

**AGENDA  
REGULAR MEETING OF THE  
EL CAMINO HOSPITAL BOARD OF DIRECTORS**

**Wednesday, December 7, 2022 – 5:30 pm**

Hyatt Centric Mountain View, 409 San Antonio Road, Mountain View, CA 94040

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

**1-669-900-9128, MEETING CODE: 953-4210-7904# No participant code. Just press #.**

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

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>1. CALL TO ORDER/ROLL CALL</b>	Bob Rebitzer, Board Chair		<b>5:30 – 5:31 pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Bob Rebitzer, Board Chair		<b>information 5:31 – 5:32</b>
<b>3. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes, on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Bob Rebitzer, Board Chair		<b>information 5:32 – 5:35</b>
<b>4. DISTRICT BOARD UPDATE</b> – <a href="#"><u>APPOINTMENTS OF DISTRICT DIRECTORS</u></a>	Julia Miller, District Board Chair		<b>information 5:35 – 5:38</b>
<b>5. ADJOURN TO CLOSED SESSION</b>	Bob Rebitzer, Board Chair	<i>public comment</i>	<b>motion required 5:38 – 5:39</b>
<b>6. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Bob Rebitzer, Board Chair		<b>information 5:39 – 5:40</b>
<b>7. Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets: PHYSICIAN ALIGNMENT IPA UPDATE</b>	Dan Woods, Chief Executive Officer Shahab Dadjou, Interim President of El Camino Health Medical Network		<b>discussion 5:40 – 6:10</b>
<b>8. Gov't Code Section 54956.9(d) – conference with legal counsel – pending or threatened litigation: ANNUAL CORPORATE COMPLIANCE SUMMARY FY22</b>	Diane Wigglesworth, Sr. Director, Corporate Compliance; Priya Shah, Assistant General Counsel		<b>discussion 6:10 – 6:20</b>
<b>9. Report involving Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management: EXECUTIVE SESSION</b>	Bob Rebitzer, Board Chair		<b>discussion 6:20 – 6:23</b>
<b>10. CONSENT CALENDAR</b> <i>Any Board Member may remove an item for discussion before a motion is made.</i>	Bob Rebitzer, Board Chair		<b>motion required 6:23 – 6:26</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><b><u>Approval</u></b>  Gov't Code Section 54957.2:  a. Minutes of the Closed Session of the Hospital Board (11/9/2022)  Gov't Code Section 32155 for report of the Medical Staff, deliberations concerning reports on Medical Staff quality assurance matters:  b. Credentialing and Privileges Report  <b><u>Information</u></b>  Reviewed and Recommended for Approval by the Finance Committee (Approval in 2<sup>nd</sup> Open Session)  Health and Safety Code Section 32106(b) Physician Contracts:  c. Orthopedic Co-Management Agreement</p>			
<p><b>Reviewed by the Quality, Patient Care, and Patient Experience Committee</b>  d. Annual Safety Report for the Environment of Care</p>			
<p><b>11. ADJOURN TO OPEN SESSION</b></p>	<p>Bob Rebitzer, Board Chair</p>		<p><b>motion required</b>  <b>6:26 – 6:27</b></p>
<p><b>12. RECONVENE OPEN SESSION/ REPORT OUT</b>  To report any required disclosures regarding permissible actions taken during Closed Session.</p>	<p>Bob Rebitzer, Board Chair</p>		<p><b>information</b>  <b>6:27 – 6:28</b></p>
<p><b>13. CONSENT CALENDAR ITEMS:</b>  Any Board Member or member of the public may remove an item for discussion before a motion is made.</p>	<p>Bob Rebitzer, Board Chair</p>	<p><i>public comment</i></p>	<p><b>motion required</b>  <b>6:28 – 6:30</b></p>
<p><b><u>Approval</u></b>  a. <a href="#">Minutes of the Open Session of the Hospital Board (11/9/2022)</a>  b. <a href="#">Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings</a>  c. <a href="#">Affiliate Covered Entity (ACE) Resolution</a>  Reviewed and Recommended for Approval by the Medical Executive Committee  d. <a href="#">Policies, Plans, and Scope of Services</a>  Reviewed and Recommended for Approval by the Finance Committee  e. Orthopedic Co-Management Agreement</p>			
<p><b><u>Information</u></b>  f. <a href="#">Brown Act Requirement Update</a>  g. <a href="#">Article of Interest</a>  Reviewed by Finance Committee  h. <a href="#">Period 04 Financials</a></p>			
<p><b>14. <u>CEO REPORT</u></b></p>	<p>Dan Woods,  Chief Executive Officer</p>		<p><b>information</b>  <b>6:30 – 6:35</b></p>
<p><b>15. BOARD COMMENTS</b></p>	<p>Bob Rebitzer, Board Chair</p>		<p><b>information</b>  <b>6:35 – 6:40</b></p>
<p><b>16. ADJOURNMENT</b></p>	<p>Bob Rebitzer, Board Chair</p>	<p><i>public comment</i></p>	<p><b>motion required</b>  <b>6:40 – 6:41 pm</b></p>

Upcoming Regular Meetings: February 15, 2023; March 8, 2023; April 5, 2023; May 10, 2023; June 14, 2023



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

**To:** El Camino Hospital Board of Directors  
**From:** Tracy Fowler, Director of Governance Services  
**Date:** December 7, 2022  
**Subject:** Re-Appointments of Peter C. Fung, MD and George O. Ting, MD

### **Information:**

The El Camino Healthcare District Board met on December 5, 2022 to accept the appointments of Directors Peter C. Fung, MD and George O. Ting, MD, who took their oaths of office.

### **Summary:**

1. **Situation:** At the close of nominations for the November 8, 2022 General Election, two (2) candidates, Peter C. Fung, MD and George O. Ting, MD, qualified for the two (2) full-term Director elective offices for El Camino Healthcare District.
2. **Authority:** Elections Code 10515 (b) requires the County of Santa Clara Board of Supervisors to appoint any person or persons to the office who is/are qualified on the date when the election would have been held. The person or persons appointed shall qualify and take office and serve exactly as if elected at a general election for the office.
3. **Background:** N/A
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** N/A

**List of Attachments:** None

**Suggested Board Discussion Questions:** None



**Minutes of the Open Session of the  
El Camino Hospital Board of Directors  
Wednesday, November 09, 2022**

Pursuant to Government code section 54953(e)(1), El Camino Health did not provide a physical location to the public for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

**Board Members Present**

**Bob Rebitzer**, Chair  
**Lanhee Chen, JD, PhD\*\***  
**Peter Fung, MD**  
**Julie Kliger, MPA, BS \*\***  
**Julia E. Miller**,  
 Secretary/Treasurer  
**Carol A. Somersille, MD**  
**George O. Ting, MD**  
**Don Watters**  
**John Zoglin**

**Board Members Absent**

**Jack Po, MD, Ph.D., Vice-Chair\***

**Others Present**

**Dan Woods**, CEO  
**Carlos Bohorquez**, CFO  
**Deanna Dudley**, CHRO  
**Meenesh Bhimani, MD, COO**  
**Holly Beeman, MD, CQO**  
**Cheryl Reinking**, CNO  
**Andreu Reall**, VP Strategy  
**Mary Rotunno**, General Counsel  
**Omar Chughtai**, VP Operations  
**Shahab Dadjou**, Interim President,  
 El Camino Health Medical  
 Network\*\*

\*\*via telepresence

**Others Present (cont.)**

**Vineeta Hiranandani**, VP Marketing  
 and Communication\*\*  
**Prithvi Legha, MD**, Mountain View  
 Chief of Staff  
**Mark Adams, MD**, Chief Medical  
 Officer  
**Ken King**, Chief Administrative  
 Services Officer  
**Tracy Fowler**, Director,  
 Governance  
**Stephanie Iljin**, Manager,  
 Administration  
**Brian Richards**, Information  
 Technology  
**Erica Osborne**, Principal, Via  
 Healthcare Consulting \*\*  
**Marianne Vicencio**, Via \*\*

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 p.m. by Chair Bob Rebitzer. Chair Rebitzer 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.	<b>Meeting called to order at 5:31 p.m.</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Rebitzer asked the Board for declarations of conflict of interest with any items on the agenda. None were reported.	
<b>3. PUBLIC COMMUNICATION</b>	Chair Rebitzer invited the members of the public to address the Board, and no comments were made.	
<b>4. MEDICAL STAFF REPORT</b>	Dr. Legha provided the medical staff report. He explained the urgency of revisiting the Enterprise Anesthesia Services Agreement and importance of acting quickly to prevent the loss of key providers. He requested that the ECH Board support the anesthesia group.	
<b>5. QUARTERLY QUALITY COMMITTEE REPORT</b>	Carol Somersille, MD reported that the quality committee is in the process of recruiting one or two new members. She also stated the committee will assess the Likelihood to Recommend (LTR) metric to determine if it is a suitable measure of quality for ECH, and if targets are appropriate.  Holly Beeman, MD, informed the group of the performance improvement (PI) process used by the quality department to enhance patient safety and experience. Dr. Beeman described the steps followed and PI tools used and stressed the	<b>Possible follow-up:</b>  Turn-around-times and emergency department throughput to be addressed

	<p>importance of incorporating both external benchmarks and internal trends, into analyses.</p> <p>A spirited conversation followed where questions were asked which Dr. Beeman answered. Chair Rebitzer congratulated Dr. Beeman and Dr. Sommerville for presenting a report that fully engaged the board and stimulated robust discussion.</p>	<p>by the quality committee.</p> <p>Increase focus and rigor around the use of control limits.</p>
<p><b>6. ADJOURN TO CLOSED SESSION</b></p>	<p>Motion to adjourn to closed session at 6:09 p.m. pursuant to <i>Gov't Code Section 54957.2</i> for approval of the minutes of the Closed Session of the Hospital Board (10/12/2022); pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: (Medical Staff Credentialing &amp; Privileges Report); pursuant to <i>Health and Safety code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: (Strategic Plan Progress Update, Quarterly Finance and Managed Care Strategic Update, and Physicians Services Agreement); pursuant to <i>Gov't Code Section 54957(b) and 54956.9(d)</i> for discussion and report on personnel matters and conference with Legal Counsel (CEO Report); pursuant to Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management ( Executive Session).</p> <p><b>Motion:</b> to adjourn to closed session at 6:09 p.m.</p> <p><b>Movant:</b> Ting  <b>Second:</b> Watters  <b>Ayes:</b> Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Po  <b>Recused:</b> None</p>	<p><b>Adjourned to closed session at 6:09 p.m.</b></p>
<p><b>7. AGENDA ITEM 15: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open Session was reconvened at 7:20 p.m. by Chair Rebitzer. Agenda Items 7-14 were addressed in closed session.</p> <p>During the closed session, the El Camino Hospital Board of Directors approved the minutes of the Closed Session of the Hospital Board (10/12/2022), and the Credentials and Privileges Report, by a unanimous vote of all Directors present (Directors Chen, Fung, Kliger, Miller, Rebitzer, Somersille, Ting, Watters, and Zoglin). Director Po was absent.</p>	
<p><b>8. AGENDA ITEM 16: CONSENT CALENDAR ITEMS</b></p>	<p>Chair Rebitzer asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion.</p> <p>Director Miller asked to remove item 16e. Capital Project Request – Mountain View Imaging Equipment Replacement and Expansion, expressing concerns regarding the request memo, the bid process, and the costs involved. The group engaged in a discussion in which Ken King, Chief Administrative Services Officer, addressed concerns and answered questions.</p> <p><b>Motion:</b> to approve the consent calendar to include:</p>	<p><b>Consent calendar approved</b></p>

