

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, September 9, 2020 – 5:30pm

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040

PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 DATED MARCH 18, 2020, EL CAMINO HEALTH WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 369-007-4917#. No participant code. Just press #.

To watch the meeting livestream, please visit: www.elcaminohealth.org/about-us/leadership/board-meeting-stream
Please note that the livestream is for **meeting viewing only** and there is a slight delay; to provide public comment, please use the phone number listed above.

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Lanhee Chen, Board Chair		5:30 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 5:31 – 5:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		information 5:32 -5:35
4. QUALITY COMMITTEE REPORT ATTACHMENT 4	Julie Klinger, Quality Committee Chair; Mark Adams, MD, CMO		discussion 5:35 – 5:50
5. FY21 PERIOD 1 FINANCIALS ATTACHMENT 5	Michael Moody, Interim CFO	<i>public comment</i>	possible motion 5:50 – 6:05
6. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 6:05 – 6:15
7. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 6:15 – 6:16
8. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (8/12/2020) Information <i>Health & Safety Code Section 32155:</i> b. FY20 Annual Patient Safety and Claims Report	Lanhee Chen, Board Chair		motion required 6:16 – 6:18
9. Health & Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report	Apurva Marfatia, MD, Enterprise Chief of Staff; Michael Kan, MD, Los Gatos Chief of Staff		motion required 6:18 – 6:28

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
<p>10. <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</p> <ul style="list-style-type: none"> - Quality Committee Report <ul style="list-style-type: none"> a. Medical Staff Credentials and Privileges Report b. Quality Council Minutes 	<p>Julie Klinger, Quality Committee Chair; Mark Adams, MD, CMO</p>		<p>motion required 6:28 – 6:38</p>
<p>11. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets; <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Dan Woods:</p> <ul style="list-style-type: none"> - Review of FY20 Organizational Performance Goals Score 	<p>Dan Woods, CEO</p>		<p>discussion 6:38 – 6:48</p>
<p>12. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <ul style="list-style-type: none"> - FY20 Strategic Plan Metrics Results 	<p>Dan Woods, CEO</p>		<p>discussion 6:48 – 7:28</p>
<p>13. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management:</p> <ul style="list-style-type: none"> - CEO Report on Personnel 	<p>Dan Woods, CEO</p>		<p>discussion 7:28 – 7:33</p>
<p>14. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management:</p> <ul style="list-style-type: none"> - Executive Session 	<p>Lanhee Chen, Board Chair</p>		<p>discussion 7:33 – 7:43</p>
<p>15. ADJOURN TO OPEN SESSION</p>	<p>Lanhee Chen, Board Chair</p>		<p>motion required 7:43 – 7:44</p>
<p>16. RECONVENE OPEN SESSION/ REPORT OUT</p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	<p>Lanhee Chen, Board Chair</p>		<p>information 7:44 – 7:45</p>
<p>17. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i></p>	<p>Lanhee Chen, Board Chair</p>	<p><i>public comment</i></p>	<p>motion required 7:45 – 7:47</p>
<p>Approval</p> <ul style="list-style-type: none"> a. Minutes of the Open Session of the Hospital Board Meeting (8/12/2020) <p>Reviewed and Recommended for Approval by the Finance Committee</p> <ul style="list-style-type: none"> b. Appointment of Finance Committee Member <p>Reviewed and Recommended for Approval by the Investment Committee</p> <ul style="list-style-type: none"> c. Appointment of Investment Committee Member <p>Reviewed and Recommended for Approval by the Medical Executive Committee</p> <ul style="list-style-type: none"> d. Medical Staff Report 			
<p>Information</p> <ul style="list-style-type: none"> e. Governance Committee Report 			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
18. CEO REPORT <u>ATTACHMENT 18</u>	Dan Woods, CEO		information 7:47 – 7:51
19. BOARD COMMENTS	Lanhee Chen, Board Chair		information 7:51 – 7:54
20. ADJOURNMENT	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 7:54 – 7:55pm

Upcoming Regular Meetings: October 14, 2020; November 11, 2020; December 9, 2020; February 10, 2021; March 10, 2021; April 7, 2021; May 12, 2021; June 9, 2021

**The Quality Committee is meeting on
Tuesday, September 8, 2020.**

**We will make every effort to update
and distribute the written report
ahead of the Board meeting on
Wednesday, September 9th.**



El Camino Health

Summary of Financial Operations

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

Overall Commentary

The recovery plan and its focus on volume recovery was very successful in July.

- For both ECH and SVMD the volumes exceeded the volume forecasts
- Overall gross charges were greater by 30% in the month of July (as was Net Patient Revenue)
 - Adjusted Patient Days were favorable 18%
 - SVMD clinic visits were favorable 14%
- Operating Expenses were \$3.8M or 4.8% greater than budget and driven by the increased volumes
 - Expenses management was very good in the month
- The favorable variance in comparison to the budget is favorable by \$16.2M

Consolidated Statement of Operations (\$000s)

Period ending 07/31/2020

Period 1 FY 2020	Period 1 FY 2021	Period 1 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
314,063	333,228	254,803	78,425	30.8%	Gross Revenue	314,063	333,228	254,803	78,425	30.8%
(228,555)	(247,360)	(188,684)	(58,676)	(31.1%)	Deductions	(228,555)	(247,360)	(188,684)	(58,676)	(31.1%)
85,508	85,868	66,119	19,749	29.9%	Net Patient Revenue	85,508	85,868	66,119	19,749	29.9%
4,110	4,667	4,381	286	6.5%	Other Operating Revenue	4,110	4,667	4,381	286	6.5%
89,618	90,535	70,500	20,035	28.4%	Total Operating Revenue	89,618	90,535	70,500	20,035	28.4%
					OPERATING EXPENSE					
45,081	46,431	43,331	(3,100)	(7.2%)	Salaries & Wages	45,081	46,431	43,331	(3,100)	(7.2%)
13,311	12,820	10,483	(2,337)	(22.3%)	Supplies	13,311	12,820	10,483	(2,337)	(22.3%)
13,339	12,918	14,561	1,643	11.3%	Fees & Purchased Services	13,339	12,918	14,561	1,643	11.3%
3,345	3,583	3,514	(69)	(2.0%)	Other Operating Expense	3,345	3,583	3,514	(69)	(2.0%)
531	1,428	922	(506)	(54.9%)	Interest	531	1,428	922	(506)	(54.9%)
4,565	5,231	5,811	580	10.0%	Depreciation	4,565	5,231	5,811	580	10.0%
80,172	82,411	78,622	(3,789)	(4.8%)	Total Operating Expense	80,172	82,411	78,622	(3,789)	(4.8%)
9,446	8,124	(8,122)	16,246	(200.0%)	Net Operating Margin	9,446	8,124	(8,122)	16,246	(200.0%)
(389)	27,718	3,003	24,715	823.1%	Non Operating Income	(389)	27,718	3,003	24,715	823.1%
9,057	35,842	(5,119)	40,961	(800.1%)	Net Margin	9,057	35,842	(5,119)	40,961	(800.1%)
16.2%	16.3%	-2.0%	18.3%		EBIDA	16.2%	16.3%	-2.0%	18.3%	
10.5%	9.0%	-11.5%	20.5%		Operating Margin	10.5%	9.0%	-11.5%	20.5%	
10.1%	39.6%	-7.3%	46.9%		Net Margin	10.1%	39.6%	-7.3%	46.9%	

Dashboard - as of July 31, 2020

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	89,618	90,535	70,500	20,035	89,618	90,535	70,500	20,035
Operating Expenses	80,172	82,411	78,622	(3,789)	80,172	82,411	78,622	(3,789)
Operating Margin \$	9,446	8,124	(8,122)	16,246	9,446	8,124	(8,122)	16,246
Operating Margin %	10.5%	9.0%	(11.5%)	20.5%	10.5%	9.0%	(11.5%)	20.5%
EBIDA \$	14,542	14,783	(1,389)	16,172	14,542	14,783	(1,389)	16,172
EBIDA %	16.2%	16.3%	(2.0%)	18.3%	16.2%	16.3%	(2.0%)	18.3%
Hospital Volume								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	234	223	185	39	234	223	185	39
Utilization MV	63%	58%	48%	10.0%	63%	58%	48%	10.0%
Utilization LG	32%	31%	26%	5.3%	32%	31%	26%	5.3%
Utilization Combined	53%	49%	41%	8.5%	53%	49%	41%	8.5%
Adjusted Discharges	3,101	2,845	2,419	426	3,101	2,845	2,419	426
Total Discharges (Excl NNB)	1,686	1,474	1,302	172	1,686	1,474	1,302	172
Total Discharges	2,025	1,814	1,627	187	2,025	1,814	1,627	187
Inpatient Cases								
MS Discharges	1,191	972	801	171	1,191	972	801	171
Deliveries	353	369	344	25	353	369	344	25
BHS	95	87	114	(27)	95	87	114	(27)
Rehab	47	46	43	3	47	46	43	3
Outpatient Cases								
ED	4,153	3,168	2,297	871	4,153	3,168	2,297	871
Procedural Cases				-				-
OP Surg	477	513	324	189	477	513	324	189
Endo	197	255	130	125	197	255	130	125
Interventional	154	182	86	96	154	182	86	96
All Other	7,396	10,776	6,870	3,906	7,396	10,776	6,870	3,906
Hospital Payor Mix								
Medicare	49.4%	47.2%	48.4%	(1.2%)	49.4%	47.2%	48.4%	(1.2%)
Medi-Cal	7.8%	7.3%	7.3%	(0.0%)	7.8%	7.3%	7.3%	(0.0%)
Commercial IP	19.4%	21.1%	20.7%	0.4%	19.4%	21.1%	20.7%	0.4%
Commercial OP	20.8%	22.6%	21.1%	1.5%	20.8%	22.6%	21.1%	1.5%
Total Commercial	40.2%	43.7%	41.8%	1.9%	40.2%	43.7%	41.8%	1.9%
Other	2.6%	1.9%	2.5%	(0.6%)	2.6%	1.9%	2.5%	(0.6%)

