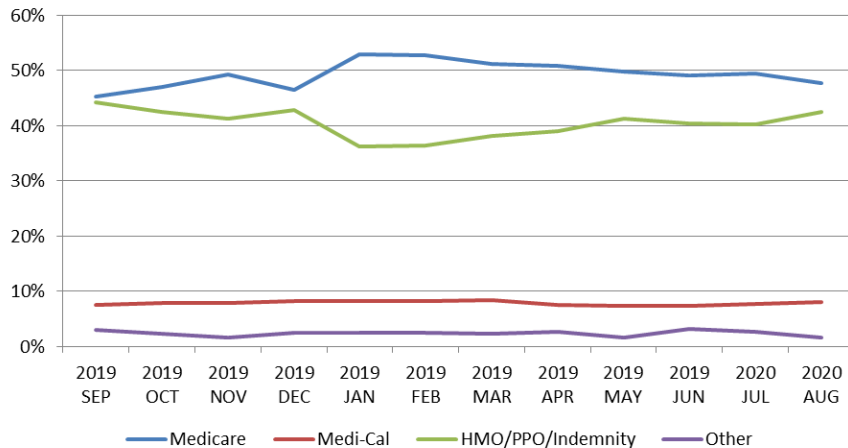
**Consolidated Operating Margin (\$000s)**  
Current & Prior Fiscal Year



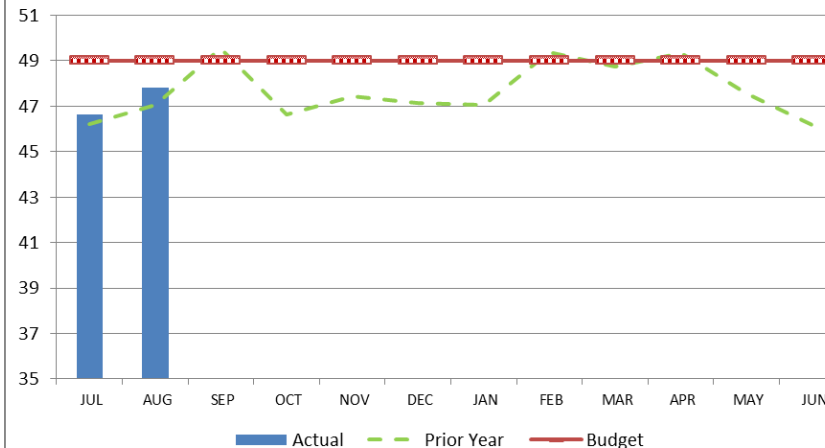
**Hospital Adjusted Discharges**



**Hospital Payor Mix**



**Consolidated Net Days in AR**



- Operating Margin – strong start for the year driven by higher volume
- We budgeted 2.5% growth but actual volume in the first two months was 15% higher than prior year
- Payor mix is at budget.
- Revenue cycle operation continues to perform better than targets

# 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
<b>Investment Performance</b>		<b>2Q 2019</b>		<b>Fiscal Year-to-date</b>		<b>6y 8m Since Inception (annualized)</b>		<b>2019</b>	
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	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		<b>3-year</b>		<b>6y 8m Since Inception (annualized)</b>		<b>2019</b>			
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%
<b>Asset Allocation</b>		<b>2Q 2019</b>							
Surplus cash absolute variances to target		7.1%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		6.9%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		<b>2Q 2019</b>							
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.

# Consolidated Balance Sheet

(in thousands)

## ASSETS

	Audited	
	August 31, 2019	June 30, 2019
<b>CURRENT ASSETS</b>		
(1) Cash	112,290	124,912
(2) Short Term Investments	192,199	177,165
Patient Accounts Receivable, net	132,359	132,198
Other Accounts and Notes Receivable	5,664	5,058
Intercompany Receivables	5,552	8,549
Inventories and Prepaids	64,418	64,093
<b>Total Current Assets</b>	<b>512,482</b>	<b>511,976</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	16,848	16,895
Plant & Equipment Fund	174,382	171,304
Women's Hospital Expansion	22,298	15,472
(3) Operational Reserve Fund	144,294	139,057
Community Benefit Fund	17,994	18,260
Workers Compensation Reserve Fund	21,152	20,732
Postretirement Health/Life Reserve Fund	29,508	29,480
PTO Liability Fund	26,405	26,149
Malpractice Reserve Fund	1,831	1,831
Catastrophic Reserves Fund	19,676	19,678
<b>Total Board Designated Assets</b>	<b>474,387</b>	<b>458,857</b>
(4) <b>FUNDS HELD BY TRUSTEE</b>	<b>67,679</b>	<b>83,073</b>
<b>LONG TERM INVESTMENTS</b>	<b>356,623</b>	<b>375,729</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>599</b>	<b>602</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>34,073</b>	<b>38,532</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,322,533	1,317,599
Less: Accumulated Depreciation	(631,865)	(622,877)
Construction in Progress	406,588	375,094
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,097,256</b>	<b>1,069,816</b>
<b>DEFERRED OUTFLOWS</b>	<b>33,776</b>	<b>33,876</b>
<b>RESTRICTED ASSETS</b>	<b>25,139</b>	<b>24,279</b>
<b>OTHER ASSETS</b>	<b>1,026</b>	<b>1,036</b>
<b>TOTAL ASSETS</b>	<b>2,603,039</b>	<b>2,597,775</b>

## LIABILITIES AND FUND BALANCE

	Audited	
	August 31, 2019	June 30, 2019
<b>CURRENT LIABILITIES</b>		
Accounts Payable	38,319	38,390
(5) Salaries and Related Liabilities	26,586	30,296
Accrued PTO	26,799	26,502
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	11,549	11,331
Intercompany Payables	5,479	8,464
Malpractice Reserves	1,800	1,800
(6) Bonds Payable - Current	8,630	8,630
Bond Interest Payable	5,246	12,775
Other Liabilities	9,884	10,477
<b>Total Current Liabilities</b>	<b>136,591</b>	<b>150,966</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	29,508	29,480
Worker's Comp Reserve	18,852	18,432
Other L/T Obligation (Asbestos)	3,994	3,975
Other L/T Liabilities (IT/Medl Leases)	-	-
(7) Bond Payable	504,946	507,531
<b>Total Long Term Liabilities</b>	<b>557,301</b>	<b>559,417</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>1,232</b>	<b>1,113</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>13,715</b>	<b>13,715</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	1,378,308	1,372,823
Board Designated	474,370	458,839
Restricted	25,078	24,215
Capital	100	100
Retained Earnings	16,343	16,587
<b>Total Fund Bal &amp; Capital Accts</b>	<b>1,894,200</b>	<b>1,872,563</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>2,603,039</b>	<b>2,597,775</b>

## August 2019 El Camino Hospital Comparative Balance Sheet Variances and Footnotes

- (1) The decrease is due to funding of our construction projects and a quarterly pension payment.
- (2) The increase is due to the shift from long term investment to short term investments. S-Term has increased by \$15M and L-Term has declined by \$19M
- (3) The increase is due to annual resetting of the 60 day Operational Reserve based on the new FY2019 budget that has started.
- (4) Decrease is due to draws from the 2015A/2017 Bond Project funds for the on-going IMOB and BHS construction and semi-annual 2015/2017 bond payment
- (5) Decrease is due to the days accrued for payroll declined by 8 days compared to June 2019.
- (6) Semi-annual bond payments of interest and principal were made on the 2015A and 2017 Bonds in February.
- (7) Decrease is due to the establishment of FY2020 2015A and 2017 Bond Principal Payable moving to current bond payables.



## 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.

# APPENDIX

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

Period ending 08/31/2019

Period 2 FY 2019	Period 2 FY 2020	Period 2 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
238,623	251,712	253,612	(1,900)	(0.7%)	<b>OPERATING REVENUE</b>					
(173,892)	(184,678)	(188,814)	4,136	2.2%	<b>Gross Revenue</b>	456,683	502,456	490,470	11,986	2.4%
<b>64,731</b>	<b>67,034</b>	<b>64,798</b>	<b>2,236</b>	<b>3.5%</b>	<b>Deductions</b>	(333,768)	(366,356)	(365,163)	(1,193)	(0.3%)
1,580	1,481	1,696	(216)	(12.7%)	<b>Net Patient Revenue</b>	<b>122,915</b>	<b>136,100</b>	<b>125,307</b>	<b>10,793</b>	<b>8.6%</b>
<b>66,312</b>	<b>68,515</b>	<b>66,495</b>	<b>2,020</b>	<b>3.0%</b>	<b>Other Operating Revenue</b>	3,133	2,895	3,420	(525)	(15.3%)
					<b>Total Operating Revenue</b>	<b>126,048</b>	<b>138,995</b>	<b>128,727</b>	<b>10,268</b>	<b>8.0%</b>
					<b>OPERATING EXPENSE</b>					
34,159	36,348	36,709	361	1.0%	<b>Salaries &amp; Wages</b>	67,321	71,986	72,624	638	0.9%
9,953	10,483	9,462	(1,021)	(10.8%)	<b>Supplies</b>	17,920	20,911	18,221	(2,690)	(14.8%)
7,139	6,488	5,881	(606)	(10.3%)	<b>Fees &amp; Purchased Services</b>	12,960	13,253	11,874	(1,380)	(11.6%)
2,048	2,528	2,996	468	15.6%	<b>Other Operating Expense</b>	4,185	4,964	5,510	546	9.9%
157	236	495	258	52.2%	<b>Interest</b>	278	469	990	521	52.6%
3,506	3,562	3,469	(93)	(2.7%)	<b>Depreciation</b>	6,993	7,260	6,943	(317)	(4.6%)
<b>56,962</b>	<b>59,644</b>	<b>59,011</b>	<b>(633)</b>	<b>(1.1%)</b>	<b>Total Operating Expense</b>	<b>109,656</b>	<b>118,844</b>	<b>116,163</b>	<b>(2,681)</b>	<b>(2.3%)</b>
<b>9,350</b>	<b>8,871</b>	<b>7,483</b>	<b>1,387</b>	<b>18.5%</b>	<b>Net Operating Margin</b>	<b>16,392</b>	<b>20,151</b>	<b>12,564</b>	<b>7,587</b>	<b>60.4%</b>
8,658	2,645	2,720	(75)	(2.7%)	<b>Non Operating Income</b>	16,410	3,541	5,208	(1,668)	(32.0%)
<b>18,008</b>	<b>11,516</b>	<b>10,204</b>	<b>1,312</b>	<b>12.9%</b>	<b>Net Margin</b>	<b>32,801</b>	<b>23,692</b>	<b>17,773</b>	<b>5,920</b>	<b>33.3%</b>
19.6%	18.5%	17.2%	1.3%		<b>EBITDA</b>	18.8%	20.1%	15.9%	4.1%	
14.1%	12.9%	11.3%	1.7%		<b>Operating Margin</b>	13.0%	14.5%	9.8%	4.7%	
27.2%	16.8%	15.3%	1.5%		<b>Net Margin</b>	26.0%	17.0%	13.8%	3.2%	

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

Period ending 08/31/2019

Period 2 FY 2019	Period 2 FY 2020	Period 2 Budget 2020	Variance Fav (Unfav)	Var%		YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					\$000s					
					<b>OPERATING REVENUE</b>					
52,260	60,091	56,692	3,399	6.0%	Gross Revenue	99,841	117,571	111,406	6,165	5.5%
(39,213)	(45,491)	(42,073)	(3,418)	(8.1%)	Deductions	(74,355)	(88,042)	(82,691)	(5,351)	(6.5%)
<b>13,048</b>	<b>14,600</b>	<b>14,619</b>	<b>(19)</b>	<b>(0.1%)</b>	Net Patient Revenue	<b>25,487</b>	<b>29,529</b>	<b>28,715</b>	<b>815</b>	<b>2.8%</b>
258	386	272	114	42.1%	Other Operating Revenue	519	765	540	225	41.6%
<b>13,305</b>	<b>14,986</b>	<b>14,890</b>	<b>96</b>	<b>0.6%</b>	Total Operating Revenue	<b>26,006</b>	<b>30,294</b>	<b>29,255</b>	<b>1,039</b>	<b>3.6%</b>
					<b>OPERATING EXPENSE</b>					
6,934	7,384	7,226	(158)	(2.2%)	Salaries & Wages	13,834	14,786	14,509	(277)	(1.9%)
2,416	2,287	2,304	17	0.7%	Supplies	4,388	4,546	4,433	(114)	(2.6%)
2,558	2,747	2,736	(11)	(0.4%)	Fees & Purchased Services	5,172	5,538	5,478	(60)	(1.1%)
279	290	628	339	53.9%	Other Operating Expense	577	566	980	414	42.2%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
746	810	809	(1)	(0.1%)	Depreciation	1,481	1,622	1,619	(3)	(0.2%)
<b>12,934</b>	<b>13,517</b>	<b>13,702</b>	<b>185</b>	<b>1.4%</b>	Total Operating Expense	<b>25,452</b>	<b>27,059</b>	<b>27,019</b>	<b>(40)</b>	<b>(0.1%)</b>
<b>371</b>	<b>1,469</b>	<b>1,188</b>	<b>281</b>	<b>23.7%</b>	Net Operating Margin	<b>554</b>	<b>3,236</b>	<b>2,236</b>	<b>1,000</b>	<b>44.7%</b>
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
<b>371</b>	<b>1,469</b>	<b>1,188</b>	<b>281</b>	<b>23.7%</b>	Net Margin	<b>554</b>	<b>3,236</b>	<b>2,236</b>	<b>1,000</b>	<b>44.7%</b>
8.4%	15.2%	13.4%	1.8%		EBITDA	7.8%	16.0%	13.2%	2.9%	
2.8%	9.8%	8.0%	1.8%		Operating Margin	2.1%	10.7%	7.6%	3.0%	
2.8%	9.8%	8.0%	1.8%		Net Margin	2.1%	10.7%	7.6%	3.0%	

# Non Operating Items and Net Margin by Affiliate

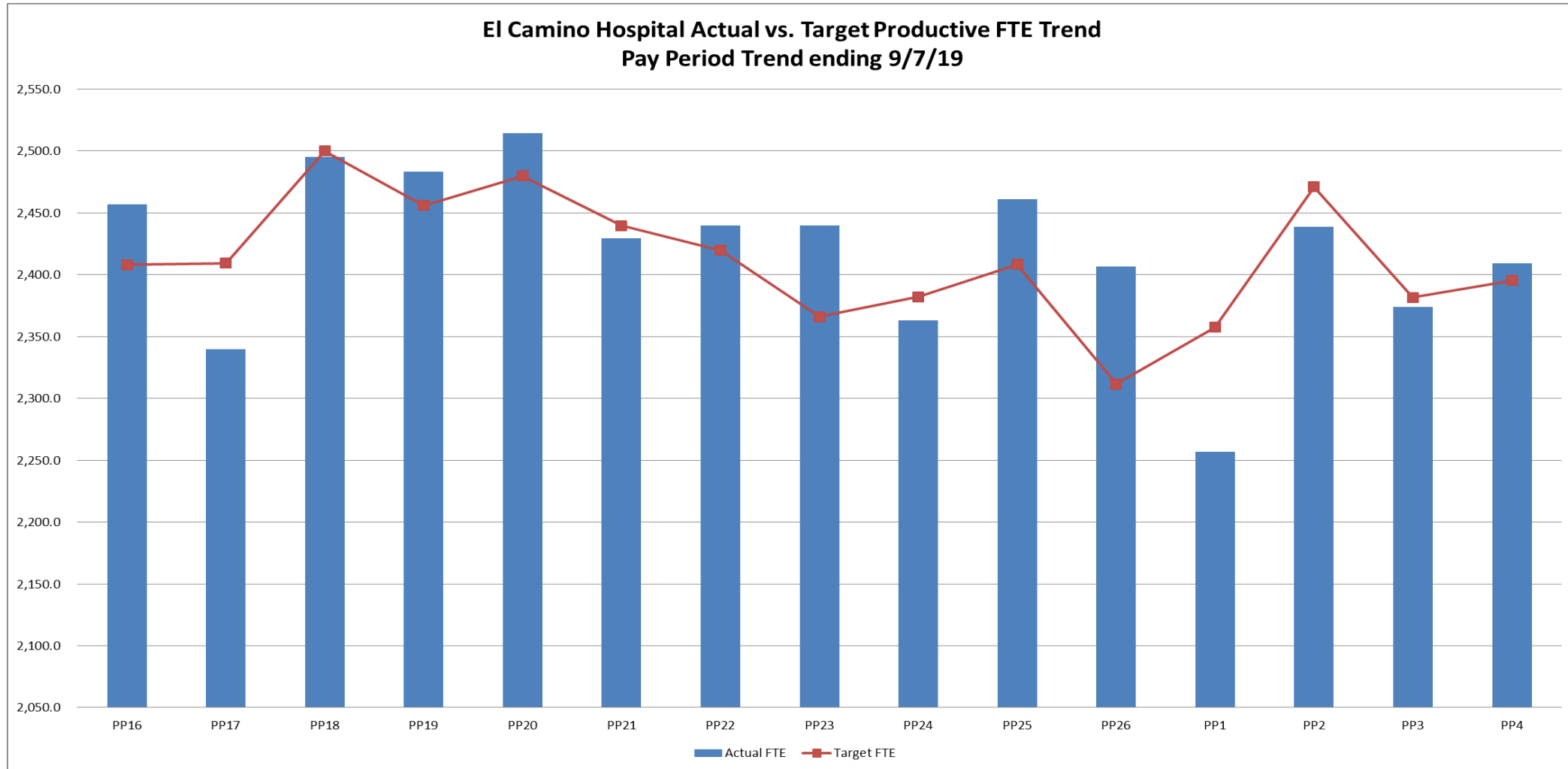
\$ in thousands

	Period 2- Month			Period 2- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Operating Margin</b>						
Mountain View	8,871	7,483	1,387	20,151	12,564	7,587
Los Gatos	1,469	1,188	281	3,236	2,236	1,000
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>10,340</b>	<b>8,672</b>	<b>1,668</b>	<b>23,387</b>	<b>14,800</b>	<b>8,587</b>
<b>Operating Margin %</b>	<b>12.4%</b>	<b>10.7%</b>		<b>13.8%</b>	<b>9.4%</b>	
<b>El Camino Hospital Non Operating Income</b>						
Investments	632	3,294	(2,662)	3,813	6,355	(2,542)
Swap Adjustments	2,104	0	2,104	2,490	0	2,490
Community Benefit <sup>1</sup>	16	(309)	325	(2,459)	(618)	(1,841)
Satellite Dialysis	122	42	81	122	83	39
Other	(229)	(306)	78	(427)	(612)	186
<b>Sub Total - Non Operating Income</b>	<b>2,645</b>	<b>2,720</b>	<b>(75)</b>	<b>3,541</b>	<b>5,208</b>	<b>(1,668)</b>
<b>El Camino Hospital Net Margin</b>	<b>12,986</b>	<b>11,392</b>	<b>1,594</b>	<b>26,928</b>	<b>20,009</b>	<b>6,919</b>
<b>ECH Net Margin %</b>	<b>15.6%</b>	<b>14.0%</b>		<b>15.9%</b>	<b>12.7%</b>	
Concern	251	136	115	396	161	235
ECSC	(22)	0	(22)	(26)	1	(27)
Foundation	511	141	370	734	313	421
Silicon Valley Medical Development	(3,945)	(2,977)	(968)	(6,549)	(5,792)	(757)
<b>Net Margin Hospital Affiliates</b>	<b>(3,204)</b>	<b>(2,699)</b>	<b>(505)</b>	<b>(5,445)</b>	<b>(5,318)</b>	<b>(127)</b>
<b>Total Net Margin Hospital &amp; Affiliates</b>	<b>9,781</b>	<b>8,692</b>	<b>1,089</b>	<b>21,483</b>	<b>14,691</b>	<b>6,792</b>

<sup>1</sup>Donations to outside organizations for FY20

# Hospital Productivity – Rolling Trend

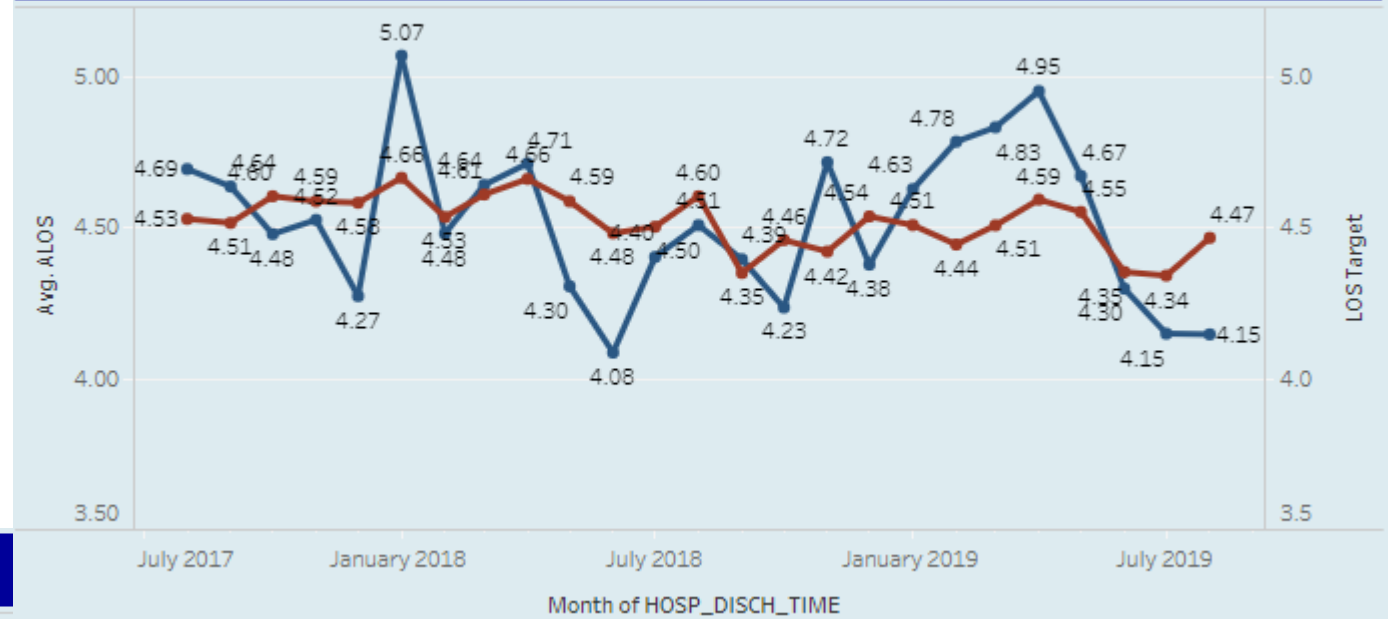
- FYTD Productive FTEs continue to be favorable to the volume adjusted target by 1.7%. Though a slight decrease in overall positive variance, the biggest factors were the holiday in July along with increase in targets for new year and management of FTE to volumes.



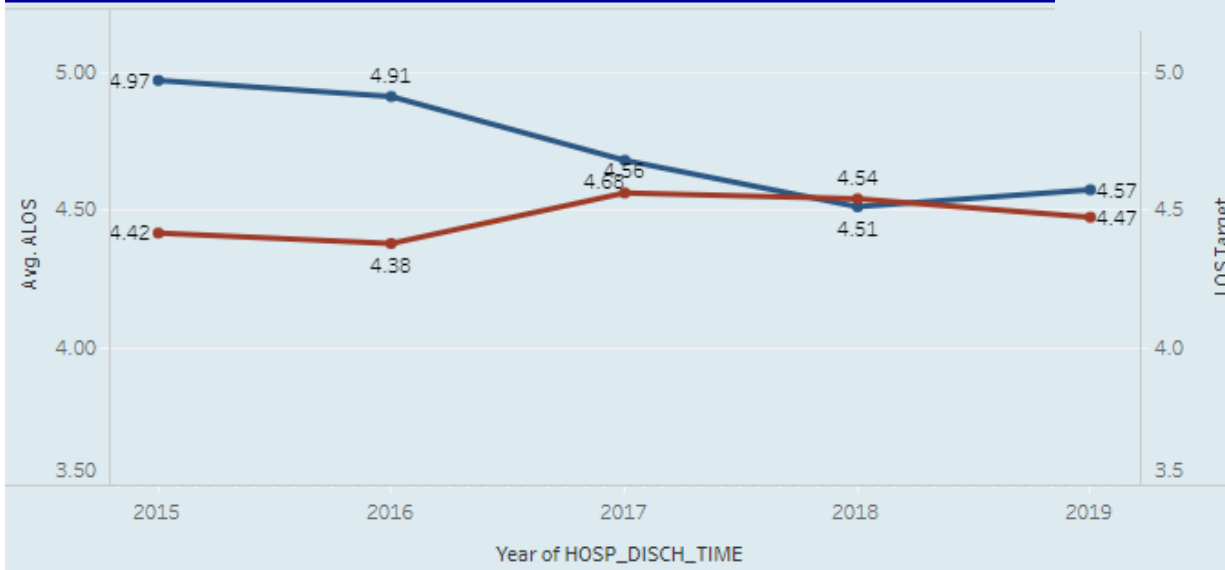
# Medicare Length of Stay

ALOS vs Milliman well-managed benchmark (red line). Medicare is our largest book of business and growing due to aging population. Lower length of stay is a key driver for improving the Medicare margin  
 FY19 ALOS has increased due to long stay outlier cases beginning in January but has been improving since May.  
 ALOS continues to be ahead of target

Average Length of Stay Trend by Month/Year




Average Length of Stay Trend by Month/Year



Actual Benchmark

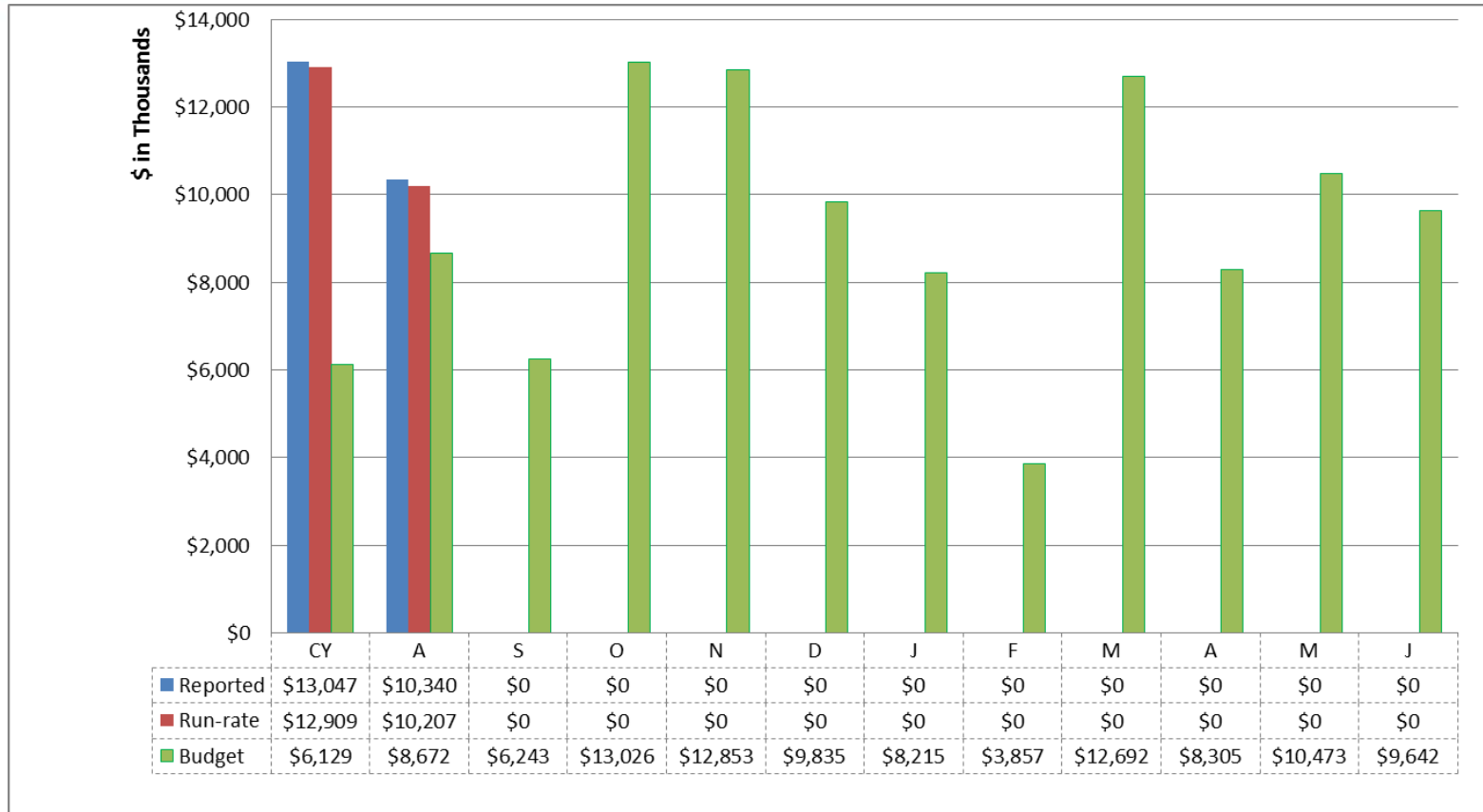
# El Camino Hospital Volume Annual Trends

<div></div> <div>VOLUME BY SERVICE LINE</div> <div><div>Last Data Refresh: 9/12/2019 8:48:25 AM</div></div>		MONTH					FACILITY		PROCEDURAL?										
		02-Aug					(All)		(All)										
		ANNUAL TREND						FY20 Bud vs FY19		MONTH					YEAR				
		2015	2016	2017	2018	2019	Bud 2020	Cases	Percent	PY	CY	Bud	Bud Var	PY Var	PY	CY	Bud	Bud Var	PY Var
IP	Behavioral Health	1,052	928	924	1,098	1,181	1,382	201	17.0%	104	98	97	1	-6	187	193	189	4	6
	General Medicine	4,583	4,452	4,951	5,278	5,192	4,971	-221	-4.3%	378	436	384	52	58	774	889	787	102	115
	General Surgery	1,149	1,311	1,318	1,305	1,409	1,427	18	1.3%	130	112	131	-19	-18	239	221	247	-26	-18
	GYN	313	293	270	243	226	194	-32	-14.2%	21	27	20	7	6	32	43	31	12	11
	Heart and Vascular	1,998	2,001	2,205	2,372	2,300	2,274	-26	-1.1%	166	188	168	20	22	325	376	326	50	51
	MCH	5,976	5,541	5,480	5,253	4,955	5,373	418	8.4%	423	451	472	-21	28	807	859	899	-40	52
	Neurosciences	672	677	685	868	884	845	-39	-4.4%	70	80	67	13	10	140	171	135	36	31
	Oncology	564	652	594	633	740	685	-55	-7.4%	62	66	62	4	4	123	124	123	1	1
	Orthopedics	1,773	1,746	1,690	1,705	1,672	1,733	61	3.6%	136	127	142	-15	-9	268	275	285	-10	7
	Rehab Services	555	500	461	441	522	586	64	12.3%	40	40	48	-8	0	82	87	98	-11	5
	Spine Surgery	429	417	474	375	358	362	4	1.1%	30	35	34	1	5	54	68	62	6	14
	Urology	169	234	257	255	292	287	-5	-1.7%	25	32	26	6	7	37	75	38	37	38
Total		19,233	18,752	19,309	19,826	19,731	20,119	388	2.0%	1,585	1,692	1,650	42	107	3,068	3,381	3,219	162	313
OP	Behavioral Health	886	2,394	3,260	3,151	2,752	3,171	419	15.2%	234	221	266	-45	-13	462	427	523	-96	-35
	Dialysis	155	6					0		0	0	0	0	0	0	0	0	0	0
	Emergency	49,091	48,590	48,624	49,411	48,455	47,737	-718	-1.5%	3,859	4,138	3,890	248	279	7,900	8,296	7,966	330	396
	General Medicine	6,620	7,195	7,129	7,266	8,069	8,297	228	2.8%	663	760	707	53	97	1,270	1,413	1,351	62	143
	General Surgery	1,853	1,797	1,837	2,003	1,961	2,055	94	4.8%	183	228	192	36	45	339	425	355	70	86
	GYN	1,308	1,018	1,079	1,099	1,401	1,491	90	6.4%	118	102	125	-23	-16	229	222	243	-21	-7
	Heart and Vascular	2,712	3,795	4,361	4,364	4,615	4,707	92	2.0%	403	408	410	-2	5	786	749	799	-50	-37
	Imaging Services	20,072	17,807	17,249	18,501	18,964	19,793	829	4.4%	1,692	1,645	1,699	-54	-47	3,261	3,172	3,272	-100	-89
	Laboratory Services	29,726	29,007	29,153	28,564	27,423	28,395	972	3.5%	2,415	2,819	2,493	326	404	4,746	5,076	4,900	176	330
	MCH	4,826	5,092	5,576	5,642	5,451	5,625	174	3.2%	460	480	477	3	20	920	937	953	-16	17
	Neurosciences	61	127	125	114	81	66	-15	-18.5%	6	11	6	5	5	10	21	10	11	11
	Oncology	4,179	14,329	18,541	19,276	20,873	21,741	868	4.2%	1,710	1,527	1,844	-317	-183	3,191	3,043	3,434	-391	-148
	Orthopedics	776	584	615	641	765	712	-53	-6.9%	62	90	61	29	28	104	182	102	80	78
	Outpatient Clinics	1,705	1,680	1,288	1,883	1,563	2,508	945	60.5%	132	146	132	14	14	269	258	269	-11	-11
	Rehab Services	1,747	3,954	4,518	4,925	5,525	5,520	-5	-0.1%	437	509	441	68	72	880	1,015	889	126	135
	Sleep Center	223	498	368	242	340	383	43	12.6%	24	30	30	0	6	42	56	52	4	14
	Spine Surgery	399	309	324	311	287	281	-6	-2.1%	36	27	36	-9	-9	54	40	53	-13	-14
	Urology	1,771	1,739	1,898	2,053	2,093	2,067	-26	-1.2%	157	193	161	32	36	320	399	326	73	79
Total		128,110	139,921	145,945	149,446	150,618	154,549	3,931	2.6%	12,591	13,334	12,970	364	743	24,783	25,731	25,496	235	948
Grand Total		147,343	158,673	165,254	169,272	170,349	174,668	4,319	2.5%	14,176	15,026	14,620	406	850	27,851	29,112	28,715	397	1,261