	<ul style="list-style-type: none"> <li>a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings</li> <li>b. Minutes of the Open Session of the Hospital Board (10/12//2022)</li> <li>c. Physicians Services Agreement</li> </ul> <p>The following was reviewed and recommended for approval by the Medical Executive Committee:</p> <ul style="list-style-type: none"> <li>d. Policies, Plans, and Scope of Services</li> </ul> <p>Reviewed and Recommended for Approval by the Finance Committee:</p> <ul style="list-style-type: none"> <li>e. Capital Project Request – MV Imaging Equipment Replacement and Expansion</li> </ul> <p><b>Movant: Miller</b>  <b>Second: Waters</b>  <b>Ayes:</b> Chen, Fung, Klinger, Miller, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Po  <b>Recused:</b> None</p>	
<p><b>9. AGENDA ITEM 17: CEO REPORT</b></p>	<p>8:02 - Mr. Woods provided a brief CEO report including the following highlights:</p> <ul style="list-style-type: none"> <li>• Paulomi Bhalla, MD, fellowship-trained neurocritical care Physician has been hired to serve as a Neurohospitalist and medical director of the Peter C. Fung, MD Stroke Center.</li> <li>• The South Asian Heart Center engaged 421 participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 833 consultations and coaching sessions.</li> <li>• ECH received repeat designation of Most Wired – Level 9 both Acute and Ambulatory Care (El Camino Hospital and Clinics).</li> <li>• Recognition for the great work accomplished by ECH Nursing. ECH is one of only 600 Magnet hospitals in the US and ECH nurse leaders have been accepted to speak at various Magnet events.</li> <li>• Philanthropy reported that by September they had realized 47% of the fiscal year targeted donations</li> </ul>	
<p><b>10. AGENDA ITEM 18: BOARD COMMENTS</b></p>	<p>John Zoglin reported on his recent trip to the Becker’s annual conference. He will provide a summary of the conference learnings in the next board packet.</p> <p>Director Ting commented on the importance of physician-led quality initiatives and asked that the board support them.</p> <p>Don Watters reported on his personal experience with ECH’s value proposition. His wife an exceptional patient experience when at ECH for unplanned surgery. He thanked the board and the organization.</p>	<p><b>Follow-up:</b></p> <p>John Zoglin provide summary of Becker’s conference in the next board packet.</p>

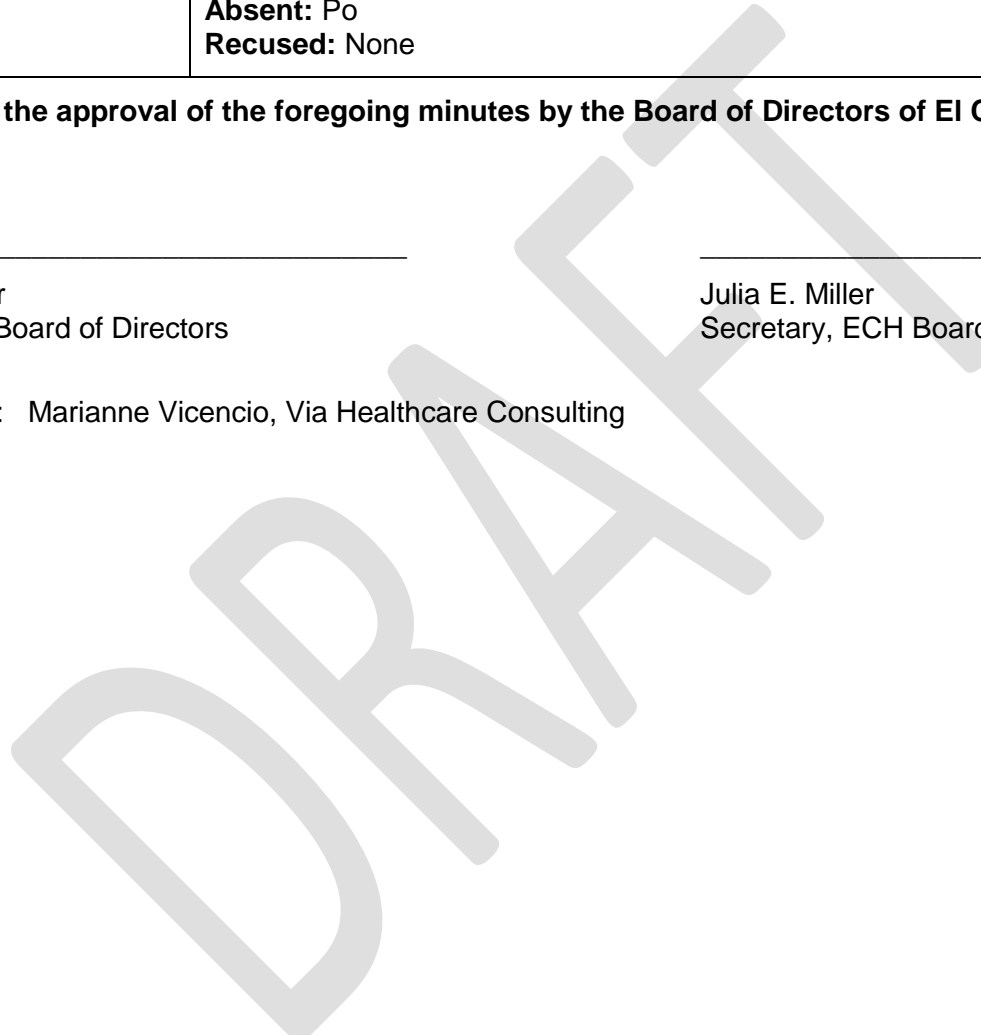
	Director Miller received an email from the public complimenting “Kemp” who runs the pharmacy for exceptional service.  Board education opportunities are currently being compiled and will be communicated to the board soon.	
<b>11. AGENDA ITEM 19: ADJOURNMENT</b>	<b>Motion:</b> to adjourn at 8:12 p.m. <b>Movant:</b> Miller <b>Second:</b> Watters <b>Ayes:</b> Chen, Fung, Kliger, Miller, Rebitzer, Somersille, Ting, Watters, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Po <b>Recused:</b> None	<b>Meeting adjourned at 8:12 p.m.</b>

**Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:**

\_\_\_\_\_  
Bob Rebitzer  
Chair, ECH Board of Directors

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

Prepared by: Marianne Vicencio, Via Healthcare Consulting





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

**To:** El Camino Hospital Board of Directors  
**From:** Mary Rotunno, General Counsel  
**Date:** December 7, 2022  
**Subject:** Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings

**Recommendation:** To continue the determination made by the Board of Directors at its meeting on October 13, 2021, in Resolution 2021-10 acknowledging that there still exists a state of emergency due to the COVID-19 pandemic and to continue the findings by the Board of Directors to allow continued public participation by teleconference in Board and Advisory Committee meetings in accordance with the recommendation of the Santa Clara County Health Officer.

**Summary:**

1. **Situation:** At the October 13, 2021 Board Meeting, the Board of Directors adopted Resolution 2021-10, which made findings to continue holding virtual public meetings under the Ralph M. Brown Act based on the continued state of emergency due to the COVID-19 pandemic and that either (a) the state of emergency continues to directly impact the ability to meet safely in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing.  
This Resolution relies on the September 21, 2021, recommendation by the Health Officer of the County of Santa Clara that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings.
2. **Authority:** On March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20, suspending specific provisions of the Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means. On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which placed an end date of September 30, 2021, for agencies to meet remotely. On September 16, 2021, Governor Newsom signed Assembly Bill 361 (2021) ("AB 361"), which allows for local legislative and advisory bodies to continue to conduct meetings via teleconferencing if the Board of Directors, by majority vote, makes the findings set forth in paragraph 1 above, not later than thirty (30) days after teleconferencing for the first time under the AB 361 rules, and every 30 days thereafter.
3. **Legal and Compliance Review:** ECH, outside counsel at Best Best & Krieger, LLP ("BB&K"), reviewed the legislation and prepared Resolution 2021-10.

**Attachment:**

1. Resolution 2021-10 - Resolution of the Board of Directors of El Camino Hospital Making Findings and Determinations Under AB 361 for Teleconference Meetings

## **RESOLUTION 2021-10**

### **RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL MAKING FINDINGS AND DETERMINATIONS UNDER AB 361 FOR TELECONFERENCE MEETINGS**

WHEREAS, all meetings of the El Camino Hospital's Board of Directors and Advisory Committees are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and watch the Board of Directors and its Advisory Committees conduct their business;

WHEREAS, such meetings ordinarily take place on the campus of the Hospital, located at 2500 Grant Road, Mountain View, California, 94040, in the County of Santa Clara;

WHEREAS, ordinarily, the Ralph M. Brown Act imposes certain requirements on local agencies meeting via teleconference;

WHEREAS, the Legislature recently enacted Assembly Bill 361 (AB 361), which amended Government Code section 54953 to allow local agencies to use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) of section 54953 of the Government Code if the legislative body holds a meeting during a proclaimed state of emergency and determines by majority vote that, as a result of the emergency, either (a) meeting in person would present imminent risks to the health and safety of attendees, or (b) state or local official continue to impose or recommend measures to promote social distancing;

WHEREAS, the Governor issued a proclamation declaring a state of emergency on March 4, 2020 due to the COVID-19 pandemic, pursuant to section 8625 of the California Emergency Services Act, and this proclaimed state of emergency currently remains in effect;

WHEREAS, on August 2, 2021, in response to the Delta variant, the Health Officer of the County of Santa Clara ordered all individuals to wear face coverings when inside public spaces;

WHEREAS, on September 21, 2021, the Health Officer of the County of Santa Clara issued a recommendation that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings;

WHEREAS, AB 361 requires compliance with separate procedures for teleconference meetings during a state of emergency, found in subdivision (e) of Government Code section 54953;

WHEREAS, AB 361 requires that the legislative body using the teleconferencing procedures of AB 361 make renewed findings by majority vote, not later than every thirty (30) days, that the legislative body has reconsidered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person,

or (b) state or local officials continue to impose or recommend measures to promote social distancing;

WHEREAS, the Board of Directors of the Hospital desires to make findings and determinations for meetings of the Board of Directors and its Advisory Committees consistent with AB 361 to utilize the special procedures for teleconferencing provided by AB 361 due to imminent risks to the health and safety of attendees, as well as Hospital staff and patients;

WHEREAS, in response to the COVID-19 pandemic, Hospital staff has set up hybrid in-person/teleconference public meetings, whereby members of the Board of Directors and Advisory Committee members and staff that can attend the meeting in-person on the campus of the Hospital can do so, while members of the public have the full ability to observe and comment on the meetings off-campus through the Hospital's virtual meeting platforms;

WHEREAS, the Board of Directors fully supports the public's right to participate in all meetings of the Board of Directors and its Advisory Committees, but acknowledges that it cannot require members of the public who wish to attend meetings in-person to submit proof of vaccination or negative test results;

WHEREAS, it is important that the Board of Directors ensure that Board members, Advisory Committee members and Hospital staff have a safe workplace and Hospital patients have a safe environment to receive care, to the maximum extent possible; and

WHEREAS, the Board of Directors desires to balance the rights of members of the public to participate in meetings of the Board of Directors and its Advisory Committees with the rights of the Board of Directors, Advisory Committee members and Hospital staff to conduct the meetings in a safe environment.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of El Camino Hospital, that:

1. The Board of Directors finds and determines that, as a result of the COVID-19 pandemic emergency, meetings of the Board of Directors and its Advisory Committees in which the public attends in-person on the campus of the Hospital would present imminent risks to the health and safety of the Board of Directors, Hospital staff, members of the public and patients of the Hospital.
2. The Board of Directors finds and determines that conducting such meetings in a hybrid in-person/teleconference model provides the safest environment for the Board of Directors, Advisory Committee members and Hospital staff to conduct business, while allowing for maximum public participation.
3. The Board of Directors finds and determines that the Health Officer of the County of Santa Clara has recommended measures to promote social distancing as one means to reduce the risk of COVID-19 transmission.

4. The Board of Directors and its Advisory Committees shall conduct teleconference meetings under AB 361 in accordance with the requirements of AB 361, found in subdivision (e) of Government Code section 54953.
5. Through the duration of the state of emergency, if the Board of Directors desires to continue utilizing teleconferencing meetings under the special provisions of AB 361, the Board of Directors will make findings by majority vote not later than thirty (30) days after this meeting (or, if there is no meeting within thirty (30) days of this meeting, at the start of the next meeting), and not later than every thirty (30) days thereafter (or, if there is no meeting within thirty (30) days thereafter, at the start of the next meeting), that the Board of Directors has reconsidered the circumstances of the state of emergency and that either (a) the state of emergency continues to directly impact the ability of the public to meet safely in person, or (b) that state or local officials continue to impose or recommend measures to promote social distancing.
6. The findings of the Board of Directors set forth above apply to all meetings of the Board of Directors and its Advisory Committees, including, without limitation, the October 4, 2021 meeting of the Quality, Patient Care and Patient Experience Committee, which predated this Resolution.

