AGENDA
SPECIAL MEETING TO CONDUCT A STUDY SESSION OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, March 8, 2023 – 5:30 pm
Hyatt Centric, 409 San Antonio, Mountain View, CA - (Room – Cloud 1)

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT:


To watch the meeting, please visit:
https://elcaminohealth.zoom.us/j/93916533099?pwd=U1UrQmkyUVJMYzBJNWJCMFZwTHpwdz09

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.

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<tr>
<th>AGENDA ITEM</th>
<th>PRESENTED BY</th>
<th>ACTION</th>
<th>ESTIMATED TIMES</th>
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</thead>
<tbody>
<tr>
<td>1. CALL TO ORDER/ROLL CALL</td>
<td>Bob Rebitzer, Board Chair</td>
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<td>5:30 – 5:31pm</td>
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<tr>
<td>2. CONSIDER APPROVAL FOR AB 2449 REQUESTS</td>
<td>Bob Rebitzer, Board Chair</td>
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<td>5:31 – 5:32</td>
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<tr>
<td>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Information</td>
<td>5:31 - 5:32</td>
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<tr>
<td>4. PUBLIC COMMUNICATION</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Information</td>
<td>5:32 – 5:33</td>
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<tr>
<td>a. Oral Comments</td>
<td>Bob Rebitzer, Board Chair</td>
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<tr>
<td>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.</td>
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<tr>
<td>b. Written Correspondence</td>
<td>Bob Rebitzer, Board Chair</td>
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<tr>
<td>5. CONSENT CALENDAR ITEMS:</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Motion Required public comment</td>
<td>5:33 – 5:35</td>
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<tr>
<td>Any Board Member or member of the public may remove an item for discussion before a motion is made.</td>
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<tr>
<td>Approval</td>
<td>Carlos Bohorquez, Chief Financial Officer</td>
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<tr>
<td>a. Minutes of the Open Session of the Hospital Board (2/15/2023)</td>
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<tr>
<td>Reviewed and Recommended for Approval by the Investment Committee</td>
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<tr>
<td>b. Investment Committee Member Appointments</td>
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<tr>
<td>6. PERIOD 07 FINANCIALS</td>
<td>Dan Woods, Chief Executive Officer</td>
<td>Information</td>
<td>5:35 – 5:50</td>
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<tr>
<td>7. CEO REPORT</td>
<td>Dan Woods, Chief Executive Officer</td>
<td>Information</td>
<td>5:50 – 5:52</td>
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<tr>
<td>8. ADJOURN TO CLOSED SESSION</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Motion Required public comment</td>
<td>5:52 – 5:53</td>
</tr>
<tr>
<td>9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Information</td>
<td>5:53 – 5:54</td>
</tr>
<tr>
<td>10. Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets: STRATEGIC METRICS</td>
<td>Dan Woods, Chief Executive Officer</td>
<td>Discussion</td>
<td>5:54 – 7:15</td>
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</tbody>
</table>

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-8254 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.
<table>
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<tbody>
<tr>
<td><strong>CONSENT CALENDAR</strong></td>
<td>Bob Rebitzer, Board Chair</td>
<td>Motion Required</td>
<td>7:15 – 7:16</td>
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<td>11. Any Board Member may remove an item for discussion before a motion is made.</td>
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<td><strong>Approval</strong></td>
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<tr>
<td>Gov’t Code Section 54957.2:</td>
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<tr>
<td>a. Minutes of the Closed Session of the Hospital Board (2/15/2023)</td>
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<tr>
<td><strong>Reviewed and Approved by the Quality, Patient Care, and Patient Experience Committee</strong></td>
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<tr>
<td>Health &amp; Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters;</td>
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<td>b. Credentialing and Privileges Report</td>
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<tr>
<td>12. ADJOURN TO OPEN SESSION</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Motion Required</td>
<td>7:17 – 7:18</td>
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<tr>
<td>13. RECONVENE OPEN SESSION/ REPORT OUT</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Information</td>
<td>7:18 - 7:19</td>
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<td>To report any required disclosures regarding permissible actions taken during Closed Session.</td>
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<td>14. BOARD COMMENTS</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Information</td>
<td>7:20 – 7:29</td>
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<tr>
<td>15. ADJOURNMENT</td>
<td>Bob Rebitzer, Board Chair</td>
<td>Motion Required</td>
<td>7:29 – 7:30</td>
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**Upcoming Regular Meetings:** April 5, 2023; May 10, 2023; June 14, 2023

**Special Sessions:** August 2023 (Joint Board & Committee Education)
Minutes of the Open Session of the El Camino Hospital Board of Directors
Wednesday, February 15, 2023

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.

Agenda Item | Comments/Discussion | Approvals/Action
--- | --- | ---
1. CALL TO ORDER/ROLL CALL | The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 p.m. by Chair Bob Rebitzer. Director Fung joined the meeting at 5:32 pm, and Director Po joined at 5:33 pm. 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. The meeting was called to order at 5:31 p.m. |  
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Chair Rebitzer asked the Board for declarations of conflict of interest with any items on the agenda. None were reported. |  
3. PUBLIC COMMUNICATION | Chair Rebitzer invited the members of the public to address the Board, and no comments were made. |  
4. MEDICAL STAFF REPORT | Dr. Legha expressed gratitude to the board and executive team for addressing previous issues with anesthesiology and reported on the following items of note:  
- CRNAs: we are expanding our use of this role with the first person starting on 2/15/23. The goal is to have 20-25% of the group be CRNAs. In addition, we are encouraging internal people to pursue training and have medical scholarships.  
- Wellbeing Committee: After the recent death of Dr. Cook, there has been an increase in anxiety. A Wellbeing Committee was established to provide support for well-being even before there are incidents. It currently has four members from different specialties, aiming to build a Well-being department similar to Stanford.  
- Low volume specialties coverage in ED  
- HRO Training: achieved 96% |  

Board Members Present
Bob Rebitzer, Chair
Lanhee Chen, JD, PhD
Peter Fung, MD (joined at 5:32pm)
Julie Kliger, MPA, BS **(left at 7:11pm)
Julia E. Miller, Secretary/Treasurer
Jack Po, MD, Ph.D., Vice-Chair (joined at 5:33pm)
Carol A. Somersille, MD
George O. Ting, MD
Don Watters
John Zoglin **via teleconference

Others Present
Dan Woods, CEO
Carlos Bohorquez, CFO
Meenesh Bhimani, MD, COO
Holly Beeman, CQO
Cheryl Reinking, CNO
Shreyas Mallur, MD, ACMO
Shahab Dadjou, President, El Camino Health Medical Network
Prithvi Legha, MD, Medical Chief of Staff MV
Ken King, Chief Administrative Services Officer
Priya Shah, Assistant General Counsel

Others Present (cont.)
Deanna Dudley, CHRO**
Deb Muro, CIO**
Omar Chughtai, CGO**
Philip Ho, MD, Medical Chief of Staff LG **
Andreu Reall, VP of Strategy**
Tracy Fowler, Director, Governance Services
Stephanie Iljin, Manager, Administration
Brian Richards, Information Technology
Elizabeth McCoy, Administrative Coordinator

Others Present (cont.)
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Omar Chughtai, CGO**
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Brian Richards, Information Technology
Elizabeth McCoy, Administrative Coordinator
Directors Kliger, Ting, Fung, and Somersille had praise and questions for the CRNA topic. Safety protocols, proctoring, and credentialing were the main points of the questions and Dr. Mallur and Dr. Legha ensured that measures were in place and CRNAs reviewed by Credentialing Committee.