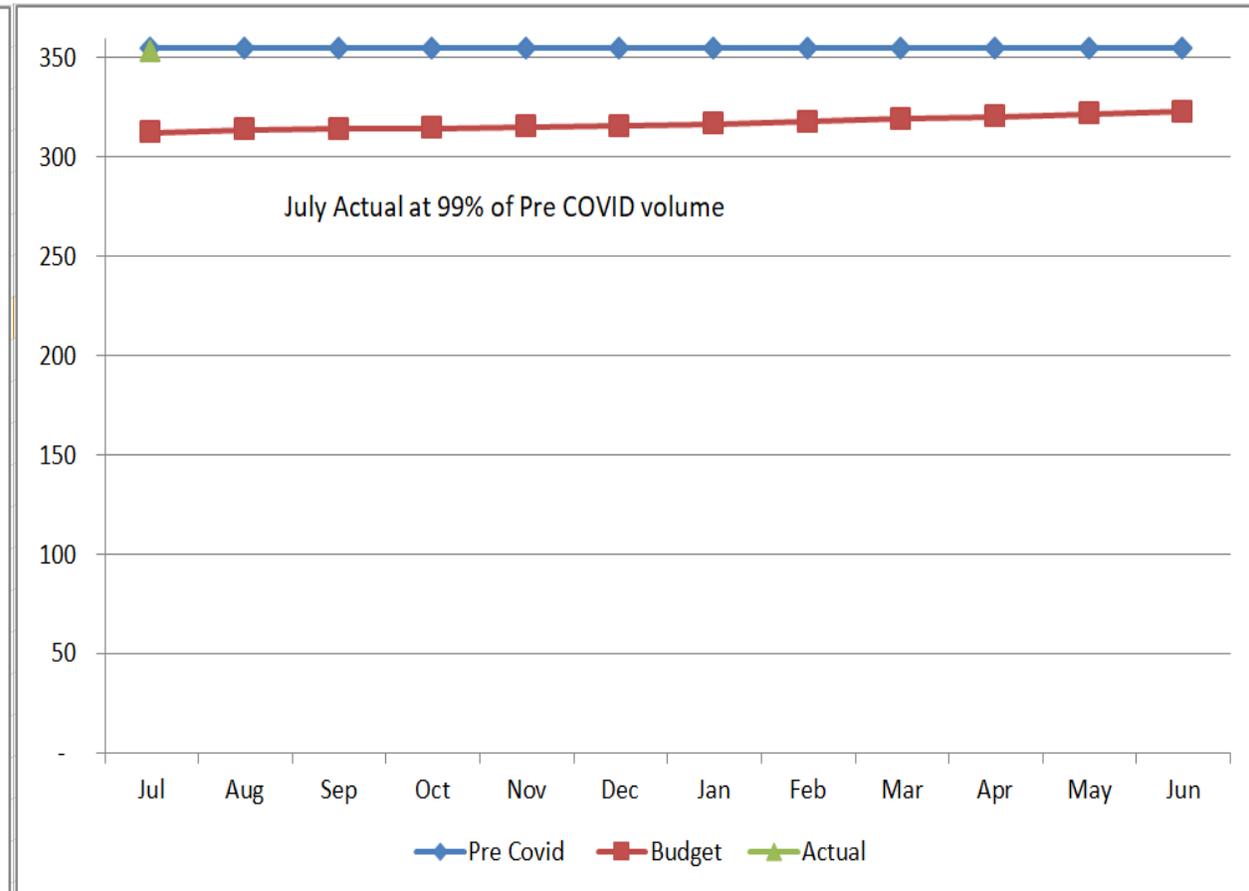
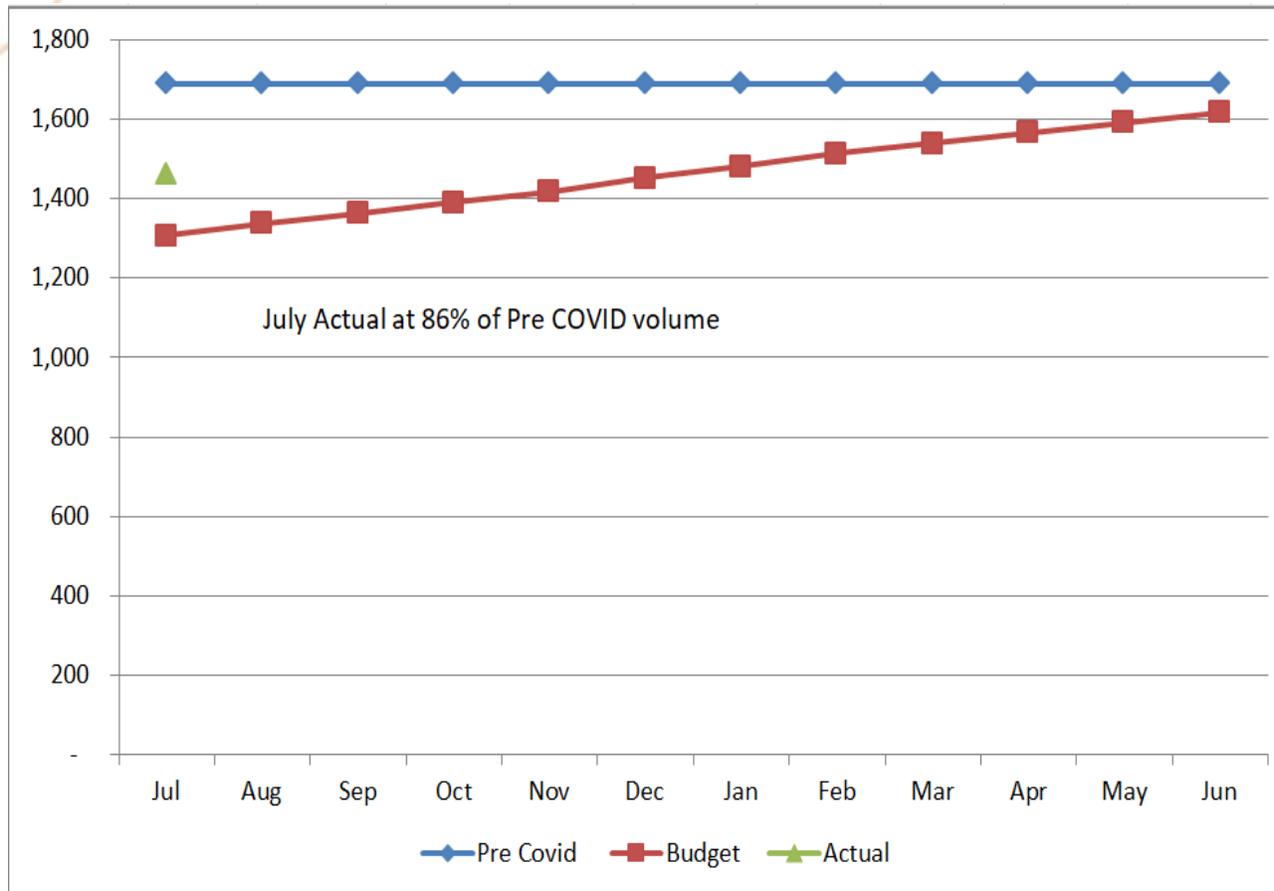
APPENDI □

July Volume – Inpatient

Budget vs Actual – Including Pre COVID Level

MV

LG

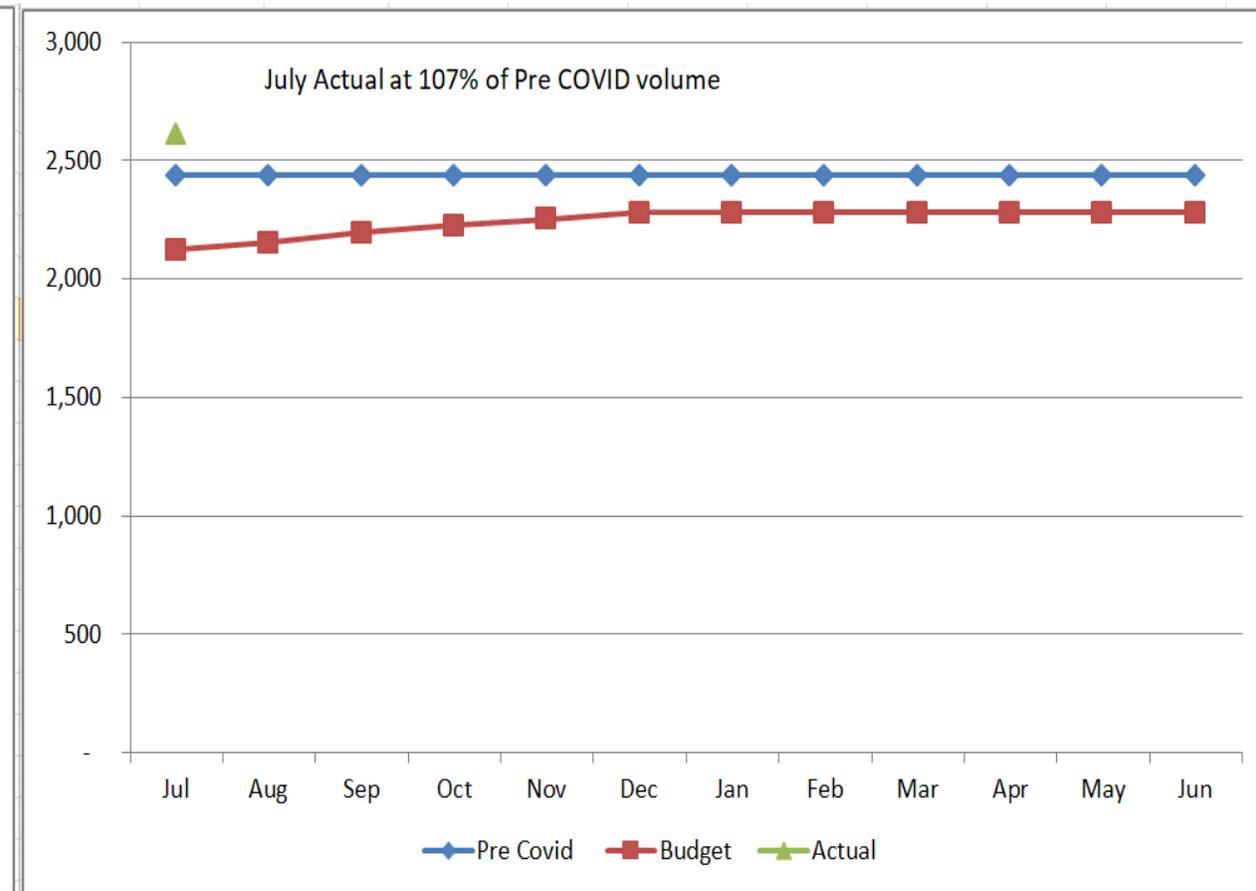
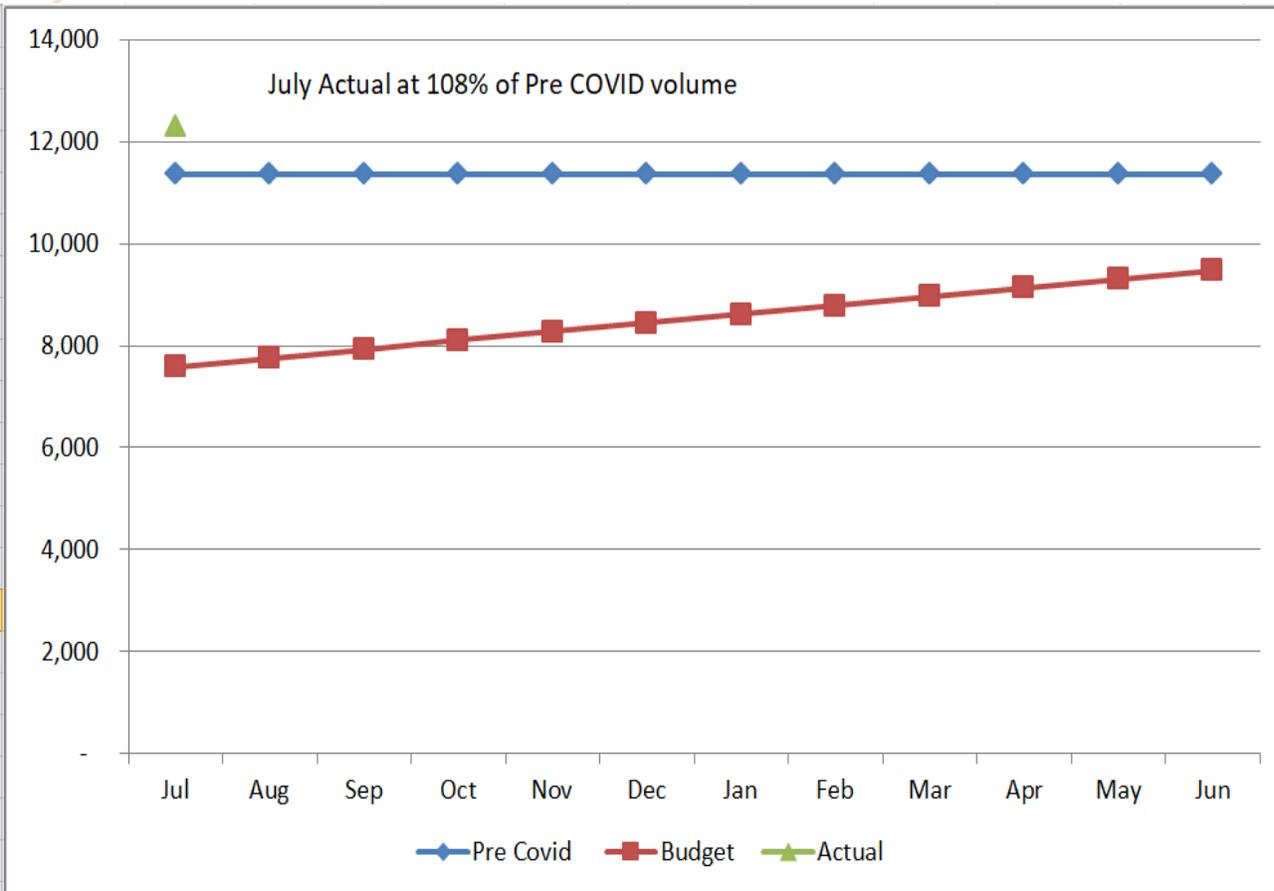