PASSED AND ADOPTED at the regular meeting of the Board of Directors of El Camino Hospital held on October 13, 2021 by the following vote:

AYES: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin

NOES: None

ABSENT: None

ABSTAIN: None

ATTEST:

DocuSigned by:

*Lanhee Chen*

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Chair,  
El Camino Hospital Board of Directors

DocuSigned by:

*Julia Miller*

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Secretary,  
El Camino Hospital Board of Directors

**EL CAMINO HOSPITAL BOARD OF DIRECTORS**

**To:** El Camino Hospital Board of Directors  
**From:** Diane Wigglesworth, Sr. Director Compliance and Privacy  
**Date:** December 7, 2022  
**Subject:** Affiliated Covered Entity (“ACE”) Designation

**Recommendation(s):**

To approve the Affiliated Covered Entity designation for El Camino Hospital (“ECH”) and Silicon Valley Medical Development dba El Camino Health Medical Network (“ECHMN”) for purposes of complying with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

**Summary:**

1. **Situation:** ECH and ECHMN has encountered marketing challenges as it relates to sharing information between the two entities, including the use of common forms, policies or consents.
2. **Authority:** The HHS Office of Civil Rights (“OCR) recommends that a Resolution by the Board of Directors be completed to document the designation of two legally separate covered entities to be treated as a single covered entity (referred to under HIPAA as an Affiliated Covered Entity (“ACE”)) for purpose of complying with the Health Insurance Portability and Accountability Act (“HIPAA”),. The Compliance and Audit committee has the oversight of enterprise compliance with privacy regulations and policies.
3. **Background:** HIPAA allows two or more legally separate covered entities under the same ownership or control to designate themselves as an ACE for purposes of allowing the entities to operate as one covered entity under HIPAA. Common ownership occurs when an entity or entities possess an ownership or equity interest of 5% or more in another entity. Common control occurs when an entity has the power, directly or indirectly, to influence or direct the actions or policies of another entity. The ACE designation allows the ECH ACE members to share a common set of HIPAA policies, procedures, and forms, and also permits ECH ACE members to share PHI in certain circumstances as permitted by HIPAA.

While HIPAA does not specify the manner or method for covered entities to designate themselves as members of an ACE, it does require that this designation be documented and maintained for six (6) years from the date of its creation or the date on which it was last effect, whichever is later.

4. **Assessment:** As legally separate entities, ECHMN and ECH are currently treated as separate covered entities under HIPAA. As such, any exchange of PHI between

the entities is considered a “disclosure” under HIPAA. This then creates barriers when there becomes a need to exchange PHI between these entities for purposes other than treatment or payment, such for the healthcare operations of ECH and ECHMN or for marketing purposes. As the Office of Civil Rights recognizes the business needs for health systems as it relates to the use and disclosure of PHI, the designation of an ACE is an alternative solution to help streamline efforts without the risk of violating HIPAA. The Notice of Privacy Practices will be updated as well as policies as the two entities will now operate under one set of HIPAA policies and procedures. In addition, because the members of the ECH ACE are considered a single covered entity under HIPAA, the ACE may into one business associate agreement with a common vendor.

However, note that ACE designation is purely a mechanism for HIPAA compliance. It does not create a new legal entity, merge or consolidate existing entities or their operations, or otherwise impair the corporate and organizational separateness between the members of the ACE.

There is one potential risk associated with ACE designation. Under HIPAA, members of an ACE are jointly and severally liable for HIPAA violations based on an act or omission of the ACE, unless it is established that another ACE member was responsible for the violation.

5. Other Reviews: Compliance and Audit Committee, ECHMN Compliance Committee, ECHMN Board of Managers, Outside Legal Counsel.
6. Outcomes: n/a

**List of Attachments:**

1. Resolution
2. Affiliate Covered Entity Policy

**Suggested Committee Discussion Questions:**

1. Does the Board anticipate risks with the ECH ACE designation or operating as one covered entity under HIPAA?

**EL CAMINO HOSPITAL**

**RESOLUTION 2022-08**

**RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL  
REGARDING THE  
AFFILIATED COVERED ENTITY DESIGNATION**

**WHEREAS**, the members of the Board of Directors (“Members”) of El Camino Hospital, a California nonprofit corporation (“ECH”), have determined that it is advisable and in the best interests of ECH to designate itself and the following affiliated entities as a single covered entity for the purposes of complying with Health Insurance Portability and Accountability Act of 1996, as amended and supplemented by Title XIII, Subtitle D of the Health Information Technology for Economic and Clinical Health Act of 2009, and the regulations promulgated pursuant to each (collectively, “HIPAA”);

The undersigned, being all of Members of ECH, hereby approve and adopt the following resolution:

**NOW THEREFORE BE IT RESOLVED**, that the Affiliated Covered Entity Designation substantially in the form attached hereto as **Exhibit A**, is hereby approved and adopted;

**FURTHER RESOLVED**, that the officers or agents of the Hospital be, and each of them with full power to act without the others is, hereby authorized and empowered to do or cause to be done all such acts or things as they or any of them may deem necessary, advisable or appropriate to effectuate or carry out the purposes and intent of the foregoing resolutions; and

**FURTHER RESOLVED**, that any and all actions heretofore or hereafter taken by any officer or agent of the Hospital within the terms of the foregoing resolutions be and are hereby ratified and confirmed as the authorized acts and deeds of the Hospital.

**PASSED AND ADOPTED** at the regular meeting of the Board of Directors of El Camino Hospital held on December 7, 2022 by the following vote:

**AYES:**

**NOES:**

**ABSENT:**

**ABSTAIN:**

---

**Bob Rebitzer, Chair**

**ATTEST:**

---

**Julia E. Miller, Secretary/Treasurer**



**Exhibit A**

**AFFILIATED COVERED ENTITY DESIGNATION POLICY**

Please see the attached.

DEPARTMENT	POLICY NAME	REVISED?	DOC TYPE	NOTES	COMMITTEE APPROVALS
<b>NEW BUSINESS</b>					
Employee Wellness	1. <a href="#">HR – ECH Influenza: Seasonal Plan for Healthcare Worker Vaccination</a>	Revised	Plan	<ul style="list-style-type: none"> <li>Updated Sections: Procedure, Procedures and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>HR Leadership</li> <li>ePolicy</li> <li>MEC</li> </ul>
Imaging Services	2. <a href="#">Radiation Safety – Radiation Protection Program</a>	None	Policy	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Imaging Leadership</li> <li>Radiation Safety</li> <li>ePolicy</li> <li>MEC</li> </ul>
Health Information Management	3. <a href="#">Scope of Service: Health Information Management Services</a>	Revised	Scope of Svc	<ul style="list-style-type: none"> <li>Updated Sections: Scope of Service; Appropriateness, Necessity and Timeliness of Services</li> </ul>	<ul style="list-style-type: none"> <li>Med Dir</li> <li>ePolicy</li> <li>MEC</li> </ul>
Information Security	4. <a href="#">Secure Texting</a>	Revised	Policy	<ul style="list-style-type: none"> <li>Updated Policy Statement</li> </ul>	<ul style="list-style-type: none"> <li>Dept Dir</li> <li>CIO</li> <li>ePolicy</li> <li>MEC</li> </ul>



Origination 09/2018  
Last Approved N/A  
Effective Upon Approval  
Last Revised 10/2022  
Next Review 3 years after approval

Owner Mari Numanlia-Wone: Mgr Emp Wellness & Health Svcs  
Area Employee Wellness & Health  
Document Types Plan

## HR - ECH Influenza: Seasonal Plan for Healthcare Worker Vaccination

### I. COVERAGE:

This plan applies to El Camino Hospital employees, physicians, contractors, volunteers, observers and allied health students. If there is a conflict between ~~the Hospital~~ this plan and the applicable MOU, the applicable MOU will prevail.

### II. PURPOSE:

El Camino Hospital has an obligation to provide a safe environment of care and is genuinely concerned about the safety of all employees, patients, visitors, volunteers, contractors and physicians. Influenza is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission.

### III. PROCEDURE:

- A. Usual Flu Season: October through January is the typical immunization season for the flu. Flu activity usually occurs from the end of December through the beginning of April. This plan is intended to maximize vaccination against influenza among all ~~ECH~~ El Camino Hospital healthcare workers and to comply with the Santa Clara County ~~of Santa Clara~~ Public Health Department mandatory influenza vaccination ~~or~~ and masking of healthcare workers mandate.
- B. ~~ECH~~ El Camino Hospital may determine, in its sole discretion, to extend the flu season based on circumstances of any outbreak or virus incidence.

- C. Staff Requirement: Influenza immunization annually is a condition of hire and retention for all employees. All employees must be vaccinated by the end of the vaccination campaign as defined and communicated by Employee Wellness & Health Services (EWHS).
- D. ~~Staff Requirement~~Vaccines received elsewhere or declinations: Influenza immunization annually is a condition of hire and retention for all employees. All employees must be vaccinated by the end of the vaccination campaign as defined and communicated by Employee Wellness & Health Services (EWHS). Declinations will be considered under the following circumstances:

1. The employee is able to produce documentation of receiving the flu vaccination elsewhere, including the date and type of vaccination received (received elsewhere).
2. Medical/religious contraindications to vaccination including:
  - a. Persons with any previous allergic reaction to flu vaccine regardless of the component.
  - b. Per CDC guidelines, egg allergy is no longer considered a contraindication to receive any licensed and recommended flu vaccine that is otherwise appropriate for the recipient's age and health status. Persons who report having had reactions other than hives may similarly receive any licensed and recommended flu vaccine that is otherwise appropriate for the recipient's age and health status. For this population, vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions (~~see~~See Appendix A).
  - c. Persons with a history of Guillain-Barre Syndrome.
  - d. Written documentation of other medical contraindication from a medical provider.
  - e. Written documentation of a qualifying religious exception.

~~Employees who do not wish to disclose the reason for declining (per above) are required to sign a Declination Form and check the appropriate box~~

I do not wish to say why I decline

~~ECH management shall set the standard in the organization by not declining influenza vaccination unless declination is due to the reasons stated above~~

3. If vaccine shortages occur or if ~~SCPH~~Santa Clara County Health Department, ~~GDPH~~California Department of Public Health, and/or the ~~CDG~~Center for Disease Control recommendations are altered, all or part of this plan may be suspended or revoked.
- E. Annually, the organization will develop, implement, and evaluate a program to require annual influenza vaccination or declination ~~to ECH~~for El Camino Hospital staff. The exact timing of notification and vaccination will be based upon public health recommendations and the availability of vaccine from suppliers. The program will have the following features:
1. Prior to the annual onset of flu season, and when additional vaccination recommendations are published by ~~SCPH~~Santa Clara County Health Department, El Camino Hospital will inform staff about the following:

- a. Requirement(s) for vaccination.
  - b. Dates when influenza vaccine(s) are available.
  - c. Vaccine(s) will be provided at no out of pocket expense to the employee.
  - d. Procedure for receiving the vaccination.
  - e. Procedure for submitting written documentation of vaccine obtained outside ~~ECH, EWHS~~ El Camino Hospital.
  - f. Procedure for declining.
  - g. Consequences for non-compliance with this plan may include disciplinary actions up to and including termination and may affect incentive bonuses payout.
2. Staff will be educated on the following (this education may occur either at the time of the annual vaccination activity, or at the time of hire or as part of ongoing training and education, or any combination thereof):
    - a. Benefits of influenza vaccine.
    - b. Potential health consequences of influenza illness for themselves and patients.
    - c. Epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions & respiratory hygiene/cough etiquette).
  3. Staff with approved declinations will be required to wear an appropriate mask (as determined by ~~ECH~~ El Camino Hospital Infection Prevention) at all times while inside the hospital facilities. ~~The only exception to this requirement will be when staff is eating or what is considered public areas (please refer to current year's FAQs).~~
  4. Visual cues for ID badges will be used to permit monitoring compliance with the above requirements.
  5. All staff is expected to support compliance with this plan and hold other staff accountable for compliance. Staff supervisors and managers (as applicable to worker) are responsible for implementation of this requirement. Regardless of influenza vaccination status all healthcare workers in every healthcare setting shall adhere to standard precautions during the care of patients in order to prevent disease transmission.

## IV. PROCEDURES AND RESPONSIBILITIES

- A. ~~Hospital~~ Healthcare Workers, which include employees, physicians, contractors, volunteers, observers and allied health students.
  1. Annually by the end of the vaccination campaign (as defined and communicated by EWHS), must do one of the following:
    - a. Receive the influenza vaccine(s) provided by ~~ECH~~ El Camino Hospital and coordinated by EWHS.
    - b. Provide current written proof of receipt of required influenza vaccine(s) if

not given by EWHS or designee including the date and type of vaccination received.

- c. Complete and submit declination form documentation to EWHS stating reason for declining per declination section above.
- d. Staff shall ~~present to EWHS~~ stay home if experiencing any flu-like symptoms

#### B. Employee Wellness & Health Services (EWHS)

1. Coordinate influenza vaccination clinics at various locations and times.
2. Provide influenza vaccine for staff.
3. Review and approve documentation of acceptable medical contraindications (if requested).
4. Coordinate influenza vaccination distribution and tracking to departments for department based influenza vaccination of employees.
5. Maintain electronic records for staff that have received or declined influenza vaccination.
6. Notify Managers and Supervisors regarding influenza vaccination status of employees in their respective departments.
7. Report required influenza vaccination data annually ~~to NHSN~~.
8. Provide information to Human Resources regarding those employees who are not in compliance with this policy.
9. Annually review employee influenza vaccination rates.
10. Develop and recommend strategies to enhance and improve influenza vaccination rates.