5. QUALITY COMMITTEE REPORT
Dr. Holly Beeman, CQO, provided an update on the progress and forecast of our Quality Strategic Goal, the Hospital-Acquired Condition Index (HAC Index. She identified why we are not trending favorably, management interventions, and when we expect improvements. Dr. Beeman asked the Board of Directors for feedback and answered questions.

Action Item: Create a similar report on sepsis for a future board meeting.

6. ADJOURN TO CLOSED SESSION
Motion to adjourn to closed session at 6:12 p.m. pursuant to Gov’t Code Section 54957.2 for approval of the minutes of the Closed Session of the Hospital Board (12/7/2022); pursuant to Health and Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters; (Medical Staff Credentialing & Privileges Report); pursuant to Health and Safety code Section 32106(b) for a report and discussion involving health care facility trade secrets: (El Camino Health Medical Network Semi-Annual Report & Quarterly Finance and Strategic/Facilities Capital Allocation Process Update); pursuant to Gov’t Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management (CEO Report, and Executive Session).

Motion: to adjourn to closed session at 6:12 p.m.
Movant: Miller
Second: Watters
Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin
Noes: None
Abstentions: None
Absent: None
Recused: None
Adjourned to closed session at 6:12 p.m.

7. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT
The open session was reconvened at 7:22 p.m. by Chair Rebitzer. Agenda Items 7-12 were addressed in closed session.

During the closed session, the El Camino Hospital Board of Directors approved the minutes of the Closed Session of the Hospital Board (12/7/2022), the Surplus Cash-Reserve Fund Investment Policy, as reviewed and approved by the Investment Committee, and the Credentials and Privileges Report, as reviewed and recommended for approval by the Quality, Patient Care and Experience Committee by a unanimous vote of all Directors present (Directors Chen, Fung, Miller, Rebitzer, Somersille, Ting, Watters, and Zoglin). Director Kliger was absent.

8. AGENDA ITEM 15: CONSENT CALENDAR ITEMS
Chair Rebitzer asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion.

The consent calendar was approved,
Director Miller asked to remove consent items f - Rules of Order of the Board of Directors of El Camino Hospital and h - El Camino Hospital Board Director Compensation and Reimbursement for discussion. Ms. Tracy Fowler provided feedback on Director Miller’s concerns. It was agreed to pull items f and h from the consent calendar and resubmit after further review through the Executive Compensation Committee.

Motion: to approve the consent calendar to include:

a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings
b. Minutes of the Open Session of the Hospital Board (12/07/2022) 
   Reviewed and Recommended for Approval by the Medical Executive Committee
c. Policies, Plans, and Scope of Services 
   Reviewed and Recommended for Approval by the Finance Committee
d. Psychiatric Telehealth Services Renewal Agreement (Enterprise)
e. Capital Project Request: MV & LG Pharmacy Upgrades 
   Reviewed and Recommended for Approval by the Governance Committee
g. Board and Advisory Committee Education
i. Investment Committee Charter
   Reviewed and Recommended for Approval by the Quality, Patient Care and Patient Experience Committee
j. Quality Committee Member Appointments

Movant: Miller
Second: Watters
Ayes: Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin
Noes: None
Abstentions: None
Absent: Kliger
Recused: None

9. AGENDA ITEM 17: CEO REPORT

Mr. Woods provided a brief CEO report including the following highlights:

- Expansion of ED pharmacy coverage
- 56th Annual Employee Service Awards celebration – a virtual event 195 employees were recognized for celebrating a milestone anniversary of 15 to 45 years—over 4000 combined years of service to El Camino Health
- El Camino Health Foundation donations for period 6

10. AGENDA ITEM 18: BOARD COMMENTS

Chair Rebitzer asked if there were any comments from the board members. Director Miller shared positive feedback she had received about the Hospital and Foundation which
resulted in significant contributions.

<table>
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<tr>
<th>11. AGENDA ITEM 19: ADJOURNMENT</th>
<th><strong>Motion:</strong> to adjourn at 7:40 p.m.</th>
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<tbody>
<tr>
<td><strong>Movant:</strong> Fung</td>
<td><strong>The meeting adjourned at 7:40 p.m.</strong></td>
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<tr>
<td><strong>Second:</strong> Po</td>
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<tr>
<td><strong>Ayes:</strong> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</td>
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<td><strong>Noes:</strong> None</td>
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<td><strong>Abstentions:</strong> None</td>
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<td><strong>Absent:</strong> Kliger</td>
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<tr>
<td><strong>Recused:</strong> None</td>
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Attest as to the approval of the preceding minutes by the Board of Directors of El Camino Hospital:

______________________________
Stephanie Iljin, Manager of Administration

Prepared by: Stephanie Iljin, Manager of Administration
Reviewed by: Tracy Fowler, Director of Governance Services
To: El Camino Hospital Board of Directors
From: Tracy Fowler, Director of Governance Services
Date: March 8, 2023
Subject: Appointment of Investment Committee Members

Recommendation(s):

To appoint Robin Driscoll and Ken Frier to the Investment Committee.

Summary:

Due to the departure of a number of Committee members, the Investment Committee appointed an Ad Hoc Committee, comprised of Director John Zoglin and John Conover, that was tasked with recruiting new members.

The Ad Hoc Committee sought applicants through public advertising, as well as through the Board, Committee and leadership team networks. Their search was focused on the following areas of expertise: experience working with or advising nonprofit healthcare providers, private equity, experience in a large corporate environment, experience with reviewing investment policies for a large nonprofit investment portfolio and cash balance plan assets. The candidates were asked to be residents of the South Bay / Los Gatos area. They received ten (10) applications, interviewed four (4) candidates and brought four (4) candidates forward for the full Committee’s consideration.

At its February 13, 2023 meeting, the Investment Committee voted to recommend the Board appoint Robin Driscoll and Ken Frier to the Committee.

List of Attachments:

1. Candidate CV – Robin Driscoll
2. Candidate CV – Ken Frier
Candidate Questionnaire

El Camino Health Board of Directors
Investment Committee Member

1. Identifying Information:

Name: Robin John Driscoll

2. Please describe how your professional background demonstrates your knowledge and experience with strategic financial knowledge.
   a. Currently, I am chairman of the Finance Committee at El Camino Health Foundation (ECHF) and a member of the ECHF Executive Board.
   b. I was President of our family-owned business in Santa Clara until merging with a public company in 1995 after which I remained as VP Operations for the parent company. Subsequently, I was CEO of two venture capital funded startup tech companies.
   c. For nine years I was active with the St. Mary’s College Board of Trustees as a member of the finance committee and ultimately, chair of the endowment fund—corpus in excess of $150M. As chair, I collaborated with several fund managers, the college President and CFO and other committee members to provide investment income to supplement the college’s operating income and to provide capital growth. The college’s investment policy included allocations to alternative investments such as Private Equity, Hedge Funds, REIT, etc.
   d. Currently, I am President of our Family Foundation—a 501c3 Supporting Organization for the Silicon Valley Community Foundation. I oversee our foundation’s investment fund.
   e. During my career, I held, and currently hold, various board positions for assorted commercial entities, non-profits and social clubs. Each role requiring oversight of the organization’s financial affairs.

