

**AGENDA
FINANCE COMMITTEE MEETING
OF THE EL CAMINO HOSPITAL BOARD**

Monday, November 22, 2021 – 5:30 pm

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

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

Dial-In: 1-669-900-9128. Meeting Code: 980 3871 8183. No participant code. Just press #.

MISSION: To provide oversight, information sharing and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital Board of Directors. In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	John Zoglin, Chair		5:30 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, 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	John Zoglin, Chair		information 5:32 – 5:35
4. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Finance Committee (09/27/2021) b. FY 22 Period 3 Financials Information c. FY 2022 Pacing Plan d. Article of Interest	John Zoglin, Chair	<i>public comment</i>	motion required 5:35 – 5:40
5. <u>REPORT ON BOARD ACTIONS</u>	John Zoglin, Chair		information 5:40 – 5:45
6. <u>FY 2022 PERIOD 4 FINANCIAL REPORT & CAPITAL EXPENDITURE UPDATE</u>	Carlos Bohorquez, CFO	<i>public comment</i>	motion required 5:45– 6:00
7. <u>FY 2023 COMMUNITY BENEFIT GRANT APPLICATION GUIDING PRINCIPALS/PROCESS</u>	Jon Cowan, Sr. Dir. Gov. Community Benefits & Relations		information 6:00- 6:20
8. <u>INTENT TO REIMBURSE: RESOLUTION</u>	Carlos Bohorquez, CFO		motion required 6:20-6:30
9. CAPITAL REQUEST a. LG Interventional Radiology Equipment Replacement b. LG Nuclear Medicine Equipment Replacement & Code Upgrades c. LG Operating Room Sterile Processing Upgrade	Jim Griffith, COO Ken King, CASO Omar Chughtai, VP of Operations		motion required 6:30-6:40

A copy of the agenda for the Regular 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 650-988-8483 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY	ESTIMATED TIMES
10. ADJOURN TO CLOSED SESSION	John Zoglin, Chair	motion required 6:40– 6:41
11. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair	information 6:41 – 6:42
<p>CONSENT CALENDAR <i>Any Committee 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 Finance Committee (09/27/2021) Information <i>Health and Safety Code Section 32106(b):</i> Physician Contracts b. LG Critical Care Unit Emergency Department and Inpatient Coverage On-Call Panel Renewal c. Enterprise Radiology Professional Services Renewal Agreement d. Mountain View OBGYN Call Panel Renewal</p>	John Zoglin, Chair	motion required 6:42-6:43
<p>12. Health and Safety Code Section 32106(b)- for a report and discussion involving healthcare facility trade secrets REVENUE & EXPENSE: RISK MANAGEMENT INITIATIVES TO MITIGATE THE IMPACT</p>	Carlos Bohorquez, CFO	information 6:43-7:03
<p>13. Health and Safety Code Section 32106(b)- for a report and discussion involving healthcare facility trade secrets FOUNDATION STRATEGIC PLAN UPDATE AND BENCHMARKS</p>	Andrew Cope, President Foundation	information 7:03-7:23
<p>14. Health and Safety Code Section 32106(b)- for a report and discussion involving healthcare facility trade secrets SERVICE LINE STRATEGIC EXPANSION UPDATE</p>	Dan Woods, CEO Carlos Bohorquez, CFO Jim Griffith, COO Omar Chughtai, VP of Operations	information 7:23-7:43
<p>15. Health and Safety Code Section 32106(b)- for a report and discussion involving healthcare facility trade secrets SERVICE LINE REPORT: ORTHOPEDICS</p>	Jim Griffith, COO	information 7:43-8:03
<p>16. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session</p>	John Zoglin, Chair	discussion 8:03-8:08
17. ADJOURN TO OPEN SESSION	John Zoglin, Chair	motion required 8:08-8:09
18. RECONVENE OPEN SESSION / REPORT OUT	John Zoglin, Chair	information 8:09-8:10
To report any required disclosures regarding permissible actions taken during Closed Session.		

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
19. CONTRACTS & AGREEMENTS <i>Approval</i> a. LG Critical Care Unit Emergency Department and Inpatient Coverage On-Call Panel Renewal b. Enterprise Radiology Professional Services Renewal Agreement <i>Recommended for Board Approval</i> c. Mountain View OBGYN Call Panel Renewal	Mark Adams, CMO		motion required 8:10-8:11
20. CLOSING COMMENTS	John Zoglin, Chair		information 8:11-8:15
21. ADJOURNMENT	John Zoglin, Chair	<i>public comment</i>	motion required 8:15-8:16pm

Upcoming Meetings:

Regular Meetings: January 31, 2022 (Joint FC-IC), March 28, 2022, April 25, 2022, May 20, 2022 (Joint ECHB-FC)



**Minutes of the Open Session of the
Finance Committee of the
El Camino Hospital Board of Directors
Monday, September 27, 2021**

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

Members Present

John Zoglin, Chair**
Joseph Chow**
Wayne Doiguchi**
Peter Fung, MD**
Bill Hooper**
Cynthia Stewart**
Don Watters**

Members Absent

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Finance Committee of El Camino Hospital (the “Committee”) was called to order at 5:30 pm by Chair John Zoglin. A verbal roll call was taken. All other members were present and participated telephonically except for Joseph Chow. 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 CONFLICT OF INTEREST	Chair Zoglin asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. CONSENT CALENDAR	<p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Finance Committee meeting (08/09/2021) (b) FY 2022 Period 1 Financials and for information: (c) FY 2022 Pacing Plan (e) Article of Interest</p> <p>Movant: Doiguchi Second: Watters Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: Chow Recused: None</p>	Consent Calendar was approved.
5. REPORT ON BOARD ACTIONS	Chair Zoglin asked the Committee for any questions or feedback on the Report on Board Actions as further detailed in the packet.	
6. FY2022 PERIOD 2 FINANCIAL REPORT	<p>Carlos Bohorquez, Chief Financial Officer presented the FY2022 Period 2 Financial Report as of August 31st and highlighted the following:</p> <ul style="list-style-type: none"> • Overall very strong volumes across the organization. From an outpatient standpoint, volume has been particularly strong. Mr. Bohorquez stated we tracked activity across 18 service lines and 15 of the 18 service lines were favorable to budget. Some of the notable service lines favorable to budget were: ER 38%, Orthopedics 39%, Rehab Services 49%, and Lab 29%. In August, overall outpatient activity was 25 % favorable to budget. • From an inpatient standpoint, volume is equality strong. Mr. Bohorquez stated, we tracked inpatient activity in 13 service lines 	

and 8 of the 13 service lines were favorable to budget and overall Inpatient volumes were 9% favorable to budget. Some notable service lines favorable to budget: General Medicine 21%, Neurosciences: 18%, and Oncology 23%

- Mr. Bohorquez stated there are two service lines unfavorable to budget, which include: General Surgery: -21% and OBGYN - 29% which attributed to some key physicians taking vacation during the month of August.

From an operational standpoint, Mr. Bohorquez highlighted the following:

- We anticipate FTEs to be unfavorable to budget and unfavorable over the rest of the fiscal year. As volume rebounds back to pre-Covid levels, the organization is adding staff to ensure we deliver excellent patient care.
- Net days in A/R are unfavorable to target year-over-year, but we have identified the root cause which includes: 1) High volume and 2) One major payor put a claim hold as they updated their system with our new chargemaster.
- Mr. Bohorquez noted that he's confident we have the right leaders and processes in place in the revenue cycle department, but that being said, there are a few things that are in process of implementing to ensure we continue to stay on track as payors and the government change process. The following have been implemented: 1) Outsourced low dollar high volume accounts and 2) Development of a denials management team which will assist with identifying the root causes of payor denials to implement adjustments and corrections in the process.

Mr. Bohorquez continued the discussion by providing an overview of the Financial Performance:

- From a bottom-line perspective, total operating revenue of \$108M was driven by strong volumes and strategic pricing which was implemented on July 1st. Total operating revenue was overall favorable to budget by 9.4% and year over year 20.2%.
- Operating EBIDA \$21.9M favorable to budget by \$9.1M and \$14.5M better than year over year.
- In July our net income was unfavorable to budget by \$5.7M, because of negative performance in our investment portfolio.

Mr. Bohorquez then discussed the YTD Financial results for period 1 and 2 and highlighted the following:

- From a volume perspective, similar trends as identified in Period 2. Mr. Bohorquez stated that when the budget was prepared, we didn't anticipate ED volume would fully rebound to pre-covid levels this quickly, especially given the Delta variant and other restrictions in place.

	<ul style="list-style-type: none"> • Average Daily Census, FY2022, ADC is at 263 which is 7% increase compared to FY2021, a 16% increase compared to FY2020, and a 9% increase compared to FY2019. • Total Adjusted Discharges for FY2022 YTD is at 3,442 which is a 14% increase compared to FY2021, a 17% increase compared to FY2020, and a 13% increase compared to FY2019. <p>Motion: To approve FY2022 Period 2 Financial Report</p> <p>Movant: Watters Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: Chow Recused: None</p>	
<p>7. WOMEN’S HOSPITAL PROJECT UPDATE</p>	<p>Ken King, CASO presented an update regarding the Women’s Hospital Expansion project and highlighted the following:</p> <ul style="list-style-type: none"> • In the five months since, the contractors have completed the detailed coordination for the installation of utility infrastructure and above ceiling work on the 2nd & 3rd Floors. The installation of new windows is in progress. Along with the work in the main entrance lobby. • Overall the contractors continue to be on time working towards the completion of Phase 1 in December of 2022. There have been no cost change orders to the construction contract to date and the project is currently forecasted to be completed within the approved budget. • The first major milestone for the project will be the completion of new main entrance lobby which is on track to be completed by July 2022, with the 2nd and 3rd Floors projected to be completed in December 2022 	
<p>8. ECHMN QUARTERLY FINANCIAL REPORT</p>	<p>Vince Manoogian, Interim ECHMN President and David Neapolitan, VP of Finance presented the ECHMN Quarterly Financial Report and discussed the following the topics: 1) Operational Update 2) FY2021 Financial Report- Pre-Audit 3) FY2021 Revenue Cycle Improvements and 4) YTD FY2022 Financial Report and highlighted the following:</p> <p><u>Operational Update:</u></p> <ul style="list-style-type: none"> • FY2020 Year End Results: (\$40.1M) • FY2021 Year End Results: (\$35.6M) compared to projected (\$35.4M) • FY2022 Budget: (\$32.9M) • YTD FY2022 Results: Favorable to budget in July and August • ECHMN received a 100% MIPS Score, which should result in a 2.2% increase in Medicare payments for Calendar Year 2022 <p><u>FY 2021 Financial Report- Pre-Audit</u></p> <ul style="list-style-type: none"> • Net income was favorable to prior year by \$4.5M or 11.1%. 	

	<ul style="list-style-type: none"> Revenue cycle KPIs improved favorably with improved oversight of credentialing, health plan enrollment overall management of process flows. COVID-19 pandemic impacted procedural based clinic volumes despite addition of telehealth visits. Santa Clara County terminated Hospitalist and Intensivist Agreement effective September 30, 2020 resulting in an unfavorable variance from budget of approximately \$2.1M. <p><u>FY2021 Revenue Cycle Improvements</u></p> <ul style="list-style-type: none"> Total Payments collected in FY2021 were \$38.5M – a \$10.2M (36%) increase from prior fiscal year. Contributing factors: Increased patient volume, Improvements to negotiated payer contract rates/fee schedules and process improvements in revenue cycle/operations. June A/R days ended at 41.6 days. This represents a 28.5% improvement from prior fiscal year end 58.2 days. <p><u>YTD FY2022 Financial Report</u></p> <ul style="list-style-type: none"> Net income is favorable to budget by \$175K or 3.3% and favorable to the prior year by \$722K or 12.3%. Labor expenses favorable to budget as Vaccine Clinics closed earlier than planned and timing of filing budgeted positions Capitated revenues are unfavorable by \$393K as result of delays in changes to plan DOFR’s and addition of new membership For the first two months of FY2022 payer mix shifted slightly to Medicare based coverages. Revenue cycle measures for days in accounts receivable and over 90 have increased slightly over the last quarter as a result of payor issues which are being addressed with the respective plans. 	
<p>9. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:38pm.</p> <p>Movant: Watters Second: Fung Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: Chow Recused: None</p>	
<p>10. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>Agenda Items 11-14 were covered in the closed session and the Committee approved the consent calendar by a unanimous vote of all members present (<i>Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin</i>).”</p>	
<p>11. AGENDA ITEM 17: PHYSICIAN CONTRACTS & AGREEMENTS</p>	<p>Motion: To approve LG Orthopedic Surgery Panel Agreement</p> <p>Movant: Watters Second: Fung Ayes: Doiguchi, Faust, Fung, Watters, and Zoglin Noes: None</p>	

	<p>Abstentions: None Absent: Chow Recused: None</p> <p>Motion: to approve recommendation for Board Approval of: Enterprise OB Hospitalist Services Renewal Agreement and Radiation Oncology Recruitment Agreement</p> <p>Movant: Fung Second: Watters Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>12. AGENDA ITEM 18: CLOSING COMMENTS</p>	<p>No closing comments</p>	
<p>13. AGENDA ITEM 19: ADJOURNMENT</p>	<p>Motion: to adjourn at 7:40 pm. Movant: Fung Second: Doiguchi Ayes: Chow, Doiguchi, Fung, Hooper, Stewart, Watters, Zoglin Noes: None Abstentions: None Absent: Chow Recused: None</p>	

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

 John Zoglin
 Chair, Finance Committee

Prepared by: Samreen Salehi, Executive Assistant II, Administrative Services



El Camino Health

Summary of Financial Operations

*Fiscal Year 2022 – Period 3
7/1/2021 to 09/30/2021*

Executive Summary: Q1 FY2022 Results (as of 9/30/2021)

- Q1 FY2022 results reflect a full recovery from the pandemic.
- Revenue has been particularly strong which is attributed to record volumes across most inpatient / outpatient service lines, strategic pricing initiative implemented on July 1st and stable payor mix.
- Higher than expected volumes are resulting in unfavorable to budget trends for total FTEs, salaries / wages and other expenses, but not significant enough to negatively impact margins.
- Despite strong Q1 financial results, we anticipate staffing shortages and higher than expected inflation to negatively impact operating EBIDA margins in the 2-3% range.
- Underperformance by our investment portfolio has resulted in unfavorable to budget net margin.

Operational / Financial Results: Period 3 – September 2022 (as of 9/30/2021)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's	S&P	Performance to
									'A1'	'AA'	Rating Agency Medians
Activity / Volume	ADC	268	234	34	14.5%	246	22	9.1%	---	---	---
	Total Acute Discharges	1,771	1,564	207	13.3%	1,546	225	14.6%	---	---	---
	Adjusted Discharges	3,441	2,958	482	16.3%	2,860	581	20.3%	---	---	---
	Emergency Room Visits	5,777	4,035	1,742	43.2%	4,081	1,696	41.6%	---	---	---
	OP Procedural Cases	12,707	9,831	2,876	29.3%	12,172	535	4.4%	---	---	---
	Gross Charges (\$)	420,182	358,915	61,267	17.1%	357,838	62,344	17.4%	---	---	---
Operations	Total FTEs	3,007	3,068	(61)	(2.0%)	2,763	244	8.8%	---	---	---
	Productive Hrs. / APD	28.7	32.7	(4.0)	(12.2%)	30.8	(2.1)	(6.7%)	---	---	---
	Cost Per CMI AD	16,765	17,952	(1,187)	(6.6%)	17,527	(762)	(4.3%)	---	---	---
	Net Days in A/R	52.6	49.0	3.6	7.4%	52.9	(0.3)	(0.5%)	47.7	49.7	
Financial Performance	Net Patient Revenue (\$)	104,776	92,214	12,562	13.6%	90,009	14,768	16.4%	138,547	82,105	
	Total Operating Revenue (\$)	108,256	95,809	12,446	13.0%	94,005	14,250	15.2%	152,743	109,602	
	Operating Income (\$)	13,970	6,014	7,956	132.3%	6,401	7,569	118.2%	1,915	3,836	
	Operating EBIDA (\$)	21,289	13,076	8,213	62.8%	13,624	7,666	56.3%	11,188	10,741	
	Net Income (\$)	(4,408)	14,047	(18,455)	(131.4%)	(3,156)	(1,252)	39.7%	8,124	7,343	
	Operating Margin (%)	12.9%	6.3%	6.6%	105.6%	6.8%	6.1%	89.5%	1.9%	3.5%	
	Operating EBIDA (%)	19.7%	13.6%	6.0%	44.1%	14.5%	5.2%	35.7%	8.3%	9.8%	
	DCOH (days)	344	325	19	5.8%	332	11	3.4%	306	355	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021. Dollar amounts have been adjusted to reflect monthly averages.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021. Dollar amounts have been adjusted to reflect monthly averages.

DCOH total includes cash, short-term and long-term investments.

Operational / Financial Results: YTD FY2022 (as of 9/30/2021)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's 'A1'	S&P 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	265	238	27	11.4%	236	28	12.0%	---	---	---
	Total Acute Discharges	5,257	4,799	458	9.5%	4,640	617	13.3%	---	---	---
	Adjusted Discharges	10,325	8,976	1,349	15.0%	8,698	1,627	18.7%	---	---	---
	Emergency Room Visits	16,386	12,467	3,919	31.4%	12,082	4,304	35.6%	---	---	---
	OP Procedural Cases	37,634	30,338	7,296	24.0%	35,980	1,654	4.6%	---	---	---
	Gross Charges (\$)	1,245,092	1,092,965	152,127	13.9%	1,030,188	214,904	20.9%	---	---	---
Operations	Total FTEs	2,980	3,038	(58)	(1.9%)	2,733	247	9.1%	---	---	---
	Productive Hrs. / APD	28.5	32.6	(4.1)	(12.6%)	31.0	(2.5)	(8.1%)	---	---	---
	Cost Per CMI AD	16,146	17,952	(1,806)	(10.1%)	17,147	(1,001)	(5.8%)	---	---	---
	Net Days in A/R	52.6	49.0	3.6	7.4%	52.9	(0.3)	(0.5%)	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	311,032	280,288	30,744	11.0%	261,549	49,483	18.9%	415,642	246,314	---
	Total Operating Revenue (\$)	321,373	291,028	30,345	10.4%	274,543	46,830	17.1%	455,728	328,806	---
	Operating Income (\$)	40,002	17,162	22,840	133.1%	15,176	24,826	163.6%	5,745	11,508	---
	Operating EBIDA (\$)	62,041	38,446	23,595	61.4%	35,816	26,225	73.2%	33,565	32,223	---
	Net Income (\$)	31,821	39,322	(7,501)	(19.1%)	61,979	(30,158)	(48.7%)	24,373	22,030	---
	Operating Margin (%)	12.4%	5.9%	6.6%	111.1%	5.5%	6.9%	125.2%	1.9%	3.5%	---
	Operating EBIDA (%)	19.3%	13.2%	6.1%	46.1%	13.0%	6.3%	48.0%	8.3%	9.8%	---
	DCOH (days)	344	325	19	5.8%	332	11	3.4%	306	355	---

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

DCOH total includes cash, short-term and long-term investments.

Key Utilization Statistics: Q1 FY2022 (as of 09/30/2021)

Key Statistics	Month to Date			Variance (%)	
	PY	CY	Budget	CY vs PY	CY vs Budget
ADC	246	268	234	9.1%	14.5%
Utilization MV	64%	71%	62%	10.8%	15.5%
Utilization LG	32%	32%	29%	1.5%	10.1%
Utilization Combined	54%	59%	52%	9.1%	14.5%
Adjusted Discharges	2,860	3,441	2,958	20.3%	16.3%
Total Discharges (Exc NB)	1,546	1,771	1,564	14.6%	13.3%
Total Discharges	1,873	2,215	1,940	18.3%	14.2%
Inpatient Activity					
MS Discharges	1,040	1,160	1,020	11.5%	13.8%
Deliveries	357	464	399	30.0%	16.3%
BHS	93	120	109	29.0%	10.2%
Rehab	51	32	36	(37.3%)	(11.1%)
Outpatient Activity					
Total Outpatient Cases	15,123	17,048	12,858	12.7%	32.6%
ED	2,951	4,341	3,027	47.1%	43.4%
OP Surg	500	572	435	14.4%	31.4%
Endo	214	221	187	3.3%	18.2%
Interventional	178	177	168	(0.6%)	5.4%
All Other	11,280	11,737	9,040	4.1%	29.8%
Hospital Payor Mix					
Medicare	48.4%	45.6%	47.4%	(5.8%)	(4.0%)
Medi-Cal	7.5%	8.7%	7.9%	16.5%	9.3%
Commercial	41.9%	43.9%	42.5%	4.6%	3.0%
Other	2.2%	1.8%	2.1%	(15.9%)	(15.9%)

Key Statistics	Year to Date			Variance (%)	
	PY	CY	Budget	CY vs PY	CY vs Budget
ADC	236	265	238	12.0%	11.4%
Utilization MV	61%	70%	63%	14.1%	11.2%
Utilization LG	32%	33%	29%	3.2%	12.9%
Utilization Combined	52%	58%	52%	12.0%	11.5%
Adjusted Discharges	8,698	10,325	8,976	18.7%	15.0%
Total Discharges (Exc NB)	4,640	5,257	4,799	13.3%	9.5%
Total Discharges	5,704	6,491	5,926	13.8%	9.5%
Inpatient Activity					
MS Discharges	3,056	3,485	3,147	14.0%	10.7%
Deliveries	1,140	1,322	1,194	16.0%	10.7%
BHS	296	332	337	12.2%	(1.6%)
Rehab	145	116	120	(20.0%)	(3.3%)
Outpatient Activity					
Total Outpatient Cases	45,210	50,523	39,696	11.8%	27.3%
ED	9,230	12,889	9,358	39.6%	37.7%
OP Surg	1,506	1,763	1,283	17.1%	37.4%
Endo	699	731	614	4.6%	19.1%
Interventional	529	575	523	8.7%	9.9%
All Other	33,246	34,565	27,919	4.0%	23.8%
Hospital Payor Mix					
Medicare	47.9%	47.2%	47.5%	(1.4%)	(0.6%)
Medi-Cal	7.2%	8.3%	7.9%	15.3%	5.4%
Commercial	42.5%	42.3%	42.5%	(0.5%)	(0.5%)
Other	2.4%	2.1%	2.1%	(9.7%)	1.3%

Income Statement: Rolling 12 Monthly Trend (\$000s)

	FY2021									FY2022			YTD FY2022	Rolling 12 Monthly Average
	Period 4 Oct-20	Period 5 Nov-20	Period 6 Dec-20	Period 7 Jan-21	Period 8 Feb-21	Period 9 Mar-21	Period 10 Apr-21	Period 11 May-21	Period 12 Jun-21	Period 1 Jul-21	Period 2 Aug-21	Period 3 Sep-21		
Operating Revenues:														
Gross Revenue	366,453	341,648	367,494	335,788	314,620	387,620	375,480	381,888	408,078	406,295	418,615	420,182	1,245,092	377,013
Deductions from Revenue	(275,898)	(253,051)	(275,206)	(245,993)	(229,347)	(290,449)	(280,577)	(286,346)	(295,840)	(304,521)	(314,132)	(315,406)	(934,059)	(280,564)
Net Patient Revenue	90,554	88,597	92,289	89,795	85,273	97,171	94,903	95,542	112,238	101,774	104,482	104,776	311,032	96,450
Other Operating Revenue	4,024	3,234	3,079	4,427	3,352	3,537	3,692	5,385	4,706	3,116	3,746	3,479	10,340	3,815
Total Operating Revenue	94,578	91,831	95,368	94,222	88,625	100,708	98,595	100,927	116,945	104,889	108,228	108,256	321,373	100,264
Operating Expenses:														
Salaries, Wages and Benefits	49,061	47,222	48,774	53,636	48,592	52,025	50,616	48,138	48,101	53,000	53,940	53,629	160,569	50,561
Supplies	13,496	13,641	14,519	13,888	13,587	15,421	14,256	15,241	15,156	15,109	14,569	14,862	44,540	14,479
Fees & Purchased Services	12,982	14,264	14,035	15,825	14,770	15,139	15,761	15,923	19,915	14,390	14,182	14,800	43,372	15,165
Other Operating Expenses	3,721	3,512	4,100	3,819	1,097	3,536	3,662	3,496	6,002	3,598	3,577	3,676	10,851	3,650
Interest	1,429	1,428	1,428	1,428	1,392	1,399	1,400	1,400	1,367	1,419	1,418	1,418	4,254	1,411
Depreciation	5,798	6,068	5,591	5,689	5,903	4,931	5,606	4,808	5,740	4,727	7,157	5,902	17,785	5,660
Total Operating Expenses	86,487	86,136	88,446	94,284	85,341	92,450	91,301	89,006	96,281	92,242	94,844	94,286	281,371	90,925
Operating Margin	8,091	5,695	6,922	(62)	3,285	8,258	7,294	11,921	20,664	12,648	13,384	13,970	40,002	9,339
Non-Operating Income	(27,499)	64,968	57,357	39	14,349	18,965	29,151	16,666	20,041	(4,099)	14,296	(18,378)	(8,181)	15,488
Net Margin	(19,408)	70,663	64,279	(23)	17,633	27,223	36,445	28,588	40,705	8,549	27,680	(4,408)	31,821	24,827
Operating EBIDA	15,318	13,192	13,940	7,055	10,580	14,588	14,301	18,130	27,771	18,793	21,959	21,289	62,041	16,410
Operating Margin (%)										12.1%	12.4%	12.9%	12.4%	9.3%
Operating EBIDA Margin (%)										17.9%	20.3%	19.7%	19.3%	16.4%

Financial Overview: Period 3 – September 2022

Period ending 9/30/2021

Financial Performance

- September operating income was \$14.0M compared to a budget of \$6.0M, resulting in a favorable variance of \$8.0M
- September volumes and revenues continue to be stronger than budget as demonstrated by:
 - Adjusted discharges were favorable to budget by 482 cases / 16.3% and 581 cases / 20.3% above the same period last year
 - Favorable variance of gross charges of \$61.3M was driven by both Inpatient and Outpatient activity activity:
 - Inpatient gross charges: Favorable to budget by \$25.7M / 13.8% variance primarily driven by maternal/child services, emergency services, critical care, and corresponding ancillary services
 - Outpatient gross charges: Favorable to budget by \$33.6M / 20.3% variance primarily driven by emergency services, surgery, cath. lab, and corresponding ancillary services
 - Operating Expenses were unfavorable to budget by \$4.5M / 5.0% driven by the level of patient activity
 - SWB were unfavorable by \$3.8M / 7.7%
 - Supplies were favorable by \$605K / 4.2%
 - All other discretionary non-volume driven expenses were favorable to budget by \$0.1M
 - Additional expenses attributed to Covid-19 were \$665K in September and \$1.7M YTD
- Non Operating Income includes:
 - Unfavorable variance in non-operating revenue is primarily due to unrealized losses on investments

Financial Overview: Period 3 – September 2022 (cont.)

Period ending 9/30/2021

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 482 ADs / 16.3% and above prior year by 581 ADs / 20.3%:
 - Mountain View: Favorable to budget by 327 ADs / 14.4% and above prior year by 376 ADs / 17.0%
 - Los Gatos: Favorable to budget by 155 ADs / 20.2% and above prior year by 205 ADs / 34.6%
- Operating Expense Per CMI Adjusted Discharge: \$16,765 which is 6.6% favorable to budget

Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- September's total visits of 19,121 or 843 visits per day reflect a decrease of 10.3% and 8.5% over the prior month's total visits of 21,326 or 921 visits per day. However, this decrease was budgeted based on historical monthly trends and the variance in visits per day was only 0.5% less than budgeted.
- Septembers' total visits were slightly unfavorable to budget by 1.4% but remain favorable to budget for the fiscal year by 2.1%. The unaffordability in September was mainly attributable to the transition in management of the three Urgent Care sites that were previously managed by a third party.
- Net income for the month of September was favorable to budget by \$93K or 3.4% bringing the YTD variance to a favorable \$268K or 3.3%. Compared to September and YTD FY 2021, ECHMN's net income is favorable \$292K and \$1.0M, respectively.

