



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, August 18, 2021**

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

Board Members Present

Lanhee Chen, Chair
 Peter C. Fung, MD
 Julie Kliger, MPA, BS **
 Julia E. Miller, Secretary/Treasurer
 Jack Po, MD, Ph.D.**
 Bob Rebitzer
 Carol A. Somersille, MD
 Don Watters**
 John Zoglin, Vice Chair

Board Members Absent

George O. Ting, MD
 **via teleconference

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:30 pm by Chair Chen. A verbal roll call was taken. All Board members were present at roll call, excluding Director Ting. Chair Chen reviewed the logistics for the meeting. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked the Board of Directors for declarations of conflict of interest with any items on the agenda, and none were reported.	
3. PUBLIC COMMUNICATION	Director Chen invited members of the public to address the Board on items not covered on the agenda. Teri Roman, CNA at El Camino Health for seven years, stated her concern about the lack of staffing at El Camino Health. Specifically, the ratio among the CNA staff is 13 patients per 1 CNA, putting the patients at risk. Ms. Roman further stated that she and her team feel stressed and overstretched with their workload and can no longer attend to the call lights or provide quality care to their patients.	
4. QUALITY COMMITTEE REPORT	Director Kliger opened the discussion by presenting the Quality Committee Report, including the Quality Improvement Patient Safety Plan (QAPI) for Board approval. Director Kliger highlighted two main items for the Board: <ol style="list-style-type: none"> 1. Quality Committee Members strive to have meaningful conversations that add real value to ECH leaders and management and continuously review the pacing of these items. Over time, QC has assessed that there were not enough items focused on growth, development, innovation, and advancement of quality equity and outcome in patient engagement currently paced. Director Kliger stated the following topics would be included in the pacing plan for future discussions: <ul style="list-style-type: none"> • Health equity in care delivery and patient outcome • Bringing forward the patient voice in a manner that is impactful and informative and guide our policy and program • The need to spend more time to discuss ambulatory care, metrics, outcomes, and governance. <ol style="list-style-type: none"> 2. Director Kliger reported on Quarterly Board Quality Dashboard 	

	<p>(STEEP Dashboard) and clarified when the metrics have more than 2-3 periods in the red, leadership will provide an overview of the issue with a plan of correction for the Board.</p> <p>Dr. Mark Adams, CMO, continued the discussion by reviewing the red targets and the plan of correction on the Quality Dashboard (STEEP Dashboard):</p> <ul style="list-style-type: none"> • The dashboard reports out targets, what we aim for, many of them are aspirational, but they are not organizational goals. • The organization has set goals tied to an incentive and strategy plan, and the dashboard does not represent these goals. • The mortality Index is calculated by the observed divided by the expected based on analysis done by Premier, an organization that we use to do our data analytics. • Premier has a national benchmark with over 1000 hospitals that we compare ourselves against. Every year, they recalculate the top-tier performer's index for all indexes and mortality indexes. When we set the targets for FY 21, the top performers were at 0.76, and these are the top 10-15 top organizations across the Country. ECH by Q3 drifted up, ending at 0.86, and the top performers in the Country their index is at 0.90. • ECH is below the target, reporting at 0.86, and is reporting red because of the set target. These numbers change as they are not a linear mathematical formula, and they change year over year. • Sepsis Mortality Index, significantly affected by Covid. FY21 ECH is reporting 1.08, but the top performers in the Country are at 1.05; ECH is slightly above but not very far up. • Clostridium C-diff; Intervention is to continue following hand hygiene protocols and cleaning the rooms with ultraviolet lighting. • Timely category; We have continuously put in hard work and lean work to improve. Numbers reported on the dashboard are above the targets we have set; they are not extraordinarily higher, but we have not hit the target in this area, and Covid is a considerable factor. <p>Motion: To approve the Quality Committee Report, which includes the Quality Improvement Patient Safety Plan (QAPI)</p> <p>Movant: Watters Second: Fung Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None</p>	
<p>1. FY21 PERIOD 12 FINANCIALS</p>	<p>Carlos Bohorquez, CFO, opened the discussions by presenting the June 2021 Pre-Audit financial results and highlighted the following:</p> <ul style="list-style-type: none"> • Mr. Bohorquez stated we are pleased with the overall results, given the second and third wave of Covid and being out of network with Anthem. From a volume perspective looking at FY 2021 compared to FY 2019, which was pre-Covid, the average daily census is higher by 1.2 %. • Adjusted discharge is 0.6% lower than FY 2019; Mr. Bohorquez stated we are doing well with a rebound in volume except for the ED. 	<p><i>FY21 Period 12 Financials approved</i></p>