3. Prior experience offering strategic insights in any of the following areas:
   (Circle all that applies to your experience)
   - Capital Markets—providing oversight in collaboration with portfolio financial managers
   - Private Equity—Investor and providing oversight in collaboration with portfolio financial managers
Candidate Questionnaire

El Camino Health Board of Directors
Investment Committee Member

- Wealth Management/Alternative Investments—client of wealth management firm
- Financial Advisory/Investment Services—no direct employment/involvement
- Background in Healthcare—governance relationship with ECHF & ECH
- Complex Financial Environments—experience in M&A, LLP, Start-up, Venture & Angel investing
- Experience in a large corporate environment—VP operations in publicly traded organization.
- Healthcare Provider Experience (Preferably Hospital/Health System)—governance relationship with ECHF & ECH.

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

5. Why are you interested in being considered for an Investment Committee Member with El Camino Health?
   a. Currently, I am chairman of the Finance Committee at El Camino Health Foundation (ECHF) and a member of the ECHF Executive Board. I would like to continue providing support for the community health care system.

6. Are there any civil, employment-related or criminal incidents in your background that we may uncover in a reference or background check? Have you ever been involved in a government investigating for business related issues (e.g. SEC)? (Note: Disclosure of a civil, employment-related, criminal incident(s) or government investigation will not necessarily disqualify you from appointment. The nature and timeframe will be taken into consideration.
   a. Several years ago, the Board of a company where I was a director was involved in an employment practices litigation between the CEO of the company and one of his officers. I was dismissed from the case, “with prejudice”.

7. Would this position create a conflict of interest with any of your other commitments?
   a. NO

8. The El Camino Health Investment Committee Member position is non-compensated (i.e. volunteer) and has a one-year renewable term. Is this acceptable?
   a. YES

9. Please specify how you found out about this position.
   a. Referred by John Conover (current Investment Committee member) and Andrew Cope (current President of ECHF).
Dear Chairman Nelson,

John Conover recommended I contact you regarding the open position on your Investment Committee.

Currently, I am chairman of the Finance Committee at El Camino Health Foundation (ECHF) and a member of the ECHF Executive Board. I would be interested in joining your committee to support the hospital.

My wife and I have lived in Los Altos Hills for over 30 years and are quite familiar with El Camino Health. We owned and operated our business in Santa Clara until selling it to a public company in 1995. Subsequently, I was CEO of two venture capital funded startup tech companies.

As a graduate of St. Mary’s College in Moraga, BA Management, I was invited to be the President of the college’s Board of Regents. From that role, I joined the college’s Board of Trustees as a member of the finance committee and ultimately, chair of the endowment fund—corpus in excess of $100M. As chair, I collaborated with fund managers, the college President and CFO and other committee members to provide investment income to supplement the college’s operating income and to provide capital growth. The college’s investment policy included allocations to alternative investments such as Private Equity, Hedge Funds, REIT, etc.

Currently, I am President of our Family Foundation—a 501c3 Supporting Organization for the Silicon Valley Community Foundation. During my career, I have held various Board roles for assorted commercial entities, non-profits and social clubs. I would enjoy speaking with you further if you think my qualifications can provide value to your committee.

Regards,
Robin Driscoll
Candidate Questionnaire

El Camino Health Board of Directors
Investment Committee Member

1. Identifying Information:

Name: Ken Frier

2. Please describe how your professional background demonstrates your knowledge and experience with strategic financial knowledge.

I have over 30 years of experience as an institutional investor, having been Chief Investment Officer of The Walt Disney Company, Hewlett-Packard Company, Stanford Management Company, and the UAW Retiree Medical Benefits Trust. Those organizations are among the largest, most sophisticated, and highest performing institutional investors in the country. Over that time, I have conducted and directed other to conduct extensive research on important portfolio management issues. I frequently speak and write about these issues.

I currently serve as a member of the Investment Advisory Group of the Alaska Permanent Fund, the $80 billion sovereign wealth fund of the state of Alaska. The duties of that role are similar to the role with El Camino Health. I attend all board meetings of the Fund and advise the board about investment policy, portfolio performance and the economic/market environment.

I hold a BS in Mathematical Science with honors from the University of North Carolina, Chapel Hill and an MBA from the Stanford Graduate School of Business. I have earned the Chartered Financial Analyst designation, which requires passing a set of three difficult tests about investment and financial management.

3. Prior experience offering strategic insights in any of the following areas:
   (Circle all that applies to your experience)
   
   • Capital Markets
     ○ An active participant in capital markets for over 30 years
Candidate Questionnaire

El Camino Health Board of Directors
Investment Committee Member

- Private Equity
  - In each institutional Chief Investment Officer role, evaluated and invested with many of the world’s leading private equity and venture capital firms
- Wealth Management/ Alternative Investments
  - I’m currently the CIO of a wealth manager. Over my career I have directed multiple billions of dollars to all categories of alternative investments.
- Financial Advisory/ Investment Services
  - As a wealth manager, I am also a financial advisor
- Background in Healthcare
  - The UAW Retiree Medical Benefits Trust provided health services to 250,000 UAW retirees and their families. Managing the cost of providing health services was an essential function of the organization.
- Complex Financial Environments
  - As one example, Stanford University had 250 investment manager relationships, and was a limited partner in more than 700 funds. Most of the portfolio was in alternative investments.
- Experience in a large corporate environment
  - For most of my career, I was a senior financial executive at a large corporation – Oracle, Disney and Hewlett-Packard
  - Each investment portfolio under my care was large, with the largest having $60 billion in assets
- Healthcare Provider Experience (Preferably Hospital/ Health System)
  - I do not have experience within healthcare providers

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

5. Why are you interested in being considered for an Investment Committee Member with El Camino Health?

The challenges of managing institutional investment portfolios are fascinating. Investment markets are changing, with the long period of low inflation coming to an end. It would be gratifying to help El Camino Health succeed in this environment, given its importance to the community and the vital mission it serves.

It’s been rewarding to be on the board of the Alaska Fund, and I think I have capacity for one more. In the most recent Alaska meeting several of the board members commended me for being particularly helpful to them as they navigate this year of transition in financial markets.
Candidate Questionnaire

El Camino Health Board of Directors
Investment Committee Member

I lived in Los Altos for many years, during which El Camino Hospital was the local hospital for my family. My three children graduated from Mountain View high. My youngest son Michael currently lives in Mountain View and has volunteered and worked at El Camino Hospital.

6. Are there any civil, employment-related or criminal incidents in your background that we may uncover in a reference or background check? Have you ever been involved in a government investigating for business related issues (e.g. SEC)? (Note: Disclosure of a civil, employment-related, criminal incident(s) or government investigation will not necessarily disqualify you from appointment. The nature and timeframe will be taken into consideration.

None. Thorough checks of my background were done before I was chosen for several of my Chief Investment Officer roles. Each year I need certify that there are no issues in my record to maintain the Chartered Financial Analyst designation.