July Volume – Outpatient

1 Budget vs Actual – Including Pre COVID Level

MV

LG



Investment Scorecard as of June 30, 2020

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY20 Budget	Expectation Per Asset Allocation
Investment Performance		2Q 2020		Fiscal Year-to-date		7y 8m Since Inception (annualized)		FY 2020	2019
Surplus cash balance*		\$1,076.6	--	--	--	--	--	--	--
Surplus cash return		10.2%	9.7%	3.6%	4.0%	5.4%	5.3%	4.0%	5.6%
Cash balance plan balance (millions)		\$286.7	--	--	--	--	--	--	--
Cash balance plan return		13.2%	11.3%	3.8%	3.7%	7.3%	6.6%	6.0%	6.0%
403(b) plan balance (millions)		\$551.4	--	--	--	--	--	--	--
Risk vs. Return		3-year			7y 8m Since Inception (annualized)			2019	
Surplus cash Sharpe ratio		0.47	0.46	--	--	0.78	0.78	--	0.34
Net of fee return		5.3%	5.2%	--	--	5.4%	5.3%	--	5.6%
Standard deviation		7.9%	7.6%	--	--	5.9%	5.8%	--	8.7%
Cash balance Sharpe ratio		0.48	0.45	--	--	0.85	0.83	--	0.32
Net of fee return		6.3%	5.6%	--	--	7.3%	6.6%	--	6.0%
Standard deviation		10.0%	9.1%	--	--	7.6%	7.1%	--	10.3%
Asset Allocation		2Q 2020							
Surplus cash absolute variances to target		12.5%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		11.7%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		2Q 2020							
Surplus cash manager flags		18	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		21	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~\$21 mm), District assets (~\$42 mm), and balance sheet cash not in investable portfolio (\$234 mm). Includes Foundation (~\$36 mm) and Concern (~\$14 mm) assets.



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, August 12, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

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**
 Don Watters**
 John Zoglin**, Vice Chair

Board Members Absent

None
 **via teleconference

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 verbal roll call was taken. Director Ting joined the meeting during Agenda Item 4: Board Recognition. Director Po joined the meeting during Agenda Item 5: Quality Committee Report. Director Kalbach joined the meeting during Agenda Item 6: Financial Report. All other Board members were present at roll call. All members participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. Chair Chen reviewed the logistics for the meeting. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. AGENDA ITEM 4: BOARD RECOGNITION: RESOLUTION 2020-06	<p>This item was taken out of order.</p> <p>Motion: To approve <i>Resolution 2020-08</i>.</p> <p>Movant: Miller Second: Rebitzer Ayes: Chen, Fung, Kliger, Miller, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kalbach, Po Recused: None</p> <p>Dan Woods, CEO, recognized over 50 employees across several multidisciplinary teams for their collaboration and innovation in setting up COVID-19 testing for patients, staff, physicians, and community members.</p>	Resolution 2020-08 approved
4. AGENDA ITEM 3: PUBLIC COMMUNICATION	None.	
5. QUALITY COMMITTEE REPORT	<p>Director Ting, Quality Committee Vice Chair, highlighted the following from the Quality Committee’s discussion at its August 3, 2020 meeting:</p> <ul style="list-style-type: none"> - Review of organizational performance for C. Diff infection rates 	

	<ul style="list-style-type: none"> - A patient story commending high level of service– the Committee requested a tally of positive versus negative feedback <p>Mark Adams, MD, CMO, reported that Committee reviewed the Silicon Valley Medical Development (SVMD) Healthcare Effectiveness Data and Information Set (HEDIS) composite, a performance measure. He provided an overview of the Quarterly Board Quality Dashboard (based on the Safe, Timely, Effective, Efficient, Equitable and Patient-Centered Care (STEEEP) framework) and FY20 performance. He noted that 1) discussion will be focused on red/underperforming areas and 2) FY21 targets will be set for SVMD.</p> <p>Director Rebitzer commented that Length of Stay disparity seems too hospital-centric and the disparities are more outcome or process-based. He also expressed concerns about scores for patient-centered measures.</p> <p>In response to Director Zoglin’s questions, Dan Woods, CEO, explained that the difference in the OAS CAHPS baseline versus target is due to a database change and noted that going forward the comparison will be apples to apples (state to state or nationally). Director Zoglin expressed concerns about the lack of progress toward the organization’s strategic goal for HCAHPS performance.</p> <p>Director Ting reported that data for Serious Safety Events (SSEs) is still coming in, so a final baseline will be brought forward for approval at a later date. Dr. Adams explained that on a journey to become a High Reliability Organization (HRO), SSE rates often increase before decreasing (toward the ultimate goal of zero) as an organization fosters a solid reporting culture.</p> <p>Dr. Adams reported that ECH achieved a Mortality Index of 0.74, better than top-performing organizations in the country (0.76).</p> <p>Dr. Adams further described ECH’s 4-Star rating for HCAHPS with CMS, noting that few California hospitals – primarily specialty facilities – have 5 stars, and ECH is a 5-Star CMS program for overall quality, safety, and experience.</p> <p>Director Kliger discontinued participation in the meeting.</p>	
<p>6. FINANCIAL REPORT</p>	<p>Michael Moody, Interim CFO, provided an overview of the FY20 Period 12 Financials and highlighted:</p> <ul style="list-style-type: none"> - Volume in June 2020 was 9% below budget (up from 30% below budget in April 2020). - Operating expenses were favorable. - Operating gain was \$21.3 million versus a budget of \$7.1 million. - Year-end adjustments for pension and workers’ compensation actuarial reports totaled about \$11 million as further detailed in the materials. - Net operating margin was \$46.6 million versus a budget \$79 million. - Taking into account market performance, ECH was only 3% below budget. - Cash balance was \$228 million, including \$76 million in advanced Medicare payments. <p>Mr. Moody noted that there have been tremendous efforts around freezing capital, controlling expenses, and rebuilding volume.</p> <p>In response to Director Po’s question regarding patient volume recovery, Mr. Moody described performance at other organizations and noted that</p>	<p><i>FY20 Period 12 Financials and FY21 Capital and Operating Budget approved</i></p>

	<p>ECH is doing exceptionally well.</p> <p>Director Rebitzer commended the team for the recovery so far.</p> <p>Mr. Moody reported that the annual financial audit is currently underway.</p> <p>Motion: To approve the FY20 Period 12 Financials.</p> <p>Movant: Po Second: Watters Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p> <p>Mr. Moody reviewed the FY21 Capital and Operating Budget:</p> <ul style="list-style-type: none">- The Finance team has developed a forecast, which will be updated on an ongoing basis with FY21 actual results- Key assumptions include: volumes (ECH: 82.5% of pre-COVID volumes; SVMD: 85% of pre-COVID volumes), payor mix (stable and consistent with current experience), and underlying cost structure (adjusted with forecasted volume, 10% reduction in purchased services)- The capital budget was established for equipment and IT and sized based on forecasted cash flows of \$20 million. There will be additional evaluation of large outstanding capital projects.- On the consolidated profit and loss (P&L) statement, there are revenues of \$947 million, \$971 million in expenses, forecasted operating loss of \$24 million, and net margin of \$12 million.- Operating EBIDA is forecasted at \$56 million. <p>He noted that the Finance Committee recommended approval of the FY21 Budget.</p> <p>In response to Director Fung’s questions, Mr. Moody explained that the rolling forecast will be brought back to the Finance Committee on an ongoing basis. FY21 Q1 performance will inform a re-forecast for the next three quarters, which would be brought to the Board.</p> <p>In response to Director Fung’s question, Mary Rotunno, General Counsel, noted that staff will need to look into flexibility and forecasting for the District Board budget.</p> <p>Motion: To approve the FY21 Capital and Operating Budget.</p> <p>Movant: Fung Second: Po Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	
<p>7. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:23pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (7/8/2020); Minutes of the Closed Session of the Joint Hospital Board and Finance Committee Meeting (7/27/2020); Minutes of the Closed Session of the Executive Compensation Committee Meeting (5/28/2020); pursuant to <i>Health and Safety Code Section 32155</i>: Annual Performance Improvement Reports (Stroke Program, Anesthesia</p>	<p>Adjourned to closed session at 6:23pm</p>

	<p>Services, Palliative Care, Peri-Operative Services); pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets and <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Dan Woods; FY21 Organizational Performance Goals; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets; FY21 Strategic Plan Metrics; pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending threatened or litigation; <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 54957</i> for discussion and report on personnel performance matters – Senior Management: CEO Report on Legal Update, New Programs and Services, and Personnel; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CEO Performance Review: Executive Session.</p> <p>Movant: Miller Second: Watters Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	
<p>8. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 8:29pm by Chair Chen. Director Kliger was absent. All other Board members were present and participated by video and teleconference. Agenda Items 8-15 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 (7/8/2020); Minutes of the Closed Session of the Joint Hospital Board and Finance Committee Meeting (7/27/2020); Minutes of the Closed Session of the Executive Compensation Committee Meeting (5/28/2020), by the following votes in favor: Chen, Kalbach, Miller, Rebitzer, Watters, Zoglin. Director Po abstained and Directors Fung, Kliger, and Ting were absent. The Board also approved the Annual Performance Improvement Reports by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kalbach, Miller, Po, Rebitzer, Watters, and Zoglin). Director Kliger and Ting were absent. The Board also approved the Medical Staff Report, including the credentials and privileges report, by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, and Zoglin). Director Kliger was absent.</p>	
<p>9. AGENDA ITEM 17: CONSENT CALENDAR</p>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (7/8/2020); Minutes of the Open Session of the Special Hospital Board Meeting (7/27/2020); Minutes of the Open Session of the Joint Hospital Board and Finance Committee Meeting (7/27/2020); Designation of Applicant's Agent for Non-State Agencies Minutes of the Open Session of the Executive Compensation Committee Meeting (5/28/2020); FY20 Period 11 Financials; EKG Reading Panel Renewal Agreements; Gastroenterology (GI) Panel (MV); Radiation</p>	<p><i>Consent calendar approved</i></p>