# ECH Hospital Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions



- No material normalizing items identified for P1 or P2

FY 2020 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>			
Revenue	Adjustments	J	A
	Mcare Settlmt/Appeal/Tent Settlmt/PIP	129	129
	Various Adjustments under \$250k	9	4
	<b>Total</b>	<b>138</b>	<b>133</b>
			<b>YTD</b>
			<b>271</b>

# FY 20 Capital Cash Flow Projections

## Reformatted to separate active and planned facility projects

Capital Spending (in 000's)	Actual FY2017	Actual FY2018	Actual FY2019	Budget Cash Flow 2020
ERP	-	-	5,830	-
IT Hardware / Software Equipment/EPIC	5,414	2,222	7,859	6,000
Medical / Non Medical Equipment	9,556	15,780	12,082	18,000
Facilities Total	82,953	139,434	158,010	244,665
Active				
Mountain View Campus Master Plan Projects	62,493	114,093	140,000	112,700
Mountain View Capital Projects	5,535	7,948	9,620	66,992
Los Gatos Capital Projects	14,780	12,306	6,901	12,773
Placeholder/Deferred				
Other Strategic Capital Facility Projects	145	5,088	1,489	19,200
Other Major Projects				33,000
<b>GRAND TOTAL</b>	<b>97,923</b>	<b>157,435</b>	<b>183,782</b>	<b>268,665</b>

# FY20 Detail Facility Cash Flow Projections (\$000s)

	FY 2020 Cash Flow		FY 2020 Cash Flow
<b>Mountain View Campus Master Plan Projects</b>		<b>Los Gatos Capital Projects</b>	
BHS Replacement	8,143	LG IR Upgrades	1,250
Integrated Medical Office Building	57,557	LG Modular MRI & Awning	3,205
Women's Hosp Expansion	33,000	LG Nurse Call System Upgrade	1,000
Demo Old Main & Related Site Work	14,000	LG Security System	340
	112,700	LG Cancer Center	2,598
		LG MOB Upgrades FY 20	500
<b>Mountain View Capital Projects</b>		LG Facilities Planning Allowance FY 20	500
ED Remodel Triage / Psych Observation	6,106	LG Equipment & Infrastructure Upgrades FY 20	600
Willow Pavilion FA Sys and Equip Upgrades	1,400	LG Rehab Finish Upgrades	400
Willow Surgery Center Improvements	2,000	LG Campus Signage	500
Site Signage & Other Improvements	1,700	LG Wireless Infrastructure Upgrades	480
Patient Family Residence	6,150	LG Paving Upgrades	800
Nurse Call System Upgrade	2,200	LG Decontamination in OR	600
Imaging Equipment Replacement (Imaging Dept. Only)	11,700		12,773
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	9,500		
Various Relocation Projects	700	<b>Other Strategic Capital Facility Projects</b>	
Flooring Replacement	1,180	Primary Care Clinic	4,000
Emergency Sanitary & Water Storage	2,216	New MOB	12,200
CT Equipment Replacement @ Radiation Oncology	440	SVMD - Facilities Future Years	3,000
Radiation Oncology Equipment Replacement	10,000		19,200
MV MOB Upgrades FY 20	500		
MV Facilities Planning Allowance FY 20	600	<b>Other Major Projects &amp; Annual Forecasts</b>	
MV Equipment & Infrastructure Upgrades FY 20	900	LG Campus Redevelopment	12,000
MV Cancer Center Expansion	1,200	Property Acquisitions	21,000
MV Wireless Infrastructure Upgrade	1,000		33,000
Other Undefined	500		
MV Undefined Annual Forecast	7,000		
	66,992	<b>TOTAL</b>	244,665

## El Camino Hospital Capital Spending (in thousands) FY 2014 – FY 2019

Category	2014	2015	2016	2017	2018	2019
<b>EPIC/ERP (as of FY19)</b>	<b>6,838</b>	<b>29,849</b>	<b>20,798</b>	<b>2,755</b>	<b>1,114</b>	<b>5,830</b>
<b>IT Hardware/Software Equipment</b>	<b>2,788</b>	<b>4,660</b>	<b>6,483</b>	<b>2,659</b>	<b>1,108</b>	<b>7,859</b>
<b>Medical/Non Medical Equipment</b>	<b>12,891</b>	<b>13,340</b>	<b>17,133</b>	<b>9,556</b>	<b>15,780</b>	<b>12,082</b>
<b>Non CIP Land, Land I, BLDG, Additions</b>	<b>22,292</b>	<b>-</b>	<b>4,189</b>	<b>-</b>	<b>2,070</b>	<b>-</b>

### Facilities Projects CIP

#### Mountain View Campus Master Plan Projects

1245 - Behavioral Health Bldg Replace	1,257	3,775	1,389	10,323	28,676	30,003
1413 - North Drive Parking Structure Exp	-	167	1,266	18,120	4,670	222
1414 - Integrated MOB	-	2,009	8,875	32,805	75,319	108,951
1422 - CUP Upgrade	-	-	896	1,245	5,428	824
<b>Sub-Total Mountain View Campus Master Plan</b>	<b>1,257</b>	<b>5,950</b>	<b>12,426</b>	<b>62,493</b>	<b>114,093</b>	<b>140,000</b>

#### Mountain View Capital Projects

9900 - Unassigned Costs	470	3,717	-	-	-	-
0906 - Slot Build-Out	1,576	15,101	1,251	294	-	-
1109 - New Main Upgrades	393	2	-	-	-	-
1111 - Mom/Baby Overflow	29	-	-	-	-	-
1204 - Elevator Upgrades	30	-	-	-	-	-
0800 - Womens L&D Expansion	1,531	269	-	-	-	-
1225 - Rehab BLDG Roofing	241	4	-	-	-	-
1227 - New Main eICU	21	-	-	-	-	-
1230 - Fog Shop	80	-	-	-	-	-
1315 - 205 So. Drive TI's	500	2	-	-	-	-
0908 - NPCR3 Seismic Upgrds	1,224	1,328	240	342	961	150
1125 - Will Pav Fire Sprinkler	39	-	-	-	-	-
1216 - New Main Process Imp Office	1	16	-	-	-	-
1217 - MV Campus MEP Upgrades FY13	181	274	28	-	-	-
1224 - Rehab Bldg HVAC Upgrades	202	81	14	6	-	-
1301 - Desktop Virtual	13	-	-	-	-	-
1304 - Rehab Wander Mgmt	87	-	-	-	-	-
1310 - Melchor Cancer Center Expansion	44	13	-	-	-	-
1318 - Women's Hospital TI	48	48	29	2	-	-
1327 - Rehab Building Upgrades	-	15	20	-	22	-
1320 - 2500 Hosp Dr Roofing	75	81	-	-	-	-
1340 - New Main ED Exam Room TVs	8	193	-	-	-	-
1341 - New Main Admin	32	103	-	-	-	-
1344 - New Main AV Upgrd	243	-	-	-	-	-
1400 - Oak Pav Cancer Center	-	5,208	666	52	156	-
1403 - Hosp Drive BLDG 11 TI's	86	103	-	-	-	-
1404 - Park Pav HVAC	64	7	-	-	-	-
1405 - 1 - South Accessibility Upgrades	-	-	168	95	-	-
1408 - New Main Accessibility Upgrades	-	7	46	501	12	-
1415 - Signage & Wayfinding	-	-	106	58	136	27
1416 - MV Campus Digital Directories	-	-	34	23	95	-
1423 - MV MOB TI Allowance	-	-	588	369	-	-
1425 - IMOB Preparation Project - Old Main	-	-	711	1,860	215	-
1429 - 2500 Hospital Dr Bldg 8 TI	-	101	-	-	-	-
1430 - Women's Hospital Expansion	-	-	-	464	2,763	3,447
1432 - 205 South Dr BHS TI	-	8	15	-	52	-
1501 - Women's Hospital NPC Comp	-	4	-	223	320	49
1502 - Cabling & Wireless Upgrades	-	-	1,261	367	984	-
1503 - Willow Pavillion Tomosynthesis	-	-	53	257	31	-
1504 - Equipment Support Infrastructure	-	61	311	-	60	-
1523 - Melchor Pavillion Suite 309 TI	-	-	10	59	392	-
1525 - New Main Lab Upgrades	-	-	-	464	1,739	495
1526 - CONCERN TI	-	-	37	99	10	-

Category	2014	2015	2016	2017	2018	2019
<b>Facilities Projects CIP cont.</b>						
1602 - JW House (Patient Family Residence)	-	-	-	-	-	132
1707 - Imaging Equipment Replacement	-	-	-	-	-	185
1708 - IR / Cath Lab Equipment Replacement	-	-	-	-	-	1,058
1709 - ED Remodel / CT Triage - Other	-	-	-	-	-	213
1711 - MV Emergency Sanitary & Water	-	-	-	-	-	264
1713 - MV Flooring Replacement	-	-	-	-	-	478
1715 - 125 South Dr CT Replacement	-	-	-	-	-	80
1716 - Melchor Suite 102 SVMd	-	-	-	-	-	142
1800 - MV Pneumatic Tube Upgrades	-	-	-	-	-	109
1801 - Demo Old Main & Related Site Work	-	-	-	-	-	120
1803 - SVMd Melchor Suite 212	-	-	-	-	-	68
1805 - MV SPD Ultrasonic Cleaner	-	-	-	-	-	144
1900 - MV Infrastructure Upgrades	-	-	-	-	-	98
1902 - Site Signage and Other Improvements	-	-	-	-	-	187
1904 - HM FY19 Furniture Inventory	-	-	-	-	-	21
1906 - SVMd 2024 Grant Suite 202 OB/GYN Clinic	-	-	-	-	-	74
1917 - Willow SC Upgrades	-	-	-	-	-	60
<b>Sub-Total Mountain View Projects</b>	<b>7,219</b>	<b>26,744</b>	<b>5,588</b>	<b>5,535</b>	<b>7,948</b>	<b>9,620</b>
<b>Los Gatos Capital Projects</b>						
0907 - LG Imaging Masterplan	774	1,402	17	-	-	-
1210 - Los Gatos VOIP	89	-	-	-	-	-
1116 - LG Ortho Pavillion	24	21	-	-	-	-
1124 - LG Rehab BLDG	458	-	-	-	-	-
1307 - LG Upgrades	2,979	3,282	3,511	3,081	4,551	1,426
1308 - LG Infrastructure	114	-	-	-	-	-
1313 - LG Rehab HVAC System/Structural	-	-	1,597	1,904	550	-
1219 - LG Spine OR	214	323	633	2,163	447	191
1221 - LG Kitchen Refrig	85	-	-	-	-	-
1248 - LG - CT Upgrades	26	345	197	6,669	1,673	106
1249 - LG Mobile Imaging	146	-	-	-	-	-
1328 - LG Ortho Canopy FY14	255	209	-	-	-	-
1345 - LG Lab HVAC	112	-	-	-	-	-
1346 - LG OR 5, 6, and 7 Lights Replace	-	285	53	22	127	-
1347 - LG Central Sterile Upgrades	-	181	43	66	-	-
1421 - LG MOB Improvements	-	198	65	303	356	-
1508 - LG NICU 4 Bed Expansion	-	-	-	207	-	-
1600 - 825 Pollard - Aspire Phase II	-	-	-	80	10	-
1603 - LG MOB Improvements	-	-	-	285	4,593	37
1702 - LG Modular MRI & Awning	-	-	-	-	-	426
1712 - LG Cancer Center	-	-	-	-	-	3,594
1714 - 825 Pollard Men's Health Clinic	-	-	-	-	-	499
1717 - LG Mammography Replacement	-	-	-	-	-	228
1802 - MOB Upgrades (LG Campus)	-	-	-	-	-	233
1901 - LG Infrastructure Upgrades	-	-	-	-	-	73
1909 - LG Campus Planning	-	-	-	-	-	88
<b>Sub-Total Los Gatos Projects</b>	<b>5,276</b>	<b>6,246</b>	<b>6,116</b>	<b>14,780</b>	<b>12,306</b>	<b>6,901</b>
1550 - Land Acquisition	-	-	24,007	-	-	-
1701 - 828 S Winchester Clinic TI	-	-	-	145	3,018	214
1804 - SVMd Clinic @ North First Street	-	-	-	-	-	824
1903 - SVMd Administrative Offices	-	-	-	-	-	291
1910 - SVMd SJMG at McKee	-	-	-	-	-	135
1920 - SVMd Infrastructure Support & Equipment	-	-	-	-	-	25
<b>Sub-Total Other Strategic Projects</b>	<b>-</b>	<b>-</b>	<b>24,007</b>	<b>145</b>	<b>3,018</b>	<b>1,489</b>
<b>Subtotal Facilities Projects CIP</b>	<b>13,753</b>	<b>38,940</b>	<b>48,137</b>	<b>82,953</b>	<b>137,364</b>	<b>158,010</b>
<b>Grand Total</b>	<b>58,561</b>	<b>86,789</b>	<b>96,740</b>	<b>97,923</b>	<b>157,435</b>	<b>183,782</b>



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

**To:** El Camino Hospital Board of Directors  
**From:** Diane Wigglesworth, Sr. Director, Corporate Compliance  
**Date:** October 10, 2019  
**Subject:** FY19 Financial Audit

**Recommendation(s):**

To approve the FY19 Annual Financial Audit.

**Summary:**

1. Situation: The El Camino Healthcare District engaged Moss Adams to conduct its annual Financial Audit for FY19. The Audit includes El Camino Hospital and its related entities (the El Camino Hospital Foundation, CONCERN:EAP, and Silicon Valley Medical Development LLC).
2. Authority: N/A
3. Background: As noted in Moss Adams' report, the auditors found that 1) management selected and applied significant accounting policies appropriately and consistent with those of the prior years and that management's judgments and accounting estimates were reasonable; 2) the disclosures in the consolidated financial statements were clear and consistent; and 3) there was one corrected misstatement or deficiency in internal controls. The auditors identified a clerical error made when booking construction in progress retention accrual and an adjusted journal entry was made correcting the misstatement.
4. Assessment: Moss Adams provided an unmodified opinion that the consolidated financial statements were presented fairly and in accordance with US GAAP (Generally Accepted Accounting Principles).
5. Other Reviews: At its September 26, 2019 meeting, the Compliance and Audit Committee reviewed the Audit and voted to recommend that the Board approve it. The Committee materials included the full audit packet, including the Auditor's detailed Notes to the Consolidated Financial Statements.
6. Outcomes: N/A

**List of Attachments:**

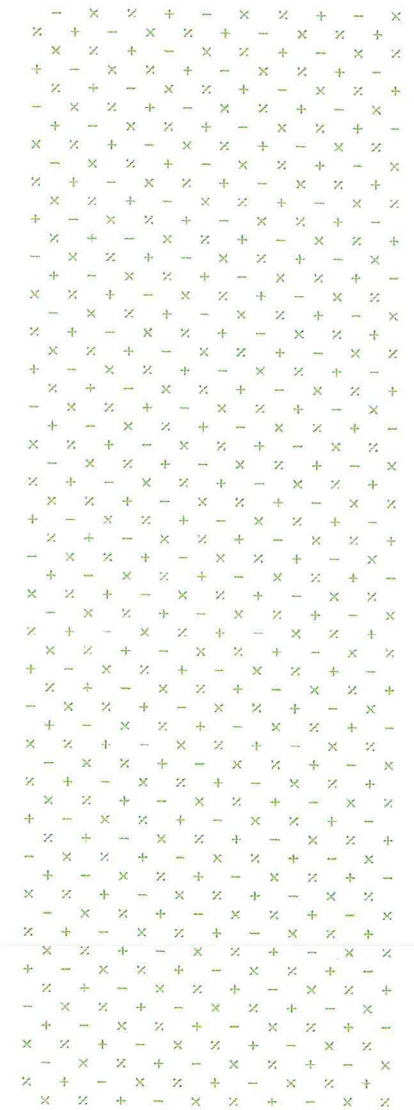
1. Consolidated Statements of Net Position
  2. Communication with Those Charged with Governance
- \*\*The full draft audit documents are available in the board portal and the final audit will be available on the El Camino Healthcare District Website after that Board approves the audit.

**Suggested Board Discussion Questions:** None.

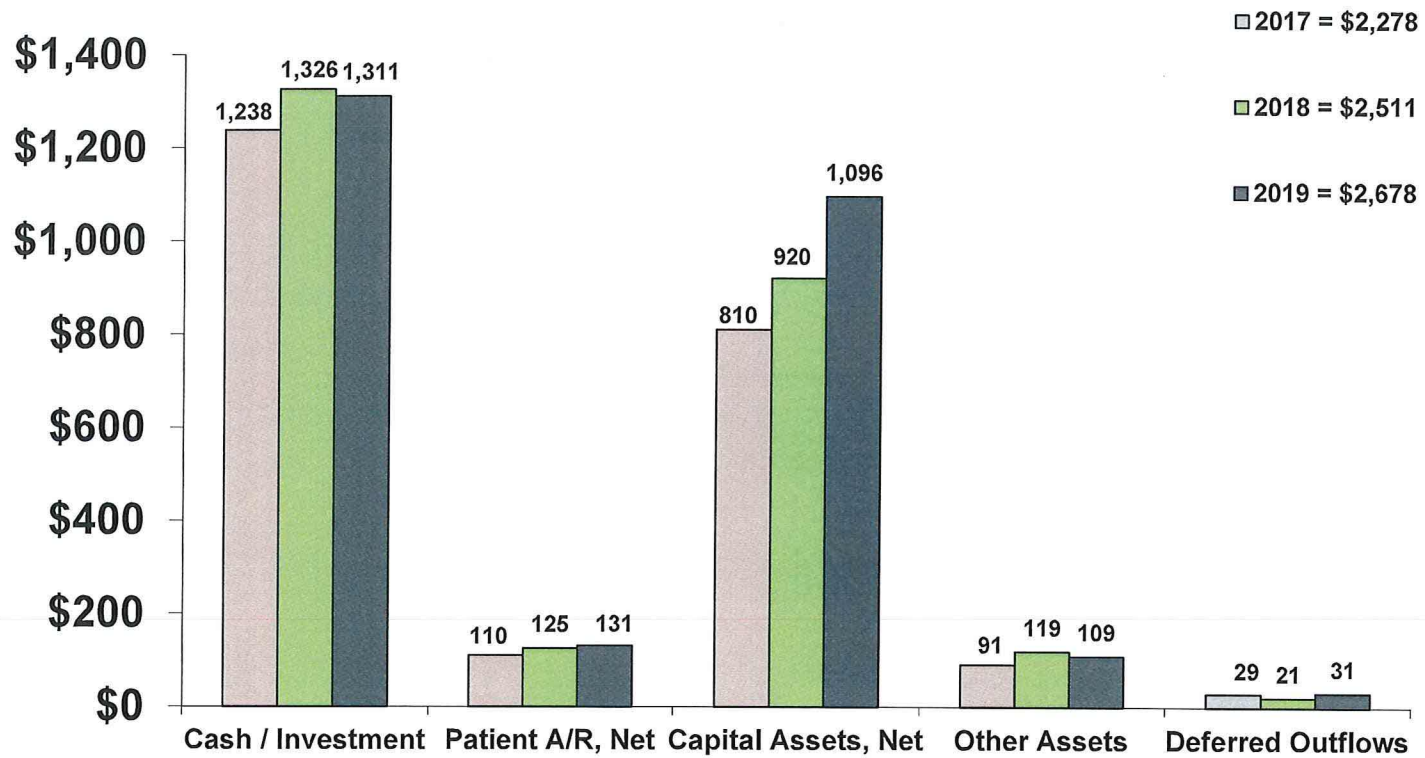


# Consolidated Statements of Net Position

*Better Together: Moss Adams & El Camino Healthcare District*

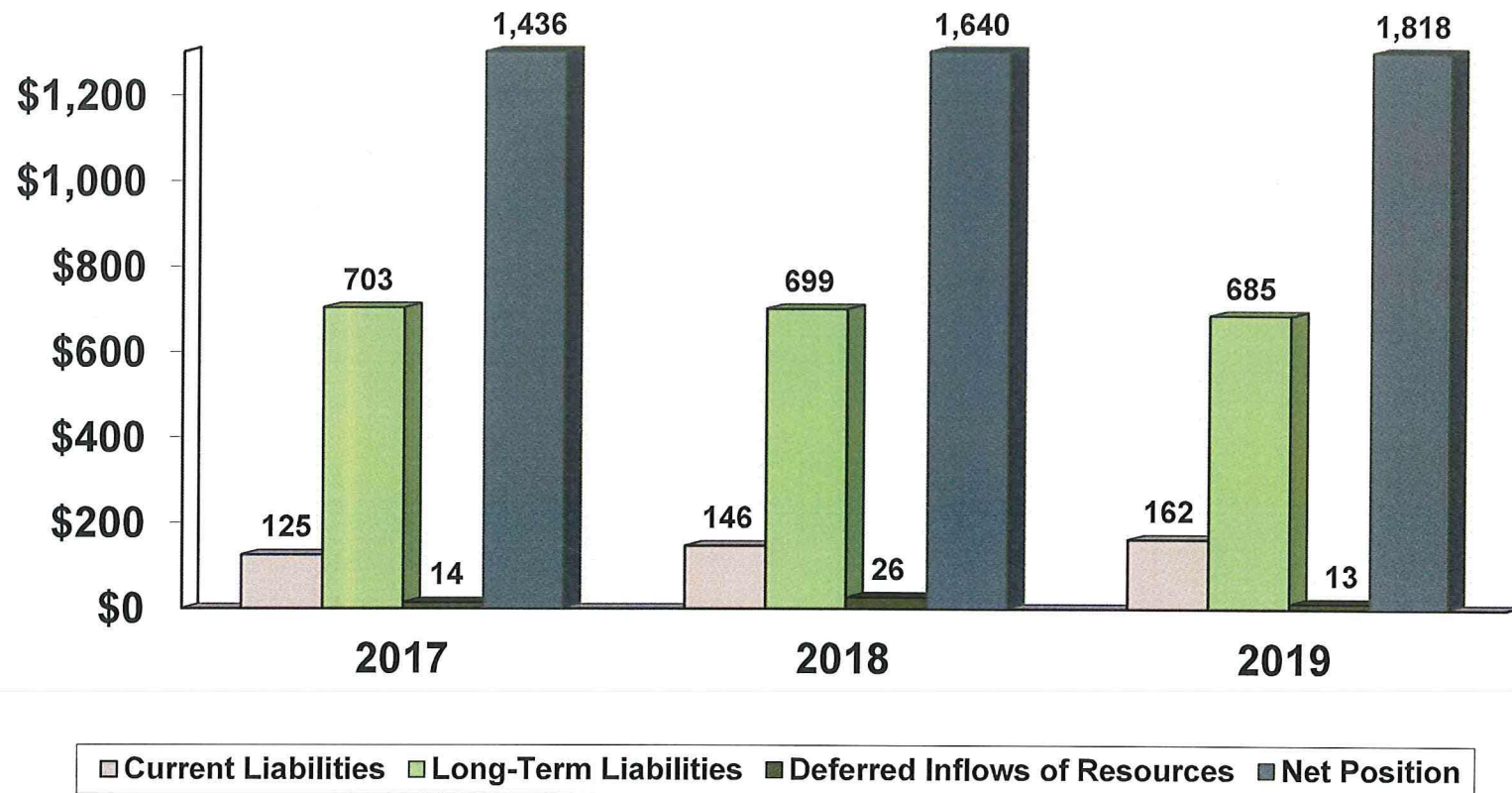


## Asset and Deferred Outflows (in millions)





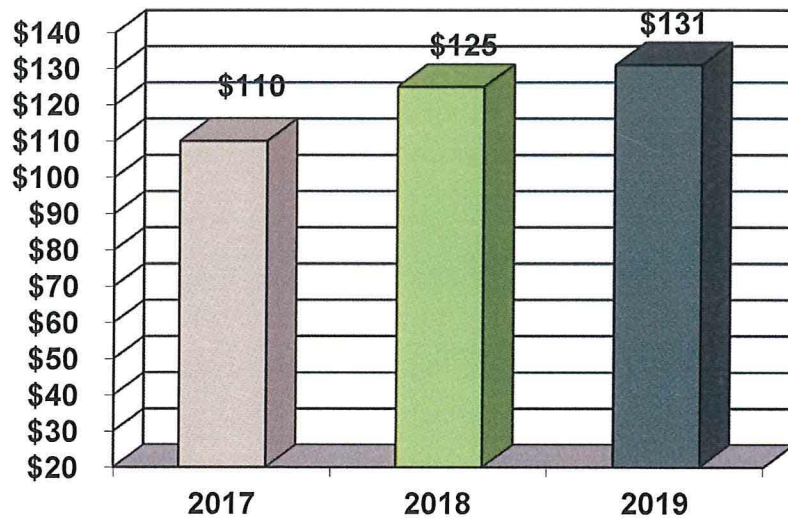
## Liabilities, Deferred Inflows, and Net Position (in millions)



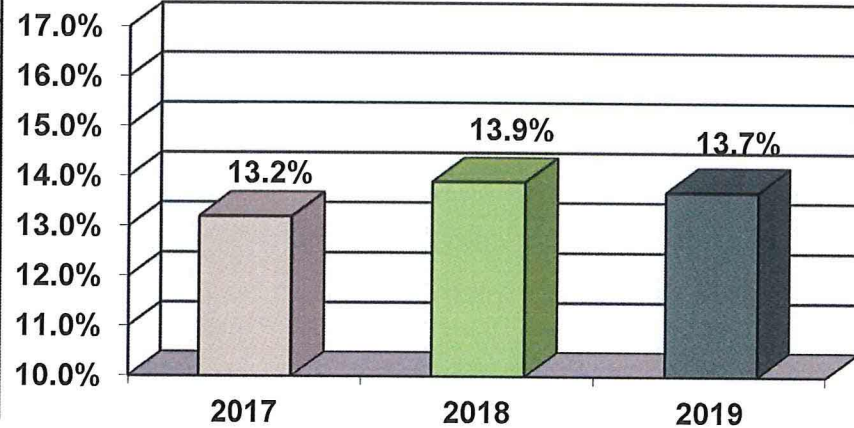


## Net Patient Service Accounts Receivable

Dollars (in millions)



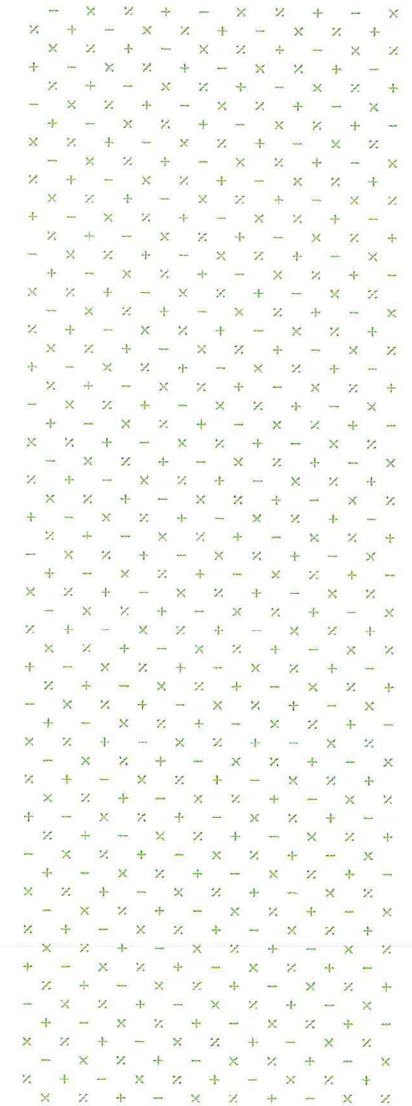
% Net Revenues





# Operations

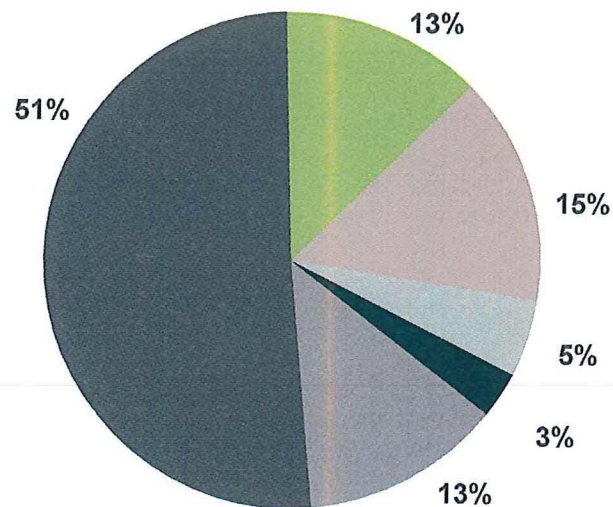
*Better Together: Moss Adams & El Camino Healthcare District*



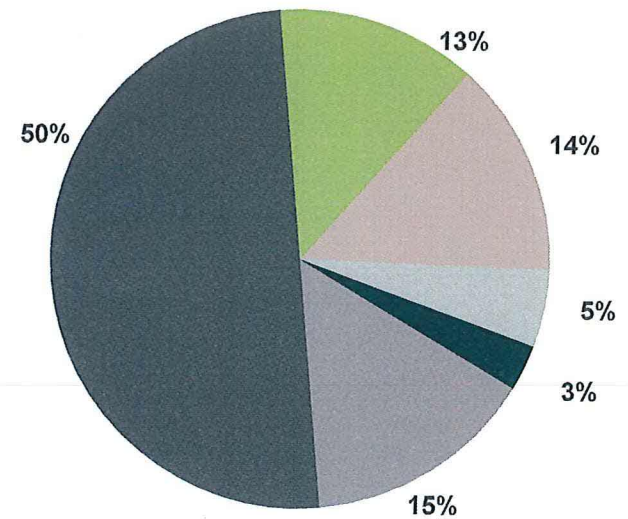
# Income Statements Year to Year Comparison

Total Operating Revenues (in thousands)

**June 30, 2019**  
**\$996,674**



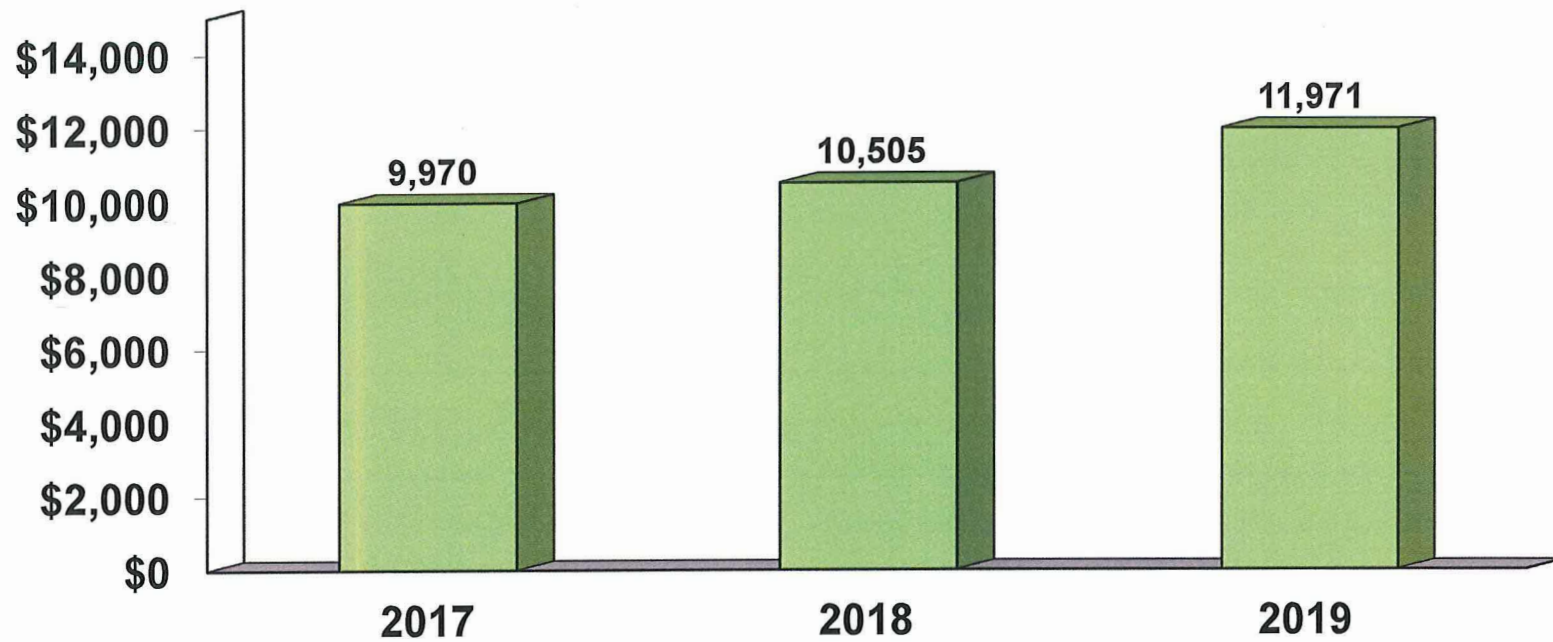
**June 30, 2018**  
**\$943,715**



- Salaries, Wages, and Benefits
- Supplies
- Professional Fees and Purchased Services
- Depreciation
- Other Expenses
- Operating Income



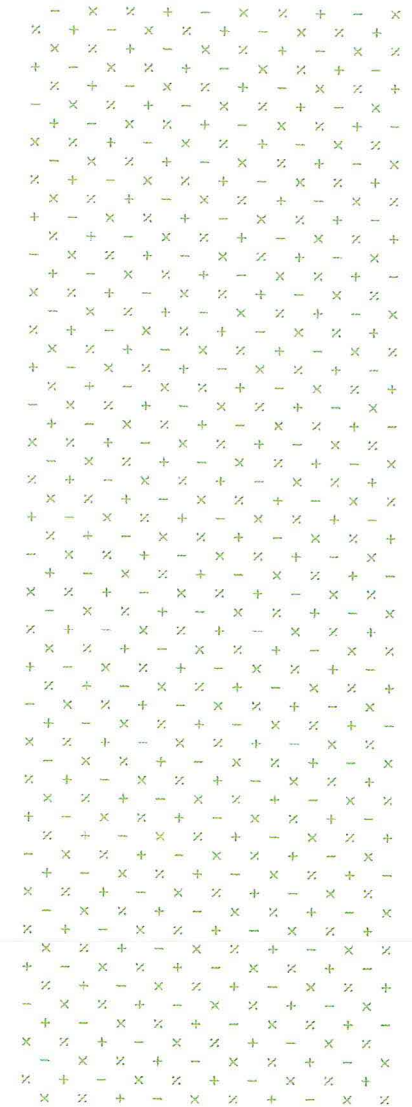
## Community Benefit Expense (in thousands)





# Communication with Those Charged with Governance

*Better Together: Moss Adams & El Camino Healthcare District*





## Our Responsibility

### Our responsibility under U.S. Generally Accepted Auditing Standards

1

To express our opinion on whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, and in accordance with U.S. GAAP. However, our audit does not relieve you or management of your responsibilities.