7. Would this position create a conflict of interest with any of your other commitments?

No

8. The El Camino Health Investment Committee Member position is non-compensated (i.e. volunteer) and has a one-year renewable term. Is this acceptable?

Yes

9. Please specify how you found out about this position.

I’ve been a friend of John Zoglin since we were classmates at Stanford Graduate School of Business. He knows of my investment background and notified me about the role.
PROFESSIONAL EXPERIENCE

2021 – Present
ATLAS CAPITAL ADVISORS, LLC, San Francisco, California

Chief Investment Officer
Partner of a $1bn Registered Investment Advisor which serves individual and institutional investors.

- Revamped the investment strategy, including the inputs for choosing stocks and the methodology for selecting yield-oriented investments
- Developed an Outsourced Chief Investment Officer solution for non-profit clients

2020 – Present
Alaska Permanent Fund Corporation, Juneau, AK

Investment Advisory Group
Selected by the Board of Trustees of this $80 billion sovereign wealth fund to advise on the investment issues which come before them.

- Provide input in multiple areas including investment outlook, risk assessment and asset class strategy
- Presented original research to the Board regarding assessing and managing equity downside risk

2017 – 2021
SECOR Asset Management, Palo Alto, CA

Partner
Co-founded California office for this boutique institutional consulting firm serving large institutional allocators.

- Portfolio manager for defensive multi-factor global equity strategy, with pension/endowment clients in US and Europe
  - Multi-factor overlay results outperformed the multi-factor indices and the results of the major participants in the equity factor space
- In senior partner group supervising investment manager choices across asset classes and developing investment outlook and recommendations
- Co-wrote multiple whitepapers, primarily on how to identify when the risk of equity losses is high and what strategies for equity defense are worthwhile

2015 – 2016
ATLAS CAPITAL ADVISORS, LLC, San Francisco, California

Chief Investment Officer
Partner of a Registered Investment Advisor which serves individual and institutional investors.

2012 – 2014
UAW RETIREE MEDICAL BENEFITS TRUST, Ann Arbor, Michigan

Chief Investment Officer
Recruited to enhance team and strategy for relatively new $60bn fund which provides medical benefits for families of UAW retirees of GM, Ford and Chrysler
KENNETH J. FRIER – 2

- Recruited nationally to build the investment team from four to fifteen top-tier professionals. Recruits were from leading endowments, asset managers and consulting firms.
- Created a positive, collaborative culture for the investment team
- Transformed the portfolio strategy:
  - Developed and received approval for a five year investment strategy to raise the expected annual return by 2.5% while reducing the downside risk of the plan
  - Added fifty-one investment managers to the Trust portfolio, investing or committing a total of $16bn across the entire spectrum of liquid and illiquid asset classes, including hedge funds, private equity, timber, real estate, oil & gas, agriculture
  - Created a Liquid Asset Partners program, in which the Trust partnered with large asset management firms to invest $4bn in high-efficiency multi asset class liquid strategies
  - Added liquid factor exposures to the Trust portfolio, both within the Liquid Asset Partners program and as tilts to traditional beta strategies, becoming one of the pioneers in this area.
  - Introduced currency hedging, saving the Trust $500 million by the end of 2014
- Achieved strong investment performance, with investment results ahead of performance benchmarks throughout the tenure
- Received Ai-CIO Innovation Award for outstanding healthcare CIO. Also selected for Ai-CIO’s list of world’s top 100 CIOs

2010 – 2011
STANFORD MANAGEMENT COMPANY, Stanford, California
Chief Investment Officer
Directed investment strategy for $18bn of endowment and other assets of Stanford University.

- Launched plan for enhancing Stanford’s approach to asset allocation and risk management
- Worked with Stanford Statistics Department to adjust SMC’s historical private market investment return information to identify factor exposures and make it comparable to liquid market information. This led to valuable insights supporting shifts in asset allocation
- Managed absolute return and public equity investment teams. Supervised investment manager review and selection across all asset classes
- Fostered enhanced collaboration across investment team, with greater emphasis on macro themes.
- Stanford endowment gained 22.4% in 12 months ended June 2011, ahead of the 19.8% average endowment return and all the other large endowments

2000 – 2010
HEWLETT-PACKARD COMPANY, Palo Alto, California
Chief Investment Officer
Responsible for $33bn in retirement plan assets: $9bn US defined benefit plan fund, $1bn deferred profit-sharing fund, $12bn US defined contribution plans and $11bn in non-US pension plan assets (11 plans in seven countries).

- Eliminated most of the asset/liability risk for the US pension plan before the global financial crisis:
  - Replaced all public equity with fixed income in November 2007
  - Implemented a full interest rate hedge of the liabilities, using interest rate swaps
- Three-year compound return for HP US DB plan through June 2010 was 13% – more than 20% per year ahead of the S&P 500, and the best performance by any institutional fund in the US
- Early 2009 reallocation of fixed income assets to increase exposure to credit added 2.5% to plan return
- Positive contribution from investment manager selection. Three-year compound manager outperformance for US DB plan was +2.9% for public equity, +4.5% for fixed income.
- Managed top-tier venture capital portfolio
- Implemented innovative dynamic de-risking plan for merged HP and EDS retirement plans, which adjusted asset allocation and interest rate hedging based on funded status and market movements
- Developed an updated investment menu structure for the HP 401(k) plans, including custom fund-of-funds across asset classes
KENNETH J. FRIER – 3

- Made substantial improvements in the management of pension assets at HP’s foreign subsidiaries

1999 – 2000
FIRSTSOURCE.COM, INC., Santa Ana, California
Executive Vice President – Chief Financial Officer
Responsibilities included fund-raising, financial planning, accounting, legal, human resources and investor relations. Completed an S-1 registration statement for an initial public offering, and partnered with CEO to raise $25 million of private capital.

1991 – 1999
THE WALT DISNEY COMPANY, Burbank, California
Vice President – Corporate Treasury and Chief Investment Officer
- Responsible for the investment strategy for Disney’s $3 billion defined benefit plan
- Achieved top quartile returns, including 41% in 1999 – enhanced by results from LP interests in leading venture funds.
- Designed and managed a leading-edge foreign exchange risk management program, which contributed over $100 million of additional profits to Disney
- Actively managed the maturity positioning and fixed/floating mix of Disney’s $12 billion debt portfolio, through swaps and other derivatives

1988 – 1990
ORACLE CORPORATION, Redwood Shores, California
International Treasurer
Responsible for foreign exchange risk management and international cash management.

1984 – 1988
ARTHUR YOUNG & COMPANY, Redwood Shores, California
Manager, Management Consulting Group
Specialized in the management of the Treasury function, including foreign exchange risk management, investment management, cash management and internal control.

1980 – 1982
DECISIONS & DESIGNS, INC., McLean, Virginia
Systems Analyst
Deigned and wrote computer software to assist clients of this decision science consulting firm.

EDUCATION

1982 – 1984
STANFORD GRADUATE SCHOOL OF BUSINESS, Stanford, California
Masters in Business Administration.
Concentration in Finance. Arjay Miller Scholar (top 10% of graduating class).