Financial Overview: YTD FY2022 (as of 9/30/2021)

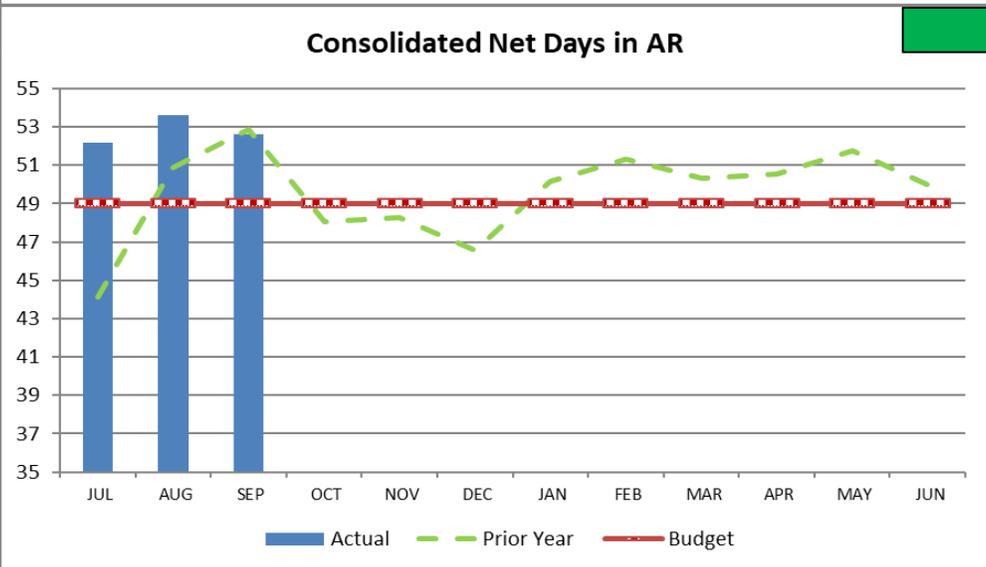
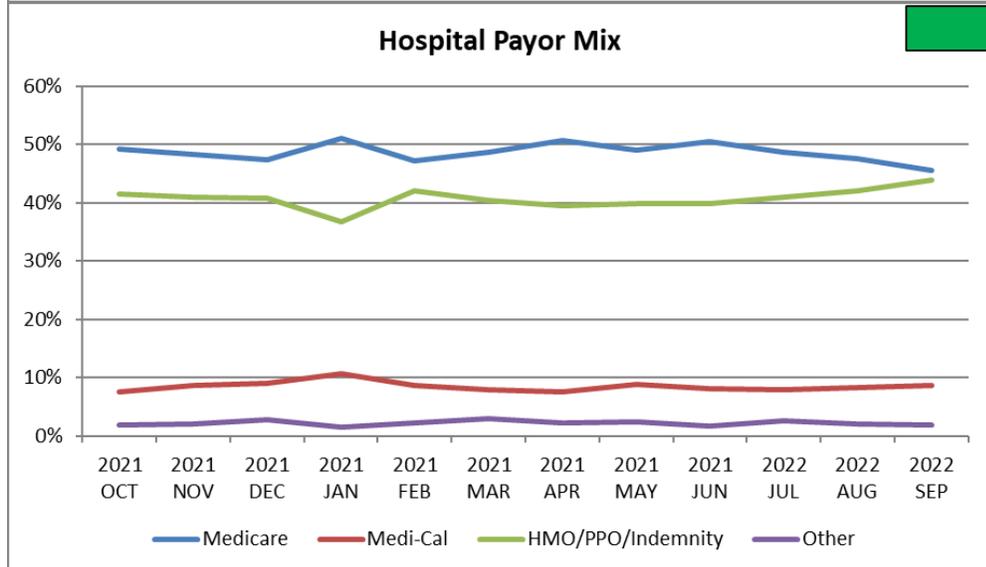
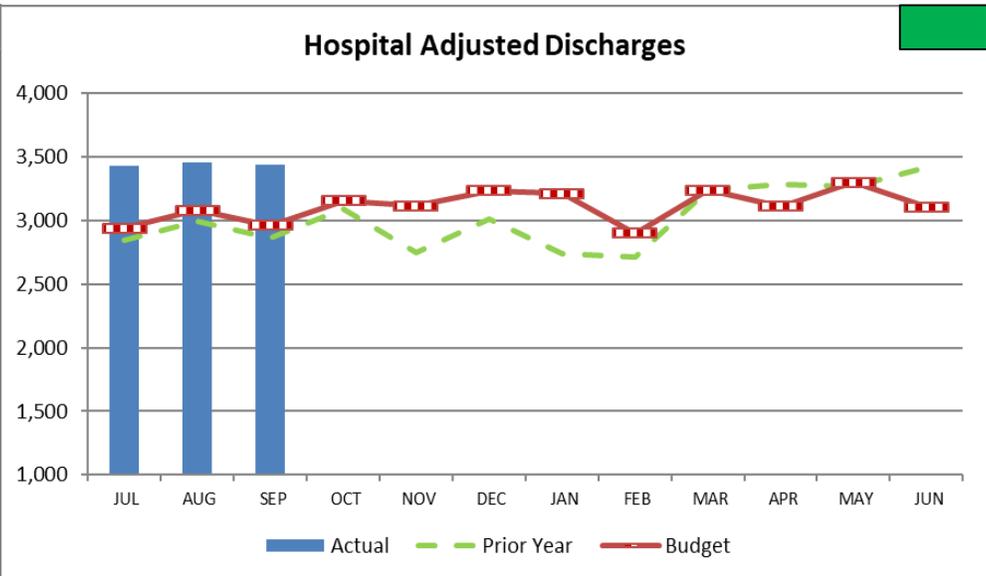
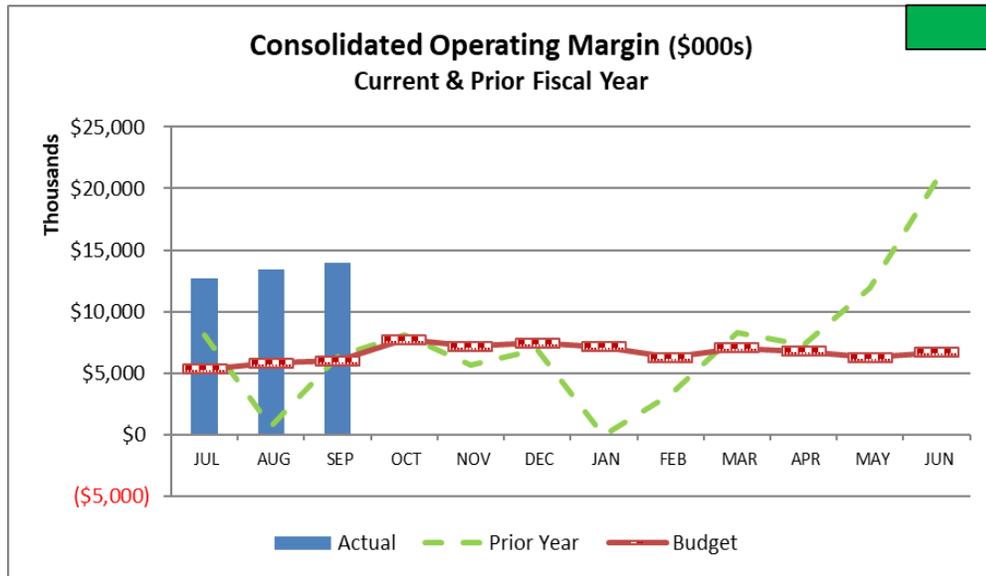
Consolidated Financial Performance

- YTD FY2022 operating margin of \$40.0M compared to the budget of \$17.2M
- Year-over-year operating margin is \$24.8M higher than the same period last year, which is primarily due to the strength in volumes as exhibited by growth in Adjusted Discharges, Emergency Room Visits, Surgeries, and Maternal Child services. In addition, while revenue has driven improved year over year performance, expense management remains effective.
- Strong volumes continue to be the primary driver of favorable performance to budget
 - Adjusted discharges are 10,325 / 15.0% favorable to budget and 1,627 / 18.7% higher than the same period last year
- Operating expenses are \$281.4M / 2.7% unfavorable to budget
 - Operating expense per CMI adjusted discharge: \$16,146 which is 10.1% favorable to budget. This demonstrates consistent and effective management of variable expenses

Note: Excludes depreciation and interest expense

APPENDIX

YTD FY2022 Financial KPIs – Monthly Trends



Investment Scorecard (as of 9/30/2021)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
Investment Performance		CY 3Q 2021 / FY 1Q 2022		Fiscal Year-to-Date 2022		By 11m Since Inception (annualized)		FY 2022	2019
Surplus cash balance*		\$1,455.2	--	--	--	--	--	--	--
Surplus cash return		0.0%	-0.4%	0.0%	-0.4%	6.7%	6.5%	4.0%	5.6%
Cash balance plan balance (millions)		\$356.3	--	--	--	--	--	--	--
Cash balance plan return		0.2%	-0.5%	0.2%	-0.5%	9.0%	8.0%	6.0%	6.0%
403(b) plan balance (millions)		\$731.5	--	--	--	--	--	--	--
Risk vs. Return		3-year			By 11m Since Inception (annualized)			2019	
Surplus cash Sharpe ratio		0.82	0.85	--	--	0.98	0.98	--	0.34
Net of fee return		8.5%	8.5%	--	--	6.7%	6.5%	--	5.6%
Standard deviation		8.9%	8.5%	--	--	6.1%	5.9%	--	8.7%
Cash balance Sharpe ratio		0.82	0.81	--	--	1.04	1.01	--	0.32
Net of fee return		10.4%	9.4%	--	--	9.0%	8.0%	--	6.0%
Standard deviation		11.3%	10.2%	--	--	7.9%	7.2%	--	10.3%
Asset Allocation		CY 3Q 2021 / FY 1Q 2022							
Surplus cash absolute variances to target		4.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		5.0%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		CY 3Q 2021 / FY 1Q 2022							
Surplus cash manager flags		20	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		22	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds, District assets (~\$42 mm), and balance sheet cash not in investable portfolio (~\$155 mm). Includes Foundation (~\$41 mm) and Concern (~\$15 mm) assets.

Period 3 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 9/30/2021)

(\$000s)

	Period 3- Month			Period 3- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	13,243	6,070	7,173	36,926	17,418	19,508
Los Gatos	3,688	2,938	750	10,911	8,483	2,428
Sub Total - El Camino Hospital, excl. Affiliates	16,931	9,008	7,924	47,837	25,900	21,937
Operating Margin %	16.4%	9.9%		15.6%	9.4%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	(17,842)	7,846	(25,688)	(7,823)	21,391	(29,213)
El Camino Hospital Net Margin	(911)	16,854	(17,765)	40,015	47,291	(7,276)
ECH Net Margin %	-0.9%	18.5%		13.1%	17.1%	
Concern	(210)	(29)	(181)	533	116	417
Foundation	(610)	(7)	(602)	(885)	25	(910)
El Camino Health Medical Network	(2,677)	(2,770)	93	(7,842)	(8,110)	268
Net Margin Hospital Affiliates	(3,497)	(2,807)	(691)	(8,194)	(7,969)	(225)
Total Net Margin Hospital & Affiliates	(4,408)	14,047	(18,455)	31,821	39,322	(7,501)

Consolidated Statement of Operations (\$000s)

Period 3 ending 09/30/2021

Period 3 FY 2021	Period 3 FY 2022	Period 3 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
357,838	420,182	358,915	61,267	17.1%	Gross Revenue	1,030,188	1,245,092	1,092,965	152,127	13.9%
(267,829)	(315,406)	(266,701)	(48,705)	(18.3%)	Deductions	(768,638)	(934,059)	(812,677)	(121,382)	(14.9%)
90,009	104,776	92,214	12,562	13.6%	Net Patient Revenue	261,549	311,032	280,288	30,744	11.0%
3,996	3,479	3,595	(116)	(3.2%)	Other Operating Revenue	12,994	10,340	10,740	(400)	(3.7%)
94,005	108,256	95,809	12,446	13.0%	Total Operating Revenues	274,543	321,373	291,028	30,345	10.4%
					OPERATING EXPENSE					
48,136	53,629	49,813	(3,816)	(7.7%)	Salaries & Wages	142,306	160,569	152,986	(7,583)	(5.0%)
12,798	14,862	14,257	(605)	(4.2%)	Supplies	42,511	44,540	42,636	(1,903)	(4.5%)
14,949	14,800	14,381	(419)	(2.9%)	Fees & Purchased Services	42,233	43,372	43,508	136	0.3%
4,498	3,676	4,282	606	14.2%	Other Operating Expense	11,677	10,851	13,453	2,601	19.3%
1,428	1,418	1,403	(15)	(1.1%)	Interest	4,287	4,254	4,202	(53)	(1.3%)
5,795	5,902	5,659	(242)	(4.3%)	Depreciation	16,354	17,785	17,083	(703)	(4.1%)
87,604	94,286	89,795	(4,491)	(5.0%)	Total Operating Expenses	259,367	281,371	273,867	(7,505)	(2.7%)
6,401	13,970	6,014	7,956	132.3%	Net Operating Margin	15,176	40,002	17,162	22,840	133.1%
(9,557)	(18,378)	8,033	(26,411)	(328.8%)	Non Operating Income	46,803	(8,181)	22,161	(30,341)	(136.9%)
(3,156)	(4,408)	14,047	(18,455)	(131.4%)	Net Margin	61,979	31,821	39,322	(7,501)	(19.1%)
13,624	21,289	13,076	8,213	62.8%	Operating EBIDA	35,816	62,041	38,446	23,595	61.4%
					Operating EBIDA Margin	13.0%	19.3%	13.2%	6.1%	
					Operating Margin	5.5%	12.4%	5.9%	6.6%	
					Net Margin	22.6%	9.9%	13.5%	(3.6%)	
14.5%	19.7%	13.6%	6.0%							
6.8%	12.9%	6.3%	6.6%							
-3.4%	-4.1%	14.7%	(18.7%)							

El Camino Hospital – Mountain View

Statement of Operations (\$000s)

Period 3 ending 09/30/2021

Period 3 FY 2021	Period 3 FY 2022	Period 3 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
275,631	319,630	277,873	41,757	15.0%	OPERATING REVENUES					
(206,164)	(239,019)	(207,214)	(31,806)	(15.3%)	Gross Revenue	797,771	939,066	847,736	91,330	10.8%
69,467	80,611	70,659	9,951	14.1%	Deductions	(591,726)	(700,528)	(633,226)	(67,303)	(10.6%)
1,238	1,437	1,524	(87)	(5.7%)	Net Patient Revenue	206,045	238,537	214,510	24,027	11.2%
70,706	82,048	72,183	9,864	13.7%	Other Operating Revenue	4,237	3,988	4,534	(546)	(12.0%)
					Total Operating Revenues	210,282	242,525	219,044	23,481	10.7%
					OPERATING EXPENSES					
37,953	42,643	39,468	(3,175)	(8.0%)	Salaries & Wages	111,841	127,191	121,000	(6,192)	(5.1%)
9,660	11,017	10,809	(208)	(1.9%)	Supplies	32,922	33,220	32,418	(803)	(2.5%)
6,881	6,732	7,065	333	4.7%	Fees & Purchased Services	19,323	20,124	21,487	1,362	6.3%
3,019	2,448	2,903	455	15.7%	Other Operating Expense	7,814	7,076	9,032	1,957	21.7%
1,428	1,418	1,403	(15)	(1.1%)	Interest	4,287	4,254	4,202	(53)	(1.3%)
4,763	4,547	4,467	(80)	(1.8%)	Depreciation	13,258	13,733	13,488	(245)	(1.8%)
63,705	68,805	66,114	(2,691)	(4.1%)	Total Operating Expenses	189,445	205,599	201,626	(3,973)	(2.0%)
7,001	13,243	6,070	7,173	118.2%	Net Operating Margin	20,837	36,926	17,418	19,508	112.0%
(9,418)	(17,842)	7,846	(25,688)	(327.4%)	Non Operating Income	45,225	(7,823)	21,391	(29,213)	(136.6%)
(2,417)	(4,599)	13,916	(18,515)	(133.0%)	Net Margin	66,061	29,104	38,808	(9,705)	(25.0%)
13,192	19,208	11,939	7,269	60.9%	Operating EBIDA	38,382	54,913	35,107	19,806	56.4%
18.7%	23.4%	16.5%	6.9%		Operating EBIDA Margin	18.3%	22.6%	16.0%	6.6%	
9.9%	16.1%	8.4%	7.7%		Operating Margin	9.9%	15.2%	8.0%	7.3%	
-3.4%	-5.6%	19.3%	(24.9%)		Net Margin	31.4%	12.0%	17.7%	(5.7%)	

El Camino Hospital – Los Gatos

Statement of Operations (\$000s)

Period 3 ending 09/30/2021

Period 3 FY 2021	Period 3 FY 2022	Period 3 Budget 2022	Variance Fav (Unfav)	Var%		YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					\$000s					
					OPERATING REVENUE					
72,668	90,575	72,994	17,580	24.1%	Gross Revenue	207,037	276,517	219,380	57,136	26.0%
(55,665)	(69,755)	(54,409)	(15,345)	(28.2%)	Deductions	(159,897)	(214,109)	(163,188)	(50,921)	(31.2%)
17,003	20,820	18,585	2,235	12.0%	Net Patient Revenue	47,140	62,408	56,192	6,215	11.1%
423	274	270	4	1.6%	Other Operating Revenue	1,218	837	807	30	3.7%
17,426	21,094	18,855	2,239	11.9%	Total Operating Revenue	48,358	63,245	57,000	6,245	11.0%
					OPERATING EXPENSE					
8,028	8,843	8,290	(553)	(6.7%)	Salaries & Wages	24,247	27,498	25,340	(2,158)	(8.5%)
2,564	3,576	3,153	(423)	(13.4%)	Supplies	8,046	10,504	9,334	(1,169)	(12.5%)
2,743	3,582	3,134	(448)	(14.3%)	Fees & Purchased Services	8,495	10,246	9,524	(722)	(7.6%)
576	347	404	57	14.1%	Other Operating Expense	1,122	910	1,493	584	39.1%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
818	1,059	937	(122)	(13.0%)	Depreciation	2,456	3,176	2,826	(351)	(12.4%)
14,728	17,406	15,917	(1,489)	(9.4%)	Total Operating Expense	44,366	52,334	48,517	(3,817)	(7.9%)
2,698	3,688	2,938	750	25.5%	Net Operating Margin	3,992	10,911	8,483	2,428	28.6%
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
2,698	3,688	2,938	750	25.5%	Net Margin	3,992	10,911	8,483	2,428	28.6%
3,516	4,747	3,875	872	22.5%	Operating EBIDA	6,448	14,088	11,308	2,779	24.6%
					Operating EBIDA Margin	13.3%	22.3%	19.8%	2.4%	
					Operating Margin	8.3%	17.3%	14.9%	2.4%	
					Net Margin	8.3%	17.3%	14.9%	2.4%	

El Camino Health Medical Network

Statement of Operations (\$000s)

Period 3 ending 09/30/2021

Period 3 FY 2021	Period 3 FY 2022	Period 3 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
9,539	9,977	8,048	1,930	24.0%	Gross Revenue	25,380	29,510	25,849	3,660	14.2%
(6,001)	(6,632)	(5,078)	(1,554)	(30.6%)	Deductions	(17,015)	(19,422)	(16,263)	(3,159)	(19.4%)
3,538	3,346	2,970	376	12.7%	Net Patient Revenue	8,364	10,087	9,586	502	5.2%
1,660	912	1,001	(89)	(8.8%)	Other Operating Revenue	5,403	2,685	2,999	(314)	(10.5%)
5,198	4,258	3,971	287	7.2%	Total Operating Revenues	13,767	12,772	12,585	187	1.5%
					OPERATING EXPENSES					
1,724	1,696	1,583	(113)	(7.1%)	Salaries & Wages	4,882	4,607	5,219	612	11.7%
571	263	285	22	7.6%	Supplies	1,474	790	854	64	7.4%
4,836	3,847	3,707	(140)	(3.8%)	Fees & Purchased Services	13,103	11,668	11,121	(547)	(4.9%)
836	846	926	80	8.7%	Other Operating Expense	2,563	2,710	2,778	69	2.5%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
200	284	241	(43)	(17.9%)	Depreciation	601	839	723	(117)	(16.2%)
8,167	6,936	6,741	(194)	(2.9%)	Total Operating Expenses	22,623	20,615	20,695	80	0.4%
(2,969)	(2,677)	(2,770)	93	(3.4%)	Net Operating Margin	(8,856)	(7,842)	(8,110)	268	(3.3%)
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
(2,969)	(2,677)	(2,770)	93	(3.4%)	Net Margin	(8,856)	(7,842)	(8,110)	268	(3.3%)
(2,769)	(2,393)	(2,529)	136	(5.4%)	Operating EBIDA	(8,254)	(7,003)	(7,387)	384	(5.2%)
					Operating EBIDA Margin	-60.0%	-54.8%	-58.7%	3.9%	
					Operating Margin	-64.3%	-61.4%	-64.4%	3.0%	
					Net Margin	-64.3%	-61.4%	-64.4%	3.0%	

FY2022 Finance Committee Pacing Plan

FY2022 FC Pacing Plan – Q1		
July 2021	August 9, 2021	September 27, 2021
No Scheduled Finance Committee Meeting	Approval Items <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Candidate Interviews and Recommendation to Appoint • Financial Report (FY2021 Periods 11 and 12) Discussion Items <ul style="list-style-type: none"> • Financial Report (Pre-Audit Fiscal Year End 2021 Results) • Service Line / Business Affiliate Review: JV Satellite Healthcare • Update on Kindred IP Rehab JV • Medical Staff Development Plan • Report on Board Actions • Other Standing Agenda Items • Executive Session • Post Implementation Review (“PIR”) Per Attached Schedule 	Approval Items <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Financial Report (FY2022 Periods 1 and 2) • Financial Report Fiscal Year End 2021 Results Discussion Items <ul style="list-style-type: none"> • Service Line / Business Affiliate Review: ECHMN Update • Progress Against FY2022 Committee Goals & Pacing Plan • AdHoc Committee Update on Finance Committee Member Recruitment • Project Update: Women’s and Newborn Hospital Project • PIR • Report on Board Actions • Other Standing Agenda Items • Executive Session
FY2022 FC Pacing Plan – Q2		
October 2021	November 22, 2021	December 2021
No Scheduled Finance Committee Meeting	Approval Items <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Financial Report (FY2022 Periods 3 and 4) Discussion Items <ul style="list-style-type: none"> • Service Line Review: Orthopedics • Foundation Update • FY2023 Community Benefit Grant Application Guiding Principles / Process • Review Progress on Opportunities / Risks Identified for FY2022 • PIR • Report on Board Actions • Other Standing Agenda Items • Executive Session 	No Scheduled Finance Committee Meeting

FY2022 Finance Committee Pacing Plan

FY2022 FC Pacing Plan – Q2		
January 31, 2022	February 2022	March 28, 2022
<p>5:30pm Joint Meeting with the Investment Committee: Topic: Long Term Financial Forecast</p> <p>6:30pm Approval Items</p> <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Financial Report (FY2022 Periods 5 and 6) <p>Discussion</p> <ul style="list-style-type: none"> • Service Line / Business Affiliate Review: Cardiology and ECHMN Update • Managed Care Update • PIR • MV Campus Completion Plan • Report on Board Actions • Other Standing Agenda Items • Executive Session 	<p>No Scheduled Finance Committee Meeting</p>	<p>Approval Items</p> <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Financial Report (FY2022 Periods 7 and 8) <p>Discussion Items</p> <ul style="list-style-type: none"> • FY2023 Budget Part # 1 Process and Assumptions • Service Line Review: CONCERN • Community Benefit Grant Program Update • Summary Physician Financial Arrangements (Year-End) • FY2023 Committee Planning: Goals, Pacing Plan and Meeting Dates • PIR • Report on Board Actions • Other Standing Agenda Items • Executive Session
FY2022 FC Pacing Plan – Q4		
April 25, 2022	May 30, 2022	June 2022
<p>Approval Items</p> <ul style="list-style-type: none"> • Standing Consent Agenda Items • Minutes (motion) • Financial Report (FY2022 Period 9) <p>Discussion Items</p> <ul style="list-style-type: none"> • FY2023 Budget Preview Part 2 • Service Line Report – ECHMN Update • Review Cycle Progress Report • Progress Against FY2022 Committee Goals & Pacing Plan • FY2023 Committee Planning: Goals, Pacing Plan and Meeting Dates • PIR • Report on Board Actions • Other Standing Agenda Items • Executive Session 	<p>5:30pm Joint Meeting with the Hospital Board Approval Items: FY2023 Operating & Capital Budget</p> <p>6:15pm Approval Items</p> <ul style="list-style-type: none"> • Financial Report (FY2022 Period 10) • FY2023 Organizational Goals • FY2023 Committee Planning: Goals, Pacing Plan and Meeting Dates • FY2023 El Camino Hospital Community Benefit Grant Program <p>Discussion Items</p> <ul style="list-style-type: none"> • Service Line Report: Pathways JV • PIR • Report on Board Actions • Other Standing Agenda Items • Executive Session 	<p>No Scheduled Finance Committee Meeting</p>

**FY2022 Finance Committee Pacing Plan
Last 30 Months Capital Project Approvals
January 2019 – June 2021**

APPROVAL DATE	APPROVING BODY	PROJECT NAME	APPROVED AMOUNT	PROPOSED FC PROJECT UPDATE / POST-IMPLEMENTATION REVIEW DATE
2/13/2019	ECH Board	Women's Hospital Planning	\$10M (Total Now \$16M)	09/2020
2/13/2019	ECH Board	SVMD Clinic Site Tenant Improvements	\$8M	09/2020
2/13/2019	ECH Board	Interventional Equipment Replacement	\$13M	09/2020
2/13/2019	ECH Board	Imaging Equipment Replacement	\$16.9M	09/2020
2/13/2019	ECH Board	SVMD Asset Acquisition	\$1.2M	11/2020 (w/SVMD Financials)
3/13/2019				
3/25/2019	Finance Committee	SVMD Clinic IT Infrastructure	\$4.6M	11/2020 (w/SVMD Financials)
5/28/2019	Finance Committee	MV Campus Signage	\$1.1M	N/A < \$2 M
8/21/2019	ECH Board	Medical Staff Development Plan	\$6.1M	01/2021
8/21/2019	ECH Board	ED Remodel	\$6.75M	01/2021
10/10/2020	ECH Board	MV Campus Completion (Old Main Demo)	\$24.9M	03/2021
1/25/2020*	Finance Committee	Satellite Dialysis*	*No approval on /1/25/2020 presented only	07/2021
7/27/2020	Finance Committee	Sterile Processing Equipment	\$1.85M	N/A < \$2 M
8/12/2020	ECH Board	Radiation Oncology Replacement Equipment	\$10,300,000 (add'l \$3.55 M)	01/2022
11/23/2020		None		
1/25/2021	Finance Committee	Real Estate Transaction	\$1.875M	09/2021
1/25/2021	Finance Committee	Cardiopulmonary Wellness Center (CPWC) Relocation	\$5.0M	03/2022
2/10/2021	ECH Board	Women's Hospital Expansion Project	\$149M	09/2021
3/29/2021		None		
4/26/2021		None		
5/24/2021	Finance Committee	MV Wireless / DAS Network Upgrades	\$3.3M	04/2022
8/9/2021	ECH Board	MV Cath. Lab Replacement Project	\$19.5M	05/2022
8/9/2021	ECH Board	Pyxis MedStation Replacement Project	\$6.64M	04/2022
8/9/2021	Finance Committee	ECHMN Clinic Relocation	\$3.09M	01/2022
10/13/2021	ECH Board	Real Estate Transaction	\$14.65M	01/2021

**FITCH WIRE**

Not-for-Profit Healthcare Staffing Shortage Has Long-Term Effects

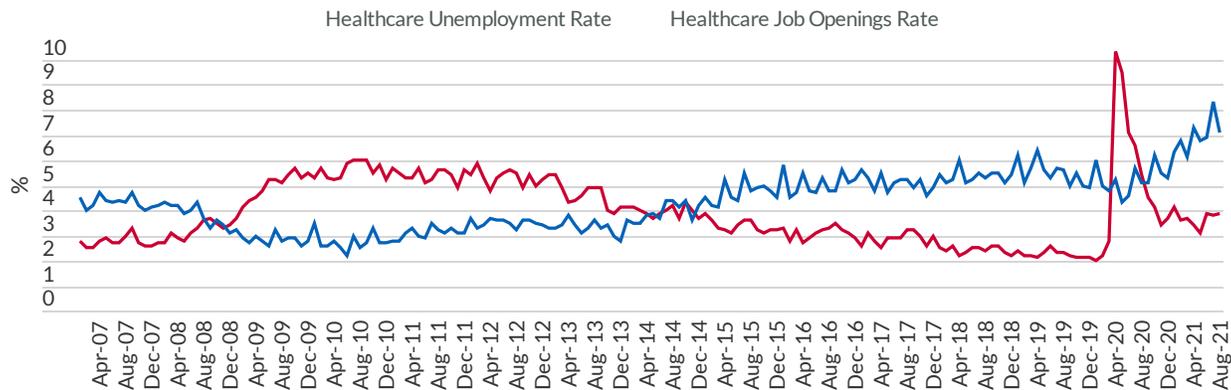
Wed 27 Oct, 2021 - 10:44 AM ET

Fitch Ratings-New York/Austin-27 October 2021: Staffing shortages are placing operating and expense pressures on not-for-profit hospitals and nursing facilities even as they continue to struggle with the logistics of treating COVID-19 cases, Fitch Ratings says. These pressures are expected to persist as job vacancies increase, extending the upward trend that existed prior to the pandemic, while the number of available workers is tracking lower. The growing gap evidences a more systemic healthcare labor dislocation that will not be easily resolved even if the pandemic is brought to heel.

Healthcare staff continue to experience overwhelming challenges providing care to COVID-19 patients. Burnout and job dissatisfaction are resulting in nurses taking early retirements, moving to higher-paid travelling nursing positions, switching careers or exiting the workforce entirely. Resignations in the healthcare and social services sector reached unprecedented levels in August, with a 13% jump over the summer resulting in an increase of over 50% from February 2020.

Healthcare job openings are at historic highs this year and are currently the highest of any industry. Meanwhile, the healthcare unemployment rate has fallen and is now the second lowest of all sectors, resulting in a significant labor supply/demand imbalance.

Healthcare Job Openings Far Exceed Available Workers



Source: Fitch Ratings, US Bureau of Labor Statistics.

Fitch Ratings

The US Bureau of Labor Statistics (BLS) September jobs report showed a further decline in healthcare employment. Most of the 38,000 losses were at nursing and health care facilities, while hospital payrolls declined by 8,000. Healthcare jobs at offices and clinics increased by 28,000. According to the BLS, healthcare employment is down by 524,000 since February 2020, with nursing and residential care facilities accounting for about four-fifths of the decline.

Staffing is the largest expense for hospitals and nursing facilities, usually just above 50% of total expenses. Average hourly hospital wages were up 8.5% in August compared with February 2020, while nursing and residential care facility average hourly wages increased 11.5%.

The rise in staffing costs is not expected to subside anytime soon. Hospitals and nursing facilities need to maintain sufficient nursing staff to address COVID-19 cases and care for an aging population. In response, they are turning to more expensive contract nursing to fill personnel gaps. Staffing issues are more of a challenge for smaller, rural hospitals that are generally less able to compete for nurses or pay for overtime, traveling nurses and premium pay relative to their larger, more urban peers. Furthermore, relatively new competition for non-clinical staff from non-healthcare companies, particularly in the service industries, is compounding an already challenging staffing situation.

We expect operating margin pressures to become more pronounced as labor shortages drag on. Lower rated, typically smaller hospitals may be more constrained in managing rising expense pressures over time at their current rating levels, particularly if the extra added expense of treating labor-intensive COVID-19 patients does not abate. This is most likely in geographies with low community vaccination rates. Higher rated hospitals should generally have sufficient financial cushion to absorb an increase in operating costs without meaningfully affecting credit ratings.

In September the Biden administration announced vaccine mandates for the employees of healthcare facilities that receive Medicare or Medicaid reimbursement, following the Centers for Medicare and Medicaid Services (CMS) emergency regulation in August requiring nursing facility staff to be vaccinated. There may be further healthcare labor force exits once the CMS issues the interim final rule.

The importance of labor issues to a hospital's Environmental, Social and Governance (ESG) Relevance Score and credit has been heightened over the past year. This reflects Fitch's view that labor issues could have a greater bearing on a hospital's rating over time as the effects of the pandemic have accelerated ongoing challenges in attracting, hiring and retaining clinical staff.

Related research:

[Surge in Coronavirus Infections Pressures NFP Hospital Margins](#)

[Pandemic Heightens ESG Labor Issues for NFP Hospitals](#)

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The above article originally appeared as a post on the Fitch Wire credit market commentary page. The original article can be accessed at www.fitchratings.com. All opinions expressed are those of Fitch Ratings.

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US Public Finance Healthcare and Pharma North America United States

Major Insurers Running Billions of Dollars Behind on Payments to Hospitals and Doctors



By [Jay Hancock](#)

OCTOBER 6, 2021

Anthem Blue Cross, the country's second-biggest health insurance company, is behind on billions of dollars in payments owed to hospitals and doctors because of onerous new reimbursement rules, computer problems and mishandled claims, say hospital officials in multiple states.

Anthem, like other big insurers, is using the covid-19 crisis as cover to institute "egregious" policies that harm patients and pinch hospital finances, said Molly Smith, group vice president at the American Hospital Association. "There's this sense of 'Everyone's distracted. We can get this through,'" she said.

Hospitals are also dealing with a spike in retroactive claims denials by UnitedHealthcare, the biggest health insurer, for emergency department care, AHA says.

Disputes between insurers and hospitals are nothing new. But this fight sticks more patients in the middle, worried they'll have to pay unresolved claims. Hospitals say it is hurting their finances as many cope with covid surges — even after the industry has received tens of billions of dollars in emergency assistance from the federal government.