	<p>Oncology Equipment Replacement – Updated Funding Request; October 2020 Joint Board and Committee Education Session; Medical Staff Report; and for information: Finance Committee Approvals and Executive Compensation Committee Approvals.</p> <p>Movant: Miller Second: Kalbach Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	
<p>10. AGENDA ITEM 18: FY21 ORGANIZATIONAL PERFORMANCE GOALS</p>	<p>Motion: To approve the Proposed FY21 Organizational Performance Goals.</p> <p>Movant: Watters Second: Kalbach Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	<p><i>FY21 Org Performance Goals approved</i></p>
<p>11. AGENDA ITEM 19: CEO REPORT</p>	<p>Dan Woods, CEO, described the implementation of iSAFE (Safety Always First at El Camino), a system for reporting safety events. He noted that personal protective equipment (PPE) is well-stocked and well-supplied. He also outlined the launch of ECH’s new “We Care” patient experience program: Warm Welcome, Engage and Empathy, Compassionate Communication, Ask and Anticipate, Respond Promptly, and Excellence Always.</p> <p>He discussed childcare programming through the YMCA and Foundation grant funding for employees and state-of-the-art media platforms in patient rooms that include meal ordering, environmental controls, personalized patient education, and integration with Epic.</p> <p>Mr. Woods provided an update on the El Camino Healthcare District’s COVID-19 testing program, with reduced turnaround time for results (now 3-5 days) and partnerships with local school districts and chambers of commerce for community popup testing sites.</p> <p>He noted that a proposed bill, SB758, would extend the 2030 hospital seismic deadline (to be fully operational after a major earthquake) to January 1, 2037.</p> <p>Mr. Woods thanked the community for their generous donations to the Foundation, which totaled over \$10 million in FY20.</p>	
<p>12. AGENDA ITEM 20: BOARD COMMENTS</p>	<p>Director Miller commended Foundation staff for their work during the COVID-19 pandemic.</p> <p>Director Fung suggested using group testing to save reagent supplies. Mr. Woods and Cheryl Reinking, RN, CNO noted that test grouping depends on the platform and staff are looking into it. Mr. Woods reported that ECH is investing in its own platform so there can be in-house, onsite testing in the future with faster processing times.</p>	
<p>13. AGENDA ITEM 21: ADJOURNMENT</p>	<p>Motion: To adjourn at 8:38pm.</p> <p>Movant: Fung Second: Miller</p>	<p><i>Meeting adjourned at 8:38pm</i></p>

	Ayes: Chen, Fung, Kalbach, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None	
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:

Lanhee Chen
Chair, ECH Board of Directors

Julia E. Miller
Secretary, ECH Board of Directors

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

DRAFT

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

To: EL Camino Hospital Board of Directors
From: Cindy Murphy, Director of Governance Services
Date: September 9, 2020
Subject: Appointment of New Finance Committee Member

Recommendation(s):

To approve the appointment of Wayne Doiguchi to the Finance Committee for a renewable term expiring on June 30, 2020.

Summary:

1. **Situation:** There are currently two community members serving on the Finance Committee (Boyd Faust, Joseph Chow) and, per its Charter, there may be up to four. Effective September 9, 2020, Finance Committee member Richard Juelis has resigned from the Committee creating an additional opening.
2. **Authority:** The Finance Committee Charter provides: All Committee members, with the exception of new Community members, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year, expiring on June 30th, renewable annually.
3. **Background:** An Ad Hoc Committee of the Finance Committee comprised of John Zoglin and Don Watters sourced candidates through publication in local print media as well as through the networks of Board and Committee members and the members of the executive leadership team. The Ad Hoc Committee, together with Dan Woods, CEO, Michael Moody, Interim CFO, and Cindy Murphy, Director of Governance Services, interviewed three candidates. On the recommendation of the Ad Hoc Committee, the Finance Committee interviewed two of those candidates and ultimately voted unanimously to appoint Wayne Doiguchi to the Committee, subject to approval of the Board. Due to Mr. Juelis' departure, the Committee will continue recruitment efforts with a goal of achieving gender diversity on the Committee.
4. **Assessment:** The Finance Committee found Mr. Doiguchi to be a well-qualified candidate who is well positioned to make valuable contributions to the Committee.
5. **Other Reviews:** The Finance Committee reviewed and recommended Board approval of appointment of Mr. Doiguchi at its August 25, 2020 meeting.
6. **Outcomes:** N/A

List of Attachments: Candidate Profile and Questionnaire

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

**Candidate Questionnaire
El Camino Hospital Board of Directors
Finance Committee Member**

1. Identifying Information

Name: WAYNE DOIGUCHI

Residence Address:

3388 KENZO CT
MT. VIEW CA 94040

E-mail Address:

YENMAKER@MSN.COM

Phone Number:

650 380-6222

2. Specific financial experience - Please describe how your professional background demonstrates your knowledge and experience with the following:

a. Demonstrated strategic financial effectiveness in an environment as a Financial Officer or General Manager. CHAIRMAN & CEO OF PAN PACIFIC BANK MERGED WITH CALIF BANK OF COMMERCE 2015.

b. Experience (and an appreciation of) within an environment that places a high value on service and service excellence.

BANKING IS A SERVICE BUSINESS, SO WE PLACED A HIGH VALUE OF BUILDING RELATIONSHIPS WITH OUR CLIENTS

c. Prior experience offering strategic insights in any of the following areas

- Healthcare Finance
- Large Complex Facility Construction RESIDENTIAL & COMMERCIAL CONSTRUCTION
- Healthcare Payer
- Large corporate environment
- Medical Group Practice Experience

- d. Are there any other aspects of the position description that you have experience with that are not specifically called out above? If so, please describe that experience.

3. Why are you interested in being considered for a Finance Committee Member with the El Camino Hospital Board? *LOCALLY RAISED I HAVE A STRONG BANK COMMITMENT FOR THE COMMUNITY. HAVING BEEN A BANK CEO I HAVE A STRONG SKILL SET IN FINANCE, WORKING WITH INSTITUTIONAL INVESTORS, THE CONSTRUCTION INDUSTRY AND BUILDING RELATIONSHIPS AND SERVING OUR CLIENT,*
4. Are there any civil, employment-related or criminal incidents in your background that we may uncover in a reference or background check? Have you ever been involved in a government investigation for business related issues (e.g. SEC)? (Note: Disclosure of a civil, employment-related, criminal incident(s) or government investigation will not necessarily disqualify you from appointment. The nature and timeframe will be taken into consideration.)
NONE
5. Are you able to make the necessary time commitment?
YES
6. Would this position create a conflict of interest with any of your other commitments?
IT WOULD DEPEND ON WHEN COMMITTEE MEETS. BUT MONDAYS AT 5:30 WORKS FOR ME
7. The El Camino Hospital Finance Committee Member position is a non-compensated, (i.e. volunteer) and has one-year renewable terms. Is this acceptable?

YES



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Wayne Doiguchi · 2nd

Director at California Bank of Commerce

San Francisco Bay Area · 260 connections · Contact info

CBC California Bank of Commerce
University of Washington
Pacific Coast Banking School

Cynthia

People Also Viewed



Highlights



1 mutual connection

You and Wayne both know Dennis Young

About

Wayne has over 40 years of experience as an operating executive and investor in the Bay Area banking industry. He is currently a Director with California Bank of Commerce and was a founding Board member of Pan Pacific Bank and became Chairman & CEO in 2010. He has a long, sustained track record of creating shareholder value, and ... see more

Featured

Pan Pacific Bank
californiabankofcommerce.com

Pan Pacific Bank is an independent, locally owned bank headquartered in Fremont, CA. We provide client services in Alameda and Santa Clara counties.

Messaging



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2

Experience



Director

California Bank of Commerce
Jan 2016 – Present · 4 yrs 4 mos



Chairman and CEO

Pan Pacific Bank
Jul 2005 – Dec 2015 · 10 yrs 6 mos

Founder and CEO

Strataventure LLC
Jan 1995 – Dec 2005 · 11 yrs
San Jose

Venture firm that invested in Bay Area businesses. Particularly helped early stage companies that wanted partnerships with companies in Japan, and helped Japan partners in Silicon Valley.



Head of Loan Administration

Union Bank
Jan 1972 – Dec 1990 · 19 yrs
San Francisco Bay Area

As head of loan administration handled all loan administrative functions for the the bank's loan committees for retail, construction and corporate lending.

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Education

University of Washington Pacific Coast Banking School

1982 – 1985



Santa Clara University

Master of Business Administration (MBA), Finance
1978 – 1981



University of California, Los Angeles

Skills & Endorsements

Banking · 7



Endorsed by Nancy Sheppard and 1 other who is highly skilled at this

Messaging



Search



Endorsed by other connections, this is highly skilled at this

Leadership · 5

William H Noibi and 4 connections have given endorsements for this skill

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Recommendations

Received (0) Given (2)



Jeffrey Hill
Sr. Commercial Credit Analyst at First Tech Federal Credit Union
October 26, 2015, Wayne was senior to Jeffrey but didn't manage directly

Jeff is an extremely valuable employee and has a high degree of loan knowledge working in our loan department. He's approaches all his duties with a strong sense of responsibility and is a good communicator and works well with everyone. I would recommend him and believe he has the ability to excel in any role.



Jennifer C.
Accounting Professional
October 8, 2015, Wayne was senior to Jennifer but didn't manage directly

Jennifer is an extremely valuable employee and has a high degree of expertise working in our financial department. She recently implemented a new employee benefit program and ran the entire process from vendor to employee. Her skills clearly excel under pressure and she is a team player.

Accomplishments

6 Organizations

Abode Tri-City Homeless Coalition • Association for Corporate Growth Silicon Valley (ACGSV) • SAVE (Safe Alternatives to Violent Environment) • San Jose Sports Authority • Serra Center • The Washington Hospital Foundation



Messaging

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

To: EL Camino Hospital Board of Directors
From: Cindy Murphy, Director of Governance Services
Date: September 9, 2020
Subject: Appointment of New Investment Committee Member

Recommendation(s):

To approve the appointment of Rich Juelis to the Investment Committee for a renewable term expiring on June 30, 2020.

Summary:

1. **Situation:** There are currently three community members serving on the Investment Committee (Nicola Boone, John Conover, and Brooks Nelson) and, per its Charter, there may be up to four.
2. **Authority:** The Investment Committee Charter provides: All Committee members, with the exception of new Community members, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year, expiring on June 30th, renewable annually.
3. **Background:** Mr. Juelis has served as a valuable member of the Finance Committee since September 2012. During the recent Finance Committee recruitment process, Mr. Juelis expressed interest in transitioning to the Investment Committee for two reasons: (1) his current professional activities are more focused on investing than on finance and (2) to free up an additional opening for a community member on the Finance Committee. Mr. Juelis is known to the Investment Committee members through attendance at the annual joint meetings of the Finance and Investment Committees where the long range financial forecast is reviewed, as well as from attendance at biannual joint education sessions of the Board and its Committees. In addition, in accordance with the Board Committees' usual practice, the Investment Committee interviewed Mr. Juelis on July 24th and voted unanimously to appoint him to the Committee, subject to approval of the Board.
4. **Assessment:** The Investment Committee found Mr. Juelis to be a well-qualified candidate who is well positioned to make valuable contributions to the Committee.
5. **Other Reviews:** The Investment Committee reviewed and recommended Board approval of appointment of Mr. Juelis at its August 24th, 2020 meeting.
6. **Outcomes:** N/A

List of Attachments: Candidate Profile

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

Richard Melis

Mr. Melis has extensive experience as an executive, consultant, board member and investor. During his career, he held domestic and international finance and general management positions with life science companies.

He held executive positions at two major pharmaceutical companies on the East Coast and in Ireland, as well as CEO at emerging biotech / medical device companies in the Bay Area. He is currently a board finance committee member at El Camino Hospital, a leading Silicon Valley hospital. He serves as Life Science Committee Co-Chair of the Fund of Angels fundangels.com, investing in and sponsoring early stage technology companies.