1976 – 1980
UNIVERSITY OF NORTH CAROLINA, Chapel Hill, North Carolina
BS in Mathematical Sciences (Computer Science emphasis)
Phi Beta Kappa. Honors. 3.91 GPA. Top 1% of graduating class.
Summary of Financial Operations

Fiscal Year 2023 – Period 7
7/1/2022 to 01/31/2023

Please Note: Period 7 results are pending review / approval by Finance Committee which is scheduled for March 27, 2023
## Operational / Financial Results: Period 7 – January 2023 (as of 01/31/2023)

### Financial Performance

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC</td>
<td>311</td>
<td>279</td>
<td>32</td>
<td>11.6%</td>
<td>280</td>
<td>31</td>
<td>11.2%</td>
<td>---</td>
</tr>
<tr>
<td>Total Acute Discharges</td>
<td>1,835</td>
<td>1,861</td>
<td>(26)</td>
<td>(1.4%)</td>
<td>1,708</td>
<td>127</td>
<td>7.4%</td>
<td>---</td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>3,400</td>
<td>3,637</td>
<td>(237)</td>
<td>(6.5%)</td>
<td>3,200</td>
<td>200</td>
<td>6.2%</td>
<td>---</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>5,644</td>
<td>6,125</td>
<td>(481)</td>
<td>(7.9%)</td>
<td>6,010</td>
<td>(366)</td>
<td>(6.1%)</td>
<td>---</td>
</tr>
<tr>
<td>OP Procedural Cases</td>
<td>10,235</td>
<td>13,772</td>
<td>(3,537)</td>
<td>(25.7%)</td>
<td>12,967</td>
<td>(2,732)</td>
<td>(21.1%)</td>
<td>---</td>
</tr>
<tr>
<td>Gross Charges ($)</td>
<td>485,066</td>
<td>459,513</td>
<td>25,554</td>
<td>5.6%</td>
<td>417,996</td>
<td>67,070</td>
<td>16.0%</td>
<td>---</td>
</tr>
</tbody>
</table>

### Activity / Volume

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FTEs</td>
<td>3,293</td>
<td>3,315</td>
<td>(22)</td>
<td>(0.7%)</td>
<td>3,120</td>
<td>172</td>
<td>5.5%</td>
<td>---</td>
</tr>
<tr>
<td>Productive Hrs. / APD</td>
<td>28.6</td>
<td>29.9</td>
<td>(1.4)</td>
<td>(4.6%)</td>
<td>29.5</td>
<td>(0.9)</td>
<td>(3.1%)</td>
<td>---</td>
</tr>
<tr>
<td>Cost Per CMI AD</td>
<td>18,631</td>
<td>18,036</td>
<td>595</td>
<td>3.3%</td>
<td>17,688</td>
<td>943</td>
<td>5.3%</td>
<td>---</td>
</tr>
<tr>
<td>Net Days in A/R</td>
<td>55.3</td>
<td>54.0</td>
<td>1.3</td>
<td>2.4%</td>
<td>50.7</td>
<td>4.6</td>
<td>9.0%</td>
<td>---</td>
</tr>
</tbody>
</table>

### Operations

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Revenue ($)</td>
<td>113,712</td>
<td>116,565</td>
<td>(2,853)</td>
<td>(2.4%)</td>
<td>109,378</td>
<td>4,334</td>
<td>4.0%</td>
<td>---</td>
</tr>
<tr>
<td>Total Operating Revenue ($)</td>
<td>118,062</td>
<td>121,195</td>
<td>(3,133)</td>
<td>(2.6%)</td>
<td>112,741</td>
<td>5,321</td>
<td>4.7%</td>
<td>138,547 82,105</td>
</tr>
<tr>
<td>Operating Margin ($)</td>
<td>9,673</td>
<td>13,215</td>
<td>(3,542)</td>
<td>(26.8%)</td>
<td>11,756</td>
<td>(2,084)</td>
<td>(17.7%)</td>
<td>152,743 109,602</td>
</tr>
<tr>
<td>Operating EBDA ($)</td>
<td>17,645</td>
<td>20,656</td>
<td>(3,011)</td>
<td>(14.6%)</td>
<td>19,223</td>
<td>(1,578)</td>
<td>(8.2%)</td>
<td>---</td>
</tr>
<tr>
<td>Net Income ($)</td>
<td>64,254</td>
<td>15,929</td>
<td>48,326</td>
<td>303.4%</td>
<td>(19,783)</td>
<td>84,037</td>
<td>424.8%</td>
<td>11,188 10,741</td>
</tr>
<tr>
<td>Operating Margin (%)</td>
<td>8.2%</td>
<td>10.9%</td>
<td>(2.7%)</td>
<td>(24.9%)</td>
<td>10.4%</td>
<td>(2.2%)</td>
<td>(21.4%)</td>
<td>---</td>
</tr>
<tr>
<td>Operating EBDA (%)</td>
<td>14.9%</td>
<td>17.0%</td>
<td>(2.1%)</td>
<td>(12.3%)</td>
<td>17.1%</td>
<td>(2.1%)</td>
<td>(12.3%)</td>
<td>---</td>
</tr>
<tr>
<td>DCOH (days)</td>
<td>251</td>
<td>325</td>
<td>(74)</td>
<td>(22.6%)</td>
<td>317</td>
<td>(65)</td>
<td>(20.6%)</td>
<td>---</td>
</tr>
</tbody>
</table>

Moody’s Medians: Not-for-profit and public healthcare annual report: September 9, 2021. Dollar amounts have been adjusted to reflect monthly averages. S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021. Dollar amounts have been adjusted to reflect monthly averages. DCOH total includes cash, short-term and long-term investments.
## Operational / Financial Results: YTD FY2023 (as of 01/31/2023)

### Activity / Volume

<table>
<thead>
<tr>
<th>Activity / Volume</th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Moody's 'A1'</th>
<th>S&amp;P 'AA'</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC</td>
<td>300</td>
<td>259</td>
<td>40</td>
<td>15.6%</td>
<td>267</td>
<td>32</td>
<td>12.1%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Total Acute Discharges</td>
<td>12,791</td>
<td>12,210</td>
<td>581</td>
<td>4.8%</td>
<td>12,200</td>
<td>591</td>
<td>4.8%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>24,715</td>
<td>24,504</td>
<td>211</td>
<td>0.9%</td>
<td>23,915</td>
<td>800</td>
<td>3.3%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>44,610</td>
<td>38,235</td>
<td>6,375</td>
<td>16.7%</td>
<td>39,377</td>
<td>5,233</td>
<td>13.3%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>OP Procedural Cases</td>
<td>81,266</td>
<td>93,961</td>
<td>(12,685)</td>
<td>(13.9%)</td>
<td>90,369</td>
<td>(9,103)</td>
<td>(10.1%)</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Gross Charges ($)</td>
<td>3,308,996</td>
<td>3,084,204</td>
<td>224,791</td>
<td>7.3%</td>
<td>2,929,324</td>
<td>379,672</td>
<td>13.0%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Operations