2

To perform an audit in accordance with generally accepted auditing standards issued by the AICPA, Government Auditing Standards issued by the Comptroller General of the United States, and the California (CA) Code of Regulations, Title 2, Section 1131.2, State of Controller's Minimum Audit Requirements for CA Special Districts, and design the audit to obtain reasonable, rather than absolute, assurance about whether the consolidated financial statements are free of material misstatement.

3

To consider internal control over financial reporting and internal control over compliance as a basis for designing audit procedures but not for the purpose of expressing an opinion on its effectiveness or to provide assurance concerning such internal control.

4

To communicate findings that, in our judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

## Significant Accounting Policies & Unusual Transactions

The auditor should determine that the audit committee is informed about the initial selection of and changes in significant accounting policies or their application. The auditor should also determine that the audit committee is informed about the methods used to account for significant unusual transactions and the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

### OUR COMMENTS

- Management has the responsibility for selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the consolidated financial statements. Throughout the course of an audit, we review changes, if any, to significant accounting policies or their application, and the initial selection and implementation of new policies. There were no changes to significant accounting policies for year ended June 30, 2019.





## Management Judgements & Accounting Estimates

The audit committee should be informed about the process used by management in formulating particularly sensitive accounting estimates and about the basis for the auditor's conclusions regarding the reasonableness of those estimates.

### OUR COMMENTS

- Management's judgements and accounting estimates are based on knowledge and experience about past and current events and assumptions about future events. We apply audit procedures to management's estimates to ascertain whether the estimates are reasonable under the circumstances and do not materially misstate the consolidated financial statements.
- Significant management estimates impacted the consolidated financial statements including the following: net patient service revenue, provision for uncollectible accounts, fair market values of investments, uninsured losses for professional liability, minimum pension liability, liability for workers' compensation claims, liability for post-retirement medical benefits, valuation of gift annuities and beneficial interest in charitable remainder unitrusts, and useful live of capital assets.
- We deem them to be reasonable.



## Management Judgements & Accounting Estimates

Our views about the quantitative aspects of the entity's significant accounting policies, accounting estimates, and financial statement disclosures.

### OUR COMMENTS

- The disclosures in the consolidated financial statements are clear and consistent. Certain financial statement disclosures are particularly sensitive because of their significance to financial statements users, however we do not believe any of the footnotes are particularly sensitive. We call your attention to the following notes:
  - Note 2 – Significant concentration of net patient accounts receivable
  - Note 5 – Fair value of investments
  - Note 6 – Capital assets
  - Note 7 – Employee benefit plans
  - Note 8 – Post-retirement medical benefits
  - Note 10 – Long-term debt
  - Note 13 – Related party transactions

## Significant Audit Adjustments & Unadjusted Differences Considered by Management to Be Immaterial

The Compliance Committee should be informed of all significant audit adjustments arising from the audit. Consideration should be given to whether an adjustment is indicative of a significant deficiency or a material weakness in the District's internal control over financial reporting, or in its process for reporting interim financial information, that could cause future consolidated financial statements to be materially misstated.

The Compliance Committee should also be informed of uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented that were determined by management to be immaterial, both individually and in the aggregate, to the consolidated financial statements as a whole.

### OUR COMMENTS

- Corrected misstatements:
  - CIP retention accrual
- There were no uncorrected misstatements.

## Deficiencies in Internal Control

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Any material weaknesses and significant deficiencies in the design or operation of internal control that came to the auditor's attention during the audit must be reported to the Compliance Committee.

### OUR COMMENTS

- **Material weakness**
  - None noted
- **Significant deficiencies**
  - Cut-off accrual



*Communications with  
Those Charged with Governance*

**El Camino Healthcare District**

*June 30, 2019*



## **Communications with Those Charged with Governance**

To the Board of Directors  
El Camino Healthcare District

We have audited the consolidated financial statements of El Camino Healthcare District (the "District"), as of and for the year ended June 30, 2019, and have issued our report thereon dated **October \_\_, 2019**. Professional standards require that we provide you with the following information related to our audit.

### **Our Responsibility under Auditing Standards Generally Accepted in the United States of America**

As stated in our engagement letter dated March 21, 2019, our responsibility, as described by professional standards, is to form and express an opinion about whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. We will also report on whether the consolidating statement of net position, consolidating statement of revenues, expenses, and changes in net position, and supplemental pension and postretirement benefit information, are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole. Our audit of the consolidated financial statements does not relieve you or management of your responsibilities.

Our responsibility is to plan and perform the audit in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2 Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts, and to design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we considered the District's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the consolidated financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you

## **Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing we previously communicated to you in the Compliance Committee meeting on March 21, 2019, and the engagement letter dated March 21, 2019.

## **Significant Audit Findings and Issues**

### ***Qualitative Aspects of Accounting Practices***

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the consolidated financial statements. There have been no new accounting policies adopted and there were no changes in the application of existing policies during fiscal year 2019. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the consolidated financial statements in a different period than when the transaction occurred.

### ***Significant Accounting Estimates***

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's consolidated financial statements were:

- Management's estimate of net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. We evaluated the key factors and assumptions used to develop the estimated net realizable amounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible. El Camino Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. We evaluated the key factors and assumptions used to develop the provision for uncollectible accounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the fair market values of investments in the absence of readily-determinable fair values is based on information provided by the fund managers. We have gained an understanding of management's estimate methodology and examined the documentation supporting this methodology. We evaluated the key factors and assumptions used to develop the fair market value of investments. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of uninsured losses for professional liability is recognized based on management's estimate of historical claims experience. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the minimum pension liability is actuarially determined using assumptions on the long-term rate of return on pension plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for workers' compensation claims is recognized based on management's estimate of historical claims experience and known activity subsequent to year-end. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for post-retirement medical benefits is actuarially determined using assumptions on the long-term rate of return on plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimates of useful lives of capital assets are based on the intended use and are within accounting principles generally accepted in the United States of America. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts have been estimated based on certain variables related to specific donor information. We evaluated key factors and assumptions used to develop the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts in determining that they are reasonable in relation to the consolidated financial statements taken as a whole.

Actual results could differ from these estimates. In accordance with accounting principles generally accepted in the United States of America, any change in these estimates is reflected in the consolidated financial statements in the year of change.



### ***Consolidated Financial Statement Disclosures***

The disclosures in the consolidated financial statements are consistent, clear, and understandable. Certain consolidated financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the District's consolidated financial statements were those surrounding related-party transactions, significant concentration of net patient accounts receivable, investments and fair value of investments, capital assets, employee benefit plans, post-retirement medical benefits, insurance plans, long-term debt, and commitment and contingencies.

### ***Significant Difficulties Encountered in Performing the Audit***

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### ***Corrected and Uncorrected Misstatements***

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management.

Corrected Misstatements: None of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the consolidated financial statements as a whole.

Uncorrected Misstatements: There were no uncorrected misstatements identified.

### ***Disagreements with Management***

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, which could be significant to the District's consolidated financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### ***Management Representations***

We have requested certain representations from management that are included in the management representation letter dated **October \_\_, 2019**.

### ***Management Consultation with Other Independent Accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

### ***Other Significant Audit Findings or Issues***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the District, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California

October \_\_, 2019

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

**To:** El Camino Hospital Board of Directors  
**From:** Julie Kliger, RN, Quality Committee Chair  
Cheryl Reinking, RN, CNO  
Shreyas Mallur, MD, Associate CMO  
**Date:** October 15th, 2019  
**Subject:** Quality, Patient Care and Patient Experience Committee Report

**Purpose:**

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

**Summary:**

1. The Committee last met on October 7<sup>th</sup> and meets again on November 4<sup>th</sup>. We are on track to achieve our Committee goals for the year.
2. For the last two months, staff has provided annual performance improvement reports to the Committee. These reports are generated by various departments throughout the hospital annually on a rotating basis. The Quality Council reviews these reports and they are now forwarded to the Committee for review as a result of a finding from the June 2019 CMS Survey. This month we reviewed the Health Information Management Systems Report (HIMS), the Antimicrobial Stewardship Report and the Orthopedic Service Line Report. A number of our internally set goals, particularly in the HIMS report, are not being met. The Committee asked that these reports be brought back in 6 months and that the charts be annotated showing what interventions were implemented and when, so that the effectiveness of interventions can be assessed.
3. The Committee discussed the importance of including contextual information about quality oversight at the October 23<sup>rd</sup> Educational Session.
4. We moved the Patient Story from an informational consent item to a discussion item each month. This month we reviewed two stories, one from a grateful ICU patient and one from a patient who had a positive ED experience which highlighted success with our efforts to quickly triage and treat patients in the ED. The Committee requested that next month's patient story be oriented toward one of the metrics we are following, specifically something that used to be problematic, but has improved or something that is still a problem and what is being done to address it. We also moved the FY20 Quality and Safety Dashboard to the consent calendar and will only discuss it on an "exception" basis, *i.e.*, when there is trend of underperformance or "over performance" on a particular metric or metrics. We did not discuss it this month, but it is attached for the Board's information.
5. The Committee reviewed the FY19 Organizational Goal Score for the quality and safety metrics [readmissions (.99 = maximum) and mortality (.97 = minimum)] and voted to recommend that the Board approve these. The Committee reviewed and voted to recommend approval of the HCAHPS goal scores at its last meeting.
6. The Committee reviewed and voted to recommend the FY20 Quality and Safety Organizational Goal. Cheryl Reinking, RN, CNO, reminded the Committee that it and the Board approved the metrics and the methodology for setting minimum, target, and maximum several months ago.

Quality. Patient Care and Patient Experience Committee Report  
October 10, 2019

The metrics for the quality and safety goals (readmissions and mortality) were delayed awaiting final FY19 data since the FY20 goals are based on improvement over FY19. The Committee reviewed and recommended approval of the HCAHPS goals at its last meeting.

7. Ms. Reinking presented the organization's Patient Experience Strategic Plan. As most Board members are likely aware, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standardized national survey tool, which asks discharged patients 27 questions about their stay. Ms. Reinking reported that ECH (1) performs above the 50<sup>th</sup> percentile in 9 of 10 composites locally, 8 of 10 composites in California and 7 out of 10 nationally and (2) ECH's multi-year goal is to perform above the 50<sup>th</sup> percentile in all composites and in the top decile in two composites by the end of FY22. The Committee also received information about the ED satisfaction, outpatient ambulatory services, and outpatient oncology services surveys. Ms. Reinking also shared the team's plans for improvement to attain the multi-year goals.
8. Cindy Murphy, Director of Governance Services, presented a proposal to revise the Quality Committee Charter to include review of the Medical Staff's monthly Credentialing and Privileges Report as part of the Committee's oversight responsibility. The Board would then review and approve the report on the closed consent calendar each month. The report currently goes directly to the Board from the Medical Executive Committee without any committee oversight. The proposal is being driven by the Board's direction to delegate work to the Committees where appropriate and where expertise lies as well as the CMO's view that this is a best practice in other leading organizations. The Committee had a robust discussion and deferred the topic for further review at its next meeting when the CMO is able to attend.

**List of Attachments:**

1. FY20 Quality and Experience Organizational Goals Dashboard.



## FY 20 Organizational Goal and Quality Dashboard Update

August 2019 (Unless otherwise specified)

Month to Board Quality Committee:  
October, 2019

	FY20 Performance		Baseline FY19 Actual	FY 20 Target	Trend (showing at least the last 24 months of available data)	Rolling 12 Months Average
Quality	Current month	FYTD				
<b>1</b> * Organizational Goal <b>Mortality Index</b> Observed/Expected Premier Standard Risk Calculation Mode Date Period: August 2019	0.56 (1.00%/1.78%)	0.65 (1.53%/1.65%)	0.97	0.90		
<b>2</b> *Organizational Goal <b>Readmission Index (All Patient All Cause Readmit)</b> Observed/Expected Premier Standard Risk Calculation Mode Index month: June 2019	1.01 (7.97%/7.86%)	0.99 (7.58%/7.65%)	0.99	0.96		
Service	Month	FYTD				
<b>4</b> * Organizational Goal <b>HCAHPS Discharge Information</b> Top Box Rating of Always Date Period: August 2019	87.4	87.2	86.7	87.3		
<b>5</b> * Organizational Goal <b>HCAHPS Responsiveness of Staff Domain</b> Top Box Rating of Always Date Period: August 2019	64.9	65.8	65.7	67.1		

Definitions and Additional Information				
Measure Name	Comments	Definition Owner	FY 2019 Definition	Source
Mortality Index (Observed/Expected)	Mortality Index is just above the expected value and increased slightly over February.	Catherine Carson	Updated 7/1/19(JC)- Selection Criteria revised: new criteria include cases with Patient Type=Inpatient and exclude cases with Patient Type=Rehab, Psych & Hospice. For the Trends graph: UCL and LCL are 2+/- the Standard Deviation of 1 from the Average. LCL is not visible if value is less than or equal to zero.	Premier Quality Advisor
Readmission Index (All Patient All Cause Readmit) Observed/Expected	Readmission Index also increased in February. Weekly Readmission Review team found 67 Readmissions in February, with several due to UTI, medication side effects, and post-procedure infections. 10.5 % of these readmissions were sent for medical staff peer review due to complications.	Catherine Carson	Using Premier All-Cause Hospital-Wide 30 Day Readmission Methodology v.4.0. (Patients with an unplanned readmission for any cause to ECH acute inpatient within 30 days of discharge, CareScience Risk Adjusted). For the Trends graph: UCL and LCL are 2+/- the Standard Deviation of 1 from the Average. LCL is not visible if value is less than or equal to zero.	Premier Quality Advisor
			- Head in Bed: Patient admitted in unit	
HCAHPS Discharge Information Domain Top Box Rating of Always	Attended PFAC meeting for patient feedback to inform upcoming initiatives Modifying AVS to better serve patient needs Publishing discharge checklist in Patient Guide Books to help include patients in the process Modifying inpatient handbook to make it more patient-friendly Reviewing current post-discharge phone call process with a view to increasing coverage Rewards and recognition for affirming best practices	Yvette Million Cheryl Reinking	For the Trends graph: UCL and LCL are 2+/- the Standard Deviation of 1 from the Average. LCL is not visible if value is less than or equal to zero.	Press Ganey Tool
HCAHPS Responsiveness of Staff Domain Top Box Rating of Always, based on Received Date, Adjusted Samples	Added Patient and Family Advisory Council (PFAC) member in workgroup Audited call lights to anticipate reason patients may need help Leader rounding questions on call lights and staff responsiveness Reinforcing Enhanced Interactions Healthstream education Implemented No Pass Zone on all inpatient units Rewards and recognition for affirming best practices	Yvette Million Cheryl Reinking	For the Trends graph: UCL and LCL are 2+/- the Standard Deviation of 1 from the Average. LCL is not visible if value is less than or equal to zero.	Press Ganey Tool

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

**To:** El Camino Hospital Board of Directors  
**From:** Dan Woods, Chief Executive Officer  
**Date:** October 10, 2019  
**Subject:** FY19 Organizational Goal Achievement

**Purpose:**

To inform the Board regarding the final results of the Fiscal Year 2019 Organizational Goal Performance.

**Summary:**

1. **Situation:** El Camino Hospital's (ECH) Board of Directors approved Organizational Goals for the executive and staff incentive awards. This report is to report the final performance to these goals.
2. **Authority:** As the governing body of El Camino Hospital, the Board of Directors oversees alignment of organizational goals to the strategic plan, and needs to be aware of performance.
3. **Background:** Following approval of the Strategic Themes, the leadership team created a tactical plan to accomplish the intent of the themes. To incentivize this achievement, leadership identified metrics that would significantly impact performance toward executing the strategic plan. These metrics were approved as Organizational Goals for 2019 fiscal year.
4. **Assessment:** Since the three Strategic Themes affect numerous departments and services within the enterprise, the executive team implemented multi-disciplinary teams led by the COO, CNO, and CMO. These leaders report to the executive team on a weekly basis to update on status and identify any barriers that need to be addressed. Metrics and tactics are identified and measured to validate progress. Additionally, staff leadership were apprised of current performance on a monthly basis to promote awareness and accountability.
5. **Other Reviews:** N/A
6. **Outcomes:** Performance to the Organizational Goals is detailed in the chart below:

Organizational Goals FY19		Benchmark	Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY19 Result	
Organizational Goals										
	Patient Throughput	Internal Benchmark <i>Based on CMS Core Measure Data</i>	319 Minutes	≤ 288	≤ 263	≤ 254	30%	Q4		262.5
	Service - Nurse Communication	External Benchmark <i>PG-HCAHPS Adjusted/Received</i>	80	≥ 80.5	≥ 81	≥ 82	10%	Q4		81.1
	Service - Responsiveness		65.1	≥ 65.6	≥ 67	≥ 68.5	10%	Q4		67.2
	Service - Cleanliness		74.5	≥ 75	≥ 76	≥ 77	10%	Q4		78
	Quality - Mortality Index	External Benchmark <i>Premier Quality Advisor</i>	1.02	≤ 1	≤ 0.95	≤ 0.9	10%	FY		0.97
	Quality - Readmissions Index		1.08	≤ 1.07	≤ 1.05	≤ 1.03	10%	FY		0.99
	People (Management) - Employee Engagement	External Benchmark <i>Press Ganey</i>	4.09	≥ 4.09	≥ 4.14	≥ 4.17	20%	FY		4.27
	People (Non-Management) Participation in Survey		79%	≥ 79%	≥ 80%	≥ 82%	20%	FY		87%
Threshold Goals										
Budgeted Operating Margin		Internal	Achieved	95% of Budgeted Operating Margin			Threshold	FY		Met



FY19 Organizational Goal Achievement  
October 10, 2019

**List of Attachments:** N/A

**Suggested Board Discussion Questions:**

1. What were the greatest pain points in achieving these goals?
2. What was the barrier that kept ECH from achieving the target on the Mortality Index metric?

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

**To:** El Camino Hospital Board of Directors  
**From:** Dan Woods, Chief Executive Officer  
**Date:** October 10, 2019  
**Subject:** FY20 Organizational Goal Metrics

**Purpose:**

To inform the Board regarding the Fiscal Year 2020 Organizational Goal Metrics.

**Summary:**

1. **Situation:** El Camino Hospital's (ECH) Board of Directors approved Organizational Goals for the executive and staff incentive awards. This report is to report the final performance to these goals.
2. **Authority:** As the governing body of El Camino Hospital, the Board of Directors oversees alignment of organizational goals to the strategic plan, and governs alignment of effort to the plan.
3. **Background:** The leadership team has utilized Lean methodologies to approach aligning the work of the organization to the Strategic Themes. This is done through *True North Pillars* (Quality & Safety, Service, People, Finance, and Growth), with correlating goals and management metrics for each Pillar. To further incentivize performance, leadership will utilize Organizational Goals for each pillar.
4. **Assessment:** Since the three Strategic Themes affect numerous departments and services within the enterprise, the executive team implemented multi-disciplinary teams for each pillar. These teams are each led by a member of member of the executive team. These leaders report to the executive team on a weekly basis to update on status and identify any barriers that need to be addressed. Additionally, staff leadership were apprised of current performance on a monthly basis to promote awareness and accountability.
5. **Other Reviews:** N/A
6. **Outcomes:** Proposed Organizational Goals for fiscal year 2020 are detailed in the chart below:

Pillar	Weight	GOAL	OBJECTIVES/OUTCOMES	Baseline	Goal			Measurement Period
Finance	Threshold	Budgeted Operating Margin			95% of Budget			FY20
				FY19	Minimum	Target	Stretch	
Quality and Safety	30.0%	Zero Preventable Harm	Risk-Adjusted Inpatient Mortality Index	0.97	≤ 0.95	≤ 0.90	≤ 0.85	FY20
			Risk-Adjusted Readmission Index	0.99	≤ 0.99	≤ 0.96	≤ 0.94	FY20
Service	30.0%	Exceptional Personalized Experience, Always	HCAHPS : Staff Responsiveness	65.7	≥ 65.7	≥ 67.1	≥ 69.7	FY20
			HCAHPS: Discharge Information	86.7	≥ 86.7	≥ 87.3	≥ 88.4	FY20
People	20.0%	Teams Empowered with Trust and Purpose	Management: Employee Engagement	4.27	≥ 4.24	≥ 4.27	≥ 4.3	FY20
			Employees: Participation	87%	≥ 80	≥ 85	≥ 90	FY20
Growth	20.0%	Market Relevance and Access	Adjusted Discharges		98% of Budget	100% of Budget	102% of budget	FY20

FY20 Organizational Goal Metrics  
October 10, 2019

**List of Attachments:** N/A

**Suggested Board Discussion Questions:**

1. What are the long-term goals for each of these metrics?

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

**To:** El Camino Hospital Board of Directors  
**From:** Ken King, CASO  
Jim Griffith, COO  
**Date:** October 10, 2019  
**Subject:** Capital Facilities Project Request – M.V. Campus Completion Project

**Recommendation:**

To approve the initial funding for the M.V. Campus Completion Project that begins with the demolition of the original hospital building and includes the construction of a temporary Shipping and Receiving Yard at a cost not to exceed \$24.9 million. The final phase of the project will require additional approval and funding.

**Summary:**

1. Situation: The Board approved Master Facilities Plan for the Mountain View Campus, including the demolition of the original hospital building to make way for the final campus configuration, which, at a minimum, will include the following elements:
  - A. Retention or replacement of the 15,000 SF “Lab/Laundry Building Structure”
  - B. Construction of a corridor link between the Main Hospital and the new Taube Pavilion
  - C. A new service yard configuration with access to the new (Existing) loading dock
  - D. New waste and recycle storage areas
  - E. Water storage tanks to meet 2030 seismic requirements
  - F. Installation of Energy Cells that will provide on-site generated electricity
  - G. A landscaped courtyard adjacent to the Taube Pavilion as required by the Planned Community Permit

The plan is to execute the initial work of designing, permitting, and executing the demolition, which will take 18 to 20 months, and carefully consider various options for completing the final campus configuration. We would begin the planning and development of the final phase immediately and have a proposed plan ready for review in January/February 2020.

Proceeding in this manner allows us to accelerate the plan development and review/permit process for the first two phases, while allowing time to evaluate and consider the exact scope and cost of the third and final phase.

2. Authority: Expenditures exceeding \$5 million require the approval of the Board of Directors with a recommendation from the Finance Committee.
3. Background: Both the Planned Community Permit for the Replacement Hospital Project and the Planned Community Permit for the current campus construction require us to demolish the original hospital building. The demolition includes the safe severing of all utilities and the abatement of all hazardous materials that exist in the original construction. It also includes the installation of “shoring” designed to protect the existing structures and to retain the soil from

falling into what will be a very large hole in the middle of our campus. All of this, while ensuring safe access and egress into and out of the existing buildings, along with uninterrupted deliveries and disposals.

The overall plan is to develop three (3) major phases of work with separate OSHPD Permit Packages:

Phase 1. Partial Demolition & Construction of Temporary Shipping & Receiving Yard

Phase 2. Complete Demolition of Old Main Hospital Building

Phase 3. Redevelopment of the entire site within the footprint of the original hospital building. (Exact Scope of Work to be determined)

4. Assessment: The demolition of the original hospital building is required and the creation of a temporary Shipping and Receiving Yard is required before the entire building can be demolished. The estimated costs for the initial two phases includes required features that ensure that life safety is maintained and that the adjacent structures are protected, complete abatement of building elements that contain hazardous materials, sequence of work that reduces the risk of impact to hospital operations and the safe removal of the entire structure that has nine floor levels including a sub-basement and a penthouse. The initial expenditure clears the path for the final phase of construction which will complete the Mountain View Campus development.

**Current Funding Requested:**

		Phase 1	Phase 2	Phase 3	Total Request
				Design Only	
Estimated Construction Costs		3,370,395	13,426,379	TBD	16,796,773
Soft Costs		1,815,928	2,511,319	1,400,000	5,727,247
FF&E		100,000	0	TBD	100,000
Contingency	10%	528,632	1,593,770	140,000	2,262,402
		5,814,955	17,531,468	1,540,000	24,886,423
				<b>Rounded</b>	<b>24,900,000</b>

5. Other Reviews: This plan has been reviewed and recommended by the Finance Committee at its September 23, 2019 meeting, the Executive Team, and, pending approval, we will be reviewing the plan with the City of Mountain View to ensure compliance with the Planned Community Permit.
6. Outcomes: The target date for the Phase 1 Permit is April 2020 and the target date for the Phase 2 permit is July 2020. The total duration of construction/demolition for the first two phases is approximately twelve (12) months. This timeline requires that the Phase 3 Site Redevelopment to be designed and permitted by March 2021.

**List of Attachments:**

1. Power Point Presentation

**Suggested Board Discussion Questions:**

1. What options will be considered in Phase 3?



**Capital Facilities Project Request**  
**MV Campus Completion Project**

Board of Directors – October 10, 2019

Ken King, CASO  
Jim Griffith, COO

## Project Overview

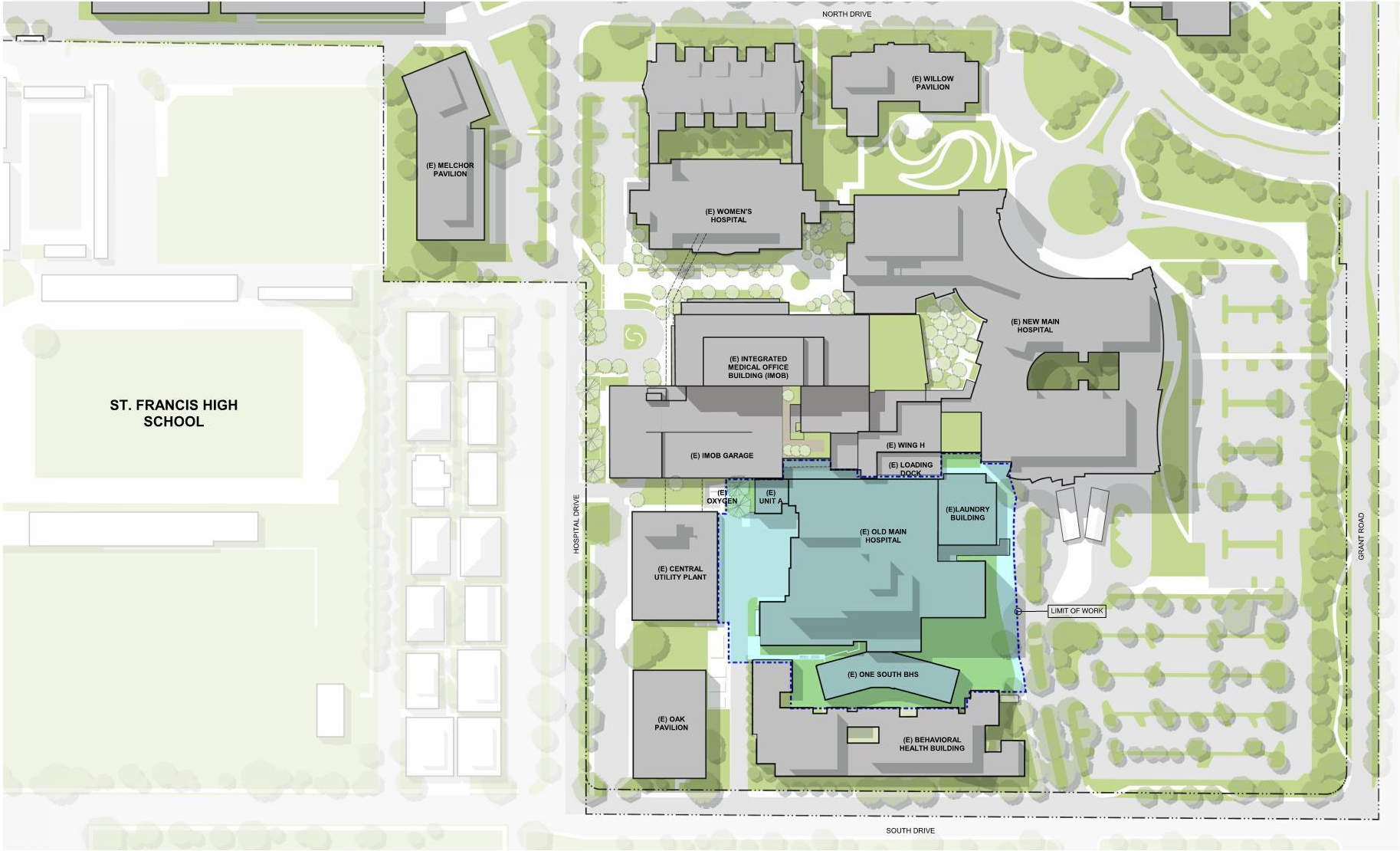
- The Board Approved Master Facilities Plan for the Mountain View Campus includes the demolition of the original hospital building to make way for the final campus configuration, which, at a minimum, includes the following elements:
  - Retention or replacement of the 15,000 SF “Lab/Laundry Building Structure”
  - Construction of a corridor link between the Main Hospital and the new Taube Pavilion
  - A new service yard configuration with access to the new (existing) loading dock
  - New waste and recycle storage areas
  - Water storage tanks to meet 2030 seismic requirements
  - Area to install Energy Cells that provide on-site generated electricity
  - An outdoor landscaped courtyard adjacent to the Taube Pavilion as required by the PCP



## Sequence to Achieve Results

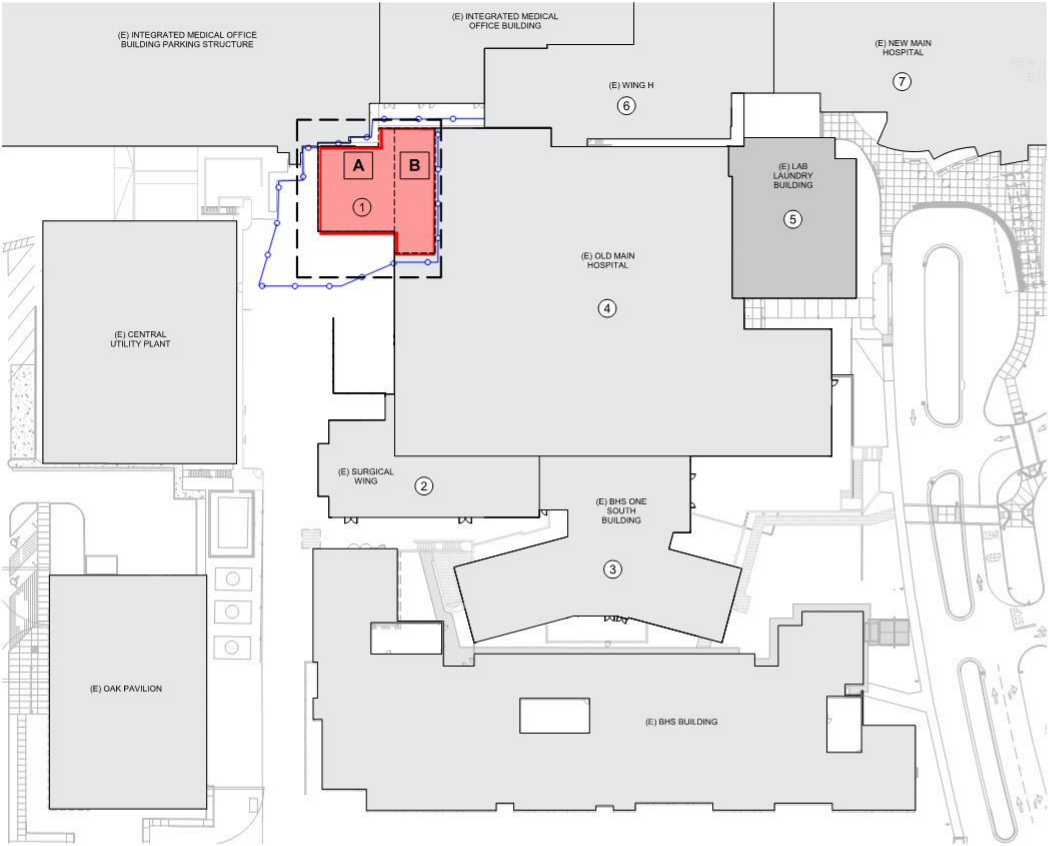
- In order to design and construct the completion of the Mountain View Campus, we must first demolish the original hospital building.
- In order to demolish the original hospital building, we need to create a temporary shipping and receiving yard because the existing loading dock is an element of the original hospital building.
- The plan has been developed as three (3) major phases of work, each with separate OSHPD Permit Packages:
  1. Partial Demolition & Construction of Temporary Shipping & Receiving Yard
  2. Complete Demolition of Old Main Hospital Building
  3. Redevelopment of the entire site to complete the Mountain View Campus.  
(Exact Scope of Work to be determined)