Mr. Melis has a B.S. in Chemistry from Fordham University and an M.B.A. from Columbia Business School. He is a student mentor with their Entrepreneurial Programs.

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

To: El Camino Hospital Board of Directors
From: Apurva Marfatia, MD, Enterprise Chief of Staff
Michael Kan, MD Chief of Staff Los Gatos
Date: September 9, 2020
Subject: Medical Staff Report – Open Session

Recommendation:

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

Summary:

1. Situation: The Medical Executive Committee met on August 27, 2020.
2. Background: MEC received the following informational reports.
 - a) Quality Council – The Quality Council met on August 5, 2020. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
 - i. Mountain View Emergency Department Annual Report
 - ii. Los Gatos Emergency Department Annual Report Palliative Care Annual Report
 - iii. Information Services Annual Report and Dashboard
 - b) Leadership Council – The Leadership Council met on August 18, and August 24, 2020:
 - i. The Quality Council reviewed and discussed:
 1. Announced that the Medical Staff Services Department has a new Director – Jennifer Siguenza.
 2. Dr. Shaheen joined the Leadership Council to discuss the Ethics Committee and the Ethics Hotline both of which currently are managed by the Medical Staff Services personnel
 3. The Medical Staff Budget was discussed
 4. The August 24th meeting managed behavioral issues
 - c) The CEO Report was provided and included the following updates:
 - i. WeCare Launch
 1. Focusing on community and patient experience
 2. Get Well Network – to enhance patient interactive experience
 3. Integrates with Epic
 4. In several languages
 - ii. COVID-19 Recovery
 1. Overall growth indicates a positive trend
 2. Reviewed procedural volume January 2020 – July 2020
 3. Reviewed ED visits per day by month January 2020 – July 2020
 4. El Camino Health has earned ACC Certification Services as Transcatheter Valve Center Base Certification which is the first in California
 - d) The CMO Report was provided and included the following updates:
 - i. Reviewed and discussed the Quality Dashboard
 1. Mortality – continues to trend up .74 index FY20 final
 2. Readmissions – met the goal for FY20
 3. HCAPS – continues to improve

4. Throughput for ED indicates steady progress
 - ii. As an FYI, physicians are being notified when their patients are being readmitted

3. Other Review: The MEC approved the Policies and Scopes of Service

List of Attachments: Policy Summary

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

BOARD APPROVAL
Policies, Plans & Scopes of Service
September 9th, 2020

Dept.	Policy Name	Type of Change	Type of Document	Notes	Committee Approvals
Information Systems	<ol style="list-style-type: none"> 1. Information Security Management Program 2. Information Security – Acceptable Use Workforce Communication 3. Information Systems - Authorized Access to Information Systems 4. Information Security - Business Requirement for Access Control 5. Information Systems - Compliance with IT Security and Standards, and Technical Compliance 6. Information Systems - Compliance with Legal Requirements 7. Information Systems - Control Third Party Service Delivery 8. Information Systems - Correct Processing in Applications 9. Information Systems- Corrections 10. Information Systems - Cryptographic Controls 11. Information Systems - Documented Operating Procedures 12. Information Systems - During Employment 13. Information Systems - During On-Boarding 14. Information Systems - Electronic Commerce Services 15. Information Systems - Equipment Security 16. Information Systems - Exchange of Information 17. Information Systems - External Parties 18. Information Systems- Individual Choice and Participation 19. Information Systems - Information Back-Up 20. Information Systems - Information Classification 21. Information Systems - Information Security Aspects of Business Continuity Management 22. Information Systems - Information Security Policy 23. Information Systems - Information System 	All Minor	All Policies	<p>#2Coverage - Changed El Camino Hospital to El Camino Health Purpose - Changed on the premises to on hospital/clinical premises Leaders Role and Responsibility - Changed unauthorized access to unauthorized access, disclosure" Changed PolicyTech to PolicyStat</p> <p>47 Information Security policies in PolicyStat are updated to explicitly state that NIST 800-53 controls were selected to support the ECH Security Risk Management (SRM) practice. Incorporating this statement into the 45 policies reinforces that SRM is an obligation and demonstrates ECH is accountable for implementation and enforcement across the enterprise. 45 Information Security policies in PolicyStat are updated to explicitly state that the HIPAA Security Rule standards federal regulation requires all covered entities to achieve compliance. Incorporating this statement into the 45 policies unconditionally reinforces Regulatory Compliance as a legal obligation and demonstrates ECH is accountable for enforcing compliance across the enterprise. Changed "El Camino Hospital" to "El Camino Health". Changed "IT Security Program Executive Steering Committee" to "Information Security Program - Executive Steering Committee (ISP-ESC)"</p>	InfoSec – CISO, Technical Services Director, CIO

Audit Considerations

- 24. Information Systems - Internal Organization
- 25. Information Systems - Management of Information Security Incidents and Improvements
- 26. Information Systems - Media Handling
- 27. Information Systems - Mobile Computing and Teleworking
- 28. Information Systems - Monitoring
- 29. Information Systems - Network Security Management
- 30. Information Systems - Operating System Access Control
- 31. Information Systems - Protection Against Malicious and Mobile Code
- 32. Information Systems - Reporting Information Security Incidents and Weaknesses
- 33. Information Systems - Responsibility for Assets
- 34. Information Systems - Risk Management Program
- 35. Information Systems - Secure Areas
- 36. Information Systems - Security in Development and Support Processes
- 37. Information Systems - Security of System Files
- 38. Information Systems - Security Requirements of Information Systems
- 39. Information Systems - System Planning and Acceptance
- 40. Information Systems - Technical Vulnerability Management
- 41. Information Systems - User Responsibilities
- 42. Information Systems – Application and Information Access Control
- 43. Information Systems – Prior to Employment
- 44. Information Systems – Termination or Change of Employment
- 45. Information Systems - Network Access Control

- 46. Information Systems - Secure Texting
- 47. Information Systems - Transparency

Emergency Management	<ol style="list-style-type: none"> 1. Pandemic Plan 2. Emergency Management: Covid-19 Control Plan 	Minor New	Plan Plan	<ol style="list-style-type: none"> 1. Revised Plan to current operations 2. Removed reference to Code Orange Job Action Sheets, as these are for mass casualty decon events and not the Code Orange events. Updated link to Safety Data Sheet procedure. Added a note to refer to the Mass Casualty Decontamination Plan in a major event with multiple injured persons. 	<ol style="list-style-type: none"> 1. Infection Prevention Committee, Emergency Management and Central Safety 3. Nursing and Cheryl Reinking and Infection Prevention
Security	<ol style="list-style-type: none"> 1. Workplace Violence Prevention Plan 	Minor	Plan	Event review gives employees the ability to raise concerns in all areas including workplace violence, code grey critique and security report provide a detailed account of any event	Emergency Management and Central Safety
Care Coordination	<ol style="list-style-type: none"> 1. Scope of Service 	Minor	Scope of Service	1. Care Coordination process focuses on safe and realistic discharge planning to reduce readmission rate and decrease length of stay. Utilization review process assesses the appropriateness of admission. Staffing includes- Clinical Manager and PM care coordinator in Emergency.	
Radiation Oncology and Cancer Center	<ol style="list-style-type: none"> 1. Radiation Oncology Department Scope of Service 	Minor	Scope of Service	Hours of operation and terminology	Director of Oncology Lead Radiation Therapist
Radiation Oncology	<ol style="list-style-type: none"> 1. Infusion Center – Mountain View 	Minor	Scope of Service	Added support services, updated hours of operation.	Director Med/Surg/Oncology, Sean Toner, Physicist
Patient Care Services	<ol style="list-style-type: none"> 1. Musculoskeletal Injury Prevention Plan and Policy 	Minor	Plan	<p>Changed the name of the Safe Patient Handling Committee to the Safe Patient Handling and Mobility Committee.</p> <p>There was no changes in the actual components of the plan</p>	HR Leadership including CHRO, Safe Patient Handling, Directors Leadership Team
MCH	<ol style="list-style-type: none"> 1. Certified Nurse Midwives 	Minor	Scope of Service		IDPC, MCH Exec.
Regulatory	<ol style="list-style-type: none"> 1. Adverse Event Reporting to Regulatory or State Licensing Agencies 	Minor	Policy	Added language of new SB 425 B&P Code 805.8 Reporting to Licensing Agencies	Catherine C., Mary Rotunno, Diane W. and Sheetal S.



Current Status: Pending

PolicyStat ID: 8137112



Origination: N/A
Effective: Upon Approval
Last Approved: N/A
Last Revised: N/A
Next Review: 1 year after approval
Owner: Steve Weirauch: Mgr
 Environmental Hlth&Safety
Area: Emergency Management
Document Types: Plan

COVID-19 Control Plan

COVERAGE:

All El Camino Health staff, medical staff and volunteers

PROGRAM ADMINISTRATION:

The El Camino Health Infection Prevention and Emergency Management groups are responsible for designing, implementing, evaluating, and maintaining the El Camino Health COVID-19 Control Plan. The team collaborates with representatives from Employee Wellness and Health Services, Nursing, Hospital Administration, Emergency Department, Facilities, and Clinical Laboratories. Input from other departments/ individuals with required expertise is sought as needed.

REFERENCES:

- Center for Disease Control (CDC) Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

DEFINITION:

COVID-19 is an illness caused by the SARS-CoV-2 virus. Person to person transmission is widespread throughout the globe and community transmission in California and the United States is occurring.

PROCEDURE:

A. Identification and evaluation of patients with possible COVID-19 infection

Early identification of a Patient Under Investigation (PUI):

- Rapid identification of individuals with compatible symptoms and relevant travel/exposure history and institution of appropriate isolation measures are critical in reducing the risk of COVID-19 transmission.
- Use the current CDC Patient Under Investigation (PUI) definition available at
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The criteria are intended to serve as guidance for evaluation and testing for coronavirus. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19. COVID-19 has a wide range of symptoms, ranging from mild symptoms to severe

illness. Symptoms may appear 2-14 days after exposure to the virus. These include the following: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat or new loss of taste and smell.

B. COVID-19 testing

1. Rapid SARS-CoV-2, RT-PCR (Cepheid - done at El Camino Health Clinical Lab)
 - a. An order is placed in the EHR
 - b. This is performed at ECH Clinical Laboratory and does not require a signed requisition.
 - c. Place surgical mask on the patient.
2. Appropriate PPE to wear during test collection
 - a. N-95 respirator plus face shield/ goggles OR PAPR (powered air-purifying respirator)
 - b. Gown
 - c. Gloves
3. A nasopharyngeal (NP) swab should be collected to test for COVID-19.