#### C. Infection Prevention (IP)

1. Consult with EWHS to determine relevant dates of the influenza season each year. Generally, influenza season extends from November through March, but can be longer.
2. Consult and develop with EWHS a vaccine allocation and prioritization procedure for staff in the event of any disruption of influenza vaccine supply to ~~ECH~~ El Camino Hospital.

#### D. Department Directors, Managers and Supervisors

1. Ensure that employees comply with this Plan.
2. Monitor compliance of staff.

#### E. Senior Management Team

1. Hold department leaders accountable for enforcing, the Influenza Seasonal Plan for Healthcare Personnel Vaccination.
2. Ensure that the entire management team carries out supervisory activities to ensure that ~~HCP~~ direct reports are informed about the importance of following the Influenza

Seasonal Plan for Healthcare Personnel Vaccination and that the persons they supervise are in full compliance with all aspects of ~~the Influenza Seasonal Plan for Healthcare Personnel Vaccination~~this plan.

F. Human Resources Business Partners (HRBPs)

1. Partner with department directors, managers, and supervisors to apply disciplinary process for those employees who are not in compliance with all components of this plan including non- vaccinated personnel to decrease the transmission of influenza ~~(examples: not wearing a mask)~~.

## V. REFERENCES:

- California Senate Bill (SB) 739 (Speier, Chapter 526, Statutes of 2006)
- Cal/OSHA Code of Regulations (CCR), Title 8, Section 5199, Subsection (h) (10)
- The Joint Commission: Standard IC.02.04.01
- **Center for Disease Control and Prevention, (2017, December 28).** Flu Vaccine and People with Egg Allergies. Retrieved from ~~Flu Vaccine and People with Egg Allergies | Seasonal Influenza (Flu) | CDC~~Seasonal Influenza (Flu) | CDC

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

## Attachments

[Image 1](#)

[Influenza Seasonal Plan Appendix A.pdf](#)

[Influenza Vaccine FAQ.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Board of Directors	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	11/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	10/2022

HR Leadership and CHRO

Tamara Stafford: Dir Talent  
Development & EWHS

09/2022

Mari Numanlia-Wone: Mgr Emp  
Wellness & Health Svcs

08/2022

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## History

**Edited by Numanlia-Wone, Mari: Mgr Emp Wellness & Health Svcs** on 8/30/2022, 3:39PM EDT

Added consequences for non-compliance. Updated reference link. Updated FAQs (attachment).  
Replaced all ECH with El Camino Health.

**Last Approved by Numanlia-Wone, Mari: Mgr Emp Wellness & Health Svcs** on 8/30/2022, 3:39PM EDT

**Last Approved by Stafford, Tamara: Dir Talent Development & EWHS** on 9/6/2022, 11:44AM EDT

HR Leaders Approval 08/31/22

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 10/13/2022, 2:24PM EDT

Changed Health to Hospita; included Board to approval workflow per ePolicy.

**Approval flow updated in place by Santos, Patrick: Policy and Procedure Coordinator** on 10/13/2022, 2:26PM EDT

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 10/17/2022, 3:31PM EDT

Updated a section that had the word "Health." Changed back to El Camino Hospital.

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 10/17/2022, 3:34PM EDT

ePolicy 10/14/22

**Last Approved by Encisa, Franz: Director Quality and Public Reporting** on 11/2/2022, 1:58PM EDT

MEC 10/27/22



Status **Pending** PolicyStat ID **12502854**



Origination 07/2014  
Last Approved N/A  
Effective Upon Approval  
Last Revised 09/2021  
Next Review 1 year after approval

Owner Aletha Fulgham:  
Assistant  
Director Imaging  
Svc  
Area Imaging Services  
Document Policy  
Types

## Radiation Safety - Radiation Protection Program

### COVERAGE:

All El Camino Hospital staff, medical staff, and volunteers

### PURPOSE:

To provide standards for proper radiation protection at El Camino Hospital

### POLICY STATEMENT:

This policy describes the ECH Radiation Protection Program, the reporting structure and program oversight. It is the hospital guidance document for occupational and public radiation safety/exposure.

### DEFINITIONS:

- ALARA: an acronym for "as low as (is) reasonably achievable," which means making every reasonable effort to maintain **exposures** to **ionizing radiation** as far below the dose limits as practical.
- RSO: Radiation Safety Officer
- RSC: Radiation Safety Committee
- RPP: Radiation Protection Plan
- RPA: Radiation Protection Apparel

# REFERENCES:

- American College of Radiology –Radiation Safety
- California Department of Public Health- Radiologic Health Branch
- California State Bill 1237
- Title 17, the California Code of Regulations, Title 10, Code of Federal Regulations, Part 20
- RSO Delegation of Authority: <http://policies.elcaminohospital.org/dotNet/documents/?docid=9828https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8243IR1.pdf>

# PROCEDURE:

## A. Program Structure and Oversight

1. **Radiation Safety Officer (RSO)** - The RSO is qualified by the California Department of Health Services, Radiologic Health Branch (CDPH) and is responsible for the Radiation Protection Program (RPP).
  - a. The duties and responsibilities of the RSO and governance of the RSO and organization are addressed in the Delegation of Authority document.
  - b. The RSO is responsible to report annually the activities of the RPP to the hospital medical staff.
2. **Radiation Safety Committee-** The Radiation Safety committee reports to the Hospital Safety Committee and meets quarterly. A quorum for any meeting is three of the four core members.
  - a. Membership
    1. Core Members of the RSC are:
      - i. RSO
      - ii. The Chairman
      - iii. A representative from hospital administration
      - iv. A representative from nursing administration
    2. Represented members are required from each department that utilizes ionizing radiation and may include members of the Medical Staff.
    3. Appointment to the RSC is made through recommendation and approval by the RSO.
  - b. Radiation Safety Committee has the following responsibilities:
    1. To review proposals for diagnostic and therapeutic uses of radionuclides.
    2. To review regulations for the use, transport, storage and disposal of radioactive materials.

3. In concert with the RSO, analyze technical data regarding the use of ionizing radiation for the ECH Enterprise, and make recommendations to ensure best institutional safety practices, and review regulatory requirements for compliance.
4. To review rules and guidelines for nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides; rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo procedures or autopsy.
5. To assure the provision of radiation safety training suitable to the needs of the hospital.
6. Annual review of equipment records to ensure physics surveys are within limits.
7. Review the Radiation Protection Plan annually.
8. Review quarterly Quality Control records from all areas where radiation is used.
9. Maintains policies on the following topics for guidance.
  - i. Radiation Protection
  - ii. Inspection and maintenance of Radiation Protective Apparel (RPA)
  - iii. Dosimetry monitoring
  - iv. CT radiation dose documentation
  - v. Declared pregnant radiation workers
  - vi. Pregnancy screening and patient management
  - vii. Portable radiography guidelines
  - viii. Fluoroscopy exposure regulatory guidance
  - ix. Radiation exposure events; wrong patient or body part imaged
  - x. Radionuclide delivery and storage
  - xi. Radioactive spills and emergencies
  - xii. Radiopharmaceuticals safety
  - xiii. Radioactive waste management
10. Annual review of RPA inspection report.

c. Radiation Areas

1. A current copy of department form RH-2364 (notice to employees) is posted. Title 17 is available on-line.
2. All radiation areas are identified as hazardous via the posting of a radiation sign or placard.

3. Emergency procedures applicable to working with sources of radiation are available.

d. Occupational Exposure

1. The hospital will issue a dosimeter to any individual whose anticipated dose is expected to exceed 10% of the annual dose limit while at the facility.
2. Dosimeters must be worn appropriately by all radiation workers at all times, if likely to receive 5mSv per year according to the Nuclear Regulatory Commission.
3. Dosimeter reports are reviewed by the RSO monthly and reported quarterly to the RSC. Reports are available for review by radiation workers on-line at [www.myldr.com](http://www.myldr.com)
4. At no time will a dosimeter be exposed to radiation unless worn by the individual to whom it is issued. Any infraction of this rule may result in the loss of that person's privilege to work with radioactive material and/or ionizing radiation. Flagrant violations of this policy may result in discipline up to and including termination.

3. **Radiation Safety of Pregnant Radiation Workers**

Radiation workers may declare their pregnancy in writing to the Radiation Safety Officer. Upon declaration, the Radiation Safety Officer or designee will order a fetal dosimeter, provide a spare as needed, and provide specific precautions and policies relating to radiation safety during their pregnancy. If the pregnancy is not declared, the individual is not considered to be pregnant. See policy **Declared Pregnant Radiation Worker**

4. **Education**

- a. It is an El Camino Hospital requirement that all staff working in a radiation environment be provided with radiation safety training as part of their orientation prior to assumption of duties.
- b. All staff members meet continuing education in radiation safety through current licensure and/or HealthStream.

5. **Investigational Levels for ALARA:**

- a. El Camino Hospital has established investigational levels for occupational doses in conjunction with 10 CFR 20.1201 significantly lower than the annual Nuclear Regulatory Commission ALARA levels. Individuals exceeding ALARA exposure limits will receive notification from Landauer, reviewed by the RSO. The RSO conducts an investigation and maintains records of all occurrences and findings. Should any worker exceed NRC limits, an immediate review by the RSO and RSC will occur. A report of the investigation, any actions taken, and a copy of the individual's exposure records will be presented to the RSC at its first meeting following completion of the investigation.

b. Licensees Investigational Level Thresholds- All Sub-accounts

<b>Badge Exposure</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Yearly</b>	<b>% NRC</b>
Diagnostic Radiology Nuclear Medicine Radiation Oncology Interventional Cardiology Fluoroscopy Supervisor				
DDE/TEDE	>125 mrem	>375 mrem	>1500 mrem	30%
LDE	>375 mrem	>1125 mrem	>4500 mrem	30%
SDE	>1250 mrem	>3750 mrem	> 15000 mrem	30%
Ring	>750 mrem	>2250 mrem	> 9000 mrem	18%

- c. The Committee will review each dose in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the Committee minutes.

**6. Reestablishment of Investigational Levels:**

- a. In cases where a worker's, or a group of workers' doses, need to exceed an investigation level, a new, higher investigational level may be established for that individual or group on the basis that it is consistent with good ALARA practices.
- b. Justification for new investigational levels will be documented.
- c. The RSC will review the justification, and must approve or disapprove all revisions of investigational levels.

**B. Public (patient) Safety Radiation Exposure** - It is the policy of El Camino Hospital to keep the radiation exposure to all patients at the lowest possible levels.

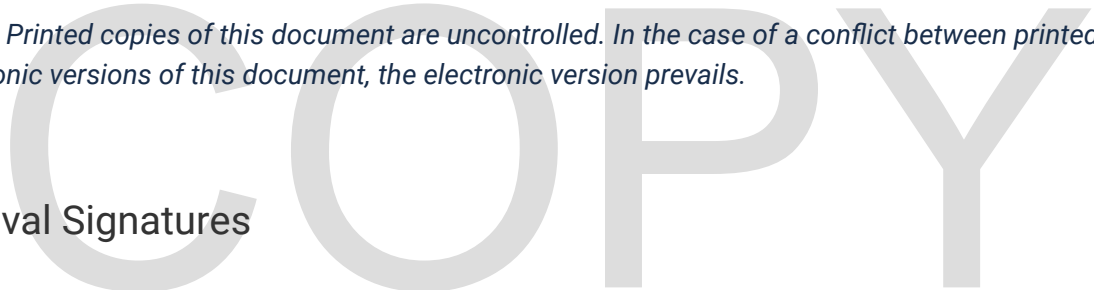
1. No imaging study will be performed without a valid physician order and corresponding requisition from a licensed medical practitioner.
2. Technique charts and modality protocols are available to assist technologist in maintaining ALARA while still producing diagnostic quality images for interpretation.
3. The Technologist will use ALARA based principles, optimize technical factors for image acquisition, and maintain best practices in order to reduce patient dose while maintaining diagnostic image quality.
  - a. The technologist will shield the gonads of all patients when the gonads lie within six centimeters of a properly collimated primary beam, unless the shielding will interfere with diagnosis.
  - b. All female patients of child-bearing age will be screened for pregnancy.