“We recognize there have been some challenges” to prompt payments caused by claims-processing changes and “a new set of dynamics” amid the pandemic, Anthem spokesperson Colin Manning said in an email. “We apologize for any delays or inconvenience this may have caused.”

Virginia law requires [insurers to pay claims within 40 days](#). In a [Sept. 24 letter](#) to state insurance regulators, VCU Health, a system that operates a large teaching hospital in Richmond associated with Virginia Commonwealth University, said Anthem owes it \$385 million. More than 40% of the claims are more than 90 days old, VCU said.

For all Virginia hospitals, Anthem's late, unpaid claims amount to “hundreds of millions of dollars,” the Virginia Hospital and Healthcare Association said in [a June 23 letter](#) to state regulators.

Nationwide, the payment delays “are creating an untenable situation,” the American Hospital Association said in a [Sept. 9 letter](#) to Anthem CEO Gail Boudreaux. “Patients are facing greater hurdles to accessing care; clinicians are burning out on unnecessary administrative tasks; and the system is straining to finance the personnel and supplies” needed to fight covid.

Complaints about Anthem extend “from sea to shining sea, from New Hampshire to California,” AHA CEO Rick Pollack told KHN.

Substantial payment delays can be seen on Anthem's books. On June 30, 2019, before the pandemic, 43% of the insurer's medical bills for that quarter were unpaid, according to regulatory filings. Two years later that figure had risen to 53% — a difference of \$2.5 billion.

Anthem profits were \$4.6 billion in 2020 and \$3.5 billion in the first half of 2021.

Alexis Thurber, who lives near Seattle, was insured by Anthem when she got an \$18,192 hospital bill in May for radiation therapy that doctors said was essential to treat her breast cancer.

The treatments were “experimental” and “not medically necessary,” Anthem said, according to Thurber. She spent much of the summer trying to get the insurer to pay up — placing two dozen phone calls, spending hours on hold, sending multiple emails and enduring unmeasurable stress and worry. It finally covered the claim months later.

“It’s so egregious. It’s a game they’re playing,” said Thurber, 51, whose cancer was diagnosed in November. “Trying to get true help was impossible.”

Privacy rules prevent Anthem from commenting on Thurber’s case, said Anthem spokesperson Colin Manning.

When insurers fail to promptly pay medical bills, patients are left in the lurch. They might first get a notice saying payment is pending or denied. A hospital might bill them for treatment they thought would be covered. Hospitals and doctors often sue patients whose insurance didn’t pay up.

Hospitals point to a variety of Anthem practices contributing to payment delays or denials, including new layers of document requirements, prior-authorization hurdles for routine procedures and requirements that doctors themselves — not support staffers — speak to insurance gatekeepers. “This requires providers to literally leave the patient[’s] bedside to get on the phone with Anthem,” AHA said in its letter.

Anthem often hinders coverage for outpatient surgery, specialty pharmacy and other services in health systems listed as in-network, amounting to a “bait and switch” on Anthem members, AHA officials said.

“Demanding that patients be treated outside of the hospital setting, against the advice of the patient’s in-network treating physician, appears to be motivated by a desire to drive up Empire’s profits,” the Greater New York Hospital Association wrote in an [April letter to Empire Blue Cross](#), which is owned by Anthem.

Anthem officials pushed back [in a recent letter to the AHA](#), saying the insurer’s changing rules are intended partly to control excessive prices charged by hospitals for specialty drugs and nonemergency surgery, screening and diagnostic procedures.

Severe problems with Anthem’s new claims management system surfaced months ago and “persist without meaningful improvement,” AHA said in its letter.

Claims have gotten lost in Anthem’s computers, and in some cases VCU Health has had to print medical records and mail them to get paid, VCU said in its letter. The cash slowdown imposes “an unmanageable disruption that threatens to undermine our financial footing,” VCU said.

United denied \$31,557 in claims for Emily Long's care after she was struck in June by a motorcycle in New York City. She needed surgery to repair a fractured cheekbone. United said there was a lack of documentation for "medical necessity" — an "incredibly aggravating" response on top of the distress of the accident, Long said.

The Brooklyn hospital that treated Long was "paid appropriately under her plan and within the required time frame," said United spokesperson Maria Gordon Shydlo. "The facility has the right to appeal the decision."

United's unpaid claims came to 54% as of June 30, about the same level as two years previously.

When Erin Conlisk initially had trouble gaining approval for a piece of medical equipment for her elderly father this summer, United employees told her the insurer's entire prior-authorization database had gone down for weeks, said Conlisk, who lives in California.

"There was a brief issue with our prior-authorization process in mid-July, which was resolved quickly," Gordon Shydlo said.

When asked by Wall Street analysts about the payment backups, Anthem executives said it partly reflects their decision to increase financial reserves amid the health crisis.

"Really a ton of uncertainty associated with this environment," John Gallina, the company's chief financial officer, said on a conference call in July. "We've tried to be extremely prudent and conservative in our approach."

During the pandemic, hospitals have benefited from two extraordinary cash infusions. They and other medical providers have received more than \$100 billion through the CARES Act of 2020 and the American Rescue Plan of 2021. Last year [United](#), [Anthem](#) and other insurers accelerated billions in hospital reimbursements.

The federal payments [enriched many of the biggest, wealthiest systems](#) while [poorer hospitals](#) serving low-income patients and rural areas struggled.

Those are the systems most hurt now by insurer payment delays, hospital officials said. Federal relief funds "have been a lifeline, but they don't make people whole in terms of the losses from increased expenses and lost revenue as a result of the covid experience," Pollack said.

Several health systems declined to comment about claims-payment delays or didn't respond to a reporter's queries. Among individual hospitals "there is a deep fear of talking on the record about your largest business partner," AHA's Smith said.

Alexis Thurber worried she might have to pay her \$18,192 radiation bill herself, and she's not confident her Anthem policy will do a better job next time of covering the cost of her care.

"It makes me not want to go to the doctor anymore," she said. "I'm scared to get another mammogram because you can't rely on it."

<https://khn-org.cdn.ampproject.org/c/s/khn.org/news/article/anthem-united-major-insurers-behind-on-payments-billions-owed-hospitals-doctors-covid/amp/>

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

To: Finance Committee
From: Stephanie Iljin, Supervisor Executive Administrative Services
Date: November 22, 2021
Subject: Report on Board Actions

Purpose: To keep the Committee informed regarding actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

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

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECH Board	October 13, 2021	<ul style="list-style-type: none"> - AB 361 Resolution Adopting Findings to Continue Virtual Public Meetings During State of Emergency - Minutes of the Open & Closed Session of the Hospital Board Meeting (09/22/2021) - Credentialing and Privileges Report - FY 21 Individual Performance Incentive Scores and Payouts - Real Estate Strategy Update - Policy Revisions - NICU Professional Agreement - FY 21 Annual Organizational Goal Results - Radiation Oncology Recruitment Loan Agreement - Medical Staff Report - FY 21 Audited Financial Report - FY 21 CEO Incentive Compensation Payment
	October 27, 2021 Study Session	- N/A

Report on Board Actions
November 22, 2021

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
	November 11, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the Hospital Board Meeting (10/13/2021) - Credentialing and Privileges Report - Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations - Policy Revisions - FY 21 Period 2 Financials - Medical Staff Report
ECHD Board	October 19, 2021	<ul style="list-style-type: none"> - AB 361 Resolution Adopting Findings to Continue Virtual Public Meetings During State of Emergency - Minutes of the Open Special Study Session of the District Board Meeting (06/17/21) - Minutes of the Open & Closed Session of the District Board Meeting (06/29/21) - Minutes of the Open Special Study Session of the District Board Meeting (09/14/21) - FY21 Year-End Consolidated Financials - FY21 Year-End Community Benefit Report - Annual Adoption of Community Benefit Grants Policy - FY 21 Year-End ECHD Standalone Financials - ECHD FY 22 YTD Financials (Period 2) - FY 22 Community Benefit Board Policy Guidance
Executive Compensation Committee	September 28, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the ECC Meeting (05/27/2021) - Policy Revisions - Progress against FY 21 Committee Goals - Proposed FY 21 Organizational Performance Incentive Plan Score - Proposed FY 21 Individual Performance Incentive Plan Scores - Proposed FY 21 Performance Incentive Plan Payouts - Proposed FY 22 Executive Salary Ranges - Proposed FY 22 Executive Base Salaries - Ad Hoc Committee Report
	October 20, 2021 Special Meeting	<ul style="list-style-type: none"> - N/A
	November 04, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the ECC Meeting (9/28/2021) - Minutes of the Open & Closed Session of the ECC Meeting (10/20/2021) - Recommend to Appoint Executive Compensation Committee Members - Executive Relocation Program - FY21 CEO Performance Review Process and FY22 Recommendations - Letter of Rebuttable Presumption of Reasonableness - Individual Executive Goals Update

Report on Board Actions
November 22, 2021

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
Compliance Committee	September 30, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the CAC Meeting (8/19/2021) - Status of FY22 Committee Goals - KPI Scorecard and Trends - Activity Log July 2021 - Activity Log August 2021 - Internal Audit Work Plan - Internal Audit Follow Up Table - Committee Pacing Plan - Consolidated Financial Statements, 403(b) and Cash Balance Audit Results
	November 18, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the CAC Meeting (09/30/2021) - KPI Scorecard and Trends - Activity Log September 2021 - Activity Log October 2021 - Internal Audit Work Plan - Internal Audit Follow Up Table - Committee Pacing Plan
Finance Committee	September 27, 2021	<ul style="list-style-type: none"> - Minutes of the Open & Closed Session of the FC Meeting (8/09/2021) - FY 22 Period 1 Financials - FY 22 Period 2 Financials - Enterprise OB Hospitalist Services Renewal Agreement - LG Orthopedic Surgery Panel - Radiation Oncology Recruitment Agreement

List of Attachments: None.

Suggested Committee Discussion Questions: None.



El Camino Health

Summary of Financial Operations

Fiscal Year 2022 – Period 4

7/1/2021 to 10/31/2021

Executive Summary: FY2022 Period 4 (as of 10/31/2021)

- Continued strong patient activity and recognition of one-time revenue associated with a payor claims settlement and IGT contributed to better than expected operating revenue.
- Higher than budgeted patient volumes and the on-going labor shortage are driving higher utilization of OT / premium pay. These factors are contributing to SWB expense trends which may erode margins in Q3 / Q4.
- Despite some initial pressures associated with inflation, net operating margin was strong due to stable payor mix and careful management of variable expenses such as purchased services and supplies.
- Net days in A/R are higher than target due to a claims hold for a large commercial payor.
- A rebound in the capital markets in October contributed to favorable unrealized gains on our investment portfolio.

Operational / Financial Results: Period 4 – October 2022 (as of 10/31/2021)

PERIOD 4 - RESULTS

(\$ thousands)		PERIOD 4 - RESULTS							Moody's	S&P	Performance to
		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	'A1'	'AA'	Rating Agency Medians
Activity / Volume	ADC	283	249	34	13.5%	242	41	16.8%	---	---	---
	Total Acute Discharges	1,826	1,688	138	8.2%	1,624	202	12.4%	---	---	---
	Adjusted Discharges	3,429	3,153	277	8.8%	3,092	338	10.9%	---	---	---
	Emergency Room Visits	5,175	4,258	917	21.5%	4,171	1,004	24.1%	---	---	---
	OP Procedural Cases	12,985	10,924	2,061	18.9%	13,431	(446)	(3.3%)	---	---	---
	Gross Charges (\$)	414,012	385,618	28,394	7.4%	366,453	47,559	13.0%	---	---	---
Operations	Total FTEs	3,061	3,084	(23)	(0.7%)	2,808	253	9.0%	---	---	---
	Productive Hrs. / APD	29.3	31.7	(2.4)	(7.7%)	31.4	(2.1)	(6.7%)	---	---	---
	Cost Per CMI AD	16,449	17,952	(1,503)	(8.4%)	16,077	372	2.3%	---	---	---
	Net Days in A/R	55.6	49.0	6.6	13.5%	48.0	7.6	15.7%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	106,632	97,257	9,376	9.6%	90,554	16,078	17.8%	138,547	82,105	---
	Total Operating Revenue (\$)	111,138	100,792	10,346	10.3%	94,578	16,560	17.5%	152,743	109,602	---
	Net Operating Margin (\$)	15,073	7,715	7,359	95.4%	8,091	6,982	86.3%	1,915	3,836	---
	Operating EBIDA (\$)	22,290	14,757	7,533	51.0%	15,318	6,972	45.5%	11,188	10,741	---
	Net Income (\$)	39,435	15,408	24,027	155.9%	(19,408)	58,843	303.2%	8,124	7,343	---
	Net Operating Margin (%)	13.6%	7.7%	5.9%	77.2%	8.6%	5.0%	58.5%	1.9%	3.5%	---
	Operating EBIDA (%)	20.1%	14.6%	5.4%	37.0%	16.2%	3.9%	23.8%	8.3%	9.8%	---
	DCOH (days)	346	325	21	6.4%	331	14	4.3%	306	355	---

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021. Dollar amounts have been adjusted to reflect monthly averages.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021. Dollar amounts have been adjusted to reflect monthly averages.

DCOH total includes cash, short-term and long-term investments.

Operational / Financial Results: YTD FY2022 (as of 10/31/2021)

YTD FY2022 - RESULTS

(\$ thousands)

Activity / Volume

	Current Year	Budget	Variance to Budget	Performance to Budget
ADC	269	241	29	12.0%
Total Acute Discharges	7,083	6,487	596	9.2%
Adjusted Discharges	13,752	12,128	1,624	13.4%
Emergency Room Visits	21,561	16,725	4,836	28.9%
OP Procedural Cases	50,641	41,263	9,378	22.7%
Gross Charges (\$)	1,659,104	1,478,583	180,521	12.2%

Operations

	Current Year	Budget	Variance to Budget	Performance to Budget
Total FTEs	3,001	3,050	(50)	(1.6%)
Productive Hrs. / APD	28.7	32.3	(3.7)	(11.4%)
Cost Per CMI AD	16,221	17,952	(1,731)	(9.6%)
Net Days in A/R	55.6	49.0	6.6	13.5%

Financial Performance

	Current Year	Budget	Variance to Budget	Performance to Budget
Net Patient Revenue (\$)	417,665	377,545	40,120	10.6%
Total Operating Revenue (\$)	432,511	391,820	40,691	10.4%
Net Operating Margin (\$)	55,075	24,876	30,199	121.4%
Operating EBIDA (\$)	84,331	53,203	31,128	58.5%
Net Income (\$)	71,279	54,730	16,549	30.2%
Net Operating Margin (%)	12.7%	6.3%	6.4%	100.6%
Operating EBIDA (%)	19.5%	13.6%	5.9%	43.6%
DCOH (days)	346	325	21	6.4%

	Prior Year	Variance to Prior Year	Variance to Prior Year
	238	31	13.2%
	6,264	819	13.1%
	11,788	1,964	16.7%
	16,253	5,308	32.7%
	49,411	1,230	2.5%
	1,396,640	262,464	18.8%

	Prior Year	Variance to Prior Year	Variance to Prior Year
	2,752	249	9.0%
	31.1	(2.4)	(7.8%)
	16,867	(645)	(3.8%)
	48.0	7.6	15.7%

	Prior Year	Variance to Prior Year	Variance to Prior Year
	352,103	65,561	18.6%
	369,121	63,390	17.2%
	23,267	31,808	136.7%
	51,134	33,197	64.9%
	42,571	28,708	67.4%
	6.3%	6.4%	102.0%
	13.9%	5.6%	40.7%
	331	14	4.3%

Moody's	S&P	Performance to Rating Agency Medians
'A1'	'AA'	
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
47.7	49.7	
554,189	328,418	
607,637	438,408	
7,659	15,344	
44,753	42,964	
32,498	29,373	
1.9%	3.5%	
8.3%	9.8%	
306	355	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

DCOH total includes cash, short-term and long-term investments.



Unfavorable Variance < 0.99%
Unfavorable Variance 1.00% - 4.99%
Unfavorable Variance > 5.00%

Key Statistics: Period 4 and YTD (as of 10/31/2021)

Key Statistics	Month to Date			Variance (%)		Year to Date			Variance (%)	
	PY	CY	Budget	CY vs PY	CY vs Budget	PY	CY	Budget	CY vs PY	CY vs Budget
ADC	242	283	249	16.8%	13.5%	238	269	241	13.2%	12.0%
Utilization MV	64%	75%	66%	17.1%	12.7%	62%	71%	64%	14.9%	11.6%
Utilization LG	31%	36%	30%	15.3%	17.4%	32%	34%	30%	6.1%	14.1%
Utilization Combined	53%	62%	55%	16.8%	13.5%	52%	59%	53%	13.2%	12.0%
Adjusted Discharges	3,092	3,429	3,153	10.9%	8.8%	11,788	13,752	12,128	16.7%	13.4%
Total Discharges (Exc NB)	1,624	1,826	1,688	12.4%	8.2%	6,264	7,083	6,487	13.1%	9.2%
Total Discharges	1,977	2,245	2,097	13.6%	7.0%	7,681	8,735	8,024	13.7%	8.9%
Inpatient Activity										
MS Discharges	1,104	1,216	1,091	10.1%	11.4%	4,160	4,700	4,239	13.0%	10.9%
Deliveries	379	455	433	20.1%	5.0%	1,519	1,777	1,628	17.0%	9.2%
BHS	98	115	120	17.3%	(4.3%)	394	447	458	13.5%	(2.3%)
Rehab	44	37	43	(15.9%)	(14.0%)	189	153	163	(19.0%)	(6.1%)
Outpatient Activity										
Total Outpatient Cases	16,577	17,054	14,091	2.9%	21.0%	61,787	67,597	53,788	9.4%	25.7%
ED	3,146	4,069	3,167	29.3%	28.5%	12,376	16,956	12,525	37.0%	35.4%
OP Surg	574	574	462	0.0%	24.2%	2,080	2,327	1,745	11.9%	33.4%
Endo	263	237	229	(9.9%)	3.5%	962	967	843	0.5%	14.7%
Interventional	206	183	181	(11.2%)	1.1%	735	762	704	3.7%	8.2%
All Other	12,388	11,991	10,052	(3.2%)	19.3%	45,634	46,585	37,971	2.1%	22.7%
Hospital Payor Mix										
Medicare	49.2%	47.4%	47.7%	(3.6%)	(0.7%)	48.2%	47.3%	47.6%	(2.0%)	(0.6%)
Medi-Cal	7.5%	8.3%	7.7%	10.4%	7.1%	7.3%	8.3%	7.8%	14.0%	5.9%
Commercial	41.4%	42.5%	42.5%	2.6%	(0.1%)	42.2%	42.4%	42.5%	0.3%	(0.4%)
Other	1.9%	1.8%	2.1%	(6.0%)	(12.5%)	2.2%	2.1%	2.1%	(8.7%)	(1.8%)

Income Statement: Rolling 16 Monthly Trend (\$000s)

	FY2021												FY2022				YTD FY2022	Rolling 16 Monthly Average
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Period 1	Period 2	Period 3	Period 4		
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21		
Operating Revenues:																		
Net Patient Revenue	85,868	85,672	90,009	90,554	88,597	92,289	89,795	85,273	97,171	94,903	95,542	112,238	101,774	104,482	104,776	106,632	417,665	95,349
Other Operating Revenue	4,667	4,331	3,996	4,024	3,234	3,079	4,427	3,352	3,537	3,692	5,385	4,706	3,116	3,746	3,479	4,506	14,846	3,955
Total Operating Revenue	90,535	90,003	94,005	94,578	91,831	95,368	94,222	88,625	100,708	98,595	100,927	116,945	104,889	108,228	108,256	111,138	432,511	99,303
Operating Expenses:																		
Salaries, Wages & Benefits	46,431	47,739	48,136	49,061	47,222	48,774	53,636	48,592	52,025	50,616	48,138	48,101	53,000	53,940	53,629	56,001	216,570	50,315
Supplies	12,820	16,893	12,798	13,496	13,641	14,519	13,888	13,587	15,421	14,256	15,241	15,156	15,109	14,569	14,862	14,502	59,041	14,422
Fees & Purchased Services	12,918	14,366	14,949	12,982	14,264	14,035	15,825	14,770	15,139	15,761	15,923	19,915	14,390	14,182	14,800	14,760	58,132	14,936
Other Operating Expenses	3,583	3,596	4,498	3,721	3,512	4,100	3,819	1,097	3,536	3,662	3,496	6,002	3,598	3,577	3,676	3,586	14,437	3,691
Interest	1,428	1,431	1,428	1,429	1,428	1,428	1,428	1,392	1,399	1,400	1,400	1,367	1,419	1,418	1,418	1,418	5,673	1,415
Depreciation	5,231	5,328	5,795	5,798	6,068	5,591	5,689	5,903	4,931	5,606	4,808	5,740	4,727	7,157	5,902	5,798	23,583	5,629
Total Operating Expenses	82,411	89,352	87,604	86,487	86,136	88,446	94,284	85,341	92,450	91,301	89,006	96,281	92,242	94,844	94,286	96,065	377,436	90,408
Net Operating Margin	8,124	651	6,401	8,091	5,695	6,922	(62)	3,285	8,258	7,294	11,921	20,664	12,648	13,384	13,970	15,073	55,075	8,895
Non-Operating Income	27,718	28,642	(9,557)	(27,499)	64,968	57,357	39	14,349	18,965	29,151	16,666	20,041	(4,099)	14,319	(18,378)	24,361	16,204	16,065
Net Margin	35,842	29,293	(3,156)	(19,408)	70,663	64,279	(23)	17,633	27,223	36,445	28,588	40,705	8,549	27,703	(4,408)	39,435	71,279	24,960
Operating EBIDA	14,783	7,410	13,624	15,318	13,192	13,940	7,055	10,580	14,588	14,301	18,130	27,771	18,793	21,959	21,289	22,290	84,331	15,939
Operating Margin (%)	9.0%	0.7%	6.8%	8.6%	6.2%	7.3%	-0.1%	3.7%	8.2%	7.4%	11.8%	17.7%	12.1%	12.4%	12.9%	13.6%	12.7%	9.0%
Operating EBIDA Margin (%)	16.3%	8.2%	14.5%	16.2%	14.4%	14.6%	7.5%	11.9%	14.5%	14.5%	18.0%	23.7%	17.9%	20.3%	19.7%	20.1%	19.5%	16.1%

FY2022 Capital Capacity (\$000s)

FY2022 Capital Capacity Range	
- 1.3x Depreciation	85,800
- Cash Flow Capital Capacity	147,220

A
B

← Range of FY2022 capital capacity \$86M-\$147M

Projects / Capital	Committed FY2022 Capital
Routine Capital / Equipment	20,000
Women's Hospital Expansion Project	40,000
CPW Relocation, MV Wireless Upgrade, Pyxis Replacement and Other	13,695
Total Committed FY2022 Capital	73,695

C

← Already committed for FY2022

Remaining Available Capital for FY2022	
- 1.3x Depreciation	12,105
- Cash Flow Capital Capacity	73,525

A - C = D
B - C = E

← Remaining capital capacity for FY2022 is approximately ~\$74M

Approved Projects vs. Expenditures (\$ Millions)

Cash Flow Approach

Approved Projects	\$253M
Spent To Date	<u>\$59M</u>
Remaining	\$194M

Approval Date	Approving Body	Project	Total Approved	Expenditures	Estimated Completion
Jul-20	FC	Sterile Processing Equipment	\$1.85M	\$1.76M	Completed
Aug-20	ECHB	Radiation Oncology Replacement	\$10.3M	\$5.5M	Apr-22
Oct-20	ECHB	Old Tower Demolition	\$24.9M	\$4.2M	Q1/Q2 2023
Jan-21	FC	Real Estate Transaction	\$1.875M	\$1.875M	Completed
Jan-21	FC	CPWC Relocation	\$5.0M	\$0.441M	Q1 2022
Feb-21	ECHB	Women's Hospital Renovation	\$149M	\$23.3M	Jul-24
May-21	FC	MV Wireless / DAS Network	\$3.3M	\$0.932M	Jun-22
Aug-21	ECHB	MV Cath Lab Replacement Project	\$32.5M	\$3.6M	Q1 2024
Aug-21	ECHB	Pyxis MedStation Replacement	\$6.64M	\$0.0M	Jun-22
Aug-21	FC	ECHMN Clinic Relocation	\$3.1M	\$3.1M	Completed
Oct-21	ECHB	Real Estate Transaction	\$14.65M	\$14.65M	Completed
Total			\$253M	\$59M	

Financial Overview: Period 4 – October 2022

Period ending 10/31/2021

Financial Performance

- October net operating margin was \$15.1M compared to a budget of \$7.7M, resulting in a favorable variance of \$7.4M
- October volumes and revenues continue to be stronger than budget as demonstrated by:
 - Adjusted discharges were favorable to budget by 277 cases / 8.8% and 338 cases / 10.9% above the same period last year
 - Favorable variance of gross charges of \$28.4M was driven by both Inpatient and Outpatient activity activity:
 - Inpatient gross charges: Favorable to budget by \$13.7M / 6.8% variance primarily driven by neonatal intensive care, critical care, emergency services, other maternal/child services, and corresponding ancillary services
 - Outpatient gross charges: Favorable to budget by \$14.0M / 8.0 variance primarily driven by emergency services, surgery, cath. lab, and corresponding ancillary services
 - Operating Expenses were unfavorable to budget by \$3.0M / 3.2% driven by the level of patient activity
 - SWB were unfavorable by \$3.8M / 7.3%
 - Supplies were favorable by \$580K / 3.5%
 - All other discretionary non-volume driven expenses were favorable to budget by \$0.2M
 - Additional expenses attributed to Covid-19 were \$774K in September and \$2.5M YTD
- Non Operating Income includes:
 - Favorable variance in non-operating revenue is primarily due to unrealized gains on investments

Financial Overview: Period 4 – October 2022 (cont.)

Period ending 10/31/2021

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 277 ADs / 8.8% and above prior year by 338 ADs / 10.9%:
 - Mountain View: Favorable to budget by 142 ADs / 5.9% and above prior year by 248 ADs / 10.4%
 - Los Gatos: Favorable to budget by 135 ADs / 19.5% and above prior year by 90 ADs / 12.3%
- Operating Expense Per CMI Adjusted Discharge: \$16,449 which is 8.4% favorable to budget

Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- October's total visits of 17,896 or 827 visits per day reflect a decrease of 9.9% and 4.7% over the prior month's total visits of 19,871 or 868 visits per day, respectively. While decreases were seen across the organization the majority of the decrease was seen at Urgent Care practices that were 43.3% lower than the prior month and continue to be driven by the reduction COVID testing visits appointments.
- October's total visits were unfavorable to budget by 7.9% but remain slightly favorable to budget for the fiscal year by 0.6%. The unfavorable budget variance in October was mainly attributable to the lower Urgent Care Visits (1,226 visits) and ECMA practices (Cancer 613 and Primary Care 205 visits).
- Net income for the month of October was favorable to budget by \$22K or 0.8% bringing the YTD variance to a favorable \$290K or 2.7%. Compared to FY 2021 October YTD, ECHMN's net income is favorable by \$881K or 7.7%.

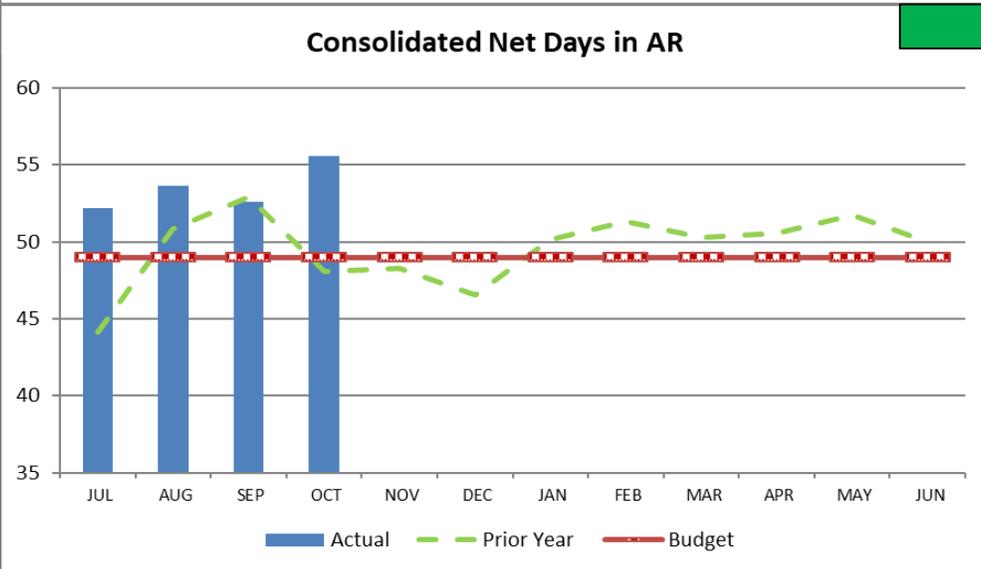
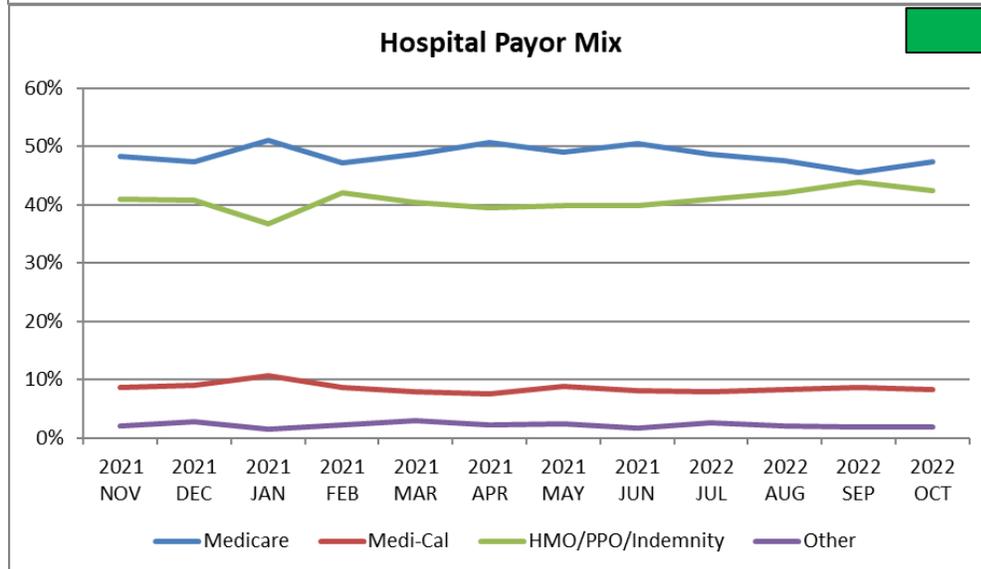
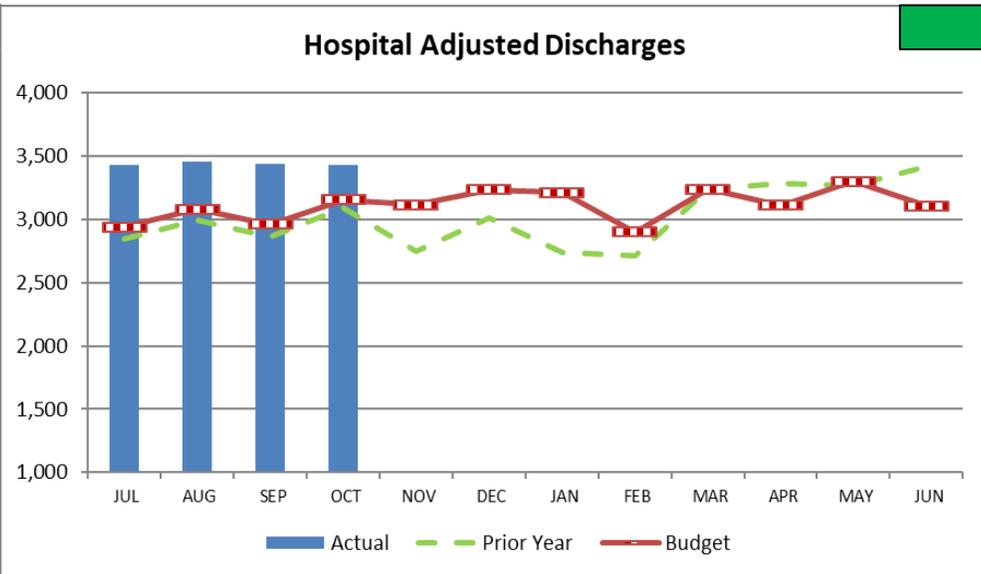
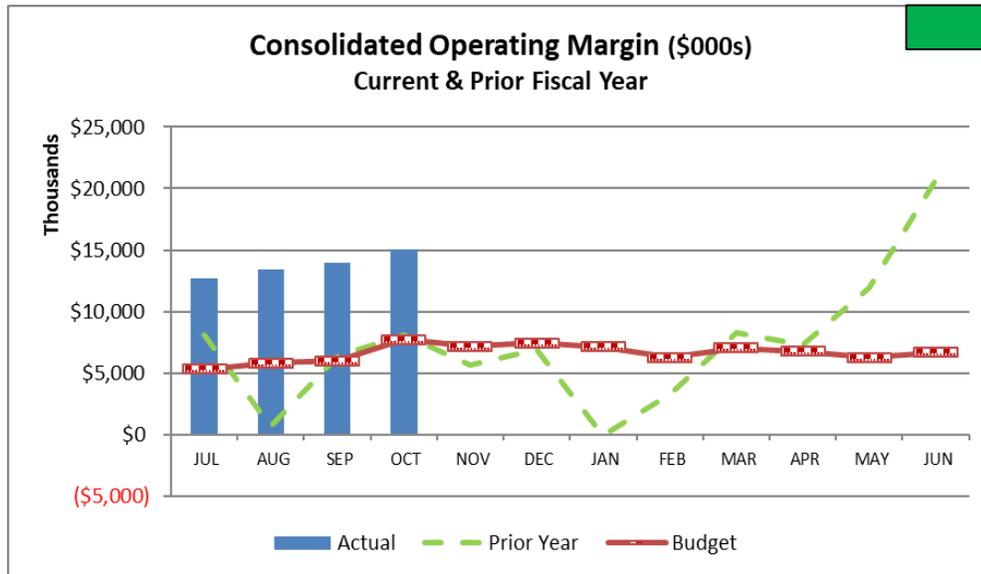
Financial Overview: YTD FY2022 (as of 10/31/2021)

Consolidated Financial Performance

- YTD FY2022 net operating margin of \$55.1M compared to the budget of \$24.9M
 - Operating expenses are \$377.4M / 2.9% unfavorable to budget
 - Operating expense per CMI adjusted discharge: \$16,221 which is 9.6% favorable to budget. This demonstrates consistent and effective management of variable expenses
- Note: Excludes depreciation and interest expense**
- Year-over-year operating margin is \$31.8M higher than the same period last year, which is primarily due to the strength in volumes as exhibited by year over year growth in:
 - Adjusted Discharges: 16.7%
 - Emergency Room Visits: 32.7%
 - Surgeries: 4.5%
 - Deliveries - Maternal Child services: 16.7%
 - In addition, while revenue has driven improved year over year performance, expense management remains effective.

