



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

Wednesday, September 13, 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: 996 9430 3358# 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.

VALUE PROPOSITION STATEMENT: Setting the Standard for the best healthcare experience in the Bay Area by delivering dependable clinical excellence in a caring, convenient way

	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	Possible Motion <i>public comment</i>	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	MEDICAL STAFF REPORT	Prithvi Legha, MD MV Chief of Staff	Information	5:36 – 5:46
6	<u>QUALITY COMMITTEE REPORT</u>	Carol Somersille, MD Quality Committee Chair	Information	5:46 – 5:51
7	ADJOURN TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	5:51 – 5:52
8	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:52 – 5:53
9	<i>Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets:</i> CEO REPORT	Dan Woods, Chief Executive Officer	Information	5:53 – 5:55
10	<i>Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets:</i> EL CAMINO HEALTH MEDICAL NETWORK SEMI-ANNUAL REPORT	Shahab Dadjou, President of El Camino Health Medical Network	Discussion	5:55 – 6:22

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) 940-7069** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

11	Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters and 54957.6 for a conference with labor negotiator: CEO ASSESSMENT RESULTS	Bob Rebitzer, Board Chair George Ting, MD, District Board Chair Heidi O'Brien, Mercer Rob Kirkpatrick, Mercer	Discussion	6:22 – 6:42
12	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	6:42 – 6:52
13	CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i>	Bob Rebitzer, Board Chair	Motion Required	6:52 – 6:55
	<u>Approval</u> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board (08/09/2023) b. Memo for CLO Recommendation <i>Reviewed and Recommended for Approval by the Finance Committee</i> c. Enterprise Anesthesia Services Agreement <i>Reviewed and Recommended for Approval by the Quality, Patient Care, and Patient Experience Committee – 08/07/2023</i> <i>Health & Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</i> d. Credentialing and Privileges Report			
14	ADJOURN TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	6:55 – 6:56
15	RECONVENE OPEN SESSION/ REPORT OUT	Bob Rebitzer, Board Chair	Information	6:56 – 6:58
	To report any required disclosures regarding permissible actions taken during Closed Session.			
16	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 (08/09/23) Open Session Minutes <i>Reviewed and Recommended for Approval by the Medical Executive Committee</i> b. Policies, Plans, and Scope of Services <i>Reviewed and Recommended for Approval by the Governance Committee (08/29/23)</i> c. ECHB Code of Conduct d. El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure <u>Information</u> <i>Reviewed by the Finance Committee</i> e. FY2024 Period 1 Financials	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	6:58 – 7:05
17	CEO REPORT a. FY24 Organizational Goals b. Update c. Pacing Plan	Dan Woods, Chief Executive Officer	Information	7:05 – 7:10

18	BOARD COMMENTS	Bob Rebitzer, Board Chair	Information	7:10 – 7:20
19	ADJOURNMENT <u>APPENDIX</u>	Bob Rebitzer, Board Chair	Motion Required <i>public comment</i>	7:20 – 7:21

**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, MD, Committee Chair
Date: September 13, 2023
Subject: ECH Quality, Patient Care and Patient Experience Committee Meeting (Quality Committee) Report

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 a 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 (ECH Quality, Patient Care and Patient Experience Committee Meeting (Quality Committee)):

The Quality Committee met on September 5, 2023, and addressed several key items and updates:

The Consent Calendar, which included the minutes of both open and closed sessions from the 8/7/2023 meeting, the FY24 Enterprise Quality Dashboard, progress notes on FY24 Committee Goals, and follow-up items, received unanimous approval.

Dr. Somersille, the Quality Committee Chair, highlighted several recommended quality and patient experience conferences for the upcoming fiscal year, encouraging members' attendance.

Christine Cunningham, Chief Experience Officer, gave a comprehensive update on the semi-annual patient experience report. The discussion revolved around national benchmarks, El Camino Health Medical Network's standing, and ECH's overall performance. Emphasis was placed on various channels of patient feedback, ranging from HCAHPS and Press Ganey Surveys to post-discharge calls coordinated through our partner, Cipher. Christine also provided clarity on the intricacies of the patient complaint and grievance processes.

Dr. Beeman facilitated a review of proposed quality measures to retire and add to the FY24 STEEEP (**S**afe, **T**imely, **E**ffective, **E**fficient, **E**quitable, and **P**atient-centered) Dashboard.

Sheetal Shah, Sr. Director of Risk Management and Patient Safety, presented the annual patient safety report, shedding light on the year's notable developments.

Dr. Mark Adams, Chief Medical Officer, shared the findings from the Culture of Safety Survey. The survey, taken by our dedicated employees and medical staff, offers critical insights into our organization's safety culture. Further, the Committee favorably reviewed and approved the credentialing and privileges process and report, as put forth by Dr. Mark Adams.