	<ul style="list-style-type: none"> • Strong ED volume rebound in June, ED volume in June is 21% higher than the prior 11 month average. • From an operational metrics standpoint, one item that stands out in red is FTEs. Mr. Bohorquez stated it is red compared to budget and yellow compared to the prior fiscal year. As volume has rebounded, Mr. Bohorquez said we have staffed up for the variable departments, we acknowledge that it is red, but this is a by-product of the rebound in volume. • From a bottom-line standpoint, year-over-year revenue is up by 11.4%, back to pre-Covid levels. <p>Motion: To approve the Period 12 Financials Movant: Zoglin Second: Fung Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None</p>	
<p>2. GOVERNANCE BEST PRACTICES</p>	<p>Dan Woods, CEO, opened the discussion by introducing George Anderson, a consultant from Spencer Stuart. Mr. Woods provided a brief overview of the Governance Committee's selection of Spencer Stuart as our Governance Services Consulting Firm</p> <p>Mr. Anderson continued the discussion by providing a high-level overview of the upcoming Board Review Project and next steps.</p>	
<p>3. ADJOURN TO CLOSED SESSION</p>	<p>To adjourn to closed session at 6:34 pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (06/23/21; pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Quality Committee Report (Medical Staff Credentials and Privileges Report).</p> <p>Motion: to adjourn to closed session at 6:34 pm Movant: Watters Second: Miller Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None</p>	<p><i>Adjourned to closed session at 6:34 pm</i></p>
<p>4. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open Session reconvened at 8:25 pm by Chair Chen. Agenda items 10-15 were addressed in the closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (06/23/21) and the Quality Committee Report, including the Medical Staff Credentials and Privileges Report, by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, and Watters). Director Ting was absent.</p>	
<p>5. AGENDA ITEM 17:</p>	<p>Chair Chen asked if any member of the Board or the public wished to</p>	<p><i>Consent</i></p>

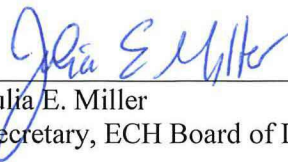
<p>CONSENT CALENDAR</p>	<p>remove an item from the consent calendar.</p> <p>Director Fung pulled item 17g for discussion.</p> <p>Motion: To approve the consent calendar excluding item 17g.</p> <p>Movant: Miller Second: Watters Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Motion: to approve item 17g (Medical Staff Bylaws) with noted clerical corrections</p> <p>Movant: Zoglin Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None</p>	<p><i>calendar approved</i></p>
<p>6. AGENDA ITEM 18: AMENDMENT TO CEO EMPLOYMENT AGREEMENT</p>	<p>Director Chen presented the 3rd Amendment to the CEO Employment Agreement changes, as further detailed in the packet.</p> <p>Motion: To approve the Amendment to the CEO Employment Agreement</p> <p>Movant: Watters Second: Miller Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None</p>	
<p>7. AGENDA ITEM 19: CEO REPORT</p>	<p>Mr. Woods presented an update regarding the I-DEB (Inclusion-Diversity Equity and Belonging) training at a 95% completion rate for all managers and leadership levels.</p> <p>To improve patient safety and quality, Mr. Wood stated we have implemented barcoding for the NICU Unit for tracking infant formula and breast milk for babies and our moms. Additionally, we are working on reducing the risk of drug use by implementing a CURES program.</p> <p>Physicians can access patients imagining x-rays through their mobile.</p> <p>New Pathways Director search is currently underway.</p>	
<p>8. AGENDA ITEM 20: BOARD COMMENTS</p>	<p>None.</p>	

9. AGENDA ITEM 21: ADJOURNMENT	Motion: To adjourn at 8:53 pm. Movant: Miller Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Watters, Zoglin Noes: None Abstentions: None Absent: Ting Recused: None	<i>Meeting adjourned at 8:53 pm</i>
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:



Lanhee Chen
Chair, ECH Board of Directors



Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Samreen Salehi, Executive Assistant Administrative Services