

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, June 14, 2023 – 5:30 pm

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040 | Sobrato Boardroom 1

Don Watters will be participating by teleconference from 237 Toyopa Drive, Pacific Palisades, CA, 90272

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 947 1725 3414# No participant code. Just press #.**

To watch the meeting, please visit: [ECH Board Meeting Link](#)

Please note that the link 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	ACTION	ESTIMATED TIMES
1	CALL TO ORDER/ROLL CALL	Bob Rebitzer, Board Chair	Information	5:30 – 5:31 pm
2	AB 2449 – REMOTE PARTICIPATION	Bob Rebitzer, Board Chair	Information	5:31 – 5:32
3	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:32 – 5:33
4	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, at most three (3) minutes, on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Bob Rebitzer, Board Chair	Information	5:33 – 5:36
5	RECOGNITION OF ECH BOARD MEMBER JULIE KLIGER	Bob Rebitzer, Board Chair	Information	5:36 – 5:41
6	<u>QUALITY COMMITTEE REPORT</u>	Carol Somersille, Chair of Quality Committee; Dr. Holly Beeman, Chief Quality Officer	Information	5:41 – 5:46
7	ADJOURN TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	5:46 – 5:47
8	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:47 – 5:48
9	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: ENTERPRISE RISK MANAGEMENT	Omar Chughtai, Chief Growth Officer Diane Wigglesworth, Sr. Director of Corporate Compliance	Discussion	5:48 – 5:53
10	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: LOS GATOS CAMPUS DEVELOPMENT	Omar Chughtai, Chief Growth Officer	Information	5:53 – 6:00
11	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: FY24 OPERATING AND CAPITAL BUDGET	Carlos Borhorquez, Chief Financial Officer	Discussion	6:00 – 6:20
12	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: FY24 STRATEGIC GOALS	Dan Woods, Chief Executive Officer	Discussion	6:20 – 6:35
13	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: AMBULATORY SURGERY CENTER ACQUISITION	Dan Woods, Chief Executive Officer Omar Chughtai, Chief Growth Officer	Discussion	6:35 – 6:50

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.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
14	<i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets: a. Enterprise Medical Director Rehabilitation Services b. Anesthesia Services Agreement c. Radiation Oncology Recruitment Agreement	Dan Woods, Chief Executive Officer	Discussion	6:50 – 6:55
15	Report involving <i>Gov't Code Section 54957(b)</i> for discussion and information on personnel matters: CEO REPORT	Dan Woods, Chief Executive Officer	Discussion	6:55 – 7:00
16	Report involving <i>Gov't Code Section 54957(b)</i> for discussion and information on personnel performance matters – Senior Management: EXECUTIVE SESSION	Bob Rebitzer, Board Chair	Discussion	7:00 – 7:10
17	CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i>	Bob Rebitzer, Board Chair	Motion Required	7:10 – 7:15
	<u>Approval</u> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board (05/10/2023) <i>Reviewed and Recommended for Approval by the Quality, Patient Care, and Patient Experience Committee – 06/05/2023</i> <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: b. Credentialing and Privileges Report			
18	ADJOURN TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	7:15 – 7:16
19	RECONVENE OPEN SESSION/ REPORT OUT	Bob Rebitzer, Board Chair	Information	7:16 – 7:17
	To report any required disclosures regarding permissible actions taken during Closed Session.			
20	<u>FY24 OPERATING AND CAPITAL BUDGET</u>	Carlos Borhorquez, Chief Financial Officer	Motion Required <i>public comment</i>	7:17 – 7:27
21	<u>FY24 ORGANIZATIONAL PERFORMANCE GOALS</u>	Dan Woods, Chief Executive Officer	Motion Required <i>public comment</i>	7:27 – 7:29
22	<u>CEO REPORT</u>	Dan Woods, Chief Executive Officer	Information	7:29 – 7:34
23	CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> <u>Approval</u> a. Hospital Board Minutes (05/10/23) Open Session Minutes b. Enterprise Medical Director Rehabilitation Services c. Anesthesia Services Agreement d. Radiation Oncology Recruitment Agreement <i>Reviewed and Recommended for Approval by the Finance Committee – 05/31/2023</i> e. Medical Staff Development Plan f. FY24 Implementation Strategy Report and Community Benefit Plan	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	7:34 – 7:44

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
	<p>Reviewed and Recommended for Approval by the Governance Committee - 05/02/2023</p> <p>g. FY24 Master Calendar</p> <p>h. FY24 Committee Goals</p> <p>i. FY24 Committee Pacing Plans</p> <p>j. FY24 Committee and Liaisons Appointments</p> <p>k. Committee Charter Updates</p> <p>Reviewed and Recommended for Approval by the Investment Committee – 05/08/2023</p> <p>l. Global Equity Managers</p> <p>Reviewed and Recommended for Approval by the Medical Executive Committee</p> <p>m. Policies, Plans, and Scope of Services</p> <p>Information</p> <p>Approved by the Executive Compensation Committee – 06/13/2023</p> <p>n. FY24 Executive Performance Goals</p> <p>Approved by the Finance Committee – 05/31/2023</p> <p>o. Period 10 Financials</p>			
24	BOARD COMMENTS	Bob Rebitzer, Board Chair	Information	7:44 – 7:54
25	ADJOURNMENT	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	7:54 – 7:55

APPENDIX

**El Camino Health Board of Directors
Quality, Patient Care and Patient Experience Committee Memo**

To: El Camino Hospital Board of Directors
From: Holly Beeman, MD, MBA, Chief Quality Officer
Carol Somersille, Committee Chair
Date: June 14, 2023
Subject: Activities of the June 5, 2023 ECH Quality, Patient Care and Patient Experience Committee Meeting (Quality Committee)

Purpose and Authority:

The governing board of El Camino Hospital is responsible for oversight of the quality and safety of the care provided to El Camino Health patients. The Quality, Patient Care and Patient Experience Committee has the delegated authority to oversee the Quality, Experience and Safety programs through review of the quality of care we deliver and the implementation of specific improvement activities and projects on an ongoing basis for all services provided by the hospital, while considering the scope and complexity of those services and the patient populations we serve.

Summary:

1. During the Open Session of the June 5th Quality Committee meeting the following items were reviewed and approved on the Consent Calendar;
 - a. Minutes of the open session of the May 1, 2023 Quality Committee Meeting
 - b. Report on Board Actions
 - c. Progress against FY2023 Committee Goals
 - d. FY23 Enterprise Quality Dashboard
 - e. Leapfrog Spring 2023 Grades (A for both Los Gatos and Mountain View Campuses)
 - f. Quality Committee Follow-up Items
2. The Quality Committee Chair, Dr. Somersille, provided a verbal report on our Quality Committee self-assessment survey completed in May 2023.
3. Cheryl Reinking, Chief Nursing Officer, shared a patient story highlighting Maternal Child Health patient experience and items that make a difference to our families and their experience while delivering a child at ECH. Committee members expressed interest in touring the new facility once opened.
4. Chief Quality Officer, Dr. Beeman, facilitated a discussion about Health Equity at ECH. Initial priorities are;
 - a. Ensuring data accuracy for race, ethnicity self-reported information from our patients.
 - b. More accurately identifying which of our patients are homeless, and, ensuring we follow our processes to safely care and discharge our patients who are homeless. Committee Member, Ms. Melora Simon, shared her experiences and insights into resources for this vulnerable patient population.
 - c. Restructuring our existing Quality Council to have more process improvement and quality analytics support for departments. In addition, the expectation that as of January 2024 every department will include a health equity measure in their process improvement department initiatives along with the other quality measures.
 - d. Interrogation of our internal behaviors and treatment of patients with a diagnosis of sepsis based on their race and ethnicity.

Discussion of health equity was robust and thoughtful. The committee requests that in addition to the four priorities above (a-d) that management also prioritize collecting patient information on sexual orientation, gender identity (SOGI). There was also insight shared

from physician members of the committee about the barriers our patient experience because of our inconsistent utilization of tools and resources to communicate with them in their preferred language. Management will additionally look to improve our current practice of communicating with patients in their preferred language.

5. The Fiscal Year 2023 Quality Assessment and Performance Improvement Plan was reviewed and approved.



El Camino Health

FY2024 Operating / Capital Budget Open Session

Dan Woods, Chief Executive Officer

Carlos Bohorquez, Chief Financial Officer

June 14, 2023

Table of Contents

The purpose of this presentation is to provide the Board an overview of the FY2024 operating & capital budget:

1. Volume, Revenue, Expense Categories and Consolidated Operating Budget
2. Routine, Strategic and Facilities Capital
3. Proposed Motion

FY2024 Key Volume, Revenue and Expense Assumptions

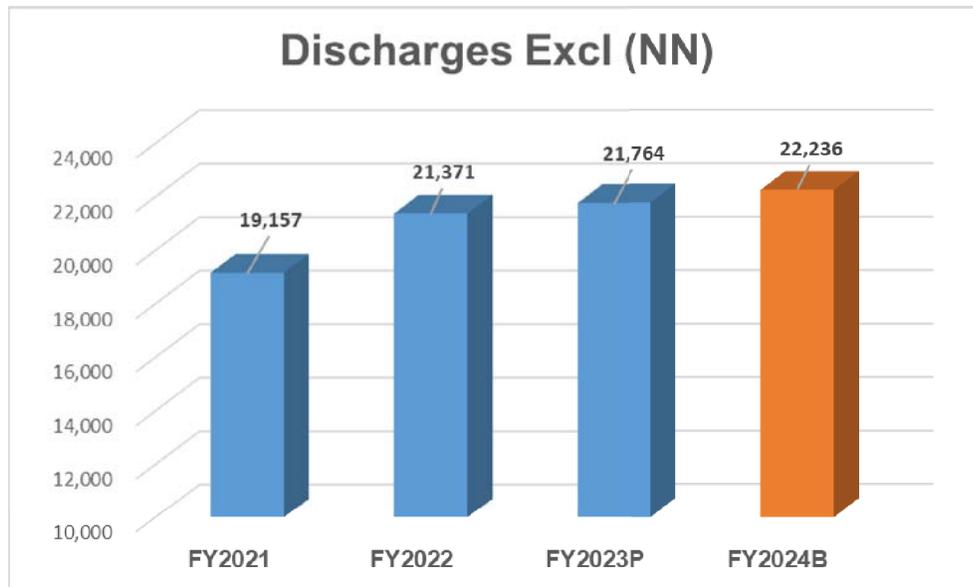
Category	Item Description	FY2024 Assumption	Comments
Volume: Inpatient	Inpatient discharges	Projected Increase over FY2023: <ul style="list-style-type: none"> Mountain View: 2.3% Los Gatos: 0.9% TOTAL 2.1%	Based on Projections by Service Line Leaders and Market Growth
Volume: Outpatient	Outpatient encounters	Projected Increase over FY2023: <ul style="list-style-type: none"> Mountain View: 1.9% Los Gatos: 3.7% TOTAL: 2.4%	Based on Projections by Service Line Leaders and Market Growth
Revenue: Payor Mix	Based on Gross Charges	FY2024 Budget: Medicare: 49.0% Commercial: 40.0% Medi-Cal: 9.2% Other: 1.8%	See graph for trend information
Expense: Labor	Outside Labor	FY2024 Budget: \$34.4M compared to \$57.0M Projected for FY2023	Outside Labor reduction plans and Departmental Budget Review. See graph for trend information.
Expense: Labor	Overtime Percent	FY2024 Budget: 3.9% compared to 5.1% YTD	Improved FY2023 Trend and Departmental Budget Reviews. See graph for trend information.

Inpatient & Outpatient Volume Statistics

Key Statistical Indicators

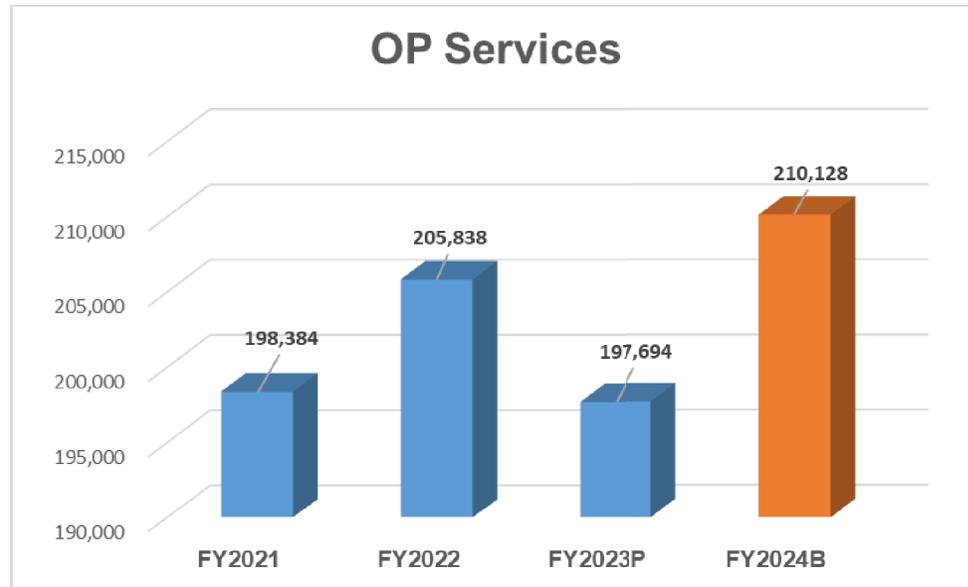
Inpatient Discharges (Excl. Newborn)

- Solid growth in FY23 carried over into FY24 Budget



Outpatient Services

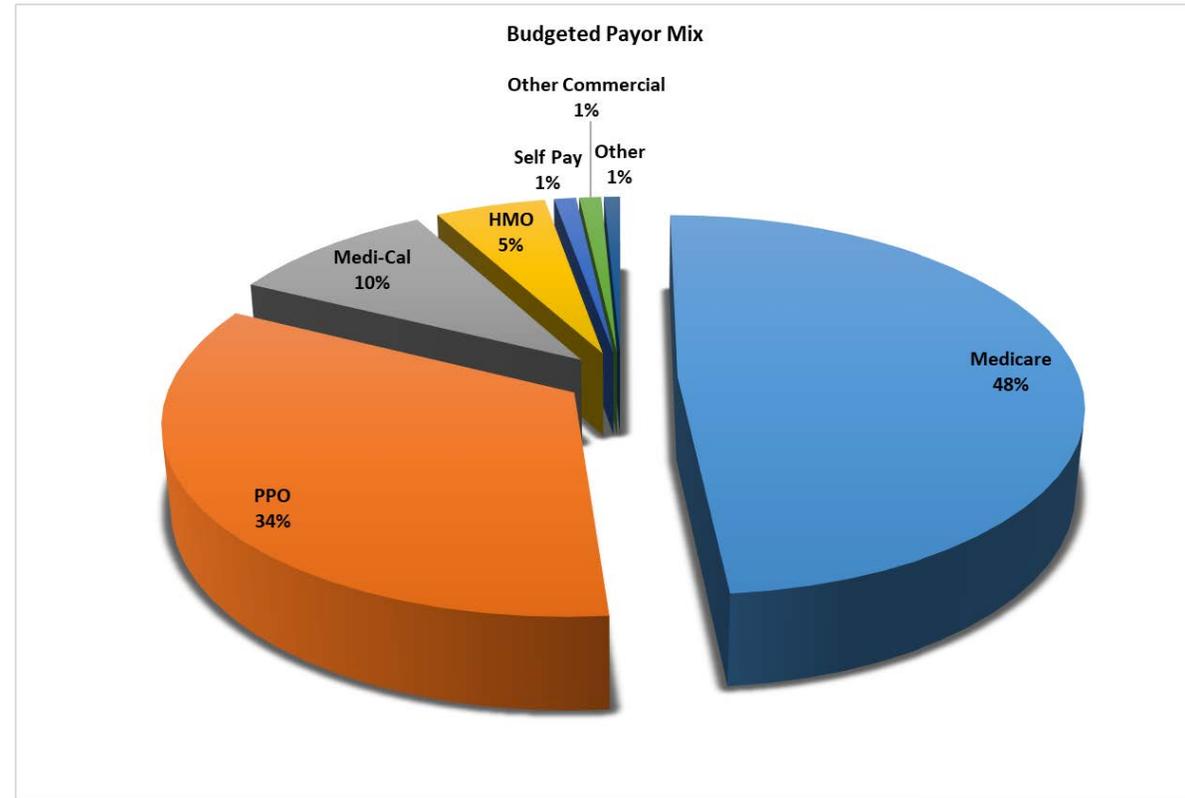
- Excluding laboratory services, outpatient volume is projected to increase YOY by 4.7%, primarily driven by growth in Emergency and Oncology services



FY2024 Budget: Gross Revenue by Payor Type

Key Revenue Considerations

Payor Category (\$000's)	Total Gross Charges
Medicare	\$3,010,825
PPO	\$2,094,683
Medi-Cal	\$600,570
HMO	\$320,186
Self Pay	\$63,936
Other Commercial	\$63,784
Other	\$46,602
Total	\$6,200,586

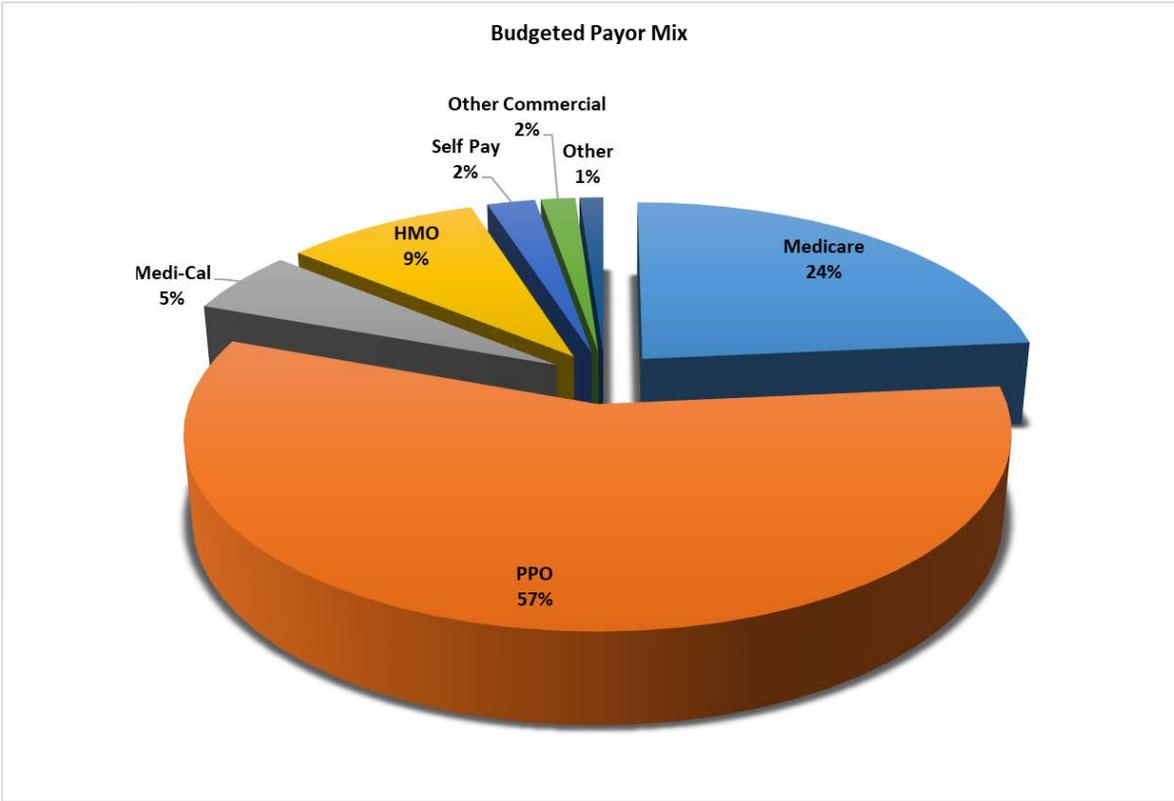


- Assumptions {
 - 6.25% overall effective rate increase
 - Medicare and PPO sources continue to be predominant payers (82% of total)

FY2024 Budget: Net Patient Revenue by Payor Type

Key Revenue Considerations

Payor Category (\$000's)	Net Patient Revenue
Medicare	\$349,256
PPO	\$846,970
Medi-Cal	\$80,142
HMO	\$134,768
Self Pay	\$33,529
Other Commercial	\$23,945
Other	\$16,507
Total	\$1,485,117

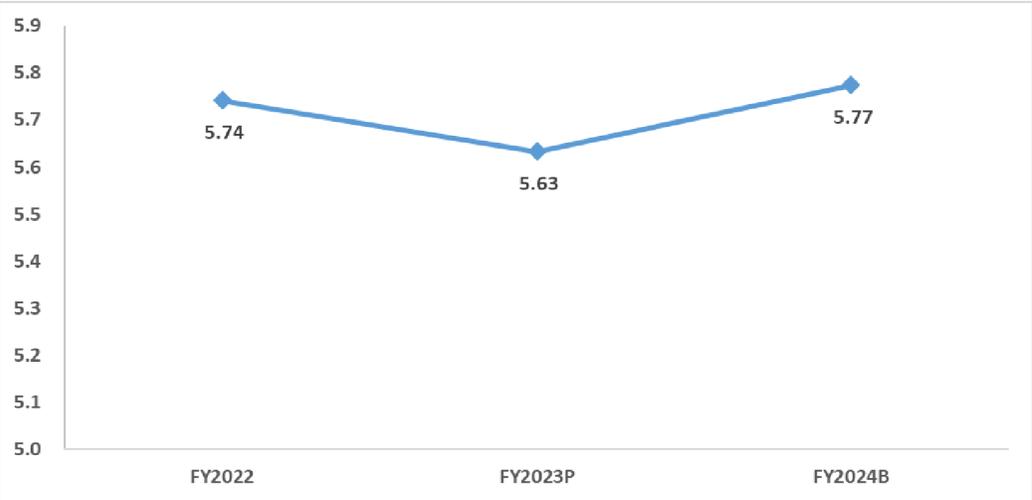


FY2024 Budget: Labor Analysis

Labor Analysis | FTEs

FY2024 Budgeted FTE Roll Forward (Hospital Only)	FTEs
FY2023 Paid FTEs (as of 2/28/2023)	3,284
Mid Year Additions	29
Volume Changes	28
FY2024 New FTE Approvals	34
Departmental Resets (LD and SPD)	11
FY2024 Paid FTE's	3,386

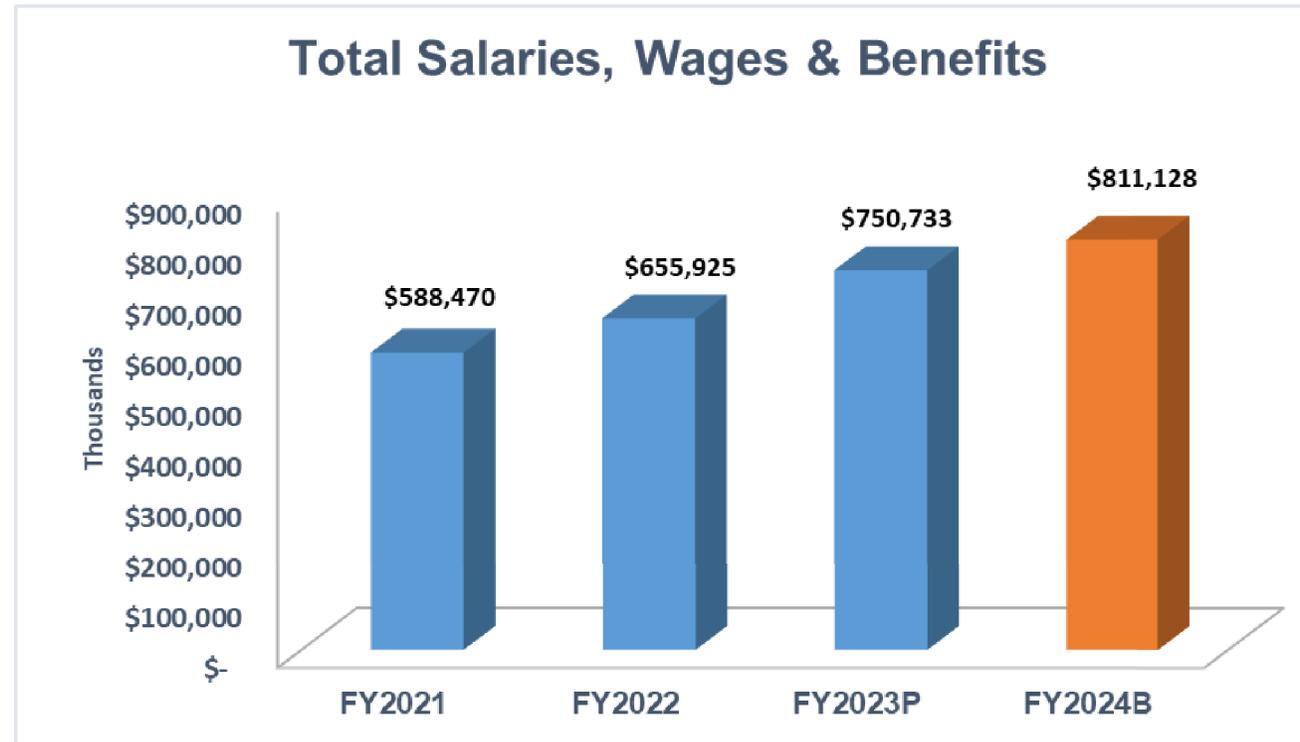
Hospital FTEs per AOB



FY2024 Budget: Labor Analysis

Labor Analysis | Salaries, Wages & Benefits

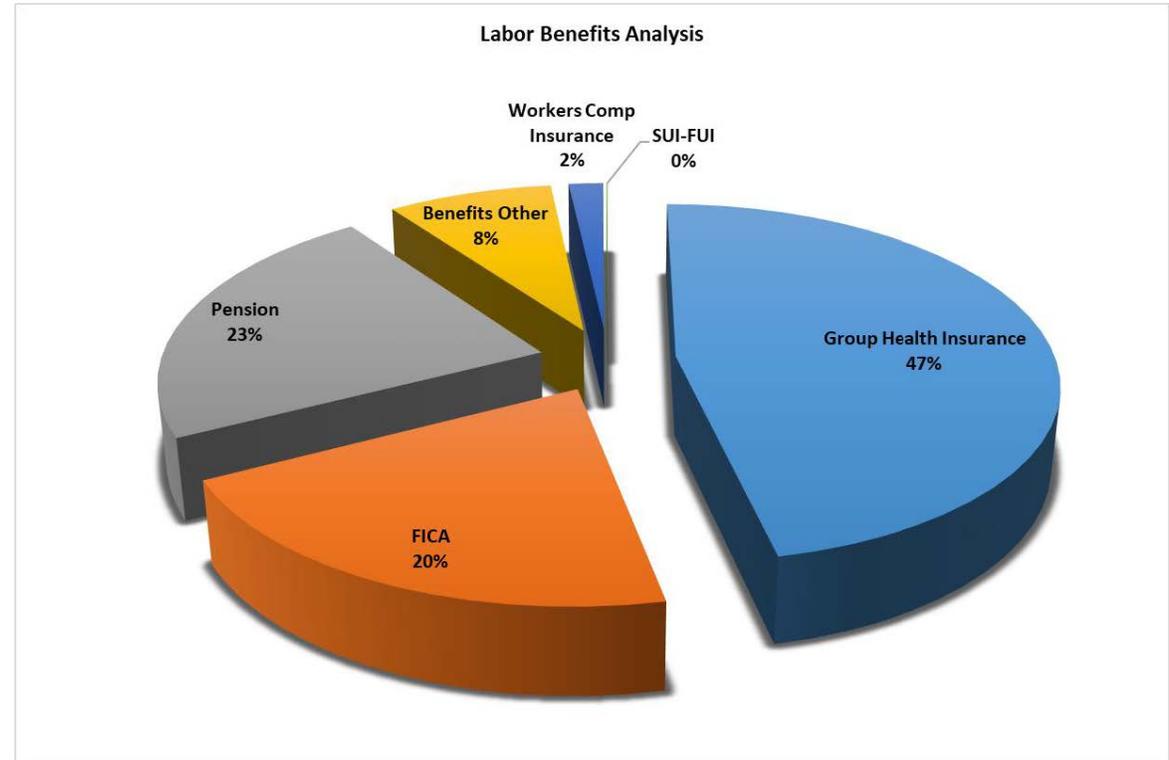
- FY2024 total Salaries, Wages, Contract Labor, and Benefits are increasing by \$60.4M, or 8.0%
- Salary and benefit increases include additional resources to support workforce stability