# Project Zone

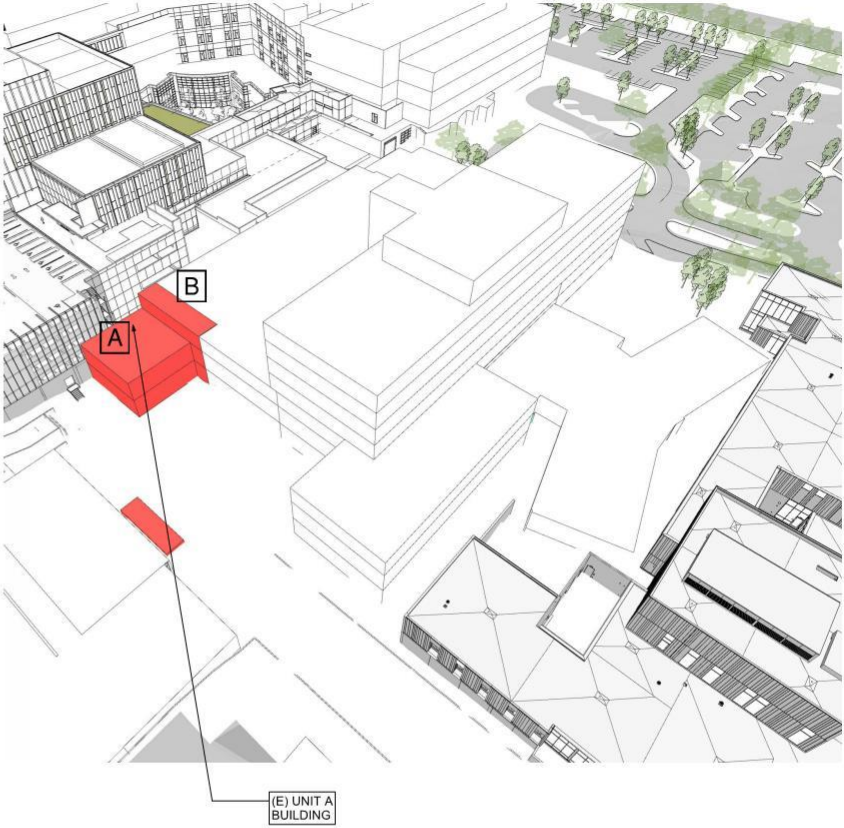


PACKAGE 0: OVERALL EXISTING SITEWORK EXTENTS

# Phase 1 Demolition



- A** DEMOLITION OF (E) UNIT A BUILDING, SEE SHEET TLD-02
- B** SOFT DEMOLITION OF (E) SECTION OF OLD MAIN HOSPITAL, SEE SHEET TLD-02



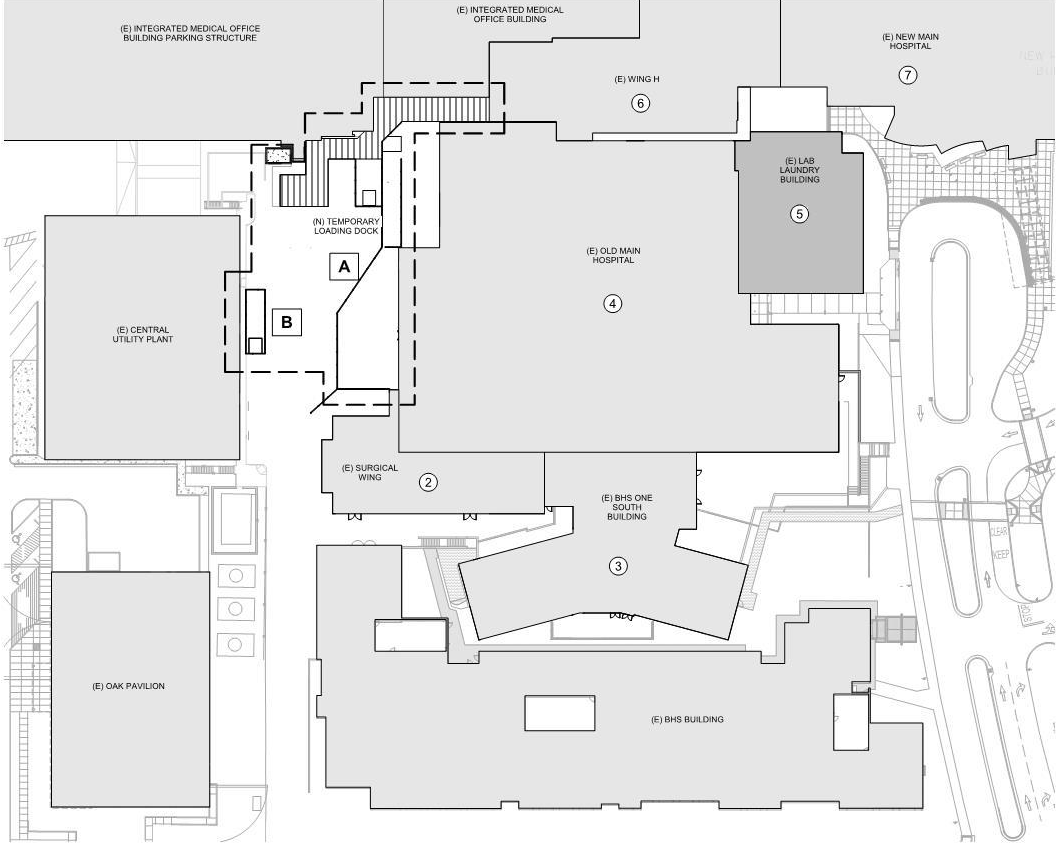
PACKAGE 1: WING A DEMOLITION

WRNSSTUDIO

OLD MAIN DEMOLITION & SITE WORK | 08/22/2019



# Phase 1 Construction



- A** CONSTRUCTION OF (N) TEMPORARY LOADING DOCK, SEE SHEET TLD-03
- B** (N) BAILER AREA, SEE SHEET TLD-03

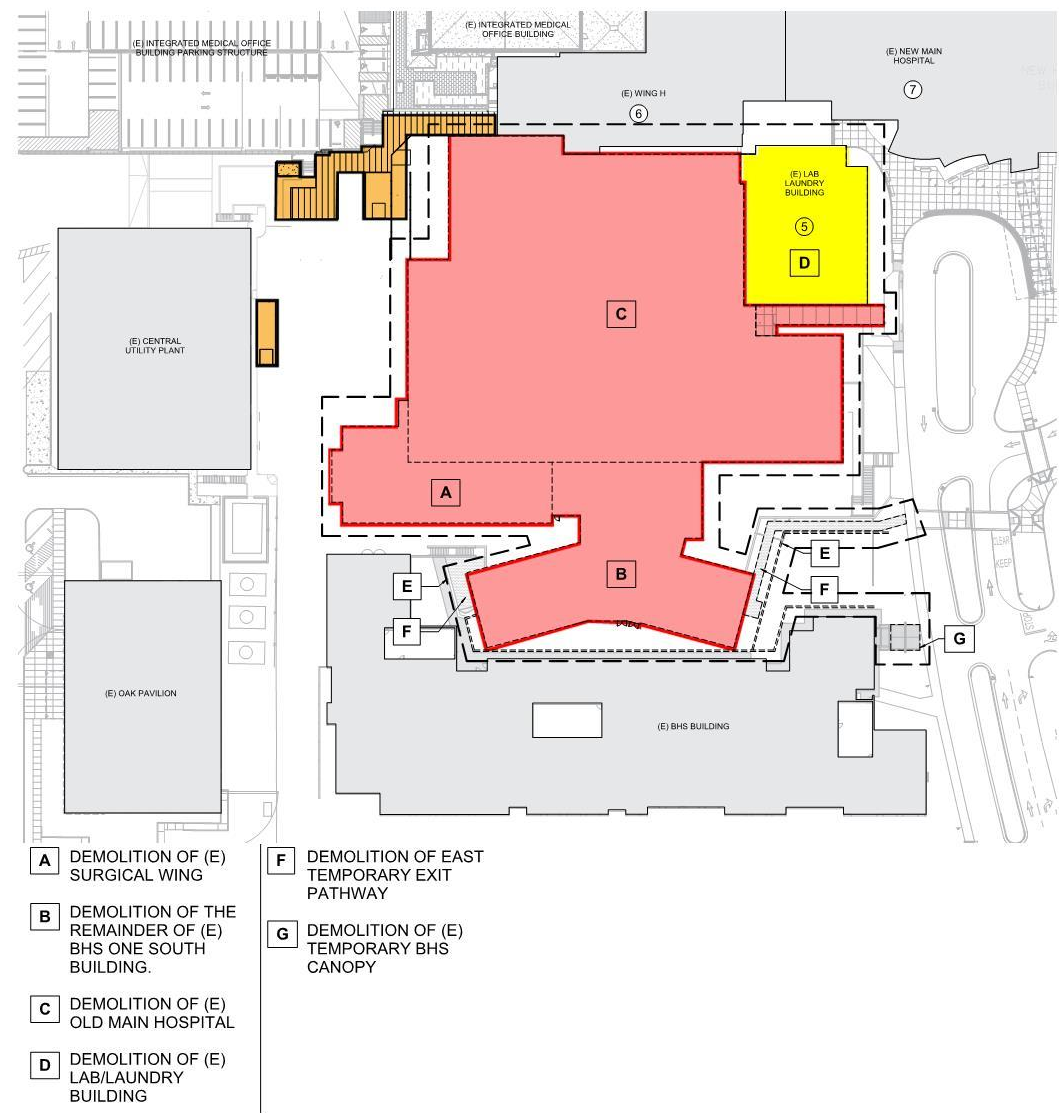


PACKAGE 1: TEMPORARY LOADING DOCK

WRNSSTUDIO

OLD MAIN DEMOLITION & SITE WORK | 08/22/2019

# Phase 2 Demolition

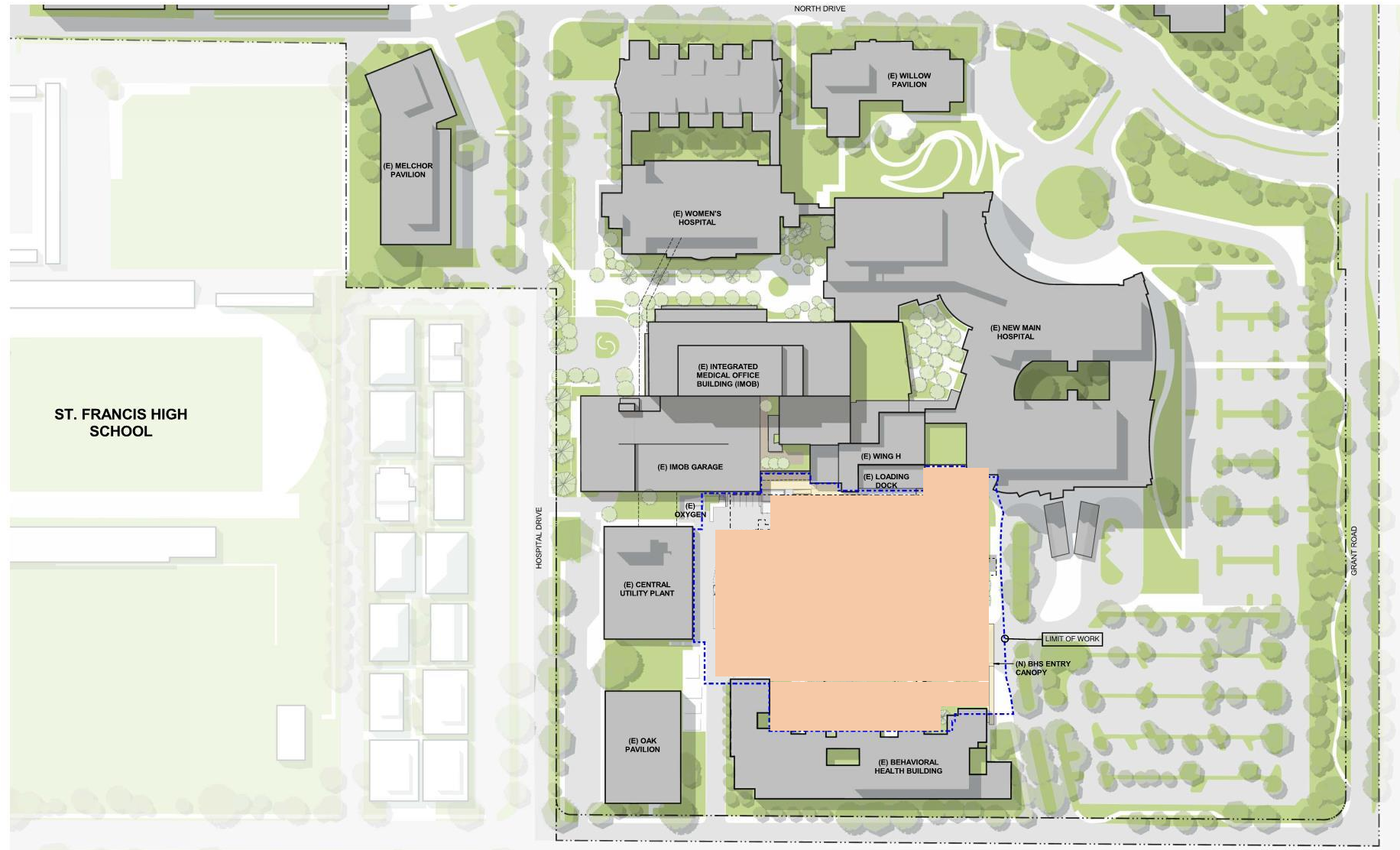


PACKAGE 2: OLD MAIN HOSPITAL DEMOLITION

OLD MAIN DEMOLITION & SITE WORK | 08/22/2019



# Phase 3 TBD

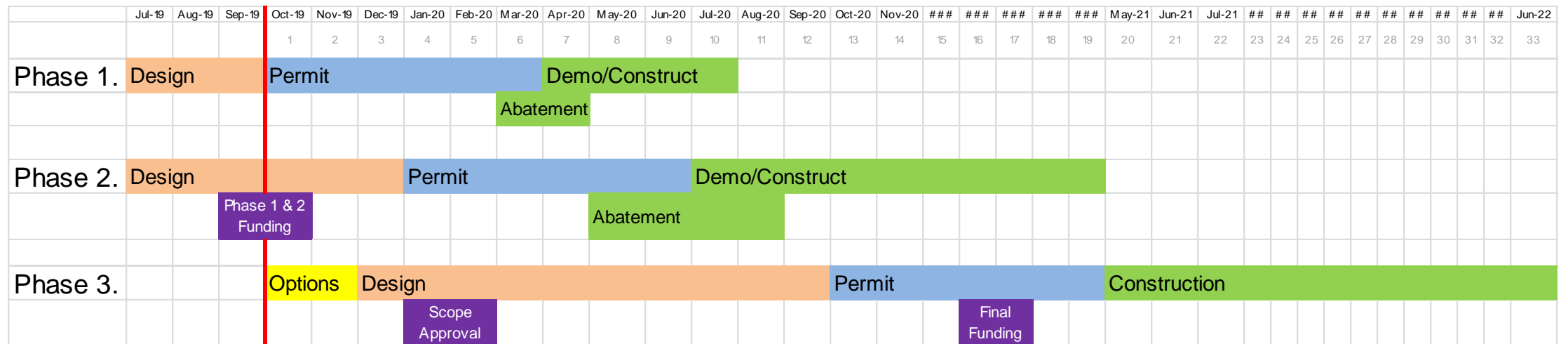




## Cost Estimates – Phases 1 & 2

		Phase 1	Phase 2	Phase 3	Total Request
				Design Only	
Estimated Construction Costs		3,370,395	13,426,379	TBD	16,796,773
Soft Costs		1,815,928	2,511,319	1,400,000	5,727,247
FF&E		100,000	0	TBD	100,000
Contingency	10%	528,632	1,593,770	140,000	2,262,402
		5,814,955	17,531,468	1,540,000	24,886,423
				<b>Rounded</b>	<b>24,900,000</b>

# Timeline



## Current Request

- As recommended by the Finance Committee, the Board is requested to approve funding for the first two phases of work for the M.V. Campus Completion Project at a cost not to exceed \$24.9 million while management develops the scope, cost and recommendation for the final phase which will complete the Mountain View Campus.

**Questions?**



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

**To:** El Camino Hospital Board of Directors  
**From:** Bob Miller, Chair Executive Compensation Committee  
**Date:** October 10, 2019  
**Subject:** FY19 CEO Performance Review Process and Recommendations for FY20

**Purpose:**

To update the Board on FY19 CEO Performance Review Process and Recommendations for FY20

**Summary:**

1. Situation: The Executive Compensation Committee (“ECC”) discussed the attached summary from Mercer. The recommended area for improvement is to ensure that the self-assessment materials are provided in a timely fashion to allow adequate time for completion.
2. Authority: Per its charter, the ECC provides input into the CEO’s performance appraisal process.
3. Background: The ECC reviewed the attached input from Mercer who facilitated the self-assessment and Board’s assessment of CEO’s performance in FY19. The process for FY19 has been completed.
4. Assessment: N/A
5. Other Reviews: N/A
6. Outcomes: The FY20 CEO assessment process will launch in early June and be completed by the end of July. The CHRO will partner with Mercer on refining timelines and establishing an annual cycle that includes process improvement.

**List of Attachments:**

1. Slide with recommendation

**Suggested Board Discussion Questions:** None

# CEO PERFORMANCE EVALUATION PROCESS

- Overall, feedback from participants on the content, purpose, objectives, and outcomes of the annual performance evaluation process was generally positive.
- A potential process improvement was identified for the 2019-2020 cycle:
  - **Ensure self-assessment materials are provided in a timely fashion to allow adequate time for completion.**
    - **Action:** Mercer and HR leadership have taken ownership of a 2019-2020 calendar for key management touchpoints based on the ECC pacing plan and will include CEO performance evaluation dates on this timeline. ECH CHRO or designee will serve as project manager for the evaluation process and ensure that Mercer adheres to agreed-upon dates.



**Minutes of the Open Session of the  
El Camino Hospital Board of Directors  
Wednesday, September 11, 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	This item was taken out of order, after Agenda Item 4: Quality Committee Report.  Catherine Walke, RN, President of PRN, reported that a tentative agreement was passed yesterday and will be brought to the Board for review tonight. She thanked the negotiating teams for their work.	
4. QUALITY COMMITTEE REPORT	Director Kliger described the Committee’s review of the FY19 organizational goals and the Quality and Safety Strategic Plan. She noted that the Committee requested review of the Plan over the next few Committee meetings to better understand how to provide governing guidance in support of the Plan and its development.  Mark Adams, MD, CMO reported on the performance for the quality organizational goals, noting that the final score of 0.97 for mortality fell below target.  He also provided an overview of the Quality and Safety Strategic Plan, highlighting: <ul style="list-style-type: none"><li>- National definition of quality: Safe Timely Effective Efficient Patient-Centered (STEEP)</li><li>- Current State Assessment</li><li>- Leadership (at all levels) aspires to be a “top tier” enterprise and achieve zero preventable harm</li><li>- Strategic opportunities include: 1) governance, leadership, and management, 2) quality organization integration, 3) performance improvement metrics,</li><li>- Quality Governance and the Annual Quality Plan</li><li>- System and Local Quality, including the entire continuum of care</li><li>- Parallel Performance Improvement Processes over the short, intermediate, and long term</li></ul>	

	<p>Director Zoglin suggested that the Watson Top 100 scores and weighting be clarified. Dr. Adams explained that the reporting periods (<i>i.e.</i>, the 2019 report contained 2017 performance data).</p> <p>Dr. Adams noted that the Board and the Quality Committee will have a joint session on October 23, 2019. The Board discussed the Quality and Safety Strategic plan and the intent for the October 23<sup>rd</sup> meeting. Members commented that they would like the session to 1) be more of a workshop rather than purely informational, 2) focus on Board-level governance and oversight, and 3) articulate what success looks like.</p>	
<b>5. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:56pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (8/21/2019); <i>Gov't Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation: FY19 Annual Patient Safety/Claims 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: Medical Staff Report; <i>Gov't Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation: FY19 Annual Compliance and Privacy Report; pursuant to <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; pursuant to <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> for conference with legal counsel – pending or threatened litigation, and <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; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Kalbach  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Watters  <b>Recused:</b> None</p>	<b>Adjourned to closed session at 5:56pm</b>
<b>6. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT</b>	<p>Open session was reconvened at 8:29pm by Chair Chen. Agenda items 6-13 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (8/21/2019) 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>	
<b>7. AGENDA ITEM 15: CONSENT CALENDAR</b>	<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><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (8/21/2019); Medical Staff Report; and for information: FY20 Period 1 Financials; Reports on Educational Activity.</p> <p><b>Movant:</b> Kalbach  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None</p>	<b>Consent calendar approved</b>



	<b>Absent:</b> Ting, Watters <b>Recused:</b> None	
<b>8. AGENDA ITEM 16: CEO REPORT</b>	Director Ting rejoined the meeting at 8:30pm.  Dan Woods, CEO, described the General Inpatient Hospice (GIP) program and partnership with Pathways Home Health, the new orthopedic system that has been used for over 100 knee procedures, the opening of the Taube and Sobrato Pavilions, and an upcoming refresh for the Los Gatos campus.  He highlighted El Camino Health presentations at the Epic User Group forum and described programming from the Chinese Health Initiative.  Mr. Woods reported that the El Camino Heritage Golf Tournament will be held at the Sharon Heights Golf Club on October 28, 2019. He thanked the Auxiliary for their contribution of over 6,000 volunteer hours in August.	
<b>9. AGENDA ITEM 17: BOARD COMMENTS</b>	The Board observed a moment of silence in memory of the events of September 11, 2001.	
<b>10. AGENDA ITEM 18: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 8:34pm. <b>Movant:</b> Kalbach <b>Second:</b> Po <b>Ayes:</b> Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Watters <b>Recused:</b> None	<b>Meeting adjourned at 8:34pm</b>

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:** Kathryn Fisk, Chief Human Resources Officer on behalf of the Retirement Plan Administration Committee  
**Date:** October 10, 2019  
**Subject:** 403(b) Retirement Plan – Enhanced Match

**Purpose/Recommendation(s):**

To approve the attached resolution which will increase the maximum 403(b) Retirement Plan matching contribution from 6.0% to 7.0% effective January 1, 2020. Represented nurses and non-contractual employees with 25 or more benefit years will be eligible to receive the enhanced match.

**Summary:**

1. **Situation:** The Hospital and Professional Resources for Nurses (PRN) entered into a tentative agreement (TA) that was ratified by the union on September 10, 2019. The TA includes a provision to increase the employer matching contribution from a maximum of 6.0% to 7.0% of plan compensation for 403(b) Retirement plan participants with 25 or more benefit years.

The Retirement Plan Administrative Committee (RPAC) approved adding the same provision for non-contractual employees (NCE).

2. **Authority:** The Board is the ultimate plan fiduciary and this resolution will serve as documentation of the approved change for the plan administrators, advisors, record-keepers, and auditors. The RPAC has the authority to approve mandated and non-material plan changes and has fiduciary, compliance, and administrative responsibility for the 403(b) Retirement Plan.
3. **Background:** Presently, the 403(b) Retirement plan provides up to a 6% employer match contribution for PRN-represented and NCE participants with 20 or more benefit years. The change for PRN-represented employees was bargained and the cost of making the change for NCE participants is within executives' signing authority. The change will potentially impact 111 nurses and 77 non-contractual employees.
4. **Assessment:** The total estimated costs (in \$000) over the next four years is shown below.

	2020	2021	2022	2023
PRN	\$108	\$128	\$156	\$182
NCE	\$82	\$90	\$103	\$111
Total	\$190	\$218	\$259	\$293

5. **Other Reviews:** The RPAC reviewed and unanimously supported this recommendation at a Special Meeting on September 13, 2019.
6. **Outcomes:** Approval of the Resolution will serve as documentation of the changes approved by the RPAC and will impact up to 188 long-tenured employees over the next four years.

**List of Attachments:** Draft Resolution 2019-10

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

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
EL CAMINO HOSPITAL**

**Resolution 2019-10**

**WHEREAS**, El Camino Hospital (the “Hospital”) sponsors the El Camino Hospital 403(b) Retirement Plan (the “Plan”) and;

**WHEREAS**, Section 10.1 of the Plan reserves to the Board of Directors of the Hospital the right to amend the Plan from time to time and;

**WHEREAS**, currently the Hospital contributes Matching Contributions equal to one hundred (100) percent of the amount deferred through Salary Reduction Contributions under Article 4.1(a) by each Participant who is credited with a Year of Service during the Plan Year, is an active Participant as of the last day of such Plan Year, and satisfies the eligibility requirements of Section 2.1(b), up to a maximum of four (4) percent of Compensation.

**WHEREAS**, the Hospital wishes to amend the Plan, effective as of January 1, 2020, to modify the match for participants represented by Professional Resource for Nurses (PRN) and those not represented by any union as follows:

Years of Service

At least 25 Years of Benefit Service

Matching Percentage

7%

**NOW, THEREFORE, BE IT RESOLVED**, the Board of Directors hereby approves the amendment of the Plan to reflect the above-described provisions.

**FURTHER RESOLVED**, that the appropriate officers of El Camino Hospital are authorized to amend the Plan reflecting the above-described provisions and to take any actions they deem appropriate to implement such amendment.

\*\*\*\*

**CERTIFICATE**

I, Julia Miller, Secretary of the El Camino Hospital Board of Directors, hereby certify that the foregoing Resolution was adopted by the Board of Directors at a meeting on October 10, 2019 at the principal offices of El Camino Hospital located in Mountain View, California.

**IN WITNESS WHEREOF**, I have hereunto set my hand the 10th day of October 2019.

Secretary: \_\_\_\_\_



**Minutes of the Open Session of the  
Executive Compensation Committee  
Thursday, May 30, 2019**

**El Camino Hospital | Conference Room A (ground floor)  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Julie Kliger**, Vice Chair  
**Jaison Layney**  
**Bob Miller**, Chair  
**John Zoglin**

**Members Absent**

**Teri Eyre**  
**Pat Wadors**

**\*\*via teleconference**

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/ Action</b>
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Executive Compensation Committee of El Camino Hospital (the “ <u>Committee</u> ”) was called to order at 4:05pm by Chair Bob Miller. A silent roll call was taken. John Zoglin joined the meeting at 4:10pm during Agenda Item 6: FY20 Organizational Goals. Ms. Eyre and Ms. Wadors were absent. All other Committee members were present at roll call.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Miller asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. AGENDA ITEM 5: REPORT ON BOARD ACTIONS</b>	Chair Miller referred to the recent Board approvals, highlighting the approval of the executive performance incentive plan.	
<b>5. AGENDA ITEM 4: CONSENT CALENDAR</b>	<p>This item was deferred until a quorum was present.</p> <p>Chair Miller asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Executive Compensation Committee Meeting (April 2, 2019); and for information: Progress Against FY19 ECC Goals; Article of Interest.</p> <p><b>Movant:</b> Layney <b>Second:</b> Kliger <b>Ayes:</b> Kliger, Layney, Miller, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Eyre, Wadors <b>Recused:</b> None</p>	<b><i>Consent calendar approved</i></b>
<b>6. AGENDA ITEM 6: FY20 ORGANIZATIONAL GOALS</b>	<p>Dan Woods, CEO described the review by the Quality and Finance Committees of the proposed organizational goals related to their areas of expertise.</p> <p>In response to Committee questions, Mr. Woods and the Committee discussed:</p> <ul style="list-style-type: none"><li>- The different measures of the “People” goal for employees versus management</li><li>- The exclusion of a separate financial goal, but the inclusion of a shadow financial metric this year</li><li>- Recalibration with executives to focus on target rather than working toward only stretch/maximum</li></ul>	<b><i>FY20 Organizational Goals recommended</i></b>

	<ul style="list-style-type: none"> <li>- The art of setting targets, including 1) use of the prior year's performance as a baseline, 2) when maintenance rather than better performance may be appropriate, and 3) how best to measure a new/innovative process</li> </ul> <p>Chair Miller noted that the Committee's role is to evaluate the structure of the goals.</p> <p>Cheryl Reinking, RN, CNO joined the meeting.</p> <p><b>Motion:</b> To recommend that the Board approve FY20 Organizational Goals.</p> <p><b>Movant:</b> Layney  <b>Second:</b> Kliger  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p> <p>Ms. Reinking left the meeting.</p>	
<b>7. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 4:22pm.</p> <p><b>Movant:</b> Kliger  <b>Second:</b> Layney  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p>	<i>Adjourned to closed session at 4:22pm</i>
<b>8. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</b>	<p>Open session was reconvened at 5:37pm. Agenda items 8-17 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Executive Compensation Committee Meeting (April 2, 2019), the Proposed FY20 Individual Executive Incentive Goals, and the Proposed FY20 CHRO Incentive Goals by a unanimous vote in favor of all members present (Kliger, Layney, Miller, Zoglin). Ms. Eyre and Ms. Wadors were absent.</p>	
<b>9. AGENDA ITEM 19: PROPOSED FY20 EXECUTIVE SALARY RANGES</b>	<p><b>Motion:</b> To approve the proposed FY20 Executive Salary Ranges, with the exception of the CHRO and the CEO.</p> <p><b>Movant:</b> Layney  <b>Second:</b> Kliger  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved salary ranges is attached to these minutes for reference in <b>Attachment A</b>.</p>	<i>FY20 Executive Salary Ranges approved</i>
<b>10. AGENDA ITEM 20: PROPOSED FY20 EXECUTIVE BASE SALARIES</b>	<p><b>Motion:</b> To approve the proposed FY20 Executive Base Salaries, with the exception of the CHRO and the CEO.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Layney  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None</p>	<i>FY20 Executive Base Salaries approved</i>

	<p><b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved base salaries is attached to these minutes for reference in <b>Attachment B</b>.</p>	
<p><b>11. AGENDA ITEM 21: PROPOSED FY20 CHRO SALARY RANGES AND BASE SALARY</b></p>	<p><b>Motion:</b> To approve the proposed FY20 CHRO Salary Range and Base Salary.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Layney  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved base salary and salary range are attached to these minutes for reference in <b>Attachments A and B</b>.</p>	<p><i><b>FY20 CHRO Salary Range and Base Salary approved</b></i></p>
<p><b>12. AGENDA ITEM 22: PROPOSED FY20 CEO SALARY RANGE AND BASE SALARY</b></p>	<p><b>Motion:</b> To recommend that the Board approve the proposed FY20 CEO Salary Range.</p> <p><b>Movant:</b> Kliger  <b>Second:</b> Layney  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p> <p>A summary of the recommended salary range is attached to these minutes for reference in <b>Attachments C</b>.</p>	<p><i><b>FY20 CEO Salary Range recommended and Base Salary options forwarded for consideration</b></i></p>
<p><b>13. AGENDA ITEM 23: FY20 PACING PLAN</b></p>	<p>The Committee noted the following upcoming items and additions to the pacing plan, including discussions on 1) salary administration in November and 2) generative governance in September.</p> <p><b>Motion:</b> To approve the FY20 Pacing Plan.</p> <p><b>Movant:</b> Layney  <b>Second:</b> Zoglin  <b>Ayes:</b> Kliger, Layney, Miller, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Eyre, Wadors  <b>Recused:</b> None</p>	<p><i><b>FY20 Pacing Plan approved</b></i></p>
<p><b>14. AGENDA ITEM 24: 6-MONTH EXECUTIVE COMPENSATION CONSULTANT REVIEW</b></p>	<p>The Committee discussed the performance of the executive compensation consultant over the last six (6) months using the evaluation dashboard previously reviewed by the Committee, including the transition of the principal consultant, available expertise in executive benefits and talent development, and upcoming work and project management.</p> <p>The Committee requested that staff provide a timeline for initiating an RFP at the Committee's next meeting.</p>	<p><i><b>RFP timing to be added to pacing plan</b></i></p>
<p><b>15. AGENDA ITEM 25: CLOSING COMMENTS</b></p>	<p>Mr. Zoglin suggested adding an Executive Session to the Committee's agendas.</p> <p>There were no additional comments from the Committee.</p>	

<b>16. AGENDA ITEM 26: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 5:56pm. <b>Movant:</b> Kliger <b>Second:</b> Zoglin <b>Ayes:</b> Kliger, Layney, Miller, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Eyre, Wadors <b>Recused:</b> None	<b><i>Meeting adjourned at 5:56pm</i></b>
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**Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and the Board of Directors of El Camino Hospital.**

\_\_\_\_\_  
Bob Miller  
Chair, Executive Compensation Committee

\_\_\_\_\_  
Julia E. Miller  
Secretary, ECH Board of Directors

Prepared by: Sarah Rosenberg, Contracts Administrator/Governance Services EA



**ATTACHMENT A**  
**El Camino Hospital FY20 Executive Salary Ranges**  
*Approved by the Executive Compensation Committee*

**May 30, 2019**

	<b>FY20 Salary Range</b>		
<b>Position</b>	<b>Minimum</b>	<b>Midpoint</b>	<b>Maximum</b>
Chief Administrative Services Officer	\$243,200	\$304,000	\$364,800
Chief Financial Officer	\$498,400	\$623,000	\$747,600
Chief Information Officer	\$364,000	\$455,000	\$546,000
Chief Medical Officer	\$472,000	\$590,000	\$708,000
Chief Nursing Officer	\$314,400	\$393,000	\$471,600
Chief Operating Officer	\$527,120	\$658,900	\$790,680
Chief Strategy Officer ( <i>open position</i> )	\$336,160	\$420,200	\$504,240
General Counsel	\$386,400	\$483,000	\$579,600
President ECH Foundation ( <i>open position</i> )	\$232,800	\$291,000	\$349,200
President, SVMD	\$366,400	\$458,000	\$549,600
VP, Corporate & Comm. Health Svcs; President, CONCERN:EAP	\$243,200	\$304,000	\$364,800
VP, Payor Relations	\$208,000	\$260,000	\$312,000
Chief Human Resources Officer	\$322,400	\$403,000	\$483,600

**ATTACHMENT B**  
**El Camino Hospital FY20 Executive Base Salaries**  
**Approved by the Executive Compensation Committee**

**May 30, 2019**

<b>Position</b>	<b>FY20 Base Salary</b>
Chief Administrative Services Officer	\$312,090
Chief Financial Officer	\$508,820
Chief Information Officer	\$393,490
Chief Medical Officer	\$592,250
Chief Nursing Officer	\$378,780
Chief Operating Officer	\$566,500
General Counsel	\$427,280
President, SVMD	\$527,280
VP, Corporate & Comm. Health Svcs; President, CONCERN:EAP	\$275,010
VP, Payor Relations	\$280,880
Chief Human Resources Officer	\$368,600

**ATTACHMENT C**  
**El Camino Hospital Proposed FY20 CEO Salary Ranges**  
Recommended for Board Approval  
by the Executive Compensation Committee

**May 30, 2019**

	<b>FY20 Salary Range</b>		
<b>Position</b>	Minimum	<b>Midpoint</b>	Maximum
Chief Executive Officer	\$919,000	\$1,149,000	\$1,379,000



# El Camino Health

## Summary of Financial Operations

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

# 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 - as of July 31, 2019

\*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.