APPENDIX

YTD FY2022 Financial KPIs – Monthly Trends



Investment Scorecard (as of 9/30/2021)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
Investment Performance		CY 3Q 2021 / FY 1Q 2022		Fiscal Year-to-Date 2022		By 11m Since Inception (annualized)		FY 2022	2019
Surplus cash balance*		\$1,455.2	--	--	--	--	--	--	--
Surplus cash return		0.0%	-0.4%	0.0%	-0.4%	6.7%	6.5%	4.0%	5.6%
Cash balance plan balance (millions)		\$356.3	--	--	--	--	--	--	--
Cash balance plan return		0.2%	-0.5%	0.2%	-0.5%	9.0%	8.0%	6.0%	6.0%
403(b) plan balance (millions)		\$731.5	--	--	--	--	--	--	--
Risk vs. Return		3-year				By 11m Since Inception (annualized)			2019
Surplus cash Sharpe ratio		0.82	0.85	--	--	0.98	0.98	--	0.34
Net of fee return		8.5%	8.5%	--	--	6.7%	6.5%	--	5.6%
Standard deviation		8.9%	8.5%	--	--	6.1%	5.9%	--	8.7%
Cash balance Sharpe ratio		0.82	0.81	--	--	1.04	1.01	--	0.32
Net of fee return		10.4%	9.4%	--	--	9.0%	8.0%	--	6.0%
Standard deviation		11.3%	10.2%	--	--	7.9%	7.2%	--	10.3%
Asset Allocation		CY 3Q 2021 / FY 1Q 2022							
Surplus cash absolute variances to target		4.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		5.0%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		CY 3Q 2021 / FY 1Q 2022							
Surplus cash manager flags		20	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		22	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds, District assets (~\$42 mm), and balance sheet cash not in investable portfolio (~\$155 mm). Includes Foundation (~\$41 mm) and Concern (~\$15 mm) assets.

Period 4 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 10/31/2021)

(\$000s)

	Period 4- Month			Period 4- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	13,110	7,370	5,740	50,036	24,788	25,249
Los Gatos	4,913	3,359	1,554	15,824	11,842	3,982
Sub Total - El Camino Hospital, excl. Affilates	18,023	10,729	7,294	65,860	36,629	29,231
Operating Margin %	17.0%	11.2%		16.0%	9.8%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	22,896	7,546	15,349	15,096	28,937	(13,841)
El Camino Hospital Net Margin	40,919	18,275	22,644	80,957	65,566	15,390
ECH Net Margin %	38.6%	19.0%		19.7%	17.6%	
Concern	29	(83)	111	562	33	529
Foundation	1,236	(14)	1,250	351	11	340
El Camino Health Medical Network	(2,749)	(2,771)	22	(10,591)	(10,881)	290
Net Margin Hospital Affiliates	(1,484)	(2,868)	1,384	(9,678)	(10,837)	1,159
Total Net Margin Hospital & Affiliates	39,435	15,408	24,027	71,279	54,730	16,549

Consolidated Statement of Operations (\$000s)

Period 4 ending 10/31/2021

Period 4 FY 2021	Period 4 FY 2022	Period 4 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
366,453	414,012	385,618	28,394	7.4%	Gross Revenue	1,396,640	1,659,104	1,478,583	180,521	12.2%
(275,898)	(307,380)	(288,361)	(19,018)	(6.6%)	Deductions	(1,044,537)	(1,241,439)	(1,101,038)	(140,401)	(12.8%)
90,554	106,632	97,257	9,376	9.6%	Net Patient Revenue	352,103	417,665	377,545	40,120	10.6%
4,024	4,506	3,535	970	27.4%	Other Operating Revenue	17,018	14,846	14,276	571	4.0%
94,578	111,138	100,792	10,346	10.3%	Total Operating Revenues	369,121	432,511	391,820	40,691	10.4%
					OPERATING EXPENSE					
49,061	56,001	52,203	(3,798)	(7.3%)	Salaries & Wages	191,367	216,570	205,189	(11,381)	(5.5%)
13,496	14,502	15,083	581	3.9%	Supplies	56,007	59,041	57,719	(1,322)	(2.3%)
12,982	14,760	14,642	(117)	(0.8%)	Fees & Purchased Services	55,215	58,132	58,150	19	0.0%
3,721	3,586	4,106	521	12.7%	Other Operating Expense	15,398	14,437	17,559	3,122	17.8%
1,429	1,418	1,403	(16)	(1.1%)	Interest	5,716	5,673	5,604	(69)	(1.2%)
5,798	5,798	5,640	(158)	(2.8%)	Depreciation	22,151	23,583	22,723	(860)	(3.8%)
86,487	96,065	93,077	(2,987)	(3.2%)	Total Operating Expenses	345,854	377,436	366,944	(10,492)	(2.9%)
8,091	15,073	7,715	7,359	95.4%	Net Operating Margin	23,267	55,075	24,876	30,199	121.4%
(27,499)	24,361	7,693	16,668	216.7%	Non Operating Income	19,304	16,204	29,854	(13,650)	(45.7%)
(19,408)	39,435	15,408	24,027	155.9%	Net Margin	42,571	71,279	54,730	16,549	30.2%
15,318	22,290	14,757	7,533	51.0%	Operating EBIDA	51,134	84,331	53,203	31,128	58.5%
					Operating EBIDA Margin	13.9%	19.5%	13.6%	5.9%	
					Operating Margin	6.3%	12.7%	6.3%	6.4%	
					Net Margin	11.5%	16.5%	14.0%	2.5%	

El Camino Hospital – Mountain View

Statement of Operations (\$000s)

Period 4 ending 10/31/2021

Period 4 FY 2021	Period 4 FY 2022	Period 4 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
280,430	313,681	299,519	14,162	4.7%	OPERATING REVENUES					
(210,653)	(232,559)	(224,871)	(7,688)	(3.4%)	Gross Revenue	1,078,201	1,252,747	1,147,255	105,492	9.2%
69,777	81,123	74,648	6,475	8.7%	Deductions	(802,378)	(933,087)	(858,097)	(74,990)	(8.7%)
1,760	2,176	1,594	582	36.5%	Net Patient Revenue	275,823	319,660	289,158	30,502	10.5%
71,537	83,299	76,242	7,057	9.3%	Other Operating Revenue	5,997	6,164	6,128	36	0.6%
					Total Operating Revenues	281,819	325,824	295,286	30,538	10.3%
					OPERATING EXPENSES					
38,699	43,831	41,489	(2,342)	(5.6%)	Salaries & Wages	150,540	171,023	162,489	(8,534)	(5.3%)
9,980	11,188	11,493	305	2.7%	Supplies	42,903	44,408	43,910	(498)	(1.1%)
6,139	6,738	7,309	572	7.8%	Fees & Purchased Services	25,462	26,862	28,796	1,934	6.7%
2,415	2,558	2,725	167	6.1%	Other Operating Expense	10,229	9,634	11,758	2,124	18.1%
1,429	1,418	1,403	(16)	(1.1%)	Interest	5,716	5,673	5,604	(69)	(1.2%)
4,767	4,455	4,453	(2)	(0.1%)	Depreciation	18,025	18,188	17,940	(247)	(1.4%)
63,430	70,188	68,872	(1,316)	(1.9%)	Total Operating Expenses	252,875	275,788	270,498	(5,289)	(2.0%)
8,108	13,110	7,370	5,740	77.9%	Net Operating Margin	28,944	50,036	24,788	25,249	101.9%
(26,846)	22,896	7,546	15,349	203.4%	Non Operating Income	18,379	15,073	28,937	(13,864)	(47.9%)
(18,738)	36,006	14,916	21,090	141.4%	Net Margin	47,323	65,110	53,725	11,385	21.2%
14,304	18,984	13,225	5,758	43.5%	Operating EBIDA	52,685	73,897	48,332	25,565	52.9%
					Operating EBIDA Margin	18.7%	22.7%	16.4%	6.3%	
					Operating Margin	10.3%	15.4%	8.4%	7.0%	
					Net Margin	16.8%	20.0%	18.2%	1.8%	
20.0%	22.8%	17.3%	5.4%							
11.3%	15.7%	9.7%	6.1%							
-26.2%	43.2%	19.6%	23.7%							

El Camino Hospital – Los Gatos

Statement of Operations (\$000s)

Period 4 ending 10/31/2021

Period 4 FY 2021	Period 4 FY 2022	Period 4 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
76,952	91,332	77,816	13,516	17.4%	OPERATING REVENUE					
(58,963)	(68,791)	(58,265)	(10,527)	(18.1%)	Gross Revenue	283,989	367,848	297,196	70,652	23.8%
17,989	22,540	19,551	2,989	15.3%	Deductions	(218,860)	(282,900)	(221,453)	(61,447)	(27.7%)
389	280	272	8	2.9%	Net Patient Revenue	65,129	84,948	75,743	9,205	12.2%
18,378	22,820	19,823	2,997	15.1%	Other Operating Revenue	1,606	1,117	1,079	38	3.5%
					Total Operating Revenue	66,735	86,065	76,822	9,243	12.0%
					OPERATING EXPENSE					
8,273	10,117	8,615	(1,502)	(17.4%)	Salaries & Wages	32,520	37,615	33,955	(3,660)	(10.8%)
3,218	2,979	3,295	316	9.6%	Supplies	11,264	13,483	12,630	(853)	(6.8%)
2,998	3,381	3,218	(162)	(5.0%)	Fees & Purchased Services	11,494	13,627	12,742	(885)	(6.9%)
477	382	406	24	5.9%	Other Operating Expense	1,600	1,291	1,899	607	32.0%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
819	1,048	930	(118)	(12.7%)	Depreciation	3,275	4,224	3,755	(469)	(12.5%)
15,787	17,907	16,464	(1,443)	(8.8%)	Total Operating Expense	60,153	70,241	64,981	(5,260)	(8.1%)
2,591	4,913	3,359	1,554	46.3%	Net Operating Margin	6,583	15,824	11,842	3,982	33.6%
0	0	0	0	0.0%	Non Operating Income	0	23	0	23	0.0%
2,591	4,913	3,359	1,554	46.3%	Net Margin	6,583	15,847	11,842	4,005	33.8%
3,411	5,961	4,289	1,672	39.0%	Operating EBIDA	9,858	20,048	15,597	4,451	28.5%
					Operating EBIDA Margin	14.8%	23.3%	20.3%	3.0%	
					Operating Margin	9.9%	18.4%	15.4%	3.0%	
					Net Margin	9.9%	18.4%	15.4%	3.0%	

El Camino Health Medical Network

Statement of Operations (\$000s)

Period 4 ending 10/31/2021

Period 4 FY 2021	Period 4 FY 2022	Period 4 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
9,071	8,999	8,283	716	8.6%	Gross Revenue	34,450	38,509	34,132	4,376	12.8%
(6,283)	(6,029)	(5,225)	(804)	(15.4%)	Deductions	(23,299)	(25,451)	(21,488)	(3,963)	(18.4%)
2,788	2,970	3,058	(88)	(2.9%)	Net Patient Revenue	11,152	13,057	12,644	413	3.3%
1,087	1,189	869	320	36.8%	Other Operating Revenue	6,490	3,874	3,868	6	0.1%
3,875	4,159	3,927	231	5.9%	Total Operating Revenues	17,642	16,931	16,512	419	2.5%
					OPERATING EXPENSES					
1,629	1,561	1,606	45	2.8%	Salaries & Wages	6,511	6,168	6,825	656	9.6%
294	323	285	(38)	(13.4%)	Supplies	1,768	1,113	1,138	25	2.2%
3,592	4,134	3,639	(495)	(13.6%)	Fees & Purchased Services	16,695	15,802	14,760	(1,042)	(7.1%)
778	606	926	320	34.6%	Other Operating Expense	3,341	3,316	3,705	389	10.5%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
198	283	243	(41)	(16.7%)	Depreciation	800	1,123	965	(157)	(16.3%)
6,491	6,907	6,698	(209)	(3.1%)	Total Operating Expenses	29,114	27,522	27,393	(129)	(0.5%)
(2,616)	(2,749)	(2,771)	22	(0.8%)	Net Operating Margin	(11,472)	(10,591)	(10,881)	290	(2.7%)
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
(2,616)	(2,749)	(2,771)	22	(0.8%)	Net Margin	(11,472)	(10,591)	(10,881)	290	(2.7%)
(2,418)	(2,465)	(2,528)	63	(2.5%)	Operating EBIDA	(10,672)	(9,468)	(9,915)	447	(4.5%)
					Operating EBIDA Margin	-60.5%	-55.9%	-60.0%	4.1%	
					Operating Margin	-65.0%	-62.6%	-65.9%	3.3%	
					Net Margin	-65.0%	-62.6%	-65.9%	3.3%	

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

To: Finance Committee
From: Jon Cowan, Senior Director of Government Relations and Community Partnerships
Date: November 22, 2021
Subject: FY2023 Community Benefit (CB) Grant Application Guiding Principles and Process

Purpose:

To review and to provide input on the proposed “Guiding Principles” as well as the El Camino Health Community Benefit “Ranked & Prioritized Health Needs,” including approximate grant funding percentages for each of the five health needs. To orient the Finance Committee to staff-initiated CB grant proposals being investigated.

Summary:

1. **Situation:** Management and staff developed “Guiding Principles” as well as “Ranked & Prioritized Health Needs” with approximate grant funding percentages to have a vehicle for policy direction. This policy direction is to be implemented in FY22 for the FY23 grant cycle.
2. **Background:**
 - The proposed “Guiding Principles” are grouped as either required or preferred to prioritize them.
 - Every three years, El Camino Health is required to conduct a Community Health Needs Assessment (CHNA). The process is led by Actionable Insights (AI) with input from participating health systems.
 - The FY 2022 Community Health Needs Assessment (CHNA) identified 12 health needs for El Camino Health.
 - The definition of a health need is a health issue that has health outcomes or is a driver of health outcomes, and for which there were at least two data sources available to be consulted.
 - El Camino Health’s health needs were a top community priority (for at least 1/3 of focus groups or key informant interviews), fail statistical benchmarks (two or more direct indicators are worse than California by 5% or more), or represent documented inequities.
 - El Camino Health then selected which health needs to focus on by assessing whether a health need aligns with El Camino Health expertise and capabilities, whether El Camino Health has a commitment to addressing this need, and if the community prioritizes the health need over other health needs.
 - The five health needs El Camino Health selected to focus on are Healthcare Access & Delivery (including oral health), Behavioral Health (including domestic violence trauma), Diabetes & Obesity, Economic Stability (including food insecurity, housing & homelessness), and Chronic Conditions (other than Diabetes & Obesity).
 - CB management and staff are investigating staff-initiated CB grant proposals that could benefit vulnerable and underserved individuals who the hospital identifies as potential beneficiaries of targeted stabilization interventions.
3. **Assessment:**
 - Narrowing the health needs to five will maintain a comprehensive program as additional health needs were able to be mapped to these five.
 - All health needs identified as a top community priority are incorporated into the selected needs to focus on.

FY2023 Community Benefit (CB) Grant Application Guiding Principles and Process
November 22, 2021

- The selected health needs maintain El Camino Health and the El Camino Healthcare District's commitment to addressing domestic violence as well as chronic conditions other than diabetes & obesity.
 - Cancer, oral health, and maternal/infant health which were identified as historic inequities were mapped to the five selected needs.
 - The "Guiding Principles" and "Ranked & Prioritized Health Needs" will set policy direction for the El Camino Health Community Benefit program.
4. Other Reviews: The El Camino Healthcare District Board approved the use of the "Guiding Principles" as well as "Ranked & Prioritized Health Needs" framework to provide guidance for the ECHD Community Benefit Program.
5. Outcomes:
- After receiving input from the Finance Committee, management and staff will execute the FY23 grant cycle incorporating the "Guiding Principles" and the "Ranked & Prioritized Health Needs" with approximate grant funding percentages.

List of Attachments:

1. FY2023 CB Grant Application Guiding Principles and Process Presentation

Suggested Committee Discussion Questions:

1. Does the Finance Committee have any input on the importance of the individual "Guiding Principles?"*
2. Does the Finance Committee have any input on the ECH "Ranked & Prioritized Health Needs," including the approximate grant funding percentages for each of the five health needs?
3. Does the Finance Committee have any input for the staff-initiated CB grant proposals being investigated?

* "Guiding Principles" are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit's philosophy for health improvement. An example is "emphasize locally focused vs. national organizations."



FY2023 Community Benefit Grant Application Guiding Principles and Process

*Jon Cowan, Senior Director, Government Relations &
Community Partnerships*

November 22, 2021

Table of Contents

1. Guiding Principles
2. Ranked & Prioritized Health Needs
3. Staff Innovation Grants

Guiding Principles



Guiding Principles: Definition

“Guiding Principles” are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit’s philosophy for health improvement. An example is “emphasize locally focused vs. national organizations.”

Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

1. Serve those who live, work or go to school in El Camino Health's targeted geography
2. Demonstrate a competence and capacity to address at least one of the identified health needs
3. Focus primarily, but not exclusively, on the results of increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges

Preferred

5. Aim to reflect the diversity of El Camino Health's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns. Do not fund drives or political initiatives
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants

Ranked & Prioritized Health Needs



Current Health Needs from 2019 Community Health Needs Assessment (CHNA)



- Diabetes & Obesity
- Chronic Conditions (other than Diabetes & Obesity)
- Healthcare Access & Delivery
- Oral/Dental Health



- Behavioral Health
- Cognitive Decline



- Violence & Injury Prevention
- Economic Stability
- Housing & Homelessness

Process for Reaching the Ranked & Prioritized Health Needs

2022 CHNA

- **Focus:**
 - Led by Actionable Insights (AI) with input from participating health systems (El Camino Health (ECH), Stanford Medicine, Palo Alto Medical Foundation/Sutter Health)
 - Extensive qualitative and quantitative analysis informs health need identification and ranked order
 - Process shaped by IRS requirements and consultant expertise
- **Key Outcomes:**
 - Health needs list for ECH's CHNA report which is listed in ranked order

Mgmt. & Staff

- **Focus:**
 - Utilizing criteria to inform the health needs for ECH's focus
 - Soliciting input from management & staff stakeholders
- **Key Outcomes:**
 - Proposed prioritized health needs for ECH's focus

Finance Committee

- **Focus:**
 - Input on approximate percentages for the ECH CB Program's focus
- **Key Outcomes:**
 - Endorse or suggest modifications to the approximate percentages for each of the 5 health needs

ECH's Criteria for Determining Health Needs to Focus on

1. Addressing this need aligns with ECH expertise and capabilities
2. ECH has a commitment to addressing this need
3. The community prioritizes the health need over other health needs

ECH's Selected Health Needs to Focus on

Health Need	Key Considerations
Healthcare Access & Delivery (including oral health)	<ul style="list-style-type: none">• Availability and access to primary care, oral healthcare, specialty care, maternal/infant health, etc.
Behavioral Health (including domestic violence trauma)	<ul style="list-style-type: none">• Mental health services for depression, anxiety, substance abuse, senior isolation, and domestic violence trauma, etc.
Diabetes & Obesity	<ul style="list-style-type: none">• Relates to disease management as well as contributing factors which include healthy eating and active living, etc.
Economic Stability (including food insecurity, housing & homelessness)	<ul style="list-style-type: none">• Key driver of poor health outcomes
Chronic Conditions (other than Diabetes & Obesity)	<ul style="list-style-type: none">• Cardiovascular disease, cancer, respiratory conditions, and other chronic conditions

Discussion Draft: ECH Ranked & Prioritized Health Needs*

Health Need	FY21 Approved	FY22 Approved	FY23 Proposed
Healthcare Access & Delivery (including oral health)	29%	30%	~30%
Behavioral Health (including domestic violence trauma)	30%	31%	~30%
Diabetes & Obesity	27%	21%	~30%
Chronic Conditions (other than Diabetes & Obesity)	5%	8%	~5%
Economic Stability (including food insecurity, housing & homelessness)	4%	5%	~5%

*Dropped health need includes cognitive decline (5% in FY21 and FY22)

ECH Grants Grouped by Health Need*

	Health Need	FY21 Approved	FY21 %	FY22 Approved	FY22 %
Healthcare Access & Delivery (including oral health)	Healthcare Access & Delivery	\$940,000	26%	\$895,000	28%
	Oral Health	\$90,000	3%	\$70,000	2%
Behavioral Health (including domestic violence trauma)	Behavioral Health	\$1.012 million	28%	\$917,000	28%
	Domestic Violence	\$85,000	2%	\$90,000	3%
Diabetes & Obesity	Diabetes & Obesity	\$961,000	27%	\$664,000	21%
Chronic Conditions (other than Diabetes & Obesity)	Chronic Conditions (other than Diabetes & Obesity)	\$190,000	5%	\$266,000	8%
Economic Stability (including food insecurity, housing & homelessness)	Economic Stability	\$154,000	4%	\$163,000	5%
	Housing & Homelessness	N/A	N/A	N/A	N/A
Proposed for Removal	Cognitive Decline	\$190,000	5%	\$172,000	5%
	Unintended Injury Prevention	N/A	N/A	N/A	N/A
	Total	\$3.596 million		\$3.236 million	

*Percentages do not sum to 100% due to rounding. Total approved presented is rounded total.

Staff Innovation Grants



Staff-Initiated Community Benefit Grant Proposals Being Investigated

1. Follow up with vulnerable discharged patients
2. Helping unhoused manage their chronic conditions
3. Additional social worker or psychiatric social worker support in the emergency department
4. Food pharmacy to tackle healthy eating to prevent/manage chronic conditions
5. Healthcare mentorship program to help support a diverse healthcare workforce

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

To: Finance Committee
From: Jon Cowan, Senior Director of Government Relations and Community Partnerships
Date: November 22, 2021
Subject: FY21 Year-End Community Benefit (CB) Report

Purpose: To update the Finance Committee on the FY21 Community Benefit Annual Report and the grants year-end performance.

Summary:

- Situation:** At the conclusion of each fiscal year, CB staff review year-end grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Data is also collected from a number of departments, including Finance, to calculate the Hospital’s Total Community Benefit, per IRS guidelines. Staff prepares an annual report and year-end dashboard (Attachments 1 and 2). The report will be shared with the community through e-mail and social media after the November 22, 2021 Finance Committee meeting and voluntarily submitted to OSHPD. The online only report is available at: <https://www.elcaminohealth.org/microsites/communitybenefit2021/>.
- Authority:** The report is prepared by CB staff and approved by the Senior Director of Government Relations and Community Partnerships prior to presentation to the Finance Committee.
- Background:** In FY21, El Camino Health’s Total Hospital Community Benefit = \$87,279,753, representing \$14.6 million more than FY20. Total Hospital Community Benefit includes charity care, unreimbursed Medi-Cal, subsidized services, grants and sponsorships and other categories. The Hospital also provided \$123,809,984 in uncompensated care for Medicare beneficiaries.

<p>El Camino Healthcare District \$8,329,457 GRANTS & SPONSORSHIPS</p>	<p>El Camino Hospital \$3,580,207 GRANTS & SPONSORSHIPS</p>
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\$87.3M El Camino Hospital
TOTAL COMMUNITY BENEFIT

\$50,764,715	Government-Sponsored Healthcare (Unreimbursed Medi-Cal)
\$27,323,560	Subsidized Health Services
\$3,691,859	Financial Assistance (Charity Care)
\$3,580,207	Grants and Sponsorships
\$1,192,946	Health Professions Education
\$289,614	Clinical Research
\$288,218	Community Benefit Operations
\$148,634	Community Health Improvement Services

+ \$124M in Uncompensated Medicare
(Not Included in Community Benefit Total)

FY21 Year-End Community Benefit Report
November 22, 2021

- A. Grants** = \$3,464,669 for 49 grants:
- 12 Behavioral health grants at \$938,900
 - 14 Diabetes & obesity grants at \$925,331
 - 12 Healthcare access & delivery grants at \$917,333
 - 6 Chronic conditions (other than diabetes and obesity) grants at \$189,105
 - 3 Cognitive decline grants at \$165,000
 - 4 Economic stability grants at \$154,000
 - 2 Oral health grants at \$90,000
 - 1 Violence & injury prevention grant at \$85,000
 - *Note: sum of grant programs greater than 49 because five programs address two health needs
- B. Sponsorships** = \$115,538 for 20 sponsorships
- C. COVID-19 testing and vaccinations** = \$50,000 (included in the \$3,464,669 grants total above) to supplement the El Camino Healthcare District funded COVID-19 testing and vaccination program to support the uninsured who did not live, work, or go to school within the healthcare district. The COVID-19 testing and vaccination program achieved the following:
- i. Administering more than 45,000 community vaccinations, which involved launching a vaccination center in Sunnyvale and mobile vaccine clinics.
 - ii. Nearly 38,000 community tests administered at El Camino Hospital in Mountain View and at 129 pop-up testing clinics.
- D. Grants Performance** is reflected in the year-end dashboard (Attachment 2):
- 63% of grants met 80% or more of their metrics (FY20 = 48%)
 - 83% of metrics achieved their annual targets
4. Assessment: N/A
5. Other Reviews: ECH's Finance Department provided data on a number of the categories that compose the hospital's Total Community Benefit (Unreimbursed Medi-Cal, Financial Assistance (Charity Care), Subsidized Health Services, Clinical Research, and Uncompensated Medicare).
6. Outcomes: N/A

List of Attachments:

1. FY21 ECH Community Benefit Annual Report Executive Summary with full online report at: <https://www.elcaminohealth.org/microsites/communitybenefit2021/>
2. FY21 ECH Community Benefit Grants Year-End Dashboard

Suggested Board Discussion Questions: N/A- This is an informational item.



**Improving Health
Changing Lives**

Community Health Investment
El Camino Healthcare District
\$8.3M Grants & Sponsorships

El Camino Hospital
\$87.3M Total Community Benefit

\$3.6M Grants & Sponsorships

El Camino Healthcare District | El Camino Health

Community Benefit Annual Report FY 2021 – Executive Summary

Supporting Our Community Needs During the Ongoing Pandemic

As the continuing pandemic has increased need and hardship, the programs funded through our community benefit grants are a vital lifeline to basic needs and health resources for our neighbors. The [Community Benefit FY 2021 online report](#) highlights our investments including:

- **The Hospital's Total Community Benefit commitment of \$87.3 Million — \$14.6 Million more than last year — serving 142,082 people.** This includes charity care, community grants and more to serve vulnerable and underserved community members. [See the financial report.](#)
- **\$11.9 Million combined total for 132 grants and sponsorships.** The District and the Hospital work with community partners to prevent disease, improve mental health, and make healthcare and healthy choices more accessible. [See our community partners.](#)
- **We invested \$1.1 million in COVID-19 testing and vaccination,** including a vaccination center in Sunnyvale and mobile vaccine clinics, administering more than 45,000 community vaccinations. [Learn how we and our partners responded.](#)

Financial Report

\$87.3M El Camino Hospital
TOTAL COMMUNITY BENEFIT



\$50,764,715	Government-Sponsored Healthcare (Unreimbursed Medi-Cal)
\$27,323,560	Subsidized Health Services
\$3,691,859	Financial Assistance (Charity Care)
\$3,580,207	Grants and Sponsorships
\$1,192,946	Health Professions Education
\$289,614	Clinical Research
\$288,218	Community Benefit Operations
\$148,634	Community Health Improvement Services

+\$124M in Uncompensated Medicare
(Not Included in Community Benefit Total)

Please take a moment to visit <https://www.elcaminohealth.org/microsites/communitybenefit2021/> and learn more about how we are addressing unmet health needs in our community.