FY2024 Budget: Labor Analysis – Benefits Excl. PTO

Labor Analysis | Benefits (excl. PTO)

Type of Benefit	% of Total Benefit
Group Health Insurance	46.7%
FICA	20.7%
Pension	22.7%
Benefits Other	8.2%
Workers Comp Insurance	1.7%
SUI-FUI	0.1%
Total Benefit Spend (\$000's)	\$166,351



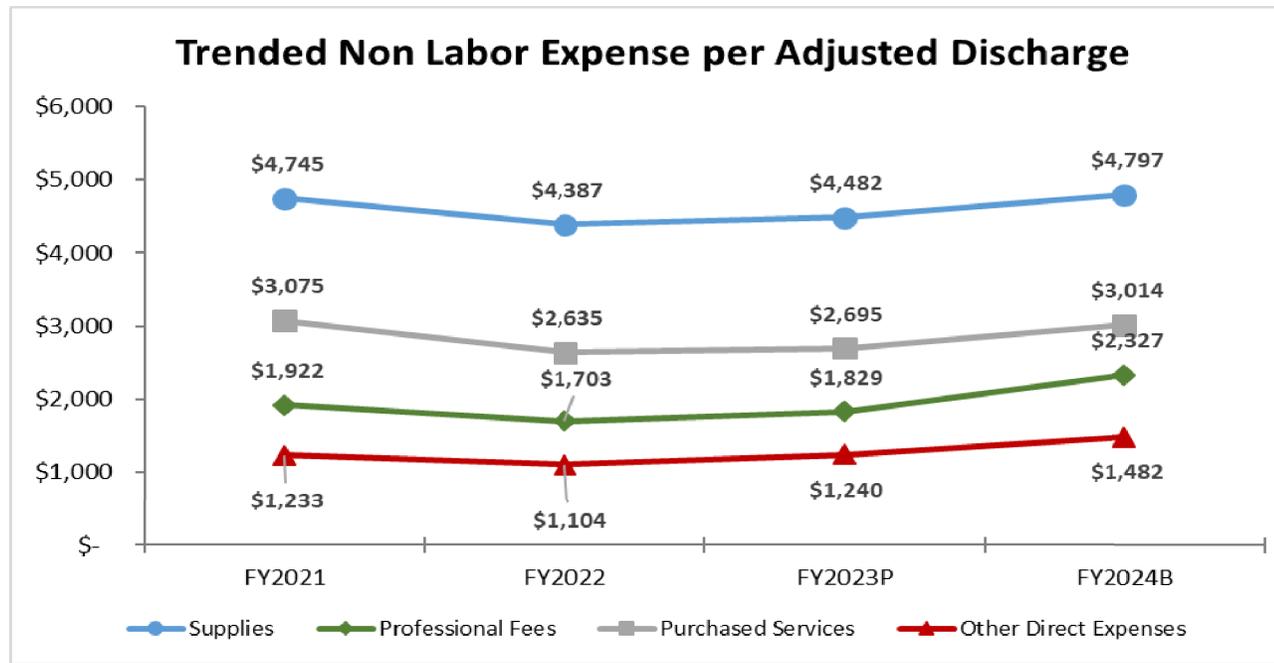
Significant Impacts

- Group Health Insurance premium increase
- FICA, Pension, and Worker’s Compensation are all increasing in proportion with salaries

FY2024 Budget: Non Labor Analysis

Non Labor Analysis | Summary

- FY2024 Non Labor expense is increasing \$23.7M, or 4.7%
- Primarily driven by:
 - Drug and Supply inflation
 - Increase of Specialty drug utilization in Infusion Centers
 - Resources in Purchased Services to support Strategic Initiatives

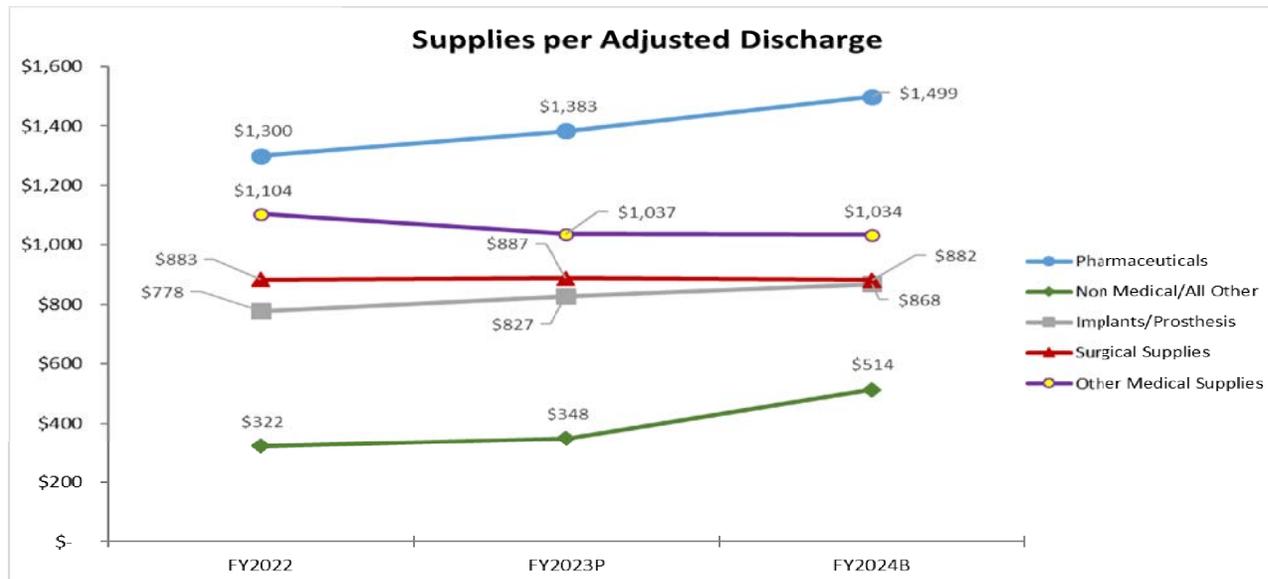


FY2024 Budget: Non Labor Analysis

Non Labor Analysis | Supplies

- Pharmaceutical increase driven primarily by:
 - Significant increases in Infusion services at Los Gatos campus
 - Inflation levels

FY2024 Supply Roll Forward	Expense (\$000's)
FY2023 Projected Supply Expense	188,823
Increase due to Volume and Utilization	13,263
Inflationary Increases	6,384
FY2024 Budgeted Supply Expense	208,470



FY2024 Budget: Non-Operating Expenses

Depreciation and Interest Expense

- Significant increase in depreciation and interest expenses starting in FY2021 are associated with Sobrato, Taube Pavilion and other projects coming online



Consolidated: Trajectory FY2019 – Budget FY2024

(Hospital Division, Medical Network, CONCERN and Foundation)

	Actual				Projected	Budget	
	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	Pct Change
Charges	3,527,745,688	3,648,323,525	4,309,256,613	5,122,894,747	5,637,289,552	6,200,586,380	10.0%
Deductions	2,582,888,862	2,665,627,360	3,201,345,516	3,813,743,003	4,276,467,289	4,715,469,203	10.3%
Net Patient Revenue	944,856,826	982,696,164	1,107,911,098	1,309,151,743	1,360,822,263	1,485,117,177	9.1%
Other Operating Revenue	41,772,270	55,792,398	48,431,083	44,367,400	48,570,208	64,627,001	33.1%
Total Revenue	986,629,097	1,038,488,562	1,156,342,181	1,353,519,143	1,409,392,470	1,549,744,178	10.0%
Yield	26.8%	26.9%	25.7%	25.6%	24.1%	24.0%	-0.8%
Salaries, Wages & Benefits	507,117,287	542,418,226	588,470,319	655,924,794	750,732,512	811,127,719	8.0%
Supplies & Drugs	137,755,567	152,490,256	171,714,469	183,688,685	188,822,990	208,469,990	10.4%
All Other Expenses	159,608,948	223,132,621	225,467,420	227,861,863	242,833,451	296,561,435	22.1%
Depreciation	51,681,546	53,981,527	66,486,173	74,069,927	76,973,108	80,164,484	4.1%
Interest Expense	4,239,805	9,449,117	16,959,584	16,887,469	17,607,407	16,492,777	-6.3%
Intra-organization Allocation	-	-	-	-	0	(4)	-11025.0%
Total Operating Expense	860,403,152	981,471,747	1,069,097,965	1,158,432,737	1,276,969,468	1,412,816,401	10.6%
Operating Margin	126,225,945	57,016,815	87,244,216	195,086,406	132,423,003	136,927,777	3.4%
Operating Margin %	12.8%	5.5%	7.5%	14.4%	9.4%	8.8%	-6.0%
Operating EBIDA	182,147,296	120,447,459	170,689,973	286,043,801	227,003,518	233,585,038	2.9%
Operating EBIDA %	18.5%	11.6%	14.8%	21.1%	16.1%	15.1%	-6.4%

FY2024 Budget – Routine, Strategic and Facilities Capital

FY2024 Capital Capacity Range	
- 1.3x Depreciation	104,213
- Cash Flow Capital Capacity	177,662

FY2024 Capital Capacity: \$177.7 million

Projects / Capital	Committed FY2024 Capital
Routine Capital / Equipment	17,500
Women's Hospital Expansion Project	30,000
MV Imaging Replacement Project	12,800
IR / Cath Lab Equipment Replacement	8,000
MV Main Pharmacy USP 797 & 800 Upgrades	6,500
LG Pharmacy USP 797 & 800 & Pathology Upgrades	4,700
Other Projects	7,055
Total Committed FY2022 Capital	86,555

Total Committed FY2024 Capital: \$86.5 million

Strategic Projects	Pending FC / Board Approval
Total	90,678

Total FY2024 Pending FC /Board Approval: \$90.7 million

TOTAL FY2024 CAPITAL BUDGET	177,233
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Proposed Motion

- Approval of the Fiscal Year 2024 operating and capital budget as recommended by the Finance Committee and Management

Proposed Fiscal Year 2024 Organizational Performance Goals – Draft 06/14/2023 for ECHB approval

Pillar	Weight	OBJECTIVES/ OUTCOMES	Benchmark		Measurement Defined			Measurement Period
			Internal Benchmarks	External Benchmark	Minimum	Target	Stretch	
Threshold		Maintain positive EBIDA Margin	FY2020: 11.6%; FY2021: 15.8% FY2022 through March: 19.6% Budget FY2023: 16.7%	Moody’s: Median for ‘A1’: 9.7% Median for ‘Aa3’: 8.9%	≥ 80% of budgeted Operating EBIDA Margin			FY2024
Quality and Safety	25%	HAC Index	FY2023 composite score	Benchmarked through CMS and Leapfrog metrics	2% improvement from FY2022 baseline	3% improvement from FY2022 baseline	4% improvement from FY2022 baseline	FY2024
Service	25% <small>(Hospital)</small>	Likelihood to Recommend (LTR) – Inpatient	FY2023 through March: 75.5 <small>(81st % ile)</small>	Press Ganey	Target minus distance between Target and Stretch	Target in line with top 50% of improvers	Target in line with top 30% of improvers	FY2024
	OR 25% <small>(ECHMN)</small>	Likelihood to Recommend (LTR) – ECHMN	FY2023 through March: 82.2 <small>(28th % ile)</small>	Press Ganey	Target minus distance between Target and Stretch	Target in line with top 50% of improvers	Target in line with top 30% of improvers	FY2024
People	25% <small>(Managers)</small>	Culture of Safety	FY2018: 4.04 FY2021: 3.96	2021 Nat. Avg. - 4.01 Targets based on statistically significant improvement	Methodology utilizes Press Ganey’s statistical significance analysis for recommended targets			FY2024
	OR 25% <small>(Employees)</small>		Participation in Culture of Safety Survey	Press Ganey average participation-75%	TBD	TBD	TBD	
Finance	25%	Operating EBIDA Margin	FY2023 YTD Q3: \$173 Million	Moody’s: Median for ‘A1’: 9.7% Median for ‘Aa3’: 8.9%	95% <i>of Budget</i> \$221M	100% <i>of Budget</i> \$233M	105% <i>of Budget</i> \$245M	FY2024

CEO Report
June 14, 2023
Dan Woods, Chief Executive Officer

Executive Staff

Carlos Borhorquez, CFO, was recently identified by Becker's Healthcare as one of the top CFOs in healthcare. The chief financial officers honored on this list are leading financial operations for health systems and hospitals throughout the nation.

These leaders are key players in strategic financial planning, growth and partnerships for their organizations. These CFOs are responsible for the financial viability of their hospitals and health systems, and are crucial to the overall success of their respective organizations.

Human Resources

The Employee Voice Survey and Physician Engagement Survey were launched on May 15, 2023. We achieved 83% participation by employees and 44% participation by physicians. Preliminary survey results will be available in soon accompanied by a more detailed analysis in July.

Nursing

Alicia Potolsky, DNP, RN, NE-BC, DipACLM was selected as a 2023 Silicon Valley Women of Influence. Alicia is currently the Associate Chief Nursing Officer at El Camino Health, Mountain View. Alicia has served in numerous nurse leader roles at El Camino Health including the Director of Cardiovascular and Critical Care Services, Clinical Manager of the Cardiac Telemetry Unit, and the Nursing Champion of the Epic Activation Project. In addition, Alicia serviced in other roles in nursing informatics and nursing education. Alicia started her career here at El Camino in 1997 as a clinical nurse in Medical Surgical Nursing. Alicia is known as a leader who can get things done with critical thinking and perseverance. Alicia and has certainly had much influence at El Camino in beginning new clinical programs, advancing nursing quality of care and optimizing the electronic health record.

El Camino Health nurses will be participating in the Stanford Healthcare Con which is a conference that brings together interdisciplinary professionals from California hospitals and health systems to increase knowledge in the areas of leadership, education, research and evidence based practice. El Camino Health Nurse Leaders and Clinical Nurses will be presenting 5 podium presentations, 7 poster presentations and Cheryl Reinking will serve as a CNO panelist.

Information Services

A new employee engagement system funded by the ECH Foundation was implemented on May 2nd, 2023. This new platform impacts employee engagement by simplifying the job of the frontline manager using AI, predictive science and personalization to create workforce intelligence that detects turnover risk and identifies opportunities to improve employee engagement and job satisfaction. Variability in management practice is measured and benchmarked, providing opportunities to coach and develop each leader, with the aim of increasing management best practices across the entire leader group at El Camino. Use of this product at other client locations has achieved proven outcomes – including reductions in 12-month turnover by up to 6 points and improvements in engagement scores of up to 20%. Results also include lower costs and increased patient quality and satisfaction.

El Camino Health Foundation

El Camino Health Foundation exceeded its total FY23 fundraising in period 10. The foundation received \$301,507 in donations in April. That brought total funds raised year-to-date to \$9,757,054, which is 101 percent of our annual goal.

On May 4th the foundation hosted a salon to highlight ASPIRE. Fifty major and prospective new major donors attended the cultivation and stewardship event, which was graciously hosted by Foundation Board Chair Romina Ahuja and her husband Kelly. Foundation President Andrew Cope announced the Ahujas' major gift to support ASPIRE's relocation to a larger space on the Los Gatos hospital campus. Their generosity inspired others in attendance to make gifts as well. The Foundation is now close to meeting its commitment to completely underwrite the cost of the renovation and move, which is estimated at \$1 million.

In May, the Foundation also launched the apricot blossom donor wall fundraising effort for the Orchard Pavilion renovation and expansion. This is an opportunity for community members to purchase and personalize tiles that will be displayed on a beautiful mosaic wall outside the building. A grateful NICU couple, new donors, were the first to contribute to this project and are championing the fundraising effort. We are now planning a donor open house in collaboration with marketing and government relations to celebrate completion of the second floor NICU and third floor mother-baby unit, and opening of the lobby. The event will take place on Tuesday, June 27. We will arrange a time for the board to have its own tour in July.

Marketing and Communications

On the media front, El Camino Health received coverage on the Leapfrog Hospital Safety Grades "A" award for both the Los Gatos and Mountain View Hospitals for Spring 2023. In addition, the marketing and communications team supported various Hospital week and Nurse's month communications and activities.

Auxiliary

The Auxiliary donated 3,024 volunteer hours for the month of April.

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

To: El Camino Hospital Board of Directors
From: Mark Adams CMO
Date: June 14, 2023
Subject: Medical Staff Development Plan (FY2024-FY2025)

Purpose:

Present the biennial medical staff development plan and proposed maximum recruitment expenditure for approval by the committee.

Recommendation:

To approve the requested funding for the next two-year period. (FY2024-FY2025)

Summary:

1. **Situation:** It is vitally important that El Camino Health maintain a complete and well-balanced medical staff to provide appropriate medical care. To support this requirement, El Camino Health traditionally provides for income guarantee recruitment of physicians who can fulfill a community need and are willing to commit to relocate to our community to serve our patients.
2. **Background:** Every two years a thorough physician community needs assessment is obtained by a third party with expertise in this area. As in the past, ECG was contracted for this purpose. Based on this community needs assessment, a list of potential physician recruitment targets are identified with a corresponding estimate of the costs associated with those targets. The costs are determined by the fair market value of the particular specialists' compensation needed to recruit them to our market. The previous FY 22/23 plan approved by the finance committee included 17 physicians for a total maximum recruitment support of \$6,950,000.
3. **Assessment:** Based on our analysis the proposal being submitted includes a potential maximum of 23 physician income guarantee recruitment to include the following:
 - Primary Care: 5
 - Ob/Gyn: 3
 - Psychiatry: 2
 - Neurology: 1
 - General Surgery: 4
 - Orthopedic Surgery: 3
 - Radiology: 1
 - Neurosurgery: 1
 - Nephrology: 1
 - Unspecified: 2

This represents a total of 23 with an estimated cost of \$10,030,000.

FY2024-FY2025 Medical Staff Development Plan
June 14, 2023

4. Outcomes: This will provide flexibility to be able to successfully recruit out of area physicians to fulfill a community need as opportunities arise.

List of Attachments: Complete 2023 Medical Staff Development Plan



2023 Medical Staff Development Plan

Tiffani Anderson

Mark Adams CMO

Physician Relations Department



Physician Recruitment Strategies

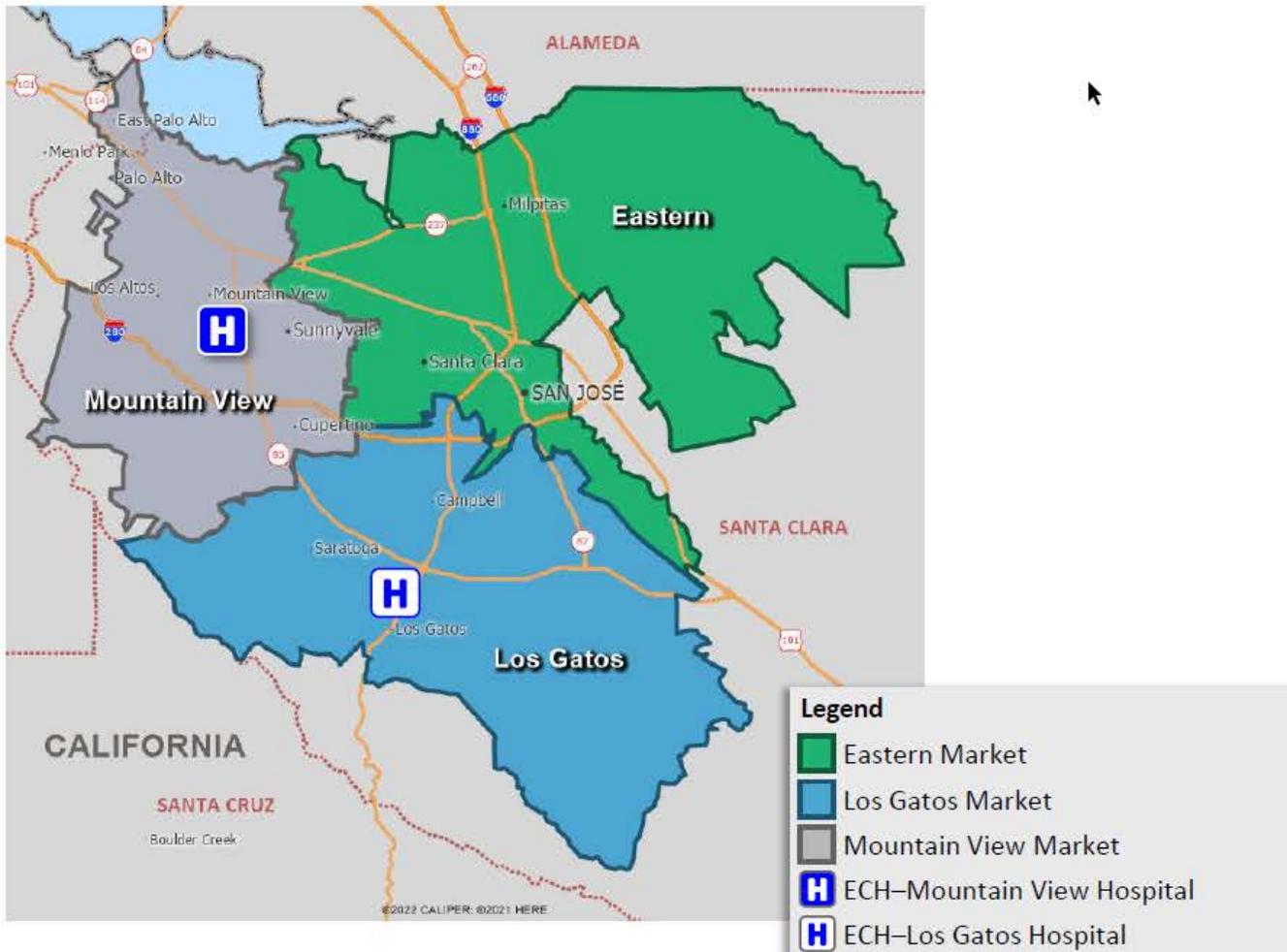
1. Shift Local Physician Preference to ECH: Local Recruitment
2. Income Guarantee Recruitment: Non-Local Recruitment
 - Bring physicians into the ECH Market in order to meet community and programmatic needs.
3. Employment: Grow El Camino Health Medical Network
 - Acquire physicians at SVMD Clinic sites
4. Alliances and Affiliations
 - Create opportunities through certain arrangements that facilitate a closer relationship with independent physicians such as the El Camino Health Alliance.

Project Methodology and Goals

Baseline Federal requirements to prove community need (one or more needed):

1. That there are not enough physicians in the community overall (not hospital specific) by use of comparative ratios
2. Inadequate access – inappropriate wait times across the community (not just one practice) or specific payor access issues that cannot be remedied with current resources
3. Potential loss of an essential community program (such as a trauma program or critical service line) – again, not hospital specific
4. Substantial community demographic change within the next three years (36 months) that would require addition of physicians to meet community needs
5. Risk of loss of community services within the next three years (36 months) due to departures or retirement of physicians

Service Area Geography - ECH



Current and Projected Population

Market Area	2022 Population	Est. 2027 Population	Five-Year Change
Mountain View	370,744	379,418	2.3%
Los Gatos	531,283	540,787	1.8%
Eastern	<u>619,576</u>	<u>636,346</u>	2.7%
ECH Total PSA	1,521,603	1,556,551	2.3%

Projected Population Change by Age Cohort

Market Area	0-14	15-24	25-44	45-64	65-74	75+
Mountain View	-1.4%	3.1%	-2.0%	1.7%	20.1%	8.3%
Los Gatos	-2.3%	2.0%	-1.8%	-0.4%	19.0%	10.4%
Eastern	-0.8%	10.1%	-7.4%	8.8%	15.4%	15.4%
ECH Total PSA	-1.4%	5.6%	-4.3%	3.6%	17.9%	11.5%

▶ The rapidly aging patient population in all three markets will increasingly require robust health services.

Recommendations:

- **Current Needs** – Those specialties identified as immediate needs based upon current staffing levels and accessibility within the service area.
- **Growth Needs** – Those specialties identified as growth related needs for the next three years.
- **Succession Planning Risks** – Those specialties which include staff physicians at or above the age of 55
 - *It is permissible to recruit proactively for any specialty in which there is a reasonable belief there will be a loss of the equivalent value of FTEs over the next three years (and age is not the sole determinant)*

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

To: El Camino Health Board of Directors
From: Jon Cowan, Senior Director, Government Relations & Community Partnerships
Date: June 14, 2023
Subject: FY24 Implementation Strategy Report and Community Benefit Plan

Recommendation: To approve the FY24 El Camino Health Implementation Strategy Report and Community Benefit Plan (Plan).

Summary:

- Situation:**
The Plan reflects a total request of \$3,410,000 and includes funding recommendations for grants, sponsorships and placeholder.
 - The Plan outlines strategies to address the top unmet health needs identified in the 2022 ECH CHNA
 - Grant proposals in the Plan set metrics aimed at reducing these unmet health needs
 - Sponsorships and placeholder funds are separate from grants and approved in aggregate amounts
- Authority:** Per the Community Benefit Grants Policy approved by the ECH Board of Directors, the Finance Committee reviews and approves the annual Plan.