- c. Student Radiologic Technologists work under the direct supervision of a licensed radiographer until they receive competency. For the studies they have received competency on, they may work under indirect supervision.
- 4. During the use of portable fluoroscopy (C-arms), the technologist will delineate the area of radiation exposure or risk during the procedure unless otherwise directed or changed by the supervising physician.
- 5. Relatives of the patient or other healthcare workers wearing protective apparel may hold the patient in position if other methods fail. Technologists are to hold patients only in an emergency.
- 6. Any event where a patient is unnecessarily or incorrectly exposed to ionizing radiation will be reviewed, e.g. wrong patient, wrong body part.

**C. Pediatric Patients**

- 1. In an effort to reduce patient radiation dose, all pediatric patients should have proper techniques and immobilization devices used while undergoing imaging procedures.
- 2. When performing CT Scans on pediatric patients, the technologist should significantly reduce technique by using appropriate pediatric protocol.

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



**Approval Signatures**

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	11/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	10/2022
Radiation Safety	Toni Murphy: Quality Coordinator	10/2022
	Aletha Fulgham: Assistant Director Imaging Svc	10/2022

**History**

---

**Sent for re-approval by Fulgham, Aletha: Assistant Director Imaging Svc** on 10/10/2022, 12:58PM EDT

Annual review

**Last Approved by Fulgham, Aletha: Assistant Director Imaging Svc** on 10/10/2022, 12:58PM EDT

**Last Approved by Murphy, Toni: Quality Coordinator** on 10/10/2022, 1PM EDT

Approved by Radiation Safety Committee on 10.06.2022

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 10/17/2022, 3:50PM EDT

ePolicy 10/14/22

**Last Approved by Encisa, Franz: Director Quality and Public Reporting** on 11/2/2022, 1:57PM EDT

MEC 10/27/22

COPY



Origination 06/2009  
Last Approved N/A  
Effective Upon Approval  
Last Revised 07/2022  
Next Review 3 years after approval

Owner Kristina Underhill:  
Manager HIM  
Ops  
Area Scopes of Service

## Scope of Service: Health Information Management Services

### ~~Scope and Complexity of Services Offered~~ Scope of Service

Health Information Management ~~Services~~ is organized to support the collection, maintenance, dissemination and use of patients' health information in a timely and accurate manner according to governmental, professional and institutional guidelines and is considered the custodian of the El Camino Hospital Legal Medical Record. Our mission is to ensure the accuracy, integrity, accessibility and security of all patient health information . The purposes of the legal medical record ~~are~~is to:

1. Facilitate the ~~diagnosis and treatment of the~~continuity of patient ~~care~~
2. To aid quality assurance and peer review activities by documenting the standards and patterns of care of El Camino Hospital and it's individual practitioners ~~and~~by providing data for administrative and medical decisions.
3. Serve as the legal health record for El Camino Hospital
4. Provide data for quality ~~measures~~metrics, health research, planning, and regulatory data ~~submissions~~submissions
5. Verification of services and treatment covered by insurance.

### Scope of ~~Services~~Service includes:

Coding/Abstraction - physician attribution and reporting social determinants of health of all patient classes



Provider professional claim support/education

Release of Information - subpoenas, patient requests, legal, HEDIS, denied claims, RAC, payor audit and continuity of care

Management of Dictation / Transcription

Analysis for chart completion - Inpatient, Newborn, Observation, Outpatient Surgery, Outpatient/Ancillary, Emergency Room records

Physician Suspension oversight and management

Physician Suspension

Coding/Abstracting

Release of Information

Dictation / Transcription

Analysis for chart completion

Record Retrieval and Retention

Birth Recording and data submission to Santa Clara County

Management of the electronic/paper legal medical record

Scanning and quality assurance of paper documents for legal medical record

Quality audits metrics and reporting – Joint Commission standards, Premier, Department of Health Care Access and Information (HCAI), and quarterly measures of readmission/mortality rates

Patient Identity - management of master patient index, chart corrections, duplicate medical record numbers

Documentation Management for Clinic Services

Patient Portal Customer Support Services for Electronic Health Record - adult/minor proxy access, activation of new accounts

After-hours / holiday support services for hospital/clinic staff and providers

Data Reporting - Health Information metrics, provider case listing

Provider support - on-boarding clinic providers, provider education, provider audits related to compliance / regulatory standards

## Types and Ages of Clients Served

Patients all types and ages and their representatives

Medical Staff

Administration

Insurance Companies

Clinical Staff

Allied Health Professionals

Attorneys

Other Health Care Organizations

Government Agencies

All Hospital Departments and affiliates

## Assessment Methods

HIM staff skill sets are evaluated using job competencies specific to their job function.

Quality audits are performed routinely for record management functions, coding and abstracting, data collection, release of information and transcription.

## Appropriateness, Necessity and Timeliness of Services

Health Information Management Services is staffed seven days per week from 7:00 am to 5:00 pm ~~and Monday - Friday and 8:30am - 5:00pm Saturday and Sunday.~~ We are open to the public for release of information M-F 8:00 am to 4:30 pm. Holiday coverage varies.

## Staffing/Skill Mix

Leadership is provided by three registered health information management professionals, credentialed by the American Health Information Management Association, which include a ~~supervisor~~ manager with a RHIT credential, a manager with a CCS credential, a director with an RHIA credential. Coding staff hold either a Certified Coding Associate (CCA) ~~or~~, Certified Professional Coder (CPC) and/or Certified Coding Specialist (CCS) credential. All other staff must meet minimum job competencies.

## Level of Service Provided

Health Information Management Services provides services under hospital and departmental policy and procedure guidelines.

## Standards of Practice

Health Information Management Services is governed by state and federal regulations including Title 22 and the Medicare Conditions of Participation, and standards established by the Joint Commission on Accreditation of Healthcare Organizations.

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

## Approval Signatures

Step Description	Approver	Date
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Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	09/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	08/2022
Department Medical Director or Director for non-clinical Departments	Kristina Underhill: Manager HIM Ops	07/2022
	Kristina Underhill: Manager HIM Ops	07/2022

## History

**Comment by Underhill, Kristina: Manager HIM Ops** on 9/16/2021, 4:21PM EDT

Please review the updated scope of services policy

**Edited by Underhill, Kristina: Manager HIM Ops** on 3/4/2022, 6:07PM EST

Provided/added additional details of services offered

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 3/4/2022, 6:07PM EST

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 3/4/2022, 6:07PM EST

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 3/30/2022, 1:55PM EDT

Updated title

**Draft saved by Underhill, Kristina: Manager HIM Ops** on 4/22/2022, 7:48PM EDT

**Edited by Underhill, Kristina: Manager HIM Ops** on 4/22/2022, 7:49PM EDT

Added additional services provided

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 4/22/2022, 7:49PM EDT

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 4/22/2022, 7:49PM EDT

frank reviewed and approved

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**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 5/11/2022, 3:11PM EDT

ePolicy 5/6/22

**Last Approved by Encisa, Franz: Director Quality and Public Reporting** on 5/27/2022, 2:25PM EDT

MEC 5/26/22

**Comment by Underhill, Kristina: Manager HIM Ops** on 7/20/2022, 9:41PM EDT

Patrick , the policy was reviewed and approved in May 2022 but not published. Can you publish the version above?

**Sent for re-approval by Underhill, Kristina: Manager HIM Ops** on 7/20/2022, 9:41PM EDT

Version from May 2022 was approved but not published.

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 7/20/2022, 9:41PM EDT

**Last Approved by Underhill, Kristina: Manager HIM Ops** on 7/20/2022, 9:41PM EDT

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 8/26/2022, 3:59PM EDT

ePolicy 8/5/22

**Last Approved by Encisa, Franz: Director Quality and Public Reporting** on 9/22/2022, 4:13PM EDT

MEC 9/22/22



Origination 05/2017  
Last Approved N/A  
Effective Upon Approval  
Last Revised 10/2022  
Next Review 3 years after approval

Owner Diane Wigglesworth: Sr Dir Corporate Compliance  
Area Information Security  
Document Types Policy

## Secure Texting

### I. COVERAGE:

This issue specific policy applies to all workforce members, business associates and agents that access or uses El Camino Health IT assets or infrastructure. The workforce members maybe defined as follows:

1. El Camino Health Employees, ~~Physicians, Partners~~ Medical Staff
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

### II. PURPOSE:

To ensure the exchange of information via texting within ECH and with any external entity is secured, protected and carried out in compliance with the relevant regulatory and legal requirements. Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate.

### III. POLICY STATEMENT:

It is the policy of El Camino Health (ECH) that only the ECH approved secure text messaging application may be used when sending text messages containing electronic patient health information (ePHI), or any personally identifiable information (PII), including, social security numbers, names, addresses or financial account information.

**: Additionally, ECH policy prohibits all users from copying, pasting, or appending any text messages into a patient's medical record, including "TigerText messages."**

## IV. DEFINITIONS:

**Secure Text Message** - electronic communication handled through encrypted means.

## V. REFERENCES:

Policy Use of cellular phones with the hospital.

Policy Physician Orders for approved methods of transmitting physician orders.

### **Security Risk Management (NIST, PCI DSS)**

El Camino Health (ECH) follows a continuous Security Risk Management process for identifying, categorizing, and ranking security risks and vulnerabilities. This practice involves the execution and management of plans to remediate or mitigate risks deemed to be unacceptable to the organization.

The SRM process is accomplished through the implementation of policies, procedures, technologies, physical safeguards, and security awareness and training. ECH utilizes the NIST 800-53 controls catalog and PCI DSS guide in the approach for selecting suitable SRM controls to systematically resolve risks and vulnerabilities to our ECH information systems, IT assets, and medical devices. Because texting is an issue specific problem, ECH's practice is to select a vendor technology solution to remediate or mitigate the texting risks.

### **Regulatory Compliance (HIPAA Security Rule Standards)**

The Information Services Division (ISD) is responsible for implementing the policies, procedures, and technologies that ensure compliance across the enterprise with the HIPAA Security Rule standards for protecting electronically stored Protected Health Information (ePHI). The specific details that define these standards are integrated into our Regulatory Compliance (RC) policies. The result of this integration produces a comprehensive set of RC and Security Risk Management (SRM) policies.

Any policy that implements a Security Rule standard is classified as a Regulatory Compliance (RC) policy. This means Federal and/or state law require covered entities to actively enforce HIPAA compliance to said standard. The Security Rules listed in this policy explicitly identifies the Administrative, Physical, and Technical standards that must be implemented and enforced.

Additionally, "Organizational Requirements" and "Policies and Procedures and Documentation Requirements" are listed in each respective policy. These particular standards define the implementation and artifact maintenance activities and should be sustained throughout the policy lifecycle. Collectively these standards outline specific safeguards to ensure the confidentiality, integrity, and availability of ePHI on the ECH information systems, IT assets, and medical devices remain relevant, operational, and effective.

The RC HIPAA Security Rule standard applicable to this policy is listed in the table below.

<b>Security Rule</b>	<b>Standard</b>	<b>Section</b>
Transmission Security (§ 164.312(e)(1))	Implement technical security measures to guard against unauthorized access to electronic protected health	Technical Safeguards

	information that is being transmitted over an electronic communications network.	
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## VI. PROCEDURE:

- A. The secure text messaging application will be installed on all desktops to be used as the primary device for secure texting. While this application can also be used on personal devices it is at the discretion of the user and not the responsibility of El Camino Hospital. Please refer to policy Use of cellular phones with the hospital.
- B. Texting unencrypted electronic protected health information (ePHI), personally identifiable information (PII); financial or other sensitive data is not permitted and is a violation of this policy. Texting of patient images taken outside of the secure text messaging application is not permitted and is a violation of this policy.
- C. The secure text messaging application is not approved for transmitting physician orders. Please refer to Policy 3.04 Physician Orders v2 for approved methods of transmitting physician orders.
- D. Physicians must sign the Secure Texting Physician User Agreement to acquire ECH's approval and a license to use the secure text messaging application. Secure text messages containing photographic or other images used to make clinical decisions must be forwarded to HIMMS for inclusion in the Legal Medical Record.
- E. Non-physician workforce members must sign the Secure Texting User Agreement form to use the secure text messaging application. ECH Leader approval must be obtained in writing to download and use the secure mobile messaging application on a personal device. Such use on a personal device is at the sole discretion of the user and not required by El Camino Hospital
- F. Only authorized users will be provisioned with secure text messaging application accounts. Accounts must be disabled within 24 hours of being notified that a user has terminated employment or no longer requires the secure text messaging capabilities to perform job duties. This action also applies to personally owned devices that were approved to have the secure text message application installed.