<table>
<thead>
<tr>
<th>Operations</th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Moody's 'A1'</th>
<th>S&amp;P 'AA'</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FTEs</td>
<td>3,278</td>
<td>3,286</td>
<td>(9)</td>
<td>(0.3%)</td>
<td>3,032</td>
<td>246</td>
<td>8.1%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Productive Hrs. / APD</td>
<td>28.1</td>
<td>30.6</td>
<td>(2.5)</td>
<td>(8.2%)</td>
<td>28.8</td>
<td>(0.7)</td>
<td>(2.3%)</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Cost Per CMI AD</td>
<td>17,683</td>
<td>18,036</td>
<td>(353)</td>
<td>(2.0%)</td>
<td>16,491</td>
<td>1,192</td>
<td>7.2%</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Net Days in A/R</td>
<td>55.3</td>
<td>54.0</td>
<td>1.3</td>
<td>2.4%</td>
<td>50.7</td>
<td>4.6</td>
<td>9.0%</td>
<td>47.7</td>
<td>49.7</td>
<td>...</td>
</tr>
</tbody>
</table>

### Financial Performance

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>Current Year</th>
<th>Budget</th>
<th>Variance to Budget</th>
<th>Performance to Budget</th>
<th>Prior Year</th>
<th>Variance to Prior Year</th>
<th>Variance to Prior Year</th>
<th>Moody's 'A1'</th>
<th>S&amp;P 'AA'</th>
<th>Performance to Rating Agency Medians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Revenue ($)</td>
<td>779,535</td>
<td>785,182</td>
<td>12,352</td>
<td>1.6%</td>
<td>747,333</td>
<td>50,202</td>
<td>6.7%</td>
<td>969,831</td>
<td>574,732</td>
<td>...</td>
</tr>
<tr>
<td>Total Operating Revenue ($)</td>
<td>825,320</td>
<td>814,655</td>
<td>10,665</td>
<td>1.3%</td>
<td>772,790</td>
<td>52,530</td>
<td>6.8%</td>
<td>1,063,365</td>
<td>767,215</td>
<td>...</td>
</tr>
<tr>
<td>Operating Margin ($)</td>
<td>79,229</td>
<td>82,375</td>
<td>(3,147)</td>
<td>(3.8%)</td>
<td>100,143</td>
<td>(20,915)</td>
<td>(20.9%)</td>
<td>13,404</td>
<td>26,853</td>
<td>...</td>
</tr>
<tr>
<td>Operating EBITDA ($)</td>
<td>134,039</td>
<td>135,195</td>
<td>(1,156)</td>
<td>(0.9%)</td>
<td>152,318</td>
<td>(18,279)</td>
<td>(12.0%)</td>
<td>78,318</td>
<td>75,187</td>
<td>...</td>
</tr>
<tr>
<td>Net Income ($)</td>
<td>151,883</td>
<td>102,512</td>
<td>49,371</td>
<td>38.2%</td>
<td>131,858</td>
<td>70,725</td>
<td>57.1%</td>
<td>56,871</td>
<td>51,403</td>
<td>...</td>
</tr>
<tr>
<td>Operating Margin (%)</td>
<td>9.6%</td>
<td>10.1%</td>
<td>(0.5%)</td>
<td>(0.1%)</td>
<td>13.0%</td>
<td>(3.4%)</td>
<td>(29.5%)</td>
<td>1.9%</td>
<td>3.5%</td>
<td>...</td>
</tr>
<tr>
<td>Operating EBITDA (%)</td>
<td>16.2%</td>
<td>16.6%</td>
<td>(0.4%)</td>
<td>(2.1%)</td>
<td>19.7%</td>
<td>(3.5%)</td>
<td>(17.6%)</td>
<td>8.3%</td>
<td>9.8%</td>
<td>...</td>
</tr>
<tr>
<td>DCOH (days)</td>
<td>251</td>
<td>325</td>
<td>(74)</td>
<td>(22.6%)</td>
<td>317</td>
<td>(65)</td>
<td>(20.6%)</td>
<td>306</td>
<td>355</td>
<td>...</td>
</tr>
</tbody>
</table>

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021
DCOH total includes cash, short-term and long-term investments.
### Key Statistics: Period 7 and YTD (as of 01/31/2023)

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>Month to Date</th>
<th>Variance (%)</th>
<th>Year to Date</th>
<th>Variance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PY</td>
<td>CY</td>
<td>Budget</td>
<td>CY vs PY</td>
</tr>
<tr>
<td>ADC</td>
<td>280</td>
<td>311</td>
<td>279</td>
<td>11.2%</td>
</tr>
<tr>
<td>Utilization MV</td>
<td>74%</td>
<td>81%</td>
<td>73%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Utilization LG</td>
<td>36%</td>
<td>40%</td>
<td>36%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Utilization Combined</td>
<td>62%</td>
<td>68%</td>
<td>61%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>3,200</td>
<td>3,400</td>
<td>3,637</td>
<td>6.2%</td>
</tr>
<tr>
<td>Total Discharges (Exc NB)</td>
<td>1,708</td>
<td>1,835</td>
<td>1,861</td>
<td>7.4%</td>
</tr>
<tr>
<td>Total Discharges</td>
<td>2,053</td>
<td>2,172</td>
<td>2,239</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

#### Inpatient Case Activity

<table>
<thead>
<tr>
<th>MS Discharges</th>
<th>1,215</th>
<th>1,313</th>
<th>1,298</th>
<th>8.1%</th>
<th>1.1%</th>
<th>8,159</th>
<th>8,484</th>
<th>8,161</th>
<th>8.4%</th>
<th>8.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries</td>
<td>372</td>
<td>369</td>
<td>404</td>
<td>(0.8%)</td>
<td>(8.7%)</td>
<td>3,005</td>
<td>2,876</td>
<td>2,977</td>
<td>(4.3%)</td>
<td>(3.4%)</td>
</tr>
<tr>
<td>BHS</td>
<td>85</td>
<td>115</td>
<td>120</td>
<td>35.3%</td>
<td>(4.2%)</td>
<td>767</td>
<td>797</td>
<td>813</td>
<td>3.9%</td>
<td>(1.9%)</td>
</tr>
<tr>
<td>Rehab</td>
<td>37</td>
<td>37</td>
<td>39</td>
<td>0.0%</td>
<td>(4.9%)</td>
<td>257</td>
<td>262</td>
<td>259</td>
<td>1.9%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

#### Outpatient Case Activity

| Total Outpatient Cases | 17,817 | 15,120 | 18,447 | (15.1%) | (18.0%) | 120,930 | 116,827 | 123,259 | -3.4% | (5.2%) |
| OP Surg            | 4,850  | 4,885  | 4,675  | 0.7%   | 4.5%    | 30,561  | 35,561  | 29,307  | 16.4% | 21.3%  |
| Endo              | 556    | 612    | 440    | 10.1%  | 39.1%   | 4,115   | 4,426   | 3,095   | 7.6%  | 43.0%  |
| Interventional    | 209    | 206    | 216    | (1.4%) | (4.7%)  | 1,616   | 1,694   | 1,567   | 4.8%  | 8.1%   |
| All Other         | 193    | 182    | 191    | (5.7%) | (4.7%)  | 1,358   | 1,314   | 1,334   | (3.2%) | (1.5%)  |
|                   | 12,009 | 9,235  | 12,925 | (23.1%) | (28.6%) | 83,280  | 73,832  | 87,954  | (11.3%) | (16.1%) |