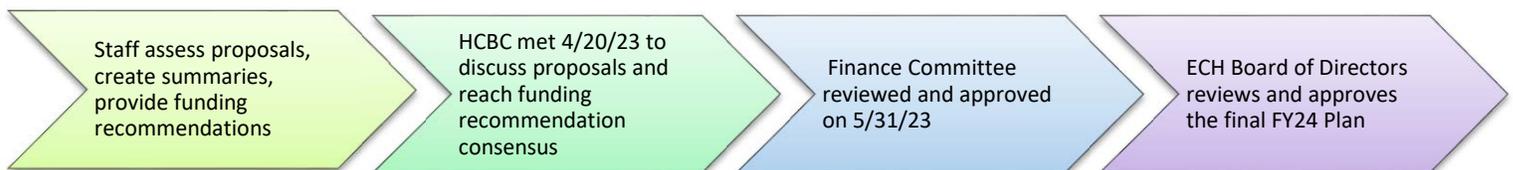
Background:

Plan

Plan includes grant proposals, sponsorships and placeholder.

Grant proposals review process:

- December 2022: Community Benefit (CB) FY24 application and Grant Guide released online with announcement to community and current grantees.



deadline

- February 24, 2023: Submission

FY24 Implementation Strategy Report and Community Benefit Plan
June 14, 2023

- Funding overview:

- **Grant Proposals: 44 recommended at \$3,310,000**

- Total Proposals: 71 (18% increase over prior year)
 - Total Requested: \$6,342,431 (17% increase over prior year)
 - Total Funded: \$3,310,000 (0% increase over prior year)
 - Total Unfunded: \$3,032,431 (43% increase over prior year)

- **Sponsorships: Recommended = \$85k**

- **Placeholder: Recommended = \$15k**

- **Placeholder process:** Designated funds to be used in accordance with the ECH Community Benefit Grants Policy/Placeholder

- **FY23 ECH Total Plan Request: \$3,410,000**

3. Other Reviews: Hospital Community Benefit Committee (HCBC) and Finance Committee reviewed proposals and provided funding recommendations.
4. Outcomes: ECH Board of Directors votes to fund original Plan or Plan with approved amendments.

Appendix: FY24 ECH Implementation Strategy Report and Community Benefit Plan

JULY 2023

S	M	T	W	T	F	S
						1
2	3	4 Indep. Day	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

AUGUST 2023

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7 QC	8	9 ECHB	10	11	12
13	14 IC	15 GC	16 ECHMN	17	18	19
20	21	22	23	24	25	26
27	28 FC	29	30	31	1	2

SEPTEMBER 2023

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4 Labor Day	5 QC	6	7	8	9
10	11	12	13 ECHB	14	15 Rosh Hashanah	16
17	18	19	20	21	22	23 JES
24	25 FC	26	27 CAC	28 ECC	29	30

OCTOBER 2023

S	M	T	W	T	F	S
1	2	3	4 Yom Kippur	5	6	7
8	9 Columbus Day	10	11 ECHB	12	13	14
15	16	17 ECHD	18 ECHMN	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

NOVEMBER 2023

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6 QC	7	8 ECHB	9	10 Veterans Day	11
12	13 IC	14 GC	15	16	17	18
19	20	21	22	23 Thanksgiving	24	25
26	27 FC	28	29 CAC	30 ECC	1	2

DECEMBER 2023

S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4 QC	5	6 ECHB Board Retreat	7 Hanukkah Begins	8	9
10	11	12 ECHD	13	14	15 Hanukkah Ends	16
17	18	19	20 ECHMN	21	22	23
24/31 Xmas Eve / NYE	25 Xmas	26 Kwanzaa	27	28	29	30

JANUARY 2024

S	M	T	W	T	F	S
31	1 NYD	2	3	4	5	6
7	8	9	10	11	12	13
14	15 MLK	16	17	18	19	20
21	22	23	24 ECHMN	25	26	27
28	29	30	31	1	2	3

FEBRUARY 2024

S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5 QC	6	7 ECHB	8	9	10 Chinese New Year
11	12 IC	13 ECHD	14	15	16	17
18 Ski Week	19 Pres. Day	20	21	22	23	24
25	26 FC IC	27 GC	28 CAC	29	1	2

MARCH 2024

S	M	T	W	T	F	S
25	26	27	28	29	1	2
3	4 QC	5	6	7	8	9
10 Ramadan Begins	11	12	13 ECHB	14	15	16
17	18	19 ECHD	20	21 ECC	22	23
24/31 Cesar Chavez / Easter	25 FC	27	27	28	29	30

APRIL 2024

S	M	T	W	T	F	S
31	1 Holy Monday	2	3	4 ECHMN	5	6
7	8 Spring Break	9 Eid al-Fitr	10	11	12	13
14 Ramadan Ends	15	16	17 ECHB	18	19	20
21 Passover begins @ sunset	22 Passover	23	24 CAC	25	26	27
28	29	30 Passover End	1	2	3	4

MAY 2024

*all Committees must meet and approve FY2025 goals before ECC and GC

S	M	T	W	T	F	S
28	29	30	1	2	3	4
5	6 QC	7	8 ECHB	9	10	11
12	13 IC	14	15	16	17	18 JES
19	20 FC	21 ECHD	22	23	24	25
26	27 Mem. Day	28	29	30	31	1

JUNE 2024

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3 QC	4 GC	5	6 ECC	7	8
9	10	11	12 ECHB	13	14	15
16	17	18 ECHD	19 Juneteenth	20 ECHMN	21	22
23/30	24	25	26 CAC	27	28	29

District Board ECHD	Hospital Board ECHB	ECH Board Retreat	Educational Sessions	Executive Comp ECC	Finance FC	Quality QC	Compliance CAC	Governance GC	Investment IC	ECHMN
5x per year (Year 2) 3 rd Tuesday	9x per year 2 nd Wednesday	1x per year March	2x per year or as needed September	4x per year 3 rd Thursdays	6x per year 4 th or Last Monday	8x per year 1 st Monday	5x per year 4 th Wednesday	4x per year Tuesdays	4x per year 2 nd Monday	6x per year 3 rd Wednesday

Revised 6/8/2023

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

To: El Camino Hospital Board of Directors
From: Dan Woods, Chief Executive Officer
Date: June 14, 2023
Agenda Item: Proposed FY24 Committee and Liaison Assignments

Recommendation:

Board Chair Rebitzer and Governance Committee Chair Chen have recommended no changes to the assignments this year. We are asking the Board to approve the Proposed FY24 Committee and Liaison Appointments.

Summary:

Each year, the Board Chair submits a proposed slate of Committee and Liaison assignments for approval. The Board Advisory Committee Charters state: "All Committee members, with the exception of new Community members, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year expiring on June 30th each year, renewable annually."

Pursuant to the Governance Committee's Charter, the Committee "shall review and make recommendations to the Board regarding the Board Chair's appointments of Advisory Committee Chairs and Advisory Committee members."

FY24 Proposal: Each Committee is comprised of El Camino Hospital Board Directors and Community Members. The Chiefs and Vice Chiefs of the Medical Staff serve as members and alternates of the Quality, Patient Care and Patient Experience Committee. Pursuant to the Advisory Committee Charters, Community Members may serve as Chair of any Committee except the Governance Committee. The proposed assignments include the following:

- **Lanhee Chen:** Will continue to serve as Chair of the Governance Committee
- **Peter Fung, MD:** Will continue to serve on the Finance Committee and the Investment Committee
- **Bob Miller:** Will continue to serve as Chair of the Executive Compensation Committee
- **Julia Miller:** Will continue to serve on the Compliance and Audit Committee and the Governance Committee and as Liaison to the ECH Foundation Board
- **Brooks Nelson:** Will continue to serve as Chair of the Investment Committee
- **Jack Po:** Will continue to serve as Chair of the Compliance and Audit Committee and serve on the Quality, Patient Care, Patient Experience Committee.
- **Bob Rebitzer:** Will continue to serve as ECH Medical Network Board Chair
- **Carol Somersille, MD:** Will continue to serve as Chair of the Quality, Patient Care, Patient Experience Committee and serve on the Executive Compensation Committee
- **George Ting, MD:** Will continue to serve on the Executive Compensation Committee and the Medical Network Board.
- **Don Watters:** Will continue to serve as Chair of the Finance Committee and on the Governance Committee.

Proposed FY23 Committee and Liaison Assignments
June 14, 2023

- **John Zoglin:** Will continue to serve on the Investment Committee and the Quality, Patient Care, Patient Experience Committee
- **Open Board Slot:** to the Compliance and Audit Committee

List of Attachments: Proposed Slate for FY24 Committee and Liaison Assignments

FY24 El Camino Hospital Board of Directors Advisory Committee & Liaison Appointments

COMMITTEE APPOINTMENTS						
COMMITTEE	COMPLIANCE & AUDIT	EXEC COMPENSATION	FINANCE	GOVERNANCE	INVESTMENT	QUALITY
CHAIR	Jack Po, MD	Bob Miller	Don Watters	Lanhee J. Chen	Brooks Nelson	Carol Somersille, MD
BOARD MEMBERS	Lanhee J. Chen	TBD	Peter C. Fung, MD	Don Watters	Peter C. Fung, MD	Jack Po, MD
	Julie Kliger	George O. Ting, MD		Julia E. Miller	John Zoglin	John Zoglin
	Julia E. Miller	Carol Somersille, MD				
COMMUNITY MEMBERS	Lica Hartman	Teri Eyre	Joseph Chow	Christina Lai	Nicola Boone	Alyson Falwell
	Sharon Anolik Shakked	Jaison Layney	Wayne Doiguchi	Ken Alvares	John Conover	Krutica Sharma
	Christine Sublett	Estrella Parker	Bill Hooper	Mike Kasperzak	Richard Juelis	Melora Simon
			Cynthia Stewart			Pancho Chang
						Terrigal Burn, MD
MEDICAL STAFF OFFICERS & MEDICAL NETWORK BOARD MEMBERS						Prithvi Legha, MD
						Philip Ho, MD
						Steve Xanthopoulos, MD <i>Alternate</i>
						Shahram Gholami, MD <i>Alternate</i>
LIAISON APPOINTMENTS				LEGEND: *Hospital Board Members *District Board Members *Community & Staff Members		
COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) (Liaison)		Carol Somersille, MD		ECH FOUNDATION BOARD OF DIRECTORS (Liaison)		Julia E. Miller

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

To: El Camino Hospital Board of Directors
From: Carlos Bohorquez, Chief Financial Officer
Date: June 14, 2023
Subject: Investment Committee (IC) Recommendation – Addition of Global Equity Managers

Recommendation:

The IC recommends that the Board approve the addition of the following global equity managers:

- Arrowstreet Global ACWI
- GQG Partners Global Equity

Summary:

At the October 3, 2022 special IC meeting Brooks Nelson and Nicki Boone were appointed to an IC Ad Hoc Committee to work with management and NEPC (investment consultant) to review and recommend updates to the investment policy for the surplus cash (reserve fund). The Board approved the updated investment policy as recommended by the IC at the February 23, 2023 meeting.

The implementation of the updated policy will require the addition of new managers and potential reallocation within the existing portfolio.

1. **Situation:** The updated investment policy includes the following new asset allocation Targets / Ranges.

ASSET CLASS	ASSET ALLOCATION	
	Target	Range
Domestic Equities	22%	17% to 27%
International Equities	12%	7% to 17%
Global Equities	8%	3% to 13%
Alternatives	18%	15% to 25%
Short Term Fixed Income	10%	5% to 15%
Market Duration Fixed Income	20%	10% to 25%
Return Seeking Fixed Income	10%	5% to 15%
Total Fund	100%	---

Given that the current portfolio does not include any allocation to global equities, a global equity manager(s) will need to be added to the portfolio. Management and NEPC reviewed a number of potential global investment strategies and narrowed it to 6 strategies based on the following criteria:

- Input from NEPC’s research specialists; focused on highest conviction strategies

Investment Committee Recommendation – Global Equity Managers Addition
June 14, 2023

- Manager capacity to accept new client investment dollars at this time
- Preference to provide diversification and style balance amount pairs of managers

At the May 8, 2023 IC meeting, Management / NEPC recommended the addition of two managers based on the following criteria:

- **Arrowstreet Global ACWI**
 - One team / one process approach harnesses the full capacities of the firm; Scale is key for quant firms
 - Focus on indirect effects on forecasted equity returns is a differentiator among peers
 - Diversified, core orientation serves as an anchor to equity portfolio
 - Impressive performance track record, consistent outperformance with relatively low tracking error
- **GQG Partners Global Equity**
 - Investigative journalists on staff is a differentiator
 - Favorable risk-adjusted return profile; downside market capture is attractive
 - More concentrated, core/growth orientation complements Arrowstreet Global well
 - Extremely competitive management fee compared to peers

List of Attachments:

1. Global Equity Manager Research / Recommendation

Department	Policy Name	Revised	Doc Type	Notes	Committee Approvals
New Business					
Rehab Services	1. Scope of Service: Rehabilitation Services	Revised	Scope of Svc	Updated Sections: Types and Ages of Patients Served, Rehabilitation Services Provides, Standards of Practice	<ul style="list-style-type: none"> • Med Dept Exec • ePolicy • MEC
HIM	2. Patient Amendment of Protected Health Information	Revised	Policy	Updated Sections: Statement, Definitions, Procedure	<ul style="list-style-type: none"> • HIM Leadership • ePolicy • MEC
Imaging Services	3. Radiation Safety – Radiation Protection Program	Revised	Policy	Updated Sections: References, Procedure	<ul style="list-style-type: none"> • Radiation Safety • ePolicy • MEC
ICU/CCU	4. Scope of Service – Intensive Care and Critical Care Unit	Revised	Scope of Svc	Updated Staffing/Staff Mix section	<ul style="list-style-type: none"> • Med Dept Exec • ePolicy • MEC
Care Coordination	5. Utilization Management Plan	Revised	Plan	Updated Procedure C (2) and C (2- b)	<ul style="list-style-type: none"> • UPC Staff Meeting • Utilization Mgmt • ePolicy • MEC

This document will not be available until after June 13, 2023 Executive Compensation Committee and will not be included in the Board packet.

Instead, it will be e-mailed to the Board members as soon as available and included in the minutes of the meeting.



El Camino Health

Summary of Financial Operations

Fiscal Year 2023 – Period 10

7/1/2022 to 04/30/2023

Operational / Financial Results: Period 10 – April 2023 (as of 04/30/2023)

(\$ 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	314	268	47	17.5%	268	46	17.1%	---	---	---
	Total Acute Discharges	1,835	1,765	70	4.0%	1,802	33	1.8%	---	---	---
	Adjusted Discharges	3,414	3,568	(154)	(4.3%)	3,559	(145)	(4.1%)	---	---	---
	Emergency Room Visits	6,079	5,519	560	10.1%	5,421	658	12.1%	---	---	---
	OP Procedural Cases	10,032	13,508	(3,476)	(25.7%)	12,023	(1,991)	(16.6%)	---	---	---
	Gross Charges (\$)	464,213	445,300	18,912	4.2%	421,254	42,958	10.2%	---	---	---
Operations	Total FTEs	3,346	3,352	(6)	(0.2%)	3,180	166	5.2%	---	---	---
	Productive Hrs. / APD	29.0	29.9	(0.9)	(3.1%)	30.2	(1.2)	(4.0%)	---	---	---
	Cost Per CMI AD	19,551	18,036	1,514	8.4%	16,390	3,161	19.3%	---	---	---
	Net Days in A/R	55.9	54.0	1.9	3.4%	54.0	1.9	3.5%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	113,747	112,858	889	0.8%	104,774	8,973	8.6%	138,547	82,105	---
	Total Operating Revenue (\$)	120,587	116,880	3,707	3.2%	109,067	11,519	10.6%	152,743	109,602	---
	Operating Margin (\$)	11,169	11,283	(114)	(1.0%)	10,020	1,149	11.5%	1,915	3,836	---
	Operating EBIDA (\$)	19,381	18,606	775	4.2%	17,851	1,530	8.6%	11,188	10,741	---
	Net Income (\$)	20,060	13,997	6,064	43.3%	(46,369)	66,429	143.3%	8,124	7,343	---
	Operating Margin (%)	9.3%	9.7%	(0.4%)	(4.1%)	9.2%	0.1%	0.8%	1.9%	3.5%	---
	Operating EBIDA (%)	16.1%	15.9%	0.2%	1.0%	16.4%	(0.3%)	(1.8%)	8.3%	9.8%	---
	DCOH (days)	258	325	(67)	(20.7%)	292	(34)	(11.7%)	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.

Operational / Financial Results: YTD FY2023 (as of 04/30/2023)

(\$ 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	305	263	42	16.1%	273	32	11.7%	--	--	--
	Total Acute Discharges	18,310	17,488	822	4.7%	17,679	631	3.6%	--	--	--
	Adjusted Discharges	35,350	35,062	287	0.8%	34,580	770	2.2%	--	--	--
	Emergency Room Visits	63,349	55,090	8,259	15.0%	55,427	7,922	14.3%	--	--	--
	OP Procedural Cases	113,256	133,809	(20,553)	(15.4%)	127,742	(14,486)	(11.3%)	--	--	--
	Gross Charges (\$)	4,756,175	4,431,777	324,398	7.3%	4,231,360	524,815	12.4%	--	--	--
Operations	Total FTEs	3,295	3,311	(16)	(0.5%)	3,076	219	7.1%	--	--	--
	Productive Hrs. / APD	28.0	30.4	(2.4)	(8.0%)	28.8	(0.8)	(2.9%)	--	--	--
	Cost Per CMI AD	17,973	18,036	(64)	(0.4%)	16,476	1,497	9.1%	--	--	--
	Net Days in A/R	55.9	54.0	1.9	3.4%	54.0	1.9	3.5%	47.7	49.7	
Financial Performance	Net Patient Revenue (\$)	1,144,945	1,124,301	20,644	1.8%	1,081,231	63,714	5.9%	1,385,473	821,046	
	Total Operating Revenue (\$)	1,191,471	1,165,863	25,608	2.2%	1,117,871	73,600	6.6%	1,519,093	1,096,021	
	Operating Margin (\$)	112,780	116,823	(4,043)	(3.5%)	140,532	(27,753)	(19.7%)	19,148	38,361	
	Operating EBIDA (\$)	192,163	191,655	508	0.3%	215,859	(23,696)	(11.0%)	111,883	107,410	
	Net Income (\$)	198,273	145,701	52,572	36.1%	36,373	161,900	445.1%	81,244	73,433	
	Operating Margin (%)	9.5%	10.0%	(0.6%)	(5.5%)	12.6%	(3.1%)	(24.7%)	1.9%	3.5%	
	Operating EBIDA (%)	16.1%	16.4%	(0.3%)	(1.9%)	19.3%	(3.2%)	(16.5%)	8.3%	9.8%	
	DCOH (days)	258	325	(67)	(20.7%)	292	(34)	(11.7%)	306	355	

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

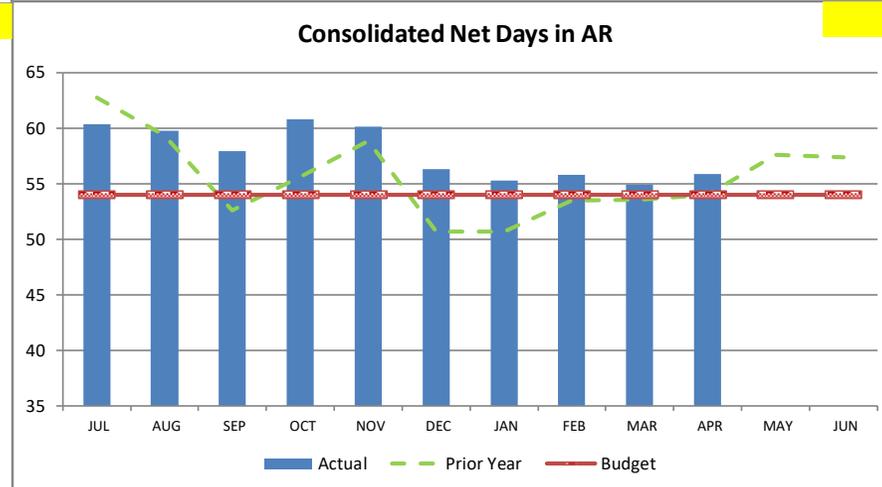
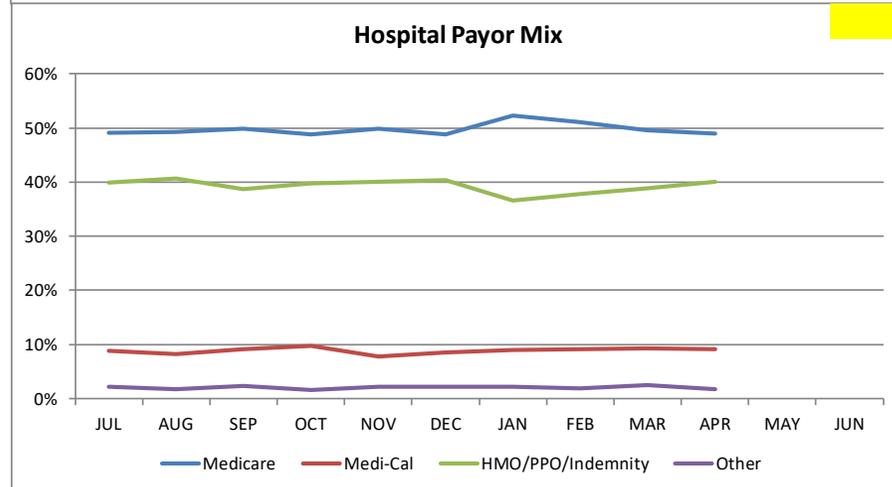
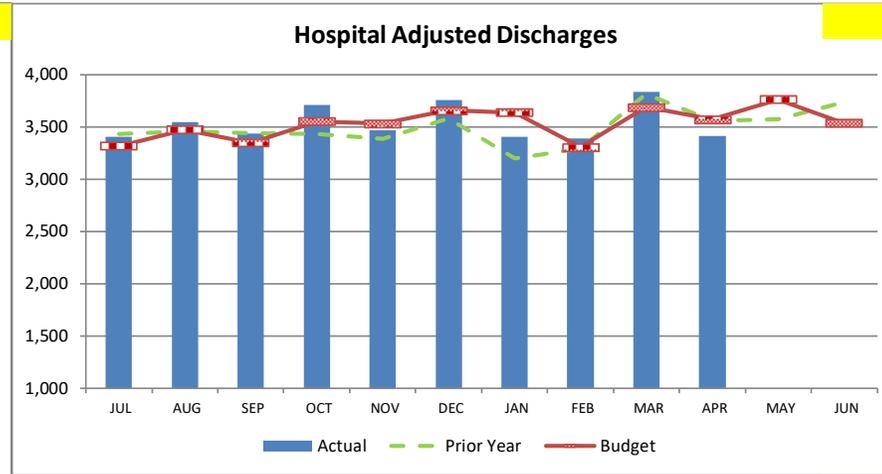
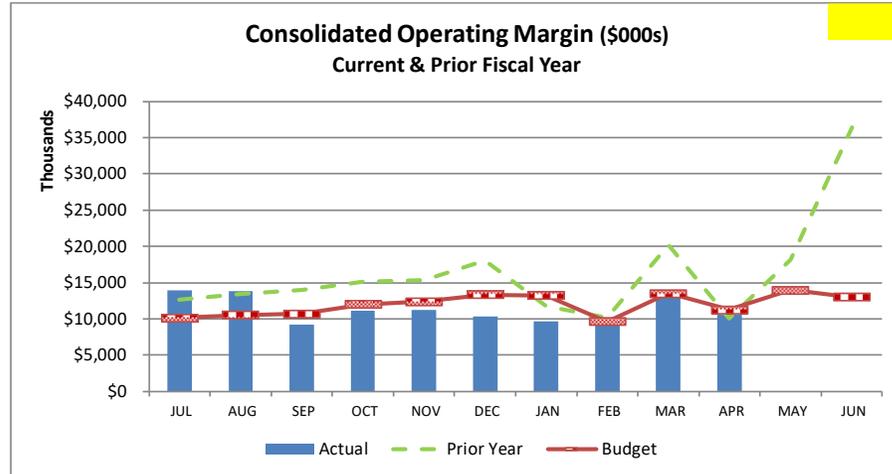
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

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

Key Statistics: Period 10 and YTD (as of 04/30/2023)

Key Metrics	Month to Date			Variance (%)		Year to Date	Year to Date			Variance (%)	
	PY	CY	Budget	CY vs PY	CY vs Budget		PY	CY	Budget	CY vs PY	CY vs Budget
ADC	268	314	268	17.1%	17.5%	273	305	263	11.7%	16.1%	
Utilization MV	71%	82%	70%	16.7%	18.0%	72%	80%	69%	10.5%	15.9%	
Utilization LG	34%	41%	35%	18.7%	15.2%	34%	40%	34%	17.1%	16.7%	
Utilization Combined	59%	69%	59%	17.1%	17.5%	60%	67%	58%	11.7%	16.1%	
Adjusted Discharges	3,559	3,414	3,568	(4.1%)	(4.3%)	34,580	35,350	35,062	2.2%	0.8%	
Total Discharges (Exc NB)	1,802	1,835	1,765	1.8%	4.0%	17,679	18,310	17,488	3.6%	4.7%	
Total Discharges	2,174	2,213	2,146	1.8%	3.1%	21,622	22,057	21,380	2.0%	3.2%	
Inpatient Case Activity											
MS Discharges	1,250	1,288	1,204	3.0%	6.9%	11,921	12,726	11,832	6.8%	7.6%	
Deliveries	406	413	403	1.7%	2.5%	4,262	4,070	4,142	(4.5%)	(1.7%)	
BHS	104	104	121	0.0%	(13.8%)	1,112	1,141	1,143	2.6%	(0.2%)	
Rehab	38	31	37	(18.4%)	(16.3%)	370	366	371	(1.1%)	(1.4%)	
Outpatient Case Activity											
Total Outpatient Cases	16,402	15,198	17,708	(7.3%)	(14.2%)	170,631	163,851	175,947	(4.0%)	(6.9%)	
ED	4,379	5,166	4,201	18.0%	23.0%	42,889	50,595	42,138	18.0%	20.1%	
OP Surg	579	552	402	(4.7%)	37.3%	5,928	6,261	4,339	5.6%	44.3%	
Endo	213	208	218	(2.3%)	(4.5%)	2,348	2,371	2,267	1.0%	4.6%	
Interventional	181	183	195	1.1%	(6.1%)	1,941	1,878	1,928	(3.2%)	(2.6%)	
All Other	11,050	9,089	12,693	(17.7%)	(28.4%)	117,525	102,746	125,275	(12.6%)	(18.0%)	
Hospital Payor Mix											
Medicare	49.2%	49.0%	48.1%	(0.4%)	1.7%	48.1%	49.7%	47.7%	3.4%	4.1%	
Medi-Cal	7.6%	9.2%	8.5%	20.9%	7.4%	8.1%	8.9%	8.5%	9.8%	4.9%	
Commercial	41.0%	40.1%	41.4%	(2.3%)	(3.4%)	41.7%	39.3%	41.9%	(5.7%)	(6.6%)	
Other	2.2%	1.8%	1.9%	(20.0%)	(9.2%)	2.1%	2.1%	2.0%	(1.8%)	5.7%	