EL CAMINO HEALTHCARE DISTRICT



Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%													
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	FY19 % 6-month Metrics Met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	FY21 Yearend Actual <i>Column Y</i>	FY21 % Yearend Metrics Met <i>Column AA</i>		
	Asian Americans for Community Involvement (AACI) <i>Primary Care/Safety Net Clinic</i> FY21 Approved: \$85,000 FY21 Spent: \$85,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		350	359	●	700	895	●		
		Medical appointments	-	-		-	-		-	-		-	-		500	830	●	1000	1,885	●		
		Patients screened for depression with a positive result who are offered integrated behavioral health services	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	40%	44%	●	100%	80%	74%	●	
		Female patients receiving a cervical cancer screening	-	-		-	-		-	-		-	-		34%	35%	●		68%	47%	●	
		Adult patients with a Body Mass Index (BMI) measured outside the normal parameters who receive follow-up care	-	-		-	-		-	-		-	-		28%	29%	●		55%	30%	●	
	Better Health Pharmacy <i>Free Medication for Uninsured and Underserved</i> FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000 New Metrics: 0 of 5	Patients served (full program)	1,250	1,919	●	2,500	3,040	●	1,500	2,303	●	2,800	3,520	●	2,000	1,937	●	3,000	2,906	●		
		Prescriptions filled (full program)	10,000	12,780	●	20,000	25,456	●	11,000	16,416	●	22,000	32,767	●	14,000	17,485	●	28,000	34,601	●		
		Patients who reported that they are very satisfied with the time waited for services	-	-	100%	-	-	100%	97%	94%	●	100%	97%	91%	●	100%	97%	96%	100%	97%	87%	●
		Patients who reported that they are very satisfied with the time waited for medication information	-	-		-	-		97%	92%	●		97%	88%	●		97%	96%		97%	93%	●
		Patients who report that they are very satisfied with the quality of service	-	-		-	-		97%	98%	●		97%	97%	●		97%	100%		97%	100%	●
	Breathe California <i>Children's Asthma Program</i> FY21 Approved: \$40,000 FY21 Spent: \$40,000 FY20 Approved: \$50,000 FY20 Spent: \$36,681 FY19 Approved: \$50,000 FY19 Spent: \$42,587 New Metrics: 0 of 3	Individuals served (children, parents, teachers and care providers) through air quality assessment and asthma management training	225	103	●	800	3,344	●	225	580	●	800	630	●	100	87	●	350	622	●		
		Children with asthma receiving multi-session asthma education who show an increase in knowledge/skills	50%	70%	●	70%	70%	●	50%	65%	●	70%	65%	●	N/A	N/A	0%	50%	72%	●		
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by assessments of respiratory hazards using the EPA's best-practice environmental checklist	50%	45%	●	50%	73%	●	50%	100%	●	60%	100%	●	N/A	N/A		50%	0%	●		
	Cambrian School District <i>School Nurse Program</i> FY21 Approved: \$125,000 FY21 Spent: \$125,000 FY20 Approved: \$128,000 FY20 Spent: \$128,000 FY19 Approved: \$129,500 FY19 Spent: \$129,500 New Metrics: 3 of 5	Students served	1,000	1,360	●	3,400	3,423	●	1,400	1,488	●	3,350	2,885	●	1,400	1,051	●	2,700	2,668	●		
		Staff who complete insulin administration training	-	-		-	-		-	-		-	-		35%	12%	●	50%	12%	●		
Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage		10%	31%	●	30%	100%	●	35%	25%	●	90%	88%	●	35%	12%	●	50%	46%	●			
Students in Transitional Kindergarten, Kindergarten & 7th grade out of compliance with required immunizations who become compliant		-	-	100%	-	-	50%	-	-	33%	-	-	60%	5%	85%	●	25%	30%	134%	●		
Students at Bagby Elementary and Sartorette Elementary out of date for oral health screening, now up to date.		-	-		-	-		-	-		-	-		N/A	N/A		12%	27%	●			
Campbell Union School District <i>School Nurse Program</i> FY21 Approved: \$215,000 FY21 Spent: \$215,000 FY20 Approved: \$215,000 FY20 Spent: \$215,000 FY19 Approved: \$215,000 FY19 Spent: \$215,000 New Metrics: 5 of 6	Students served	2,100	1,994	●	3,950	3,884	●	2,100	1,950	●	3,950	2,815	●	2,000	2,030	●	3,850	3,863	●			
	Kindergarten students enrolled in Rosemary and Lynhaven schools who are noncompliant with immunizations receive their required vaccinations by California School Immunization Law	-	-		-	-		-	-		-	-		10%	68%	●	18%	91%	●			
	School staff (including teachers, psychologists, speech language pathologists and other staff members) who receive Epi-Pen Trainings	-	-	100%	-	-	100%	-	-	100%	-	-	60%	45%	37%	●	83%	65%	69%	●		
	Classrooms participating in handwashing videos and teeth brushing videos among two Title 1 elementary schools	-	-		-	-		-	-		-	-		30%	30%	●		45%	42%	●		
	Classrooms in elementary schools with a high percentage, of free reduced lunch participating in GoNoodle (movement and mindfulness videos) activities at least once a week, for 10 weeks sessions	-	-		-	-		-	-		-	-		25%	27%	●		75%	73%	●		
	Special education students who receive flu vaccinations (due to being a vulnerable population)	-	-		-	-		-	-		-	-		10%	13%	●		18%	19%	●		
Challenge Diabetes Program FY21 Approved: \$80,000 FY21 Spent: \$60,097 FY20 Approved: \$195,000 FY20 Spent: \$157,664 FY19 Approved: \$196,468 FY19 Spent: \$129,367 New Metrics: 1 of 5	Clients served	450	396	●	450	427	●	426	321	●	426	321	●	150	158	●	150	158	●			
	Services provided	2,000	1,969	●	4,000	3,861	●	1,285	1,078	●	4,270	1,900	●	1,552	872	●	2,282	2,397	●			
	Participants who agree or strongly agree that they are confident in their ability to eat healthy food	-	-	50%	-	-	83%	75%	98%	●	50%	75%	97%	●	80%	96%	●	80%	97%	●		
	Participants who agree or strongly agree that they are confident in their ability to get enough physical activity	-	-		-	-		75%	94%	●		75%	93%	●		80%	96%		80%	93%	●	
	Participants who take the CDC Pre-diabetes Risk Assessment	-	-		-	-		-	-		-	-		80%	87%	●		80%	87%	●		

Community Benefit Dashboard Notes

FY20 and FY21

- A metric receives a "green" indicator if performance against target is 90% - 100%
- A metric receives a "purple" indicator if performance against target is 75% - 89%
- A metric receives a "blue" indicator if performance against target is 0% - 74%

FY19

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- A metric receives a "red" indicator if performance against target is 0% - 89%

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

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%									Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%														
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	Community Health Partnership <i>Patient Engagement Learning Collaborative of Safety-net Clinics</i> FY21 Approved: \$61,000 FY21 Spent: \$61,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000 New Metrics: 0 of 3	Clinic staff who attend Learning Collaborative training sessions on patient attribution and patient engagement	20	22	●	60	86	●	20	30	●	60	60	●	20	32	●	60	59	●						
		Safety net clinics where Initial Health Assessment workflow is implemented to improve processing of member attribution lists, data and patient engagement	6	6	●	100%	12	28	●	100%	9	9	●	100%	31	31	●	67%	9	0	●	50%	25	25	●	67%
		Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline	1% <small>(represents 844 patients)</small>	6% <small>(represents ~5,000 patients)</small>	●		3%	7%	●		3%	N/A		6%	2%	●			N/A	N/A			5%	2%	●	
	ECH COVID Community Testing & Vaccine Program FY21 Approved: \$50,000 FY21 Spent: \$50,000 New Metrics: N/A	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	200	217	●	100%	400	1,221	●	100%
	Cupertino Union School District <i>School Nurse Program</i> FY21 Approved: \$90,000 FY21 Spent: \$90,000 FY20 Approved: \$81,921 FY20 Spent: \$81,921 FY19 Approved: \$76,000 FY19 Spent: \$76,000 New metrics: 4 of 5	Students served	560	548	●		1,225	1,103	●		563	510	●		1,103	964	●		600	654	●		1,300	1,295	●	
		First grade students out of compliance with required physical who become compliant	-	-			-	-			-	-			-	-			N/A	N/A	●		15%	58%	●	
		Students in TK, Kindergarten & 7th grade non-compliant with required vaccines who become compliant	-	-		100%	-	-		100%	-	-		100%	-	-		50%	25%	37%	●	75%	50%	65%	●	100%
		Families of students who suffer from heart disease, diabetes, respiratory conditions and other serious illnesses who respond to nursing staff update inquiries	-	-			-	-			-	-			-	-			60%	38%	●		80%	84%	●	
		Students who receive a flu vaccine, post RN dissemination of flu vaccine information to families	-	-			-	-			-	-			-	-			15%	24%	●		20%	58%	●	
	Gardner Family Health Network <i>Prediabetes and Diabetes</i> FY21 Approved: \$225,000 FY21 Spent: \$225,000 FY20 Approved: \$220,000 FY20 Spent: \$220,000 FY19 Approved: \$220,000 FY19 Spent: \$220,000 New Metrics: 0 of 4	Patients served	800	773	●		1,500	1,466	●		800	1,402	●		1,500	1,706	●		730	752	●		1,370	1,105	●	
		Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	1,280	1,163	●		2,560	3,568	●		1,425	2,404	●		2,910	3,563	●		1,300	1,375	●		2,650	3,429	●	
		Patients demonstrating a reduction in body weight	49%	44%	●	75%	49%	48%	●	75%	49%	48%	●	100%	49%	42%	●	75%	40%	46%	●	75%	40%	47%	●	75%
		Patients demonstrating a reduction in HbA1c levels	65%	50%	●		65%	44%	●		44%	49%	●		44%	41%	●		40%	29%	●		40%	51%	●	
	GoNoodle <i>Youth Movement & Mindfulness</i> FY21 Approved: \$113,000 FY21 Spent: \$113,000 FY20 Approved: \$113,000 FY20 Spent: \$113,000 FY19 Approved: \$113,000 FY19 Spent: \$113,000 New Metrics: 0 of 5	Students served	-	-			-	-			38,250	34,255	●		38,250	39,308	●		38,250	44,218	●		38,250	91,181	●	
		Schools served	220	184	●		220	184	●		184	189	●		184	197	●		184	198	●		184	184	●	
GoNoodle physical activity breaks played		150,000	134,146	●	33%	245,000	251,691	●	80%	120,000	96,472	●	67%	238,000	218,924	●	100%	100,000	137,591	●	100%	238,000	287,964	●	60%	
Teachers who believe GoNoodle benefits their students' focus and attention in the classroom		N/A	N/A			90%	93%	●		N/A	N/A			92%	N/A			N/A	N/A			93%	0%	●		
Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects		N/A	N/A			60%	80%	●		N/A	N/A			75%	N/A			N/A	N/A			98%	0%	●		
Health Mobile <i>Dental Services</i> FY21 Approved: \$75,000 FY21 Spent: \$75,000 New Metrics: N/A	Low-income and homeless individuals served	-	-			-	-			-	-			-	-			45	25	●		200	193	●		
	Dental procedures provided	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	270	165	●	50%	1,200	1,205	●	100%	
	Patients who report increased knowledge about their oral health	-	-			-	-			-	-			-	-			90%	90%	●		90%	89%	●		
	Patients who report no pain after their first visit	-	-			-	-			-	-			-	-			90%	90%	●		90%	90%	●		
Indian Health Center <i>Youth Diabetes & Obesity</i> FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$74,000 FY20 Spent: \$73,528 FY19 Approved: \$74,000 FY19 Spent: \$74,000 New Metrics: 1 of 5	Youth patients served	100	145	●		185	235	●		130	143	●		200	216	●		125	140	●		230	208	●		
	Services provided	250	243	●		500	659	●		250	455	●		500	733	●		400	383	●		800	834	●		
	Patients who decrease their BMI percentile	15%	39%	●	100%	30%	34%	●	100%	20%	39%	●	100%	30%	44%	●	100%	20%	40%	●	100%	30%	39%	●	100%	
	Patients who demonstrate retention of key health material through assessments	-	-			-	-			-	-			-	-			65%	95%	●		65%	90%	●		
	Patients who demonstrate increased knowledge about topics related to diabetes and obesity	-	-			-	-			N/A	N/A			40%	87%	●		N/A	N/A			75%	94%	●		

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

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

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%									Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%										
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	FY19 % 6-month Metrics Met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	FY21 Yearend Actual <i>Column Y</i>	FY21 % Yearend Metrics Met <i>Column AA</i>		
HEALTHY BODY	Mt. Pleasant School District School Nurse Program FY21 Approved: \$125,000 FY21 Spent: \$104,333 FY20 Approved: \$125,000 FY20 Spent: \$97,983 FY19 Approved: \$124,000 FY19 Spent: \$81,841 New Metrics: 4 of 5	Students served	800	1,158	●	2,100	2,204	●	2,200	2,126	●	2,200	2,133	●	600	625	●	1,900	1,992	●		
		Special education students who receive a flu vaccine (due to being a vulnerable population)	-	-		-	-		-	-		-	-		10%	5%	●	14%	15%	●		
		Students in Kindergarten and 7th grade who are non-compliant with required vaccines who become compliant	-	-	100%	-	-	100%	-	-	100%	-	-	100%	30%	30%	●	80%	45%	52%	●	
		Staff completing health related trainings	-	-		-	-		-	-		-	-		60%	55%	●	75%	78%	●		
		Decrease in students chronically absent from school (includes Distance Learning/10% or more absenteeism)	-	-		-	-		-	-		-	-		1%	2%	●	3%	3%	●		
	Playworks Physical Activity & Anti-bullying FY21 Approved: \$86,000 FY21 Spent: \$12,900 FY20 Approved: \$91,627 FY20 Spent: \$91,627 FY19 Approved: \$102,000 FY19 Spent: \$102,000 New Metrics: 1 of 5	Students served	2,328	2,332	●	2,328	2,300	●	2,332	2,195	●	2,332	1,953	●	1,950	N/A		1,950	404	●		
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	N/A	N/A		95%	100%	●	N/A	N/A		95%	100%	●	N/A	N/A		91%	0%	●		
		Teacher/administrators who agree or strongly agree that Playworks helps increase social awareness and self-regulation	-	-	100%	-	-	100%	-	-	100%	-	-	80%	N/A	N/A	N/A	90%	0%	●		
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	N/A	N/A		80%	100%	●	N/A	N/A		90%	100%	●	N/A	N/A		90%	0%	●		
		Teachers/administrators reporting that Playworks positively impacts school climate (different wording)	N/A	N/A		90%	100%	●	N/A	N/A		95%	100%	●	N/A	N/A		95%	0%	●		
Pre-diabetes Screening Awareness Initiative FY21 Approved: \$100,000 FY21 Spent: \$98,029 FY20 Approved: \$122,800 FY20 Spent: \$122,800 FY19 Approved: \$140,000 FY19 Spent: \$140,000 New Metrics: 0 of 4	Individuals served	1,350	1,415	●	3,000	3,060	●	1,575	1,638	●	3,500	3,513	●	1,035	825	●	2,300	2,328	●			
	CDC Pre-diabetes Risk Assessment Administered	1,080	1,149	●	2,400	2,554	●	1,260	1,346	●	2,800	2,267	●	517	155	●	1,150	1,332	●			
	Text messages delivered	15,700	15,987	●	44,856	44,909	●	16,709	17,679	●	47,740	46,723	●	10,850	4,660	●	31,000	23,581	●			
	Participants who report learning about pre-diabetes and its risks, without prior knowledge of the topic, after attending a presentation	-	-	100%	-	-	100%	70%	76%	●	70%	75%	●	70%	64%	●	70%	47%	●			
Vista Center for the Blind and Visually Impaired FY21 Approved: \$40,000 FY21 Spent: \$40,000 FY20 Approved: \$40,000 FY20 Spent: \$40,000 FY19 Approved: \$40,000 FY19 Spent: \$40,000 New Metrics: 0 of 5	Individuals served	23	31	●	57	66	●	25	26	●	65	65	●	31	30	●	62	65	●			
	Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation)	200	203	●	450	494	●	200	282	●	475	521	●	240	287	●	475	491	●			
	Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss	90%	100%	100%	90%	98%	100%	90%	100%	100%	90%	100%	100%	N/A	N/A	100%	90%	100%	100%			
	Clients who report being somewhat confident to confident in their ability to safely move within their residence	80%	100%	●	80%	85%	●	85%	92%	●	85%	92%	●	N/A	N/A		85%	100%	●			
	Clients who indicate that they are able to read printed material after program participation	70%	71%	●	70%	75%	●	70%	85%	●	70%	82%	●	N/A	N/A		70%	75%	●			
Almaden Valley Counseling Services School-based Mental Health Counseling FY21 Approved: \$70,000 FY21 Spent: \$70,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 FY19 Approved: \$60,000 FY19 Spent: \$60,000 New Metrics: 0 of 4	Students served	30	169	●	280	438	●	60	83	●	280	222	●	90	131	●	240	429	●			
	Counseling sessions provided	400	374	●	1,700	3,330	●	300	391	●	1,755	1,501	●	500	1,132	●	1,000	1,622	●			
	Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A	100%	50%	100%	●	N/A	N/A	100%	50%	N/A	0%	N/A	N/A	100%	50%	33%	●			
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under)	N/A	N/A		50%	100%	●	N/A	N/A		50%	N/A		N/A	N/A		50%	48%	●			
Alzheimer's Association Latino Family Connections FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$70,000 FY20 Spent: \$70,000 FY19 Approved: \$70,000 FY19 Spent: \$70,000 New Metrics: 0 of 5	Individuals served	238	316	●	475	568	●	275	162	●	530	305	●	150	100	●	300	186	●			
	Services provided	476	316	●	726	854	●	295	292	●	625	705	●	325	345	●	650	1,086	●			
	Information and Referral Services clients who agree or strongly agree they are able to find resources to utilize	-	-	67%	-	-		N/A	N/A	50%	95%	93%	●	N/A	N/A	50%	95%	93%	●			
	Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services received	-	-		-	-		N/A	N/A		95%	96%	●	N/A	N/A		95%	93%	●			
	Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs	-	-		-	-		N/A	N/A		90%	92%	●	N/A	N/A		90%	86%	●			

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

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			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	FY19 % 6-month Metrics Met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	FY21 Yearend Actual <i>Column Y</i>	FY21 % Yearend Metrics Met <i>Column AA</i>		
HEALTHY MIND 	Counseling and Support Services for Youth (CASSY) <i>School-based Mental Health Counseling</i> FY21 Approved: \$120,000 FY21 Spent: \$120,000 FY20 Approved: \$100,000 FY20 Spent: \$100,000 FY19 Approved: \$100,000 FY19 Spent: \$100,000 New Metrics: 0 of 5	Students served	100	102	●	500	556	●	100	244	●	500	290	●	125	60	●	250	100	●		
		Service hours provided	200	209	●	680	798	●	221	224	●	575	441	●	110	155	●	250	737	●		
		Students who show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of at least 5 points according to the CGAS or stabilization at a 71 or above	N/A	N/A		85%	99%	●	N/A	N/A		85%	100%	●	N/A	N/A		85%	100%	●		
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A	100%	50%	N/A		N/A	N/A		50%	25%	●	N/A	N/A		50%	23%	●		
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	N/A	N/A	100%	50%	N/A		N/A	N/A		50%	19%	●	N/A	N/A		50%	23%	●		
	Cupertino Union School District Mental Health Counseling FY21 Approved: \$120,000 FY21 Spent: \$120,000 FY20 Approved: \$140,000 FY20 Spent: \$140,000 FY19 Approved: \$165,000 FY19 Spent: \$165,000 New Metrics: 0 of 5	Students served	195	258	●	395	403	●	150	181	●	395	230	●	63	92	●	157	181	●		
		Service hours provided	1,470	2,001	●	4,251	4,486	●	1,175	2,435	●	4,251	5,284	●	730	963	●	1,750	2,046	●		
		Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	N/A	N/A	100%	50%	56%	●	N/A	N/A		50%	50%	●	N/A	N/A		50%	61%	●		
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A	100%	50%	59%	●	N/A	N/A		50%	42%	●	N/A	N/A		50%	50%	●		
	Jewish Family Services of Silicon Valley Senior Case Management FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000 New Metrics: 0 of 4	Older adults served	60	95	●	100	104	●	70	109	●	95	145	●	90	118	●	120	159	●		
		Encounters	195	311	●	359	560	●	250	1,263	●	500	2,513	●	350	430	●	850	951	●		
		Clients who report utilization of at least two behavioral health services	70%	73%	●	95%	100%	●	70%	92%	●	95%	94%	●	50%	52%	●	75%	72%	●		
		Clients who report decreased feelings of isolation due to the addition of one to three hours of planned weekly social engagement	35%	36%	●	60%	63%	●	35%	47%	●	60%	53%	●	35%	48%	●	60%	59%	●		
	LifeMoves Mental Health Counseling at Homeless Shelters FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 2 of 5	Individuals served	25	29	●	80	122	●	50	116	●	150	187	●	55	60	●	160	171	●		
		Services provided (Individual, group and milieu therapy)	80	90	●	240	248	●	100	137	●	375	390	●	120	132	●	375	361	●		
		Clients who attend at least three individual therapy sessions who report improved functioning and well-being	85%	90%	●	85%	90%	●	80%	95%	●	85%	93%	●	N/A	N/A		85%	81%	●		
		Clients who learned how trauma affects themselves and their family	-	-		-	-		-	-		-	-		N/A	N/A		75%	75%	●		
		Practicum students who report that their experience will be useful in their future ability to serve the greater community	-	-		-	-		-	-		-	-		N/A	N/A		85%	90%	●		
	Los Gatos Union School District Mental Health Counseling FY21 Approved: \$110,000 FY21 Spent: \$110,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		380	467	●	775	1,065	●		
		Services provided (in hours)	-	-		-	-		-	-		-	-		425	271	●	850	1,025	●		
Teachers who participate in modeled lessons or other professional development will increase their self-reported competency ratings		-	-		-	-		-	-		-	-		30%	0%	●	60%	20%	●			
Parents who participate in Parent Education Seminar will increase their self-reported readiness to support their student's mental health needs.		-	-	New Program in FY21	-	-		-	-	New Program in FY21	-	-		40%	86%	●	80%	102%	●			
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (middle school for students age 11-17).		-	-	New Program in FY21	-	-		-	-	New Program in FY21	-	-		N/A	N/A		50%	10%	●			
Momentum for Mental Health FY21 Approved: \$51,000 FY21 Spent: \$51,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,860 FY19 Spent: \$50,860 New Metrics: 0 of 3	Patients served	13	22	●	25	25	●	16	21	●	25	24	●	16	17	●	25	28	●			
	Services provided	165	168	●	330	383	●	165	217	●	330	438	●	165	231	●	350	532	●			
	Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	97%	100%	●	97%	100%	●	97%	95%	●	97%	95%	●	97%	94%	●	97%	89%	●			

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FY19

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Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%									Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%										
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HEALTHY MIND	Peninsula HealthCare Connection FY21 Approved: \$90,000 FY21 Spent: \$90,000 FY20 Approved: \$90,000 FY20 Spent: \$90,000 FY19 Approved: \$90,000 FY19 Spent: \$90,000 New Metrics: 2 of 6	Patients served	100	98	●	200	302	●	100	87	●	200	257	●	130	281	●	260	383	●		
		Services provided (psychiatry, therapy, and case management)	322	268	●	645	402	●	322	293	●	645	397	●	300	365	●	600	628	●		
		Depression screenings provided	-	-	80%	-	-	80%	-	-	80%	-	-	60%	100	108	●	200	300	●		
		Psychiatry patients that attend scheduled follow up appointments	50%	50%	●	70%	100%	●	50%	65%	●	70%	60%	●	60%	68%	●	75%	90%	●		
		Psychiatric patients not hospitalized in a 12-month period	85%	85%	●	85%	100%	●	85%	85%	●	90%	85%	●	85%	88%	●	90%	93%	●		
		Patients for depression that attend scheduled follow up appointments with Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-	45%	39%	●	55%	55%	●		
HEALTHY COMMUNITY	Uplift Family Services School-based Mental Health Counseling FY21 Approved: \$230,000 FY21 Spent: \$230,000 FY20 Approved: \$230,000 FY20 Spent: \$230,000 FY19 Approved: \$230,000 FY19 Spent: \$230,000 New Metrics: 0 of 6	Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations	1,125	2,252	●	2,900	2,790	●	1,125	1,015	●	2,900	1,496	●	500	552	●	1,650	1,289	●		
		Service hours provided	1,040	724	●	2,200	1,993	●	940	865	●	2,070	1,946	●	582	642	●	1,345	1,284	●		
		Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues	N/A	N/A	50%	20%	77%	●	N/A	N/A	100%	30%	20%	●	N/A	N/A	100%	20%	20%	●		
		Students who decrease high risk behaviors from pre to post rating (defined as at least one point change on the CANS 50 assessment), among students served who have high risk behaviors	N/A	N/A	50%	60%	77%	●	N/A	N/A	100%	60%	65%	●	N/A	N/A	100%	60%	56%	●		
		Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings	N/A	N/A	50%	80%	100%	●	N/A	N/A	100%	80%	80%	●	N/A	N/A	100%	80%	80%	●		
HEALTHY COMMUNITY	American Heart Association Hypertension Management FY21 Approved: \$50,000 FY21 Spent: \$49,210 New Metrics: N/A	Individuals served	-	-	-	-	-	-	-	-	-	-	-	40	37	●	80	96	●			
		Hypertension class participants will improve blood pressure by 7mmHg	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	30%	56%	●	30%	56%	●		
		Hypertension class participants will measure 8 BP readings within 4 months	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	50%	53%	●	50%	100%	●		
		Hypertension class participants adopt health behaviors to improve BP by self-reporting increased fruit and vegetable consumption	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	30%	35%	●	30%	59%	●		
HEALTHY COMMUNITY	City of Mountain View Cuesta Park Fitness Court FY21 Approved: \$150,000 FY21 Spent: \$150,000 New Metrics: N/A	Individuals served (unduplicated)	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	N/A	N/A	N/A	N/A	N/A	N/A			
		Complete bid project by Summer 2021	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	N/A	N/A	N/A	100%	N/A	N/A		
		Schedule the start of construction for Summer 2021	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	N/A	N/A	N/A	100%	N/A	N/A		
HEALTHY COMMUNITY	Next Door Solutions Domestic Violence Services FY21 Approved: \$85,000 FY21 Spent: \$85,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000 New Metrics: 0 of 4	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	66	78	●	132	132	●	66	66	●	132	123	●	73	73	●	146	141	●		
		Services provided	566	621	●	1,133	1,245	●	279	345	●	560	567	●	251	336	●	521	726	●		
		Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	80%	92%	●	80%	93%	●	80%	92%	●	80%	93%	●	80%	0%	●	80%	92%	●		
		Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency	-	-	-	-	-	-	55%	55%	●	55%	49%	●	55%	50%	●	55%	46%	●		
HEALTHY COMMUNITY	South Asian Heart Center FY21 Approved: \$75,000 FY21 Spent: \$75,000 FY20 Approved: \$110,000 FY20 Spent: \$110,000 FY19 Approved: \$170,000 FY19 Spent: \$170,000 New Metrics: 0 of 6	Individuals served	92	102	●	187	193	●	61	66	●	121	151	●	45	49	●	100	115	●		
		Services provided	499	510	●	1,018	1,021	●	330	361	●	659	827	●	243	264	●	518	585	●		
		Improvement in average level of weekly physical activity from baseline	20%	22%	●	21%	22%	●	20%	19%	●	21%	21%	●	21%	20%	●	21%	20%	●		
		Improvement in average levels of daily servings of vegetables from baseline	19%	19%	●	20%	20%	●	19%	20%	●	20%	19%	●	20%	19%	●	20%	20%	●		
		Improvement in levels of HDL-C as measured by follow-up lab test	5%	5%	●	6%	6%	●	5%	5%	●	5%	5%	●	5%	5%	●	6%	5%	●		
		Improvement in cholesterol ratio as measured by follow-up lab test	6%	6%	●	7%	7%	●	6%	7%	●	6%	6%	●	6%	6%	●	7%	6%	●		
HEALTHY COMMUNITY	Valley Verde Nutrition access/education for low-income households FY21 Approved: \$45,000 FY21 Spent: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 FY19 Approved: \$45,000 FY19 Spent: \$45,000 New Metrics: 0 of 4	Individuals/households served	92	90	●	300	307	●	92	138	●	300	280	●	120	163	●	280	312	●		
		Services provided	152	150	●	491	612	●	152	180	●	491	403	●	200	142	●	500	1,182	●		
		Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys	80%	N/A	100%	80%	22%	●	75%	91%	●	80%	91%	●	N/A	N/A	50%	80%	93%	●		
		Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group	80%	90%	●	80%	88%	●	80%	91%	●	80%	91%	●	N/A	N/A	50%	80%	95%	●		