#### Hospital Payor Mix

| Medicare        | 49.5% | 52.2% | 48.4% | 5.5% | 7.3% | 47.4% | 49.7% | 47.4% | 4.9% | 4.6% |
| Medi-Cal        | 8.9%  | 8.9%  | 9.0%  | 0.0% | (0.4%) | 8.3%  | 8.8%  | 8.4%  | 6.1% | 3.9% |
| Commercial      | 39.3% | 36.6% | 40.7% | (7.0%) | (11.3%) | 42.2% | 39.4% | 42.2% | (6.6%) | (7.0%) |
| Other           | 2.2%  | 2.2%  | 1.9%  | 2.0% | 15.5% | 2.1%  | 2.1%  | 2.0%  | (2.0%) | 5.6% |
YTD FY2023 Financial KPIs – Monthly Trends

---

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

- **Current & Prior Fiscal Year**
- **Actual**
- **Prior Year**
- **Budget**

---

**Hospital Adjusted Discharges**

- **Actual**
- **Prior Year**
- **Budget**

---

**Hospital Payor Mix**

- **Medicare**
- **Medi-Cal**
- **HMO/PPO/Indemnity**
- **Other**

---

**Consolidated Net Days in AR**

- **Actual**
- **Prior Year**
- **Budget**
Period 7 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 01/31/2023) ($000s)

<table>
<thead>
<tr>
<th></th>
<th>Period 7- Month</th>
<th></th>
<th>Period 7- FYTD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Actual</td>
</tr>
<tr>
<td>El Camino Hospital Operating Margin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mountain View</td>
<td>6,961</td>
<td>12,979</td>
<td>(6,018)</td>
<td>63,463</td>
</tr>
<tr>
<td>Los Gatos</td>
<td>5,371</td>
<td>3,695</td>
<td>1,676</td>
<td>36,350</td>
</tr>
<tr>
<td>Sub Total - El Camino Hospital, excl. Affiliates</td>
<td>12,332</td>
<td>16,674</td>
<td>(4,342)</td>
<td>99,813</td>
</tr>
<tr>
<td>Operating Margin %</td>
<td>11.0%</td>
<td>14.5%</td>
<td></td>
<td>12.6%</td>
</tr>
<tr>
<td>El Camino Hospital Non Operating Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub Total - Non Operating Income</td>
<td>52,254</td>
<td>2,402</td>
<td>49,852</td>
<td>68,193</td>
</tr>
<tr>
<td>El Camino Hospital Net Margin</td>
<td>64,586</td>
<td>19,077</td>
<td>45,509</td>
<td>168,006</td>
</tr>
<tr>
<td>ECH Net Margin %</td>
<td>57.7%</td>
<td>16.5%</td>
<td></td>
<td>21.3%</td>
</tr>
<tr>
<td>Concern</td>
<td>598</td>
<td>72</td>
<td>526</td>
<td>846</td>
</tr>
<tr>
<td>Foundation</td>
<td>1,614</td>
<td>(60)</td>
<td>1,674</td>
<td>2,814</td>
</tr>
<tr>
<td>El Camino Health Medical Network</td>
<td>(2,543)</td>
<td>(3,159)</td>
<td>616</td>
<td>(19,783)</td>
</tr>
<tr>
<td>Net Margin Hospital Affiliates</td>
<td>(332)</td>
<td>(3,148)</td>
<td>2,816</td>
<td>(16,123)</td>
</tr>
<tr>
<td>Total Net Margin Hospital &amp; Affiliates</td>
<td>64,254</td>
<td>15,929</td>
<td>48,326</td>
<td>151,883</td>
</tr>
</tbody>
</table>

ECH Board Meeting Public Packet March 8, 2023 Page 22 of 26
## Consolidated Balance Sheet (as of 01/31/2023) ($000s)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>CURRENT ASSETS</th>
<th>Audited</th>
<th></th>
<th>CURRENT LIABILITIES</th>
<th>Audited</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January 31, 2023</td>
<td>June 30, 2022</td>
<td></td>
<td>January 31, 2023</td>
<td>June 30, 2022</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>195,065</td>
<td>196,067</td>
<td>Accounts Payable</td>
<td>53,421</td>
</tr>
<tr>
<td></td>
<td>Short Term Investments</td>
<td>148,367</td>
<td>125,816</td>
<td>Salaries and Related Liabilities</td>
<td>23,047</td>
</tr>
<tr>
<td></td>
<td>Patient Accounts Receivable, net</td>
<td>210,466</td>
<td>209,668</td>
<td>Accrued PTO</td>
<td>34,413</td>
</tr>
<tr>
<td></td>
<td>Other Accounts and Notes Receivable</td>
<td>17,969</td>
<td>21,044</td>
<td>Worker’s Comp Reserve</td>
<td>2,300</td>
</tr>
<tr>
<td></td>
<td>Intercompany Receivables</td>
<td>12,503</td>
<td>13,998</td>
<td>Third Party Settlements</td>
<td>11,518</td>
</tr>
<tr>
<td></td>
<td>Inventories and Prepaids</td>
<td>39,911</td>
<td>36,476</td>
<td>Intercompany Payables</td>
<td>8,775</td>
</tr>
<tr>
<td></td>
<td>Total Current Assets</td>
<td>624,280</td>
<td>603,068</td>
<td>Malpractice Reserves</td>
<td>2,096</td>
</tr>
<tr>
<td></td>
<td>BOARD DESIGNATED ASSETS</td>
<td></td>
<td></td>
<td>Bonds Payable - Current</td>
<td>10,400</td>
</tr>
<tr>
<td></td>
<td>Foundation Board Designated</td>
<td>23,973</td>
<td>18,721</td>
<td>Bond Interest Payable</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Plant &amp; Equipment Fund</td>
<td>368,059</td>
<td>310,045</td>
<td>Other Liabilities</td>
<td>12,372</td>
</tr>
<tr>
<td></td>
<td>Women’s Hospital Expansion</td>
<td>30,473</td>
<td>30,261</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operational Reserve Fund</td>
<td>207,898</td>
<td>182,907</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Benefit Fund</td>
<td>17,732</td>
<td>18,299</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workers Compensation Reserve Fund</td>
<td>14,029</td>
<td>14,029</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postretirement Health/Life Reserve Fund</td>
<td>30,417</td>
<td>29,783</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PTO Liability Fund</td>
<td>33,663</td>
<td>33,709</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malpractice Reserve Fund</td>
<td>1,893</td>
<td>1,906</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catastrophic Reserves Fund</td>
<td>28,589</td>
<td>24,668</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Board Designated Assets</td>
<td>756,724</td>
<td>664,329</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FUNDS HELD BY TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LONG TERM INVESTMENTS</td>
<td>452,511</td>
<td>495,751</td>
<td>DEFERRED REVENUE-UNRESTRICTED</td>
<td>12,551</td>
</tr>
<tr>
<td></td>
<td>CHARITABLE GIFT ANNUITY INVESTMENTS</td>
<td>949</td>
<td>940</td>
<td>DEFERRED INFLOW OF RESOURCES</td>
<td>104,214</td>
</tr>
<tr>
<td></td>
<td>INVESTMENTS IN AFFILIATES</td>
<td>30,643</td>
<td>30,376</td>
<td>FUNDBALANCE/CAPITAL ACCOUNTS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROPERTY AND EQUIPMENT</td>
<td></td>
<td></td>
<td>Unrestricted</td>
<td>2,290,040</td>
</tr>
<tr>
<td></td>
<td>Fixed Assets at Cost</td>
<td>1,907,940</td>
<td>1,872,501</td>
<td>Board Designated</td>
<td>208,652</td>
</tr>
<tr>
<td></td>
<td>Less: Accumulated Depreciation</td>
<td>(822,931)</td>
<td>(778,427)</td>
<td>Restricted</td>
<td>42,417</td>
</tr>
<tr>
<td></td>
<td>Construction in Progress</td>
<td>139,134</td>
<td>96,603</td>
<td>Total Fund Bal &amp; Capital Accts</td>
<td>2,541,109</td>
</tr>
<tr>
<td></td>
<td>Property, Plant &amp; Equipment - Net</td>
<td>1,224,143</td>
<td>1,190,676</td>
<td>TOTAL LIABILITIES AND FUND BALANCE</td>
<td>3,354,322</td>
</tr>
<tr>
<td></td>
<td>DEFERRED OUTFLOWS</td>
<td>18,971</td>
<td>19,474</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RESTRICTED ASSETS</td>
<td>34,669</td>
<td>31,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER ASSETS</td>
<td>211,430</td>
<td>216,842</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL ASSETS</td>
<td>3,354,322</td>
<td>3,252,657</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Finance