YTD FY2023 Financial KPIs – Monthly Trends



Period 10 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 04/30/2023)

(\$000s)

	Period 10- Month			Period 10- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	12,498	10,554	1,944	94,545	113,235	(18,691)
Los Gatos	1,930	4,304	(2,374)	48,053	38,347	9,706
Sub Total - El Camino Hospital, excl. Affilates	14,428	14,858	(430)	142,598	151,582	(8,984)
Operating Margin %	12.5%	13.4%		12.5%	13.7%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	7,823	2,402	5,421	81,087	25,762	55,325
El Camino Hospital Net Margin	22,251	17,260	4,991	223,685	177,344	46,341
ECH Net Margin %	19.3%	15.5%		19.6%	16.0%	
Concern	201	83	118	1,151	827	325
Foundation	585	(145)	729	1,970	(387)	2,357
El Camino Health Medical Network	(2,976)	(3,201)	225	(28,534)	(32,083)	3,550
Net Margin Hospital Affiliates	(2,191)	(3,263)	1,073	(25,412)	(31,643)	6,231
Total Net Margin Hospital & Affiliates	20,060	13,997	6,064	198,273	145,701	52,572

Consolidated Balance Sheet (as of 04/30/2023)

(\$000s)

ASSETS

	Audited	
	April 30, 2023	June 30, 2022
CURRENT ASSETS		
Cash	241,863	196,067
Short Term Investments	113,315	125,816
Patient Accounts Receivable, net	213,245	209,668
Other Accounts and Notes Receivable	18,941	21,044
Intercompany Receivables	12,034	13,998
Inventories and Prepaids	38,086	36,476
Total Current Assets	637,483	603,068
BOARD DESIGNATED ASSETS		
Foundation Board Designated	22,931	18,721
Plant & Equipment Fund	393,067	310,045
Women's Hospital Expansion	30,587	30,261
Operational Reserve Fund	207,898	182,907
Community Benefit Fund	17,735	18,299
Workers Compensation Reserve Fund	14,029	14,029
Postretirement Health/Life Reserve Fund	30,688	29,783
PTO Liability Fund	35,564	33,709
Malpractice Reserve Fund	1,907	1,906
Catastrophic Reserves Fund	27,058	24,668
Total Board Designated Assets	781,463	664,329
FUNDS HELD BY TRUSTEE	-	0
LONG TERM INVESTMENTS	470,762	495,751
CHARITABLE GIFT ANNUITY INVESTMENTS	936	940
INVESTMENTS IN AFFILIATES	32,170	30,376
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,851,952	1,872,501
Less: Accumulated Depreciation	(778,058)	(778,427)
Construction in Progress	156,720	96,603
Property, Plant & Equipment - Net	1,230,615	1,190,676
DEFERRED OUTFLOWS	18,821	19,474
RESTRICTED ASSETS	36,559	31,200
OTHER ASSETS	206,430	216,842
TOTAL ASSETS	3,415,238	3,252,657

LIABILITIES AND FUND BALANCE

	Audited	
	April 30, 2023	June 30, 2022
CURRENT LIABILITIES		
Accounts Payable	46,508	51,286
Salaries and Related Liabilities	35,851	46,502
Accrued PTO	36,412	34,449
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	12,186	14,942
Intercompany Payables	10,524	13,489
Malpractice Reserves	2,096	2,096
Bonds Payable - Current	10,400	9,905
Bond Interest Payable	4,734	8,096
Other Liabilities	11,961	20,955
Total Current Liabilities	172,972	204,021
LONG TERM LIABILITIES		
Post Retirement Benefits	30,688	29,783
Worker's Comp Reserve	14,029	14,029
Other L/T Obligation (Asbestos)	38,254	37,944
Bond Payable	455,458	466,838
Total Long Term Liabilities	538,429	548,593
DEFERRED REVENUE-UNRESTRICTED	12,566	12,312
DEFERRED INFLOW OF RESOURCES	104,214	104,367
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,334,354	2,136,565
Board Designated	209,024	210,197
Restricted	43,679	36,601
Total Fund Bal & Capital Accts	2,587,057	2,383,363
TOTAL LIABILITIES AND FUND BALANCE	3,415,238	3,252,657



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, May 10, 2023**

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040 | Sobrato Boardroom 1

Board Members Present

Bob Rebitzer, Chair
Lanhee Chen, JD, PhD
(joined at 6:26pm)
Peter Fung, MD
Julie Kliger, MPA, BS
Julia E. Miller,
 Secretary/Treasurer
Jack Po, MD, Ph.D., Vice-Chair
(joined at 5:42pm)
Carol A. Somersille, MD
George O. Ting, MD
Don Watters
John Zoglin

Others Present

Dan Woods, CEO
Meenesh Bhimani, MD, COO
Cheryl Reinking, CNO
Holly Beeman, MD, CQO
Mark Adams, MD, CMO
Omar Chughtai, CGO
Shahab Dadjou, President, ECHMN
Christine Cunningham, Chief
 Experience Officer
Andreu Reall, VP of Strategy
Prithvi Legha, MD, MV Medical
 Chief of Staff

Others Present (cont.)

Carlos Bohorquez, CFO**
Deanna Dudley, CHRO**
Mary Rotunno, General Counsel**
Deb Muro, CIO**
Vineeta Hiranandani, VP of
 Marketing and Communications**
Tracy Fowler, Director,
 Governance Services
Stephanie Iljin, Manager,
 Administration
Brian Richards, Information
 Technology

***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 5:35 p.m. by Chair Bob Rebitzer. Directors Chen and Po were absent at time of roll call. Chair Rebitzer reviewed the logistics for the meeting. A quorum was present.	The meeting was called to order at 5:35 p.m.
2. AB2449 REMOTE PARTICIPATION	Chair Rebitzer asked the Board for declarations of AB2449 request for approval. None were noted.	
3. 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.	
4. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board, and no comments were made.	
5. MEDICAL STAFF REPORT	Dr. Prithvi Legha, MV Medical Chief of Staff, shared a brief medical staff update focused on the Physician Wellbeing Committee and Physician Recruitment. Primary areas of concern were anesthesia, radiology, and oncology. The discussion involved, but was not limited to, recruitment, retention, and cross-functional teams in place to address these concerns.	
6. QUALITY COMMITTEE UPDATE	Dr. Beeman shared a presentation on patient fall reduction, as it is a measurement tracked on our STEEEP dashboard. The materials included an overview of the ECH value proposition, the historical context of eliminating harm, a regulatory synopsis, and a discussion of where we are as a system today. Discussion with the board included, but was not limited to, the role of board oversight with regard to AI, nurse-driven protocols, and emergency department handoff processes.	

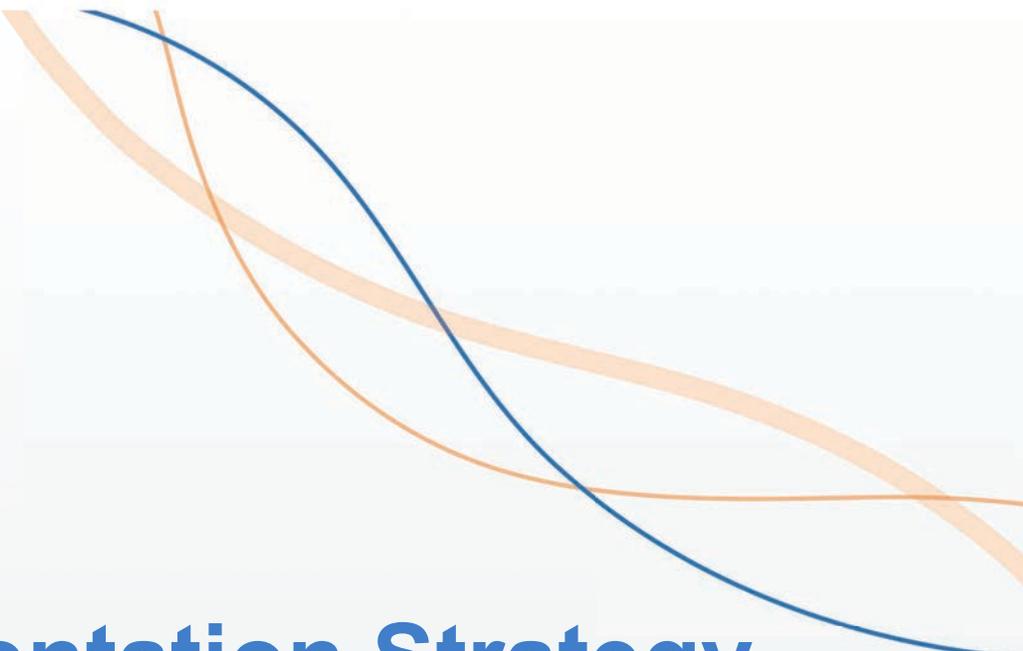
<p>7. ADJOURN TO CLOSED SESSION</p>	<p>Motion to adjourn to closed session at 6:13 p.m. pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving healthcare facility trade secrets for discussion of FY24 strategic plans, <i>Gov't Code Section 54957.2</i> for approval of the minutes of the Closed Session of the Hospital Board (4/17/2023); and deliberations concerning reports on Medical Staff quality assurance matters (Medical Staff Credentialing & Privileges Report).</p> <p>Motion: to adjourn to closed session at 6:13 p.m.</p> <p>Movant: Somersille Second: Watters Ayes: Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p>	<p><i>Adjourned to closed session at 6:13 p.m.</i></p>
<p>8. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>The open session was reconvened at 7:17 p.m. by Chair Rebitzer. Agenda Items 8-14 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 (4/17/2023), 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, Kliger, Miller, Rebitzer, Somersille, Ting, Watters, and Zoglin).</p>	
<p>9. AGENDA ITEM 15: CONSENT CALENDAR</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. No items were removed or amended.</p> <p>Motion: to approve the consent calendar to include:</p> <ol style="list-style-type: none"> a. Minutes of the Open Session of the Hospital Board (4/17/2023) b. Policies, Plans and Scopes of Services <p>Movant: Chen Second: Po Ayes: Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>The consent calendar was approved</i></p>
<p>10. AGENDA ITEM 16: CEO REPORT</p>	<p>Mr. Woods, CEO, provided a brief report including the following highlights:</p> <ul style="list-style-type: none"> • For the 14th straight year, the ECH Peter. C. Fung, MD Stroke Center received the American Heart/Stroke Association's Gold Plus award for evidence-based stroke care for 2022. 	

	<ul style="list-style-type: none"> • Thanks to a Foundation grant, we have initiated an enterprise-wide patient mobility initiative based on a highly successful program developed by Johns Hopkins University • Funding from the California Department of Healthcare Services to be awarded to eligible employees under the “Worker Retention Payment” program. • El Camino Health Nursing Division has been participating in an International Nursing Research Study since 2020 titled “Magnet4Europe”. <p>In Conclusion, Mr. Woods made special recognition of Nurses Month being celebrated in May.</p> <p>Director Zoglin noted that he was experiencing issues with the myChart activation shared in the distributed materials. The management staff took the action item to meet with Director Zoglin and share information on working with the software. Directors Kliger and Rebitzer asked to be included as well.</p>	<p>Action Item: IS management team to follow up with Directors Kliger, Rebitzer, and Zoglin on myChart activation.</p>
<p>11. AGENDA ITEM 17: BOARD COMMENTS</p>	<p>Chair Rebitzer asked if there were any comments from the board members.</p> <p>Director Miller noted that May is also Mental Health Awareness Month.</p> <p>Director Kliger extended thanks for saying Nurses Month, not Nurses Week.</p> <p>Director Ting would like more education on the profitability of the physicians’ network.</p> <p>Director Fung further noted that May is Stroke Awareness Month.</p>	
<p>12. AGENDA ITEM 18: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:30 p.m.</p> <p>Movant: Miller</p> <p>Second: Somersille</p> <p>Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<p><i>The meeting adjourned at 7:30 p.m.</i></p>

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

 Stephanie Ijlin, Manager of Administration

Prepared by: Stephanie Ijlin, Manager of Administration
 Reviewed by: Tracy Fowler, Director of Governance Services



Implementation Strategy Report and Community Benefit Plan, FY2024

June 2023



I. GENERAL INFORMATION

Contact Person: Brennan Phelan

Years the Plan Refers to: Fiscal year 2024

**Date Written Plan Was Adopted by
Authorized Governing Body:** June 14, 2023

**Authorized Governing Body that Adopted
the Written Plan:** El Camino Hospital Board of Directors

**Name and EIN of Hospital Organization
Operating Hospital Facility:** El Camino Hospital
EIN 94-3167314

Address of Hospital Organization: El Camino Hospital
2500 Grant Road
Mountain View, CA 94040-4302

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II. ABOUT EL CAMINO HEALTH

El Camino Health¹ includes two not-for-profit acute care hospitals in Los Gatos and Mountain View and urgent care, multi-specialty care and primary care locations across Santa Clara County. Key medical specialties of El Camino Health include cancer, heart and vascular, men's health, mental health and addictions, pulmonary, mother-baby, neurology, orthopedic and spine, and urology. Affiliated partners include El Camino Health Medical Network, El Camino Health Foundation and Concern.

MISSION

It is the mission of El Camino Health to heal, relieve suffering and advance wellness as the community's publicly accountable health partner.

COMMUNITY BENEFIT PROGRAM

For more than 55 years, El Camino Health has provided healthcare services beyond its walls — crossing barriers of age, education and income level — to serve the people of its region, because a healthier community benefits everyone.

Building a healthier community requires a combined effort. It has been the privilege of El Camino Health to collaborate with community members who have expertise in understanding health disparities in local cities, as well as organizations with similar missions. Working together has vastly multiplied El Camino Health's ability to make a difference.

El Camino Health, in partnership with El Camino Healthcare District, provides funding through the Community Benefit Program in the form of grants and sponsorships to organizations that demonstrate an ability to impact the health needs of vulnerable, underserved and at-risk community members.

Every year, El Camino Health publishes the Community Benefit Annual Report to inform the community about Community Benefit Program financials, the grant programs and how these funded services improve the health of vulnerable populations both through direct services and prevention initiatives.²

III. EL CAMINO HEALTH'S SERVICE AREA

El Camino Health is located in Santa Clara County, and its community encompasses most of the cities in that county, including Santa Clara, San José, Sunnyvale, Mountain View, and Los Gatos. Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2020, approximately 1.93 million people lived here, making it the sixth largest county in California by population. San José is its largest city, with over 1.01 million people (52% of the total). The population of the county is substantially more dense than the state, with 9,115 people per square mile compared to 8,486 per square mile in California.

The median age in Santa Clara County is 38.1 years old. More than 22% of the county's residents are under the age of 18, and over 13% are 65 years or older. Among the population aged 75 and older, nearly half (48%) are living with a disability. Santa Clara County is also very diverse, with sizable proportions of Asian, Latinx, and white populations. Nearly four in ten (39%) people in Santa Clara County were born outside the United States. This percentage is higher than the foreign-born populations statewide (27%) and nationwide (14%).

Our communities earn some of the highest annual median incomes in the U.S., but they also bear some of the highest costs of living. The median household income in Santa Clara County is \$124,055, far higher than California's median of \$75,325.³ Yet the California Self-Sufficiency Standard,⁴ set by the Insight Center for Community Economic Development, suggests that many households in Santa Clara County are unable to meet their basic needs.⁵ (The Standard in 2021 for a family with two children was \$144,135.) Housing costs are high: In 2021, the median home price was \$1.4 million⁶ and the median rent was \$2,374.⁷ A total of 26% of children are eligible for free or reduced-price lunch and close to one quarter (23%) of children live in single-parent households. About 4% of people in our community are uninsured.

The minimum wage in Santa Clara County⁸ was \$15.45–\$16.30 per hour in 2021, where self-sufficiency requires an estimated \$34–\$39 per hour. California Self-Sufficiency Standard data show a 27% increase in the cost of living in Santa Clara County between 2018 and 2021, while the U.S. Bureau of Labor Statistics reports only a 5.4% per year average increase in wages in the San Jose-Sunnyvale-Santa Clara metropolitan area between 2018 and 2020.

Judging by the Neighborhood Deprivation Index, a composite of 13 measures of social determinants of health such as poverty/wealth, education, employment, and housing conditions, the county's population overall is healthier than the national average.⁹ Although the county is quite diverse and has substantial resources (see our CHNA 2022 report, Attachment 3), there is significant inequality in the population's social determinants of health and health outcomes. For example, the Gini Index, a measure of income inequality, is higher in certain zip codes compared to others.¹⁰ Certain areas also have poorer access to high-speed internet (e.g., zip codes 95013, 95140), or to walkable neighborhoods (e.g., zip codes 95002, 95141), or jobs (e.g., zip codes 95020, 95130). In our assessment of the health needs in our community, we focused particularly on disparities and inequities within our community rather than simply in comparison to California or the nation as a whole.

IV. PURPOSE OF IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

Per state and federal law, a Community Health Needs Assessment (CHNA) must be conducted every three years by nonprofit hospitals. In 2022, El Camino Health Community Benefit staff conducted a Community Health Needs Assessment in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of community health needs. The 2022 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For information about El Camino Health's 2022 CHNA process and for a copy of the 2022 CHNA report, please visit <https://www.elcaminohospital.org/about-us/community-benefit>.

IRS regulations mandate that all nonprofit hospitals develop and adopt an implementation strategy to address community needs every three years. Section 1.501(r)(3)(c) of the IRS regulations pertains to implementation strategy specifically, and its requirements include a description of the health needs that the hospital will address and a description of the health needs that the hospital will not address.

This Implementation Strategy Report (IS Report) and Community Benefit Plan (CB Plan) describes El Camino Health's planned response to the needs identified through the 2022 CHNA process. Per IRS requirements, the following descriptions of the actions (strategies) El Camino Health intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

This 2024 IS Report and CB Plan is based on the 2022 CHNA and outlines El Camino Health's funding for fiscal year 2024. It will be updated annually and the update will be based on the most recently conducted CHNA.

Financial Summary

FY24 El Camino Health Community Benefit Plan:

- 44 Grants: \$3,310,000
 - Requested Grant Funding: \$6,342,431
- Sponsorships: \$85,000
- Placeholder: \$15,000
- Plan Total: \$3,410,000

V. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA

The 2022 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. This primary qualitative input was used to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. Statistical data were compiled and compared against statewide averages and rates.

To be considered a health need for the purposes of the 2022 CHNA, the need had to fit a standard definition, be present in at least two data sources, and either prioritized by key informants or focus groups, or suggested by direct statistical indicators that fail benchmarks or exhibit documented inequities by race.¹¹ A total of 12 health needs were identified in the 2022 CHNA. The health need selection process is described in Section VI of this report.

2022 Community Health Needs List

1. Economic Stability
2. Behavioral Health
3. Housing & Homelessness
4. Health Care Access & Delivery
5. Diabetes & Obesity
6. Cancer
7. Maternal & Infant Health
8. Oral/Dental Health
9. Climate/Natural Environment
10. Unintended Injuries/Accidents
11. Community Safety
12. Sexually Transmitted Infections

VI. THOSE INVOLVED IN THE IMPLEMENTATION STRATEGY (IS) & COMMUNITY BENEFIT PLAN DEVELOPMENT

El Camino Health selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health initiative. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

VII. HEALTH NEEDS THAT EL CAMINO HEALTH PLANS TO ADDRESS

PROCESS AND CRITERIA USED TO SELECT HEALTH NEEDS

In October 2021, the Hospital Community Benefit Committee met to review the information collected for the 2022 CHNA. The purpose of the meeting was to help select the needs El Camino Health would address, which would form the basis for its community benefit plan and implementation strategies. El Camino Health, by consensus, selected the following needs to address:

- Health Care Access & Delivery (including oral health)
- Behavioral Health (including domestic violence and trauma)
- Diabetes & Obesity
- Other Chronic Conditions (other than Diabetes & Obesity)
- Economic Stability (including food insecurity, housing, and homelessness)

DESCRIPTION OF HEALTH NEEDS EL CAMINO HEALTH PLANS TO ADDRESS

Health Care Access & Delivery (including oral health)

Health care access and delivery, which affects various other community health needs, was identified as a top health need by more than half the CHNA's focus groups and nearly one-third of key informants. Experts and county residents felt there was a lack of access to primary and specialty care (oral health and mental health were specifically named), especially for middle- and low-income community members. Healthcare access may be especially problematic for youth in the community: In Santa Clara County's schools, the ratio of students to each school nurse (2,992:1) exceeds the state ratio (2,410:1) by nearly 25%.¹² Further, the county's ratio of students to school speech, language, and hearing specialists (1,126:1) is larger than the state's (1,093:1).¹² In addition, Black and Latinx Santa Clara County residents experience significantly worse health compared to county residents of other races; for example, preventable hospital stays (4,942 per 100,000 Black Medicare enrollees [adults aged 65 and over and persons with disabilities] and 3,969 per 100,000 Latinx Medicare enrollees in the county versus 3,358 per 100,000 Medicare enrollees statewide¹³) may be a sign of inequitable access to high-quality care. Certainly in East San José, one of the geographic areas where health disparities are concentrated, there is a higher percentage of individuals enrolled in Medicaid or other public health insurance (42%) compared to the state average (38%).¹⁴ Conversely, in Sunnyvale (zip code 94085), another area of concentrated health disparities, a much lower proportion of individuals are enrolled in Medicaid/public health insurance (21%)¹⁴, but a slightly higher proportion of individuals are uninsured (8%) compared to the state overall (7.5%).¹⁴

Many key informants and focus group participants connected healthcare access with economic instability. For example, some mentioned that low-income residents may be required to prioritize rent and food over healthcare. Others noted that individuals who are not provided with sick time must choose to go unpaid in order to visit the doctor for themselves and/or family members,

stating that expanded service hours on weekends and evenings are still needed. It was stated that low-income and undocumented county residents especially have difficulty accessing insurance. Affordability, both of insurance premiums and of healthcare itself, especially preventive care, was a particular concern; in our 2019 CHNA report, Latinx county residents were significantly less likely to have health insurance than others. Additionally, CHNA participants identified the lack of information for patients about healthcare costs as a barrier to accessing care.

Experts indicated that they had mixed experiences with telehealth, which rose substantially during the pandemic. While telehealth can overcome transportation barriers, experts worried about the digital divide as well as patients' lack of privacy. There was also concern expressed by providers about the lower reimbursement rate for telephone appointments (i.e., without video).

The need for healthcare workforce training in order to deliver care in a sensitive manner was a common theme among key informants and focus group participants. Training areas that were identified included LGBTQ+ sensitivity and education about issues specific to the population, trauma-informed care, and greater respect/efforts for patients who have mental health issues, are low-income, lack digital and/or English literacy, or are monolingual non-English speakers. Other delivery issues included education of healthcare workers around public charge issues, and the need for greater language capacity. More than one in ten (11%) Santa Clara County residents speak limited English, compared to less than 10% in California overall.¹⁴ However, there are even more-glaring geographic disparities: in Sunnyvale (zip code 94085) more than one in seven (14%), and in the East San José area more than two in ten (22%) residents speak limited English.¹⁴ Limited English proficiency can restrict healthcare access.

Systemic issues such as low Medi-Cal reimbursement rates and the annual requirement for Medi-Cal patients to re-verify their eligibility in order to retain coverage were called out as specific concerns. Experts expressed concern about the use of the emergency department for non-emergent issues among immigrants, the unhoused population, and individuals who lack insurance, which speaks to the inequity in access to healthcare among these groups.

Behavioral Health (including domestic violence and trauma)

Behavioral health, which includes mental health and trauma as well as consequences such as substance use, ranked high as a health need, being prioritized by all focus groups and more than half of key informants.

The pandemic's negative effect on mental health was one of the strongest themes from the qualitative data. Many experts spoke of depression, anxiety, trauma, and grief among all populations and reported an increased demand for services; however, children and adolescents were of particular concern. Statistics from prior to the pandemic's advent suggest that youth mental health is an issue: Students in Santa Clara County have lower access to psychologists at school (1,199:1) compared to students statewide (1,041:1, a 15% difference).¹⁵ Perhaps in part due to these access issues, the county's youth self-harm injury hospitalization rate (32.7

per 100,000 age 0-17) is significantly higher than the state's rate (22.4 per 100,000).¹⁶ Experts noted the lack of mental health providers (348.0 per 100,000 people in the county vs. 352.3 per 100,000 at the state level)¹⁷ and addiction services overall, especially in non-English languages.

Key informants and focus group attendees, all of whom participated in the CHNA after the pandemic began, described youth isolation and lack of interaction with peers as preventing normal adolescent development. They also suggested that many students were anxious about returning to school, in part because of the chance of infection. While data prior to the pandemic already indicated that youth behavioral health was a concern, experts described an increase in youth suicide attempts, especially by overdose with prescription medications, that seemed to occur beginning about three months into the pandemic.

Statistics suggest that there are disparities associated with behavioral health. For example, drug overdose deaths among Santa Clara County's Black population occur at nearly twice the rate (25.0 per 100,000 people) as for all Californians (14.0 per 100,000).¹⁸ Self-harm injury hospitalizations are much higher for the county's white youth (66.3 per 100,000 age 0-17) and Latinx youth (31.9 per 100,000) than for all California youth (22.4 per 100,000).¹⁹ The county's white suicide rate for all ages (13 per 100,000 people) remains persistently higher than the state rate (11 per 100,000 people).²⁰ Experts, however, note that "racial and ethnic minorities have less access to mental health services than do whites, are less likely to receive needed care and are more likely to receive poor quality care when treated."²¹ An expert on the historical context of such disparities suggests that "racism and discrimination," as well as "fear and mistrust of treatment" pose barriers to community members who are Black, Indigenous, or other people of color (BIPOC) seeking help for behavioral health issues. The expert also notes that overrepresentation in the criminal justice system "suggests that rather than receiving treatment for mental illness, BIPOC end up incarcerated because of their symptoms."²² Among the statistical data available for this CHNA, juvenile felony arrests (for ages 10-17) were substantially higher for Black (23.0 per 1,000) and Latinx (9.3) Santa Clara County youth than for California youth overall (4.1 per 1,000).²³

Community members made clear connections between COVID-related economic insecurity causing stress and anxiety, especially for those who lost jobs or saw their incomes affected. African immigrants were one group singled out by experts as experiencing behavioral health issues at a high rate, in part due to job losses during the pandemic. Experts also said that youth worried about the economic hardships of their families and sought employment themselves to reduce the burden on their families.

Experts spoke to the fact that the mental health and addiction services systems have historically been siloed, which has resulted in a lack of coordinated, comprehensive treatment. Further, some noted that many hospitals no longer provide mental health services and there are very few inpatient psychiatric beds for acute/high needs.²⁴ It was stated that services for people without health insurance can be expensive and difficult to access.