C. Management of Emergency Department Patients

1. Triage: Rapid identification and isolation of patients who may be infectious follow Respiratory Screening Criteria which includes: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat or new loss of taste and smell, or exposure to COVID-19 person.
2. Patients meeting any of these criteria:
 - a. Place surgical mask on the patient.
 - b. Patients with respiratory symptoms will be triaged in the respiratory assessment area of the ED.
 - c. Patients will be roomed in designated COVID containment area.
 - d. Notify the charge nurse immediately.
 - e. Once the patient is in an isolation room, keep the door to the room closed.
 - f. Contact Facilities Engineering to verify negative airflow in the room.
 - g. Implement Airborne and Contact Isolation and ensure that everyone entering the room is wearing appropriate PPE as required.
 - h. Place an "**AIRBORNE AND CONTACT ISOLATION**" sign on the door.
 - i. All persons entering the room must perform hand hygiene and then don:
 - i. Powered Air-Purifying Respirator [PAPR] or N-95 Mask (staff must be fit-tested before wearing an N-95).
Note: If an aerosol-inducing procedure (i.e., intubation, nebulized medication, nasal pharyngeal swabbing) is planned, maintain airborne precautions.
 - ii. Gloves
 - iii. Isolation Gown
 - iv. Face shield if using N-95 mask
3. COVID tested patients, with pending results, discharged from ED:
 - a. Teach the patient about infection control practices to use at home including good handwashing,

- cough etiquette, and wearing a surgical mask during close contact with others in the home.
 - b. Patient should remain at home pending COVID-19 results.
 - c. Give the patient a surgical mask to wear as they leave the hospital, and several surgical masks to take home
 - d. Give the patient a copy of the two handouts found on the ECH Toolbox:
 - i. SCCPHD Suspected-Case Information Sheet
 - ii. SCCPHD Confirmed-Case Information Sheet
4. After the patient leaves the ED
- a. Keep exam room empty with door closed with appropriate isolation signage for 1 hour after the last aerosol-generating procedure was performed (including nebulized medication). Obtaining an NP swab does not require the room to be empty for one hour.
 - b. Clean room with approved hospital disinfectant including blood pressure cuff, stretcher, counters, bedside table etc. Discard contaminated supplies.

D. Management of Suspected or Positive Inpatients

1. Suspected COVID inpatients - patient remains in current room while ECH testing is conducted.
 - a. Door to room is kept closed until COVID result obtained
 - b. Patient's assigned RN will collect COVID swab under Airborne Contact precautions
 - c. If positive, patient to be transferred to COVID containment unit.
2. Patients being admitted who are suspected or positive for COVID-19
 - a. Prior to admission the accepting primary nurse must
 - i. Contact Facilities Engineering to ensure the room is verified as "Negative Airflow/ Pressure."
 - ii. Droplet and Contact Isolation: patients who are NOT undergoing aerosolized generating procedures
 - iii. Airborne and Contact Isolation: required for all patients admitted to Critical Care and for patients who will be undergoing aerosolizing generating procedures (i.e., intubation, nebulized medication, suctioning, ventilator patients, CPAP, etc.).
 - b. Must be placed in a single room with the door closed.
 - c. Post the "**appropriate isolation**" signage on the door of the patient's room.
 - d. **Only essential staff** should enter the room (attending physician, assigned RN, RT). Instruct non-essential personnel not to enter the patient room.
 - i. Staff that should not enter the room includes EVS/Unit Support, nutrition and food services staff, social work, and care coordination such as case management.
 - e. All staff must wear appropriate PPE for type of isolation and use proper donning and doffing sequence when entering and exiting the room.
 - f. Patients must remain in a negative air pressure room until COVID is no longer suspected or positive. The decision to discontinue precautions should be made in consultation with Infection Prevention.

- g. Educate patients about the reasons for isolation precautions. In addition, they should be instructed to cover their mouth and nose with a tissue when coughing or sneezing.
 - h. The patient should remain in his/her room at all times with the doors closed unless emergency diagnostic or therapeutic procedures (e.g., CAT scan, surgery, etc.) are urgently required and cannot be performed in the patient's room.
 - i. When leaving his/her room, the patient must disinfect hands, put on a clean hospital gown, and a surgical mask.
 - j. Notify the Pathology Department prior to autopsy procedures for deceased patients with suspected or confirmed COVID.
 - k. The isolation room where the patient has resided is considered contaminated for 1 hour (>99.9% removal efficiency) after the patient leaves and should remain vacant with doors closed for that interval of time. The room must remain vacant for 1 hour, followed by discharge cleaning of the room for isolation patients
3. Maternal Child Health specific work flows - see attachment, **L&D COVID-19 Workflows**.
4. Code blue and crash cart management for positive COVID patients (see attachment, **Crash Cart Management Code Blue for COVID-19 Patient**).
5. Trash and Linen
 - a. Place a trash receptacle into the anteroom or in hallway.
 - b. Place trash, including discarded gowns and gloves, into the anteroom or in room trash receptacle.
 - c. Place discarded N-95 respirators, PAPR visors, and face shields into the regular trash receptacle outside of the patient's room, if soiled or damaged.
 - d. Trash will be transported by EVS per normal protocol.
 - e. Sharps and non-hazardous pharmaceutical containers will be collected by assigned staff.
 - f. Soiled linen is transported and laundered in the same manner as all hospital linen. It is placed in a bag designated for soiled linen and must remain in the patient's room or anteroom until it is transported for laundering.
6. Cleaning and disinfection of environment
 - a. Room Pre-Occupancy Preparation
 - i. Place soiled linen collection container in anteroom, or in patient room if no anteroom.
 - ii. EVS to place dedicated cleaning equipment in anteroom or in patient room for nursing staff to utilize. Nursing staff will request additional supplies or disinfectant as needed.
 - b. Room Occupancy / Daily Room Cleaning Procedures & Personal Protective Equipment (PPE)
 - i. EVS/Unit Support does not perform daily occupied room cleaning. EVS will perform terminal room clean when patient is transferred or discharged.
 - ii. Nursing staff perform routine daily cleaning of high touch areas: over bed table, bed handrails, computer keyboard.
 - c. Discharge or transfer Room Cleaning
 - i. EVS/Unit Support follow designated procedures for specialized discharge cleaning of

COVID+ patient rooms. EVS will adhere to designated room closure time requirements prior to entering room.

ii. Personal Protective Equipment

- Perform hand hygiene prior to entering room and immediately after removing PPE.
- EVS staff must wear gown, gloves, surgical mask, and eye protection.
- Remove and discard PPE in anteroom.
- If there is no anteroom, remove gloves, gown, eye protection in room.

iii. Following cleaning, EVS will notify supervisor to report that cleaning is complete. The supervisor must visually inspect the room then will remove the isolation signage and inform nursing unit staff that the room has been cleaned and is ready for re-occupancy.

iv. Notify Facilities Engineering that the room no longer requires negative airflow.

7. Cleaning and disinfection of equipment – Cleaned/disinfected equipment should remain in room until UV Disinfection is complete.

- a. Equipment and/or devices that are not disposable must be cleaned to remove any blood or body fluids and disinfected with the approved hospital disinfectant. Cleaning, disinfection, and UV Disinfection must be completed before the equipment is stored in the clean equipment area and before being used for other patients.
- b. Clean and disinfect equipment in the room or in the anteroom.
- c. Equipment surface(s) must be THOROUGHLY WET with the disinfectant agent and allowed to remain undisturbed for the contact time specified by the surface disinfectant.
- d. Persons cleaning/disinfecting equipment in a room housing a suspected or positive COVID patient must wear appropriate PPE. If cleaning/disinfecting equipment in the anteroom, wear a gown and gloves.

8. Transport of suspected or positive COVID patients – Nursing staff always accompany the patient

- a. Place a surgical mask on the patient during transport.
- b. The patient should remain in his/her room at all times with the doors closed unless emergency diagnostic or therapeutic procedures (e.g., CAT scan, surgery, etc.) are required and cannot be performed in the patient's room.
- c. Before leaving the room, the patient should disinfect his/her hands, put on a clean hospital gown, and put on a surgical mask.
- d. Nursing staff transfers the patient to a wheelchair or gurney.
- e. Use a clean sheet that was not stored in the room to completely cover the patient before leaving the room.
- f. Transporters should follow the recommended sequence of donning PPE prior to entering the patient's room. The transporter should follow the recommended sequence of doffing PPE and eye protection, but should keep his/her surgical mask on during transport.
- g. The transporter should continue to wear surgical mask and eye protection during transport.
- h. Bring a clean surgical mask in the event the patient's mask becomes wet during transport.
- i. Notify the area to which the patient is being transported that the patient is a suspected or

positive for COVID so that appropriate accommodations can be made. If possible, schedule suspected or positive COVID patients at the end of the day.

- i. Notify Facilities Engineering so that proper precautions can be implemented (e.g., placement of a HEPA filter in area).
- j. Staff in receiving location are to wear appropriate PPE prior to patient contact.
- k. Surgery patients must be transported directly from their room to Operating Room.

9. Visitor Restriction

- a. Visitor restrictions will be put into place following state and county recommendations.
- b. All requests for patient visitors will be directed to the Assistant Hospital Manager/Hospital Supervisor (AHM/HS). The AHM/HS will determine if the visitation meets exceptions criteria and will coordinate visit with requesting department. The AHM/HS will ensure that visitor restrictions are followed, including visitation time limitations.
- c. COVID positive patients
 - i. No visitors
 - ii. Exception: Compassionate visit
 - Approved by Infectious Disease physician
 - Appointment time in advance
 - Visitor must be accompanied by Infection Prevention (IP) RN
 - Visitor must wear appropriate PPE as instructed by IP RN
 - Visit will be time limited
- d. Non-COVID patients
 - i. Visitors will be allowed per current hospital visitation guidelines posted in The ECH Toolbox under COVID
 - ii. Exceptions:
 - Pediatric patients will be allowed one support person.
 - Maternal-Child will be allowed one support person.
 - End of Life
 - Patient must have a DNR and a notation from the MD that the patient has <48 hours to live.
 - Only immediate family is allowed in the room, defined as a sibling, spouse, offspring, or parents
 - Visits are limited to 2 hours
 - Up to three people at a time
 - Patients with Physical, Intellectual, and/or Developmental Disabilities and/or Cognitive Impairments
 - One support person be allowed to be present with the patient when medically necessary
 - Must stay in the room and be asymptomatic for COVID

- Support persons may be screened prior to entering the clinical areas
 - e. The patient's care team will provide education on visitor restrictions to the family and designated visitors.
 - f. Encourage video and phone call visits
 - g. All approved visitors are required to be screened and remain in patient room during visit. Visitor time limits will apply.
10. Potential health care worker and patient exposures process
- a. Definition of Exposure: Any unprotected (no PPE used) contact with a patient diagnosed with or suspect for COVID before initiation of appropriate isolation precautions.
 - b. Infection Prevention responsibilities:
 - i. Review the medical record for any suspicion of COVID to ascertain whether proper isolation measures were instituted.
 - ii. Review the patient's status with an attending physician or designee.
 - iii. Determine whether any potential exposure to hospital personnel occurred.
 - iv. Determine whether any potential exposure to patients occurred.
 - v. Report exposures to Employee Health and Wellness Services.
 - c. Responsibilities of Employee Health and Wellness Services (EWHS):
 - i. Supervisors are required to submit a list of the names and employee ID numbers of employees that meet exposure criteria to Employee Health by the end of the business day on which the supervisor is notified. .
 - ii. Follow up on employees that meet the exposure criteria
 - iii. Contact the supervisors of departments with exposed employees. The supervisors are emailed an exposure follow-up form which states that a COVID exposure has occurred in their department, giving the name and MRN of the patient.
 - iv. Provide self-monitoring instructions to all health care personnel that meet exposure criteria.
 - v. Record all exposures and exposed employee information.
 - vi. Arrange for post-exposure education and monitoring.
 - vii. Exposed employees must measure their own temperatures twice daily and can continue to work as long as they do not have either fever >100.4°F or respiratory symptoms such as (e.g. cough, shortness of breath or trouble breathing, muscle pain, new loss of sense of smell)
- E. Employees diagnosed with COVID-19 are restricted from work for 14 days from the positive test date or 7 days after the resolution of symptoms whichever is longer.
- 1. Employees must obtain Employee Wellness and Health Services (EWHS) clearance prior to returning to work.
- F. Employee Masking and Monitoring
- 1. All employees will complete Employee Wellness Monitoring for at the beginning of each on-site work day.
 - 2. All employees will participate in the Universal Masking Program.