We recently concluded our annual update meetings with all three rating agencies. Fitch affirmed our ‘AA’-rating and upgraded our outlook from ‘Stable’ to ‘Positive’, the change reflects strong FY2022 and YTD FY2023 financial performance. We expect to receive updates from S&P and Moody’s in the next few weeks, once they present to their respective credit committees.

Operations

Lab
The chemistry line automation project remains on track to finish in March. The line contributed to 65% of all tests performed in our Core Laboratory. Ninety percent of all stat tests ordered in the Emergency Room are resulted within one hour. The age of the current automation line (19 years) has unscheduled downtimes, which effects our throughput and turnaround time.

The smart technology and total testing management system with this new automation line will add enhancements which will improve turnaround time by 25% and increase testing capacity without increasing labor costs. In addition, the automation line will continue to minimize the need for more Clinical Laboratory Scientist managing chemistry analyzers at a 1:1 ratio.

Nursing

Cheryl Reinking, our Chief Nursing Officer, has been named as a member of the School of Nursing and Health Sciences Advisory Council at her alma mater, Illinois Wesleyan University.

El Camino Health has been designated as an ANCC Magnet organization four times – in 2025 it will be 20 years since our first designation. Our next application and supporting documents are due in 2025 for our fifth designation and we are already in full preparation. The standards have changed since our last designation so we have chosen to bring in an expert group to conduct a gap analysis to understand where we are currently meeting the standards and where we have opportunities to improve our structures and processes in our nursing program.

Human Resources

Talent Development
ECH welcomed our first cohort of interns from Mountain View Los Altos High School District’s Advancement via Individual Determination (AVID) program during their mid-winter break. These interns helped with special projects in Clinical Research and Legal Services while also having the opportunity to shadow in other hospital departments. Several members of the executive team met with the interns to share their journeys and experiences in the healthcare industry. We will continue our new partnership with the AVID Program with additional cohorts of student interns in April and June. Funds to support these internship opportunities were provided by a Community Benefit grant.

Labor Relations
Planning and analysis has been initiated for successor negotiations with PRN who represents our Registered Nurses unit. The current agreement expires June 30, 2023. Thus far, preparations include review of issues and performance under the current Memorandum of Understanding and identification of areas for improvement to ensure alignment with ECH organizational and patient care goals. HR held focus group sessions with the nursing management team on January 26th and 27th to get their suggestions on areas to address during negotiations.

Information Services

Patient Camera Deployment – Mountain View
Additional visual patient cameras to enable remote monitoring for the safe care of patients while reducing the cost and need for in-room sitters. The patient cameras are mobile and provide a live audio and video image back to the CMU department where technicians continuously monitor and quickly intervene in the event of a risk to the patient. This is the first phase of a larger expansion of remote monitoring services that will provide improved patient outcomes and reduced cost of care.

Artificial Intelligence for Imaging
ECH implemented a new voice-recognition solution combining top ranking speech recognition technology, artificial intelligence (AI)-driven real-time clinical insights, workflow management and productivity enhancing tools to improve quality, efficiency, compliance and cost control.

ECH has invested in the latest AI technology to improve radiologist workflow efficiency, reduce burnout, improve reading quality and accuracy with auto-generation of the impression section of a radiology report. The AI solution inserts consensus guidelines and recommendations. This radiology AI can save 60+ minutes of dictation time a day while improving report turn-around-times and ultimately, patient through-put.

El Camino Health Foundation

In period 7, El Camino Health Foundation received $3,124,466 in donations. This brings total funds raised by January 31, 2023 to $9,080,310, which is 94 percent of goal for fiscal year 2023.

El Camino Health Foundation has recently received two significant gifts to enhance adolescent mental health services. The first, from the Thomas and Donna Whitney Education Foundation, will fund the ASPIRE Parent Education Program (PEP), a community education venture that builds on the parent education nights currently presented in collaboration with local school districts, which the Whitney Foundation previously funded. The gift will enable the Scrivner Center to develop an annual youth mental health symposium with the involvement of youth mental health leaders; a parent partner program that enables parents to connect with and support other parents as they navigate the youth mental health system; and a resource portal with text or video descriptions of skills that support effective communication with teens, connections to vetted community services, and blog posts relating to trending topics in youth mental health.

The Myra Reinhard Family Foundation has given a gift to support the operational costs of initiating a comprehensive, holistic aftercare Dialectical Behavior Therapy (DBT) program within El Camino Health for youth and families who complete the ASPIRE program. By offering its own program, El Camino Health can ensure ASPIRE families receive effective, quality services that support ongoing stabilization and skills maintenance. The program will launch by the end of fiscal year 2023 and will include a skills training group, individual treatment, DBT phone coaching, and a consultation team.
Government Relations & Community Partnerships

Government Relations
On February 21, the Los Gatos Rotary Club assembled and donated 100 activity kits for patients in active isolation in our Los Gatos Hospital. The bags include playing cards, a puzzle book, a brain teaser, chap stick, and a cheery get well greeting card from the Club.

Corporate Health Services

In the wake of recent tragedies in the Chinese community, CHI created a bilingual flyer with a list of local resources where community members can get help for their mental health needs. The flyer and link to our website was disseminated to more than 7,100 community members, community partners, and local government officials.

The South Asian Heart Center engaged 342 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 710 consultations and coaching sessions. We hosted 10 lifestyle workshops and health information events attended by 773 participants and community members. Participation in our programs is very robust.

Marketing and Communications

On the social media front for FY2023 so far, our impressions across all platforms is up 45.1%, our engagements are up 77.1%, our post link clicks are up 78.5%, and our engagement rate is up 22%. Our top performing post for February for both Facebook and LinkedIn was the “Dan Woods Named to Silicon Valley Business Journal’s Power 100” post.

Auxiliary

The Auxiliary donated 2,998 volunteer hours for the month of January.