Diabetes & Obesity

Approximately one-third of key informants and focus groups identified diabetes and obesity as a top health need. Two experts in Santa Clara County specifically called out diabetes as a rising problem in the community, while the trend for adult obesity remains flat. Currently, 8.4% of Santa Clara County community members have diabetes, compared to 9.9% of all Californians.²⁵ Key informants and focus group participants identified the need for nutrition education, particularly from a young age, and some key informants further noted the cost of healthy food as a barrier to good nutrition. SNAP enrollment, an indicator of food insecurity, in the East San José area is substantially higher (14%) compared to the state average (10%).²⁶

The lack of physical activity was cited as a driver of obesity by multiple key informants, mostly in the context of the pandemic's interference with regular activities. Associated with this concern, the county's walkability index (9.9) is worse than the state's (11.2), while the walkability index for East San José (0.8) and the 94040 zip code of Mountain View (1.5), another area of concentrated health disparities, are substantially worse than either.²⁷ The county's Pacific Islander and Latinx middle- and high-schoolers are much less likely to meet healthy body composition and fitness standards than middle- and high-school students statewide; Black middle-schoolers in Santa Clara County generally meet body composition standards but not fitness standards.

Community members expressed dissatisfaction with the quality of the food supply, especially for those reliant on food from food pantries or institutions such as schools. Data show that, among the venues from which community members can obtain food, there are substantially fewer supercenters and club stores, which sell fresh produce, in Santa Clara County (22.2 per 1,000 people) compared to the state rate (48.1 per 1,000).²⁸ Further, and perhaps related to the lack of produce access, a smaller proportion of children ages 2-11 in the county eat adequate amounts of fruits and vegetables daily (31%) compared to children statewide (35%).²⁹ Multiple residents made the connection between unhealthy eating and mental health—what's going on “in their head and their heart.”

Our 2019 CHNA report identified disparities in diabetes and obesity, with local Black and Latinx populations experiencing obesity at higher rates compared to the state, and the county's Black population also experiencing higher rates of diabetes. Although key informants and focus group participants did not connect diabetes and obesity with health disparities or inequities, experts writing on behalf of the American Diabetes Association describe placing “socioeconomic disparities and the other [social determinants of health] downstream from racism—which we posit is a root cause for disparities in diabetes outcomes in marginalized and minoritized populations.”³⁰

Other Chronic Conditions (other than Diabetes & Obesity)

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: Mortality rates for heart disease, stroke, cancer, chronic liver disease/cirrhosis, and Alzheimer's disease and other dementias are all better than state benchmarks.

However, health conditions such as cardiovascular disease, cancer, and respiratory problems are among the top 10 causes of death in the county. With regard to cancer, the rate of cancer incidence among children ages 0-19 is slightly higher in the county (19.0 per 100,000) than the state (18.2 per 100,000).³¹ Mammography screening levels, an early cancer detection measure, are lower for the county's Black women (33%), Latinas (29%), and Native American women (33%) than California women overall (36%).³² Our previous (2019) CHNA report indicated that Black county residents have a higher incidence of breast cancer, lung cancer, prostate cancer, and a higher prevalence of cancer of all sites combined, while Latina residents have a substantially higher incidence of cervical cancer. With regard to respiratory problems, the level of asthma prevalence for people of all ages is higher for Santa Clara County (10%) than the state (9%).³³ One key informant noted that asthma rates have been worsening.

An expert in chronic disease mentioned a rise in dementia-related issues. Additionally, two health experts mentioned the issue of hypertension, one in conjunction with poor mental health, and the other as a condition that is often unmanaged among unhoused patients.

There are also racial/ethnic disparities and inequities with respect to chronic conditions: Heart disease and stroke were identified as two of the chronic conditions that are often seen in data on ethnic health disparities. An expert in Black health cautioned about high rates of asthma in areas with poor air quality. There are also persistent disparities in cancer incidence rates and other cancer statistics. The rate of cancer incidence among children ages 0-19 is highest among Santa Clara County's white children (21.2 per 100,000) and Asian/Pacific Islander children (20.2 per 100,000).³¹ The National Cancer Institute acknowledges socioeconomic and racial/ethnic disparities in cancer detection, treatment, and outcomes. It attributes these to a variety of factors, including institutional racism and conscious or unconscious bias among care providers, as well as barriers such as low income, low health literacy, lack of insurance, and lack of transportation. It also acknowledges the role of neighborhoods in cancer risks (e.g., when a neighborhood has poor access to affordable healthy food, residents are more likely to be obese, which is a cancer risk factor). The Institute states, "Reducing or eliminating some cancer disparities in the pursuit of health equity will require policy changes to overcome systemic social, racial, and/or institutional inequalities."³⁴

Economic Stability (including food insecurity, housing, and homelessness)

Nearly all focus groups and almost three-quarters of key informants identified economic stability, including education and food insecurity, as a top community priority. According to the U.S. Office of Disease Prevention and Health Promotion, "many people can't afford things like healthy foods, health care, and housing. ... People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or [chronic] conditions... may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy."³⁵

The cost of living in Santa Clara County is extremely high, and income inequality in Silicon Valley is 1.5 times higher than at the state level.³⁶ More specifically, the 94040 and 94043 zip

code areas of Mountain View have a higher level of income inequality (both 0.5 on the Gini index) than either the county or the state overall (both 0.4 on the Gini index).³⁷ In addition, the East San José area experiences higher levels of Neighborhood Deprivation³⁸ (0.6) compared to the rest of the county (-0.8) and California as a whole (0.0).³⁷ Further, while the index that maps geographic access to job opportunities for the county (50, on a scale of 0 to 100) is similar to California overall (48), jobs proximity index metrics for East San Jose (2) and the 94040 zip code in Mountain View (10) are much worse.³⁹ The median household income in East San José (\$79,602) is also lower than even the state median (\$82,053), let alone the county median household income (\$129,210).³⁷

Education generally correlates with income; therefore, educational statistics that differ by race/ethnicity are particularly concerning. Smaller proportions of Santa Clara County Black (45%), Pacific Islander (38%), and Latinx (46%) 11th-graders met or exceeded grade-level English-language arts standards compared to California 11th-graders overall (57%).⁴⁰ Also, a smaller percentage of local Latinx 11th graders met or exceeded math standards (28%) versus California's 11th-graders (32%).⁴⁰ Related to these statistics, much smaller proportions of the county's Black (32%), Pacific Islander (34%), and Latinx (38%) high school graduates completed college-preparatory courses compared to high school graduates statewide (47%).⁴¹ In our 2019 CHNA report, we described similar inequities in educational attainment. In some county sub-geographies in particular, the proportion of adults who do not have at least a high school diploma is much higher (East San José, 31%; 94040 in Mountain View, approximately 28%) than the state average (18%).³⁷ Educational inequities, often related to neighborhood segregation⁴², lead to educational disparities that begin at an early age: the elementary school proficiency index, which measures the academic performance of 4th-graders, is significantly lower in both East San José (4.2) and the 94040 zip code of Mountain View (12.4) than the county (69.7) or the state (49.4).⁴³

Data available on economically precarious households shows that while 50% of California households in which the most educated adult has only a high school diploma or GED struggle economically statewide, this proportion rises to 58% among Santa Clara County households.⁴⁴ Fully 30% of Silicon Valley households are not meeting economic self-sufficiency standards.⁴⁴ Furthermore, in seven out of 50 school districts in Silicon Valley, more than 50% of students are eligible for free- or reduced-price meals (a proxy for poverty).³⁶ In our 2019 CHNA report, poverty and food insecurity statistics illustrated inequities by race/ethnicity. Economic precariousness can force people to choose between paying rent and accessing healthcare; it can also lead to homelessness and the many barriers to health that unhoused individuals face.

Qualitative data showed that COVID created more economic insecurity for those who lost work and specifically impacted low-income essential workers, many of whom were Latinx and/or undocumented. Key informants and focus group participants mentioned that county residents often lost childcare during the pandemic, which affected their ability to work; according to the Public Policy Institute of California, this affected women significantly more than men. Women were also "overrepresented in both frontline and hardest-hit sectors" of the economy.⁴⁵ Prior to the pandemic, the cost of childcare may also have been a limiting factor; infant child care (age 0-2) cost \$20,746 per year in Santa Clara County, compared to \$17,384 on average statewide.

Similarly, pre-K child care (age 3-5) cost \$15,315 in Santa Clara County versus \$12,168 on average in California overall.⁴⁶ Economic insecurity affects single-parent households more than dual-parent households⁴⁷; in East San José specifically, there are a higher proportion of children in single-parent households (39%) than in California overall (32%).³⁷

VIII. EL CAMINO HEALTH'S IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

El Camino Health's annual community benefit investment focuses on improving the health of our community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. To accomplish this goal, our community health investment for FY23 will be directed to improve health care access & delivery (including oral health), behavioral health (including domestic violence and trauma), economic security (including food insecurity, housing, and homelessness), diabetes and obesity, and other chronic conditions (other than diabetes & obesity) through community and hospital-based programs and partnerships.

This plan represents the revamping of a multi-year strategic investment in community health. El Camino Health believes that long-term funding of proven community partners yields greater success than short-term investments in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2022 CHNA process.

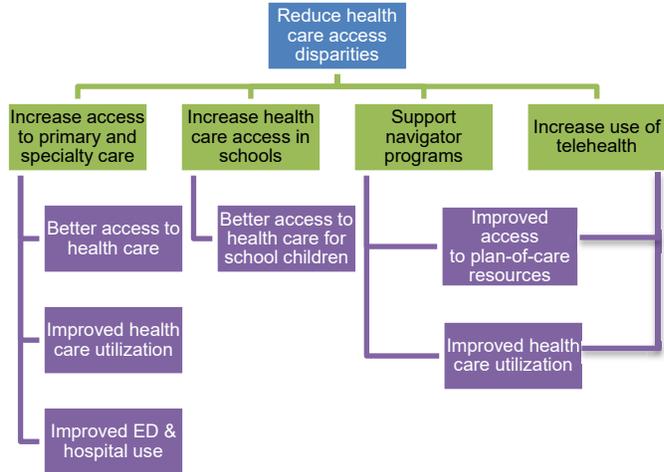
HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH)

El Camino Health views efforts to ensure equitable access to high-quality health care and respectful, compassionate, culturally competent delivery of health care services as a top priority for its community benefit investments. Given the community's strong focus on issues of health care access and delivery during the 2022 CHNA, El Camino Health chose goals that support initiatives to reduce disparities in access to and delivery of primary and specialty care for community members in its service area. The goals also include improvements in access to and delivery of oral health care and maternal/infant health care, based on statistical data and information provided by experts interviewed during the CHNA. The hospital expects to make a positive impact by improving health care access and utilization, reducing unnecessary emergency department visits and hospitalizations, and reducing disparities in health outcomes.

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Reduce disparities in access to high-quality care	A. Support increased access to primary care and specialty care services for vulnerable individuals ^{48, 49, 50, 51, 52, 53, 54, 55, 56, 57}	(i) Individuals experience better access to health care (ii) Improved health care utilization (iii) Reduced unnecessary ED visits and hospitalizations
	B. Support greater access to healthcare in schools ⁵⁸	(i) Improved access to health care for school-aged children and youth
	C. Support clinical and community health navigator programs ^{59, 60, 61}	(i) Community members access clinical and community resources that support their plan of care
	D. Support increased use of telehealth and other technology solutions ^{62, 63, 64}	

GOAL

Increase access to oral health care

INITIATIVE

Support dental screening & follow-up

ANTICIPATED IMPACT

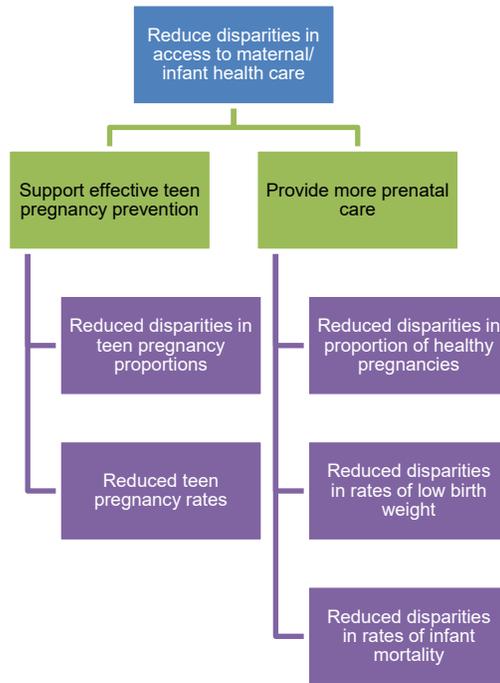
Improved oral health

Goal	Initiative	Anticipated Impact
2. Increase access to oral health care for underserved community members	A. Support school- and community-based programs that offer dental screenings and care, including tele-dentistry ^{65, 66, 67, 68}	(i) Improved oral health among community members

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
3. Reduce disparities and inequitable access to maternal/ infant health care for community members	A. Support effective teen pregnancy prevention programs ^{69, 70, 71}	(i) Reduced disparities in the proportion of teens who are pregnant (ii) Reduced proportions of teens who are pregnant
	B. Increase access to and utilization of adequate prenatal care ^{72, 73, 74, 75, 76}	Reduced disparities in: (i) Proportions of women with healthy pregnancies (ii) Rates of low birth weight (iii) Rates of infant mortality

GOAL

INITIATIVE

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
4. Provide/ expand workforce training in cultural competence, and compassionate and respectful care delivery	A. Support workforce training in cultural competence, and compassionate and respectful care delivery ^{77, 78, 79, 80}	(i) Increased access to culturally competent health care services among underserved community members, including LGBTQ+ and community members with limited English proficiency (ii) Increased access to compassionate and respectful health care among underserved community members, including LGBTQ+ and community members with limited English proficiency

HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH) PROPOSAL RECOMMENDATIONS

Agency	New	DNF	Dual Request	Requested	FY23 Approved (if applicable)	FY24 Approved
Cupertino Union School District			X	\$113,000	\$100,000	\$110,000
Mt. Pleasant School District				\$126,000	\$122,000	\$126,000
Asian Americans for Community Involvement				\$120,000	\$100,000	\$120,000
Bay Area Community Health		X		\$100,000	\$50,000	\$ -
Campbell Union School District				\$275,000	\$215,000	\$235,000
Healthier Kids Foundation				\$70,000	\$60,000	\$70,000
Jewish Family Services of Silicon Valley				\$150,411	\$75,000	\$75,000
Santa Clara County Public Health				\$150,000	\$75,000	\$80,000
Cambrian School District				\$250,000	\$125,000	\$135,000
Health Connected	X	X		\$50,000	N/A	\$ -
Pacific Hearing Connection	X	X		\$30,000	N/A	\$ -
Vista Center for the Blind and Visually Impaired				\$75,370	\$40,000	\$40,000

*Green represents higher proposal strength, Blue represents medium proposal strength, and Grey represents lower proposal strength

**Proposals within each color are organized alphabetically

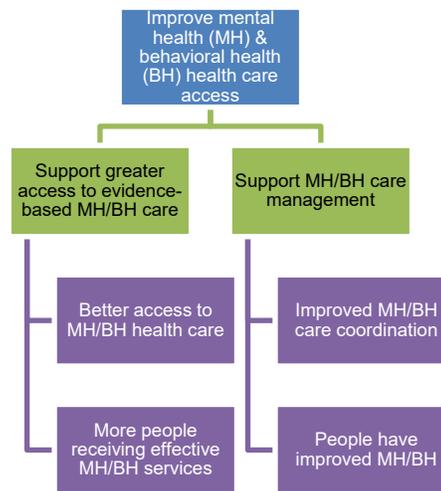
BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)

Even prior to the pandemic, data indicated that behavioral health (including mental health, trauma, and substance use) was a significant health need, especially with respect to the supply of providers. Community input during the 2022 CHNA emphasized how much worse and more widespread behavioral health issues have become due to the pandemic. Therefore, in addition to supporting initiatives to improve community members’ access to mental and behavioral health care, El Camino Health chose goals that support more direct approaches to improving the mental and behavioral health of both youth and adult community members. By using a two-pronged approach, addressing access to care and care itself, El Camino Health expects to be able to make a positive impact by improving community members’ mental and behavioral health, including contributing to improved coping skills, healthier relationships, and reduced substance use.

GOAL

INITIATIVES

ANTICIPATED IMPACTS

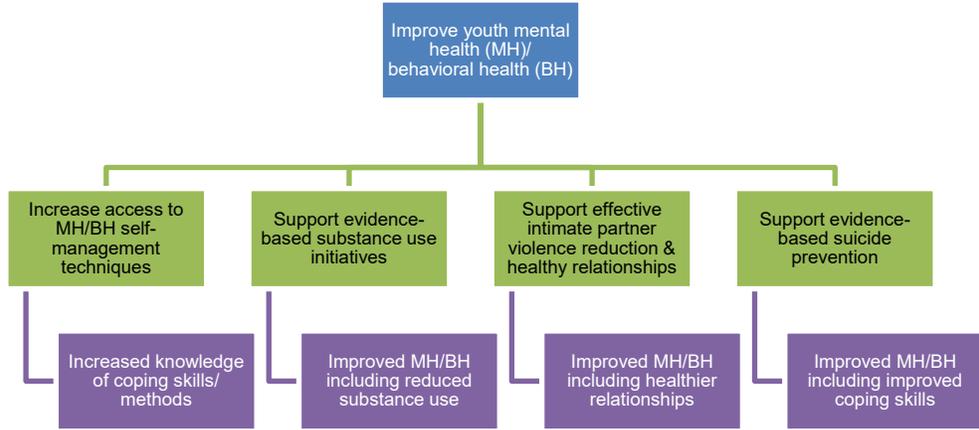


Goal	Initiative	Anticipated Impact
1. Improve mental/behavioral health care access for community members	A. Support in-person and virtual expanded access to evidence-based counseling, addiction treatment, behavioral health case management, etc. ^{81, 82, 83, 84, 85}	(i) Improved access to mental/behavioral health programs and services (ii) More community members receiving effective mental/behavioral health services
	B. Care management to support community members’ self-management and mental health ^{86, 87}	(i) Improved coordination of mental/behavioral services (ii) Improved mental/behavioral health among those served

GOAL

INITIATIVES

ANTICIPATED IMPACTS

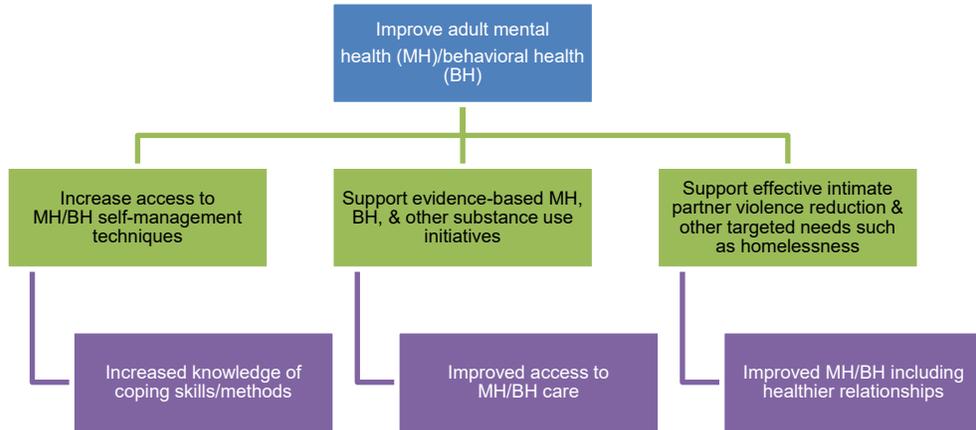


Goal	Initiative	Anticipated Impact
2. Improve mental/ behavioral health of youth in the community	A. In-person or virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{88, 89}	(i) Increased knowledge among youth served about methods of coping with stress and depression
	B. Support for substance abuse initiatives with evidence of effectiveness ^{90, 91, 92}	(i) Improved mental health among those served, including reduced substance use
	C. Programs that prevent or reduce youth and young adult intimate partner and sexual violence and promote healthier relationships ^{93, 94}	(i) Improved mental health among those served, including healthier relationships
	D. Programs that reduce or prevent suicide with evidence of effectiveness ^{95, 96}	(i) Improved mental health among those served, including improved coping skills

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
3. Improve mental/ behavioral health of adults in the community	A. In-person or virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{97, 98, 99}	(i) Increased knowledge among those served about methods of coping with depression, anxiety, and stress
	B. Support for screening, accurate diagnosis, effective treatment, and follow-up for mental/ behavioral health and substance use/ addiction treatment services ^{100, 101, 102}	(i) Improved access to mental and behavioral health services among those served
	C. Programs that support targeted unmet needs such as supporting individuals experiencing or at risk of homelessness or intimate partner violence ^{103, 104}	(i) Improved mental health among those served (ii) Improved utilization of clinical and community resources among those served

**BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)
PROPOSAL RECOMMENDATIONS**

Agency	New	DNF	Dual Request	Requested	FY23 Approved (if applicable)	FY24 Approved
Adolescent Counseling Services				\$30,000	\$25,000	\$25,000
Almaden Valley Counseling Service				\$80,000	\$36,000	\$40,000
Child Advocates of Silicon Valley				\$40,000	\$40,000	\$40,000
Cupertino Union School District			X	\$130,000	\$120,000	\$130,000
LifeMoves			X	\$50,000	\$50,000	\$50,000
Momentum for Health			X	\$40,000	\$40,000	\$40,000
Peninsula Healthcare Connection: Medication Management				\$100,329	\$90,000	\$90,000
ACT for Mental Health		X		\$50,000	\$40,000	\$ -
Alum Rock Counseling Center	X	X		\$30,000	N/A	\$ -
Bill Wilson Center				\$25,000	\$25,000	\$25,000
Cancer CAREpoint				\$30,000	\$30,000	\$30,000
Counseling and Support Services for Youth	X	X		\$120,000	N/A	\$ -
Eating Disorder Resource Center	X	X	X	\$25,000	N/A	\$ -
Los Gatos Union School District				\$120,500	\$110,000	\$120,000
National Center for Equine Facilitated Therapy	X	X		\$7,500	N/A	\$ -
Next Door Solutions to Domestic Violence				\$90,000	\$90,000	\$90,000
Pacific Clinics (Formerly Uplift Family Services)				\$220,500	\$210,000	\$220,000
Parents Helping Parents	X			\$68,553	N/A	\$35,000
To Be Empowered	X			\$35,000	N/A	\$35,000
Tower Foundation of San Jose State University: Healthy Development Community Clinic		X		\$40,000	\$25,000	\$ -
Cambrian School District	X	X		\$150,000	N/A	\$ -
Caminar	X	X	X	\$50,000	N/A	\$ -
Canopy	X	X		\$30,000		\$ -
Family Alliance for Tools, Counseling, and Resolution (FACTR)	X	X		\$272,787	N/A	\$ -
LGS Recreation				\$63,526	\$15,000	\$15,000
Seneca Family of Agencies	X	X		\$83,500	N/A	\$ -
South Bay Kidpower Teenpower Fullpower	X	X		\$30,000	N/A	\$ -

*Green represents higher proposal strength, Blue represents medium proposal strength, and Grey represents lower proposal strength

**Proposals within each color are organized alphabetically

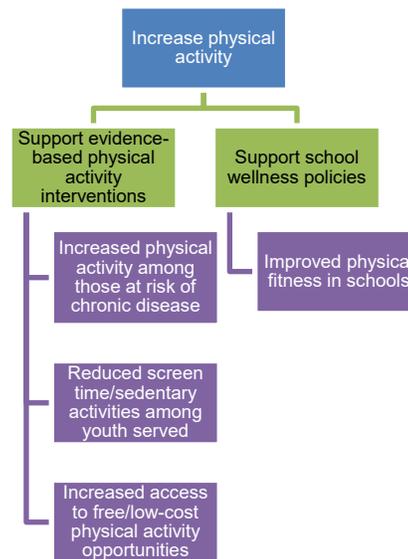
DIABETES & OBESITY

During the 2022 CHNA, community members provided input on poor food access and the lack of physical activity, both of which are drivers of diabetes and obesity. Additionally, CHNA data indicated issues with the food environment, geographic disparities in walkability, and ethnic disparities in youth fitness, among other things. Experts also indicated that diabetes rates are trending up in Santa Clara County. Therefore, El Camino Health chose goals that support initiatives that prevent or reduce obesity and diabetes, as well as those that increase physical activity, reduce food insecurity, and increase healthy food access among community members. The hospital expects these efforts will make a positive impact by contributing to improved weight status, improved diabetes management, and reduced rates of obesity & diabetes in the community.