G. Engineering Controls

1. Mountain View:

a. Patient Care Units:

- i. There are designed Airborne Isolation Rooms (AIRs), with anterooms and alarms, dispersed throughout the facility that meet all of the code requirements in place when they were constructed. They each provide 100% Exhaust and do not return air to the building. These rooms are always “negative” to the surrounding spaces and are the preferred spaces for isolation needs. Nursing is responsible to advise Engineering before use. Engineering will verify and document performance and will continue to do so daily until the isolation is lifted.
- ii. Under normal conditions, air handlers introduce a combination of Outside Air (OSA) and Recirculated Air (RA) into the facility. Some air is captured, filtered, and returned to the building and a percentage is exhausted and replaced with fresh OSA. These percentages were set by code requirements.
- iii. In the event that it becomes desirable to prevent air from being recirculated in the building, the air handlers can be automatically adjusted to provide 100% OSA to the Patient Care Areas and to exhaust all air to the outdoors. The individual patient rooms can also be adjusted to provide a “negative” airflow to the surrounding spaces. It is worthy to note, that while the patient room can be made “negative”, the air changes will not be equivalent to those in a designed AIR. Also, of note, there would be no proper anteroom, and no automated alarm mechanism.
- iv. It is critical that any rooms that are converted be meticulously tracked so that admitting and nursing are fully aware of their status. In this scenario, Engineering assumes responsibility for documenting daily pressure checks to ensure that the rooms remain “negative” to the surrounding areas, regardless of whether they are in use.

b. Emergency Department:

- i. There is a designed Airborne Isolation Room (AIR), with anteroom, that meets all of the code requirements in place when it was constructed. It provides 100% Exhaust and does not return air to the building. This room is always “negative” to the surrounding spaces and is the preferred space for isolation needs. ED is responsible to advise Engineering before each use. Engineering will then verify and document performance.
- ii. Under normal conditions, air handlers introduce a combination of Outside Air (OSA) and Recirculated Air (RA) into the facility. Some air is captured, filtered, and returned to the building and a percentage is exhausted and replaced with fresh OSA. These percentages were set by code requirements.
- iii. In the event that it becomes desirable to prevent air from being recirculated in the building, the air handlers can be adjusted to provide 100% OSA to the Emergency Department and to exhaust all air to the outdoors. Additionally, the Clinical Decision Unit (CDU) Exam Rooms can also be adjusted to provide a “negative” airflow to the surrounding spaces. It is worthy to note, that while these exam rooms can be made “negative”, the air changes will not be equivalent to those in a designed AIR. Also, of note, there would be no proper anteroom, and no automated alarm mechanism.
- iv. Again, it is critical that any rooms that are converted be meticulously tracked so that ED

staff and nursing are fully aware of their status. In this scenario, Engineering assumes responsibility for documenting daily pressure checks to ensure that the rooms remain “negative” to the surrounding areas, regardless of whether they are in use.

2. Los Gatos:

a. Patient Care Units:

- i. There are designed Airborne Isolation Rooms (AIRs), some with anterooms and alarms, dispersed throughout the facility that meet all of the code requirements in place when they were constructed. They each provide 100% Exhaust and do not return air to the building. These rooms are always “negative” to the surrounding spaces and are the preferred spaces for isolation needs. Nursing is responsible to advise Engineering before use. Engineering will verify and document performance and will continue to do so daily until the isolation is lifted.
- ii. Under normal conditions, air handlers introduce a combination of Outside Air (OSA) and Recirculated Air (RA) into the facility. Some air is captured, filtered, and returned to the building and a percentage is exhausted and replaced with fresh OSA. These percentages were set by code requirements.
- iii. In the event that it becomes desirable to prevent air from being recirculated in the building, the air handlers can be manually adjusted and retrofitted to provide 100% OSA to the Patient Care Areas and to exhaust all air to the outdoors. However, because of the lack of sophistication of the equipment, this will interfere significantly with our ability to maintain temperature control in the facility during extreme temperatures, both high and low. The individual patient rooms can be retrofitted using HEPA scrubbers exhausted through the windows and manually blocking off air return diffusers to provide a “negative” airflow to the surrounding spaces. It is worthy to note, that while the patient room can be made “negative”, the air changes will not be equivalent to those in a designed AIR. Also, of note, there would be no proper anteroom, and no automated alarm mechanism.
- iv. It is critical that any rooms that are converted be meticulously tracked so that admitting and nursing are fully aware of their status. In this scenario, Engineering assumes responsibility for documenting daily pressure checks to ensure that the rooms remain “negative” to the surrounding areas, regardless of whether they are in use.

b. Emergency Department:

- i. There are no designed Airborne Isolation Rooms (AIRs) in the Emergency Department. However, there are two rooms each split into two “bays” that have manual controls that can make each room “negative” to the corridor. There are no anterooms, no automatic alarms, and only a manual gauge.

H. Sputum Induction and Bronchoscopy Procedures

1. During these procedures, staff in the patient room must wear a PAPR (not an N-95 respirator).
2. Sputum Induction
 - a. The patient must wear a surgical mask during transport to and from sputum induction booths.
 - b. Cough- and aerosol-inducing procedures such as nebulizer treatments, sputum induction, bronchoscopy and endotracheal intubation may facilitate transmission of the COVID virus to health care workers.

- c. Sputum induction should be performed on COVID patients only when medically necessary.
 - d. Patients with diagnosed or suspected COVID must undergo sputum induction in the patient's airborne isolation room or in a HEPA-filtered sputum induction booth.
3. Bronchoscopy
- a. Cough- and aerosol-inducing procedures such as nebulizer treatments, sputum induction, bronchoscopy and endotracheal intubation may facilitate transmission of the COVID virus to health care workers.
 - b. Bronchoscopy should be performed on suspected COVID patients only when medically necessary.
 - c. Patients with diagnosed or suspected COVID requiring bronchoscopy must have the procedure performed in an airborne Isolation Room or area or HEPA-filtered room (e.g., Endoscopy Suite).
 - d. Patients must remain in the room until coughing has subsided. Advise the patient to cover his/her mouth and nose with a tissue when coughing.
 - e. A surgical mask must be worn by the patient during transport.
 - f. The procedure room must not be used for at least 1 hour following bronchoscopy to allow sufficient time for appropriate ventilation.

I. Clinical Laboratory Procedures

1. COVID Testing

- a. Send specimens to Clinical Laboratory via transport and NOT the pneumatic tube.
- b. The Clinical Laboratory will perform a COVID PCR test and will call all positive results.

2. Other Clinical Laboratory Tests

- a. Do NOT order viral isolation (culture) to be performed at ECH. Specimens will not be accepted for viral isolation/culture.
- b. PCR testing (rapid influenza/RSV and Respiratory Panel) may be ordered.

J. Coordination with the Santa Clara County Public Health Department (SCCPHD)

- 1. All Positive, Negative and Indeterminate COVID results are immediately sent to SCCPHD via the CALREDIE / ECH Epic interface.
- 2. Upon notification of a COVID positive patient, Infection Prevention (IP) will report case to SCCPHD.

K. Supply Management Procedures

- 1. Extended use of PPE to ensure supply during surge.
- 2. Departments bring 24 Supply Request form to Central Supply to obtain allocated PPE.
- 3. Central Supply will monitor PPE levels and report out shortages.
- 4. As requested report supply levels to SCCPHD.

L. COVID Capacity

- 1. There are designated COVID areas that will be activated in order of need.
 - a. MV – POD 3 CCU, 3CW (only tele/med/surg level pts), 4A (med/surg only) and one L&D room.
 - b. LG - Ortho Pavilion 10 identified rooms (only tele/med/surg level pts) one L&D room.

i. LG ICU isolation room 1078 will be held when any COVID patients admitted.

M. Surge Plan – see attachment - *Patient Surge for COVID* for order of patient placement.

1. MV hospital will be the primary location for all admitted COVID positive patients
2. COVID positive patients admitted or being admitted in LG will be transferred to MV campus to designated COVID area
3. If the MV hospital reaches maximum capacity for admitted COVID positive patients, LG hospital will be utilized.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

Attachments

[COVID 19 Contact Tracing.pdf](#)
[Crash Cart Management Code Blue for COVID-19 Patient](#)
[OB Labor and Delivery COVID-19 Workflow](#)
[Patient Surge for COVID Plan](#)

Approval Signatures

Step Description	Approver	Date
Board	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	08/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	07/2020
Infection Prevention Committee	Jeanne Hanley: Projects Coordinator	07/2020
Emergency Management Committee	Steve Weirauch: Mgr Environmental Hlth&Safety	06/2020
	Steve Weirauch: Mgr Environmental Hlth&Safety	06/2020

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

To: El Camino Hospital Board of Directors
From: Peter C. King, DGOV Governance Committee Chair
Date: September 9, 2020
Subject: Governance Committee Report

Purpose: To inform the Board regarding the reasons for delay in Governance Committee recommendations for 2021 Board Member Competencies and the February Board Retreat.

Summary:

1. **Citation:** For the past several years during 2019 the Governance Committee has made recommendations to the Board regarding Board Member Competencies and a February Board Retreat topic and agenda.
2. **Authority:** Per the Governance Committee Charter the following are responsibilities of the Committee:
 - Define the necessary skill sets, diversity, and other attributes required for Board members to support Hospital strategy, goals, community needs, and current market conditions.
 - Make recommendations to the Board regarding Board composition.
 - Recommend a policy, budget, and annual plan for Hospital Board and Committee member education, training, and development.
3. **Background:** At its August 4th meeting the Governance Committee discussed the following two items and reached consensus to delay recommendation to the Board for the reasons described.
 - A. 2021 Board Member Competencies: Under normal circumstances the Governance Committee would make a recommendation to the Board regarding the most important Board member skills and competencies and the Board would conduct an assessment of overall gaps in the desired Board Member Competencies. There will be a contested election for the three open seats on the District Board in the November election. Since the will not know who is on the Board until then it is too difficult to predict what the gaps in competencies will be. Therefore the Governance Committee will revisit this topic at its February 2021 meeting.
 - B. February 2021 Board Retreat: Due to the COVID-19 pandemic and the new strategic planning process currently underway it is too early to decide how the Board can best use its time at the February Retreat. The Governance Committee will revisit this topic at its October meeting.
4. **Assessment:** These items were appropriately delayed due to external factors
5. **Other Reviews:** None other than the Governance Committee.
6. **Outcomes:** The Governance Committee will bring these recommendations to the Board at a later, more appropriate time.

List of Attachments: None.

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

**OPEN SESSION CEO Report
September 9, 2020
Dan Woods, CEO**

Quality and Safety

During the period August 1, 2020 through August 31, 2020, the number of patients hospitalized with COVID-19+ was a low of 5 to a high of 16. As we continue to treat COVID-19 patients and the flu season gets closer, personal protective equipment (PPE) will continue to be in strong demand. El Camino Health has consistently maintained a large stock of PPE since the pandemic began. The safety of El Camino Health patients, employees, and physicians is our top priority and materials management staff continues to work diligently to source and add to our supply of PPE.

We are proud to report success with preventing Hospital-Acquired Infections – so much so that we will not receive a penalty from CMS for the latest reporting period.

Operations

We continue to manage our COVID-19+ patient population while maintaining normal operations. An indicator of patients returning to health can be seen in the number of procedures completed throughout the enterprise. Volumes returned in June and July to levels that reached pre-COVID-19 levels for each month.