	Month					YTD			
	PY	CY	Bud/Target	Variance CY vs Bud		PY	CY	Bud/Target	Variance CY vs Bud
Hospital Volume									
Licensed Beds	443	443	443	-		443	443	443	-
ADC	216	234	223	11		216	234	223	11
Utilization MV	59%	63%	60%	3.1%		59%	63%	60%	3.1%
Utilization LG	27%	32%	31%	1.5%		27%	32%	31%	1.5%
Utilization Combined	49%	53%	50%	2.6%		49%	53%	50%	2.6%
Total Discharges (Excl NNB)	1,476	1,684	1,533	151		1,476	1,684	1,533	151
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	2,239		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	31.4	31.2	33.1	1.9		31.4	31.2	33.1	1.9
Hospital Balance Sheet									
Net Days in AR	46.2	46.6	49.0	(3)		46.2	46.6	49.0	(3.0)
Days Cash	539	482	507	62		539	482	507	62

# Consolidated Statement of Operations (\$000s)

Period ending 07/31/2019

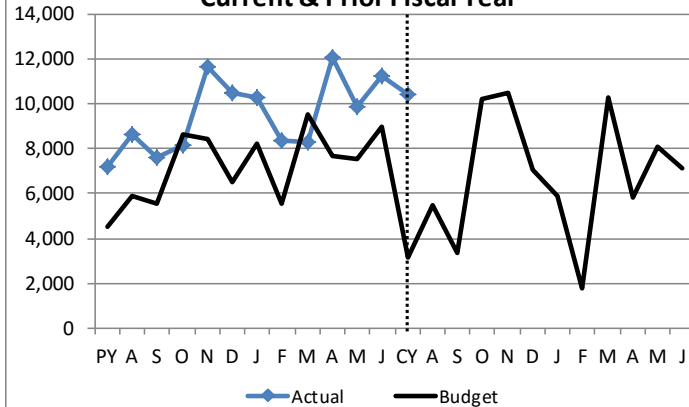
Period 1 FY 2019	Period 1 FY 2020	Period 1 Budget 2020	Variance Fav (Unfav)	Var%		YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					\$000s					
					OPERATING REVENUE					
265,851	314,063	300,240	13,823	4.6%	Gross Revenue	265,851	314,063	300,240	13,823	4.6%
(195,150)	(228,555)	(222,257)	(6,299)	(2.8%)	Deductions	(195,150)	(228,555)	(222,257)	(6,299)	(2.8%)
<b>70,701</b>	<b>85,508</b>	<b>77,983</b>	<b>7,524</b>	<b>9.6%</b>	Net Patient Revenue	<b>70,701</b>	<b>85,508</b>	<b>77,983</b>	<b>7,524</b>	<b>9.6%</b>
3,275	4,110	4,019	91	2.3%	Other Operating Revenue	3,275	4,110	4,019	91	2.3%
<b>73,976</b>	<b>89,618</b>	<b>82,002</b>	<b>7,616</b>	<b>9.3%</b>	Total Operating Revenue	<b>73,976</b>	<b>89,618</b>	<b>82,002</b>	<b>7,616</b>	<b>9.3%</b>
					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%)
<b>66,801</b>	<b>79,221</b>	<b>78,873</b>	<b>(348)</b>	<b>(0.4%)</b>	Total Operating Expense	<b>66,801</b>	<b>79,221</b>	<b>78,873</b>	<b>(348)</b>	<b>(0.4%)</b>
<b>7,175</b>	<b>10,397</b>	<b>3,129</b>	<b>7,268</b>	<b>232.2%</b>	Net Operating Margin	<b>7,175</b>	<b>10,397</b>	<b>3,129</b>	<b>7,268</b>	<b>232.2%</b>
					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%)
<b>16,592</b>	<b>11,702</b>	<b>5,998</b>	<b>5,704</b>	<b>95.1%</b>		<b>16,592</b>	<b>11,702</b>	<b>5,998</b>	<b>5,704</b>	<b>95.1%</b>
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%	



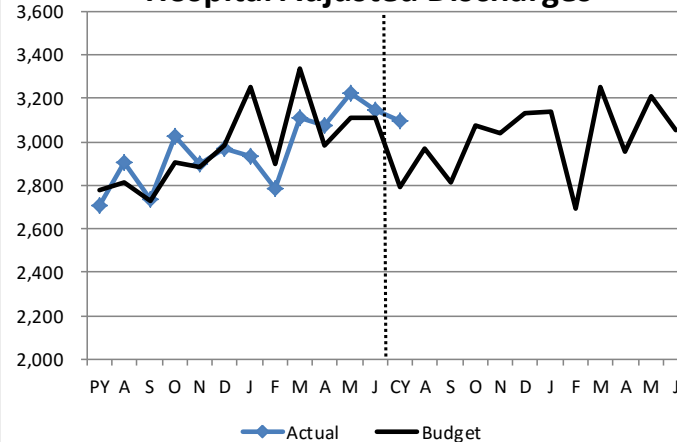
# Monthly Financial Trends

**Consolidated Operating Margin (\$000s)**

Current & Prior Fiscal Year

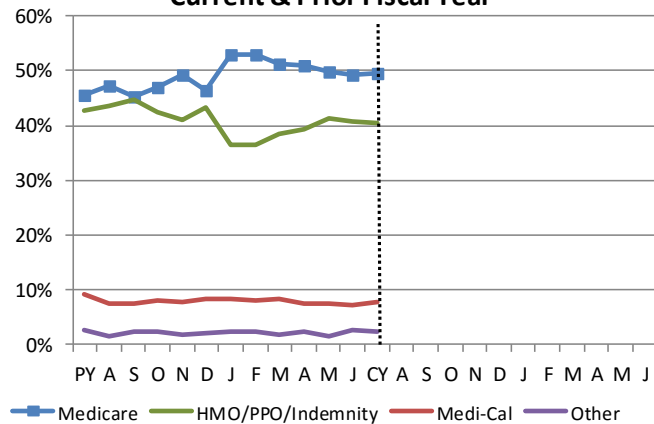


**Hospital Adjusted Discharges**

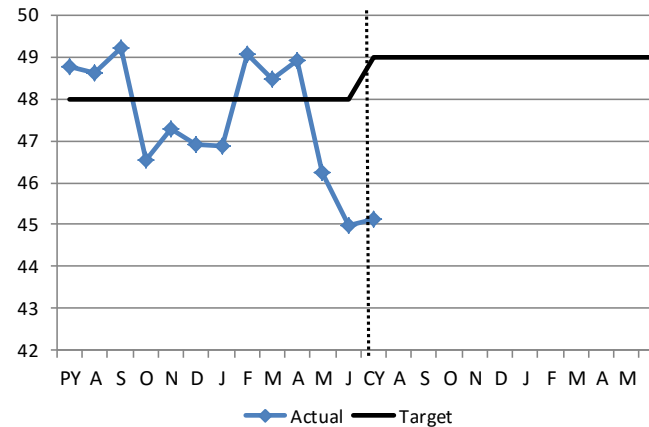


**Hospital Payor Mix**

Current & Prior Fiscal Year



**Hospital Net Days in AR**

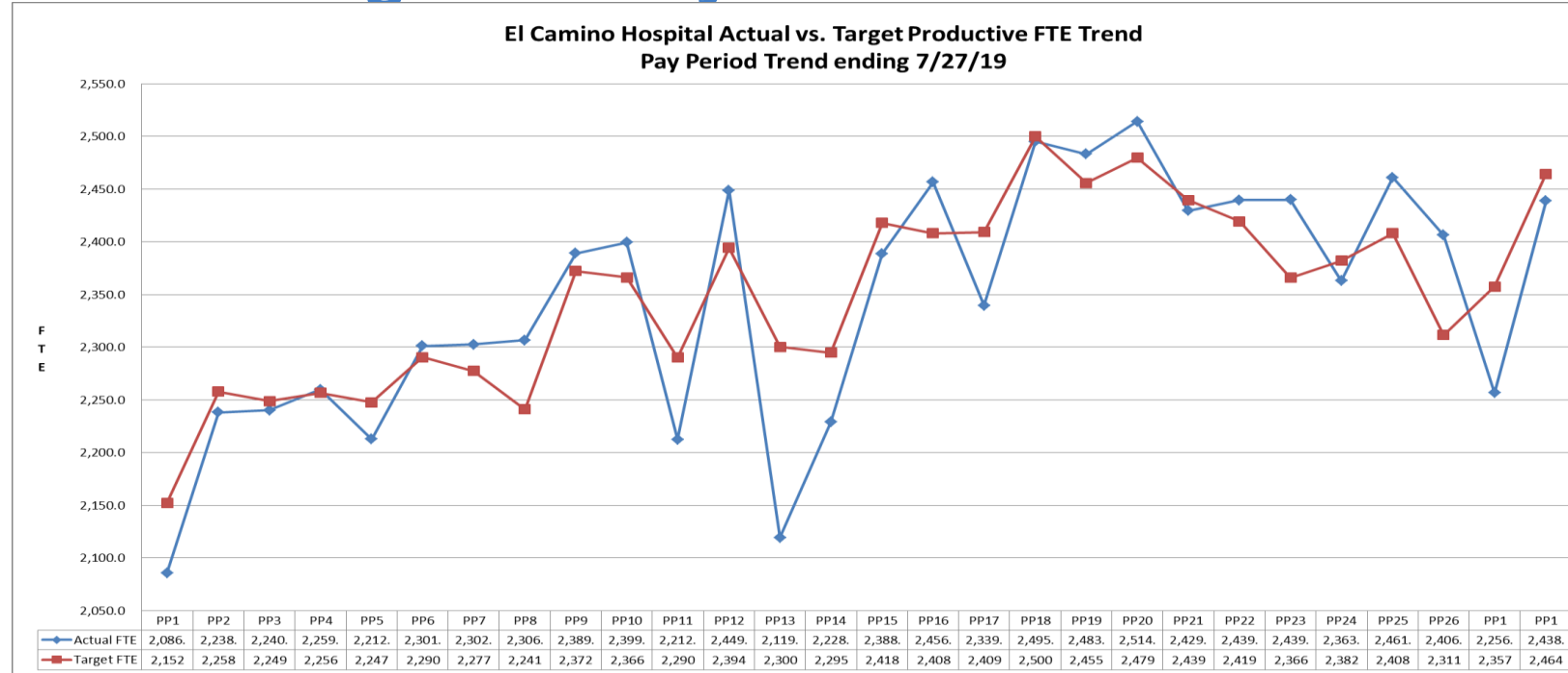


- Volume trend using adjusted discharges is favorable to budget in the last three months.
- Operating Margin in July favorable to budget driven by favorable revenue (volumes)
- Payer mix in July is unfavorable due to disproportionate growth in Medicare
- Revenue cycle operation consistently better than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

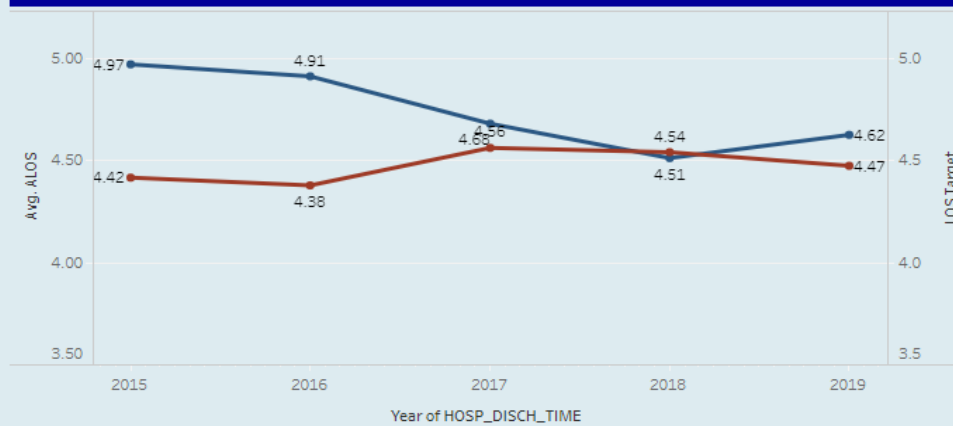
# Productivity and Medicare Length of Stay

Productive FTEs were favorable to the volume adjusted target by 2.3% for July. Holiday in July also contributing to the positive variance.

ALOS vs Milliman well-managed benchmark (red line). Medicare is our largest book of business and growing due to aging population. Lower length of stay is a key driver for improving the Medicare margin  
FY19 ALOS has increased due to long stay outlier cases beginning in January but has been improving since May.



**Average Length of Stay Trend by Month/Year**



**Average Length of Stay Trend by Month/Year**



# ECH Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions



FY 2020 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>			
Revenue	Adjustments	J	YTD
	Mcare Settlmt/Appeal/Tent Settlmt/PIP	129	129
	Various Adjustments under \$250k	9	9
	<b>Total</b>	<b>138</b>	<b>138</b>

# 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
<b>Investment Performance</b>		<b>2Q 2019</b>		<b>Fiscal Year-to-date</b>		<b>6y 8m Since Inception (annualized)</b>		<b>2019</b>	
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	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		<b>3-year</b>		<b>6y 8m Since Inception (annualized)</b>		<b>2019</b>			
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%
<b>Asset Allocation</b>		<b>2Q 2019</b>							
Surplus cash absolute variances to target		7.1%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		6.9%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		<b>2Q 2019</b>							
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
<b>CURRENT ASSETS</b>		
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
<b>Total Current Assets</b>	<b>500,843</b>	<b>480,815</b>
<b>BOARD DESIGNATED ASSETS</b>		
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
<b>Total Board Designated Assets</b>	<b>447,364</b>	<b>441,963</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>74,056</b>	<b>83,073</b>
<b>LONG TERM INVESTMENTS</b>	<b>355,354</b>	<b>375,729</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>33,070</b>	<b>37,150</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,308,845	1,307,595
Less: Accumulated Depreciation	(625,271)	(620,761)
Construction in Progress	392,581	375,094
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,076,155</b>	<b>1,061,928</b>
<b>DEFERRED OUTFLOWS</b>	29,858	29,908
<b>RESTRICTED ASSETS - CASH</b>	-	-
<b>TOTAL ASSETS</b>	<b>2,516,700</b>	<b>2,510,566</b>

## LIABILITIES AND FUND BALANCE

	Audited	
	July 31, 2020	June 30, 2019
<b>CURRENT LIABILITIES</b>		
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
<b>Total Current Liabilities</b>	<b>142,234</b>	<b>138,299</b>
<b>LONG TERM LIABILITIES</b>		
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
<b>Total Long Term Liabilities</b>	<b>559,122</b>	<b>559,417</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	181	494
<b>DEFERRED INFLOW OF RESOURCES</b>	9,822	9,822
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	1,357,977	1,360,571
Board Designated	447,364	441,962
Restricted	-	-
<b>Total Fund Bal &amp; Capital Accts</b>	<b>1,805,341</b>	<b>1,802,533</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>2,516,700</b>	<b>2,510,566</b>

# APPENDIX

## 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 Volume Annual Trends

VOLUME BY SERVICE LINE <i>Last Data Refresh: 9/10/2019 8:46:53 AM</i>								MONTH 01-Jul					FACILITY (All)		PROCEDURAL? (All)				
		ANNUAL TREND						FY20 Bud vs FY19		MONTH					YEAR				
		2015	2016	2017	2018	2019	Bud 2020	Cases	Percent	PY	CY	Bud	Bud Var	PY Var	PY	CY	Bud	Bud Var	PY Var
IP	Behavioral Health	1,052	928	924	1,098	1,181	1,382	201	17.0%	83	95	92	3	12	83	95	92	3	12
	General Medicine	4,583	4,452	4,951	5,278	5,193	4,971	-222	-4.3%	396	453	403	50	57	396	453	403	50	57
	General Surgery	1,149	1,311	1,318	1,305	1,409	1,427	18	1.3%	109	109	116	-7	0	109	109	116	-7	0
	GYN	313	293	270	243	226	194	-32	-14.2%	11	16	10	6	5	11	16	10	6	5
	Heart and Vascular	1,998	2,001	2,205	2,372	2,300	2,274	-26	-1.1%	159	188	158	30	29	159	188	158	30	29
	MCH	5,976	5,541	5,480	5,253	4,955	5,373	418	8.4%	384	407	427	-20	23	384	407	427	-20	23
	Neurosciences	672	677	685	868	884	845	-39	-4.4%	70	91	69	22	21	70	91	69	22	21
	Oncology	564	652	594	633	740	685	-55	-7.4%	61	58	61	-3	-3	61	58	61	-3	-3
	Orthopedics	1,773	1,746	1,690	1,705	1,672	1,733	61	3.6%	132	148	143	5	16	132	148	143	5	16
	Rehab Services	555	500	461	441	522	586	64	12.3%	42	47	50	-3	5	42	47	50	-3	5
	Spine Surgery	429	417	474	375	358	362	4	1.1%	24	33	27	6	9	24	33	27	6	9
	Urology	169	234	257	255	292	287	-5	-1.7%	12	43	12	31	31	12	43	12	31	31
Total		19,233	18,752	19,309	19,826	19,732	20,119	387	2.0%	1,483	1,688	1,568	120	205	1,483	1,688	1,568	120	205
OP	Behavioral Health	886	2,394	3,260	3,151	2,752	3,171	419	15.2%	228	206	257	-51	-22	228	206	257	-51	-22
	Dialysis	155	6					0		0	0	0	0	0	0	0	0	0	0
	Emergency	49,091	48,590	48,624	49,411	48,458	47,737	-721	-1.5%	4,041	4,158	4,075	83	117	4,041	4,158	4,075	83	117
	General Medicine	6,620	7,195	7,129	7,266	8,068	8,297	229	2.8%	607	653	644	9	46	607	653	644	9	46
	General Surgery	1,853	1,797	1,837	2,003	1,961	2,055	94	4.8%	156	197	163	34	41	156	197	163	34	41
	GYN	1,308	1,018	1,079	1,099	1,401	1,491	90	6.4%	111	120	118	2	9	111	120	118	2	9
	Heart and Vascular	2,712	3,795	4,361	4,364	4,615	4,707	92	2.0%	383	341	389	-48	-42	383	341	389	-48	-42
	Imaging Services	20,072	17,807	17,249	18,501	18,964	19,793	829	4.4%	1,569	1,528	1,574	-46	-41	1,569	1,528	1,574	-46	-41
	Laboratory Services	29,726	29,007	29,153	28,564	27,423	28,395	972	3.5%	2,331	2,257	2,406	-149	-74	2,331	2,257	2,406	-149	-74
	MCH	4,826	5,092	5,576	5,642	5,451	5,625	174	3.2%	460	458	476	-18	-2	460	458	476	-18	-2
	Neurosciences	61	127	125	114	81	66	-15	-18.5%	4	10	4	6	6	4	10	4	6	6
	Oncology	4,179	14,329	18,541	19,276	20,873	21,741	868	4.2%	1,481	1,521	1,590	-69	40	1,481	1,521	1,590	-69	40
	Orthopedics	776	584	615	641	765	712	-53	-6.9%	42	92	41	51	50	42	92	41	51	50
	Outpatient Clinics	1,705	1,680	1,288	1,883	1,563	2,508	945	60.5%	137	112	137	-25	-25	137	112	137	-25	-25
	Rehab Services	1,747	3,954	4,518	4,925	5,525	5,520	-5	-0.1%	443	506	447	59	63	443	506	447	59	63
	Sleep Center	223	498	368	242	340	383	43	12.6%	18	26	22	4	8	18	26	22	4	8
	Spine Surgery	399	309	324	311	287	281	-6	-2.1%	18	13	17	-4	-5	18	13	17	-4	-5
	Urology	1,771	1,739	1,898	2,053	2,093	2,067	-26	-1.2%	163	206	166	40	43	163	206	166	40	43
Total		128,110	139,921	145,945	149,446	150,620	154,549	3,929	2.6%	12,192	12,404	12,526	-122	212	12,192	12,404	12,526	-122	212
Grand Total		147,343	158,673	165,254	169,272	170,352	174,668	4,316	2.5%	13,675	14,092	14,094	-2	417	13,675	14,092	14,094	-2	417

# El Camino Hospital – Mountain View (\$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					
					<b>OPERATING REVENUE</b>					
218,059	250,744	236,858	13,886	5.9%	<b>Gross Revenue</b>	218,059	250,744	236,858	13,886	5.9%
(159,876)	(181,678)	(176,349)	(5,329)	(3.0%)	<b>Deductions</b>	(159,876)	(181,678)	(176,349)	(5,329)	(3.0%)
<b>58,184</b>	<b>69,066</b>	<b>60,509</b>	<b>8,557</b>	<b>14.1%</b>	<b>Net Patient Revenue</b>	<b>58,184</b>	<b>69,066</b>	<b>60,509</b>	<b>8,557</b>	<b>14.1%</b>
1,552	1,414	1,723	(309)	(17.9%)	<b>Other Operating Revenue</b>	1,552	1,414	1,723	(309)	(17.9%)
<b>59,736</b>	<b>70,480</b>	<b>62,233</b>	<b>8,248</b>	<b>13.3%</b>	<b>Total Operating Revenue</b>	<b>59,736</b>	<b>70,480</b>	<b>62,233</b>	<b>8,248</b>	<b>13.3%</b>
					<b>OPERATING EXPENSE</b>					
33,162	35,638	35,915	277	0.8%	<b>Salaries &amp; Wages</b>	33,162	35,638	35,915	277	0.8%
7,967	10,428	8,760	(1,669)	(19.1%)	<b>Supplies</b>	7,967	10,428	8,760	(1,669)	(19.1%)
7,071	8,016	7,243	(773)	(10.7%)	<b>Fees &amp; Purchased Services</b>	7,071	8,016	7,243	(773)	(10.7%)
886	1,186	1,264	78	6.2%	<b>Other Operating Expense</b>	886	1,186	1,264	78	6.2%
121	233	495	262	53.0%	<b>Interest</b>	121	233	495	262	53.0%
3,488	3,698	3,475	(224)	(6.4%)	<b>Depreciation</b>	3,488	3,698	3,475	(224)	(6.4%)
<b>52,695</b>	<b>59,200</b>	<b>57,152</b>	<b>(2,048)</b>	<b>(3.6%)</b>	<b>Total Operating Expense</b>	<b>52,695</b>	<b>59,200</b>	<b>57,152</b>	<b>(2,048)</b>	<b>(3.6%)</b>
<b>7,041</b>	<b>11,281</b>	<b>5,081</b>	<b>6,200</b>	<b>122.0%</b>	<b>Net Operating Margin</b>	<b>7,041</b>	<b>11,281</b>	<b>5,081</b>	<b>6,200</b>	<b>122.0%</b>
7,751	895	2,488	(1,593)	(64.0%)	<b>Non Operating Income</b>	7,751	895	2,488	(1,593)	(64.0%)
<b>14,793</b>	<b>12,176</b>	<b>7,569</b>	<b>4,607</b>	<b>60.9%</b>	<b>Net Margin</b>	<b>14,793</b>	<b>12,176</b>	<b>7,569</b>	<b>4,607</b>	<b>60.9%</b>
17.8%	21.6%	14.5%	7.0%		<b>EBITDA</b>	17.8%	21.6%	14.5%	7.0%	
11.8%	16.0%	8.2%	7.8%		<b>Operating Margin</b>	11.8%	16.0%	8.2%	7.8%	
24.8%	17.3%	12.2%	5.1%		<b>Net Margin</b>	24.8%	17.3%	12.2%	5.1%	

# El Camino Hospital – Los Gatos (\$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					
					<b>OPERATING REVENUE</b>					
47,581	57,480	54,714	2,766	5.1%	<b>Gross Revenue</b>	47,581	57,480	54,714	2,766	5.1%
(35,142)	(42,551)	(40,618)	(1,933)	(4.8%)	<b>Deductions</b>	(35,142)	(42,551)	(40,618)	(1,933)	(4.8%)
<b>12,439</b>	<b>14,930</b>	<b>14,096</b>	<b>833</b>	<b>5.9%</b>	<b>Net Patient Revenue</b>	<b>12,439</b>	<b>14,930</b>	<b>14,096</b>	<b>833</b>	<b>5.9%</b>
262	379	268	110	41.0%	<b>Other Operating Revenue</b>	262	379	268	110	41.0%
<b>12,701</b>	<b>15,308</b>	<b>14,365</b>	<b>943</b>	<b>6.6%</b>	<b>Total Operating Revenue</b>	<b>12,701</b>	<b>15,308</b>	<b>14,365</b>	<b>943</b>	<b>6.6%</b>
					<b>OPERATING EXPENSE</b>					
6,900	7,402	7,283	(119)	(1.6%)	<b>Salaries &amp; Wages</b>	6,900	7,402	7,283	(119)	(1.6%)
1,972	2,259	2,129	(130)	(6.1%)	<b>Supplies</b>	1,972	2,259	2,129	(130)	(6.1%)
1,364	1,542	1,493	(49)	(3.3%)	<b>Fees &amp; Purchased Services</b>	1,364	1,542	1,493	(49)	(3.3%)
1,547	1,527	1,602	75	4.7%	<b>Other Operating Expense</b>	1,547	1,527	1,602	75	4.7%
0	0	0	0	0.0%	<b>Interest</b>	0	0	0	0	0.0%
735	812	810	(2)	(0.2%)	<b>Depreciation</b>	735	812	810	(2)	(0.2%)
<b>12,518</b>	<b>13,542</b>	<b>13,317</b>	<b>(225)</b>	<b>(1.7%)</b>	<b>Total Operating Expense</b>	<b>12,518</b>	<b>13,542</b>	<b>13,317</b>	<b>(225)</b>	<b>(1.7%)</b>
<b>182</b>	<b>1,766</b>	<b>1,048</b>	<b>719</b>	<b>68.6%</b>	<b>Net Operating Margin</b>	<b>182</b>	<b>1,766</b>	<b>1,048</b>	<b>719</b>	<b>68.6%</b>
0	0	0	0	0.0%	<b>Non Operating Income</b>	0	0	0	0	0.0%
<b>182</b>	<b>1,766</b>	<b>1,048</b>	<b>719</b>	<b>68.6%</b>	<b>Net Margin</b>	<b>182</b>	<b>1,766</b>	<b>1,048</b>	<b>719</b>	<b>68.6%</b>
7.2%	16.8%	12.9%	3.9%		<b>EBITDA</b>	7.2%	16.8%	12.9%	3.9%	
1.4%	11.5%	7.3%	4.2%		<b>Operating Margin</b>	1.4%	11.5%	7.3%	4.2%	
1.4%	11.5%	7.3%	4.2%		<b>Net Margin</b>	1.4%	11.5%	7.3%	4.2%	

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

**To:** El Camino Hospital Board of Directors  
**From:** Mark Adams, MD, Chief Medical Officer  
**Date:** October 10, 2019  
**Subject:** Emergency and Inpatient Professional Services Panel Agreements for On-Call Cardiology Panel – Los Gatos Campus

**Recommendation(s):**

To approve delegating to the CEO the authority to execute a two-year renewal agreement for Emergency and Inpatient Professional Services Panel Agreements for On-Call Cardiology for the Los Gatos campus at the existing per diem rate of \$700.00, to be effective November 1, 2019.

**Summary:**

1. Situation: The Hospital has Emergency and Inpatient Professional Services Agreements for the On-Call Cardiology Panel at the Los Gatos campus in which Cardiologists respond when needed for inpatients and emergency evaluations for patients in the Los Gatos Emergency Department. Currently, the Los Gatos campus has nineteen (19) Cardiologists contracted at the rate of \$700/day, and their agreements expire October 31, 2019. Based on the 2019 MD Ranger reports, the benchmarks have changed from prior years, and the per diem rate now exceeds the 75<sup>th</sup> percentile. The physicians were notified of the Hospital's plan to reduce the per diem rate to \$660/day, which is listed at the 75<sup>th</sup> percentile, but the majority of the physicians on the panel expressed their refusal to enter into renewal agreements at a lower per diem rate.
2. Authority: According to Administrative Policies and Procedures 51.00, Finance Committee recommendation and Board approval are required for physician agreements that exceed the 75<sup>th</sup> percentile for fair market value.
3. Background: The current stipend of \$700/day for On-Call Cardiology Panel coverage at the Los Gatos campus has been in place since 2012.
4. Fair Market Value Assessment: The existing On-Call Cardiology Panel per diem rate of \$700 is between the 75<sup>th</sup> percentile (\$660) and below the 90<sup>th</sup> percentile (\$730) according to the 2019 MD Ranger All Facilities Cardiology Non-Interventional Call Coverage Per Diem Report.
5. Other Reviews: Legal and Compliance will review the final agreement and compensation terms prior to CEO execution. The Finance Committee reviewed this proposal at its September 23, 2019 meeting and recommended it for approval.
6. Outcomes: Physicians will participate in the peer review process for consultations related to Cardiology Call Coverage.

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

**To:** El Camino Hospital Board of Directors  
**From:** Sharon Anolik Shakked, Compliance and Audit Committee Chair  
**Date:** October 10, 2019  
**Subject:** Committee and Audit Committee Report

**Recommendation(s):**

To approve the Annual 403(b) Retirement Plan Audit.  
To approve the Annual Cash Balance Plan Audit

**Summary:**

1. Situation: Moss Adams conducted the annual limited scope audits of ECH's 403(b) Retirement and Cash Balance Plans and presented the Financial Statements and Audit Results to the Compliance and Audit Committee. The audits are performed each year, and the results are filed with the Plans' IRS Form 5500.
2. Authority: N/A
3. Background: 403(b) Retirement Plan – Moss Adams did not express an audit opinion on the Financial Statements or the Supplemental Schedule, but reported that the information included in the financial statements and supplemental schedule, other than that permissibly certified by the custodians, have been audited and were presented in compliance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA.

Cash Balance Plan – Moss Adams did not express an audit opinion on the Financial Statements or Supplemental Schedules, but reported that the information in the financial statements and supplemental schedules, other than that permissibly certified by the custodian have been audited and are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. Assessment: N/A
5. Other Reviews: The Compliance and Audit Committee has reviewed and voted to recommend approval of the 403(b) Retirement Plan Audit and the Cash Balance Plan Audit. Moss Adams will present their findings on November 7<sup>th</sup> to the Retirement Plans Administrative Committee (RPAC), an administrative committee that oversees the 403(b) Retirement and Cash Balance Plans.
6. Outcomes: N/A

**List of Attachments:**

1. Report of Independent Auditors\* – 403(b) Plan
2. Report of Independent Auditors\* – Cash Balance Plan

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

\*Full draft audit documents are available on the Board Portal and final audit documents will be made available to the public on the El Camino Healthcare District Website following approval by that Board.



## **Report of Independent Auditors**

To the Trustees  
El Camino Hospital 403(b) Retirement Plan

### **Report on Financial Statements**

We were engaged to audit the accompanying financial statements of El Camino Hospital 403(b) Retirement Plan (the Plan), which comprise the statements of net position available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net position available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, Lincoln National Life Insurance Company, and The Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodians is complete and accurate.



### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter***

#### ***Required Supplementary Information***

Management has omitted the Management Discussion and Analysis that the Governmental Accounting Standards Board requires to be presented to supplement the basic financial statements. Such missing information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by the missing information.

#### ***Supplemental Schedule***

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

San Francisco, California  
September XX, 2019

## **Report of Independent Auditors**

To the Trustees  
El Camino Hospital Cash Balance Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of El Camino Hospital Cash Balance Plan (the Plan), which comprise the statements of fiduciary net position as of December 31, 2018 and 2017, and the related statements of changes in fiduciary net position for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the years then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matters***

#### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the accompanying management's discussion and analysis, schedules of changes in employer net pension liability and related ratios, schedules of employer contributions, and schedules of investment returns be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with audit standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### ***Supplemental Schedules***

The Schedule H, Line 4(i) – Schedule of Assets (Held at Year End) as of December 31, 2018, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2018, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by u in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

San Francisco, California  
September XX, 2019

**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:** October 10, 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 September 26, 2019.
2. Background: MEC received the following informational reports.
  - A. Quality Council – The Quality Council met on September 4, 2019. SSI sub-committee remains in place to address the increased number of SSIs this year over last year. MEC discussed compliance with operative notes and were given tips and contact information to pass along to department members when issues arise with documentation in the EHR. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Programs:
    - 1) Antibiotic Stewardship
    - 2) Health Information Management
    - 3) Orthopedic Service Line
    - 4) HIM Operative Report and Immediate Post Procedure Note Compliance
    - 5) Patient and Employee Safety Committee Minutes
  - B. Leadership Council- Leadership Council met on September 17, 2019. Medical Staff Consultant Mark Smith is working with the Leadership Council and CMO 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:
    - 1) El Camino Hospital and PRN (Nurse’s Union) complete negotiations with a ratified agreement as of September 10, 2019.
    - 2) The Taube and Sobrato Pavilions to be ready to occupy in December and January 2019, respectively. Planning work for the Women’s Hospital expansion project on the Mountain View Campus is ongoing. Work has begun on the assessment of campus redevelopment options to address seismic compliance issues at the Los Gatos Campus.
    - 3) Dr. Ganesh Krishna performed the first in human robotic-assisted minimally invasive bronchoscopy here in Mountain View. The Ion: A new robotic endoluminal platform for minimally invasive peripheral lung biopsy.