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Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%									Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%													
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HEALTHY COMMUNITY	West Valley Community Services <i>Social Work Case Management</i> FY21 Approved: \$153,000 FY21 Spent: \$153,000 FY20 Approved: \$153,000 FY20 Spent: \$153,000 FY19 Approved: \$150,000 FY19 Spent: \$150,000 New Metrics: 2 of 5	Households served	65	65	●	124	124	●	75%	65	65	●	100%	125	157	●	100%	75	75	●	100%	150	163	●	100%
		Households that receive intensive Case Management services	10	10	●	20	20	●		10	10	●		20	50	●		10	10	●		20	32	●	
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A		80%	80%	●		N/A	N/A			80%	91%	●		N/A	N/A			90%	91%	●	
		Clients will remain stably housed after 3 months of receiving emergency financial assistance	-	-		-	-			-	-			-	-			N/A	N/A			90%	92%	●	
		Clients who will receive resources related to health and benefits, who develop a saving plan	-	-		-	-			-	-			-	-			N/A	N/A			65%	67%	●	
	West Valley Community Services <i>Social Work Case Management for Older Adults</i> FY21 Approved: \$45,000 FY21 Spent: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 0 of 3	Older adults served	15	20	●	35	42	●	100%	25	25	●	100%	45	45	●	100%	35	35	●	100%	45	83	●	100%
Encounters provided	125	130	●	250	273	●		130	139	●		260	320	●		150	250	●		91%	96%	●			
Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A		90%	90%	●		N/A	N/A			90%	94%	●		N/A	N/A			91%	96%	●			
Support Grants (≤\$30k)																									
HEALTHY BODY	5-2-1-0 <i>Healthy Behavior Education for Youth</i> FY21 Approved: \$25,000 FY21 Spent: \$12,100 FY20 Approved: \$20,000 FY20 Spent: \$20,000 FY19 Approved: \$25,000 FY19 Spent: \$24,450 New Metrics: 0 of 3	Students served	4,000	3,870	●	6,500	5,673	●	67%	4,000	5,471	●	100%	5,600	5,471	●	67%	3,750	109	●	0%	5,250	173	●	0%
		Students who report being active one or more hours per day after program engagement	N/A	N/A		56%	61%	●		N/A	N/A			56%	60%	●		N/A	N/A			58%	0%	●	
		Students who report the knowledge to limit sweetened beverages to 0 per day after program engagement	N/A	N/A		75%	78%	●		N/A	N/A			75%	58%	●		N/A	N/A			75%	42%	●	
	African American Community Services <i>Agency (AACSA) Screening/Referrals and Nutrition Education for Families</i> FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 0 of 3	Individuals served	-	-		-	-		New Program in FY20	112	282	●	100%	560	401	●	50%	100	624	●	100%	396	468	●	100%
		Encounters (screenings, workshops and class sessions)	-	-		-	-		New Program in FY20	112	325	●		560	468	●		150	770	●		515	544	●	
		Parents will report that they have gained a better understanding of how to support their child's healthy development	-	-		-	-			65%	75%	●		65%	75%	●		N/A	N/A			65%	65%	●	
	BAWSI Girls Program <i>Physical Activity & Self-esteem Program</i> FY21 Approved: \$15,000 FY21 Spent: \$15,000 FY20 Approved: \$16,500 FY20 Spent: \$16,500 FY19 Approved: \$16,500 FY19 Spent: \$16,500 New Metrics: 0 of 3	Youth served	62	65	●	124	127	●	100%	60	53	●	67%	124	106	●	67%	45	5	●	33%	90	11	●	33%
		Average weekly virtual participation	85%	84%	●	85%	84%	●		80%	83%	●		80%	83%	●		80%	70%	●		80%	64%	●	
		Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program	75%	92%	●	75%	95%	●		85%	93%	●		85%	86%	●		85%	100%	●		85%	80%	●	
	Healthier Kids Foundation <i>Dental & Hearing Screening/Referrals</i> FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 FY19 Approved: \$30,000 FY19 Spent: \$30,000 New Metrics: 0 of 4	Children screened through DentalFirst	175	187	●	350	368	●	100%	175	168	●	75%	350	364	●	100%	175	103	●	50%	350	418	●	100%
Children screened through HearingFirst		175	190	●	350	385	●		175	200	●		350	595	●		N/A	N/A			176	209	●		
Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services		35%	37%	●	35%	33%	●		35%	28%	●		35%	36%	●		N/A	N/A			30%	71%	●		
Of children dental screened who received a referral, the percent that received and completed appropriate dental services		75%	73%	●	75%	70%	●		75%	74%	●		75%	69%	●		60%	75%	●		62%	86%	●		
Latinas Contra Cancer FY21 Approved: \$25,000 FY21 Spent: \$25,000 New Metrics: N/A	Individuals served	-	-		-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	60	71	●	100%	214	224	●	100%	
	Services provided	-	-		-	-			-	-			-	-			122	165	●		458	464	●		
	Clients who agree or strongly agree that they better understand key cancer prevention and health messages	-	-		-	-			-	-			-	-			70%	92%	●		70%	90%	●		
	Navigation clients who demonstrate a better understanding of their health options by their ability to list two or more options to address their health concerns	-	-		-	-			-	-			-	-			90%	86%	●		90%	97%	●		
	Health navigation participants who agree or strongly agree that they were overall satisfied with services received	-	-		-	-			-	-			-	-			85%	96%	●		85%	97%	●		

Community Benefit Dashboard Notes

FY20 and FY21

- A metric receives a "green" indicator if performance against target is 90% - 100%
- A metric receives a "purple" indicator if performance against target is 75% - 89%
- A metric receives a "blue" indicator if performance against target is 0% - 74%

FY19

- A metric receives a "green" indicator if performance against target is 90% - 100%
- A metric receives a "red" indicator if performance against target is 0% - 89%

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

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%									Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%														
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	FY19 % 6-month Metrics Met <i>Column F</i>	FY19 Yearend Target <i>Column G</i>	FY19 Yearend Actual <i>Column H</i>	FY19 % Yearend Metrics Met <i>Column I</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column N</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column R</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column V</i>	FY21 Yearend Target <i>Column X</i>	FY21 Yearend Actual <i>Column Y</i>	FY21 % Yearend Metrics Met <i>Column AA</i>						
Support Grants (≤\$30k; continued)																										
HEALTHY MIND 	Bill Wilson Center <i>Psychotherapy for Child Abuse Victims</i> FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 0 of 3	Youth served (abused children)	6	6	●	12	12	●	100%	6	6	●	100%	12	12	●	100%	6	6	●	100%	12	12	●	100%	
		Services provided	70	61	●	67%	140	151	●	100%	60	65	●	100%	120	133	●	100%	60	64	●	100%	120	135	●	100%
		Youth who report demonstrating improvement in their coping skills	80%	100%	●	90%	100%	●	80%	83%	●	90%	92%	●	80%	83%	●	90%	92%	●						
HEALTHY MIND 	Cancer CAREpoint <i>Counseling for Cancer Patients, Survivors, Family & Caregivers</i> FY21 Approved: \$22,000 FY21 Spent: \$22,000 FY20 Approved: \$21,600 FY20 Spent: \$21,600 Nutrition Program: FY19 Approved: \$21,500 FY19 Spent: \$21,500 New Metrics: 0 of 4	Individuals served	-	-		-	-		New Program in FY20	100	108	●	100%	250	266	●	100%	120	112	●	100%	250	227	●	100%	
		Counseling sessions provided	-	-		-	-		New Program in FY20	200	214	●	100%	450	499	●	100%	220	456	●	100%	459	459	●	100%	
		Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis	-	-		-	-		New Program in FY20	85%	78%	●	100%	85%	89%	●	100%	85%	80%	●	100%	85%	80%	●	100%	
		Clients who agree or strongly agree that they received helpful tools or resources	-	-		-	-		New Program in FY20	85%	93%	●	100%	85%	96%	●	100%	90%	87%	●	100%	90%	90%	●	100%	
HEALTHY COMMUNITY 	Child Advocates of Silicon Valley FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 FY19 Approved: \$30,000 FY19 Spent: \$30,000 New Metrics: 1 of 4	Foster teens served	35	70	●	70	75	●	67%	60	32	●	0%	80	129	●	100%	40	62	●	100%	80	78	●	100%	
		New volunteer Court Appointed Special Advocates (CASAs)	35	70	●	70	60	●	67%	60	32	●	0%	80	103	●	100%	40	68	●	100%	80	78	●	100%	
		CASAs who will report that their assigned foster youth has a greater sense of well-being	-	-		-	-		New Program in FY20	-	-		0%	-	-		0%	N/A	N/A		100%	90%	90%	●	100%	
		CASA high school seniors who earn their diploma or equivalent	N/A	N/A		80%	98%	●	80%	98%	●	N/A	N/A		80%	98%	●	80%	87%	●						
HEALTHY COMMUNITY 	Teen Success <i>Health education and self-sufficiency for at-risk</i> FY21 Approved: \$20,000 FY21 Spent: \$20,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 FY19 Approved: \$20,000 FY19 Spent: \$20,000 New Metrics: 0 of 3	Individuals served	10	10	●	10	10	●	100%	7	7	●	100%	7	7	●	100%	7	7	●	100%	7	7	●	100%	
		Services provided to teen mothers	115	101	●	67%	225	203	●	100%	400	365	●	100%	805	618	●	67%	250	252	●	100%	555	524	●	100%
		Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED	85%	86%	●	95%	93%	●	85%	89%	●	90%	91%	●	85%	78%	●	90%	83%	●						
HEALTHY COMMUNITY 	Los Gatos Saratoga Recreation <i>Senior Isolation Program</i> FY21 Approved: \$30,000 FY21 Spent: \$20,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 2 of 3	Individuals served	-	-		-	-		New Program in FY20	100	102	●	100%	200	148	●	0%	60	180	●	67%	120	200	●	67%	
		Services provided	-	-		-	-		New Program in FY20	-	-		100%	-	-		0%	114	100	●	67%	715	479	●	67%	
		Participants who agree or strongly agree feeling less isolated as a result of the program	-	-		-	-		New Program in FY20	-	-		100%	-	-		0%	65%	66%	●	67%	65%	65%	●	67%	
HEALTHY COMMUNITY 	Midtown Family Services <i>Social Work Case Management</i> FY21 Approved: \$25,000 FY21 Spent: \$25,000 New Metrics: N/A	Individuals served	-	-		-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	200	336	●	75%	410	1,697	●	75%	
		Services	-	-		-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	262	433	●	75%	535	548	●	75%	
		Applications for one time rental/deposit started ultimately approved keeping individuals and families housed	-	-		-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	50%	85%	●	75%	50%	96%	●	75%	
		Individuals administered the VISPDAT who qualify for rapid rehousing or supportive housing as a result	-	-		-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	50%	0%	●	75%	50%	11%	●	75%	
HEALTHY COMMUNITY 	Pacific Hearing Connection <i>Access to Audiology Services and Hearing Aids</i> FY21 Approved: \$25,000 FY21 Spent: \$23,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$20,000 FY19 Spent: \$20,000 New Metrics: 0 of 3	Individuals served	50	51	●	100	116	●	100%	50	39	●	67%	100	55	●	67%	25	52	●	33%	50	112	●	33%	
		Diagnostic audiology appointments	-	-		50%	-	-		100%	3	5	●	67%	6	13	●	67%	5	2	●	33%	10	4	●	33%
		Hearing aids fit	9	6	●	20	18	●	5	5	●	14	22	●	5	4	●	14	6	●						

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

- A metric receives a "green" indicator if performance against target is 90% - 100%
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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year.

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%													
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	● ● ● FY19 % 6-month Metrics Met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	● ● ● FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	● ● ● FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	● ● ● FY20 % Yearend Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	● ● ● FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	FY21 Yearend Actual <i>Column Y</i>	● ● ● FY21 % Yearend Metrics Met <i>Column AA</i>		
Support Grants (≤\$30k; continued)																						
HEALTHY COMMUNITY 	Rebuilding Together Silicon Valley Falls Prevention Services for at-risk Older Adults FY21 Approved: \$30,000 FY21 Spent: \$30,000 New Metrics: N/A	Older adults served	-	-		-	-		-	-		-	-		5	13	●	100%	17	26	●	100%
		Older adults who report their overall health has improved somewhat or a lot since completed repairs/modifications.	-	-		-	-		-	-		-	-		N/A	N/A			60%	96%	●	
		Older adults who report a low or no chance of falling due to completed repairs/modifications.	-	-		-	-		-	-		-	-		N/A	N/A			60%	60%	●	
		Older adults who report at least a 1-point increase in their ability to move around their home.	-	-		-	-		-	-		-	-		N/A	N/A			60%	60%	●	
Sacred Heart Community Service Nutrition access/education for low-income households FY21 Approved: \$20,000 FY21 Spent: \$20,000 New Metrics: N/A	Individuals served	Services provided	-	-		-	-		-	-		-	-		10	12	●	100%	31	40	●	100%
		Participants will save an average of at least \$50 a week during harvest season	-	-		-	-		-	-		-	-		10	12	●		55	55	●	
		Participants will feel a stronger sense of belonging in the community since they started gardening	-	-		-	-		-	-		-	-		N/A	N/A			75%	95%	●	
		Participants will feel prepared to implement skills learned at educational workshops in their gardens	-	-		-	-		-	-		-	-		N/A	N/A			80%	78%	●	
			-	-		-	-		-	-		-	-		N/A	N/A			70%	85%	●	
Veggielution Nutrition access/education for low-income households FY21 Approved: \$20,000 FY21 Spent: \$20,000 New Metrics: N/A	Individuals served	Services provided	-	-		-	-		-	-		-	-		88	268	●	67%	176	489	●	100%
			-	-		-	-		-	-		-	-		176	446	●		252	699	●	
		Cooking class participants report an intention to eat more fresh, local produce	-	-		-	-		-	-		-	-		50%	0%	●		75%	100%	●	

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

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**EL CAMINO HOSPITAL
FINANCE COMMITTEE MEETING COVER MEMO**

To: El Camino Hospital Finance Committee
From: Carlos Bohorquez, Chief Financial Officer
Date: November 22, 2021
Subject: Intent to Reimburse - Resolution

1. Recommendation:

The Finance Committee is requested to recommend that the Hospital Board approve a resolution which will enable the organization to reimburse itself for capital expenditures associated with the following projects:

Mountain View Campus

- Women's Hospital
- Interventional Radiology and Imaging suite upgrades and equipment replacement

Los Gatos Campus

- Interventional Radiology and Nuclear Medicine suite upgrades and equipment replacement
- Upgrade of Operating Room decontamination area

The resolution does not authorize management to issue any debt to fund these projects.

2. Summary:

- a. Situation: In the event that FC and Board authorize management to issue new debt, this resolution will enable the organization to reimburse itself for capital already spent for the projects listed above from debt proceeds.

The resolution does not authorize management or obligate the organization to fund any project or issue any debt outside of the required approval process.

3. List of Attachments:

- a. Draft resolution

4. Suggested Board Discussion Questions:

- a. Does the resolution obligate the organization to issue new debt?
- b. The resolution includes a specific debt amount. Can the organization issue a higher or lower debt amount?
- c. Is there any financial / rate risk associated with this resolution?
- d. Will this resolution negatively impact our credit ratings or key ratios?
- e. Are there any fees / costs associated with this resolution?
- f. Are there any risks associated with not approving this resolution?

ACTION BY OFFICER OF EL CAMINO HOSPITAL
DECLARING THE HEALTH SYSTEM'S OFFICIAL INTENT

WHEREAS, El Camino Hospital (the "Hospital") is a tax-exempt, nonprofit, public benefit corporation that owns and operates a licensed hospital with two campuses: the Hospital's Mountain View campus, located at 2500 Grant Road, Mountain View, California 94040 ("Mountain View Campus") and its Los Gatos campus, located at 815 Pollard Road, Los Gatos, California 95032 ("Los Gatos Campus" and, together with the Mountain View Campus, the "Campuses") and other facilities;

WHEREAS, the Hospital intends to make improvements to its Mountain View Campus including the complete renovation & expansion of the Women's Hospital and upgrade of the Interventional Radiology and Imaging suites and equipment, and to make improvement to its Los Gatos campus including the replacement of equipment and upgrade of suites for Interventional Radiology, Nuclear Medicine and Operating Room Decontamination Area (together, the "Project").

WHEREAS, the Hospital expects to pay certain expenditures (the "Reimbursement Expenditures") in connection with the Project prior to the issuance of indebtedness for the purpose of financing costs associated with each of those projects, on a long-term basis;

WHEREAS, the Hospital reasonably expects that debt obligations in an amount not expected to exceed \$200,000,000, will be issued from time to time in one or more series and that certain of the proceeds of such debt obligations will be used to reimburse the Reimbursement Expenditures (such series to be in addition to all previously issued debt obligation);

WHEREAS, §1.150-2 of the Treasury Regulations requires the Hospital to declare its reasonable official intent to reimburse prior expenditures for the Project with proceeds of one or more subsequent tax-exempt borrowings; and

WHEREAS, the Hospital has previously adopted Resolution 2015-4 delegating authority to the Chief Executive Officer or the Chief Financial Officer as its authorized representation to declare the official intent on behalf of the Hospital, pursuant to §1.150-2(e)(1) of the Treasury Regulations; now, therefore be it

RESOLVED, the undersigned Chief Financial Officer of the Hospital finds and determines that the foregoing recitals are true and correct; be it further

RESOLVED, the declaration on behalf of the Hospital set forth in this action by the undersigned Chief Financial Officer of the Hospital is made solely for purposes of establishing compliance with the requirements of §1.150-2 of the Treasury Regulations. This declaration does not bind the Hospital to make any expenditure, incur any indebtedness, or proceed with the Project; be it further

RESOLVED, that the undersigned Chief Financial Officer of the Hospital, on behalf of the Hospital, hereby declares the official intent of the Hospital to use a portion of the

proceeds of indebtedness to reimburse itself for the Reimbursement Expenditures for the Project; be it further

RESOLVED, that this Action shall take effect upon its execution by the undersigned Chief Financial Officer.

IN WITNESS WHEREOF, the undersigned officer has adopted this Action on
December 8, 2021

By: Carlos A. Bohorquez
Title: Chief Financial Officer

**EL CAMINO HOSPITAL
FINANCE COMMITTEE MEETING COVER MEMO**

To: El Camino Hospital Finance Committee
From: Jim Griffith, COO
Ken King, CASO
Omar Chughtai, Vice President of Operations, Los Gatos Administrator
Date: November 22, 2021
Subject: Los Gatos Interventional Radiology Equipment Replacement

1. **Recommendation:**

We request that the Finance Committee approve spending up to \$3.86 million to replace the Interventional Radiology Equipment at Los Gatos Hospital.

2. **Summary:**

a. **Situation:** The existing Interventional Radiology Lab Equipment is 18 years old and experiences frequent equipment failure. The equipment is beyond its useful life. This equipment also has software that does not meet current security standards. The prior hospital operator installed this equipment in 2003 when the building was subject to the 2001 California Building Code. The State has updated the building code six times since 2003 and virtually everything within the procedure suite is non-compliant with current building codes and standards.

Due to the lack of available space, we submitted a hardship request to OSHPD, they agreed to allow an equipment replacement only on this project, and as such, we will not have to create the code required support areas for this service. The current project includes removal of all existing equipment and interior elements and using the current equipment room as the control room. This will allow staff to maintain the required “line of sight” to the patient under treatment. The project includes installation of a new floor mounted Philips Azurion 7 M20 Interventional Radiology Procedure Suite.

b. **Authority:** Policy requires that expenditures exceeding \$1 million require the Finance Committees approval.

c. **Background:** This is the only Interventional Imaging Suite at Los Gatos Hospital. The replacement will support patient care for both inpatient and outpatient procedures. Advancements in imaging technology over the past 18 years offer ECH the opportunity to expand elective procedures such as cardiac devices at the Los Gatos Hospital. In this market, physicians have choice with a neighboring hospital infrastructure that includes six modernized interventional suites.

The required construction to replace equipment and upgrade the associated spaces to code includes:

- Reconfiguration of all elements within the Interventional Radiology Suite, including equipment power (with UPS Backup for Fluoroscopy), seismic anchorage, new lead lined drywall, lighting, plumbing, revised ductwork and air distribution, casework, replacement of doors, ceiling and all finishes.
- Work on roof top HVAC equipment and electrical conduit runs under the slab.
- Maintenance of fire & life safety and infection control throughout project.

During construction, all cases will be relocated to alternative procedural areas at ECH Los Gatos Hospital with *little to no impact*. A description of temporary relocation is outlined below:

Operating Suite Impact:

- Approximately 5 cases per month will be relocated to the Operating Suites using a C-Arm
- These procedures average 90 minutes per case and will have minimum impact on Operating Suite space due to the low volume

Radiology impact:

- Relocate approximately 90 monthly procedures to Endoscopy Suites in Los Gatos
- Procedures include:
- Paracentesis/thoracentesis/guided biopsies (thyroid/breast), lumbar punctures, central/midlines to name a few and these span supporting both inpatient, emergency, and surgical care

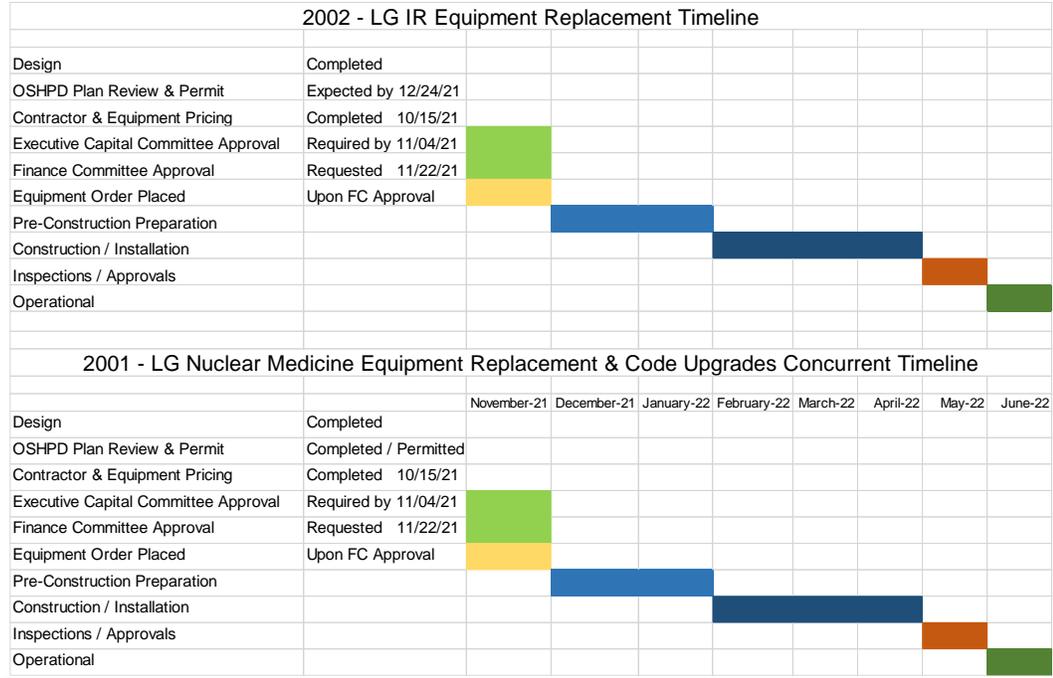
- d. Assessment: The construction cost provided by FTG Construction is based on the project being executed at the same time as the LG Nuclear Medicine Equipment Replacement Project (separate request.) The cost reflects reduced overhead which will be shared between the two projects. FTG Construction is a trusted General Contractor with staff experienced working in our Los Gatos Hospital. They self-perform more work than other large contractors, which results in lower costs. The recommended subcontractors have been selected based on the competitive bids they provided. The FF&E includes the Phillips equipment at a cost of \$1,511,686. The soft costs are based on the actual cost of design, permit fees, project management costs, OSHPD required inspector of record and miscellaneous costs. The Project Contingency of 5% is required to cover any unforeseen conditions or necessary plan changes once all demolition is completed. Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$3.8 million.

2002 - Interventional Radiology Equipment Replacement Project Cost	
Construction	\$1,472,773
FF&E (Including Phillips IR Lab Equipment)	\$1,525,786
Soft Costs (Design, Permits, PM, Inspections, Misc.)	\$677,280
Project Contingency 5%	\$183,792
Total Project Cost	\$3,859,630
Rounded	\$3,860,000

- e. Other Reviews: The IR Equipment Project is still in the OSHPD plan review process, however we expect to receive plan approval and a permit before the end of the year. We are delaying the start of the LG Nuclear Medicine Equipment Replacement project so the projects can be executed concurrently. Having the General Contractor execute these two projects at the same time provides lower overhead costs.

Due to difficulties in obtaining materials we are taking more time in the Pre-Construction period in both projects to order long lead items before the actual construction/installation begins. The goal is to have everything on site before we take existing equipment out of service.

Los Gatos - Interventional Equipment Replacement
November 22, 2021



f. Outcomes: This project will provide state-of-the-art interventional radiology services to Los Gatos patients.

g. List of Attachments:

Power Point Presentation

4. Suggested Board Discussion Questions:

- a. Are there alternatives to this project?
- b. Will there be a financial impact of down time as we replace equipment?



Los Gatos - Interventional Radiology Equipment Replacement

Jim Griffith, COO

Ken King, CASO

Omar Chughtai, Vice President of Operations, Los Gatos Administrator

November 22, 2021

Operational Justification

- ❖ This is the only Interventional Imaging Suite at Los Gatos Hospital
- ❖ The replacement will continue to support patient care for both inpatient and outpatient procedures
- ❖ Advancements in imaging technology over the past 18 years will allow the equipment to expand services into elective procedures such as cardiac devices
- ❖ In this market, physicians have choice with a neighboring hospital infrastructure that includes 6 modernized interventional suites
- ❖ Frequent Equipment failure due to age of existing equipment

The Problem

- The existing Interventional Radiology Lab Equipment is 18 years old, frequently failing, beyond its useful life and needs to be replaced.
 - This equipment also has software that does not meet current security standards.
 - This equipment was installed in 2003 and was subject to the 2001 California Building Code. The code has been updated six times since that date and virtually everything within the procedure suite is non-compliant with current building codes and standards.
 - Due to the lack of available space we submitted a hardship request to OSHPD and they agreed to allow an equipment replacement only on this project and as such we will not be required to create the code required support areas for this project.

The Planned Solution

- Remove all existing equipment and demo all interior elements, swap the current equipment room with the current control room to provide required line of site to the patient.
- Install a new floor mounted Philips Azurion 7 M20 Interventional Radiology Procedure Suite.
 - The existing ceiling mounted type unit cannot be reinstalled without constructing a new structural steel element within the room.

**Emergency
Department**

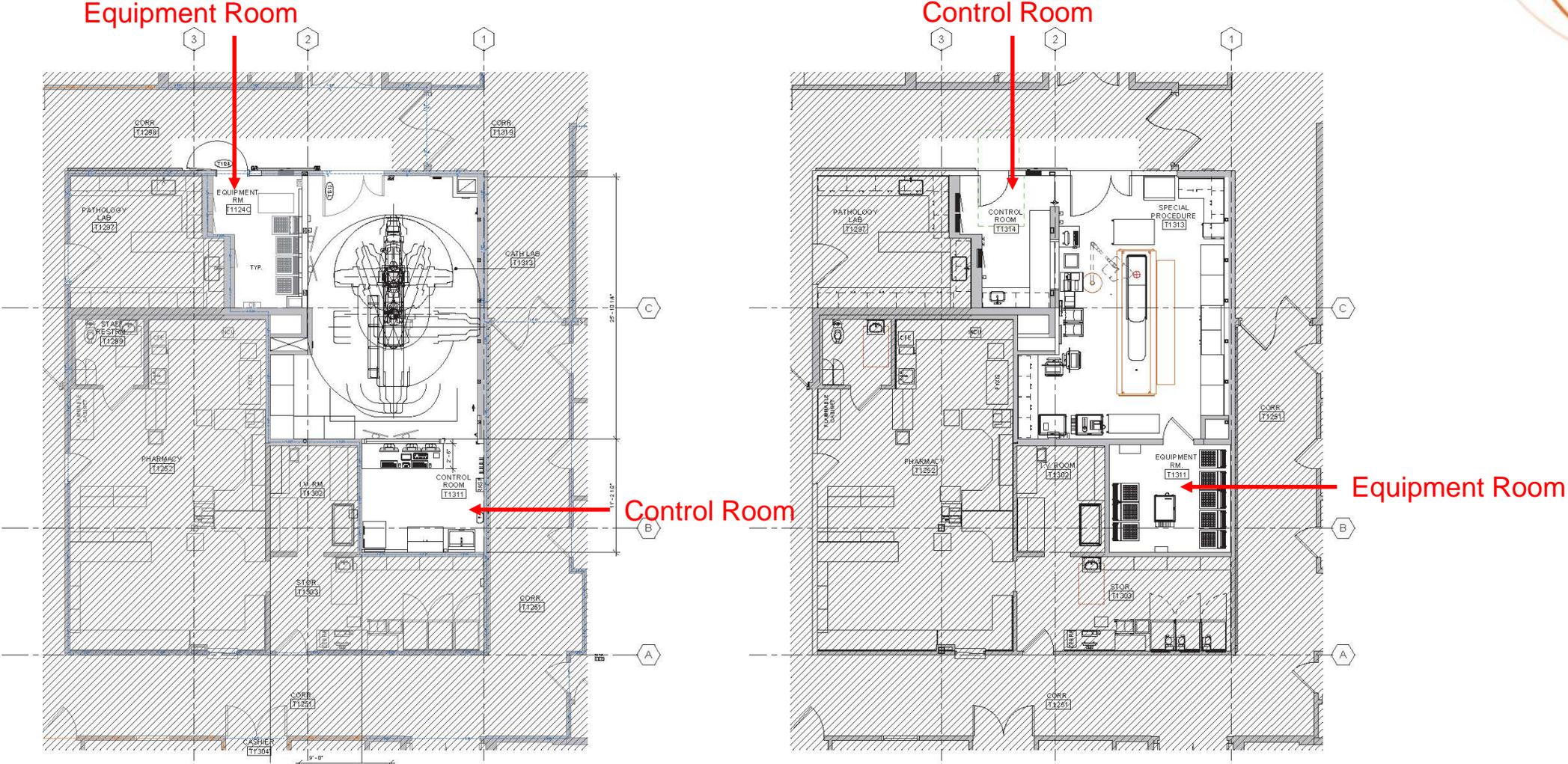
**Interventional Radiology
Equipment Replacement
Project Location
Within the Building**



Main Entrance

ECH Los Gatos – 1st Floor

LG Interventional Radiology Equipment Replacement



Replacement Suite

Existing Suite



Phillips
Azurion
7 M20

Floor
Mounted
Image
Detector

Construction Required

- Interventional Radiology Suite
 - Reconfiguration of all elements within the room to include equipment power (with UPS Backup for Fluoroscopy), seismic anchorage, new lead lined drywall, lighting, plumbing, revised ductwork and air distribution, casework, replacement of doors, ceiling and all finishes.
 - Requires work on roof top HVAC equipment and electrical conduit runs under the slab.
- Maintain fire & life safety and infection control throughout project.