ECH received 40 applications from physicians around the country for our Invasive Bronchoscopy Fellowship Program led by Dr. Ganesh Krishna. This is a remarkable number of applicants and demonstrates the incredible demand for this very important training program.

On August 13, 2020, the American College of Cardiology notified the El Camino Health Heart and Vascular Institute that it granted its application to become the first nationally certified Transcatheter Valve Center of Excellence in California. Only top programs that meet the highest standards for outcomes, quality, performance, and volume for valve surgeries and catheter interventions receive this certification. In addition, UnitedHealthcare re-designated ECH as a Bariatric Surgery Center of Excellence. Since this is also like a gold stamp of approval for quality, some employers who purchase insurance through UnitedHealthcare provide benefits that direct employees to use facilities designated as a Center of Excellence.

Workforce

For the fourth year in a row, El Camino Health will again be recognized as a “LGBTQ Healthcare Equality Leader” under the Human Rights Campaign’s (HRC), the nation’s largest lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights organization,



Healthcare Equality Index (HEI) for the year 2020. For 2020, the HEI scoring criteria included a higher benchmark, requiring participating facilities to extensively demonstrate that they have LGBTQ+ inclusive employment non-discrimination policies and staff healthcare benefits, provide best practice LGBTQ+ patient-centered care and deep community engagement. ECH security wrist bands for new parents and their partners are modified to accommodate all parental configurations and Sexual Orientation and Gender Identity (SOGI) demographic data collection and care integration. ECH sponsors the LGBTQIA+ ECH Symposium and sponsors and participates in the Santa Cruz and San Jose Pride parades.

More than 60 El Camino Health employees and physicians and their families have evacuated their homes due to the recent California wildfires. As all of our hearts go out to them, the El Camino Health Foundation is providing support in the form of grants, hotel accommodations and a special fund, set up to support affected employees from donations made by employees. We have also distributed surplus, non-medical KN95 masks for employees to use at home with family to safeguard against the smoke that has blanketed most of the Bay Area.

Information Services

The Enterprise Web-Based Dashboard now provides real time El Camino Health Medical Network (ECHMN) ambulatory data, which includes productivity/wRVUs (Work Relative Value Units), revenue, contribution margins, and quality (Healthcare Effectiveness Data and Information Set (HEDIS), Medicare Access and CHIP Reauthorization Act (MACRA)). ECH is one of the top users of the Enterprise Web-Based Dashboard across all Epic customers. Our CIO, Deb Muro, and I were asked to present ECH's successful use of dashboards at the Epic User Group meeting for a CEO event this year, but we declined due to travel restrictions.

The Deterioration Index in Epic, which predicts patients trending towards a serious event early and alerts the Rapid Response team to intervene, is now live. We are measuring the impact on Code Blue (cardiac arrest) events, which have decreased at other organizations by as much as 35%.

MyChart enrollment, a conduit to improve a patient's personalized healthcare journey, continues to rise with an enterprise targeted effort to increase patient adoption. Forty-eight percent of patients seen this month have MyChart Accounts.

We launched the newest version of our mobile app offering "On Demand Virtual Visits" via a telehealth service. Scheduled virtual visits are now available for our clinic physicians. Both on-demand and scheduled visits in our telehealth services are integrated with our Epic electronic medical record with the visit summary available to patients in their MyChart patient record.

El Camino Healthcare District (ECHD) Community COVID-19 Testing Program

I am happy to report that, on August 25th, we held our first community pop-up COVID-19 testing site. We continue to provide testing at our Mountain View Hospital campus and are now hosting rotating pop-up sites each Tuesday, Wednesday and Thursday at public school sites (for school district employees) and downtown retail districts within the geographic boundaries of the ECHD. As of August 31st, we provided 4,142 tests through the District Program. We are continuing our efforts at scaling the program to increase the availability of testing for asymptomatic individuals who live, work, or go to school within the District. Capacity is currently 200 tests per day at the pop-up sites in addition to the over 100 per day at the Mountain View Hospital campus.

Corporate and Community Health Services

CONCERN recently moved from 1503 Grant Road to the Melchor Pavilion. We added coaching (empowerment model as opposed to medical model) to serve our larger corporate customers and are offering webinars and consultation on systemic racism, diversity, and inclusion in response to requests from our customers.

Community Benefit staff published FY21 Grant partners lists on the ECH and ECHD websites (47 ECH partners, 57 ECHD partners) and launched FY21 grant partnerships with 104 agencies, with special attention to pandemic adaptations.

The South Asian Heart Center initiated MEDS (Meditation, Exercise, Diet and Sleep) lifestyle virtual workshops with Juniper Networks and hosted a talk with a large local company on "A Lifetime on Meds or a Lifestyle of MEDS" with 150 attendees. The Chinese Health Initiative (CHI) translated the ECH Safe Care (patient safety measures in place at ECH) webpage to Mandarin, disseminated it through e-mail blast to 5,500+ recipients and through social media channels. CHI also launched Diabetes Prevention Education Program tailored to the Chinese community and initiated three Qigong demo classes to promote physical activity.

Marketing and Communications

The brand advertising campaign, Return to Health, continues in market. The second phase (launched in early July) includes a new video as well as refreshed digital ads. The current media plan runs until September and planning for the remainder of year is underway. Since launch, we have had almost 44,000 page views. The primary care campaign continues in market and a fall open enrollment campaign has been presented to the ECHMN business for their review and approval.

Recovery efforts continue to be the focus of our paid search and social campaigns on Google and Facebook, highlighting safety practices and services such as Mother-Baby,



Emergency Care, Primary, Urgent, and Specialty care. Other key services being supported include Aspire, Cancer Care, and Cardiology. We launched the first online "Midwives and Tea" class/events and an insurance page for the ECHMN. We also published location pages for the Taube Pavilion and updated the Scrivner Center for Mental Health & Addiction Services.

The marketing team promoted the opening of the Advanced Diagnostic Center, including the Women's Heart Center and Cardio-Oncology Clinic by integrating content onto the website, developing a blog article, and emailing an announcement to a select group with a 62.5% open rate. We are completing wave 2 of the consumer pulse research to measure attitudes and behaviors of safety for healthcare services across local brand and a return to work product concept testing research

Government Relations

ECH staff recently reached out to our legislators to discuss pending legislation that could have impacted El Camino Health, but were not passed during this legislative session. California Senate Bill (SB) 758 would have extended the 2030 hospital seismic deadline (to be fully operational after a major earthquake). However, the version of the bill that made it out of Assembly Appropriations Committee was problematic as it only included a two year extension. The California Hospital Association (CHA) plans to come back next year with a bill that will better meet hospitals' needs. California SB 977 would have broadened the type of healthcare transactions that require California Attorney General (AG) review and approval. SB 977 would require that a healthcare system, private equity group, or hedge fund provide written notice to, and obtain the written consent of, the AG prior to any acquisition of or change of control with a healthcare facility or provider. SB 977 was supported by AG Xavier Becerra and California labor unions, and opposed by the California Chamber of Commerce, the California Association of Public Hospitals and Health Systems, United Hospital Association, the California Hospital Association, the California Medical Association, and the District Hospital Leadership Forum.

Congressman Ro Khanna is scheduled to hold a virtual town hall on September 23 from 1:00pm to 2:00pm to raise awareness of mental health issues, particularly during a time when we are sheltering in place. Laura Tannenwald, LMFT, Senior Program Therapist for Addiction Services at the Scrivner Center for Mental Health & Addiction Services at ECH, will participate in the panel.

Staff members to elected officials interested in mental health have been invited to El Camino Health's 3rd Annual Maternal Mental Health Symposium, which will be held on September 25. Staff members from the offices of Congressman Khanna and Santa Clara County Supervisor Ellenberg are registered for the event.



Philanthropy

El Camino Health Foundation secured \$538,049 in period 1 of fiscal year 2021, which is seven percent of goal for the year.

Auxiliary

We are still very limited with respect to having our volunteers on site. The Auxiliary reported 54 hours in June and 87 hours in July.

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

To: El Camino Hospital Board of Directors
From: John Conover, Chair, El Camino Health Foundation Board of Directors
Andrew Cope, President, El Camino Health Foundation
Date: August 26, 2020
Subject: Report on El Camino Health Foundation Activities FY21 Period 1
Purpose: For information.

Summary:

1. **Situation:** El Camino Health Foundation secured \$538,049 in period 1 of fiscal year 2021, which is seven percent of goal.
2. **Authority:** N/A
3. **Background:**

Major & Planned Gifts

In July, the Foundation received \$500,059 in major and planned gifts. This includes a \$500,000 gift from Pamela and Edward Taft for the Taft Center for Clinical Research and a small planned gift to the Dialysis Fund.

Annual Giving

In July, the Foundation raised \$37,990 in annual gifts from the Spring direct mail appeal (COVID-19 Emergency Response Fund), Circle of Caring grateful patient program, Hope to Health memberships, online donations, matching gifts, unsolicited gifts, and personal solicitations.

Upcoming Fundraising Events

- *Red Envelope Celebration*, acknowledging the Chinese Health Initiative's 10th anniversary (replacing the South Asian Heart Center gala), has been indefinitely postponed but fundraising efforts for the Chinese Health Initiative continue.
- *El Camino Heritage Golf Tournament* - The foundation will not hold an in-person event on Monday, October 26, 2020 but is considering other fundraising strategies.
- *Norma's Literary Luncheon*, Thursday, February 4, 2021, featuring Cathy comic strip artist and author Cathy Guisewite. Plans remain flexible pending coronavirus developments.
- *Allied Professionals Seminar*, Tuesday, February 9, 2020, featuring Erik Dryburgh, a principal in the law firm of Adler & Colvin, who specializes in charitable gift planning, endowments, and nonprofit organizations. The event will be held virtually.
- *Taking Wing*, a gala benefit for the Women's Hospital renovation, Saturday, May 1, 2021 at Los Altos Golf and Country Club.



Employee Assistance Fund for Wildfire Victims

El Camino Health Foundation has set up an employee assistance fund for regular employees (work status is 0.4 to 1.0 FTE) experiencing financial hardship because they have lost their home or are unable to use their home during mandatory evacuation due to the 2020 California wildfires. The fund is being administered by the Human Resources department. Grants will be awarded based on documented need up to a maximum of \$5,000. These funds are expected to be available through September 30, 2020.

Donations to the fund are welcome and can be made online at <https://www.elcaminohealth.org/foundation>.



FOUNDATION PERFORMANCE

FY21 Fundraising Report through 7/31/20 - Period 1

ACTIVITY		FY21 YTD (7/1/20 - 7/31/20)	FY21 Goals	FY21 % of Goal	FY20 YTD (7/1/19 - 7/31/19)
Major & Planned Gifts		\$500,059	\$6,500,000	8%	\$525,512
Annual Gifts*		\$37,990	\$650,000	6%	\$23,322
Special Events	Chinese Health Initiative Event	\$0	\$125,000	0%	\$12,045**
	Golf	\$0	\$325,000	0%	\$16,750
	Norma's Literary Luncheon	\$0	\$200,000	0%	\$70,000
	Taking Wing Gala	\$0	\$350,000	0%	\$17,500
TOTALS		\$538,049	\$8,150,000	7%	\$665,129

* Employee giving payroll deductions will be included as they are received beginning CY21

** South Asian Heart Center event

Highlighted Assets through 7/31/20 - Period 1

Board Designated Allocations	\$595,927
Donations - Restricted	\$14,252,976
Donations - Unrestricted	\$2,161,606
Endowments - Donor	\$7,198,576
Endowments - Operational	\$13,861,520
Investment Income	\$428,123
Pledge Receivables	\$3,689,698