- 4) Dr. Robert Sinha and Dr. James Doty performed neurosurgical implantation of GammaTile radiation this week. Gives patients a potent dose of radiation while minimizing the effect on healthy brain tissue.

D. CMO Report –

- 1) The FY 19 Quality Dashboard performance through June was reviewed and provided in the meeting packet for ME members. Members were given a summary of the year end performance with areas for improvement noted and which measures are recommended for FY 20 goals and continued monitoring.

E. CNO Report – The CNO informed MEC members:

- 1) CNO is working with HR to begin the Daisy Award program; nominations usually come from family; but may also be made by physicians and peers.
- 2) New nursing graduate class began with 11 new graduates and a new group of nurses from med surg is being trained in Behavioral Health to aid in nursing retention and fulfill needs for the expansion of the new services.
- 3) Nursing services in working in conjunction with anesthesiology is working on development of preprocedure services to improve pre-operative patient education.
- 4) New Nursing Director of Perioperative Services at LG has been hired and is set to begin on October 21. Sara Hansen presently serving as interim Director of Perioperative Services at MV with plans to bring in a contracted interim at MV beginning October 7.
- 5) New executive director of patient experience – Christine Packard set to begin October 7.

F. Chief of Staff Reports

- 1) 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. Flu Season plan is in place. Medical Staff members have been notified of the requirements and schedule of vaccination offerings.
- 2) Los Gatos – The LG Chief of Staff requested that MEC members formulate concrete ideas to propose to the GB for improvement and collaboration. There will be a Town Hall meeting at LG on October 17.

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

**List of Attachments:** Spreadsheet showing approved Policy and Scopes of Service

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

# SUMMARY OF POLICIES/PLANS FOR REVIEW AND APPROVAL - BOARD

10-Oct-19

## DOCUMENTS WITH NO REVISIONS

Document Name	Department	Type of Document	
ECH Influenza Seasonal Plan for Healthcare Worker Vaccination	EHW	Plan	
FY19 Security Management Plan	Security	Plan	
FY19 Safety Management Plan	Safety	Plan	
FY19 Utility Management Plan	Utility Management	Plan	

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

**To:** El Camino Hospital Board of Directors  
**From:** Ken King, CASO  
**Date:** October 10, 2019  
**Subject:** Major Projects Update

**Purpose:**

To keep the Board of Directors informed on the progress of major capital projects in process.

**Summary:**

**1. Situation/Status:**

**Taube Pavilion** (aka BHS) construction is in the final stages which includes completing finishes, starting up and commissioning the mechanical, electrical and plumbing systems and completing the landscaping around the building. We anticipate OSHPD inspections required for temporary occupancy to be completed by early October. This will allow us to begin the fit-up of furniture, fixtures and equipment which will be ready for the October 24th – 26th opening events. Activation and staff training will extend into November with a target date for CDPH licensing in mid-December. The start date for patient care within the new building will be within 2-3 weeks following the licensing inspection. The waste water storage tank project that we are required to complete in order to obtain final OSPHD approval is nearly complete. The functional system of the waste water flow is currently going through the final testing stage and the parking lot is scheduled to be back in service by mid-October. This project is forecasted to be completed within the approved budget.

**Sobrato Pavilion** (aka IMOB) construction is within the building is also in the final stages of completing finishes, start up and commissioning the mechanical, electrical and plumbing systems. The interior construction is progressing towards substantial completion in late September with site work around the building wrapping up in late October. The building is classified as a “high-rise” structure and as such there will be an extensive testing and inspection of the fire alarm and engineered smoke control systems during the month of October. The fit up of furniture, fixtures and equipment will be ensure we are ready for the opening event scheduled for November 17<sup>th</sup>. The “offsite work” in the YMCA parking lot was delayed pending resolution of the pervious pavement mix design. The Grant Road right turn lane is scheduled to be completed in early October. This project is forecasted to be completed with the approved budget.

**Women’s Hospital** construction documents were submitted to OSPHD for plan review and permitting in late May. The initial plan review package is due to be returned to us in early October.

The process of identifying qualified sub-contractors to bid on the project is proving to be very difficult. The still hot construction market in the Bay Area along with the complexity of an OSHPD permitted project in an occupied building is not very appealing to the sub-contractors who prefer projects with less risk. We are working with the CM/GC on strategies for obtaining bids from qualified contractors.



**M.V. Campus Completion Project** previously named the Old Main Demo & Related Site project continues to be planned and developed. The request for funding the initial phases of the project is on the October 10, 2019 Board Meeting Agenda.

2. Authority: This memo is to keep the Finance Committee and the Board informed of the progress towards completion of the major development projects within the Mountain View Campus Development Plan.

3. Background:

The Board of Directors approved the Mountain View Campus Development Projects which consist of the following:

Step I:

Status

North Parking Garage Expansion -	Complete
Behavioral Health Services Building -	Construction/Activation
Integrated Medical Office Building -	Construction/Activation
Central Plant Upgrades -	Complete

Step II:

Women's Hospital Expansion -	Plan Review/Permit
Demolition of Old Main Hospital -	Construction Docs Phase 1

4. Assessment: In addition to the construction activities, all impacted departments are working on the
5. Other Reviews: The Finance Committee reviewed this update at its September 23, 2019 meeting.
6. Outcomes: The primary objective continues to be completing the projects within the approved budgets and to safely transition into the new building environments.

List of Attachments: None

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

## Finance Committee Approvals Report to the Board – October 10, 2019

In accordance with the Corporate Compliance: Physician Financial Arrangements Policy, the following agreements were approved by the Finance Committee at its September 23, 2019 meeting.

Clinical Area	Campus	Agreement Type	Hourly or Per Diem Rate	Hours/Month	Not-to-Exceed	FMV Assessment	Statement of Need
Employee Wellness & Health Services	Enterprise	Administrative and Professional Services	\$150/hr (admin) \$6,360/yr (prof)	12 hours/mo (no change)	\$8,000 annually	Between 50 <sup>th</sup> and 75 <sup>th</sup> percentile	This is an important service for the Hospital's EWHS Department provided by our Emergency Services provider since 1998. It is a continuation of services with an increase in the hourly rate, which has not changed since 1998.
Maternal Child Health	Los Gatos	Professional Services	N/A	24/7 coverage	An additional \$280,000/year, no-to-exceed \$3.68M	Third-party opinion obtained; commercially reasonable and annual comp is slightly lower than "mid indication" and within FMV	The additional physician will provide emergency backup support for nurse midwives for rare emergencies requiring the services of an additional OB/Gyn physician.
NICU	Mountain View	Consulting Agreement, Quality Projects	\$150/hr	Adding 192 hours 762 hours total	An additional \$28,800; not-to-exceed \$114,300	Evaluated per project; hourly rate for all is at 50 <sup>th</sup> percentile Total Comp: Project 1: below 50 <sup>th</sup> Project 2 and 3: between 50 <sup>th</sup> and 75 <sup>th</sup>	Extension while negotiating renewal with LPCH, evaluating project needs and finishing the current projects



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

**To:** El Camino Hospital Board of Directors  
**From:** Cecile Currier, VP Corp. & Comm. Health Svcs & President, CONCERN, EAP;  
Barbara Avery, Director, Community Benefit  
**Date:** October 10, 2019  
**Subject:** FY19 Community Benefit (CB) Report

**Purpose:**

To provide the FY19 Community Benefit Annual Report

**Summary:**

1. **Situation:** At the conclusion of each fiscal year, the CB staff reviews year-end grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Staff also receives data from a number of departments for programs that generate a benefit for the community per IRS guidelines. Much of this data comes from the Finance Department and comprises the Hospital's Total Community Benefit. Staff prepares an annual report and year-over-year Dashboard. The report will be voluntarily submitted to OSHPD and distributed and promoted to the community in early November. A web-based report and the print PDF will be on El Camino Health's website. The report microsite is: <https://www.elcaminohealth.org/microsites/communitybenefit2019/>.
2. **Authority:** The report is prepared by CB staff and approved by the VP of Corporate and Community Health Services prior to presentation to the Board.
3. **Background:** In FY19, El Camino Hospital provided \$64,868,911 in Total Community Benefit, which includes \$3,724,011 for 49 grants (\$3,468,712) and 36 sponsorships (\$255,299, which includes the unanticipated emergency support for the October wildfires approved by Administration) to address unmet local health needs. The framework for the grant funding priorities is the Community Health Needs Assessment (CHNA), which is conducted every three years, as required by state and federal regulations. In addition to \$64,868,911 in Total CB, the Hospital also provided \$107,800,063 in uncompensated care for Medicare beneficiaries.
4. **Assessment:** El Camino Hospital's FY19 Total Community Benefit (\$64.9 million) represents a 22% increase over FY16 and a slight increase (2%) over FY18. Data from the Community Benefit Grants Year-over-Year Dashboard finds that 76% of programs met 80% or more of metric targets and only two of the 49 programs met 50% or less of their metrics. Of the 193 individual metrics across all programs, 91% of annual targets were met.  
The grant funding by Health Priority was as follows:
  - 24 Healthy Body grants at \$1,704,245
  - 16 Healthy Mind grants at \$1,144,860
  - 9 Healthy Community grants at \$619,607
5. **Other Reviews:** ECH's Finance Department provided data on a number of the categories that compose the hospital's Total Community Benefit (Unreimbursed Medi-Cal, Financial Assistance (Charity Care), Subsidized Health Services, Clinical Research, and Uncompensated Medicare).

FY19 CB Report  
October 10, 2019

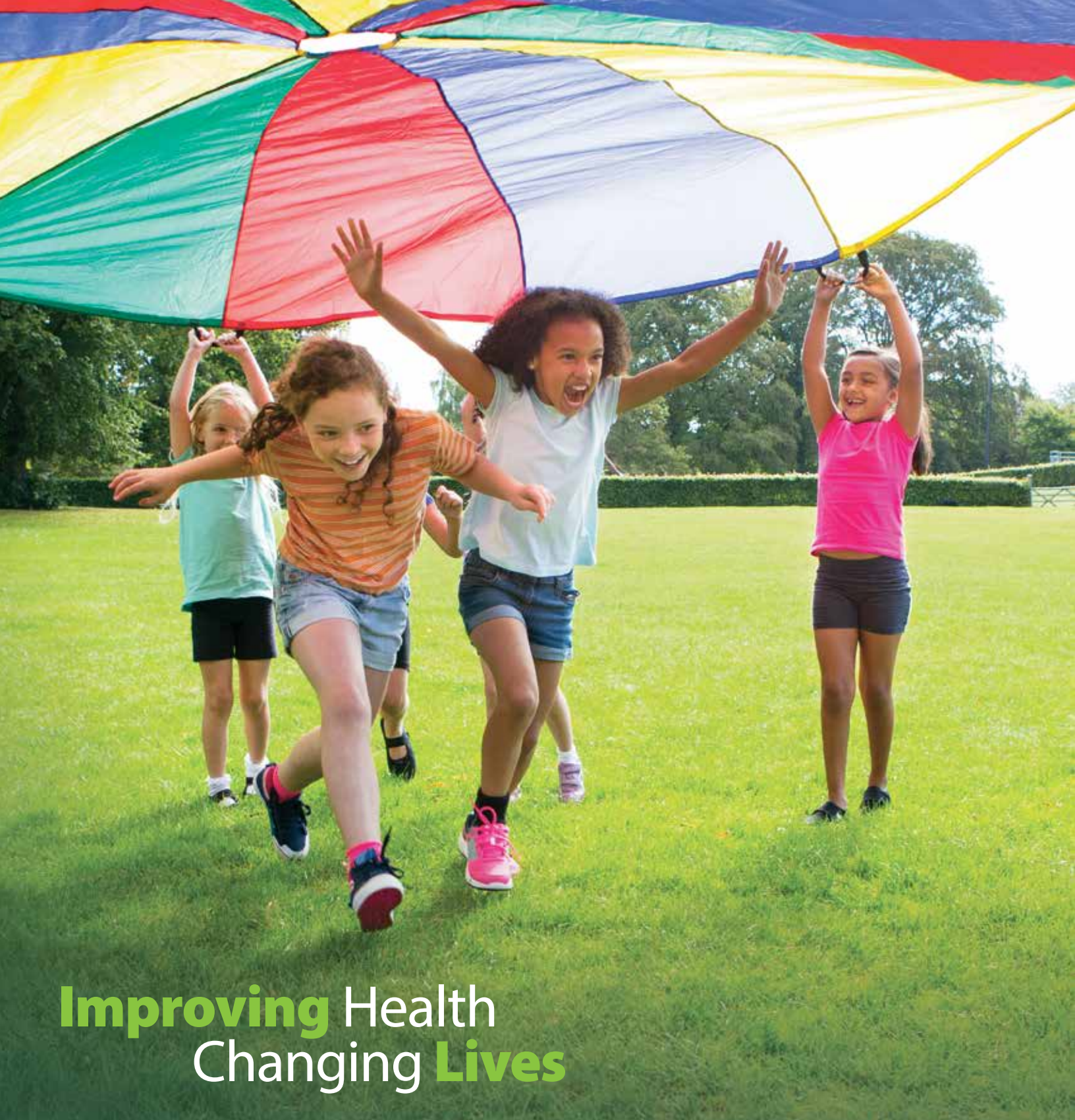
6. Outcomes: N/A

**List of Attachments:**

1. FY19 Community Benefit Annual Report – print supplement to web-based report at <https://www.elcaminohealth.org/microsites/communitybenefit2019/>
2. FY19 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

**Suggested Board Discussion Questions:** N/A; this is an informational consent item.





# Improving Health Changing Lives

**Community Benefit** | Annual Report FY 2019



EL CAMINO HEALTHCARE DISTRICT



# Community Benefit Financial Report FY 2019

El Camino Healthcare District  
**\$7,233,496**  
GRANTS & SPONSORSHIPS

El Camino Hospital  
**\$3,802,846**  
GRANTS & SPONSORSHIPS

**\$64.9M** El Camino Hospital  
TOTAL COMMUNITY BENEFIT



- \$33,618,096** Government-Sponsored Healthcare (Unreimbursed Medi-Cal)
- \$21,291,293** Subsidized Health Services
- \$3,351,626** Financial Assistance (Charity Care)
- \$3,802,846** Grants and Sponsorships
- \$1,963,110** Health Professions Education
- \$425,155** Clinical Research
- \$255,751** Community Benefit Operations
- \$161,034** Community Health Improvement Services

**+ \$108M in Uncompensated Medicare**  
*(Not Included in Community Benefit Total)*



# From Our Leadership

## DEAR COMMUNITY MEMBERS,

We invite you to read the FY 2019 Community Benefit Report for El Camino Healthcare District and El Camino Hospital, “Improving Health, Changing Lives.” The report highlights our financial investment in community health and how we, together with our partners, are responding to the unmet health needs of our neighbors, particularly the most vulnerable and underserved. In FY 2019 our investments included:

- **El Camino Hospital Total Community Benefit:** \$64.9 million serving 117,860 people, including \$3.8 million for grants and sponsorships.
- **El Camino Healthcare District Community Benefit:** \$7.2 million in grants and sponsorships serving 75,140 people.
- **\$11 million** combined total for 103 grants and 71 sponsorships.

The El Camino Hospital Total Community Benefit included charity care and unreimbursed MediCal for nearly 12,000 patients at our two hospitals. Through community grants, the District and the Hospital both fund local efforts to provide access to quality health and wellness services through grant partnerships with the safety-net clinics, school districts and nonprofit organizations highlighted in this report.

These investments promote better health, often through culturally relevant, multilingual programs recognizing the rich diversity of our community. Highlights of our combined community grants programs from both the District and Hospital include:

- **110,990 students** at local schools received care from nurses, health screenings, mental health counseling, and physical activity and nutrition programs.
- **26,900 people** received free primary care, management services for chronic diseases and related health services.
- **10,980 people** received free mental health services.

In response to growing mental health needs, we have increased our grants program and welcome the opening of the new Taube Pavilion with additional inpatient beds and a dedicated women’s unit. On all fronts, we are ensuring there are more mental health services in schools, community clinics, and through our Scrivner Center for Mental Health & Addiction Services.

Please take a moment to learn more about how our Community Benefit commitment is improving lives.

**Peter C. Fung, MD, FY19 Chair, Board of Directors, El Camino Healthcare District**

**Lanhee J. Chen, Chair, FY19 Chair, Board of Directors, El Camino Hospital**

**Dan Woods, Chief Executive Officer, El Camino Health and El Camino Healthcare District**

### El Camino Healthcare District Board of Directors

**Peter C. Fung, MD, MS, FACP, FAAN, FAHA, FY19 Chair, FY19 Community Benefit Advisory Council (CBAC) Board Liaison**

**Gary Kalbach**

**Julia E. Miller, FY19 Vice Chair, FY19 CBAC Board Liaison**

**George O. Ting, MD**

**John L. Zoglin, FY19 Secretary/Treasurer**

### El Camino Hospital Board of Directors

**Lanhee J. Chen, JD, PhD, FY19 Chair**

**Peter C. Fung, MD, MS, FACP, FAAN, FAHA, FY19 CBAC Board Liaison**

**Jeffrey M. Davis, MD, MPH**

**Gary Kalbach**

**Julie Kliger, MPA, BSN**

**Julia E. Miller, FY19 Secretary/Treasurer, FY19 CBAC Board Liaison**

**Bob Rebitzer**

**George O. Ting, MD**

**Don C. Watters**

**John L. Zoglin, FY19 Vice Chair**

### El Camino Health

**Dan Woods, Chief Executive Officer, El Camino Health and El Camino Healthcare District**



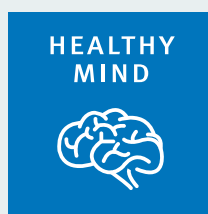
EL CAMINO HEALTHCARE DISTRICT





## FISCAL YEAR 2019

# Community Benefit Grant Funding



**\$11 MILLION** COMBINED INVESTMENTS FOR **174 GRANTS** AND **SPONSORSHIPS**  
TO ADDRESS UNMET HEALTH NEEDS IN OUR COMMUNITY

### Healthy Body Partners

These grants aim to prevent the onset of disease and improve access to primary care, chronic disease management, oral health, and health and wellness education.

#### 5210 Health Awareness Program Partnership

School-based nutrition and health program at Cambrian, Campbell, Cupertino Union, Fremont and Sunnyvale School Districts

Funding: **El Camino Healthcare District (ECHD)**

**El Camino Hospital (ECH)**

#### Bay Area Women's Sports Initiative (BAWSI)

Physical activity and self esteem program for girls at Campbell and Sunnyvale School Districts

**ECHD, ECH**

#### Breathe California

Screenings, education and home assessment for families of children with asthma and seniors with respiratory conditions

**ECHD, ECH**

#### Cambrian School District

School Nurse Program

**ECH**

#### Campbell Union School District

School Nurse Program

**ECH**

#### Cancer CAREpoint

Nutrition education and support

**ECH**

#### Challenge Diabetes Program

Prediabetes screening and education for community service agencies

**ECH**

#### Community Health Partnership

Safety-net clinic capacity building and training

**ECH**

#### Community Services Agency, Mountain View

Intensive case management for seniors with chronic disease

**ECHD**

#### Cristo Rey Network

School health and wellness program

**ECH**

#### Cupertino Union School District

School Nurse Program: Filling the gap in care for students

**ECHD, ECH**

#### Day Worker Center

Promoting wellness and nutrition among the underserved

**ECHD**

#### Fresh Approach

Mobile Farmers' Market and nutrition education

**ECHD**

#### Gardner Family Health Network

Clinical and healthy behavior change program for prediabetic and diabetic patients

**ECH**

#### GoNoodle

Movement and mindfulness programs for youth at 184 schools in 17 school districts

**ECHD, ECH**

#### Health Mobile

Mobile dental services for homeless and low-income community members

**ECHD**

#### Healthier Kids Foundation

Dental and hearing screenings for children

**ECHD, ECH**

#### Hope's Corner

Nutritious meals for homeless and the food insecure

**ECHD**

#### Indian Health Center

Clinical and healthy behavior change program for at-risk and diabetic youth

**ECH**

**Living Classroom**

Garden-based school nutrition program at Mountain View Whisman and Sunnyvale School Districts

**ECHD**

**Lucile Packard Foundation for Children's Health**

Teen Health Van at Mountain View Los Altos High School District for at-risk youth

**ECHD**

**Magical Bridge Foundation**

Playgrounds designed for children with disabilities in Mountain View and Sunnyvale

**ECHD**

**MayView Community Health Center**

Primary care and preventive services for uninsured

**ECHD**

**Medical Respite**

Medical care and social services for homeless patients

**ECHD, ECH**

**Mount Pleasant School District**

School Nurse Program

**ECH**

**Mountain View Whisman School District**

School Nurse Program

**ECHD**

**New Directions**

Coordination of care and connection to safety-net services for homeless and at-risk community members

**ECHD**

**Pathways Home Health and Hospice**

Compassionate care for the uninsured and underinsured

**ECHD**

**Planned Parenthood Mar Monte**

Primary care and preventive health services for the underserved at the Mountain View Health Center.

**ECHD**

**Pre-diabetes Initiative**

Awareness, screening and chronic disease management resources for pre-diabetes

**ECH**

**Playworks**

Physical activity and school climate program in Campbell Union, Mountain View Whisman and Sunnyvale School Districts

**ECHD, ECH**

**Reach Potential Movement**

Physical activity and health programs for low-income youth in Sunnyvale

**ECHD**

**The Health Trust**

Meals on Wheels Program for older adults

**ECHD**

**Santa Clara County Public Health Department – Better Health Pharmacy**

No-cost medication program for low-income individuals

**ECH**

**Santa Clara Valley Medical Center**

Primary and behavioral mobile healthcare for homeless and dental services for low-income and homeless adults

**ECHD**

**Sunnyvale School District**

School Nurse Program

**ECHD**

**Tower Foundation of San Jose State University**

Rehabilitation, awareness, and community education for stroke (RACES)

**ECH**

**Vista Center for the Blind and Visually Impaired**

Vision rehabilitation program

**ECHD, ECH**

## Healthy Mind Partners

These grants provide access to mental health services for youth and adults and address issues such as depression, anxiety, dementia, domestic violence and substance abuse.

**Acknowledge Alliance**

Resilience and social emotional learning lessons for students

**ECHD**

**Almaden Valley Counseling Service**

School-based social emotional skill building

**ECH**

**Alum Rock Counseling Center**

Counseling for at-risk youth

**ECH**

**Alzheimer's Association**

Asian Dementia Initiative and Latino Family Connections: Culturally-based services for patience and caregivers

**ECHD, ECH**

**Avenidas**

Adult day health program

**ECHD**

**Bill Wilson Center**

Psychotherapy for children who have suffered abuse

**ECH**

**Cambrian School District**

Mental health counseling

**ECH**

**Center for Age-Friendly Excellence**

Senior inclusion and participation project

**ECHD**

**CHAC**

Mental health counseling at Sunnyvale School District

**ECHD**

**Child Advocates of Silicon Valley**

Advocacy and support services for foster teens

**ECH**

**Counseling and Support Services for Youth (CASSY)**

Mental health counseling at Campbell Union School District

**ECH**

**Cupertino Union School District**

Mental health counseling

**ECH**

**Eating Disorders Resource Center**

Support for recovery

**ECHD**

**Jewish Family Services of Silicon Valley**

Mental health support for low-income older adults

**ECH**

**Friends for Youth**

Connecting at-risk youth with supportive mentors

**ECHD**

**Law Foundation of Silicon Valley**

Removing legal barriers to mental health services

**ECHD**

**LifeMoves**

Behavioral health services at homeless shelters

**ECH**

**Los Altos School District**

Mental health counseling

**ECHD**

**Mission Be, Inc.**

Mindfulness training for elementary and high school students

**ECHD**

**Momentum for Mental Health**

Psychiatric services and medication management for the underinsured and uninsured

**ECHD, ECH**

**Mountain View Los Altos Union High School District**

Mental health counseling

**ECHD**

**National Alliance on Mental Illness (NAMI)**

**Santa Clara County**

Peer support for mental health conditions

**ECHD**

**Peninsula HealthCare Connection**

Psychiatric services and medication management for homeless and at-risk community members

**ECH**

**Respite and Research for Alzheimer's Disease**

Addressing senior isolation and providing caregiver respite

**ECH**

**Teen Success, Inc.**

Promoting self-sufficiency and health education for teen mothers

**ECH**

**Uplift Family Services**

Mental health counseling and addiction prevention services for Campbell Union High School District

**ECH**

**YWCA of Silicon Valley**

Support for at-risk women

**ECHD**



## Healthy Community Partners

These grants promote the improvement of overall health in the community with programs that focus on falls prevention, health screenings, domestic violence and social work case management.

### Abode Services

Promoting housing security for families through assistance and case management

**ECH**

### American Heart Association

Hypertension initiative: blood pressure awareness, screening and blood pressure management

**ECHD**

### Chinese Health Initiative

Screenings and education

**ECHD, ECH**

### Family & Children Services (a division of Caminar)

Domestic violence survivor services

**ECHD**

### Farewell to Falls

In-home assessment, education and exercise recommendations

**ECHD**

### Health Library & Resource Center - Los Gatos & Mountain View

Eldercare support, health information, and medical literature searches

**ECHD, ECH**

### Maitri

Culturally focused crisis counseling and legal representation for domestic violence victims

**ECHD**

### Matter of Balance

Falls prevention classes for seniors

**ECHD**

### Mountain View Police Department, Youth Services Unit

Camps for at-risk youth

**ECHD**

### Next Door Solutions

Crisis counseling, shelter services, and support for victims of domestic violence

**ECH**

### Pacific Hearing Connection

Screening and access to free or reduced cost hearing aids for children and adults

**ECH**

### Racing Hearts

Automated External Defibrillator (AED) Program, placing nearly 800 devices throughout Santa Clara County, including all public schools

**ECH**



### Rebuilding Together

Home repair program for seniors at risk for falls

**ECHD**

### RoadRunners

Patient transportation program

**ECHD**

### Silicon Valley Bicycle Coalition

Promoting safe physical activity in affordable housing communities

**ECH**

### South Asian Heart Center

Screenings and education for heart disease and diabetes

**ECHD, ECH**

### Sunnyvale Community Services

Emergency assistance and social work case management

**ECHD**

### Valley Verde

Home gardens and nutrition education for low-income households

**ECH**

### West Valley Community Services

Social work case management, benefits assistance and nutrition workshops for at-risk families and seniors

**ECHD**

### YMCA Silicon Valley

Summer camp for low-income youth

**ECHD**

# Our Partnerships Achieved Meaningful Results

**THROUGH 103 GRANTS IN FY2019**, we addressed the health needs of our most vulnerable community members, gave youth a healthier start in life, and improved mental health. Our partners helped people with complex health and life circumstances get medical and dental services and connect them to public benefits. At schools, nurses and mental health counselors filled the gap in care for at-risk students while other programs helped youth make healthy food choices, exercise and build self-esteem. We are ensuring that more people can get mental health services in schools, community clinics and settings such as homeless shelters. Through culturally appropriate, multilingual services, our partnerships are making the community healthier and more vibrant.

## Clinics & Community Health

**\$5.8 million**  
INVESTED

**26,900**  
PEOPLE SERVED



**121,430**  
Services Provided



**14,470**  
Older Adults Served



**5,860**  
Dental Services Provided



**11,230**  
People Served Through  
Nutrition Education &  
Food Access Programs



**“The Community Benefit grant allows our clinic to extend our mission and services to low-income individuals and families in order for them to access quality medical care, regardless of their ability to pay.”**

**— Kenneth Graham, CEO at MayView Community Health Center**

## Health in Schools

**\$3.3 million**

INVESTED

**110,990**

STUDENTS SERVED



**21,240**

Students Served  
by School Nurses



**255**

Schools benefited from  
grant programs



**28**

School Districts benefited  
from grant programs



**78,090**

Youth Building Healthy  
Behaviors Through Exercise  
& Nutrition Programs

**“This grant makes a huge difference in the lives of our students. Our grant-funded healthcare providers support our students, who otherwise may not receive the care they need. The school nurse not only supports students’ daily health needs but also provides outreach and resources to families who need assistance.”**

—Kari Ito, Principal at Nimitz Elementary School in Sunnyvale, Cupertino Union School District

## Mental Health

**\$2.9 million**

INVESTED

**10,980**

PEOPLE SERVED



**24,900**

Hours of Mental Health  
Services for K-12 Schools



**81%**

Teens Who Reduced  
High Risk Behavior  
Post-program



**30,330**

Adult Mental Health  
Services Provided



**90%**

Homeless People  
Who Report Improved  
Well-being Post-therapy



# Grant Cycle and Timeline

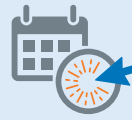
**EL CAMINO HEALTHCARE DISTRICT AND EL CAMINO HOSPITAL PROVIDE ANNUAL GRANTS** to community-based organizations, clinics and schools to address local unmet health needs. This annual report provides an overview of these programs and the critical services they deliver.

This year, we published the 2019 Community Health Needs Assessment (CHNA), which guides the Community Benefit grants program using the following priority area framework: Healthy Body, Healthy Mind and Healthy Community. Every three years, El Camino Hospital conducts a CHNA to determine the most pressing health issues in our region alongside other local healthcare leaders — including six nonprofit hospitals, Santa Clara County Public Health Department, the Hospital Council of Northern and Central California, and Palo Alto Medical Foundation.

The annual grant cycle opens in January each year. For more information about grants and to access the 2019 CHNA visit: [elcaminohealth.org/communitybenefit](http://elcaminohealth.org/communitybenefit), or [elcaminohealthcaredistrict.org/communitybenefit](http://elcaminohealthcaredistrict.org/communitybenefit).

**In the last five years,**  
**El Camino Healthcare District**  
**and El Camino Hospital invested**  
**\$47.4 million**  
**in community grants and**  
**sponsorships.**

## JANUARY



Grant Applications  
Available on District and  
Hospital Websites

## FEBRUARY



Grant Applications Due

## MARCH / APRIL / MAY

Application Review with  
Community Benefit Advisory Council

Development of  
Annual Community Benefit Plan

## JUNE

District and Hospital Boards of Directors  
Review Community Benefit Plans

Applicants Notified of Funding Approvals

## JULY



New Fiscal Year Grant  
Programs Begin



# FY 2019 Sponsorship Recipients

## El Camino Healthcare District

Adolescent Counseling Services  
American Diabetes Association  
American Red Cross  
Avenidas  
BAWSI (Bay Area Women's Sports Initiative)  
CHAC (Community Health Awareness Council)  
City of Mountain View Senior Center  
City of Sunnyvale Senior Center  
Community Services Agency Mountain View  
Downtown Streets Team Addressing Homelessness  
Healthier Kids Foundation  
HomeFirst  
Mentor Tutor Connection  
Momentum for Mental Health  
Pacific Stroke Association  
Pancreatic Cancer Action Network  
Parkinson's Institute and Clinical Center  
Pathways Home Health and Hospice  
Rebuilding Together Silicon Valley  
Sunnyvale Rotary Foundation  
Unity Care  
Valley Medical Center Foundation

## El Camino Hospital

AACI (Asian Americans for Community Involvement)  
Abilities United  
Aging Services Collaborative  
Alum Rock Counseling Center  
Alzheimer's Association  
American Cancer Society Silicon Valley  
American Heart Association  
American Red Cross  
Bay Area Older Adults  
Bonnie J. Addario Lung Cancer Foundation  
Caminar/Family & Children Services  
Cancer Carepoint, Inc.  
Child Advocates of Silicon Valley  
Chinese American Coalition for Compassionate Care  
Chinese Cancer Memorial Foundation  
City of San Jose Senior Winter Walk and Resource Fair  
Community Health Partnership  
Community Seva  
Cristo Rey Network  
Cystic Fibrosis Foundation  
Gardner Family Health Network  
Happy Hollow Senior Event  
Hispanic Foundation of Silicon Valley  
Hope Services  
JW House  
Los Gatos Lions Club Youth Mental Health Event  
March of Dimes  
National Alliance on Mental Illness (NAMI)  
Santa Clara County  
Next Door Solutions  
North Valley Community Foundation  
PACT (People Acting in Community Together)  
Parkinson's Foundation, Inc.  
Planned Parenthood Mar Monte Kids in Common  
Children's Summit  
Project Cornerstone  
Services for Brain Injury  
Silicon Valley Bicycle Coalition  
Silicon Valley Council of Nonprofits  
Silicon Valley Leadership Group Turkey Trot and  
Heart & Soles Run  
Stroke Awareness Foundation  
Uplift Family Services  
Valley Verde  
West Valley Community Services  
YWCA Silicon Valley



**Ensuring people in need have the opportunity to enjoy better health is central to our grant funding. We do this through prevention and management of chronic diseases, access to integrated care, and increasing opportunities for physical activity and social-emotional health.**

# Improving Health Changing Lives

Read our full report online at <https://www.elcaminohealth.org/microsites/communitybenefit2019/>

## El Camino Healthcare District

2500 Grant Road  
Mountain View, CA 94040



## El Camino Health

2500 Grant Road  
Mountain View, CA 94040



**El Camino Healthcare District** was formed pursuant to the California Local Health Care District Law (California Health and Safety Code Sections 32000 et seq.) in the 1950s. The District's purpose is to establish, maintain and operate, or provide assistance in the operation of one or more health facilities (as that term is defined in the California Health and Safety Code Section 1250) or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District, and to do any and all other acts and things necessary to carry out the provisions of the District's Bylaws and the Local Health Care District Law. The District's boundaries encompass Mountain View and Los Altos, large portions of Sunnyvale and Los Altos Hills, and small sections of Cupertino, Santa Clara and Palo Alto. The District is governed by a five-member publicly elected Board and provides oversight of El Camino Hospital, a nonprofit community hospital. The District also administers a Community Benefit Program, which addresses unmet health needs through grants and collaborations with local schools, nonprofits, and social and health service providers.