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

### Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	09/2022

ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	09/2022
InfoSec - CISO, Technical Services Director, CIO	Rodney Smith Jr: IT Security Architect	08/2022
	Rodney Smith Jr: IT Security Architect	08/2022

## History

**Draft saved by Hanley, Jeanne: Policy and Procedure Coordinator** on 12/22/2021, 3PM EST

**Draft discarded by Hanley, Jeanne: Policy and Procedure Coordinator** on 12/22/2021, 3PM EST

**Draft saved by Smith Jr, Rodney: IT Security Architect** on 8/19/2022, 3:24PM EDT

**Edited by Smith Jr, Rodney: IT Security Architect** on 8/19/2022, 3:27PM EDT

Corporate Compliance would like to ensure all Secure Text users are informed that incorporating any type of text messages into a patient record is prohibited.

**Last Approved by Smith Jr, Rodney: IT Security Architect** on 8/19/2022, 3:27PM EDT

**Last Approved by Smith Jr, Rodney: IT Security Architect** on 8/19/2022, 4PM EDT

CISO approves the revised language and Corporate Compliance also concurs

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 9/14/2022, 12:26PM EDT

Updated coverage

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 9/14/2022, 12:27PM EDT

ePolicy 9/2/22

**Last Approved by Encisa, Franz: Director Quality and Public Reporting** on 9/22/2022, 4:12PM EDT

MEC 9/22/22

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 10/12/2022, 2:49PM EDT

Removed partners per ePolicy on 9/2/22



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**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 10/12/2022, 2:58PM  
EDT

Temporary ownership until Diane has confirmed who should own IS policies. Meeting w/ Joe Voje and Deb Muro.

COPY

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

**To:** El Camino Hospital Board of Directors  
**From:** Priya Shah, Assistant General Counsel  
**Date:** December 7, 2022  
**Subject:** Brown Act Requirement Update

**Purpose:**

To update the Board on the Brown Act Requirement updates to be implemented upon the expiration of California's COVID-19 State of Emergency.

**Summary:**

1. **Situation:** California's COVID-19 State of Emergency will be expiring on February 28, 2023. Upon expiration, El Camino Hospital will no longer be able to use the "hybrid" meeting flexibility under AB 361 where board and committee members have been participating in meetings virtually during the pandemic.

However, there is a new law with more limited flexibility, which is effective between January 1, 2023 and January 1, 2026. A coalition of special districts, cities, and counties, which was supported by El Camino Health, achieved the enactment of AB 2449 (Rubio), to allow some flexibility under the Brown Act to continue.

2. **Authority:** Updates to the Brown Act from the newly added AB 2449 Teleconference Rules Available January 1, 2023.
3. **Background:**

Under AB 2449, a quorum of the board or a board advisory committee must meet in-person from a singular, physical location clearly identified on the agenda, open to the public that is located within the district.

Less than a quorum of Board and Advisory Committee members may participate in meetings remotely under AB 2449 only for 2 specified reasons — either because of a "just cause" or as a result of "emergency circumstances."

Individual Board or Advisory Committee members who wish to participate in a meeting remotely must meet specific requirements of one of the exceptions set forth on the next page.

“Just Cause”	“Emergency Circumstances”
<p>✓ The member notifies the legislative body at the earliest opportunity possible (including at the start of a regular meeting) of their need to participate remotely for “<b><u>just cause</u></b>,” including a general description (typically not exceeding 20 words) of the circumstances relating to their need to appear remotely at the given meeting.</p> <p>Remote participation for “just cause” reasons shall not be utilized by any member of the legislative body for more than two meetings per calendar year.</p> <p>“<b><u>Just cause</u></b>” means any of the following:</p> <ul style="list-style-type: none"> <li>• A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely</li> <li>• A contagious illness that prevents a member from attending in person</li> <li>• A need related to a physical or mental disability (as defined [1][2]) not otherwise accommodated</li> <li>• Travel while on official business of the legislative body or another state or local agency</li> </ul>	<p>✓ The member requests the legislative body to allow them to participate in the meeting remotely due to “<b><u>emergency circumstances</u></b>” and the legislative body takes action to approve the request. The member shall make this request to participate remotely at a meeting as soon as possible. The legislative body shall request a general description (typically not exceeding 20 words) of the circumstances relating to their need to appear remotely at the given meeting.</p> <p>✓ The member shall make a separate request for each meeting in which they seek to participate remotely.</p> <p>The general description of the circumstances does not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act.</p> <p>The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting in accordance with <u>existing law</u>.</p> <p>“<b><u>Emergency circumstances</u></b>” means a physical or family medical emergency that prevents a member from attending in person.</p>

✓ The member shall publicly disclose at the meeting, before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individual(s).

✓ The member shall participate through *both* audio and visual technology.

Under neither case ("just cause"/"emergency circumstances") do AB 2449's provisions permit any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of

- more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, *or*
- more than two meetings *if the legislative body regularly meets fewer than 10 times per calendar year*

In addition, a quorum of the body must still meet in-person at a single location within the district boundaries, and the meeting format must meet the following remote access rules:

- Use either a two-way audio-visual system or a two-way phone service with live webcasting.
- Members participating remotely must disclose at the meeting, before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
- Identify a call-in or internet-based access option for the public on the agenda, along with the in-person meeting location.
- Ensure that, if a disruption to the online meeting occurs, the body takes no further action on agenda items until public access is restored.
- Avoid requiring public comments to be submitted in advance and provide a real-time option for the public to address the body at the meeting.
- Take all votes by roll call.

This guidance is based on the current announced end to the California State of Emergency as well as current public health orders.

We will continue to monitor for updates.

4. Assessment: None.

5. Other Reviews: None.

6. Outcomes: None.

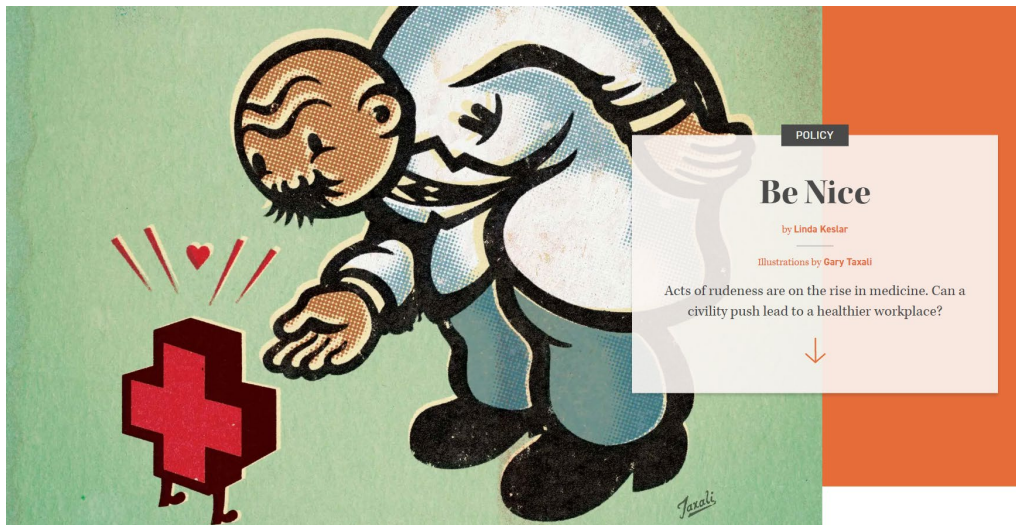
**List of Attachments:**

Brown Act Requirement Update  
December 7, 2022

1. None.

**Suggested Board Discussion Questions:**

1. None.



It seemed like a minor incident. Peckish between cases, a top physician at a major health system grabbed an apple from a table in the hospital’s breakroom. But to the nurse who expected to eat the fruit, this was one insult too many. “Dr. Smith” often did things to rub people the wrong way. He was routinely condescending and once barked at a nurse, in front of a patient, to stop asking stupid questions. So this time, the owner of the pilfered apple filed a formal complaint.

Smith thought what he’d done was trivial. Yet the nurse’s choice to escalate the encounter—a matter for the hospital’s review and possible censure—is emblematic of a turning point in attitudes toward the much larger problem of small indignities, a souring of good behavior among doctors, nurses and other health care workers. The problem of incivility is pervasive and can compromise performance and safety. “We’re here to take care of people, and we forget to take care of each other,” says [Linda Groah](#), a nurse and chief executive officer of the Association of periOperative Registered Nurses (AORN), one of several national nursing organizations working to raise awareness of the problem.

In many walks of life, rudeness is on the rise. Anger and toxicity are hallmarks of social media platforms. Research shows that rude behavior spreads like a virus, not only through people who experience it but also through those who witness it, and recent polls suggest most Americans believe incivility has risen to crisis levels. It’s a particular problem in the workplace, where three out of four employees report they experience rudeness on the job at least once a week.

But health care may be a hot zone for bad behavior, with verbal abuse and physical threats from colleagues and patients, ratcheted up during the COVID-19 pandemic, now at record highs. Small-scale irritants—eye-rolling, demeaning comments, gossip and a lack of cooperation—contribute to a general climate of disrespect and can lead to angry outbursts, verbal abuse and bullying. Soon, behavior may escalate to a level where it has legal consequences, with formal complaints for harassment, discrimination and even physical violence. Last May, a female surgeon filed a lawsuit accusing NewYork-Presbyterian/Columbia University Irving Medical Center of tolerating a “toxic culture of gender discrimination.”

Incivility within medical teams can have dire results for other workers as well as patients. It may take the focus away from essential tasks, leading to medical errors and substandard care. It also drives employees to leave their jobs during these days of rampant workforce turnover. “Now people across medicine have changing expectations about civility and improving how we should be treated,” says [Jo Shapiro](#), associate professor of otolaryngology–head and neck surgery at Harvard Medical School. But reforming ingrained patterns of behavior, one colleague at a time, won’t happen quickly.

The word civility is derived from *civilis*, Latin for “the state of being a citizen.” [Daniel Buccino](#), assistant professor in the department of psychiatry and behavioral sciences at Johns Hopkins Medicine in Baltimore, describes it as an essential part of the social contract, a “benevolent awareness, a sense of respect for oneself and others.”

Buccino heads the Johns Hopkins Civility Initiative, founded in 1997 by the late P.M. Forni, a professor of early Italian literature and author of *Choosing Civility: The Twenty-Five Rules of Considerate Conduct*. For more than two decades, the initiative has been researching the place of civility in society and has sought to encourage its practice. Yet although the idea of civility continues to resonate, Buccino says, in practice it has been on the decline for many years. “There’s so much more emphasis on individualistic pursuits and success than on what we might achieve collectively,” he says. Add the stress of the pandemic and the anonymity of the internet, and the erosion of kindness and consideration seems inevitable. “The prevalence of incivility and disrespect in the workplace has spiked,” says [Christine Porath](#), associate professor at Georgetown University’s McDonough School of Business, who has studied uncivil behavior in nearly two dozen industries, including health care.



In Porath’s research, health care ranks as one of the least civil industries, with its unique stresses triggering unkind and disruptive behavior. Moreover, medicine has long been built around a rigid, male-dominated hierarchy that tolerates brusque behavior from the physicians on top—at the expense of those who aren’t male and aren’t doctors. “The culture of uncivil behavior in health care didn’t happen by mistake,” says [Stephen Paskoff](#), chief executive officer of Employment Learning Innovations, an Atlanta consulting firm that helps organizations create civil environments.

“This is a health care culture in which mentors traditionally abuse trainees on every level,” says [Kit Bredimus](#), chief nursing officer at Midland Memorial Hospital, a teaching hospital in West Texas. “The old methodology was ‘tear you down to build you up.’” But many younger students and trainees now refuse to accept that approach. Younger surgical nurses, says AORN’s Linda Groah, show little tolerance toward the behavior their older peers have endured, and many are choosing the exit door. “They can’t believe the things mentors have told them they may have to put up with,” she says. “Their response is, ‘No, I don’t.’”

Many physicians, lulled by an abusive status quo, don’t even realize they’re part of the problem. “A surgeon told me recently that until he received some very frank feedback, he had no idea most people thought he was a jerk,” says Porath. “He was treating residents the way he’d been trained.” There’s also a persistent star system in medicine, in which the bad behavior of rainmakers is tolerated. “Physicians who are big revenue generators are given a pass when it comes to offensive behavior,” says an internist at a Pennsylvania hospital.

In national surveys conducted in 2003, 2013 and last year, the Institute for Safe Medical Practices asked health workers about disrespectful behavior and workplace intimidation. Respondents through the years have cited incidents of being demeaned by fellow workers. But in the more recent surveys, workers have noted a rising proportion of insults targeting race, religion and gender, and they’ve reported more and more disrespect happening online, through emails and in virtual meetings. Reports of physical assaults have also doubled since 2013.