GOAL

INITIATIVES

ANTICIPATED IMPACTS

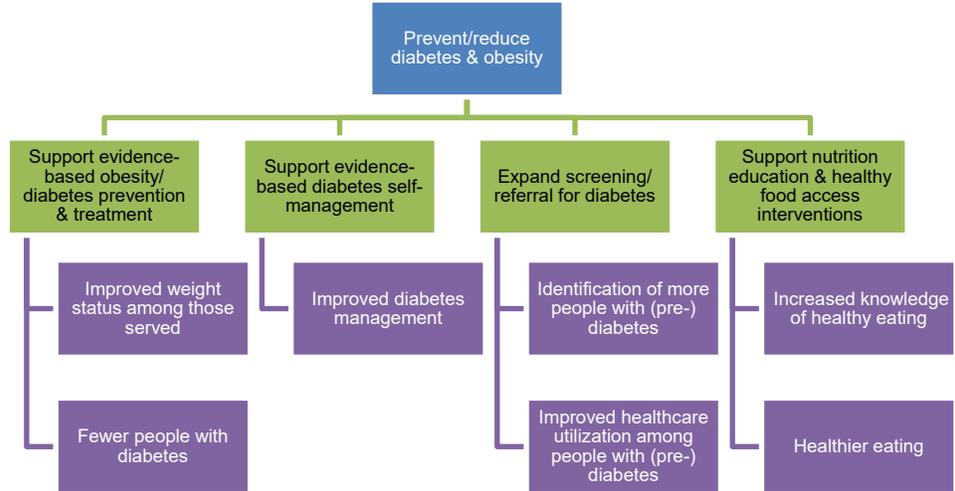


Goal	Initiative	Anticipated Impact
1. Increase physical activity among community members	A. Support physical activity interventions shown to contribute to weight loss and reduced screen time among youth and adults ^{105, 106, 107, 108}	(i) Increase in physical activity among youth and adults at elevated risk of chronic health conditions (ii) Reduced screen time & time on sedentary activities among youth served (iii) Increased access to and utilization of free/low-cost opportunities for physical activity
	B. Support implementation of school wellness policies for promoting physical activity ¹⁰⁹	(i) Improved physical fitness among students in schools served

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
2. Prevent/ reduce obesity & diabetes among community members	A. Support obesity/diabetes prevention and obesity treatment programs with evidence of effectiveness ^{110, 111, 112, 113, 114, 115, 116, 117, 118}	(i) Improved weight status in youth and adults served (ii) Long-term reduction in the number of community members with diabetes
	B. Support diabetes treatment/self-management programs with evidence of effectiveness ^{119, 120, 121, 122, 123}	(i) Improved diabetes management in participants served
	C. Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes ^{124, 125}	(i) Identification of more individuals with diabetes and pre-diabetes (ii) Improved healthcare utilization for individuals with diabetes and pre-diabetes
	D. Support community and school-based nutrition education and healthy food access interventions (i.e. school/community gardening interventions, healthy cooking curricula, food resource management, community health workers, etc.) ^{126, 127, 128, 129}	(i) Increased knowledge and understanding about healthy eating among people served (ii) Healthier eating among community members receiving interventions

DIABETES & OBESITY PROPOSAL RECOMMENDATIONS

Agency	New	DNF	Dual Request	Requested	FY23 Approved (if applicable)	FY24 Approved
Chinese Health Initiative			X	\$30,000	\$20,000	\$20,000
Gardner Family Health Network, Inc. dba Gardner Health Services				\$406,982	\$254,500	\$320,000
Indian Health Center of Santa Clara Valley				\$90,000	\$111,500	\$90,000
South Asian Heart Center, El Camino Health			X	\$100,000	\$50,000	\$50,000
Valley Verde				\$70,000	\$60,000	\$60,000
West Valley Community Services				\$185,000	\$184,500	\$185,000
African American Community Service Agency				\$35,074	\$43,000	\$35,000
Bay Area Women's Sports Initiative			X	\$61,504	\$15,000	\$15,000
El Camino Health-Community Partnerships				\$150,000	\$148,500	\$150,000
Fit Kids Foundation	X	X		\$25,020	N/A	\$ -
Healing Grove Health Center Foundation	X	X		\$25,000	N/A	\$ -
Playworks			X	\$135,006	\$40,000	\$40,000
Community Health Partnership	X	X		\$90,000	N/A	\$ -
Joyful Learning Educational Development Center	X	X		\$90,000	N/A	\$ -
Roots Community Health Center	X			\$98,825	N/A	\$35,000
Sutter Health- Palo Alto Medical Foundation	X	X	X	\$25,000	N/A	\$ -

*Green represents higher proposal strength, Blue represents medium proposal strength, and Grey represents lower proposal strength

**Proposals within each color are organized alphabetically

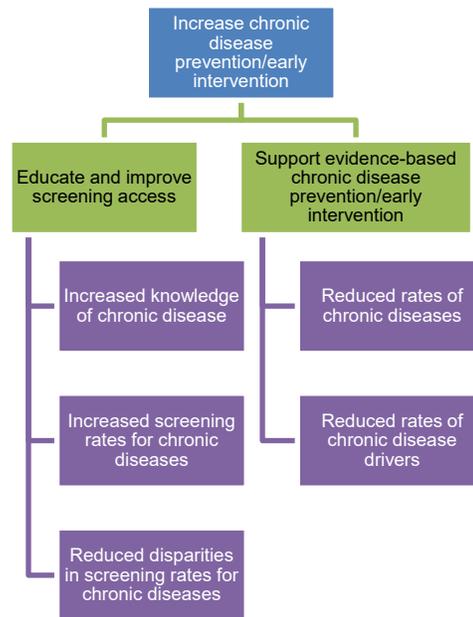
OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)

Many chronic diseases are among the top causes of death in Santa Clara County. CHNA data show there are disparities in chronic conditions such as cancer, asthma, heart disease, and stroke. Therefore, El Camino Health chose goals that support initiatives to increase prevention and early intervention of chronic diseases and to improve chronic disease management among community members. By addressing these issues, El Camino Health believes it will make a positive impact through improved screening for chronic conditions, reduced rates of uncontrolled chronic diseases, lower levels of the drivers of chronic conditions, and, in the long term, reduced rates of chronic diseases.

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Increase prevention and early intervention of chronic diseases in the community	A. Provide education and improve access to screenings ^{130, 131, 132, 133, 134, 135, 136}	(i) Increased knowledge of chronic disease among community members (ii) Increased rates of screening for chronic disease (iii) Reduced disparities in chronic disease screening rates
	B. Support evidence-based chronic disease prevention and early intervention programs ^{137, 138, 139}	(i) Reduced rates of chronic diseases (ii) Reduced rates of drivers of chronic diseases, such as physical inactivity, poor nutrition, tobacco and excessive alcohol use, etc.

GOAL

Improve chronic disease management

INITIATIVES

Support evidence-based chronic disease treatment/self-management

ANTICIPATED IMPACTS

- Reduced ED visits for chronic diseases
- Better medication and treatment adherence
- Reduced uncontrolled chronic disease

Goal	Initiative	Anticipated Impact
2. Improve chronic disease management among community members	A. Support evidence-based chronic disease treatment and self-management programs ^{140, 141, 142}	(i) Reduced rates of ER/ED visits for chronic diseases (ii) Improved medication and treatment adherence (iii) Reduced rates of uncontrolled chronic disease

**OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)
PROPOSAL RECOMMENDATIONS**

Agency	New	DNF	Dual Request	Requested	FY23 Approved (if applicable)	FY24 Approved
Breathe California of the Bay Area: Children's Asthma Services			X	\$50,000	\$40,000	\$40,000
Latinas Contra Cancer				\$75,000	\$40,000	\$40,000
American Heart Association			X	\$75,684	\$60,000	\$60,000
Pink Ribbon Girls				\$40,000	\$25,000	\$25,000
Alzheimer's Disease and Related Disorders Association	X	X		\$70,000	N/A	\$ -
Heart and Minds Activity Center	X	X		\$50,000	N/A	\$ -

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**Proposals within each color are organized alphabetically

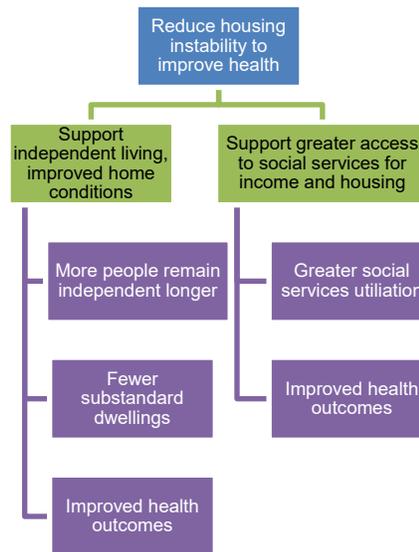
ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS)

Economic stability was a top priority for the community in the 2022 CHNA, supported by data showing inequities in income, education, housing affordability, and job opportunities. When food, housing, and health care are difficult to afford, health outcomes are likely to suffer. Therefore, El Camino Health chose goals that support initiatives to reduce housing instability, food insecurity, and barriers to living-wage employment. Through efforts to address community members’ basic needs, El Camino Health believes it will make a positive impact via increased utilization of social services and improved well-being and health outcomes among community members.

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Reduce housing instability among community members	A. Support independent living and efforts to improve substandard living conditions ^{143, 144, 145}	(i) More community members remain independent longer (ii) Reduced number of sub-standard dwellings (iii) Improved health outcomes for those at-risk of and/or experiencing homelessness
	B. Support efforts to improve access to social services that address income and housing insecurity ^{146, 147, 148}	(i) Increase in social services utilization (ii) Improved health outcomes for those at-risk of and/or experiencing homelessness

GOAL

Reduce barriers to living-wage jobs

INITIATIVES

Create job training and job opportunities

ANTICIPATED IMPACTS

More people employed in positions supporting economic stability

Goal	Initiative	Anticipated Impact
2. Reduce barriers to employment/ careers that provide community members with a living wage	A. Create workforce training and employment opportunities for underrepresented populations ^{149, 150, 151, 152}	(i) More community members employed in positions that support economic stability

GOAL

Increase access to healthy food, reduce food insecurity

INITIATIVE

Support increased utilization of food resources

ANTICIPATED IMPACTS

Improved access to healthy foods

Reduced food insecurity

Goal	Initiative	Anticipated Impact
3. Reduce food insecurity and increase healthy food access for low-income community members	A. Support increased utilization of healthy/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites ^{153, 154}	(i) Improved access to healthy food options (ii) Reduced food insecurity

ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS) PROPOSAL RECOMMENDATIONS

Agency	New	DNF	Dual Request	Requested	FY23 Approved (if applicable)	FY24 Approved
Parents Helping Parents	X	X		\$35,000	N/A	\$ -
West Valley Community Services				\$50,000	\$45,000	\$45,000
Catholic Charities of Santa Clara County				\$50,000	\$30,000	\$30,000
El Camino Health - intern program				\$44,000	\$35,000	\$44,000
Homefirst Services of Santa Clara County	X	X		\$495,360	N/A	\$ -
Rebuilding Together Silicon Valley				\$30,000	\$30,000	\$30,000
Shine Together (Formerly Teen Success)	X			\$25,000	N/A	\$20,000
American Red Cross	X	X		\$25,000	N/A	\$ -
Mama D 2nd Chance	X	X		\$63,000	N/A	\$ -
Sacred Heart Community Service	X	X		\$25,000	N/A	\$ -

*Green represents higher proposal strength, Blue represents medium proposal strength, and Grey represents lower proposal strength

**Proposals within each color are organized alphabetically

IX. EVALUATION PLANS

As part of El Camino Health's ongoing community health improvement efforts, we partner with local safety net providers and community-based nonprofit organizations to fund programs and projects that address health needs identified through our triennial CHNA. Community partnership grant funding supports organizations and programs with a demonstrated ability to improve the health status of the selected health needs through data-driven solutions and results. Grantees are asked to explain the data and/or information that justifies the need for and effectiveness of the proposed program strategies.

El Camino Health will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, El Camino Health will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Grantees report mid-year and year-end performance on annual outcomes metrics, which are shared broadly with the public as well as state and federal regulatory bodies.

X. HEALTH NEEDS THAT EL CAMINO HEALTH DOES NOT PLAN TO ADDRESS

Cancer: El Camino Health merged the Cancer health need into the “Other Chronic Conditions” health need and will address cancer through addressing other chronic conditions.

Climate/Natural Environment: This topic is outside of El Camino Health’s core competencies (i.e., El Camino Health has little expertise in this area) and the hospital feels it cannot make a significant impact on this need through community benefit investment. Also, this need was of lower priority to the community than the needs that El Camino Health selected.

Community Safety (i.e., violence): This need was of lower priority to the community than the needs that El Camino Health selected. While El Camino Health lacks expertise to address this health need, behavioral health issues such as substance abuse, stress, and anxiety have been shown to be drivers of violence. El Camino Health believes that initiatives intended to address the community’s behavioral health need have the potential to increase community safety as well.

Maternal & Infant Health: El Camino Health merged the Maternal & Infant Health need into the “Health Care Access & Delivery” health need and will address maternal and infant health through health care access and delivery initiatives.

Oral/Dental Health: El Camino Health merged the Oral/Dental Health need into the “Health Care Access & Delivery” health need and will address oral and dental health through health care access and delivery initiatives.

Sexually Transmitted Infections: El Camino Health is better positioned to address drivers of this need via initiatives related to health care access and delivery. Additionally, this need was of lower priority to the community than the needs that El Camino Health selected.

Unintended Injuries/Accidents: This need was of lower priority to the community than the needs that El Camino Health selected. Moreover, El Camino Health is better positioned to address this need via initiatives related to education about healthy lifestyles (i.e., physical fitness) and health care access and delivery.

APPENDIX A

IRS Implementation Strategy Checklist

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
(1) Implementation Strategy	The implementation strategy is a written plan that, with respect to each significant health need identified through the CHNA, either: (i) describes how the hospital facility plans to address the health need; or (ii) identifies the health need as one it does not intend to address and explains why the hospital facility does not intend to address the health need (Treas. Reg. § 1.501(r)-3(c)(1)).		
	A hospital facility will have described a plan to address a significant health need identified through a CHNA if the implementation strategy: (i) describes the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions;	Y	Section VIII
	(ii) identifies the resources the hospital facility plans to commit to address the health need; and	Y	Section VIII
	(iii) describes any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need (Treas. Reg. § 1.501(r)-3(c)(2)).	Y	Section VIII
	In explaining why the hospital facility does not intend to address a significant health need, a brief explanation for the hospital facility's reason for not addressing the need is sufficient. Under the final regulations, such reasons may include, for example, resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to effectively address the need, the need being a relatively low priority and/or a lack of identified effective interventions to address the need (Treas. Reg. § 1.501(r)-3(c)(3)).	Y	Section X
(2) Joint implementation	A hospital facility may develop an implementation strategy in collaboration with		

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
strategies	<p>other hospital facilities or other organizations, including, but not limited to, related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report (described in Checklist § 3(9), above) may also adopt a joint implementation strategy that, with respect to each significant health need identified through the joint CHNA, either describes how one or more of the collaborating facilities or organizations plan to address the health need or identifies the health need as one the collaborating facilities or organizations do not intend to address and explains why they do not intend to address the health need.</p> <p>For a collaborating hospital facility to meet the implementation strategy adoption requirement, such a joint implementation strategy adopted for the hospital facility must—</p>		
	(i) Be clearly identified as applying to the hospital facility;	N/A	N/A
	(ii) Clearly identify the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	N/A	N/A
	<p>(iii) Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.</p> <p>(Treas. Reg. § 1.501(r)-(3)(c)(4))</p>	N/A	N/A
(3) Adoption of the implementation strategy	Under the final regulations, an implementation strategy must be adopted by an "authorized body of the hospital facility" (see Checklist §	Y	Section I

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	3(1), above) on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA, regardless of whether the hospital facility began working on the CHNA in a prior taxable year (Treas. Reg. § 1.504(r)-3(a)(2) and (c)(5)(i)).		

Additional regulations not applicable to this hospital:

- Section 6: Exception for acquired, new, and terminated hospital facilities (Treas. Reg. § 1.501(r)-3(d))

ENDNOTES

- ¹ El Camino Hospital is the legal and funding entity for El Camino Health's community benefit program. The community benefit requirement applies to 501(c)(3) tax-exempt hospitals.
- ² <https://www.elcaminohealth.org/about-us/community-benefit>
- ³ Census data in this and prior paragraphs from <https://www.census.gov/quickfacts>
- ⁴ The Federal Poverty Level, the traditional measure of poverty in a community, does not take into consideration local conditions such as the high cost of living in the San Francisco Bay Area. The California Self-Sufficiency Standard provides a more accurate estimate of economic stability in both counties.
- ⁵ Center for Women's Welfare, University of Washington. (2021). *Self-Sufficiency Standard Tool*. "Family" is considered as two adults, one infant and one school-age child. <http://www.selfsufficiencystandard.org>
- ⁶ Redfin. (2021.) *Santa Clara County Housing Market*. Retrieved from <https://www.redfin.com/county/345/CA/Santa-Clara-County/housing-market>
- ⁷ U.S. Census American Community Survey, 2015-2019.
- ⁸ Alaban, L. (2021). Minimum wage goes up in South Bay -- with mixed reaction. *San Jose Spotlight*. Retrieved from <https://sanjosespotlight.com/minimum-wage-in-san-jose-goes-up-splitting-business-and-economic-leaders/>
- ⁹ The Neighborhood Deprivation Index consists of 13 indicators and ranges from -3.5 to 3.5; scores above zero are considered worse. The U.S. is scored at 0.0, while Santa Clara County is scored at -0.8. For more information, see originators: Messer, L.C., Laraia, B.A., Kaufman, J.S., Eyster, J., Holzman, C., Culhane, J., Elo, I., Burke, J.G. & O'Campo, P. (2006). The development of a standardized neighborhood deprivation index. *Journal of Urban Health*, 83(6):1041-1062. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3261293/>
- ¹⁰ The Gini index "measures the extent to which the distribution of income... among individuals or households within an economy deviates from a perfectly equal distribution." Zero is absolute equality, while 100 is absolute inequality. Organisation for Economic Co-operation and Development (OECD). (2006). *Glossary of Statistical Terms*. Retrieved from <https://stats.oecd.org/glossary/detail.asp?ID=4842>
- ¹¹ The definition of a health need is a poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need. Further definitions of terms and specific criteria for health needs identification may be found in El Camino Health's 2022 CHNA report.
- ¹² California Dept. of Education, Staff Assignment and Course Data (Jan. 2020) & DataQuest (Mar. 2019).
- ¹³ U.S. Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool. 2018.
- ¹⁴ U.S. Census Bureau, American Community Survey. 2015-19.
- ¹⁵ California Dept. of Education, Staff Assignment and Course Data (Jan. 2020) & DataQuest (Mar. 2019).
- ¹⁶ California Dept. of Public Health, California EpiCenter. 2015.
- ¹⁷ Center for Medicare and Medicaid Services, National Provider Identification. (2020).
- ¹⁸ National Center for Health Statistics - Mortality Files. 2017-2019.
- ¹⁹ California Dept. of Public Health, California EpiCenter. 2015.
- ²⁰ County Health Status Profiles. California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Branch. 2017-2019.
- ²¹ McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health Affairs (Project Hope)*, 27(2), 393-403. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>
- ²² Perzichilli, T. (2020). The historical roots of racial disparities in the mental health system. *Counseling Today*, American Counseling Association. Retrieved from <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>
- ²³ California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections. 2018.
- ²⁴ Valley Medical Center's Barbara Arons Pavilion provides 60 acute inpatient psychiatric beds; however, its facility is "in poor condition [with]...serious design flaws." Santa Clara County is currently building a new facility to replace the Pavilion, slated to be completed in late 2023, with 42 beds for adults and 31 beds for children and teens. Forestieri, K. (2021). Santa Clara County unveils plans for a \$233M psychiatric hospital serving kids and adults. *Palo Alto Online*. Retrieved from <https://paloaltoonline.com/news/2021/02/27/santa-clara-county-unveils-plans-for-a-233m-psychiatric-hospital-serving-kids-and-adults>
- ²⁵ UCLA Center for Health Policy Research, California Health Interview Survey. 2019.
- ²⁶ U.S. Census Bureau, American Community Survey. 2015-19.
- ²⁷ U.S. Environmental Protection Agency, EPA Smart Location Mapping. 2012.

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- ²⁸ U.S. Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2016.
- ²⁹ UCLA Center for Health Policy Research, California Health Interview Survey. 2018.
- ³⁰ Ogunwole, S. M. & Golden, S. H. (2021). Social Determinants of Health and Structural Inequities—Root Causes of Diabetes Disparities. *Diabetes Care*, Jan. 2021, 44 (1): 11-13. Retrieved from <https://care.diabetesjournals.org/content/44/1/11>
- ³¹ National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data (Nov. 2018); U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool (Jun. 2018).
- ³² U.S. Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool. 2018.
- ³³ County Health Status Profiles. California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Branch. 2019.
- ³⁴ National Cancer Institute. (2020). *Cancer Disparities*. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>
- ³⁵ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. (Undated). *Economic Stability*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>
- ³⁶ Joint Venture Silicon Valley. (2020). 2020 Silicon Valley Index.
- ³⁷ U.S. Census Bureau, American Community Survey. 2015-19.
- ³⁸ The Neighborhood Deprivation Need Rating is comprised of 13 key measures across the dimensions of wealth and income, education, occupation, and housing conditions. All four East San José zip codes have the worst scores in the county. Rating scale ranges from -3.5 (best) to 3.5 (worst).
- ³⁹ U.S. Department of Housing and Urban Development, Job Proximity Index. 2014.
- ⁴⁰ California Dept. of Education, Test Results for California's Assessments. 2020.
- ⁴¹ California Dept. of Education, Graduates by Race and Gender (May 2018).
- ⁴² Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf
- ⁴³ HUD Policy Development and Research. 2020.
- ⁴⁴ The Self-Sufficiency Standard for California, Center for Women's Welfare, University of Washington. 2021.
- ⁴⁵ Bohn, S., Cuellar Mejia, M., & Lafortune, J. (2021). *Multiple Challenges for Women in the COVID-19 Economy*. Public Policy Institute of California. Retrieved from <https://www.ppic.org/blog/multiple-challenges-for-women-in-the-covid-19-economy/>
- ⁴⁶ California Child Care Resource and Referral Network, California Child Care Portfolio. 2020.
- ⁴⁷ Western, B., Bloome, D., Sosnaud, B., & Tach, L. (2012). Economic insecurity and social stratification. *Annual Review of Sociology*, 38, 341-359. Retrieved from https://scholar.harvard.edu/files/brucewestern/files/western_et_al12.pdf
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- ⁵¹ Piehl M.D., Clemens C.J., Joines J.D. (2000). 'Narrowing the Gap': Decreasing Emergency Department Use by Children Enrolled in the Medicaid Program by Improving Access to Primary Care. *Archives of Pediatric and Adolescent Medicine*. 154(8):791-95. Retrieved from: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/350544>. See also: Lowe R.A., Localio A.R., Schwarz D.F., Williams S., Wolf Tuton L., Maroney S., Nicklin D., Goldfarb N., Vojta D.D., Feldman H.I. (2005). Association between Primary Care Practice Characteristics and Emergency Department Use in a Medicaid Managed Care Organization. *Medical Care*. 43(8):792-800. And see: Buckley, D. J., Curtis, P. W., & McGirr, J. G. (2010). The effect of a general practice after-hours clinic on emergency department presentations: a regression time series analysis. *Medical Journal of Australia*, 192(8):448-451. Retrieved from: https://www.mja.com.au/system/files/issues/192_08_190410/buc10644_fm.pdf

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- ⁵³ Ginsburg, S. (2008). *Colocating Health Services: A Way to Improve Coordination of Children's Health Care?* (Vol. 41). New York, NY: Commonwealth Fund. Retrieved from www.commonwealthfund.org/usr_doc/Ginsburg_Colocation_Issue_Brief.pdf
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(DRAFT)

FY24 COMMITTEE GOALS Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: Diane Wigglesworth, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance, shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review updated Enterprise Risk Management (ERM) metrics based on Board feedback, identified actual risks, or new areas of strategic focus.	Q1 FY24	Committee reviews any updated metrics and provides recommendations.
2. Inform the committee of the enterprise system focused Strategy and Goals to help assess compliance or enterprise risks.	Q2 FY24	Committee reviews and provides recommendations.
3. Review the process and timeline for succession plans for the Compliance/Privacy Officer role.	Q3 FY24	Committee reviews the plan and provides recommendations to the Compliance Officer and CEO.

SUBMITTED BY:

Chair: Jack Po, MD

Executive Sponsor: Diane Wigglesworth



FY24 COMMITTEE GOALS AND PACING PLAN Executive Compensation Committee

The purpose of the Executive Compensation Committee (the "Committee") is to assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its responsibilities related to the Hospital's executive compensation philosophy and policies. The Committee will advise the Board to meet all legal and regulatory requirements as it relates to executive compensation.

STAFF: Deanna Dudley, Chief Human Resources Officer (Executive Sponsor)

The CHRO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration and for developing and disseminating in a timely manner management's recommendations to the Committee and appropriate supporting information to facilitate the Committee's deliberations and exercise of its responsibilities. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may participate at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing their individual compensation.

GOALS	TIMELINE	METRICS/PACING PLAN
1. Provide oversight and approvals for compensation-related decisions, including performance incentive goal-setting and plan design	Q1 (9/28)	<ul style="list-style-type: none"> - Review and approve FY24 executive base salaries - Review and recommend FY23 Organizational Incentive Score - Review and approve FY23 individual incentive scores - Review and approve FY23 executive payout amounts
	Q2 (11/30)	<ul style="list-style-type: none"> - Review potential policy changes
	Q3 (3/21)	<ul style="list-style-type: none"> - Recommend FY25 Committee goals - Receive update on strategic plan
	Q4 (6/6)	<ul style="list-style-type: none"> - Review and recommend proposed FY25 organizational incentive goals - Review and approve FY25 individual executive strategic pick goals - Receive update leadership development
2. Evaluate the effectiveness of the independent compensation consultant	Q4 (6/6)	<ul style="list-style-type: none"> - Conduct annual evaluation of ECC consultant

SUBMITTED BY: Chair: Bob Miller | Executive Sponsor: Deanna Dudley

DRAFT
FY2024 COMMITTEE GOALS
Finance Committee

PURPOSE

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

STAFF: Carlos Bohorquez, Chief Financial Officer (Executive Sponsor)

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Summary of Physician Financial Agreements	Q3	March 2024
2. Review Progress on Opportunities / Risks identified by Management for FY2024 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (November 2023), Managed Care update (February 2024)
3. Review strategy, goals, and performance of ECHMN, joint ventures / business affiliates, impact of strategic initiatives – market share update and progress on implementation of 2027 strategic plan	Q1	Financial Performance JVs / Business Affiliates (August 2023)
	Q2	ECHMN (November 2023), Progress on 2027 Strategic Plan (November 2023), Foundation – Strategic Update (November 2023)
	Q3	Impact of Strategic Initiatives – Market Share Update (February 2024), Hospital Community Benefits Program (February 2024), ECHMN (March 2024)
	Q4	Progress on 2027 Strategic Plan & Key Service Lines Growth Plans (May 2024)
4. Fiscal Year End Performance Review	Q1	FYE 2023 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2023)

SUBMITTED BY: Chair: Don Watters | Executive Sponsor: Carlos Bohorquez, CFO

FY2024 COMMITTEE GOALS

Investment Committee

PURPOSE

The purpose of the Investment Committee is to develop and recommend to the El Camino Hospital (ECH) Board of Directors ("Board") the investment policies governing the Hospital's assets, maintain current knowledge of the management and investment funds of the Hospital, and provide oversight of the allocation of the investment assets.

STAFF: Carlos Bohorquez, Chief Financial Officer (Executive Sponsor)

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or hospital staff may participate in the meetings upon the recommendation of the CFO and at the discretion of the Committee Chair. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE	METRICS
1. Review performance of consultant recommendations of managers and asset allocations	Each quarter - ongoing	Committee to review selection of money managers and make recommendations to the CFO
2. Education Topic: Investment Allocation in Uncertain Times	FY2024 Q1	Complete by the August 2023 meeting
3. Asset Allocation, Investment Policy Review and ERM framework including Efficient Frontier	FY2024 Q3	Complete by the May 2024 meeting

SUBMITTED BY:

Chair: Brooks Nelson

Executive Sponsor: Carlos Bohorquez, CFO

FY24 COMMITTEE GOALS

Quality, Patient Care, and Patient Experience Committee

PURPOSE

The purpose of the Quality, Patient Care, and Patient Experience Committee (the “Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Committee helps to assure that exceptional patient care and patient experiences are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

STAFF: Holly Beeman, MD, MBA, Chief Quality Officer (Executive Sponsor)

The CQO and Senior Director of Quality shall serve as the primary staff to support the Committee and are responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional clinical representatives and members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair. These may include: Chiefs/Vice Chiefs of the Medical Staff, physicians, nurses, and members from the community advisory councils, or the community at-large.