Project Cost

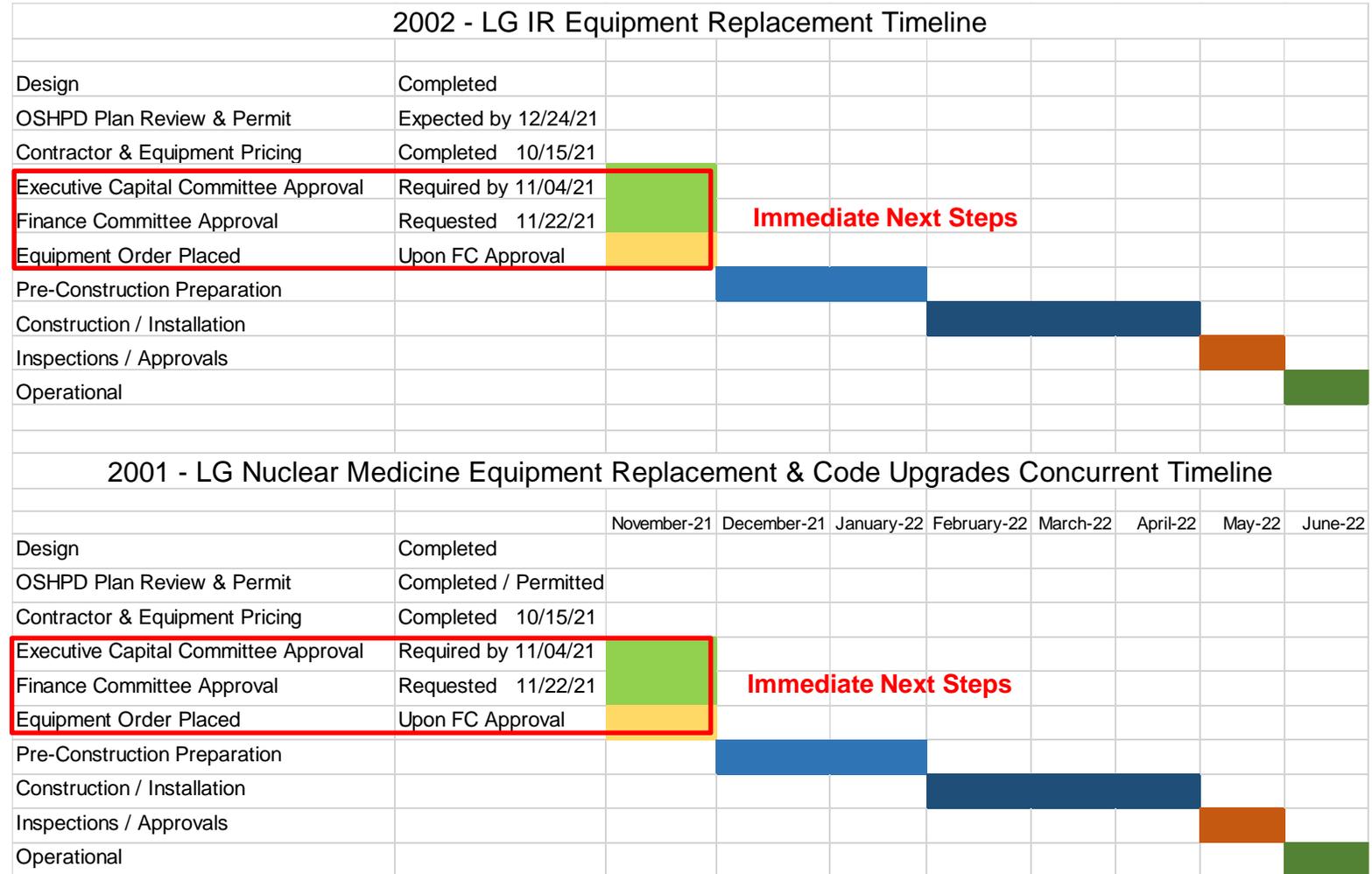
- The construction cost provided by FTG Construction is based on the project being executed at the same time as the LG Nuclear Medicine Equipment Replacement Project. The cost reflects reduced overhead which will be shared between the two projects. FTG Construction is a trusted General Contractor with staff experienced working in our Los Gatos Hospital. They self perform more work than other large contractors, which results in lower costs. The recommended subcontractors have been selected based on the competitive bids they provided.
- The FF&E includes the Phillips equipment at a cost of \$1,511,686.
- The soft costs are based on the actual cost of design, permit fees, project management costs, OSHPD required inspector of record and miscellaneous costs.
- The Project Contingency of 5% is required to cover any unforeseen conditions or necessary plan changes once all demolition is completed.

2002 - Interventional Radiology Equipment Replacement Project Cost	
Construction	\$1,472,773
FF&E (Including Phillips IR Lab Equipment)	\$1,525,786
Soft Costs (Design, Permits, PM, Inspections, Misc.)	\$677,280
Project Contingency 5%	\$183,792
Total Project Cost	\$3,859,630
Rounded	\$3,860,000

Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$3.8 million.

Project Timeline

- The IR Equipment Project is still in the OSHPD plan review process, however we expect to receive plan approval and a permit before the end of the year. We are delaying the start of the LG Nuclear Medicine Equipment Replacement project so the projects can be executed concurrently. Having the General Contractor execute these two projects at the same time provides lower overhead costs.
- Due to difficulties in obtaining materials we are taking more time in the Pre-Construction period in both projects to order long lead items before the actual construction/installation begins. The goal is to have everything on site before we take existing equipment out of service.



Impact on Operations

During construction all cases will be relocated to alternative procedural areas at ECH Los Gatos Hospital with **little to no impact**. A description of temporary relocation is outlined below:

Operating Suite Impact:

- Approximately 5 cases per month will be relocated to the Operating Suites using a C-Arm
- These procedures average 90 minutes per case and will have minimum impact on Operating Suite space due to the low volume

Radiology impact:

- Relocate approximately 90 monthly procedures to Endoscopy Suites in Los Gatos
- Procedures include:
 - Paracentesis/thoracentesis/guided biopsies (thyroid/breast), lumbar punctures, central/midlines to name a few and these span supporting both inpatient, emergency, and surgical care

Q & A

**EL CAMINO HOSPITAL
FINANCE COMMITTEE MEETING COVER MEMO**

To: El Camino Hospital Finance Committee
From: Jim Griffith, COO
Ken King, CASO
Omar Chughtai, Vice President of Operations
Date: November 22, 2021
Subject: Los Gatos Nuclear Medicine Equipment Replacement & Code Upgrades

1. **Recommendation:**

We request that the Finance Committee approve spending not to exceed \$2.4 million to replace the Nuclear Medicine Equipment at Los Gatos Hospital and upgrade the space to current code.

2. **Summary:**

a. **Situation:** The existing Nuclear Medicine Camera in Los Gatos is over 19 years old, beyond its useful life. Additionally, the software on the existing camera is outdated and lacks required security features. In order to be compliant with current codes ECH must also correct existing support space deficiencies across the hall which include the following non-compliant conditions:

- Non-Compliant Hot Lab
- No Patient Intake Lounge as required by code
- No Sub-waiting room as required by code
- No ADA Restroom as required by code
- Location of a Treadmill used for outpatient procedures in an inpatient unit.

The planned solution, permitted by OSHPD is to reconfigure the existing Nuclear Medicine Camera Room to accommodate a new Siemens Nuclear Medicine Camera and a compliant Hot Lab for isotopes. The upgrades include reconfiguration of the non-compliant hot lab and workroom across the hall (currently used to store food.) The reconfigured space will provide the following required spaces:

- a sub-waiting room
- an ADA restroom (Requires lengthy waste line below the concrete slab)
- a patient intake zone
- a compliant treadmill zone

b. **Authority:** Policy requires that expenditures exceeding \$1 million require the Finance Committees approval.

c. **Background:** Nuclear medicine studies are critical in supporting patient care that requires diagnosis or treatment based on the patient's physiology (rather than anatomy.) Nuclear Medicine is the only imaging modality to provide this type of support for patient care. Nuclear Medicine supports numerous service lines and is required for both inpatient and outpatient hospital based services. Service areas currently utilizing nuclear medicine include Emergency, Critical Care, Cancer, Medical Surgical Care, Cardiology, and Surgery. Patient types requiring nuclear scans include Stress tests, GI bleeds, pulmonary embolism, breast surgery, sentinel node, to name a few.

The required construction to replace equipment and upgrade the associated spaces to code includes:

- Reconfiguration of all elements within the Nuclear Medicine Camera Room with integrated Hot Lab room to include equipment power, seismic anchorage, lighting, plumbing, revised ductwork and air distribution, casework (lead-lined), replacement of doors, ceiling and all finishes.
- Complete replacement of existing Nuclear Medicine Support Space and reconstruction of new rooms to include power, lighting, extensive plumbing (including a new waste line) for new restroom, extensive HVAC ductwork, controls and diffusers, walls, doors, casework, ceiling and all finishes.
- Maintain fire & life safety and infection control throughout project.

ECH provides Nuclear Medicine services to approximately 26 outpatients a month and 4 inpatients a month. When possible, ECH will schedule cases at the Mountain View Campus during construction at Los Gatos. For unscheduled cases the clinical will chose between using existing on-site imaging (CT or MRI) and transferring care to ECH Mountain View (for nuclear medicine.)

- d. Assessment: The construction cost provided by FTG Construction is based on the project being executed at the same time as the LG IR Room Equipment Replacement Project (separate request.) The cost reflects reduced overhead which will be shared between the two projects. FTG Construction is a trusted General Contractor with staff experienced working in our Los Gatos Hospital. They self-perform more work than other large contractors, which results in lower costs. The recommended subcontractors have been selected based on the competitive bids they provided.

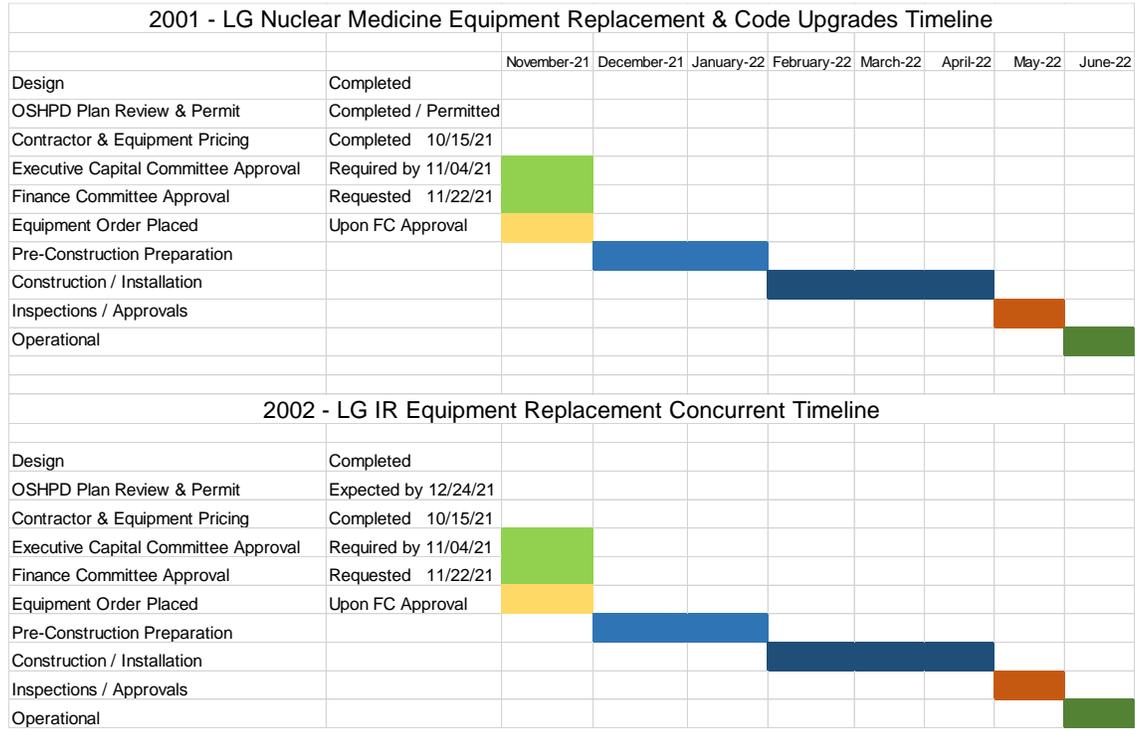
The FF&E includes the Siemens NM Camera at a cost of \$380,000. The soft costs are based on the actual cost of design, permit fees, project management costs, OSHPD required inspector of record and miscellaneous costs. The Project Contingency of 5% is required to cover any unforeseen conditions or necessary plan changes once all demolition is completed. Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$2.9 million.

2001 - Nuclear Medicine Equipment Replacement and Code Upgrades, Project Cost	
Construction	\$1,212,532
FF&E (Including Siemens Nuclear Medicine Camera)	\$450,824
Soft Costs (Design, Permits, PM, Inspections, Misc.)	\$621,905
Project Contingency 5%	\$114,263
Total Project Cost	\$2,399,525
Rounded	\$2,400,000

- e. Other Reviews: The LG Nuclear Medicine Equipment Project is permitted and ready to proceed upon funding approval, however in order to reduce costs we are recommending that we delay starting construction until we are ready to start the LG IR Equipment Replacement Project. Having the General Contractor execute these two projects at the same time provides lower overhead costs. Due to difficulties in obtaining materials we are taking more time in the Pre-Construction period in both projects to order long lead items before the actual

Los Gatos - Interventional Equipment Replacement
November 22, 2021

construction/installation begins. The goal is to have everything on site before we take existing equipment out of service.



f. **Outcomes:** This project will provide state-of-the-art nuclear medicine services to Los Gatos patients.

g. **List of Attachments:**

Power Point Presentation

4. **Suggested Board Discussion Questions:**

- a. Are there alternatives to this project?
- b. Will there be a financial impact of down time as we replace equipment?



Los Gatos - Nuclear Medicine Equipment Replacement & Code Upgrades

Jim Griffith, COO

Ken King, CASO

Omar Chughtai, Vice President of Operations, Los Gatos Administrator

November 22, 2021

Operational Justification

- ❖ Nuclear medicine studies the physiology vs just the anatomy and is critical in supporting patient care that requires the understanding of the physiology as a function to treat patients. Nuclear Medicine is the only imaging modality to provide this support for patient care.
- ❖ Nuclear Medicine support numerous service lines and are required to support both inpatient and outpatient hospital based services. Service areas currently utilizing nuclear medicine include:
 - Emergency, Critical Care, Cancer, Medical Surgical Care, Cardiology, and Surgery.
 - Patient types requiring nuclear scans include: Stress tests, GI bleeds, pulmonary embolism, breast surgery, sentinel node, to name a few.

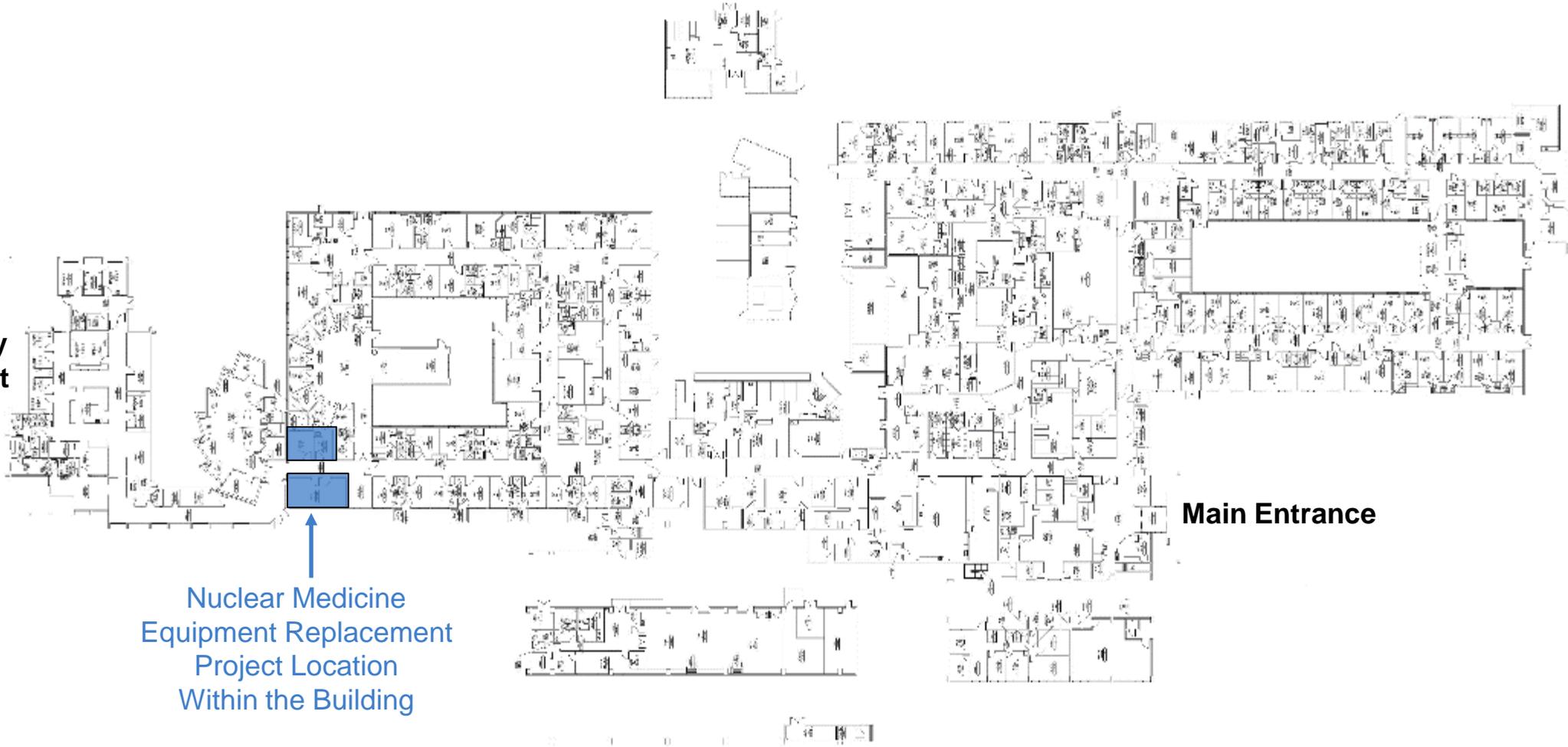
The Problem

- The existing Nuclear Medicine Camera in Los Gatos is over 19 years old, beyond its useful life and needs to be replaced.
 - Additionally, the software on the existing camera is outdated and lacks required security features.
- In order to be compliant with current codes we must also correct existing support space deficiencies across the hall which include the following non-compliant conditions:
 - Non-Compliant Hot Lab
 - No Patient Intake Lounge as required by code
 - No Sub-waiting room as required by code
 - No ADA Restroom as required by code
 - Location of Treadmill used for outpatient procedures currently in an inpatient unit which is in violation of licensing regulations. (Note that certain modalities include stress test and nuclear medicine imaging)

The Planned, OHSPD Permitted Solution

- Reconfigure the existing Nuclear Medicine Camera Room to accommodate a new Siemens Nuclear Medicine Camera and a compliant Hot Lab for isotopes.
- Reconfigure the space across the hall which currently houses food storage, a non compliant hot lab and workroom. The reconfigured space will provide the following required spaces:
 - a sub-waiting room
 - an ADA restroom (Requires lengthy waste line below the concrete slab)
 - a patient intake zone
 - a compliant treadmill zone

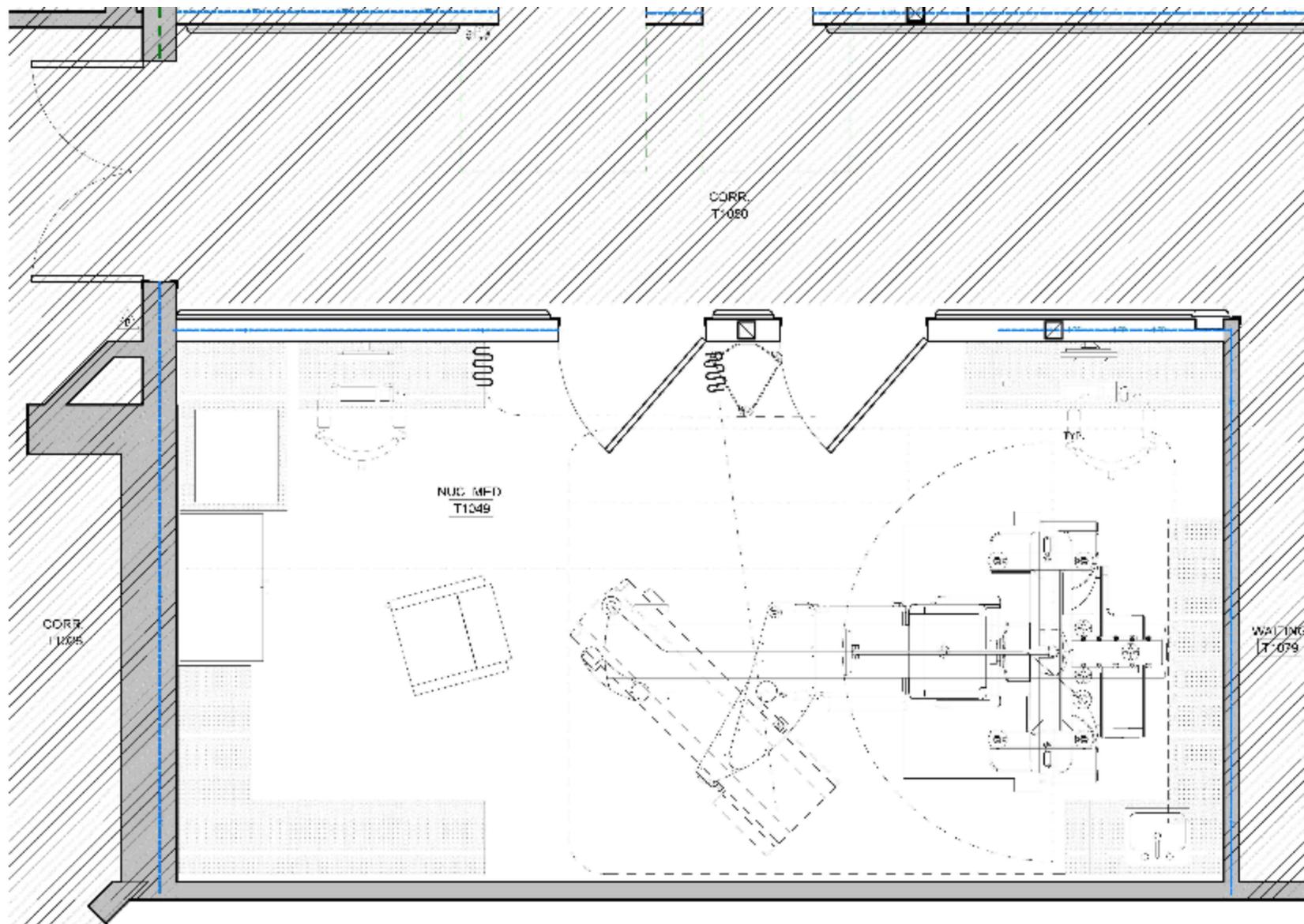
**Emergency
Department**



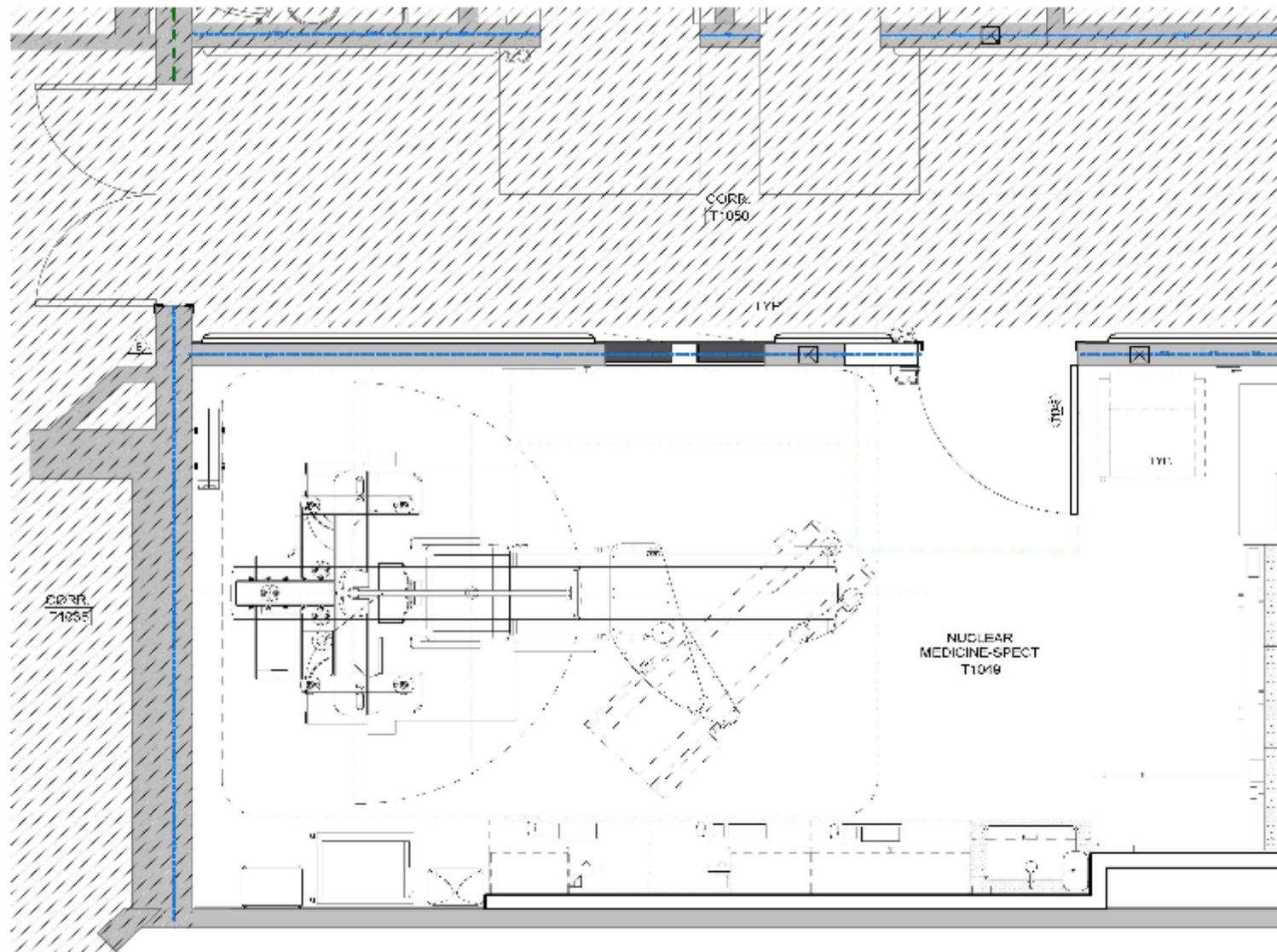
Nuclear Medicine
Equipment Replacement
Project Location
Within the Building

Main Entrance

ECH Los Gatos – 1st Floor

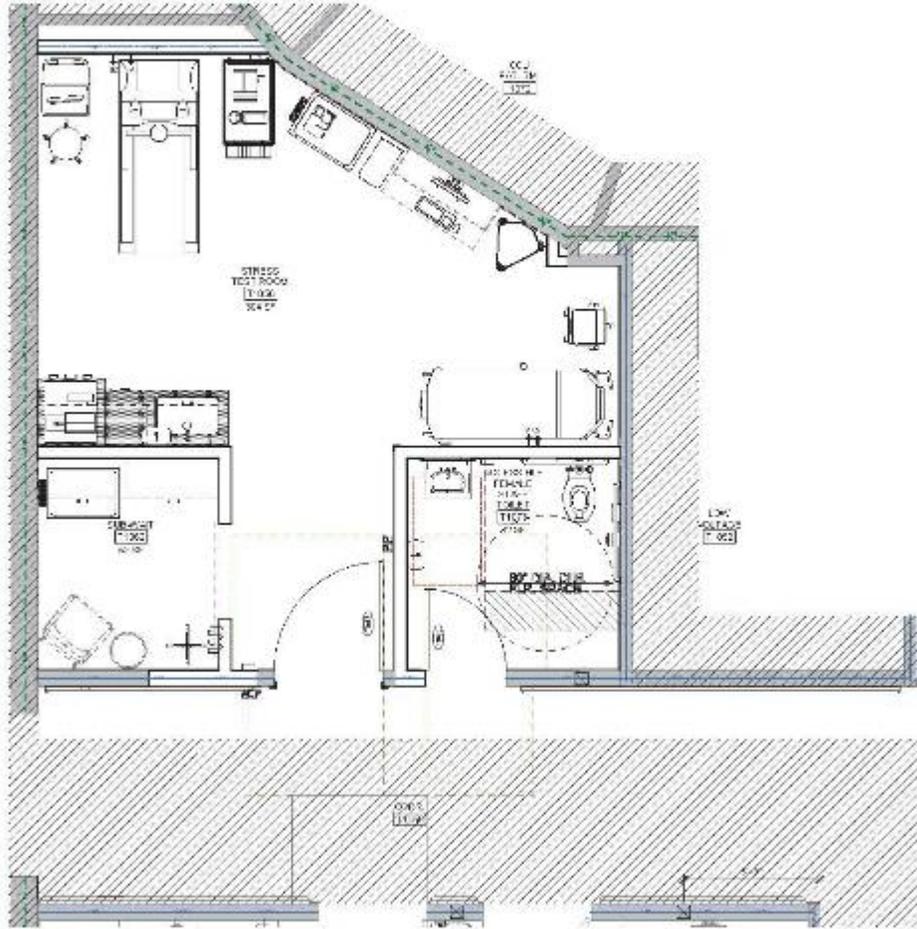


EXISTING NUCLEAR MEDICINE FLOOR PLAN

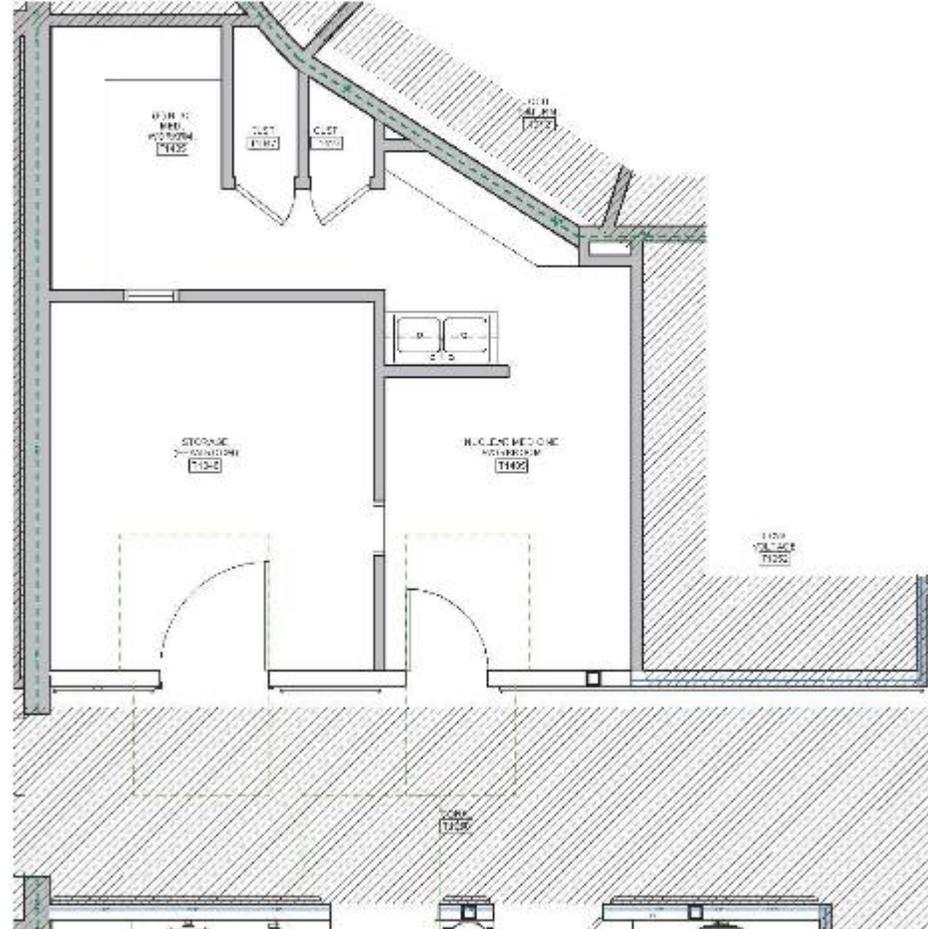


REMODELED NUCLEAR MEDICINE FLOOR PLAN

LG Nuclear Medicine Support Space



Remodeled Support Space Across Hall



Existing Support Space Across Hall

Construction Required

- Nuclear Medicine Camera Room with integrated Hot Lab
 - Reconfiguration of all elements within the room to include equipment power, seismic anchorage, lighting, plumbing, revised ductwork and air distribution, casework (lead-lined), replacement of doors, ceiling and all finishes.
- Nuclear Medicine Support Space
 - Complete gut of existing elements and reconstruction of new rooms to include power, lighting, extensive plumbing (including a new waste line) for new restroom, extensive HVAC ductwork, controls and diffusers, walls, doors, casework, ceiling and all finishes.
- Maintain fire & life safety and infection control throughout project.