A [2022 Medscape survey](#) of 1,500 physicians found that more than 80% said they had witnessed bullying and harassment by other doctors. Offenders were mostly male and in their 40s, and respondents identified oversized egos as a frequent source of trouble. But this awareness of the problem went only so far, with 85% of those surveyed saying their own conduct hadn’t contributed to the problem.

Emerging statistics about burgeoning workplace incivility almost certainly understate the problem because so much bad behavior goes unreported. “We encourage people to report incidents of rudeness and bullying, but even today there exists a power gradient that often prevents reporting,” says [Diane Colgan](#), a physician at Johns Hopkins Medicine-Suburban Hospital in Bethesda. Physicians also tend to resist reporting their colleagues, she says, “no matter how egregious their behavior may be.”

Long-standing efforts to address workplace violence and other high-level behavioral problems are now being adapted to encompass rudeness. For example, The Joint Commission, an accrediting organization, last year updated 15-year-old requirements for hospitals to now include a broader definition of workplace violence that encompasses any disruptive or potentially harmful behavior, including verbal aggression and attempts to humiliate, sabotage or intimidate fellow workers.

Rudeness, often thought to be at the bottom of the scale of bad behavior, is increasingly being studied for the harm it can cause. A [2015 study published in \*Pediatrics\*](#) showed how rudeness may sabotage cognitive processing and weaken team collaboration. It’s a pervasive issue in perioperative care, and in one survey, 98%

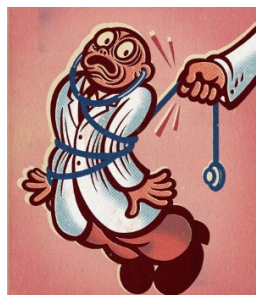


of clinicians said they had witnessed disruptive behavior in the past year, which in a [2019 study in \*BMJ Quality & Safety\*](#) was found to interfere with clinical performance. In a trial that included dozens of surgical teams at multiple institutions, anesthesiology residents exposed to rudeness showed decreased vigilance, communication and teamwork, and scored lower on every measure compared to simulations in which a surgeon was polite.

Other research suggests rudeness can amplify “anchoring bias,” the tendency to base decisions solely on the first piece of information received in a situation. Prior analyses have shown that anchoring is by far the most common cognitive error in medical diagnoses, and a study last year in the [Journal of Applied Psychology](#) showed that anesthesiology residents interrupted by rudeness from another physician were more likely to stick to an initial, anchored diagnosis, ignoring evidence that it was wrong.

Several doctor and nursing groups are now trying to raise the bar on civil behavior. Last March, the [American College of Cardiology \(ACC\) issued a policy document](#) on building respect, civility and inclusion in the cardiovascular workplace, and in October 2021 AORN and two other nursing organizations—the American Association of Nurse Anesthesiology and American Society of PeriAnesthesia Nurses—released a position statement on the need for workplace civility. Both documents urged health care organizations to adopt comprehensive policies. The ACC wants to see better awareness of the importance and prevalence of incivility, as well as clear repercussions for physicians and others who fall short. And although the problems of sexual harassment, discrimination and bullying are priorities for the group, the need to address more subtle forms of disrespectful behavior also became apparent during the project’s nearly two-year development, says [Pamela Douglas](#), a cardiologist and professor of medicine at Duke University School of Medicine who helped write the document.

One institutional response to growing incivility is to make it easier to report. More than 180 U.S. health care systems (and dozens outside the country) have adopted the Co-Worker Observation Reporting System. Developed by Vanderbilt University’s Center for Patient and Professional Advocacy (CPPA), the program compiles complaints electronically, processes the data and sends back reports to participating institutions. It has accrued data on some 100,000 physicians and advanced practice professionals, says [Gerald Hickson](#), a physician and a founder of the CPPA. Complaints have been made against doctors of all ages, and 93% of reports involve acts of disrespect rather than bullying, sexual harassment or physical threats.



In a model developed by CPPA, consequences increase as the number of reported incidents rises. The actions of Dr. Smith, who stole the apple, are described in a paper published in [The Joint Commission Journal on Quality and Patient Safety](#). Following CPPA guidelines, Smith was notified of the nurse's complaint and invited to discuss the incident over a cup of coffee with a trained physician mentor. Normally, the coffee meet-up is sufficient, Hickson says. But a fraction of offenders tend to account for a large number of complaints, and their misconduct may require escalating interventions. Smith was also required to have a performance evaluation, including a physical and mental health assessment, and his service chief met with him monthly to monitor his performance and see whether he needed additional support, such as coaching, or even disciplinary action.

"This wasn't just about a pilfered apple, but rather one of many signals of a human in trouble," Hickson says. Sometimes bad behavior is triggered by a heavy workload or other situational factors, but it can often be traced to personal issues, such as addiction, family problems or an inability to handle stress. "The goal of our work is to maximize the probability that the people having trouble can receive support, treatment or whatever else may be needed to help them remain as a productive part of a medical team."

But sometimes behavior remains toxic, and hospital leaders need to rethink their tolerance even for star performers. As hospitals implement escalating interventions, habitual offenders will sometimes be fired or leave. But even then, about a fifth of the time, a fired physician will show up at another CPPA partner hospital and again appear in the reporting system. "We see people go from site to site and create problems in the new environment," Hickson says.

Some health systems are now rolling out campaigns that emphasize civil behavior as an organizational priority. But tackling incivility requires a sustained commitment, says Stephen Paskoff of Employment Learning Innovations. "The problem isn't a lack of policies and rules—everyone has those," he says. The challenge is implementation.

At Texas's Midland Memorial Health, that has meant taking the long view in a campaign now in its eighth year. The facility has implemented a checklist of strategies to improve working relationships. These include a new mission statement and an employee pledge to refrain from complaining, bullying, gossiping and engaging in other toxic emotional behaviors.

The pledge is displayed on posters throughout the hospital, along with a "Civil Proclamation" declaring that incivility and a list of other disruptive behaviors won't be tolerated. All 2,200 employees have been required to complete one or two days of training.

Although the pandemic brought an uptick in disruptive incidents, the civility initiative seems to be helping, says chief nursing officer Kit Bredimus. "Part of our push has been to get employees to bring up these issues, document them and know that we are actually addressing them," he says. The results of employee surveys have been largely positive, he says, and Midland Memorial is the only hospital in its West Texas area that hasn't had to resort to sign-up bonuses to draw in potential nurses in a highly competitive market.

In 2016, at UMass Memorial Health, the largest health system in central Massachusetts, the results of an employee engagement survey made clear that many of the staff didn't feel respected. A grassroots group of clinicians and staff then pushed for changes that eventually spread to the system's two other community hospitals and to multiple clinics. More than 5,000 employees participated in a survey about respect, which in turn served as raw data for a civility campaign. It was based around what organizers dubbed the six standards of respect, which include listening, being kind, being responsive and being a team player.

The health system's leaders used the six standards as a starting point for a systemwide overhaul. It included rewriting the employee code of conduct and launching training workshops for the system's 17,000 employees. Now, a manager feedback program gives employees a tool to suggest how managers can improve how they demonstrate respect, and UMass Memorial is updating its workplace violence reporting system. "We still have a way to go, but we're doing a much better job of addressing disruptive behaviors," says Tod Wiesman, UMass Memorial interim chief human resources officer. So far, the campaign has led to higher scores on patient satisfaction and employee engagement survey items about respect.

In 2019, MGH launched a program called [Know the Line](#) to prevent abusive workplace conduct, and the program has since been adopted across the Mass General Brigham system, providing a common language and approach for all organizations. Know the Line attempts to standardize training, content and reporting for culture and behavior, says Christine Pierga, vice president, employee relations and labor strategy. "We wanted something comprehensive to address the climate of the organization in a way that was educational and supportive, and not primarily disciplinary," Pierga says. "We want people to have a way to interact with each other in a less confrontational way. We want to create an opportunity for a pause or a reflection when someone's behavior doesn't conform to expectations, a moment that can lead the conversation in a better direction."

People can learn civility on the job, says Georgetown's Christine Porath, and the benefits are clear. Her research shows that employees considered to be civil were more likely to be consulted for information and twice as likely to be seen as leaders, and nearly three out of four survey respondents said they would work harder for someone who treated them with respect. Organizations that have reformed their policies have begun to move the needle. "The number one thing that people seem to want is the sense of feeling valued," she says. "They want respect."



# El Camino Health

## Summary of Financial Operations

*Fiscal Year 2023 – Period 4  
7/1/2022 to 10/31/2022*

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

(\$ 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 Rating Agency Medians
									'A1'	'AA'	
Activity / Volume	ADC	301	257	44	17.2%	283	19	6.6%	---	---	---
	Total Acute Discharges	1,890	1,764	126	7.2%	1,826	64	3.5%	---	---	---
	Adjusted Discharges	3,706	3,549	157	4.4%	3,429	277	8.1%	---	---	---
	Emergency Room Visits	5,697	5,376	321	6.0%	5,175	522	10.1%	---	---	---
	OP Procedural Cases	12,190	14,244	(2,054)	(14.4%)	12,995	(805)	(6.2%)	---	---	---
	Gross Charges (\$)	481,442	450,226	31,217	6.9%	414,012	67,430	16.3%	---	---	---
Operations	Total FTEs	3,315	3,290	25	0.8%	3,060	255	8.3%	---	---	---
	Productive Hrs. / APD	28.5	30.8	(2.3)	(7.5%)	29.3	(0.8)	(2.7%)	---	---	---
	Cost Per CMI AD	16,934	18,036	(1,102)	(6.1%)	16,449	485	2.9%	---	---	---
	Net Days in A/R	60.8	54.0	6.8	12.6%	55.6	5.2	9.3%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	115,090	113,829	1,261	1.1%	106,632	8,458	7.9%	138,547	82,105	---
	Total Operating Revenue (\$)	118,906	117,823	1,083	0.9%	111,138	7,768	7.0%	152,743	109,602	---
	<b>Operating Margin (\$)</b>	<b>11,124</b>	<b>12,004</b>	<b>(880)</b>	<b>(7.3%)</b>	<b>15,073</b>	<b>(3,949)</b>	<b>(26.2%)</b>	<b>1,915</b>	<b>3,836</b>	---
	<b>Operating EBIDA (\$)</b>	<b>18,914</b>	<b>19,543</b>	<b>(629)</b>	<b>(3.2%)</b>	<b>22,290</b>	<b>(3,376)</b>	<b>(15.1%)</b>	<b>11,188</b>	<b>10,741</b>	---
	Net Income (\$)	31,482	14,718	16,765	113.9%	39,435	(7,953)	(20.2%)	8,124	7,343	---
	<b>Operating Margin (%)</b>	<b>9.4%</b>	<b>10.2%</b>	<b>(0.8%)</b>	<b>(8.2%)</b>	<b>13.6%</b>	<b>(4.2%)</b>	<b>(31.0%)</b>	<b>1.9%</b>	<b>3.5%</b>	---
	<b>Operating EBIDA (%)</b>	<b>15.9%</b>	<b>16.6%</b>	<b>(0.7%)</b>	<b>(4.1%)</b>	<b>20.1%</b>	<b>(4.1%)</b>	<b>(20.7%)</b>	<b>8.3%</b>	<b>9.8%</b>	---
	DCOH (days)	243	325	(82)	(25.2%)	346	(103)	(29.7%)	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.