**El Camino Health** aims to deliver a healthcare experience that is personalized and designed around an individual's needs. El Camino Health includes two nonprofit acute care hospitals in Los Gatos and Mountain View and urgent care, multi-specialty care and primary care locations across Santa Clara County. Hospital key medical specialties include cancer, heart and vascular, lifestyle medicine, men's health, mental health and addictions, pulmonology, mother-baby, orthopedic and spine, stroke, urology and women's health. Affiliated partners include Silicon Valley Medical Development, El Camino Health Foundation and Concern.

Through the Community Benefit Grant Program, El Camino Health partners with organizations working to address the unmet health needs of underserved and at-risk community members in an effort to improve the overall health and well-being of the community. The Community Benefit Grant Program provides grants and sponsorships for programs focusing on preventing disease, improving mental health, and making healthy choices and healthcare more accessible.



EL CAMINO HEALTHCARE DISTRICT



El Camino Health

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div><div>HEALTHY BODY</div></div>	<b>5-2-1-0</b> FY19 Approved: \$25,000 FY19 Spent: \$24,450 FY18 Approved: \$15,000 FY18 Spent:\$10,396  New Metrics: 0 of 3	Students served	3,700	5,300	<div><div></div><div></div></div>	100%	6,300	8,800	<div><div></div><div></div></div>	100%	4,000	4,120	<div><div></div><div></div></div>	100%	6,500	6,178	<div><div></div><div></div></div>	67%	4,000	3,870	<div><div></div><div></div></div>	100%	6,500	5,673	<div><div></div><div></div></div>	67%	
		Students who report being active one or more hours per day after 5210 engagement	N/A	N/A			53%	59%	<div><div></div><div></div></div>		N/A	N/A			56%	58%	<div><div></div><div></div></div>		N/A	N/A			56%	61%	<div><div></div><div></div></div>		
		Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement	N/A	N/A			70%	71%	<div><div></div><div></div></div>		N/A	N/A			75%	66%	<div><div></div><div></div></div>		N/A	N/A			75%	78%	<div><div></div><div></div></div>		
	<b>BAWSI Girls Program</b> FY19 Approved: \$16,500 FY19 Spent: \$16,500 FY18 Approved: \$16,000 FY18 Spent: \$16,000 FY17 Approved: \$16,000 FY17 Spent: \$16,000  New Metrics: 1 of 3	Youth served	60	65	<div><div></div><div></div></div>	100%	120	133	<div><div></div><div></div></div>	100%	60	62	<div><div></div><div></div></div>	100%	120	130	<div><div></div><div></div></div>	100%	62	65	<div><div></div><div></div></div>	100%	124	127	<div><div></div><div></div></div>	100%	
		Average weekly attendance	80%	88%	<div><div></div><div></div></div>		80%	89%	<div><div></div><div></div></div>		80%	90%	<div><div></div><div></div></div>		80%	87%	<div><div></div><div></div></div>		85%	84%	<div><div></div><div></div></div>		85%	84%	<div><div></div><div></div></div>		
		Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program	-	-			-	-			-	-			-	-			75%	92%	<div><div></div><div></div></div>		75%	95%	<div><div></div><div></div></div>		
	<b>BAWSI Rollers Program</b> FY19 Approved: \$10,000 FY19 Spent: \$10,000 FY18 Approved: \$16,300 FY18 Spent: \$16,300  New Metrics: 2 of 3	Youth served	-	-		New Partner in FY18	-	-		New Partner in FY18	25	11	<div><div></div><div></div></div>	33%	25	12	<div><div></div><div></div></div>	67%	12	12	<div><div></div><div></div></div>	100%	12	11	<div><div></div><div></div></div>	100%	
		Average weekly attendance	-	-			-	-											85%	84%	<div><div></div><div></div></div>		85%	87%	<div><div></div><div></div></div>		
		Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program	-	-			-	-											75%	N/A			75%	83%	<div><div></div><div></div></div>		
	<b>Breathe California</b> FY19 Approved: \$50,000 FY19 Spent: \$42,587 FY18 Approved: \$ 50,000 FY18 Spent: \$50,000 FY17 Approved: \$50,000 FY17 Spent: \$49,994  New Metrics: 2 of 3	Parents, children, teachers, and care providers served through air quality assessment and asthma management training	80	87	<div><div></div><div></div></div>	100%	650	767	<div><div></div><div></div></div>	100%	225	296	<div><div></div><div></div></div>	33%	800	805	<div><div></div><div></div></div>	100%	225	103	<div><div></div><div></div></div>	67%	800	3,344	<div><div></div><div></div></div>	100%	Reached individuals in new areas of San Jose, Sunnyvale, Mountain View and Cupertino with successful outreach to additional centers and school districts
		Children with asthma who receive multi-session asthma education who have an increase in knowledge/skills, as measured by pre/post-tests, skills observation, and parent report	-	-			-	-			-	-			-	-			50%	70%	<div><div></div><div></div></div>		70%	70%	<div><div></div><div></div></div>		
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist	-	-			-	-			-	-			-	-			50%	45%	<div><div></div><div></div></div>		50%	73%	<div><div></div><div></div></div>		
	<b>Cambrian School District School Nurse Program</b> FY19 Approved: \$129,500 FY19 Spent: \$129,500 FY18 Awarded: \$116,315 FY18 spent: \$116,315  New Metrics: 0 of 4	Students served	-	-		New Partner in FY18	-	-		New Partner in FY18	805	1,268	<div><div></div><div></div></div>	50%	2,110	1,843	<div><div></div><div></div></div>	50%	1,000	1,360	<div><div></div><div></div></div>	100%	3,400	3,423	<div><div></div><div></div></div>	50%	
		Students who have failed health screenings who saw a healthcare provider	-	-			-	-			20%	0%	<div><div></div><div></div></div>		40%	28%	<div><div></div><div></div></div>		N/A	N/A			29%	16%	<div><div></div><div></div></div>		School district has had staff turn over that resulting in poor outcomes. Connecting with other school nurse programs to ensure use of effective strategies. Close monitoring in FY20.
		School staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED	-	-			-	-			10%	9%	<div><div></div><div></div></div>		30%	29%	<div><div></div><div></div></div>		10%	40%	<div><div></div><div></div></div>		30%	11%	<div><div></div><div></div></div>		
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-			-	-			15%	10%	<div><div></div><div></div></div>		30%	31%	<div><div></div><div></div></div>		10%	31%	<div><div></div><div></div></div>		30%	100%	<div><div></div><div></div></div>		Nurse focused on scheduling sessions in the first half of the year and worked to engage staff, including administrative assistants, health clerks and coaches to ensure strong participation.
	<b>Campbell Union School District School Nurse Program</b> FY19 Approved: \$215,000 FY19 Spent: \$215,000 FY18 Approved: \$ 225,000 FY18 Spent: \$217,507 FY17 Approved: \$215,000 FY17 Spent: \$215,000  New Metrics: 0 of 5	Students served	2,060	2,073	<div><div></div><div></div></div>	100%	3,924	3,942	<div><div></div><div></div></div>	80%	2,060	1,883	<div><div></div><div></div></div>	66%	4,560	3,910	<div><div></div><div></div></div>	80%	2,100	1,994	<div><div></div><div></div></div>	100%	3,950	3,884	<div><div></div><div></div></div>	100%	
		Uninsured students who have applied for healthcare insurance	35%	38%	<div><div></div><div></div></div>		70%	64%	<div><div></div><div></div></div>		35%	61%	<div><div></div><div></div></div>		70%	72%	<div><div></div><div></div></div>		40%	48%	<div><div></div><div></div></div>		70%	87%	<div><div></div><div></div></div>		
		Students with a failed health screening who saw a healthcare provider	20%	45%	<div><div></div><div></div></div>		72%	75%	<div><div></div><div></div></div>		40%	33%	<div><div></div><div></div></div>		72%	70%	<div><div></div><div></div></div>		40%	41%	<div><div></div><div></div></div>		74%	74%	<div><div></div><div></div></div>		
		Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	N/A			80%	68%	<div><div></div><div></div></div>		N/A	N/A			60%	63%	<div><div></div><div></div></div>		N/A	N/A			60%	63%	<div><div></div><div></div></div>		
		Rosemary and Lynhaven students who receive fluoride varnish during onsite screenings	-	-			-	-			N/A	N/A			20%	30%	<div><div></div><div></div></div>		N/A	N/A			25%	39%	<div><div></div><div></div></div>		

**Community Benefit Dashboard Notes**

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

**N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year



Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY BODY</div>	<b>Cancer CAREpoint</b> <small>FY19 Approved: \$21,500 FY19 Spent: \$21,500 FY18 Approved: \$22,000 FY18 Spent: \$22,000 FY17 Approved: \$20,000 FY17 Spent: \$20,000</small>  <small>New Metrics: 0 of 3</small>	Individuals served	50	151	<div><div></div><div></div></div>	100%	130	419	<div><div></div><div></div></div>	100%	150	152	<div><div></div><div></div></div>	100%	400	358	<div><div></div><div></div></div>	100%	150	171	<div><div></div><div></div></div>	100%	400	480	<div><div></div><div></div></div>	67%	Attendance during day-time classes decreased; agency added evening classes and developed a new program component aimed at expanding access through online, live-streamed and off-site offerings at various, often visited locations
		Nutrition class services provided	440	465	<div><div></div><div></div></div>		900	1,380	<div><div></div><div></div></div>		648	644	<div><div></div><div></div></div>		1,296	1,299	<div><div></div><div></div></div>		490	514	<div><div></div><div></div></div>		1,260	1,025	<div><div></div><div></div></div>		
		Participants who report at least a moderate increase in understanding how nutrition may affect cancer treatments and medications	50%	94%	<div><div></div><div></div></div>		50%	91%	<div><div></div><div></div></div>		90%	93%	<div><div></div><div></div></div>		90%	95%	<div><div></div><div></div></div>		90%	96%	<div><div></div><div></div></div>		90%	93%	<div><div></div><div></div></div>		
	<b>Challenge Diabetes Program</b> <small>FY19 Approved: \$196,468 FY19 Spent: \$129,367 FY18 Approved: \$ 192,290 FY18 Spent: \$157,516 FY17 Approved: \$200,922 FY17 Spent: \$200,922</small>  <small>New Metrics: 1 of 6</small>	Clients served in the program	375	542	<div><div></div><div></div></div>	100%	375	542	<div><div></div><div></div></div>	100%	420	520	<div><div></div><div></div></div>	100%	420	520	<div><div></div><div></div></div>	100%	450	396	<div><div></div><div></div></div>	50%	450	427	<div><div></div><div></div></div>	83%	Completion among first year school-based pilot component was lower than anticipated.
		Total services provided, including monthly food bags and workshops	-	-			-	-			-	-			-	-			2,000	1,969	<div><div></div><div></div></div>		4,000	3,861	<div><div></div><div></div></div>		
		Clients post-screened for HbA1c	N/A	N/A			250	405	<div><div></div><div></div></div>		N/A	N/A			360	411	<div><div></div><div></div></div>		N/A	N/A			360	315	<div><div></div><div></div></div>		
		Participants who experience at least a 0.10 percentage point decrease in HbA1c	-	-			-	-			N/A	N/A			25%	50%	<div><div></div><div></div></div>		N/A	N/A			25%	27%	<div><div></div><div></div></div>		
		Participants scoring at least a 70% on knowledge of diabetes risks and prevention	-	-			-	-			N/A	N/A			68%	69%	<div><div></div><div></div></div>		N/A	N/A			68%	67%	<div><div></div><div></div></div>		
		Participants who report at least 15 – 30 minutes of physical activity at least 4 – 5 times a week	-	-			-	-			N/A	N/A			75%	73%	<div><div></div><div></div></div>		N/A	N/A			75%	71%	<div><div></div><div></div></div>		
	<b>Community Health Partnership</b> <small>FY19 Approved: \$50,000 FY19 Spent: \$50,000</small>  <small>New Metrics: N/A</small>	Clinic staff who attend learning collaborative training sessions on patient attribution and patient engagement	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	20	22	<div><div></div><div></div></div>	100%	60	86	<div><div></div><div></div></div>	100%	
		Safety net clinics where workflow is implemented to improve processing of member attribution lists, data and patient engagement	-	-			-	-			-	-			-	-			6	6	<div><div></div><div></div></div>		12	28	<div><div></div><div></div></div>		
		Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline	-	-			-	-			-	-			-	-			1% <small>(represents 844 patients)</small>	6% <small>(represents ~5,000 patients)</small>	<div><div></div><div></div></div>		3%	7%	<div><div></div><div></div></div>		
	<b>Cristo Rey Network</b> <small>FY19 Approved: \$10,000 FY19 Spent: \$10,000 FY18 Approved: \$10,000 FY18 Spent: \$10,000 FY17 Approved: \$27,402 FY17 Spent: \$26,102</small>  <small>New Metrics: 0 of 3</small>	Students served	82	82	<div><div></div><div></div></div>	100%	82	82	<div><div></div><div></div></div>	100%	19	18	<div><div></div><div></div></div>	66%	25	24	<div><div></div><div></div></div>	66%	29	29	<div><div></div><div></div></div>	100%	29	29	<div><div></div><div></div></div>	67%	Students maintained a baseline BMI but did not achieve anticipated improvement.
		Physical activity student sessions provided	656	809	<div><div></div><div></div></div>		1,610	1,635	<div><div></div><div></div></div>		1512	1,296	<div><div></div><div></div></div>		3,146	2,565	<div><div></div><div></div></div>		40	38	<div><div></div><div></div></div>		80	77	<div><div></div><div></div></div>		
		Students who show improved Body Mass Index per scoring in the healthy range of 14-23	50%	53%	<div><div></div><div></div></div>		70%	73%	<div><div></div><div></div></div>		26%	56%	<div><div></div><div></div></div>		35%	68%	<div><div></div><div></div></div>		30%	38%	<div><div></div><div></div></div>		50%	34%	<div><div></div><div></div></div>		
	<b>Cupertino Union School District</b> <small>School Nurse Program FY19 Approved: \$76,000 FY19 Spent: \$76,000 FY18 Approved: \$ 72,481 FY18 Spent: \$ 72,481 FY17 Approved: \$68,997 FY17 Spent: \$68,997</small>  <small>New metrics: 0 of 4</small>	Students served	554	538	<div><div></div><div></div></div>	100%	1,482	1,411	<div><div></div><div></div></div>	100%	550	597	<div><div></div><div></div></div>	100%	1,211	1,195	<div><div></div><div></div></div>	100%	560	548	<div><div></div><div></div></div>	100%	1,225	1,103	<div><div></div><div></div></div>	100%	
		Students who failed a mandated health screening who saw a healthcare provider	40%	71%	<div><div></div><div></div></div>		75%	84%	<div><div></div><div></div></div>		60%	67%	<div><div></div><div></div></div>		82%	91%	<div><div></div><div></div></div>		62%	57%	<div><div></div><div></div></div>		85%	81%	<div><div></div><div></div></div>		
		Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			75%	86%	<div><div></div><div></div></div>		N/A	N/A			80%	87%	<div><div></div><div></div></div>		N/A	N/A			82%	86%	<div><div></div><div></div></div>		
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	50%	87%	<div><div></div><div></div></div>		75%	87%	<div><div></div><div></div></div>		75%	96%	<div><div></div><div></div></div>		80%	99%	<div><div></div><div></div></div>		80%	97%	<div><div></div><div></div></div>		85%	97%	<div><div></div><div></div></div>		
	<b>Gardner Family Health Network</b> <small>FY19 Approved: \$220,000 FY19 Spent: \$220,000 FY18 Approved: \$ 185,000 FY18 Spent: \$185,000 FY17 Approved: \$180,000 FY17 Spent: \$180,000</small>  <small>New Metrics: 0 of 4</small>	Patients served	250	664	<div><div></div><div></div></div>	100%	600	1,341	<div><div></div><div></div></div>	100%	500	956	<div><div></div><div></div></div>	100%	1,000	1,363	<div><div></div><div></div></div>	100%	800	773	<div><div></div><div></div></div>	75%	1,500	1,466	<div><div></div><div></div></div>	75%	Although 65% target was not met, within the patients who did lower their HbA1c, 29% successfully reduced their level by at least 0.2% or more
		Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	750	995	<div><div></div><div></div></div>		1,800	2,762	<div><div></div><div></div></div>		700	1,030	<div><div></div><div></div></div>		2,100	2,747	<div><div></div><div></div></div>		1,280	1,163	<div><div></div><div></div></div>		2,560	3,568	<div><div></div><div></div></div>		
		Patients demonstrating a reduction in body weight	15%	55%	<div><div></div><div></div></div>		30%	60%	<div><div></div><div></div></div>		50%	49%	<div><div></div><div></div></div>		50%	46%	<div><div></div><div></div></div>		49%	44%	<div><div></div><div></div></div>		49%	48%	<div><div></div><div></div></div>		
		Patients demonstrating a reduction in HbA1c levels	15%	51%	<div><div></div><div></div></div>		30%	47%	<div><div></div><div></div></div>		45%	71%	<div><div></div><div></div></div>		45%	63%	<div><div></div><div></div></div>		65%	50%	<div><div></div><div></div></div>		65%	44%	<div><div></div><div></div></div>		

**Community Benefit Dashboard Notes**

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

**N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY BODY</div>	<b>GoNoodle</b> FY19 Approved: \$113,000 FY19 Spent: \$113,000 FY18 Approved: \$ 110,000 FY18 Spent: \$110,000 FY17 Approved: \$110,000 FY17 Spent:\$110,000  New Metrics: 1 of 5	Schools served	183	183	<div><div></div><div></div></div>	100%	183	183	<div><div></div><div></div></div>	100%	183	236	<div><div></div><div></div></div>	50%	183	231	<div><div></div><div></div></div>	100%	220	184	<div><div></div><div></div></div>	33%	220	184	<div><div></div><div></div></div>	80%	
		Active GoNoodle users as a percentage of school staff	-	-			-	-			-	-			-	-			45%	64%	<div><div></div><div></div></div>		55%	56%	<div><div></div><div></div></div>		
		GoNoodle physical activity breaks played	100,000	161,211	<div><div></div><div></div></div>		200,000	299,311	<div><div></div><div></div></div>		150,000	130,973	<div><div></div><div></div></div>		275,000	260,117	<div><div></div><div></div></div>		150,000	134,146	<div><div></div><div></div></div>		245,000	251,691	<div><div></div><div></div></div>		
		Teachers who believe GoNoodle benefits their students’ focus and attention in the classroom	N/A	N/A			90%	96%	<div><div></div><div></div></div>		N/A	N/A			90%	92%	<div><div></div><div></div></div>		N/A	N/A			90%	93%	<div><div></div><div></div></div>		
		Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	N/A			90%	90%	<div><div></div><div></div></div>		N/A	N/A			90%	86%	<div><div></div><div></div></div>		N/A	N/A			60%	80%	<div><div></div><div></div></div>		
	<b>Healthier Kids Foundation</b> <i>DentalFirs t &amp; HearingFirst</i> FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY18 Approved \$20,000 FY18 Spent \$20,000 Hearing Program (new) = 2 new metrics Dental Program (continuing) = 1 new metric	Children screened through DentalFirst	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-	<div><div></div><div></div></div>	100%	450	495	<div><div></div><div></div></div>	100%	175	187	<div><div></div><div></div></div>	100%	700	753	<div><div></div><div></div></div>	100%	
		Children screened through HearingFirst	-	-			-	-			-	-			-	-			175	190	<div><div></div><div></div></div>		350	385	<div><div></div><div></div></div>		
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	-	-			-	-			-	-			-	-			35%	37%	<div><div></div><div></div></div>		35%	33%	<div><div></div><div></div></div>		
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	-	-			-	-			-	-			-	-			75%	73%	<div><div></div><div></div></div>		75%	70%	<div><div></div><div></div></div>		
	<b>Indian Health Center</b> FY19 Approved: \$74,000 FY19 Spent: \$74,000 FY18 Approved: \$70,000 FY18 Spent \$60,838  New Metrics: 0 of 3	Individuals served	-	-		New Partner in FY18	-	-		New Partner in FY18	60	122	<div><div></div><div></div></div>	100%	160	291	<div><div></div><div></div></div>	100%	100	145	<div><div></div><div></div></div>	100%	185	235	<div><div></div><div></div></div>	100%	
		Services provided	-	-			-	-			676	652	<div><div></div><div></div></div>		1,510	1,360	<div><div></div><div></div></div>		250	243	<div><div></div><div></div></div>		500	659	<div><div></div><div></div></div>		
		Participants who decrease their BMI percentile	-	-			-	-			10%	32%	<div><div></div><div></div></div>		20%	48%	<div><div></div><div></div></div>		15%	39%	<div><div></div><div></div></div>		30%	34%	<div><div></div><div></div></div>		
	<b>Medical Respite</b> FY19 Approved: \$13,500 FY19 Spent: \$13,500 FY18 Approved: \$13,500 FY18 Spent: \$13,500 FY17 Approved: \$13,500 FY17 Spent: \$13,500  New Metrics: 0 of 3	Patients served through full program	70	111	<div><div></div><div></div></div>	100%	145	221	<div><div></div><div></div></div>	100%	100	134	<div><div></div><div></div></div>	100%	200	248	<div><div></div><div></div></div>	100%	110	105	<div><div></div><div></div></div>	100%	220	191	<div><div></div><div></div></div>	67%	Shelter where program operates was undergoing construction and closures reducing days available for patients.
		Program patients linked to Primary Care home	92%	91%	<div><div></div><div></div></div>		92%	90%	<div><div></div><div></div></div>		92%	90%	<div><div></div><div></div></div>		92%	95%	<div><div></div><div></div></div>		92%	91%	<div><div></div><div></div></div>		92%	91%	<div><div></div><div></div></div>		
		Hospital days avoided for total program	275	444	<div><div></div><div></div></div>		550	884	<div><div></div><div></div></div>		400	536	<div><div></div><div></div></div>		800	992	<div><div></div><div></div></div>		420	420	<div><div></div><div></div></div>		840	764	<div><div></div><div></div></div>		
	<b>Mt. Pleasant School District</b> <i>School Nurse Program</i> FY19 Approved: \$124,000 FY19 Spent: \$81,841 FY19 Spent: \$ New Metrics: N/A	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	800	1,158	<div><div></div><div></div></div>	100%	2,100	2,204	<div><div></div><div></div></div>	100%	
		School staff receiving CPR/AED, Epi-Pen and seizure training who reported increased knowledge/confidence in their ability to respond as measured by a four point rubric	-	-			-	-			-	-			-	-			80%	88%	<div><div></div><div></div></div>		80%	86%	<div><div></div><div></div></div>		
		Students who saw a provider after a failed health screening	-	-			-	-			-	-			-	-			N/A	N/A			45%	72%	<div><div></div><div></div></div>		This is the first year school district has had a nurse so targetting was challenging; nurse focused efforts on getting children seen by a provider after failed health screening
		Uninsured students whose families have applied for healthcare coverage	-	-			-	-			-	-			-	-			N/A	N/A			20%	18%	<div><div></div><div></div></div>		
	<b>Playworks</b> FY19 Approved: \$102,000 FY19 Spent: \$102,000 FY18 Approved: \$112,000 FY18 Spent: \$112,000 FY17 Approved: \$110,000 FY17 Spent: \$110,000  New Metrics: 2 of 5	Students served	2,710	2,690	<div><div></div><div></div></div>	100%	2,710	2,690	<div><div></div><div></div></div>	100%	2,326	2,696	<div><div></div><div></div></div>	100%	2,326	2,365	<div><div></div><div></div></div>	100%	2,328	2,332	<div><div></div><div></div></div>	100%	2,328	2,300	<div><div></div><div></div></div>	100%	
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	-	-			-	-			-	-			-	-			N/A	N/A			95%	100%	<div><div></div><div></div></div>		
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps to reduce bullying during recess	-	-			-	-			-	-			-	-			N/A	N/A			85%	85%	<div><div></div><div></div></div>		
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	-	-			-	-			N/A	N/A			75%	95%	<div><div></div><div></div></div>		N/A	N/A			80%	100%	<div><div></div><div></div></div>		
		Teachers/administrators reporting that Playworks positively impacts school climate	-	-			-	-			N/A	N/A			90%	99%	<div><div></div><div></div></div>		N/A	N/A			90%	100%	<div><div></div><div></div></div>		
	<b>Prediabetes Initiative (Hill and Company)</b> FY19 Approved: \$140,000 FY19 Spent: \$140,000 FY18 Approved: \$150,000 FY18 Spent: \$150,000 FY17 Approved: \$204,596 FY17 Spent: \$204,596  New Metrics: 0 of 5	Community members reached through Promotores outreach program	1,500	3,468	<div><div></div><div></div></div>	67%	3,000	5,754	<div><div></div><div></div></div>	100%	1,000	1,414	<div><div></div><div></div></div>	100%	2,500	3,189	<div><div></div><div></div></div>	100%	1,350	1,415	<div><div></div><div></div></div>	100%	3,000	3,060	<div><div></div><div></div></div>	100%	
		Pre-diabetes presentations and informational tabling conducted in English and Spanish	50	119	<div><div></div><div></div></div>		185	211	<div><div></div><div></div></div>		75	106	<div><div></div><div></div></div>		136	205	<div><div></div><div></div></div>		75	96	<div><div></div><div></div></div>		165	218	<div><div></div><div></div></div>		
		CDC Risk-Assessments Administered	900	2,993	<div><div></div><div></div></div>		3,000	4,535	<div><div></div><div></div></div>		800	1,134	<div><div></div><div></div></div>		2,000	2,548	<div><div></div><div></div></div>		1,080	1,149	<div><div></div><div></div></div>		2,400	2,554	<div><div></div><div></div></div>		
		Text messages delivered	-	-			-	-			1,000	4,858	<div><div></div><div></div></div>		3,500	5,974	<div><div></div><div></div></div>		15,700	15,987	<div><div></div><div></div></div>		44,856	44,909	<div><div></div><div></div></div>		
		Impressions through culturally relevant radio ads	195,600	92,000	<div><div></div><div></div></div>		391,200	460,000	<div><div></div><div></div></div>		359,000	338,200	<div><div></div><div></div></div>		872,000	995,866	<div><div></div><div></div></div>		426,000	450,003	<div><div></div><div></div></div>		1,278,000	1,303,146	<div><div></div><div></div></div>		

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual		FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual		FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY BODY</div>	<b>Santa Clara County Public Health Department Better Health Pharmacy</b> FY19 Approved: \$50,000 FY19 Spent: \$50,000  New Metrics: N/A	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	1,250	1,919		100%	2,500	3,040		100%	This first year grant expanded access to essential chronic medications for low-income patients. Target setting is a challenge in initial grant year. Program provides generic medicatons that are donated or purchased.
		Prescriptions Filled	-	-			-	-			-	-			-	-			10,000	12,780			20,000	25,456			
		Patients who report that the services they received help or were helped a great deal	-	-			-	-			-	-			-	-			95%	99%			95%	99%			
		Patients who report that the services were provided in their preferred language	-	-			-	-			-	-			-	-			95%	97%			95%	97%			
		Patients who report overall satisfaction as good or excellent	-	-			-	-			-	-			-	-			95%	99%			95%	99%			
	<b>Silicon Valley Bicycle Coalition</b> FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY18 Approved: \$30,000 FY18 Spent: \$30,000  New Metrics: 1 of 4	Individuals served	-	-		New Partner in FY18	-	-		New Partner in FY18	100	30		0%	300	342		33%	60	58		75%	260	227		25%	Volume metrics narrowly missed
		Safety workshops and community bike rides provided	-	-			-	-			165	39			500	342			125	114			435	386			
		Bike Ambassadors trained in affordable housing communities to provide bicycling information or lead additional bike rides outside of and after program ends	-	-			-	-			-	-			-	-			4	4			12	16			
		Increase in participants who report riding 6-10 times per year	-	-			-	-			5%	N/A			20%	11%			5%	3%			20%	15%			Although target not met, however actual performance increased this year.
	<b>Rehabilitation, Awareness, and Community Education for Stroke (RACES)</b> FY19 Approved: \$40,000 FY19 Spent: \$40,000  New Metrics: N/A	Individuals served through Community Education and Outreach Beneficiaries through community events (not including clinical patients)	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	186	160		67%	410	380		100%	
		Clinical patients served through rehabilitation intervention services	-	-			-	-			-	-			-	-			14	14			28	28			
		Rehabilitation component intervention services (hours)	-	-			-	-			-	-			-	-			520	625			1,260	1,737			
		Participants who show a 10-point improvement in scores on the Western Aphasia Battery-Part 1 (quantifies severity of post-stroke communication impairment)	-	-			-	-			-	-			-	-			25%	N/A			75%	71%			
		Participants who show a 5-point improvement in scores on the Quality of Communication Life Scale/QCLS (quantifies quality of communication as assessed by stroke/BI survivors)	-	-			-	-			-	-			-	-			25%	N/A			75%	75%			
	<b>Valley Verde</b> FY19 Approved: \$45,000 FY19 Spent: \$45,000 FY18 Approved: \$35,000 FY18 Spent: \$35,000  New Metrics: 0 of 4	Individuals/households served	-	-		New Partner in FY18	-	-		New Partner in FY18	81/18	82/17		100%	216/48	73/37		75%	92	90		100%	300	307		75%	
		Services provided	-	-			-	-			48	46			132	411			152	150			491	612			
		Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys	-	-			-	-			80%	84%			80%	84%			80%	N/A			80%	22%			Language barriers, survey methodology challenging with USDA definitions and baseline reported; resulted in lower performance with this year's cohort; program is assessing survey question to better capture outcomes.
		Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group	-	-			-	-			80%	84%			80%	80%			80%	90%			80%	88%			
	<b>Vista Center for the Blind and Visually Impaired</b> FY19 Approved: \$40,000 FY19 Spent: \$40,000  New Metrics: N/A	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	23	31		100%	57	66		100%	
		Services provided (Information & Referral, Intake, Counseling, Support Group, Adapted Daily Living Skills, Orientation & Mobility, Assistive Technology, Low Vision Evaluation)	-	-			-	-			-	-			-	-			200	203			450	494			
		Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss	-	-			-	-			-	-			-	-			90%	100%			90%	98%			
		Clients who report being somewhat confident to confident in their ability to safely move within their residence	-	-			-	-			-	-			-	-			80%	100%			80%	85%			
		Clients who indicate that they are able to read printed material after program participation	-	-			-	-			-	-			-	-			70%	71%			70%	75%			