GOALS	TIMELINE	METRICS
1. Ensure the metrics included on the Quality Committee dashboards (Enterprise Quality, Patient Care and Patient Experience dashboard, and STEEEP) are in alignment with the enterprise strategic plan.	Q4FY23 review and update which measures to include on the FY24 quarterly board STEEEP report.	<ul style="list-style-type: none"> - Enterprise quality dashboard measures and targets - STEEEP dashboard measures and targets.
2. Monitor Quality, Patient Care and Patient Experience performance in accordance with the pacing plan to track progress towards achieving targets.	Q4FY23, review FY24 Incentive Goal recommendations for Quality, Safety and Patient Experience measures and targets.	<ul style="list-style-type: none"> - Monthly Enterprise dashboard measures with targets and performance - Quarterly STEEEP dashboard with targets and performance
3. Identify and reduce health care disparities for ECH patients.	Biannual report to Quality Committee FY24.	<ul style="list-style-type: none"> - Monitor the effectiveness of ECH activities to reduce health care disparities in the individuals we serve
4. Foster a culture of collaboration, transparency, and continuous improvement within the Quality Committee by implementing regular feedback mechanisms, encouraging open communication, and promoting a shared sense of responsibility for achieving quality outcomes.	Using closing wrap up time, review quarterly at the end of the meeting.	<ul style="list-style-type: none"> - Attend a minimum of 7 meetings in person - Actively participate in discussions at each meeting - Improvement on baseline metrics for the assessment (Initial assessment to be conducted prior to the beginning of FY24)
5. Participate in the training and development of the Committee.		<ul style="list-style-type: none"> - Attend a conference and/or session with a subject matter expert - Commit to ongoing learning as needed.

Chair: Carol Somersille, MD

Executive Sponsor: Holly Beeman, MD, MBA, Chief Quality Officer

Compliance and Audit Committee FY24 Pacing Plan

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDING AGENDA ITEMS												
Results of Internal Audits			✓		✓			✓		✓		✓
Cybersecurity Program					✓			✓				✓
Enterprise Risk Management Metrics					✓					✓		
Discussion Items/Committee Actions												
Review FY 23 Annual Enterprise Compliance Program Report			✓									
Review FY 23 Annual Patient Safety/Claims Report			✓									
Review next FY Enterprise Compliance Work Plan												✓
Review Status of Current FY Compliance Work Plan Activity Completed												✓
Receive FY 23 Financial Auditors Consolidated Financial Statements, 403(b) and Cash Balance Audit results			✓									
Review Management's Summary Report of Physician Financial Agreements								✓				
Approve next FY Committee Goals and Meeting Dates										✓		
Review FY 24 Annual Financial Audit Plan with Financial Auditors								✓				
Review OIG Work Plan and Management's Response								✓				
Review Internal Audit Risk Assessment and next FY Internal Audit Work Plan										✓		
COMMITTEE GOALS												
Review Updated ERM Metrics based on feedback from Hospital Board and new risks			✓									
Review Enterprise Strategy and Goals					✓							
Review process and timeline for succession plan for Compliance/ Privacy Officer Role								✓				

FY2024 Finance Committee Pacing Plan												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/23	9/25	OCT	11/27	DEC	JAN	2/19	3/25	APR	5/27	JUN
STANDING AGENDA ITEMS												
Standing Consent Agenda Items		✓	✓		✓			✓	✓		✓	
Minutes		✓	✓		✓			✓	✓		✓	
Period Financials Report (Approval)		✓	✓		✓			✓	✓		✓	
Board Actions		✓	✓		✓			✓	✓		✓	
Executive Session		✓	✓		✓			✓	✓		✓	
APPROVAL ITEMS												
Candidate Interviews & Recommendation to Appoint (If required to add / replace committee member)												
Financial Report Year End Results			✓									
Next FY Committee Goals, Dates, Plan									✓		✓	
Next FY Org. Goals											✓	
Next FY Community Benefit Grant Program											✓	
Physician Contracts		✓	✓		✓			✓	✓		✓	
DISCUSSION ITEMS												
Financial Report (Pre-Audit Year End Results)		✓										
Financial Performance JVs/ Business Affiliates		✓										
Progress on Opportunities/ Risks					✓							
Medical Staff Development Plan (every 2 years)		✓										
Impact of Strategic Initiatives/Market Share Update								✓				
Progress Against Committee Goals & Pacing Plan (Quarterly)					✓				✓			

FY2024 Finance Committee Pacing Plan												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/23	9/25	OCT	11/27	DEC	JAN	2/19	3/25	APR	5/27	JUN
Foundation Strategic Update					✓							
ECHMN Update					✓				✓			
Community Benefit Grant Application Process					✓				✓			
Progress Against 2027 Strategic Plan					✓				✓		✓	
Key Service Lines Performance/ Growth Plans											✓	
Managed Care Update								✓				
Long Range Financial Forecast								✓				
Next FY Budget and Preliminary Assumptions Review									✓			
Review FY Operational / Capital Budget for Recommendation to Board									✓		✓	
Summary Physician Financial Arrangements									✓			
Post Implementation (as needed)												
Other Updates ¹ (as needed)												

1: Includes updates on special projects/joint ventures/real estate, ad-hoc updates

**Quality, Patient Care, and Patient Experience Committee
FY24 Pacing Plan**

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDING AGENDA ITEMS												
Consent Calendar ¹		✓	✓		✓	✓		✓	✓		✓	✓
Patient Experience Story		✓	✓		✓	✓		✓	✓		✓	✓
Serious Safety/Red Alert Event (as needed)		✓	✓		✓	✓		✓	✓		✓	✓
Credentialing and Privileges Report		✓	✓		✓	✓		✓	✓		✓	✓
SPECIAL AGENDA ITEMS – OTHER REPORTS												
Quality & Safety Review of reportable events		✓			✓			✓			✓	
Board STEEP Dashboard Review		✓			✓			✓			✓	
El Camino Health Medical Network Report		✓			✓			✓			✓	
Annual Patient Safety Report			✓									
Annual Culture of Safety Survey Report			✓									
Patient Experience			✓						✓			
Health Care Equity						✓						✓
Safety Report for the Environment of Care					✓							
PSI Report						✓						
Sepsis Review						✓						
Value Based Purchasing Report									✓			
Approve Quality Assessment & Performance Improvement Plan (QAPI)												✓
Refresh STEEEP Dashboard measures for FY25												✓
Special Topic (Placeholder)			✓								✓	
COMMITTEE/ORGANIZATIONAL GOALS/CALENDAR												
Propose Committee Goals								✓				
Approve Committee Goals									✓			
Propose FY Committee Meeting dates								✓				
Approve FY Committee Meeting dates									✓			
Propose Organizational Goals									✓			
Approve Organizational Goals											✓	
Propose Pacing Plan								✓				
Approve Pacing Plan									✓			
Review Charter									✓			
Approve Charter											✓	

1: Includes Approval of Minutes (Open & Closed), Current FY Enterprise Quality Dashboard, Med Staff Quality Council Minutes (Closed Session), Progress Against FY Committee goals (Quarterly), Current FY Pacing Plan (Quarterly), Report on Board Actions, QC Follow Up Items, Patient Safety Report (Sept), CDI Dashboard (Semi-Annual), Core Measures (Semi-Annual), Leapfrog (June)

El Camino Hospital Board of Directors Quality, Patient Care and Patient Experience Committee Charter

Purpose

The purpose of the Quality, Patient Care and Patient Experience Committee (“Quality Committee” or the “Committee”) is to advise and assist the El Camino Hospital Board of Directors (“Board”) to monitor and support the quality and safety of care provided at El Camino Health. The Committee will utilize the Institute of Medicine’s framework for measuring and improving quality care in these five domains: **safe, timely, effective, efficient, equitable, and person-centered** (STEEEP).

El Camino Health management will provide the Committee with standardized quality metrics with appropriate benchmarks, when available, so that the Committee can adequately assess the ~~level~~ of-quality of care being provided. ECH Management and Quality Committee members will collaborate to identify and improve opportunities for quality improvement.

Authority

All governing authority for the Organization resides with the Hospital Board for ECH and with the boards of the affiliated entities except that which may be lawfully delegated to a specific board committee. The Committee will report to the Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on issues related to clinical quality, safety, patient care and experience, risk prevention/risk management, and quality improvement. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee, *ex-officio* members and alternates and external (non-director) members appointed to the Committee.

Membership

- The Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- The Committee shall also include the Enterprise Chief of the Medical Staff and the Los Gatos Campus Chief of Staff as *ex officio* voting members of the Committee. The Enterprise Vice Chief of Staff or the Los Gatos Vice Chief of Staff shall serve as alternate voting members of the Committee and replace, respectively the Enterprise Chief of Staff or the Los Gatos Chief of Staff if such person is absent from a Committee meeting.
- The Quality Committee may also include 1) no more than nine (9) Community members¹ with expertise in ~~in~~ assessing quality indicators, quality processes (~~e.g., LEAN~~), patient

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors or *ex-officio* members or alternates.

safety, care integration, payor industry issues, customer service issues, population health management, alignment of goals and incentives, or medical staff members, and members who have previously held executive positions in other hospital institutions (e.g., CNO, CMO, HR) as well as other areas as needed and 2) no more than two (2) patient advocate members who have had significant exposure to ECH as a patient and/or family member of a patient. Approval of the full Board is required if more than nine Community members are recommended to serve on this Committee.

- All Committee members, with the exception of new Community members, *ex-officio* members and alternates, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of a minimum of 12 months expiring on June 30th each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board Director, the Vice Chair of the Committee shall be a Hospital Board Director.

Executive Support and Participation

The ~~Chief Medical Officer (CMO)~~ Chief Quality Officer (CQO) shall serve as the primary executive to support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives as well as members of the executive team may participate in the Committee meetings upon the recommendation of the ~~CMO~~ CQO and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee will collaborate with management to identify opportunities for quality and safety improvement. The Committee will support the implementation and monitoring of process improvement plans to address and close quality and safety gaps. Members of the Quality Committee will model behaviors, attitudes and actions consistent with the ECH tenets of a High Reliable Organization, specifically, focusing on creating strong relationships between everyone on the team to engender a culture of psychological safety which promotes our ECH ~~culture of safety~~ mission to achieve zero patient harm. ~~the~~ The management team shall develop dashboard metrics that will be used to measure and track quality, safety and patient experience performance ~~of care and outcomes, and patient satisfaction~~ for the Committee's review and subsequent approval by the Board. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for 1) ensuring ~~that~~ performance metrics meet the Board's expectations; 2) aligning those metrics and associated process improvements to the quality plan, strategic plan, organizational goals; and 3) ensuring ~~that~~ communication to the Board and external constituents is well executed.

Specific Duties

The Committee shall partner with management to support the following activities:

1. Quality Planning—Ensure Advocate for the enterprise strategy plan is a quality-centric.
2. Quality Control—Review quality processes and performance on a regular basis.
3. Quality Improvement—Review performance of major process improvement projects on a regular basis.

Specific duties of the Committee include the following:

- ~~•—Oversee management’s development of a multi-year strategic quality plan (PaCT).~~
- Review and approve which measures to include and track on the quarterly Board Quality Report (STEEEP). ~~an annual~~ “Quality Dashboard” for tracking purposes.
- Oversee management’s development of the Organization’s goals encompassing the measurement and improvement of ~~safety, risk, efficiency, patient centeredness, patient satisfaction~~quality, safety and patient experience, and the scope of continuum of care services as tracked on the Enterprise Quality, Patient Care and Patient Experience Dashboard.
- Review reports related to Organization-wide quality and patient safety initiatives in order to monitor and oversee the quality of patient care and service provided. Reports will be provided in the following areas:
 - Organization-wide performance regarding the quality care initiatives and goals highlighted in the strategic plan.
 - Organization-wide patient safety goals and hospital performance relative to patient safety targets.
 - Organization-wide patient safety surveys (including the culture of safety survey), sentinel event and red alert reports, and risk management reports.
 - ~~Organization-wide LEAN management activities and cultural transformation work.~~
 - Organization-wide patient satisfaction and patient experience surveys.
 - Organization-wide physician-provider satisfaction surveys.
- Ensure the organization demonstrates proficiency through full compliance with regulatory requirements, ~~to including, but limited to,~~ including, but not limited to The Joint Commission (TJC), Department of Health and Human Services (HHS), California Department of Public Health (CDPH), and Office of Civil Rights (OCR).
- In cooperation with the Compliance Committee, review results of regulatory and accrediting body reviews and monitor compliance and any relevant corrective actions with accreditation and licensing requirements.
- Review ~~Sentinel Events (SE), Seriously Safety Events (SSE), and red alerts~~annual report on actions taken to improve patient safety as per the hospital and boe Safety Event Reporting ~~policy that is maintained in Policy and Procedure management software.~~
- Oversee organizational quality and safety performance improvement for both the Organization’s and medical staff activities.
- ~~•—Ensure that the Organization’s scope of service and community activities and resources are responsive to community need.~~

- Review the Medical Executive Committee's monthly credentialing and privileging reports and make recommendations to the Board.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and the Organization's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. Committee members shall be responsible for keeping themselves up to date with respect to drivers of change in healthcare and their impact on quality activities and plans.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be ~~forwarded~~ shared to the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.



Origination 03/2012
Last Approved N/A
Effective Upon Approval
Last Revised 04/2023
Next Review 3 years after approval

Owner Kris Wittman: Dir Rehabilitation Svcs
Area Scopes of Service
Document Types Scope of Service/ADT

Scope of Service: Rehabilitation Services

Type and Ages of Patients Served

Rehabilitation Services serves young adult, adult and geriatric in-patients and out-patients. Neonates and pediatric patients up to two years of age are treated in our [Neonatal Intensive Care Unit \(NICU-by-an-\)](#) by an [El Camino Hospital \(ECH\)](#) provider.

Assessment Methods

Therapeutic exercises/activities and modalities are provided to patients after assessment by licensed/registered physical, occupational and speech therapists, as appropriate per departmental policies and procedures, who monitor patients' responses to therapy. All therapeutic activities follow an established plan of care documented in the evaluation or re-evaluation of the patient's status.

Scope and Complexity of Services Offered

Rehabilitation Services provides comprehensive specialty rehabilitation services for El Camino Hospital including inpatient and outpatient care. These services include Occupational Therapy (OT), Physical Therapy (PT), and Speech and Language Pathology (~~speech therapy~~ [STSLP](#)). The inpatient services cover all areas of the hospital. The highest volumes of patients seen are orthopedic patients including joint replacements; neurosurgical patients; neurological patients (especially post CVA); and medical-/surgical/[oncology](#) patients. Neonatal patients are also regularly treated. Pediatric and psychiatric patients are occasionally treated

The outpatient clinics at Mountain View and Los Gatos provide Occupational Therapy, Physical Therapy, and Speech and Language Pathology. All clinical areas of the patient population are served. The highest

volume seen are orthopedic patients, especially those with lumbar and cervical injuries and joint replacements; industrial injuries; neurological patients, especially those post-CVA; general medicine patients; arthritis patients; post-surgical patients ~~and~~; those with oncology related sequelae; and those with cumulative trauma.

All specialty services are provided by skilled and licensed/certified professionals. Services are provided on a referral basis only. All staff works actively to promote and support the mission, vision, and values of El Camino Hospital.

Rehabilitation Services Provides:

PT	Back care training, gait training/ambulation, transfer training, manual therapy, therapeutic exercise programs, neuromuscular re-education, <u>vestibular assessment with appropriate treatment or referral</u> pelvic floor interventions, prosthetic training, modalities, neonatal massage therapy, neonatal <u>feeding, neonatal</u> voice therapy, and developmental interventions & programs as appropriate.
OT	Evaluation and treatment of daily living, social, educational, play/leisure skills, work adjustment, sensorimotor evaluation and therapy, self-management, therapeutic adaptations, preventive techniques, cognitive evaluation and therapy, UE evaluation and treatment, neuromuscular re-education, <u>vestibular assessment with appropriate treatment or referral</u> splinting and therapeutic activities, neonatal massage therapy, neonatal <u>feeding, assisting the radiologist with videofluoroscopic examination for swallowing, neonatal</u> voice therapy, and developmental interventions & programs as appropriate.
ST	Evaluation and treatment of speech and language disorders or dysphagia evaluation and treatment, including Vital Stimulation, evaluations and treatment of cognition impairments, assisting the radiologist with videofluoroscopic examinations, <u>performing fiberoptic endoscopic evaluation of swallowing</u> neonatal massage therapy, neonatal <u>feeding, neonatal</u> voice therapy, and developmental interventions & programs as appropriate.

Appropriateness, Necessity and Timeliness of Services

Rehabilitation Services assesses the appropriateness and necessity of therapeutic exercises/ activities and modalities by evaluating the patient's clinical history and current condition for pertinence to the therapy ordered. Criteria for the termination of rehabilitation services are described in the departmental policies and procedures.

The timeliness of services is addressed in departmental policies and procedures that describe the hours of operation, criteria for prioritization of patients/treatments, as well as performance of routine procedures.

Staffing/Staff Mix

Rehabilitation Services hours of service for in-patient rehab therapy are daily, 8:30 a.m. to 5:00 p.m.; regular NICU days of service are Monday-Friday. Diminished staffing levels are scheduled during

weekends and holidays.

<p>IN-PATIENT</p>	<p>El Camino Hospital Mountain View (main building) 2500 Grant Road Mountain View, CA 94039-7025 Mail Stop: 4A 4AREH Phone: (650) 940-7269</p>
<p>El Camino Hospital Los Gatos 815 Pollard Mail Stop: LGH117 Los Gatos. CA 95032 Hours: Sunday - Saturday, 8:30 a.m. - 5:00 p.m. Legal holidays, except as listed: 8:30 am – 5:00 pm</p>	

Outpatient rehabilitation services are provided Monday through Friday, 8:00 a.m. to 5:00 p.m. with the exception of all legal holidays, or by special appointment.

<p>OUT-PATIENT</p>	<p>Mountain View Park Pavilion Building, 2nd Floor 2400 Grant Road Mountain View, CA 94040-4378 Mail Stop: PAR 210 Phone: (650) 940-7285 Fax: (650) 965-2992</p>
<p>Los Gatos 555 Knowles Drive, Suite 100 M/S: KNO101 Los Gatos. CA 95032 Phone: (408) 866-4059 Fax: (408) 871-2347 Hours: Monday - Friday, 8:00 a.m. - 5:00 p.m. Closed on legal holidays</p>	

The types of staff providing care and services include licensed/registered physical, occupational and speech therapists; licensed/registered physical and occupational therapy assistants; therapy aides and front desk staff.

Levels of Service Provided

The levels of services provided by the department are consistent with the therapeutic needs of the patients as determined by the medical staff.

Services are designed to meet patient needs by accurately performing procedures in a timely manner.

Performance improvement and quality control activities are in place to measure and assess the degree to which Rehabilitation Services meet patient needs.

Standards of Practice

Rehabilitation Services is governed by state regulations as outlined in Title 22, Physical Therapy Practice Act, Occupational Therapy Practice Act and Speech Therapy Practice Act. The department also follows guidelines set forth by the American Occupational Therapy Association, American Physical Therapy Association and the American Speech, Hearing and Language Association. Additional practices are described in department policies and procedures (see below):

1. Physical Therapy:

~~Physical Therapy assists in the prevention, correction or alleviation of pain, disability or deformity caused by injury or disease. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Physical Therapy provides, but is not limited to, the following services:~~

- ~~a. Functional evaluations and goal setting.~~
- ~~b. Medical, neurological and orthopedic rehabilitation.~~
- ~~c. Therapeutic exercise, including strengthening, flexibility training, and developmental interventions.~~
- ~~d. Modalities: traction, moist heat, cold, electrotherapy, and ultrasound.~~
- ~~e. Manual therapy: myofascial release, peripheral and spinal joint mobilization, soft tissue mobilization, manual traction, and neonatal touch and massage.~~
- ~~f. Gait, transfer training, and neonatal 4-handed care for positioning.~~
- ~~g. LE Prosthetic training.~~
- ~~h. Use of exercise equipment.~~
 - ~~i. Balance training, coordination training, and neonatal neuromuscular reeducation.~~
 - ~~j. Patient, family and caregiver education and training.~~
 - ~~k. Ergonomic assessments, injury prevention training, and neonatal positioning programs to preserve musculoskeletal integrity.~~
 - ~~l. Advancement of physical therapy rehabilitation programs~~
- ~~m. Aquatic therapy.~~
- ~~n. Evaluation and treatment of pelvic floor dysfunction~~

~~Advanced Practice Physical Therapy: Additional and separate current certification is required for any Physical Therapist performing procedures involving Electromyography or Electroneuromyography.~~

2. Occupational Therapy:

~~Occupational Therapy provides for goal directed, purposeful activity to aid in the development~~

of adaptive skills and performance capacities by individuals of all ages who have physical disabilities and related psychological impairment(s). Such therapy is designed to maximize independence, prevent further disability, and maintain health. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Occupational Therapy provides, but is not limited to, the following services:

- a. Functional evaluations and goal setting.
- b. Medical, neurological, orthopedic, and developmental interventions for rehabilitation.
- c. Sensorimotor, cognitive and perceptual evaluation and rehabilitation; neonatal touch and massage.
- d. Balance and coordination training; neonatal neuromuscular reeducation, neonatal positioning programs to preserve musculoskeletal integrity.
- e. Energy conservation training.
- f. Bed mobility and transfer training; neonatal 4-handed care for positioning.
- g. Wheelchair fitting and mobility training.
- h. Activities of daily living (ADL) training.
- i. Advancement of Occupational Therapy rehabilitation programs.
- j. Feeding training.
- k. Patient, family and caregiver education and training.
- l. Recommendations for static and dynamic splinting.
- m. Therapeutic exercises.

Advanced Practice Occupational Therapy: Additional and separate current certification is required for any Occupational Therapist treating patients in the areas of:

- a. Hand Therapy – including, but not limited to, fabrication of static and dynamic splints, manual peripheral joint mobilization, soft tissue mobilization, UE prosthetic training
- b. Use of physical agent modalities
- c. Swallowing Assessment, Evaluation or Intervention

3. Speech and Language Pathology:

Speech and Language Pathology services include screening, assessing and interpreting disorders of speech and language, oral-pharyngeal function, and cognitive/communicative disorders. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Speech and Language Pathology provides, but is not limited to, the following services:

- a. Diagnostic speech and language evaluation and goal setting.
- b. Videofluoroscopy.
- c. Cognitive evaluation and treatment.
- d. Prosthetic assessment and training.

- e. ~~Dysphagia evaluation and treatment.~~
- f. ~~Advancement of Speech Therapy rehabilitation programs.~~
- g. ~~Patient, family and caregiver training.~~
- h. ~~Assessment and interventions for neonates including: developmental interventions, neonatal touch and massage, neonatal 4-handed care for positioning, neonatal neuromuscular reeducation, and neonatal positioning programs to preserve musculoskeletal integrity.~~

A. Physical Therapy:

Physical Therapy assists in the prevention, correction or alleviation of pain, disability or deformity caused by injury or disease. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Physical Therapy provides, but is not limited to, the following services:

1. Functional evaluations and goal setting.
2. Medical (including oncology), neurological and orthopedic rehabilitation.
3. Therapeutic exercise, including strengthening, flexibility training, and developmental interventions.
4. Modalities: traction, moist heat, cold, electrotherapy, and ultrasound.
5. Manual therapy: myofascial release, manual lymph drainage, peripheral and spinal joint mobilization, soft tissue mobilization, manual traction, and neonatal touch and massage.
6. Gait, transfer training, and neonatal 4-handed care for positioning.
7. LE Prosthetic training.
8. Use of exercise equipment.
9. Balance training, coordination training, and neonatal neuromuscular reeducation.
10. Patient, family and caregiver education and training.
11. Ergonomic assessments, injury prevention training, and neonatal positioning programs to preserve musculoskeletal integrity.
12. Advancement of physical therapy rehabilitation programs
13. Aquatic therapy.
14. Evaluation and treatment of pelvic floor dysfunction
15. Neonatal feeding

Advanced Practice Physical Therapy: Additional and separate current certification is required for any Physical Therapist performing procedures involving Electromyography or Electroneuromyography.

B. Occupational Therapy:

Occupational Therapy provides for goal-directed, purposeful activity to aid in the development of adaptive skills and performance capacities by individuals of all ages who have physical

disabilities and related psychological impairment(s). Such therapy is designed to maximize independence, prevent further disability, and maintain health. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Occupational Therapy provides, but is not limited to, the following services:

1. Functional evaluations and goal setting.
2. Medical (including oncology), neurological, orthopedic, and developmental interventions for rehabilitation.
3. Sensorimotor, cognitive and perceptual evaluation and rehabilitation; neonatal touch and massage.
4. Balance and coordination training; neonatal neuromuscular reeducation, neonatal positioning programs to preserve musculoskeletal integrity..
5. Energy conservation training.
6. Bed mobility and transfer training; neonatal 4-handed care for positioning.
7. Wheelchair fitting and mobility training.
8. Activities of daily living (ADL) training.
9. Advancement of Occupational Therapy rehabilitation programs.
10. Feeding training.
11. Patient, family and caregiver education and training.
12. Recommendations for static and dynamic splinting.
13. Therapeutic exercises.
14. Evaluation and treatment of vestibular dysfunction.

C. Advanced Practice Occupational Therapy: Additional and separate current certification is required for any Occupational Therapist treating patients in the areas of:

1. Hand Therapy – including, but not limited to, fabrication of static and dynamic splints, manual peripheral joint mobilization, soft tissue mobilization, UE prosthetic training
2. Use of physical agent modalities
3. Swallowing Assessment, Evaluation or Intervention including video fluoroscopic swallow studies.

D. Speech and Language Pathology:

Speech and Language Pathology services include screening, assessing and interpreting disorders of speech and language, oral-pharyngeal function, and cognitive/communicative disorders. Neonatal therapy implements neuroprotective strategies to minimize infant physiologic stress and maximize infant growth and development. Speech and Language Pathology provides, but is not limited to, the following services:

1. Diagnostic speech and language evaluation and goal setting.
2. Medical (including oncology), neurological, orthopedic, and developmental interventions for rehabilitation.

3. [Instrumentation: Videofluoroscopy and Fiberoptic Endoscopic Evaluation of Swallow \(FEES\).](#)
4. [Cognitive evaluation and treatment.](#)
5. [Prosthetic assessment and training.](#)
6. [Dysphagia evaluation and treatment.](#)
7. [Advancement of Speech Therapy rehabilitation programs.](#)
8. [Patient, family and caregiver training.](#)
9. [Assessment and interventions for neonates including: developmental interventions, neonatal touch and massage, neonatal 4-handed care for positioning, neonatal neuromuscular reeducation, neonatal feeding, and neonatal positioning programs to preserve musculoskeletal integrity.](#)

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]	05/2023
Medicine Department Executive Committee	Kris Wittman: Dir Rehabilitation Svcs [PS]	04/2023
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2023
	Kris Wittman: Dir Rehabilitation Svcs	01/2023

Status **Pending** PolicyStat ID **13347249**



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Effective Upon Approval
Last Revised 04/2023
Next Review 3 years after approval

Owner Kristina Underhill:
Manager HIM
Ops
Area HIM
Document Policy
Types

Patient Amendment of Protected Health Information

COVERAGE:

All El Camino Hospital staff

PURPOSE:

El Camino Hospital will allow the patient to add new information to the designated record set in the form of a written addendum. Upon request of the patient to correct or change information contained in the designated record set believed to be incomplete or inaccurate, the hospital will also consider acceptance of a written amendment. If amendment is denied, the hospital will inform the requestor of the right to disagree and the time frame for the process. All documentation related to an addendum or amendment will be filed with the medical record and retained in accordance with hospital policy on retention of medical records. Appropriate parties will be identified and notified of amendments added to the record and any addenda or amendments will be included with any subsequent disclosures.