Project Cost

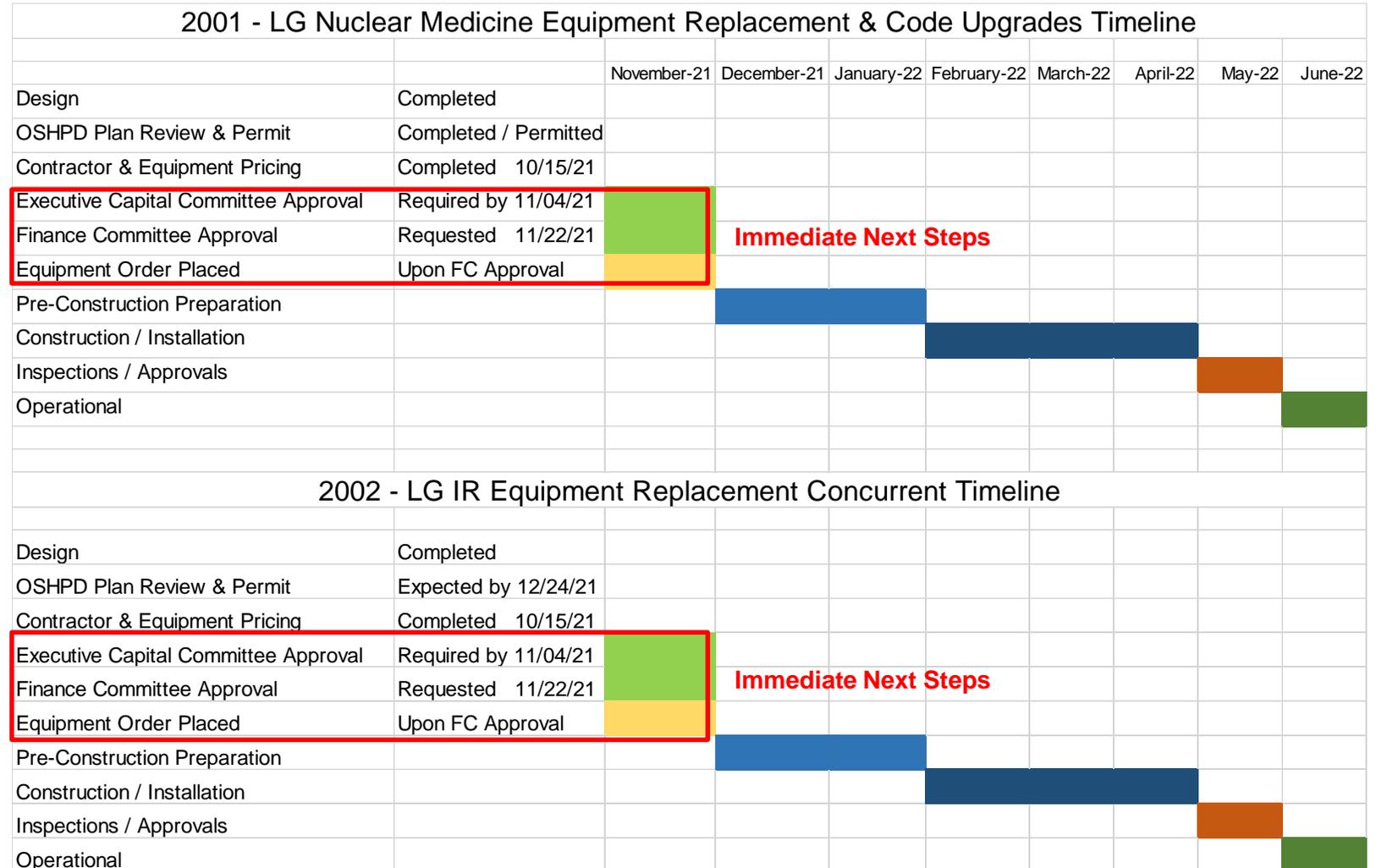
- The construction cost provided by FTG Construction is based on the project being executed at the same time as the LG IR Room Equipment Replacement Project. The cost reflects reduced overhead which will be shared between the two projects. FTG Construction is a trusted General Contractor with staff experienced working in our Los Gatos Hospital. They self perform more work than other large contractors, which results in lower costs. The recommended subcontractors have been selected based on the competitive bids they provided.
- The FF&E includes the Siemens NM Camera at a cost of \$380,000.
- The soft costs are based on the actual cost of design, permit fees, project management costs, OSHPD required inspector of record and miscellaneous costs.
- The Project Contingency of 5% is required to cover any unforeseen conditions or necessary plan changes once all demolition is completed.

2001 - Nuclear Medicine Equipment Replacement and Code Upgrades, Project Cost	
Construction	\$1,212,532
FF&E (Including Siemens Nuclear Medicine Camera)	\$450,824
Soft Costs (Design, Permits, PM, Inspections, Misc.)	\$621,905
Project Contingency 5%	\$114,263
Total Project Cost	\$2,399,525
Rounded	\$2,400,000

Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$2.9 million.

Project Timeline

- The LG Nuclear Medicine Equipment Project is permitted and ready to proceed upon funding approval, however in order to reduce costs we are recommending that we delay starting construction until we are ready to start the LG IR Equipment Replacement Project. Having the General Contractor execute these two projects at the same time provides lower overhead costs.
- Due to difficulties in obtaining materials we are taking more time in the Pre-Construction period in both projects to order long lead items before the actual construction/installation begins. The goal is to have everything on site before we take existing equipment out of service.



Impact on Operations

Approximately 30 patients monthly will be impacted and plans are in place to provide alternative imaging or provide temporary support with Nuclear Medicine imaging performed at ECH Mountain View Hospital during construction. Details are outlined below including:

- ❖ **Alternative imaging:** Some procedures may be completed on-site with CT or MRI (based on clinician preference)
- ❖ **Alternative location:** Individuals that cannot receive alternative imaging such as CT or MRI will be transferred to ECH Mountain View Hospital or scheduled as an outpatient at ECH Mountain View Hospital. This is a similar process used for MRI upgrade.
 - Outpatient Nuclear Medicine Volume of 26/month
 - Inpatient Nuclear Medicine Volume 4.2/month

Q & A

**EL CAMINO HOSPITAL
FINANCE COMMITTEE MEETING COVER MEMO**

To: El Camino Hospital Finance Committee
From: Jim Griffith, COO
Ken King, CASO
Omar Chughtai, Vice President of Operations
Date: November 22, 2021
Subject: Los Gatos Operating Room Sterile Processing Upgrade

1. **Recommendation:**

We request that the Finance Committee approve spending up to \$2.386 million to improve the Operating Room Sterile Processing environment at ECH Los Gatos.

2. **Summary:**

a. **Situation:** The existing environment for the decontamination and processing of surgical instruments on the 2nd Floor of the Los Gatos Operating Room environment is substandard and not in compliance with AORN or Joint Commission standards. The space does not have a required three-compartment sink, a modern washer sterilizer or a configuration that supports the efficiency of decontamination and instrument processing. The planned solution is to remove all existing equipment and demo all interior elements, then:

- Convert OR Decontamination Room into a “two-room sterile processing facility.”
- The Decontamination Room will be sized to meet the minimum equipment space and clearances needed for a washer/decontaminator, ultrasonic cleaner, case carts, case cart storage, work counters, documentation area, storage from decontamination supplies, personal protective equipment, a handwashing station, eyewash station, and a triple-compartment sink.
- The Clean Work Room will be sized to accommodate work counters, documentation area, handwashing station, and eyewash station.
- A Sterile Storage space will also be created for the storage sterile instruments and supplies.

This solution will require:

- Demolition of all equipment, cabinets, fixtures, interior walls, ceiling, mechanical, electrical and plumbing.
- Reconfiguration of walls, doors, ductwork, electrical outlets and connections, plumbing infrastructure above and below the space and within the space.
- Installation of new equipment, sinks, casework, fixtures and shelving.
- Maintenance of fire & life safety and infection control throughout project.

To complete the project as quickly as possible the plan is to order and receive all equipment and construction materials before the existing room is taken out of service. Contractors will perform all possible elements of the project that do not require the existing room to be out of service until the last possible day. Once the room is taken out of service contractors will work 12 hour shifts, seven days per week in an effort to complete the upgrades within five to six weeks.

- b. Authority: Policy requires that expenditures exceeding \$1 million require the Finance Committees approval.
- c. Background: In fact, the existing separation between the dirty and clean side is casework, which does not meet any modern day standards for infection control. Note that at the time of the previous Joint Commission survey we shared our corrective action plan with surveyors to avoid a citation. Due to critical nature in the care of patients and for patient safety, the entire process of instrument cleaning and disinfecting continues to be a focus of surveyors.
- d. Assessment: The construction cost provided by FTG Construction is based on the OSHPD Approved Plans and the execution plan that has been developed to minimize the down time of the OR/SPD. The costs include significant premium time and require the early release of material orders. The equipment includes ultrasonic disinfectors, three compartment sinks, washer/sterilizers, RO Water Systems and other required equipment. The soft costs include design, permits, inspections (including premium time) and misc. The Contingency of 7.5% is to cover potential unforeseen conditions and potential change orders. Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$2.03 million. The final cost includes premium time to ensure a timely completion.

1908 - LG OR/SPD Upgrades	
Construction	\$1,192,480
FF&E	\$528,867
Soft Costs (Design, Permits, PM Inspections, Misc.)	\$497,807
Project Contingency 7.5%	\$166,437
Total Project Cost	\$2,385,590
Rounded	\$2,386,000

- e. Other Reviews: The LG OR/SPD Timeline has been developed with the goal of minimizing the downtime of the OR/SPD Area to a maximum of 8 weeks. To accomplish this we are planning on ordering and receiving all equipment and construction materials before the existing rooms are taken out of service. Contractors will first perform the required construction activities on the roof and wait until the last possible day to take the rooms out of service. They will then work 12 hours a day, 7 days a week to complete the project as quickly as possible. During the construction down-time, the decontamination of instruments will be moved 100% to the 1st Floor SPD area, which is being slightly modified to support the anticipated volume. Added staff and shifts will be necessary to ensure that there is no reduction of surgical cases.

Los Gatos – Operating Room Sterile Process Upgrade
November 22, 2021

1908 - LG OR/SPD Project - Target Timeline		November-21	December-21	January-22	February-22	March-22	April-22
Design	Completed						
OSHPD Plan Review & Permit	Completed / Permitted						
Contractor & Equipment Pricing	Completed 10/15/21						
Executive Capital Committee Approval	Required by 11/04/21						
Finance Committee Approval	Requested 11/22/21						
Equipment Order Placed	Recommend 11/04/21	x					
Pre-Construction Preparation (Includes Receipt of All Equipment & Materials)							
Construction (Existing Room In Service)							
Construction (Existing Room Out of Service)							
Inspections / Approvals						x	
Operational						x	

f. Outcomes: This project will improve the operating room sterile processing service for Los Gatos patients.

g. List of Attachments:

Power Point Presentation

4. Suggested Board Discussion Questions:

- a. Are there alternatives to this project?
- b. Will there be a financial impact of down time as we replace equipment?



Los Gatos OR/SPD Upgrade

Jim Griffith, COO

Ken King, CASO

Omar Chughtai, Vice President of Operations, Los Gatos Administrator

November 22, 2021

Operational Justification

This project supports a critical function in the hospital for patient care and supports the need for the following:

- ❖ Meets regulatory compliance
- ❖ Supports safe patient care
- ❖ Support surgical growth



EPIC Procedure Count for YTD through September 2021

(Data Extract Date: 10/04/2021)

Confidential - for Operational Planning

SVMD PAMF Independent



	#	YoY Cng	YoY %
FY18	1,122		
FY19	1,158	36	3.2%
FY20	1,411	253	21.8%
FY21	1,495	84	6.0%
FY22	1,713	218	14.6%

The Problem

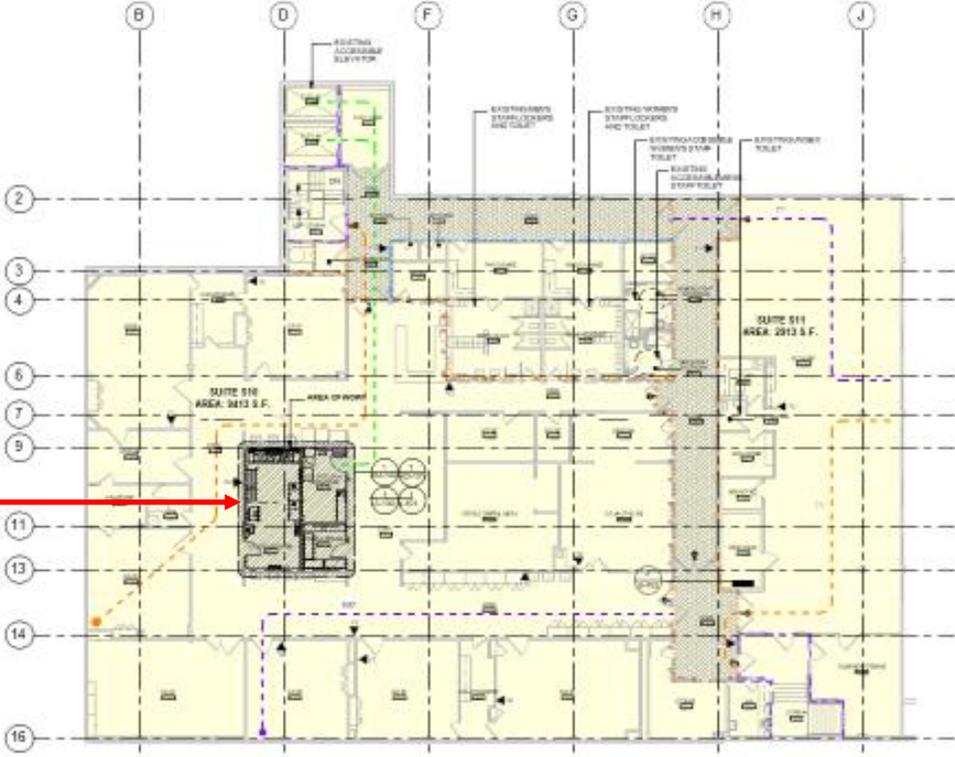
- The existing environment for the decontamination and processing of surgical instruments on the 2nd Floor of the Los Gatos Operating Room environment is substandard and not in compliance with AORN or Joint Commission standards.
 - The space does not have a required three compartment sink, a modern washer sterilizer or a configuration that ensures the safe and appropriate decontamination and instrument processing.
 - In fact the existing separation between the dirty and clean side is casework, which does not meet any modern day standards for infection control.
 - Note that at the time of the previous Joint Commission survey we shared our corrective action plan with surveyors to avoid a citation.
 - The entire process of instrument cleaning and disinfecting continues to be a focus of surveyors.

The Planned Solution

- Remove all existing equipment and demo all interior elements, then:
 - Convert OR Decontamination Room into a “two-room sterile processing facility.” The Decontamination Room will be sized to meet the minimum equipment space and clearances needed for a washer/decontaminator, ultrasonic cleaner, case carts, case cart storage, work counters, documentation area, storage from decontamination supplies, personal protective equipment, a handwashing station, eyewash station, and a triple-compartment sink. The Clean Work Room will be sized to accommodate work counters, documentation area, handwashing station, and eyewash station. A Sterile Storage space will also be crated for the storage sterile instruments and supplies.

LG OR/SPD Upgrades

SPD Area of Work



2nd Floor OR Plan

LG OR/SPD Upgrades

2nd Floor Demolition Plan

LEGEND	GENERAL NOTES
	1. CONTRACTOR SHALL COORDINATE DEMOLITION WORK WITH NEW CONSTRUCTION TO BE REMOVED TO BE REMOVED AND REINSTALLED TO THE SYSTEMS OR SERVICES WHICH ARE TO REMAIN AND BE REUSED.
	2. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONSTRUCTION, CONDITIONS AND CONDITIONS PRIOR TO COMMENCEMENT OF DEMOLITION OPERATIONS.
	3. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONSTRUCTION, CONDITIONS AND CONDITIONS PRIOR TO COMMENCEMENT OF DEMOLITION OPERATIONS.
	4. THE CONTRACTOR SHALL MAINTAIN EXISTING PERFORMANCE OF THE STRUCTURE EXPOSED TO THE PERFORMANCE OF THE WORK.
	5. IF BOLLARDS OR OTHER OBSTACLES TO ANY OTHER NEIGHBORING STRUCTURE, THE CONTRACTOR SHALL REMOVE THEM FROM THE WORK AND SHALL REINSTALL THEM ACCORDING TO THE ORIGINAL DRAWINGS. THE CONTRACTOR SHALL VERIFY THE AREA SIZE FOR REPAIR AND APPROVAL BY THE OWNER'S REPRESENTATIVE PRIOR TO THE START OF WORK. APPROVAL SHALL APPLICABLE CODES, LAWS, REGULATIONS AND COMMON TRADE PRACTICES.
	6. THE CONTRACTOR SHALL PROTECT AT ALL TIMES THE PROPERTY OF THE OWNER INCLUDING BUT NOT LIMITED TO WORKS, EQUIPMENT, AND MECHANICAL EQUIPMENT TO BE REUSED.
	7. THE CONTRACTOR SHALL VERIFY ALL REMOVALS AND DEMOLITION WORK IS COMPLETED AS WELL AS ALL REMOVALS AND DEMOLITION WORK IS COMPLETED BY NECESSARY FOR THE COMPLETION OF THE WORK.
	8. UPON COMPLETION OF THE DEMOLITION WORK, THE CONTRACTOR SHALL LEAVE THE WORK AREA CLEAN.
	9. PROVIDE STOPS AT PROJECT ENTRANCE DOORS TO PREVENT MINORS FROM ENTERING PROJECT AREA.
	10. CONTRACTOR SHALL MAINTAIN EXISTING CONDITIONS AS MUCH AS POSSIBLE AND ADJACENT TO PROJECT AREA. DO NOT AFFECT EXISTING SYSTEMS AFFECTED BY NEW CONSTRUCTION.

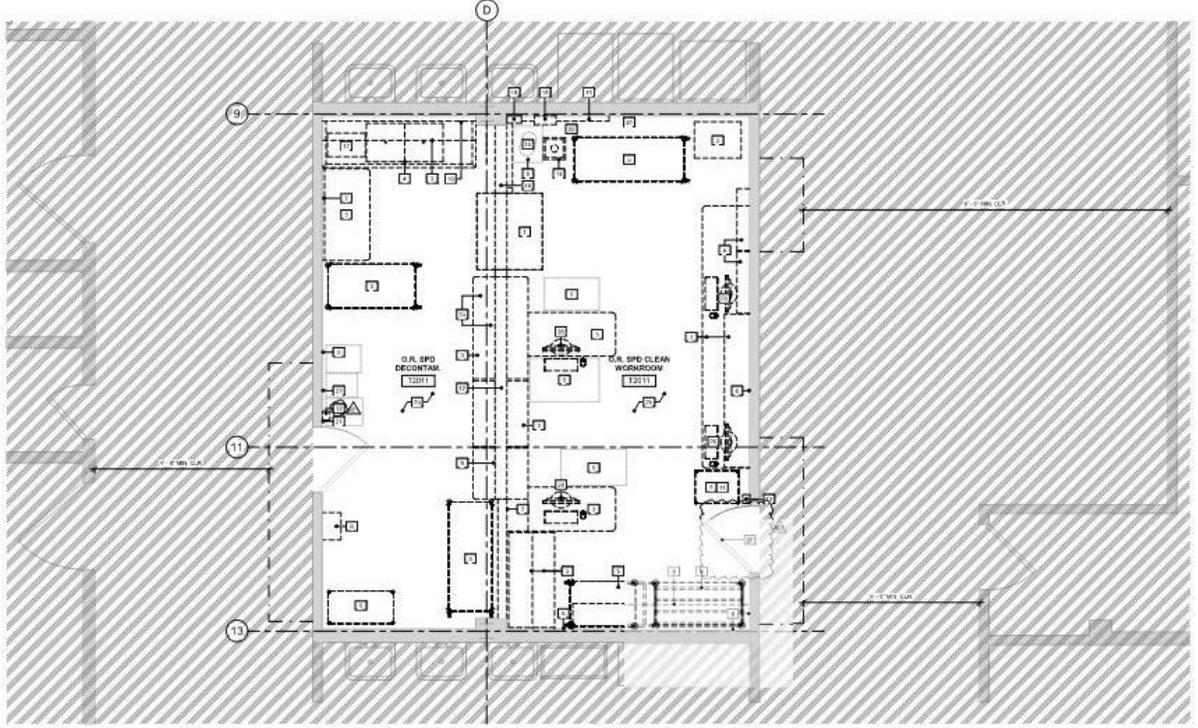
El Camino Health
 Facility Number 10074
 Building Number 02046
 OSHPD # 0210236-43-00
**1908 - EL CAMINO HEALTH
 LOS GATOS -
 O.R. SPD REMODEL**
 815 POLLARD RD.
 LOS GATOS, CA 95027

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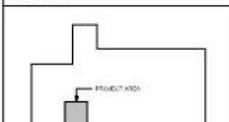
DEMO SHEET NOTES

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14. THE CONTRACTOR SHALL PROTECT AT ALL TIMES THE PROPERTY OF THE OWNER INCLUDING BUT NOT LIMITED TO WORKS, EQUIPMENT, AND MECHANICAL EQUIPMENT TO BE REUSED.
15. THE CONTRACTOR SHALL VERIFY ALL REMOVALS AND DEMOLITION WORK IS COMPLETED AS WELL AS ALL REMOVALS AND DEMOLITION WORK IS COMPLETED BY NECESSARY FOR THE COMPLETION OF THE WORK.
16. UPON COMPLETION OF THE DEMOLITION WORK, THE CONTRACTOR SHALL LEAVE THE WORK AREA CLEAN.
17. PROVIDE STOPS AT PROJECT ENTRANCE DOORS TO PREVENT MINORS FROM ENTERING PROJECT AREA.
18. CONTRACTOR SHALL MAINTAIN EXISTING CONDITIONS AS MUCH AS POSSIBLE AND ADJACENT TO PROJECT AREA. DO NOT AFFECT EXISTING SYSTEMS AFFECTED BY NEW CONSTRUCTION.
19. EXISTING WALLS TO BE DEMOLISHED, REMOVED AND REINSTALLED TO THE SYSTEMS OR SERVICES WHICH ARE TO REMAIN AND BE REUSED.
20. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONSTRUCTION, CONDITIONS AND CONDITIONS PRIOR TO COMMENCEMENT OF DEMOLITION OPERATIONS.
21. THE CONTRACTOR SHALL MAINTAIN EXISTING PERFORMANCE OF THE STRUCTURE EXPOSED TO THE PERFORMANCE OF THE WORK.
22. IF BOLLARDS OR OTHER OBSTACLES TO ANY OTHER NEIGHBORING STRUCTURE, THE CONTRACTOR SHALL REMOVE THEM FROM THE WORK AND SHALL REINSTALL THEM ACCORDING TO THE ORIGINAL DRAWINGS. THE CONTRACTOR SHALL VERIFY THE AREA SIZE FOR REPAIR AND APPROVAL BY THE OWNER'S REPRESENTATIVE PRIOR TO THE START OF WORK. APPROVAL SHALL APPLICABLE CODES, LAWS, REGULATIONS AND COMMON TRADE PRACTICES.
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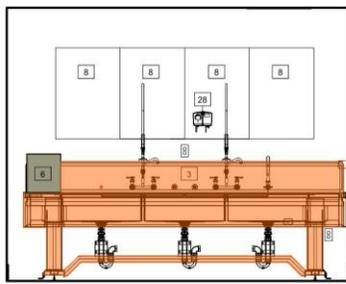
1 ENLARGED SECOND FLOOR PLAN - DEMOLITION

KEY PLAN

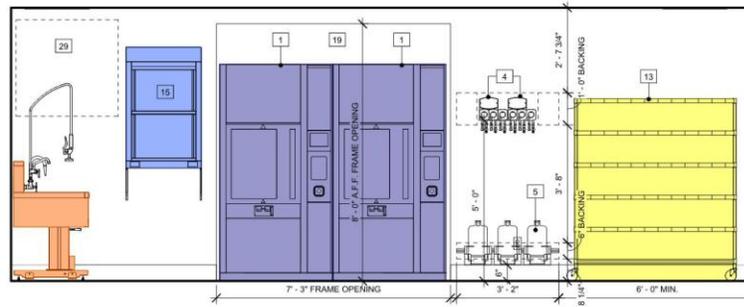


PROJECT No. 2020-13
 DRAWING TITLE
**PARTIAL SECOND
 FLOOR PLAN -
 DEMOLITION**

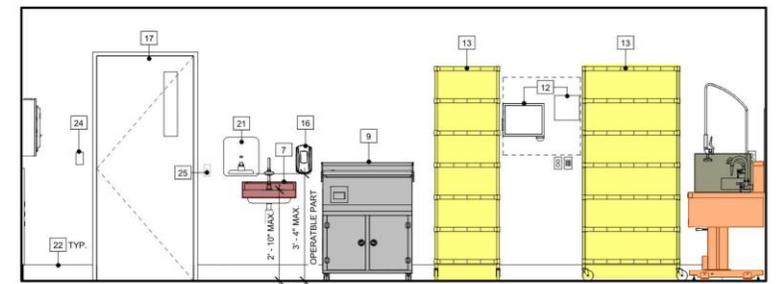
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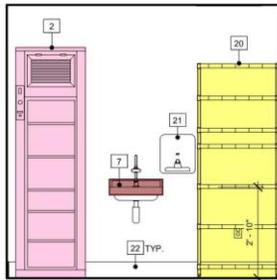
O.R. SPD DECONTAM - T2011 -
1A NORTH
 1/2" = 1'-0"



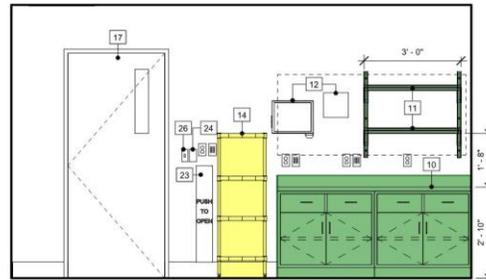
O.R. SPD DECONTAM - T2011 -
1B EAST
 1/2" = 1'-0"



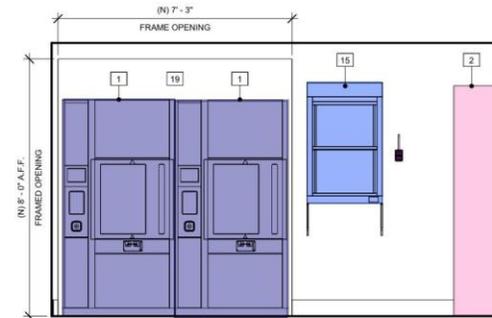
O.R. SPD DECONTAM - T2011 -
1C WEST
 1/2" = 1'-0"



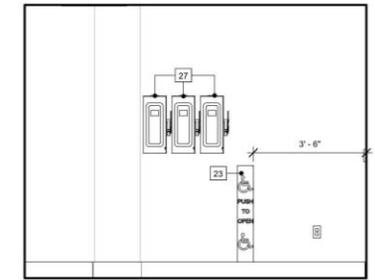
SPD CLEAN WORKROOM -
2A T2011A - NORTH
 1/2" = 1'-0"



SPD CLEAN WORKROOM - T2011A -
2B EAST
 1/2" = 1'-0"



SPD CLEAN WORKROOM - T2011A -
2C WEST
 1/2" = 1'-0"



O.R. SPD DECONTAM - T2011 -
2D SOUTH
 1/2" = 1'-0"

2nd Floor New Elevations

LG OR/SPD Upgrades

Construction Required

- Demolition of all equipment, cabinets, fixtures, interior walls, ceiling, mechanical, electrical and plumbing
- Reconfiguration of walls, doors, ductwork, electrical outlets and connections, plumbing infrastructure above and below the space and within the space.
- Install new equipment, sinks, casework, fixtures and shelving.
- Maintain fire & life safety and infection control throughout project.
- NOTE: To complete the project as quickly as possible the plan is to order and receive all equipment and construction materials before the existing room is taken out of service. Contractors will perform all possible elements of the project that do not require the existing room to be out of service until the last possible day. Once the room is taken out of service contractors will work 12 hour shifts, seven days per week in an effort to complete the upgrades within five to six weeks.

Project Cost

- The construction cost provided by FTG Construction is based on the OSHPD Approved Plans and the execution plan that has been developed to minimize the down time of the OR/SPD. The costs include significant premium time and require the early release of material orders.
- The equipment includes ultrasonic disinfectors, three compartment sinks, washer/sterilizers, RO Water Systems and other required equipment.
- The soft costs include design, permits, inspections (including premium time) and misc.
- The Contingency of 7.5% is to cover potential unforeseen conditions and potential change orders.

1908 - LG OR/SPD Upgrades	
Construction	\$1,192,480
FF&E	\$528,867
Soft Costs (Design, Permits, PM Inspections, Misc.)	\$497,807
Project Contingency 7.5%	\$166,437
Total Project Cost	\$2,385,590
Rounded	\$2,386,000

Note that during the FY-22 Budgeting Process the original cost estimate for this project was \$2.03 million. The final cost includes premium time to ensure a timely completion.

Project Timeline

- The LG OR/SPD Timeline has been developed with the goal of minimizing the downtime of the OR/SPD Area to a maximum of 8 weeks. To accomplish this we are planning on ordering and receiving all equipment and construction materials before the existing rooms are taken out of service. Contractors will first perform the required construction activities on the roof and wait until the last possible day to take the rooms out of service. They will then work 12 hours a day, 7 days a week to complete the project as quickly as possible.
- During the construction down-time, the decontamination of instruments will be moved to the 1st Floor SPD area, which is being slightly modified to support the anticipated volume. Added staff and shifts will be necessary to minimize the impact on surgical caseloads.

		1908 - LG OR/SPD Project - Target Timeline					
		November-21	December-21	January-22	February-22	March-22	April-22
Design	Completed						
OSHPD Plan Review & Permit	Completed / Permitted						
Contractor & Equipment Pricing	Completed 10/15/21						
Executive Capital Committee Approval	Required by 11/04/21		Immediate Next Steps				
Finance Committee Approval	Requested 11/22/21						
Equipment Order Placed	Recommend 11/04/21	x					
Pre-Construction Preparation (Includes Reciept of All Equipment & Materials)							
Construction (Existing Room In Service)							
Construction (Existing Room Out of Service)							
Inspections / Approvals						x	
Operational						x	

Impact on Operations

- ❖ Surgical Volume **will not** be impacted
- ❖ Sterile Processing will be impacted and the Facilities, Design, and Construction have closely worked with Sterile Processing operational teams to detail:
 1. Phasing the project to support improved throughput
 2. Expanded Sterile Processing Technician staffing into evening shifts
 3. New workflows within the department and vendors during the duration of the project

Q & A