Unfavorable Variance < 0.99%

Unfavorable Variance 1.00% - 4.99%

Unfavorable Variance > 5.00%

# Operational / Financial Results: YTD FY2023 (as of 10/31/2022)

(\$ 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 Rating Agency Medians
									'A1'	'AA'	
Activity / Volume	ADC	298	248	50	20.0%	269	28	10.5%	---	---	---
	Total Acute Discharges	7,297	6,744	553	8.2%	7,083	214	3.0%	---	---	---
	Adjusted Discharges	14,090	13,681	408	3.0%	13,754	336	2.4%	---	---	---
	Emergency Room Visits	23,341	21,126	2,215	10.5%	21,561	1,780	8.3%	---	---	---
	OP Procedural Cases	48,963	53,916	(4,953)	(9.2%)	50,634	(1,671)	(3.3%)	---	---	---
	Gross Charges (\$)	1,880,196	1,720,170	160,026	9.3%	1,659,104	221,092	13.3%	---	---	---
Operations	Total FTEs	3,261	3,261	(0)	(0.0%)	3,000	260	8.7%	---	---	---
	Productive Hrs. / APD	28.3	31.2	(2.9)	(9.3%)	28.7	(0.4)	(1.2%)	---	---	---
	Cost Per CMI AD	17,680	18,036	(356)	(2.0%)	16,221	1,458	9.0%	---	---	---
	Net Days in A/R	60.8	54.0	6.8	12.6%	55.6	5.2	9.3%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	454,871	441,536	13,335	3.0%	417,665	37,206	8.9%	554,189	328,418	---
	Total Operating Revenue (\$)	469,496	457,241	12,255	2.7%	432,511	36,985	8.6%	607,637	438,408	---
	Operating Margin (\$)	47,967	43,431	4,537	10.4%	55,075	(7,108)	(12.9%)	7,659	15,344	---
	Operating EBIDA (\$)	79,192	73,852	5,340	7.2%	84,331	(5,139)	(6.1%)	44,753	42,964	---
	Net Income (\$)	22,676	54,886	(32,210)	(58.7%)	71,279	(48,603)	(68.2%)	32,498	29,373	---
	Operating Margin (%)	10.2%	9.5%	0.7%	7.6%	12.7%	(2.5%)	(19.8%)	1.9%	3.5%	---
	Operating EBIDA (%)	16.9%	16.2%	0.7%	4.4%	19.5%	(2.6%)	(13.5%)	8.3%	9.8%	---
	DCOH (days)	243	325	(82)	(25.2%)	346	(103)	(29.7%)	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

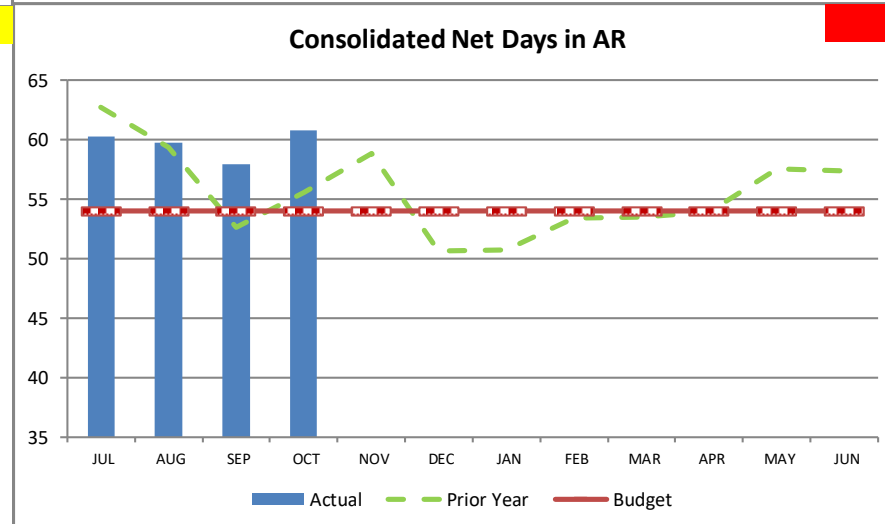
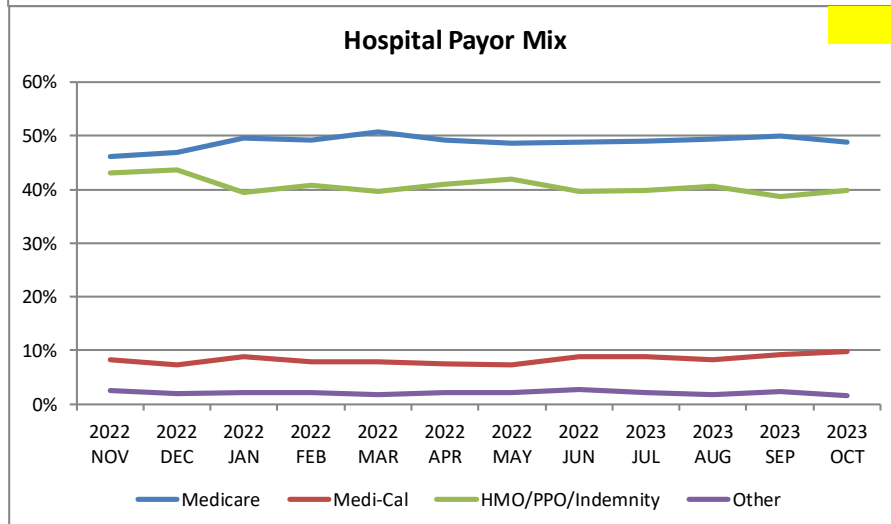
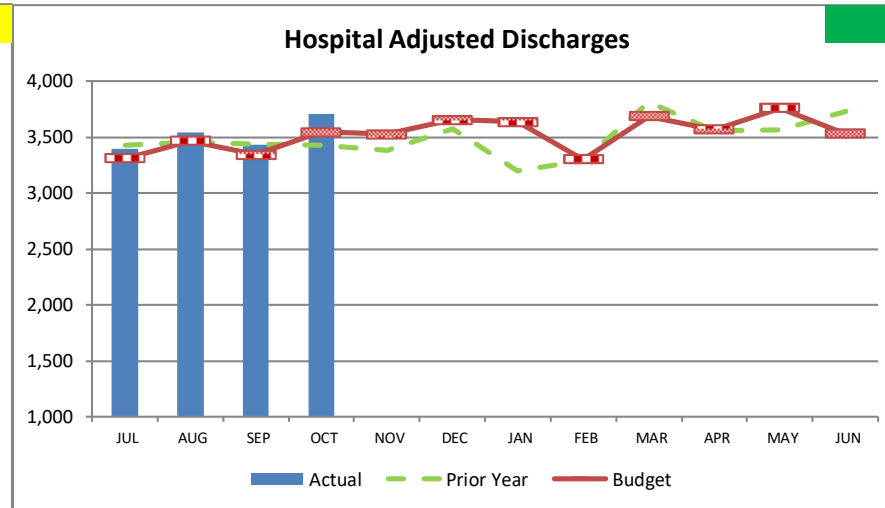
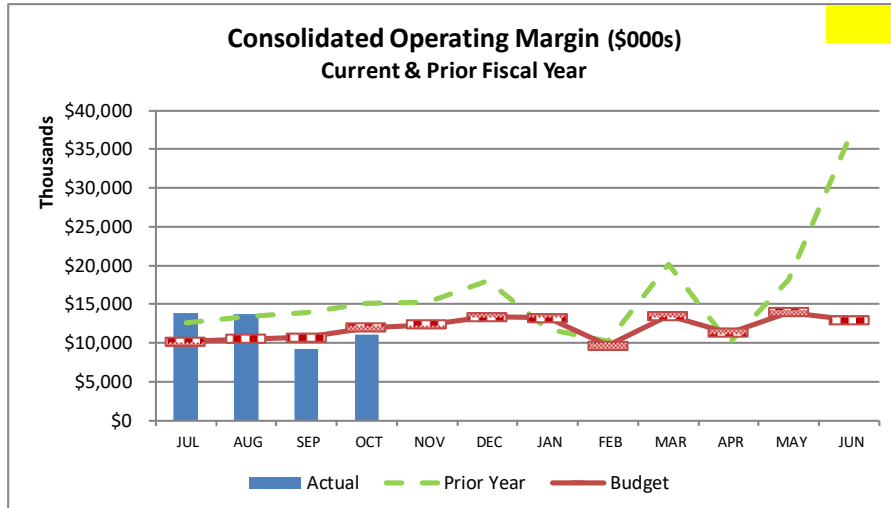
DCOH total includes cash, short-term and long-term investments.

Unfavorable Variance < 0.99%

Unfavorable Variance 1.00% - 4.99%

Unfavorable Variance > 5.00%

# YTD FY2023 Financial KPIs – Monthly Trends



# Period 4 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 10/31/2022)

(\$000s)

	Period 4- Month			Period 4- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Operating Margin</b>						
Mountain View	9,792	11,528	(1,735)	42,618	41,916	702
Los Gatos	4,135	4,065	71	17,513	15,297	2,216
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>13,928</b>	<b>15,592</b>	<b>(1,664)</b>	<b>60,131</b>	<b>57,213</b>	<b>2,918</b>
<b>Operating Margin %</b>	<b>12.2%</b>	<b>13.9%</b>		<b>13.3%</b>	<b>13.1%</b>	
<b>El Camino Hospital Non Operating Income</b>						
<b>Sub Total - Non Operating Income</b>	<b>18,658</b>	<b>2,402</b>	<b>16,256</b>	<b>(25,467)</b>	<b>10,209</b>	<b>(35,675)</b>
<b>El Camino Hospital Net Margin</b>	<b>32,586</b>	<b>17,994</b>	<b>14,592</b>	<b>34,664</b>	<b>67,421</b>	<b>(32,757)</b>
<b>ECH Net Margin %</b>	<b>28.6%</b>	<b>16.0%</b>		<b>7.7%</b>	<b>15.5%</b>	
Concern	(123)	78	(201)	(617)	337	(954)
Foundation	1,604	(42)	1,646	230	(84)	314
El Camino Health Medical Network	(2,584)	(3,313)	729	(11,601)	(12,788)	1,187
<b>Net Margin Hospital Affiliates</b>	<b>(1,104)</b>	<b>(3,277)</b>	<b>2,173</b>	<b>(11,989)</b>	<b>(12,536)</b>	<b>547</b>
<b>Total Net Margin Hospital &amp; Affiliates</b>	<b>31,482</b>	<b>14,718</b>	<b>16,765</b>	<b>22,676</b>	<b>54,886</b>	<b>(32,210)</b>



# Consolidated Balance Sheet (as of 10/31/2022)

(\$000s)

ASSETS	Unaudited		LIABILITIES AND FUND BALANCE	Unaudited	
	October 31, 2022	June 30, 2022		October 31, 2022	June 30, 2022
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
Cash	176,997	196,067	Accounts Payable	43,843	51,286
Short Term Investments	110,694	138,654	Salaries and Related Liabilities	49,974	46,502
Patient Accounts Receivable, net	228,817	209,668	Accrued PTO	36,418	34,449
Other Accounts and Notes Receivable	15,118	9,927	Worker's Comp Reserve	2,300	2,300
Intercompany Receivables	11,564	13,998	Third Party Settlements	13,010	14,942
Inventories and Prepaids	40,366	36,476	Intercompany Payables	8,913	13,489
<b>Total Current Assets</b>	<b>583,556</b>	<b>604,789</b>	Malpractice Reserves	2,096	2,096
			Bonds Payable - Current	9,905	9,905
<b>BOARD DESIGNATED ASSETS</b>			Bond Interest Payable	4,858	8,096
Foundation Board Designated	22,629	18,721	Other Liabilities	11,345	15,739
Plant & Equipment Fund	324,945	310,367	<b>Total Current Liabilities</b>	<b>182,662</b>	<b>198,804</b>
Women's Hospital Expansion	30,376	30,261			
Operational Reserve Fund	182,907	182,907	<b>LONG TERM LIABILITIES</b>		
Community Benefit Fund	18,338	18,299	Post Retirement Benefits	30,145	29,783
Workers Compensation Reserve Fund	14,029	14,029	Worker's Comp Reserve	14,029	14,029
Postretirement Health/Life Reserve Fund	30,145	29,783	Other L/T Obligation (Asbestos)	26,648	5,073
PTO Liability Fund	35,598	33,709	Bond Payable	464,906	466,838
Malpractice Reserve Fund	1,879	1,906	<b>Total Long Term Liabilities</b>	<b>535,728</b>	<b>515,723</b>
Catastrophic Reserves Fund	26,476	24,668			
<b>Total Board Designated Assets</b>	<b>687,322</b>	<b>664,651</b>	<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>12,405</b>	<b>12,864</b>
			<b>DEFERRED INFLOW OF RESOURCES</b>	<b>104,214</b>	<b>51,133</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>-</b>	<b>0</b>	<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
			Unrestricted	2,161,236	2,154,900
<b>LONG TERM INVESTMENTS</b>	<b>463,250</b>	<b>499,483</b>	Board Designated	208,707	210,197
			Restricted	40,111	36,601
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>932</b>	<b>940</b>	<b>Total Fund Bal &amp; Capital Accts</b>	<b>2,410,054</b>	<b>2,401,698</b>
			<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>3,245,063</b>	<b>3,180,222</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>28,350</b>	<b>30,376</b>			
<b>PROPERTY AND EQUIPMENT</b>					
Fixed Assets at Cost	1,899,562	1,872,501			
Less: Accumulated Depreciation	(803,833)	(778,427)			
Construction in Progress	122,350	96,603			
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,218,079</b>	<b>1,190,676</b>			
<b>DEFERRED OUTFLOWS</b>	<b>19,121</b>	<b>19,474</b>			
<b>RESTRICTED ASSETS</b>	<b>34,681</b>	<b>31,200</b>			
<b>OTHER ASSETS</b>	<b>209,770</b>	<b>138,632</b>			
<b>TOTAL ASSETS</b>	<b>3,245,063</b>	<b>3,180,222</b>			