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6- month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6- month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6- month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY MIND</div>	<b>Almaden Valley Counseling Services</b> <small>FY19 Approved: \$60,000 FY19 Spent: \$60,000 FY18 Approved: \$46,000 FY18 Spent: \$46,000 FY17 Approved: \$43,457 FY17 Spent: \$43,457  New Metrics: 2 of 4</small>	Students served	100	126	<div><div></div><div></div></div>	100%	290	187	<div><div></div><div></div></div>	75%	100	62	<div><div></div><div></div></div>	50%	270	245	<div><div></div><div></div></div>	100%	30	169	<div><div></div><div></div></div>	100%	280	438	<div><div></div><div></div></div>	100%	Addition of individual therapy sessions this year to address the growing need for mental health services increased volume of services provided beyond anticipated target
		Counseling sessions provided	600	756	<div><div></div><div></div></div>		2,030	2,711	<div><div></div><div></div></div>		600	550	<div><div></div><div></div></div>		2,100	2,063	<div><div></div><div></div></div>		400	374	<div><div></div><div></div></div>		1,700	3,330	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			-	-			-	-			N/A	N/A			50%	100%	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under)	-	-			-	-			-	-			-	-			N/A	N/A			50%	100%	<div><div></div><div></div></div>		
	<b>Alum Rock Counseling Center</b> <small>FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY18 Approved: \$20,000 FY18 Spent: \$20,000  New Metrics: 0 of 3</small>	Youth served	-	-		New Partner in FY18	-	-		New Partner in FY18	10	10	<div><div></div><div></div></div>	100%	10	10	<div><div></div><div></div></div>	100%	10	13	<div><div></div><div></div></div>	100%	13	13	<div><div></div><div></div></div>	100%	
		Services provided	-	-			-	-			203	280	<div><div></div><div></div></div>		628	664	<div><div></div><div></div></div>		250	384	<div><div></div><div></div></div>		737	1,273	<div><div></div><div></div></div>		
		Students who will report not drinking alcohol, smoking cigarettes, or using drugs in the previous 30 days	-	-			-	-			75%	100%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>		75%	92%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>		
	<b>Alzheimer's Association</b> <small>Latino Family Connections FY19 Approved: \$70,000 FY19 Spent: \$70,000  New Metrics: N/A</small>	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	238	316	<div><div></div><div></div></div>	67%	475	568	<div><div></div><div></div></div>	100%	
		Services provided	-	-			-	-			-	-			-	-			476	316	<div><div></div><div></div></div>		726	854	<div><div></div><div></div></div>		
		Volunteers who indicate they agree or strongly agree that they were satisfied with the training or the presenter																	N/A	N/A			95%	99%	<div><div></div><div></div></div>		
		Participants in Educational Sessions and Forums/Conference who indicated they agree or strongly agree that they learned material to help them better care for their loved one with ADRD	-	-			-	-			-	-			-	-			98%	100%	<div><div></div><div></div></div>		98%	100%	<div><div></div><div></div></div>		
		Participants in care consultations, support groups or informational and referrals who agree or strongly agree that they know about how family, friends and others can assist them with care and support or who indicated they know how to find resources to help them	-	-			-	-			-	-			-	-			N/A	N/A			95%	100%	<div><div></div><div></div></div>		
	<b>Bill Wilson Center</b> <small>FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY18 Approved: \$25,000 FY18 Spent: \$25,000  New Metrics: 0 of 3</small>	Youth served	-	-		New Partner in FY18	-	-		New Partner in FY18	6	6	<div><div></div><div></div></div>	100%	12	12	<div><div></div><div></div></div>	100%	6	6	<div><div></div><div></div></div>	67%	12	12	<div><div></div><div></div></div>	100%	
		Services provided	-	-			-	-			70	81	<div><div></div><div></div></div>		140	153	<div><div></div><div></div></div>		70	61	<div><div></div><div></div></div>		140	151	<div><div></div><div></div></div>		
		Clients who report demonstrating improvement in their coping skills	-	-			-	-			75%	100%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>		80%	100%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>		
	<b>Cambrian School District Mental Health Counseling Program</b> <small>FY19 Approved: \$104,000 FY19 Spent: \$104,000 FY18 Approved: \$103,685 FY18 Spent: \$103,685  New Metrics: 0 of 4</small>	Students served	-	-		New Partner in FY18	-	-		New Partner in FY18	40	55	<div><div></div><div></div></div>	50%	110	95	<div><div></div><div></div></div>	50%	40	48	<div><div></div><div></div></div>	100%	110	148	<div><div></div><div></div></div>	75%	
		Services provided	-	-			-	-			128	95	<div><div></div><div></div></div>		323	254	<div><div></div><div></div></div>		105	308	<div><div></div><div></div></div>		283	305	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			-	-			N/A	N/A			50%	65%	<div><div></div><div></div></div>		N/A	N/A			50%	60%	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			N/A	N/A			50%	50%	<div><div></div><div></div></div>		N/A	N/A			50%	64%	<div><div></div><div></div></div>		
	<b>Child Advocates of Silicon Valley</b> <small>FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY18 Approved: \$25,000 FY18 Spent: \$25,000  New Metrics: 0 of 3</small>	Foster children served	-	-		New Partner in FY18	-	-		New Partner in FY18	107	157	<div><div></div><div></div></div>	100%	137	253	<div><div></div><div></div></div>	100%	-	-		100%	-	-		67%	
		Foster children served																	35	70	<div><div></div><div></div></div>		70	75	<div><div></div><div></div></div>		
		New volunteer Court Appointed Special Advocates (CASAs)	-	-			-	-			35	54	<div><div></div><div></div></div>		76	95	<div><div></div><div></div></div>		35	70	<div><div></div><div></div></div>		70	60	<div><div></div><div></div></div>		
		CASA high school seniors who earn their diploma or equivalent	-	-			-	-			N/A	N/A			80%	75%	<div><div></div><div></div></div>		N/A	N/A			80%	98%	<div><div></div><div></div></div>		

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<div>HEALTHY MIND</div>	<b>Counseling and Support Services for Youth (CASSY)</b> <small>FY19 Approved: \$100,000 FY19 Spent: \$100,000  New Metrics: N/A</small>	Students served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	100	102	<div><div></div><div></div></div>	100%	500	556	<div><div></div><div></div></div>	100%	
		Total services hours provided	-	-			-	-			-	-			-	-			200	209	<div><div></div><div></div></div>		680	798	<div><div></div><div></div></div>		
		Students who work directly with CASSY therapists will meet one or more treatment goals by the end of the 12 sessions	-	-			-	-			-	-			-	-			N/A	N/A			85%	99%	<div><div></div><div></div></div>		
		Students who work directly with CASSY therapists will show a reduction in disciplinary referrals																	N/A	N/A			50%	63%	<div><div></div><div></div></div>		
		Students who work directly with CASSY therapists will show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of 5 points according to the CGAS or stabilization at a 71 or above																	N/A	N/A			85%	99%	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			-	-			-	-			N/A	N/A			50%	N/A			
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			-	-			-	-			-	-			N/A	N/A			50%	N/A			
	<b>Cupertino Union School District</b> <i>Mental Health Counseling Program</i> <small>FY19 Approved: \$165,000 FY19 Spent: \$165,000 FY18 Approved: \$123,000 FY18 Spent: \$118,492 FY17 Approved: \$105,000 FY17 Spent: \$105,000  New Metrics: 0 of 5</small>	Students served	80	73	<div><div></div><div></div></div>	100%	170	143	<div><div></div><div></div></div>	50%	92	88	<div><div></div><div></div></div>	100%	186	169	<div><div></div><div></div></div>	80%	195	258	<div><div></div><div></div></div>	100%	395	403	<div><div></div><div></div></div>	100%	
		Service hours provided	-	-			-	-			751	1,371	<div><div></div><div></div></div>		2,000	3,485	<div><div></div><div></div></div>		1,470	2,001	<div><div></div><div></div></div>		4,251	4,486	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			N/A	N/A			N/A	N/A			50%	60%	<div><div></div><div></div></div>		N/A	N/A			50%	56%	<div><div></div><div></div></div>		
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			N/A	N/A			N/A	N/A			50%	61%	<div><div></div><div></div></div>		N/A	N/A			50%	59%	<div><div></div><div></div></div>		
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	60%	63%	<div><div></div><div></div></div>		90%	73%	<div><div></div><div></div></div>		60%	66%	<div><div></div><div></div></div>		90%	75%	<div><div></div><div></div></div>		60%	61%	<div><div></div><div></div></div>		80%	82%	<div><div></div><div></div></div>		
	<b>Jewish Family Services of Silicon Valley</b> <i>Wellness for Seniors Program</i> <small>FY19 Approved: \$75,000 FY19 Spent: \$75,000 FY19 Spent: \$75,000 New Metrics: N/A</small>	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	60	95	<div><div></div><div></div></div>	100%	100	104	<div><div></div><div></div></div>	80%	Agency shifted one type of service resulting in more repeat visits from clients
		Encounters	-	-			-	-			-	-			-	-			195	311	<div><div></div><div></div></div>		359	560	<div><div></div><div></div></div>		
		Clients who report at least 6-point increase in mental well-being on the Warwick-Edinburgh Mental Well-Being Scale	-	-			-	-			-	-			-	-			35%	34%	<div><div></div><div></div></div>		60%	53%	<div><div></div><div></div></div>		
		Clients who report utilization of at least two behavioral health services	-	-			-	-			-	-			-	-			70%	73%	<div><div></div><div></div></div>		95%	100%	<div><div></div><div></div></div>		
		Clients who report decreased feelings of isolation due to the addition of one to three hours of planned social engagement per week	-	-			-	-			-	-			-	-			35%	36%	<div><div></div><div></div></div>		60%	63%	<div><div></div><div></div></div>		
	<b>LifeMoves BehavioralMoves</b> <small>FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: N/A</small>	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	25	29	<div><div></div><div></div></div>	100%	80	122	<div><div></div><div></div></div>	100%	
		Services (hours of individual, group and milieu therapy)	-	-			-	-			-	-			-	-			80	90	<div><div></div><div></div></div>		240	248	<div><div></div><div></div></div>		
		Clients who attend at least three individual therapy sessions who report improved functioning and well-being	-	-			-	-			-	-			-	-			85%	90%	<div><div></div><div></div></div>		85%	90%	<div><div></div><div></div></div>		
		Clients who participate in at least three individual or group therapy report improved understanding of behavioral health issues associated with homelessness for themselves and their children, if any	-	-			-	-			-	-			-	-			75%	80%	<div><div></div><div></div></div>		75%	85%	<div><div></div><div></div></div>		
	<b>Momentum for Mental Health</b> <small>FY19 Approved: \$50,860 FY19 Spent: \$50,860 FY18 Approved: \$26,000 FY18 Spent: \$26,000 FY17 Approved: \$26,000 FY17 Spent: \$26,000  New Metrics: 0 of 3</small>	Patients served	16	17	<div><div></div><div></div></div>	100%	22	22	<div><div></div><div></div></div>	100%	16	22	<div><div></div><div></div></div>	100%	22	22	<div><div></div><div></div></div>	100%	13	22	<div><div></div><div></div></div>	100%	25	25	<div><div></div><div></div></div>	100%	
		Services provided	90	191	<div><div></div><div></div></div>		180	331	<div><div></div><div></div></div>		90	349	<div><div></div><div></div></div>		180	443	<div><div></div><div></div></div>		165	168	<div><div></div><div></div></div>		330	383	<div><div></div><div></div></div>		
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	95%	100%	<div><div></div><div></div></div>		95%	100%	<div><div></div><div></div></div>		97%	100%	<div><div></div><div></div></div>		97%	100%	<div><div></div><div></div></div>		97%	100%	<div><div></div><div></div></div>		97%	100%	<div><div></div><div></div></div>		

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY MIND</div>	<b>Peninsula HealthCare Connection</b> <small>FY19 Approved: \$90,000 FY19 Spent: \$90,000 FY18 Approved: \$90,000 FY18 Spent: \$90,000 FY17 Approved: \$90,000 FY17 Spent: \$90,000 New Metrics: 2 of 5</small>	Patients served	85	103	<div><div></div><div></div></div>	100%	170	325	<div><div></div><div></div></div>	100%	100	95	<div><div></div><div></div></div>	100%	200	179	<div><div></div><div></div></div>	100%	100	98	<div><div></div><div></div></div>	80%	200	302	<div><div></div><div></div></div>	80%	
		Visits including psychiatry, therapy, and case management	275	281	<div><div></div><div></div></div>		550	532	<div><div></div><div></div></div>		322	293	<div><div></div><div></div></div>		645	606	<div><div></div><div></div></div>		322	268	<div><div></div><div></div></div>		645	402	<div><div></div><div></div></div>		Visits provided are susceptible to availability of volunteer psychiatrist, resulting in fewer repeat visits this year
		Street outreach encounters to homeless individuals	-	-			-	-			-	-			-	-			75	245	<div><div></div><div></div></div>		150	512	<div><div></div><div></div></div>		New program component with significantly more street outreach encounters than anticipated for growing homeless population
		Psychiatry patients that attend scheduled follow up appointments	-	-			-	-			-	-			-	-			50%	50%	<div><div></div><div></div></div>		70%	100%	<div><div></div><div></div></div>		
		Psychiatric patients not hospitalized in a 12-month period	85%	97%	<div><div></div><div></div></div>		85%	91%	<div><div></div><div></div></div>		85%	87%	<div><div></div><div></div></div>		85%	90%	<div><div></div><div></div></div>		85%	85%	<div><div></div><div></div></div>		85%	100%	<div><div></div><div></div></div>		
	<b>Respite and Research for Alzheimer's Disease</b> <small>FY19 Approved: \$50,000 FY19 Spent: \$50,000 New Metrics: N/A</small>	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	30	35	<div><div></div><div></div></div>	100%	44	44	<div><div></div><div></div></div>	100%	
		Nutritional, social activity and personal care services provided	-	-			-	-			-	-			-	-			10,500	15,341	<div><div></div><div></div></div>		25,500	32,767	<div><div></div><div></div></div>		
		Clients served who will experience a decrease in isolation of at least 1 point on a 5-item Likert scale (based on annual survey).	-	-			-	-			-	-			-	-			N/A	N/A			91%	98%	<div><div></div><div></div></div>		
		Clients who maintain and/or stabilize at least one activity of daily living (ADL) with a functioning score of 0-1 as measured by the dependency profile.	-	-			-	-			-	-			-	-			64%	70%	<div><div></div><div></div></div>		91%	92%	<div><div></div><div></div></div>		
		Clients who experience improved socialization as measured by attending at least 4 activities daily with a functioning score of 0-2 as measured by the dependency profile.	-	-			-	-			-	-			-	-			64%	70%	<div><div></div><div></div></div>		91%	92%	<div><div></div><div></div></div>		
	<b>Teen Success, Inc.</b> <small>FY19 Approved: \$20,000 FY19 Spent: \$20,000 FY18 Approved: \$20,000 FY18 Spent: \$20,000 New Metrics: 0 of 3</small>	Individuals served	-	-		New Partner in FY18	-	-		New Partner in FY18	10	10	<div><div></div><div></div></div>	100%	10	10	<div><div></div><div></div></div>	100%	10	10	<div><div></div><div></div></div>	67%	10	10	<div><div></div><div></div></div>	100%	
		Services provided to teen mothers	-	-			-	-			80	74	<div><div></div><div></div></div>		160	146	<div><div></div><div></div></div>		115	101	<div><div></div><div></div></div>		225	203	<div><div></div><div></div></div>		
		Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED	-	-			-	-			95%	92%	<div><div></div><div></div></div>		95%	93%	<div><div></div><div></div></div>		85%	86%	<div><div></div><div></div></div>		95%	93%	<div><div></div><div></div></div>		
	<b>Uplift</b> <i>(formerly EMQ)</i> <small>FY19 Approved: \$230,000 FY19 Spent: \$230,000 FY18 Approved: \$230,000 FY18 Spent: \$230,000 FY17 Approved: \$230,000 FY17 Spent: \$230,000 FY16 Approved: \$150,000 FY16 Spent: \$150,000 New Metrics: 4 of 6</small>	Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations	1,200	1,034	<div><div></div><div></div></div>	60%	3,000	2,745	<div><div></div><div></div></div>	100%	1,125	1,064	<div><div></div><div></div></div>	100%	2,900	2,927	<div><div></div><div></div></div>	88%	1,125	2,252	<div><div></div><div></div></div>	50%	2,900	2,790	<div><div></div><div></div></div>	100%	
		Service hours provided	-	-			-	-			1,040	960	<div><div></div><div></div></div>		2,290	2,160	<div><div></div><div></div></div>		1,040	724	<div><div></div><div></div></div>		2,200	1,993	<div><div></div><div></div></div>		
		Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues																	N/A	N/A			20%	77%	<div><div></div><div></div></div>		
		Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors																	N/A	N/A			60%	77%	<div><div></div><div></div></div>		
		Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings																	N/A	N/A			80%	100%	<div><div></div><div></div></div>		
		Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger																	N/A	N/A			80%	79%	<div><div></div><div></div></div>		
	<b>YWCA Silicon Valley</b> <small>FY19 Approved: \$20,000 FY19 Spent: \$20,000 FY18 Approved: \$20,000 FY18 Spent: \$20,000 New Metrics: 0 of 3</small>	Individuals served	-	-		New Partner in FY18	-	-		New Partner in FY18	4	13	<div><div></div><div></div></div>	66%	10	11	<div><div></div><div></div></div>	100%	4	3	<div><div></div><div></div></div>	33%	10	9	<div><div></div><div></div></div>	66%	
		Services provided	-	-			-	-			40	32	<div><div></div><div></div></div>		100	83	<div><div></div><div></div></div>		20	14	<div><div></div><div></div></div>		50	44	<div><div></div><div></div></div>		
		Individuals completing the program	-	-			-	-			60%	93%	<div><div></div><div></div></div>		60%	97%	<div><div></div><div></div></div>		75%	85%	<div><div></div><div></div></div>		75%	90%	<div><div></div><div></div></div>		

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY COMMUNITY</div>	<b>Abode Services</b> <i>Project Independence &amp; Rapid Re-Housing Program</i> FY19 Approved: \$60,000 FY19 Spent: \$60,000 FY18 Spent: \$60,000 New Metrics: N/A	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	30	28		100%	75	79		100%	
		Services provided	-	-			-	-			-	-			-	-			57	52			254	259			
		Participants who maintain or increase income capacity, via stable employment within twelve months of contact	-	-			-	-			-	-			-	-			30%	29%			80%	91%			
		Participants who are able to pay at maintain their housing or exit into other permanent housing	-	-			-	-			-	-			-	-			60%	57%			75%	79%			
		Participants who connect with a primary care physician or access onsite nursing services	-	-			-	-			-	-			-	-			50%	47%			75%	79%			
	<b>Chinese Health Initiative</b> FY19 Approved: \$40,000 FY19 Spent: \$40,000 FY18 Approved: \$30,000 FY18 Spent: \$30,000 FY17 Approved: \$30,000 FY17 Spent: \$30,000  New Metrics: 0 of 3	Individuals served	60	65		100%	125	145		100%	75	80		100%	150	152		100%	75	76		100%	180	237		100%	
		Services provided	125	120			250	315			150	135			300	301			150	172			350	350			
		Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health	N/A	N/A			85%	86%			N/A	N/A			90%	95%			N/A	N/A			92%	92%			
	<b>Health Library Resource Center, Los Gatos</b> FY19 Approved: \$63,672 FY19 Spent: \$63,672 FY18 Approved: \$69,702 FY18 Spent: \$54,883 FY17 Approved: \$63,672 FY17 Spent: \$63,672  New Metrics: 0 of 2	Individuals served	702	664		100%	1,404	1,270		100%	708	680		100%	1,416	1,656		100%	700	599		50%	1,416	1,394		100%	
		Community members who strongly agree or agree that library information is appropriate for my needs	-	-			-	-			N/A	N/A			80%	77%			80%	75%			80%	93%			
	<b>Next Door Solutions</b> FY19 Approved: \$75,000 FY19 Spent: \$75,000 FY18 Approved: \$75,000 FY18 Spent: \$75,000 FY17 Approved: \$75,000 FY17 Spent: \$75,000  New Metrics: 0 of 4	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	-	-		100%	-	-		100%	77	126		100%	154	159		100%	66	78		100%	132	132		100%	
		Services provided	833	779			1,665	1,623			564	819			1,133	1,293			566	621			1,133	1,245			
		Surveyed participants who report that they have gained at least one strategy to increase their safety or their children’s safety	65%	95%			65%	92%			80%	93%			80%	94%			80%	92%			80%	93%			
		Clients newly engaged in Self-Sufficiency Case Management who will complete a risk assessment, safety planning, and a self-sufficiency action plan	50%	50%			50%	56%			50%	48%			50%	48%			50%	66%			50%	54%			
	<b>Pacific Hearing Connection</b> FY19 Approved: \$20,000 FY19 Spent: \$20,000 FY19 Spent: \$20,000  New Metrics: N/A	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	-	-		New Partner in FY19	50	51		50%	100	116		100%	
		Hearing aids fit	-	-			-	-			-	-			-	-			9	6			20	18			
	<b>Racing Hearts</b> FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY17 Approved: \$25,000 FY17 Spent: \$25,000  New Metrics: 0 of 2	AEDs placed	100	214		100%	200	373		100%	100	186		100%	200	293		100%	750	732		100%	750	750		100%	
		Teachers and/or staff who attend an AED orientation will report knowing 3+ steps to do when an AED is needed.	60%	92%			80%	94%			85%	88%			85%	90%			90%	95%			90%	93%			
	<b>South Asian Heart Center</b> FY19 Approved: \$170,000 FY19 Spent: \$170,000 FY18 Approved: \$240,000 FY18 Spent: \$240,000 FY17 Approved: \$360,000 FY17 Spent: \$360,000  New Metrics: 0 of 6	Individuals served	625	657		100%	1,250	1,356		83%	208	222		100%	383	389		100%	92	102		100%	187	193		100%	
		Services provided	2,750	2,607			7,500	6,468			814	888			2,044	2,050			499	510			1,018	1,021			
		Improvement in average level of weekly physical activity from baseline	14%	18%			16%	17%			19%	21%			20%	21%			20%	22%			21%	22%			
		Improvement in average levels of daily servings of vegetables from baseline	11%	18%			13%	14%			18%	20%			20%	20%			19%	19%			20%	20%			
		Improvement in levels of HDL-C as measured by follow-up lab test	3%	5%			4%	4%			4%	5%			5%	5%			5%	5%			6%	6%			
		Improvement in cholesterol ratio as measured by follow-up lab test	5%	6%			6%	6%			7%	7%			7%	7%			6%	6%			7%	7%			

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	<div><div></div><div></div></div>	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	<div><div></div><div></div></div>	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	<div><div></div><div></div></div>	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	<div><div></div><div></div></div>	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	<div><div></div><div></div></div>	FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual	<div><div></div><div></div></div>	FY19 % Annual Metrics Met	Supporting Details for Variance
<div>HEALTHY COMMUNITY</div>	<b>West Valley Community Services</b> <i>CARE</i> FY19 Approved: \$150,000 FY19 Spent: \$150,000 FY18 Approved: \$150,000 FY18 Spent: \$150,000 FY17 Approved: \$150,000 FY17 Spent: \$150,000  New Metrics: 0 of 4	Households served	60	66	<div><div></div><div></div></div>	100%	120	128	<div><div></div><div></div></div>	100%	63	63	<div><div></div><div></div></div>	100%	122	122	<div><div></div><div></div></div>	100%	65	65	<div><div></div><div></div></div>	100%	124	124	<div><div></div><div></div></div>	75%	
		Households that receive intensive Case Management services	30	30	<div><div></div><div></div></div>		60	63	<div><div></div><div></div></div>		30	30	<div><div></div><div></div></div>		60	60	<div><div></div><div></div></div>		10	10	<div><div></div><div></div></div>		20	20	<div><div></div><div></div></div>		
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A			80%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		
		Program participants who will improve 1 point in the health domain through supportive services	N/A	N/A			60%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	63%	<div><div></div><div></div></div>		
	<b>West Valley Community Services</b> <i>CARE Senior Services</i> FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY17 Approved: \$25,000 FY17 Spent: \$25,000  New Metrics: 0 of 3	Older adults served	10	10	<div><div></div><div></div></div>	100%	22	22	<div><div></div><div></div></div>	100%	10	10	<div><div></div><div></div></div>	100%	22	43	<div><div></div><div></div></div>	100%	15	20	<div><div></div><div></div></div>	100%	35	42	<div><div></div><div></div></div>	100%	
		Encounters provided	120	130	<div><div></div><div></div></div>		240	278	<div><div></div><div></div></div>		125	130	<div><div></div><div></div></div>		245	260	<div><div></div><div></div></div>		125	130	<div><div></div><div></div></div>		250	273	<div><div></div><div></div></div>		
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	-	-			-	-			N/A	N/A			90%	90%	<div><div></div><div></div></div>		N/A	N/A			90%	90%	<div><div></div><div></div></div>		

**Community Benefit Dashboard Notes**

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

**N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year



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

**To:** El Camino Hospital Board of Directors  
**From:** Bob Miller, Executive Compensation Committee Chair  
**Date:** October 10, 2019  
**Subject:** Executive Compensation Committee Approvals

**Purpose:**

To report to the Board decisions made at the Executive Compensation Committee (ECC) meeting on September 19, 2019.

**Summary:**

Pursuant to authority granted to it by the Board, the ECC approved the FY19 base salary for the incoming President, Foundation. The Committee also approved executive payout amounts contingent on the Board's approval of the FY19 organizational score and the FY19 financial audit. As both of those approvals are being considered at tonight's meeting, the finalized payout amounts will be reported at the November Hospital Board meeting.

**FY20 Annualized Base Salary**

<u>Job Title</u>	<u>Amount</u>
President, Foundation	\$280,000

**List of Attachments:** None.

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

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

**To:** El Camino Hospital Board of Directors  
**From:** Julia Miller, Board Secretary  
**Date:** October 10, 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)

- 1) The governance session by James Orlikoff was the most interesting after the quality and safety sessions.
  - Covered when to use delegation of authority, which cannot, in his opinion, be used in an audit committee.
  - Structure of Board composition: board responsibilities that direction should always come from the Board, not from committees, lateral or staff directed.

2) Interesting challenges facing the opioid challenges.

**2. Has the conference improved your ability to fulfill your obligations as a member of the ECH Board? If so, how?**

Yes, of course, new approaches and education is a life constant. I relayed the information learned on governance verbally to staff. Other smaller health care systems and hospitals are doing amazing things that would benefit ECH.

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

Yes, the governance session speaker, James E. Orlikoff. He is so knowledgeable and is an expert on hospital/health care systems.

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



**OPEN SESSION CEO Report**  
**October 10, 2019**  
**Dan Woods, CEO**

**Quality and Safety**

In early September, the *first in human* robotic assisted minimally invasive bronchoscopy was performed at El Camino Hospital in Mountain View. This new procedure uses the new Intuitive DaVinci ION robotic endoluminal platform which offers doctors unprecedented stability enabling the precision needed for biopsy far into the peripheral lung and to more easily diagnose lung cancer earlier than ever before.

Another “first,” El Camino Health’s Mountain View hospital is the first on the West Coast (and one of only 10 hospitals) to begin offering GammaTile™ Therapy, a new approach to treating recurrent brain tumors. GammaTile Therapy is a FDA-cleared, surgically targeted radiation therapy (STaRT) that is designed to delay tumor regrowth for patients with brain tumors. The first patient on the West Coast was treated by neurosurgeon James Doty, MD, and radiation oncologist Robert Sinha, MD, at El Camino Health.

The SOS Program (Support our Staff Program) was created to provide support to ECH employees and medical staff impacted by emotionally challenging events. Team Members attended training in providing emotional first aid and an expedited referral process to Concern EAP was established. Twenty-seven staff members & two physicians were deployed in September.

The EVS Department made substantial progress in the last three years to contribute to the El Camino Health culture of safety with 98% decrease in days away from work, a 50% reduction in job transfer, and a 32% reduction in total injuries.

The 9th cohort in the highly competitive *New Graduate Residency* program started on September 23<sup>rd</sup>, with a class of eleven.

2019 Influenza Campaign (September 23 – October 31) offering 24 days and 139 flu clinic hours among both campuses. The clinics are open to all (staff, physicians, volunteers, contractors, students).

**Service**

To improve ED patient throughput, the ED tracking board was modified to facilitate communication between the ED and Imaging department. Additionally, to help our patients during the MV ED construction project, the team has incorporated a new ED Patient text message into the workflow, informing them of what is going on.

Preparations continue for moving into our two new Pavilions at MV (Sobrato & Taube) and the Cancer Center at LG. Additional nursing staff has been hired with training and dress rehearsals planned for October.

El Camino Health launched online appointment scheduling for El Camino Medical Associates (ECMA) locations, allowing increased convenience to our patients.

### **People**

The El Camino Health Foundation's new President, Andrew Cope, began on September 23, 2019. He is coming to us from Lucile Packard Foundation for Children's Health.

The new Executive Director of Patient Experience has been selected and will begin on Oct. 7th. Her name is Christine Cunningham and she comes to us from Stanford Children's Hospital.

### **Information Services**

All five San Jose Medical Group clinics have converted to the Epic platform with continued on-site support provided to physicians and staff. Multiple applications such as the Verity Legacy EMR and Managed Care applications are now available from ECH devices to support patient care processes.

Our electronic health record upgraded to v.May 2019 on 9/15/19, to stay current with Epic's software build. Based on usability data, Epic redesigned the patient's header to tell a patient's story with interactive functionality. El Camino is the first in the Bay area to adopt the new design called Storyboard.

Workday ERP Project go-live is scheduled on October 1. Workday will be the second largest enterprise system (Epic is the largest) and impacts all employees of the Health System. Workday will include solutions for recruiting, new hire onboarding, payroll and paycheck printing, compensation and benefits, performance reviews, accounting, expense reports, accounts payable, etc. The project timeline is provided below. A robust activation plan including a Command Center and daily debrief meetings, will occur during the immediate go-live support period with measurement, tracking, and communication of Key Performance Indicators.

## Project Timeline



### Community Stewardship

The hospital sponsored a health fair for older adults organized by the Saratoga Area Senior Coordinating Council, part of the "Age-Friendly" initiative that many cities in Santa Clara County have joined. Staff provided health, service, and Community Benefit information, and an auxiliary member talked about ECH volunteer opportunities. ECH also had a booth at a "Good Neighbor" fair next to our Los Gatos hospital which was hosted by Hope Community Church.

Chinese Health Initiative collaborated with a community service agency that serves low-income families in Sunnyvale. CHI provided 5 Mandarin interpreters for 40 Chinese participants who enrolled in the Challenge Diabetes program, hosted an introductory workshop for 80 participants in preparation for the launch of the Diabetes Prevention Program, and collaborated with Asian American Community Involvement to organize a diabetes prevention workshop conducted in Chinese and English by a registered dietitian with 35 seniors attending the event.

South Asian Heart Center submitted the South Asian Heart Center's Stop Diabetes program/curriculum to the Centers for Disease Control for certification. Community Benefit Director served as a contributing member of the Santa Clara County Oral Health Policy Leadership.

Community Benefit grant partners, including Community Services Agency, Mountain View and Pathways Home Health & Hospice, participated in the Post-Acute Network Vendor Fair hosted by El Camino Health.

El Camino Health honored by Community Benefit grant partner West Valley Community Services Agency at their annual Chefs of Compassion event. ECH received the "Champion of Compattion" award, recognizing commitment to supporting the needs of low-income and homeless community residents.

A Women's Health Fair was held on Saturday, September 28 in Los Gatos with 300 attendees, two health lectures featuring endometriosis treatment and endocrinology disorders, 21 participating physicians, and 11 health fair tables featuring El Camino Health services. A community sneak peek was also held for the new Los Gatos Cancer Center.

Scrivner Center for Mental Health & Addictions Services' sponsored the Maternal Outreach Mood Services (MOMS) Symposium on Friday, September 20, which hosted over 200 people.

### **Philanthropy**

During period 2 of fiscal year 2020, which ended on August 31, El Camino Health Foundation secured \$468,689.

Completed Sevathon 2019, a walk/run event organized by India Community Center, with 91 registrations and \$1500 raised to be used for South Asian Heart Center patient care, community outreach events, etc.

The 24<sup>th</sup> 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, and additional information will be provided to Board members as it becomes available.

### **Auxiliary**

The Auxiliary contributed 6,301 volunteer hours in September 2019.



**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** John Conover, Chair, El Camino Health Foundation Board of Directors  
Andrew Cope, President, El Camino Health Foundation  
**Date:** September 25, 2019  
**Subject:** Report on El Camino Health Foundation Activities FY20 Period 2

**Purpose:** For information.

**Summary:**

1. **Situation:** During period 2 of fiscal year 2020, El Camino Health Foundation secured \$468,689. This brings total fundraising through August 31, 2019 to \$1,163,614. This includes pledges, legacy commitments and cash donations.
2. **Authority:** N/A
3. **Background:**

**Major & Planned Gifts**

In August, the Foundation received major and planned gifts totaling \$54,938. This includes two unrestricted major gifts and a \$10,000 gift designated for the Chinese Health Initiative. 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**  
As of August 31, the Foundation had received \$69,752 in support of the 24<sup>th</sup> annual El Camino Heritage Golf Tournament. The tournament is nearly sold out and the additional sponsorships will be reflected in future fundraising reports as payment is received. The event will be held on Monday, October 28, 2019 at Sharon Heights Golf & Country Club and will benefit the Peter C. Fung, MD Stroke Center.
- **Spring Gala**  
This event will take place in the second half of the fiscal year. The donations reflected in the August fundraising report are belated fulfillment of commitments to FY19 events.
- **Norma's Literary Luncheon**  
As of close of FY20 period 2, active fundraising for Norma's Literary Luncheon had not yet begun, although we received a gift from the Melchor Family in July to underwrite the event. Sponsorship letters were mailed at the end of September and save the date cards will go out in early October. The event will take place 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 August, the Foundation received \$49,572 in annual gifts from H2H membership renewals, Circle of Caring, responses from the spring direct mail, and online donations. This brings the FY20 annual giving total thus far to \$72,894.

**Other**

- *Andrew Cope*, the Foundation's new president, started on September 23, 2019.





## FOUNDATION PERFORMANCE

FY20 Fundraising Report through 8/31/19 - Period 2						
ACTIVITY		FY20 YTD (7/1/19 - 8/31/19)	FY20 Goals	FY20 % of Goal	Difference Period 1 & 2	FY19 YTD (7/1/18 - 8/31/18)
Major & Planned Gifts		\$580,450	\$5,500,000	11%	\$54,938	\$30,118
Special Events	Spring Event	\$22,500	\$350,000	6%	\$5,000	\$500
	Golf	\$69,752	\$325,000	21%	\$53,002	\$85,750
	South Asian Heart Center Event	\$12,045	\$200,000	6%	\$0	\$4,000
	Norma's Literary Luncheon	\$70,000	\$200,000	35%	\$0	\$2,500
Annual Gifts		\$72,894	\$600,000	12%	\$49,572	\$33,951
Investment Income		\$335,973	\$500,000	67%	\$306,177	\$358,312
TOTALS		\$1,163,614	\$7,675,000	15%	\$468,689	\$515,131

### Highlighted Assets through 8/31/19 - Period 2

Board Designated Allocations	\$751,811
Donor Endowments	\$6,804,715
Operational Endowments	\$16,095,766
Pledge Receivables	\$4,627,579
Restricted Donations	\$13,081,716
Unrestricted Donations	\$1,088,031

**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of October 9, 2019**

Combined Data as of September 30, 2019 for Mountain View and Los Gatos Campuses

**Membership Data:**

**Senior Members**

Active Members	305	-19 Net change compared to previous month
Dues Paid Inactive	5	(Includes Associates & Patrons)
Leave of Absence	4	
<b>Subtotal</b>	<b>314</b>	

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Resigned in Month      35  
Deceased in Month      0  
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**Junior Members**

Active Members	256	+3 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	2	
<b>Subtotal</b>	<b>258</b>	

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**Total Active Members      561**

**Total Membership      572**

**Combined Auxiliary Hours from Inception (to September 30, 2019): 6,004,092**  
**Combined Auxiliary Hours for FY2019 (to September 30, 2019): 18,897**  
**Combined Auxiliary Hours for September 30, 2019: 6,301**