STATEMENT:

- It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for health insurance portability and accountability act (HIPAA)* It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for health insurance portability and accountability act (HIPAA)
- It is the procedure of El Camino Hospital regarding health insurance portability and accountability act (HIPAA) to ensure patient safety* It is the procedure of El Camino Hospital regarding health insurance portability and accountability act (HIPAA) to ensure patient safety

DEFINITIONS :

1. **Amendment:** A formal statement of revision of or change to protected health information added to a designated record set.

Note: The definitions below are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

2. **Protected Health Information:** Individually identifiable health information that is transmitted or maintained by electronic or any other medium.
3. **Designated Record Set:** Medical records, behavioral health records (including psychiatric, alcohol and drug treatment records), and billing records about an individual patient maintained by the hospital and used to make decisions in the process of healthcare delivery. Medical records created by another provider filed with records of El Camino Hospital are included. Peer review, quality assurance, and information created and maintained for business purposes of the hospital not used to make decisions about an individual patient in the process of healthcare delivery are **not** considered part of the designated record set and are not subject to inspection or correction by the patient or legal representative.

- : **Amendment:** A formal statement of revision of or change to protected health information added to a designated record set.

Note: The definitions below are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- : **Protected Health Information:** Individually identifiable health information that is transmitted or maintained by electronic or any other medium.
- : **Designated Record Set:** Medical records, behavioral health records (including psychiatric, alcohol and drug treatment records), and billing records about an individual patient maintained by the hospital and used to make decisions in the process of healthcare delivery. Medical records created by another provider filed with records of El Camino Hospital are included. Peer review, quality assurance, and information created and maintained for business purposes of the hospital not used to make decisions about an individual patient in the process of healthcare delivery are **not** considered part of the designated record set and are not subject to inspection or correction by the patient or legal representative.

REFERENCES:

- : [Title 45, Code of Federal Regulations, §164.526 and §164.526 \(a\)\(2\)](#)

PROCEDURE:

1. ~~Creating an amendment to the record~~

~~Upon inspection of the individual patient's designated record set, the patient may request a change or correction to protected health information believed to be incomplete or inaccurate. (For information on patient access to protected health information, see hospital Administrative policy "Patient Access to~~

Protected Health Information.")

The request must be in writing, must state a reason to support the requested amendment, and must be signed and dated by the patient or legal representative. The request may be a document created by the patient, or the patient may complete the hospital's form "Request to Amend Protected Health Information."

2. Time frame for response to request for amendment

The hospital will respond to the request for amendment in writing within sixty (60) days of receipt of the request. The hospital response will notify the requestor that the request is accepted, deny the request, or notify the requestor that an additional thirty (30) days is needed to act on the request and include a reason for the extension.

3. Accepting the request for amendment

If the request for amendment is accepted, the hospital will:

- a. Identify the records in the designated record set that are affected by the amendment and append or otherwise provide a link to the location of the amendment;
- b. Inform the requestor that the amendment is accepted;
- c. Obtain the individual's identification of, and agreement to have the hospital notify the relevant persons with whom the amendment needs to be shared; and
- d. Make reasonable efforts to inform and provide the amendment within a reasonable time to:
 1. persons identified by the individual as having received protected health information needing the amendment; and
 2. persons, including business associates, that the hospital knows has the protected health information and that may have relied, or could rely, on the information to the detriment of the individual.

4. Denial of requests for amendment

- a. The hospital may deny a request for amendment under the following circumstances:
 1. The hospital determines that it did not create the information that the individual wants amended, unless the individual provides a reasonable basis to believe that the originator of the information is no longer available to act on the request.
 2. The information the individual wants amended is not part of the designated record set.
 3. The information the individual wants amended is not information that the individual has a right to access.
 4. The information the individual wants amended is accurate and complete.
- b. The hospital must notify the requestor of the denial in writing and include the following information:

1. ~~The reason for the denial;~~
 2. ~~The individual's right to disagree with the denial and how to file such a statement;~~
 3. ~~A statement that, if the individual does not submit a statement of disagreement, the individual may request that the hospital include the amendment request and denial along with all future disclosures of the designated record set; and~~
 4. ~~A description of how the individual may file a written complaint to the hospital or to the Secretary of the United States Department of Health and Human Services.~~
- e. ~~Statement of disagreement =~~

~~An individual may submit a written statement of disagreement with the denial that includes the reason for the disagreement and is signed and dated by the patient or legal representative.~~

- d. ~~Hospital rebuttal to statement of disagreement =~~

~~The hospital will review statement with pertinent parties and HIM Director and Privacy Officer may prepare a written rebuttal to the patient's statement of disagreement and will provide a copy of the rebuttal to the patient.~~

~~5. Actions to be taken upon notification of an amendment by another healthcare provider~~

~~Upon receipt of a notice of amendment from another healthcare provider, health plan or clearinghouse, the hospital will amend or link the information to the appropriate protected health information in a designated record set.~~

~~6. Subsequent disclosures of information related to the request for amendment~~

~~The hospital will identify the protected health information that is the subject of the amendment and append or otherwise link the request for the amendment, the denial of the request, and any statements of disagreement and rebuttal to the designated record set. Such information will be included with any subsequent disclosures of the protected health information to which the amendment relates.~~

~~7. Retention of documentation~~

~~All documentation related to an individual's request for amendment, and any documentation related to a denial process, will be filed with or linked to the designated record set and retained in accordance with the policy for retention of medical records.~~

~~REFERENCES: (as applicable)~~

~~Title 45, Code of Federal Regulations, §164.526 and §164.526 (a)(2)~~

A. ~~Creating an amendment to the record~~

1. Upon inspection of the individual patient's designated record set, the patient may request a change or correction to protected health information believed to be incomplete or inaccurate. (For information on patient access to protected health information, see hospital Administrative policy "Patient Access to Protected Health Information.").
2. The request must be in writing, must state a reason to support the requested amendment, and must be signed and dated by the patient or legal representative. The request may be a document created by the patient, or the patient may complete the hospital's form "Request to Amend Protected Health Information."

B. Time frame for response to request for amendment

1. The hospital will respond to the request for amendment in writing within sixty (60) days of receipt of the request. The hospital response will notify the requestor that the request is accepted, deny the request, or notify the requestor that an additional thirty (30) days is needed to act on the request and include a reason for the extension.

C. Accepting the request for amendment

If the request for amendment is accepted, the hospital or author of the entry will:

1. Identify the records in the designated record set that are affected by the amendment and append or otherwise provide a link to the location of the amendment;
 - a. Note, an amendment will be reviewed and amended by the author of the original entry or by the HIM Manager, if applicable.
 - b. HIM Manager can amend non-clinical documentation through an administrative addendum. (i.e. demographics)
2. Inform the requestor that the amendment is accepted
3. Obtain the individual's identification of, and agreement to have the hospital notify the relevant persons with whom the amendment needs to be shared; and
4. Make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - a. persons identified by the individual as having received protected health information needing the amendment; and
 - b. persons, including business associates, that the hospital knows has the protected health information and that may have relied, or could rely, on the information to the detriment of the individual.

D. Denial of requests for amendment

1. The hospital may deny a request for amendment under the following circumstances:
 - a. The hospital determines that it did not create the information that the individual wants amended, unless the individual provides a reasonable basis to believe that the originator of the information is no longer available to act on the request.

- b. The information the individual wants amended is not part of the designated record set.
 - c. The information the individual wants amended is not information that the individual has a right to access.
 - d. The information the individual wants amended is accurate and complete.
 2. The hospital must notify the requestor of the denial in writing and include the following information:
 - a. The reason for the denial;
 - b. The individual's right to disagree with the denial and how to file such a statement;
 - c. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the hospital include the amendment request and denial along with all future disclosures of the designated record set; and
 - d. A description of how the individual may file a written complaint to the hospital or to the Secretary of the United States Department of Health and Human Services.
 3. Statement of disagreement – An individual may submit a written statement of disagreement with the denial that includes the reason for the disagreement and is signed and dated by the patient or legal representative.
 4. Hospital rebuttal to statement of disagreement – The hospital will review statement with pertinent parties and HIM Director and Privacy Officer may prepare a written rebuttal to the patient's statement of disagreement and will provide a copy of the rebuttal to the patient.

E. Actions to be taken upon notification of an amendment by another healthcare provider

1. Upon receipt of a notice of amendment from another healthcare provider, health plan or clearinghouse, the hospital will amend or link the information to the appropriate protected health information in a designated record set.

F. Subsequent disclosures of information related to the request for amendment

1. The hospital will identify the protected health information that is the subject of the amendment and append or otherwise link the request for the amendment, the denial of the request, and any statements of disagreement and rebuttal to the designated record set. Such information will be included with any subsequent disclosures of the protected health information to which the amendment relates.

G. Retention of documentation

1. All documentation related to an individual's request for amendment, and any documentation related to a denial process, will be filed with or linked to the designated record set and retained in accordance with the policy for retention of medical records.

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]	04/2023
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2023
HIM Leadership	Kristina Underhill: Manager HIM Ops	03/2023
	Kristina Underhill: Manager HIM Ops	03/2023



Status **Pending** PolicyStat ID **13405231**



Origination 07/2014
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Last Revised 04/2023
Next Review 1 year after approval

Owner Aletha Fulgham:
Dir Diagnostic Imaging Svcs
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
- [NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography](#)
- 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
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

Badge Exposure	Monthly	Quarterly	Yearly	% NRC
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.~~ The technologist will use lead or lead

equivalent shielding during radiographic procedures where shield placement is appropriate and aligned with minimizing patient radiation exposure. Gonadal and fetal shielding should not be used during abdominal and pelvic radiography when it could interfere with the automatic exposure control or obscure the anatomy of interest.

- 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.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	04/2023
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2023
Radiation Safety	Joni Ballin: Administrative Coord	03/2023

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Origination 11/2015
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Next Review 3 years after approval

Owner Sharon Howe:
Clinical Manager
Area Scopes of Service
Document Types Scope of Service/ADT

Scope of Service - Intensive Care and Critical Care Unit

Types and Ages of Patients Served

The Intensive and Critical Care Units serves patients ~~weighing 80 pounds or greater~~ who meet the admission, discharge and transfer (ADT) criteria for ICU/CCU/. Generally, the patient condition is hemodynamically unstable and requires comprehensive and complex nursing assessments, aggressive medical intervention, and frequent adjustments in medical and/or nursing care.

Assessment Methods

Nursing care is provided by Registered Nurses (RNs) utilizing all aspects of the nursing process. Registered Nurses provide direct supervision to clinical support caregivers in the provision of patient care. ICU/CCU staff participates in performance improvement processes related to patient care. Measures are established by collaboration between the Clinical Manager and the Medical Director of ICU/CCU in order to maximize patient safety, process improvements and promotion of a positive environment of care.

Scope and Complexity of Services Offered

Patients can expect to be cared for by RNs who are trained and competent in emergency procedures and ICU/CCU/El Camino Hospital protocols/procedures. In addition to physical care of the patient, psycho-social needs are also realized. Patients are cared for in a multidisciplinary manner where there is understanding and compassion regarding multicultural diversity of the patients we serve. Patient privacy and advocacy are upheld when caring for patients in the intensive care and critical care units.

Care is given as directed and prescribed by a physician. Non-nursing orders are communicated to the

respective departments. Nursing staff communicate specific patient needs and coordinate treatment and the plan of care with ancillary departments. Discharge planning is initiated on admission, in collaboration with physician, care coordinators, social services, the patient and family. Multidisciplinary care rounds are formally conducted **weekly** and Ad Hoc when multidisciplinary professional meet to make rounds and implement changes in the plan of care. A patient's *Plan of Care* is reviewed and revisions are adjusted by the team to meet the patient's dynamic requirements for changes in the plan.

Appropriateness, Necessity, and Timeliness of Services

The Clinical Manager, in collaboration with the Medical Director, Assistant Clinical Manager or shift charge nurses assesses the appropriateness, necessity, and timeliness of service. The appropriateness is addressed in hospital and department specific standards, policies and procedures that are established in coordination with the medical staff.

A performance improvement process is in place to identify opportunities for improvement in patient care processes and to measure compliance with standards on an on-going basis. This process is designed to address all aspects of care. Patient progress is evaluated by physicians, nurses, members of other health disciplines, and patient and family satisfaction measures.

Staffing/Staff Mix

The Clinical Manager A clinical manager oversees the 24-hour operation of the **MV** critical care **units** and reports to the Director of **Critical Care Cardiovascular** Services at Mountain View **and the Director of** A clinical manager oversees **LG intensive care unit and reports to the Los Gatos Associate Chief Nursing Officer at Los Gatos at Los Gatos**. Skill mix includes RNs, clinical support personnel and administrative support staff. RNs direct clinical and administrative support staff in the provision of care and services to patients.

ICU/CCU is staffed with one (1) RN for every two (2) patients or one (1) RN to every one (1) patient depending on the acuity. There is a charge nurse assigned at all times. Patient acuity levels are assessed each shift and are factored into the department's staffing guidelines and Title 22 requirements to determine staffing needs for the next shift. Level II and Level III respiratory therapists are assigned to ICU/CCU on a 24-hour basis.

The competency of the staff is evaluated through observation of performance and skills competency validation. Staff education and training is provided to assist in achieving performance expectation standards.

Levels of Service Provided

The level of service is consistent with the needs of the patient as determined by the medical staff. The department is designed to meet patient requirements for critical care based upon standards recommended by the American Association of Critical Care Nurses (AACN) model.

Performance assessment and improvement processes are evaluated through performance improvement

activities in conjunction with the multidisciplinary health care professionals who provide services to the critical care units.

Standards of Practice

The ICU/CCU is governed by State regulations as outlined in Title 22 and standards established by The Joint Commission. Additional practices are described in the Patient Care Policies and Procedures; Unit Description, Policies, Procedures; Admission, Discharge and Transfer Criteria for CCU; and Clinical Practice standards.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	04/2023
Medicine Department Executive Committee	Sharon Howe: Clinical Manager [PS]	04/2023
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2023
	Sharon Howe: Clinical Manager	01/2023

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Owner Carolyn Bogard:
Director Care Coordination
Area Care Coordination
Document Types Plan

Utilization Management Plan

COVERAGE:

All El Camino Hospital Employees and Medical Staff

STATEMENT:

Appropriate, efficient, and effective health care services in the most cost-effective manner will be delivered to all patients using an organized, collaborative, system-wide approach to resource management. Open communication and on-going education on appropriate utilization practices will be consistently provided. The Care Coordination Department will provide a multidisciplinary, collaborative and systematic approach to health care delivery with a focus on continuity of care, clinical quality, customer service, and fiscal value.

PROCEDURE:

A. AUTHORITY AND RESPONSIBILITY FOR THE UTILIZATION REVIEW PLAN

1. Board of Directors - The responsibility for ensuring a comprehensive, organized effective Utilization Management Plan encompassing the continuum of health care ultimately rests with the Board of Directors. The Board delegates authority to executive and senior leadership for development, implementation and maintenance of the Utilization Review Plan, as delineated in this plan and in applicable policies, procedures and bylaws.
2. Senior Leadership - Senior leadership will facilitate the effective performance of the Utilization Management Plan providing active support and allocating adequate resources to the implementation of the plan.

3. Medical Staff and Hospital Departments - The medical staff and hospital departments will review the results of utilization management activities related to their areas of clinical and support services. Each department will take appropriate action based on the recommendations made by Utilization Management Senior Leadership as part of ongoing performance improvement.
 4. Professional Review Committees:
 - a. Committee Structure - The Medical Executive Committee has delegated the responsibility for implementation of the Utilization Management Plan to the Utilization Management Committee (UMC).
 - b. Composition:
 - i. The Utilization Management Committee (UMC) Chair will be recommended by the hospital Chief Medical Officer and approved by the board. The members of the UMC will be appointed by the UMC Chair. The UMC will be composed of two (2) or more physicians of the active staff who broadly represent the services of the medical staff. Each appointed member of the committee shall have a vote.
 - ii. The committee will be assisted by other professional personnel. Representatives from Administration, Health Information Management, Care Coordination, Quality/Clinical Effectiveness, Pharmacy and Nursing, as well as directors of reporting ancillary departments may attend the committee meetings.
 - iii. Upon invitation from the Chair, other representatives of the Hospital or Medical Staff may attend meetings. The Physician Advisor and the Care Coordinator (CC) will function as an extension of the UMC. The Chairman or other designated Members of the committee shall serve as the Physician Advisor (PA) if there is not an appointed advisor available, or when hospital appointed Physician Advisors are not available.
- (NOTE: A secondary level reviewer is available to consult with physicians and Care Coordinators to establish patient status, i.e., inpatient versus observation.)
- When the UMC makes a recommendation regarding a physician's practice management, the issue will be referred to the appropriate department for further action.
- c. Meetings - The UMC shall meet and report to the Medical Executive Committee and the appropriate members of the quality team quarterly or more frequently as needed as determined by the UMC Chair.
5. Physician Advisor - Physician Advisors serve as a resource to the hospital and medical staff in evaluating the appropriateness of patient admission and continued stays when necessary. Other medical staff committee members will provide specialty consultation as needed. In the absence of designated Physician Advisor, Utilization Management Committee members will serve as Physician Advisor as necessary. Physician Advisors are responsible for:
 - a. Determining the medical necessity of hospital admission, hospital continued stay and ancillary services on referred cases.

- b. Contacting the attending physician to obtain additional information regarding the medical necessity of the admission, continued stay and/or service, as necessary.
- c. Discussing patient medical necessity for an admission or continued stay of a referred case with the assigned Care Coordinator
- d. Serving as a resource to the hospital by identifying utilization issues, recommending improvement opportunities and defining educational needs.

B. UTILIZATION MANAGEMENT PLAN GOALS AND OBJECTIVES

1. Through implementation of an effective Care Coordination Program, the hospital will further its commitment to the community we serve by providing quality health care in a cost effective manner. This program's focus is to:
 - a. Establish and maintain an effective, collaborative, Utilization Management Plan across the continuum of care.
 - b. Assess the appropriateness of the treatment setting including the medical necessity of patient placement in observation status, hospital inpatient admissions, continued stay, professional services, and identification of opportunities for providing quality care more economically in alternate care settings.
 - c. Assess the appropriateness, efficacy and efficiency of the services and resources provided to the patient and to promote the patient's right to actively participate in treatment decisions.
 - d. Identify patterns of under-utilization, over-utilization, and inefficient use of resources and recommend and/or initiate actions to improve the use of health care services.
 - e. Establish a mechanism for the review of outlier cases based on extended length of stay and/or extraordinarily high costs.
 - f. Initiate and/or recommend improvement plans when areas of inappropriate utilization are identified and to evaluate the effectiveness of the improvement plans.
 - g. Achieve and maintain compliance with applicable standards and regulations, including contractual agreements with third-party payers and external review entities, when agreements are consistent with professionally recognized standards of care.
 - h. Provide concurrent identification of and, where possible, appropriate intervention in issues related to utilization of resources, risk management and quality of care.
 - i. Encourage the incorporation of established quality and utilization performance standards in the daily operating plans of each department, committee and service.
 - j. Promote continuity of care and services by identifying all patients in need of post hospital care and assuring that they have an appropriate, timely plan for discharge.
 - k. Serve as an advocate for appropriate care, treatment, and discharge decisions that are based on recognized standards of care and not solely on the reimbursement determinations of external review entities.
 - l. Communicate utilization information and provide education on appropriate utilization of resources in a collaborative, collegial manner to individual practitioners, departments, committees, senior leadership, the Medical Staff, and the Board of Directors.

C. PROGRAM ELEMENTS

1. Criteria - The effort of the members of the Care Coordination Department is directed toward assessment of patients and their medical records to determine appropriateness of admission, level of care setting, continued stays, resource utilization and aftercare needs. Such assignments utilize InterQual® Level of Care Criteria and active participation in the care of patients through interaction with physicians and multidisciplinary unit rounds.
2. Types of Review - The review process, [as delineated in the InterQual® Level of Care Criteria - Acute Criteria Review Process document of the most current release available](#) is applied to all patients regardless of payer source.

- a. Pre-admission Review (when applicable)

Pre-admission screening is performed by the Care Coordinator (CC) a member of the Care Coordination Department. Medical necessity, ability to meet the needs of the patient, appropriateness of admission, levels of care setting; pre-authorization requirements as well as other utilization and discharge planning issues are assessed if possible. If a problem is identified, the CM contacts the attending physician to obtain the necessary information to justify admission or validate the appropriateness of the admission.

- b. Admission Review and Concurrent Review

In general, medical record review will be conducted within 24 hours of the patient's admission or on next business day. This review assesses the medical necessity of admission and continued stay, as well as the ability to meet the continued needs of the patient. If the admission is appropriate, reviews will be conducted ~~as needed~~ [per the utilization review, continued stay reviews will be conducted](#) until the patient is discharged – see [departmental Instructions for Utilization Review for continued stay review requirements](#).

- c. Outlier Case Review Meetings

Outlier Case Review Meetings focus on pro-actively identifying any obstacles to discharge and develop a plan to resolve them in a collaborative environment. Cases will be reviewed for various reasons, such as; length of stay, extraordinarily high cost of care, admission and continued stay criteria, level of care, discharge planning options, referrals to ancillary departments, Social Service referrals, medical treatment issues, delays in service, concerns regarding the adequacy of treatment plans, and financial issues regarding un-funded, or under-funded patients.

- d. Escalation Process - Cases that do not meet InterQual® criteria are escalated. The following process will be followed:

- i. The CM determines that InterQual® criteria are not met, i.e.; the patient could safely go to another level of care and/or there is no barrier to discharge other than not having discharge orders.
- ii. The CM initiates a discussion with the Attending Physician to determine if the patient can be discharged or if other clinical information qualifies the stay and/or change in level of care.

- iii. If unable to come to an agreement, the Care Coordinator escalates the case to a Physician Advisor who takes action.
- iv. The Care Coordinator will document all interventions and activity related to escalation in the electronic record.

e. Denials and Appeals

i. Denials

Questionable admissions, continued stays and discharges identified by the Care Coordinators are escalated using the escalation process. The appropriateness of issuing a formal denial is determined by the Physician Advisor following consultation with the Attending Physician. Specific procedures and standardized letters are used for purposes of notifications of physicians, patients, and payers as required according to the specifications of each review organization or third party payer.

ii. Appeals

Correspondence regarding claims tentatively denied payment by the insurance provider or review organization shall be referred to the Recover Audit and Appeals Coordinator (RAAC).

- A discussion will be held with the attending physician to initiate the appeals process.
- The attending physician will be asked to assist with the appeal process by providing additional information to justify patient hospital stay.
- An appeal letter will be drafted by the RAAC and sent via certified mail to the insurance carrier.

- iii. Trends in denials and appeals status will be reported to the Utilization Management Committee on a *quarterly* bi-monthly basis.

f. Discharge Planning - Discharge planning is an interdisciplinary hospital-wide function which exists to assist physicians, patients and their families in developing and implementing an optimal post-hospital plan of care. The CC is responsible for assessing the patient for discharge potential, developing a discharge plan. The process includes the following:

- i. Facilitation of patient discharge as soon as an acute level of care is no longer required.
- ii. Ensuring the continuity of quality patient care, patient safety, and the availability of the hospital's resources for other patients requiring admission and the appropriate utilization of resources.
- iii. Improving or maintaining the patient's quality of life and health status on an outpatient basis including but not limited to:
 - Placement in alternative care facilities

- Referrals to home health care
 - Provision for initial contact with appropriate community resources including hospice
 - Communication with the patient, patient's family and attending physician which is documented in the medical record
- g. Relationship to Quality Improvement Organization (QIO), Recovery Audit Contractor (RAC), Third Party PAYERS and Other Groups

Every reasonable effort will be made to cooperate with the QIO, RAC, fiscal intermediaries, and other groups having interest in assuring appropriate utilization of hospital services. The established principle of patient/physician confidentiality and individual privacy will be consistently upheld and honored. Information and data will be maintained as required to assure compliance with all applicable regulations for payment of claims.

D. RESPONSIBILITIES OF COMMITTEE

1. It is the responsibility of the Utilization Management Committee is to review, analyze, report, and where appropriate, make recommendations to support and improve efficient and optimal patient care. Committee activities are as follows:
 - a. Evaluation of Utilization Data includes regular review and reports of the following:
 - Admissions
 - Continued stay
 - Professional services
 - Length of stay
 - Denials
 - Medicare 1 day stays
 - Readmission within 30 days/same diagnosis
 - Appropriateness of operative and invasive procedures
 - b. There will be ad hoc monitoring for Potential Service Outliers, such as:
 - Length of stay
 - Over utilization and underutilization of resources
 - Level of care considerations
 - Extraordinary high cost cases
 - Patient care contracted services
 - Utilization of high cost drug and biological
 - Professional services
 - c. Recommendations and Communication

The committee shall evaluate the findings of the above activities and make recommendations as necessary to the appropriate individual/institutional body in order to improve utilization and appropriateness. Members of the medical and administrative staff shall be advised of findings and recommendations that affect clinical practice and function.

E. REPORTING AND EXCHANGE OF INFORMATION

The Utilization Management Committee will maintain written reports of their findings, actions and recommendations. All information related to improvement activities is confidential and protected by the California Evidence Code 1156; 1157.

F. CONFLICT OF INTEREST

Physicians may not participate in the review of any cases in which they have been or anticipate being professionally involved.

G. CONFIDENTIALITY

All data, reports and minutes are confidential and shall be respected as such by all participants in the Utilization Management Plan. All established organizational policies and procedures on confidentiality and release of information have been incorporated into the Utilization Management Plan.

H. PLAN EVALUATION, AMENDMENT AND REVISION

The UMC will conduct an assessment of the Utilization Management Plan at least annually and, as necessary, revise the written plan. The evaluation will address overall effectiveness of the plan in achieving the goals and objectives.

A copy of any amendment and revision will be properly signed and dated by an authorized representative of the Utilization Management Committee, Senior Leadership, and the Board of Directors.

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Attachments

[InterQual Review Process.pdf](#)

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending

MEC	Franz Encisa: Director Quality and Public Reporting [PS]	04/2023
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2023
Utilization Management	Shirley Paras: Clinical Mgr	04/2023
UPC Staff Meeting	Shirley Paras: Clinical Mgr	04/2023
	Shirley Paras: Clinical Mgr	03/2023

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