**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, August 9, 2023**

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

Board Members Present

Bob Rebitzer, Chair
Julia E. Miller,
Secretary/Treasurer
Jack Po, MD, Ph.D., Vice-Chair
Carol A. Somersille, MD
George O. Ting, MD
Don Watters**
John Zoglin

Board Members Absent

Lanhee Chen, JD, PhD
Peter Fung, MD

Others Present

Dan Woods, CEO
Mark Adams, MD, CMO
Holly Beeman, MD, CQO
Carlos Bohorquez, CFO
Omar Chughtai, CGO
Shahab Dadjou, President, ECHMN
Andreu Reall, VP of Strategy
Cheryl Reinking, CNO
Diane Wigglesworth,

***via teleconference*

Others Present (cont.)

Mary Rotunno, General Counsel**
Vineeta Hiranandani, VP of
Marketing and Communications**
Tracy Fowler, Director,
Governance Services
Stephanie Iljin, Manager,
Administration
Gabe Fernandez, Governance
Services Coordinator
Brian Richards, Information
Technology

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 5:32 p.m. by Chair Bob Rebitzer. Directors Chen and Fung were absent. Chair Rebitzer reviewed the logistics for the meeting. A quorum was present.	The meeting was called to order at 5:32 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. QUALITY COMMITTEE – Q4 STEEEP UPDATE AND FOCUSED REVIEW: HEALTH EQUITY	Dr. Beeman shared the Quality Committee report which included an overview of the Q4 STEEEP update and a focused review on health equity initiatives and data collection regarding race, ethnicity, disability, language, sexual orientation, gender identity, and social determinants of health. Examples of ongoing initiatives were shared including improving communication with patients in their preferred language through the use of translation services. A patient story was also mentioned to emphasize the importance of these health equity initiatives. Dr. Beeman was asked about the rise in surgical site infections on the STEEEP dashboard and responded with an overview of the analysis of the issue and the team collaboration as they worked towards finding resolution. The board was pleased with the speed and depth of the analysis of the issue.	
6. ADJOURN TO CLOSED SESSION	Motion to adjourn to closed session at 6:15 p.m. pursuant to <i>Health and Safety Code Section 32106(b)</i> for reports and discussion involving healthcare facility trade secrets for discussion of the strategic environment; and <i>Gov't Code</i>	Adjourned to closed session at 6:15 p.m.

	<p><i>Section 54957.2</i> for approval of the minutes of the Closed Session of the Hospital Board (6/14/2023); and deliberations concerning reports on Medical Staff quality assurance matters (Medical Staff Credentialing & Privileges Report).</p> <p>Motion: to adjourn to closed session at 5:49 p.m.</p> <p>Movant: Po Second: Ting Ayes: Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Chen, Fung Recused: None</p>	
<p>7. AGENDA ITEM 12: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>The open session was reconvened at 7:14 p.m. by Chair Rebitzer. Agenda Items 8-10 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 (6/14/2023), and the Credentials and Privileges Report, as reviewed and recommended for approval by the Quality, Patient Care and Experience Committee by a majority vote of Directors present (Directors Po, Rebitzer, Somersille, Ting, Watters, and Zoglin).</p>	
<p>8. AGENDA ITEM 13: CONSENT CALENDAR</p>	<p>Chair Rebitzer asked if any member of the Board wished to raise an item from the consent calendar for discussion. Director Zoglin asked to discuss e and h. Discussion on these items included relative versus actual percentiles in Likelihood to Recommend, specific metrics for more accountability and a note to flag for FY25 planning. A motion was made to approve the full consent calendar.</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 (6/14/2023) b. Amended FY24 Committee Assignments c. QAPI Plan d. Policies, Plans, and Scope of Services <p>Movant: Po Second: Miller Ayes: Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Chen, Fung Recused: None</p>	<p><i>The consent calendar was approved</i></p> <p><i>The FY24 Organizational Goals were presented for information and asked to be updated by next meeting.</i></p>
<p>9. AGENDA ITEM 14: CEO REPORT</p>	<p>Dan Woods presented the CEO report and covered a range of topics which included, but was not limited to, ECH's inclusion in Becker's Hospital Review of 2023 Greatest Hospitals in America, ECH's distinction of being named a</p>	

	five ribbon hospital by Newsweek, progress in the Inclusion, Diversity, Equity and Belonging initiatives, the success of the Foundation on its FY23 goal and an overview of two events – Norma’s Literary Luncheon and the Foundation Open House.	
10. AGENDA ITEM 15: BOARD COMMENTS	Final board comments included agreement with earlier comments on the level of security at El Camino. There was no further discussion on any other topics.	
11. AGENDA ITEM 16: ADJOURNMENT	Motion: To adjourn at 7:34 p.m. Movant: Po Second: Ting Ayes: Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Chen, Fung Recused: None	<i>The meeting adjourned at 7:34 p.m.</i>

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

Tracy Fowler, Director of Governance Services

Department	Policy Name	Revised?	Doc Type	Notes	Committee Approvals
New Business					
Infection Control	1. FY2023 Infection Control Plan	Revised	Plan	1. Updated Sections: ECH: MV and LG, California Overview, Community TB Profile, El Camino TB Profile, Threats Facing Santa Clara County	<ul style="list-style-type: none"> • Infection Prevention • Med Dept Exec • ePolicy • MEC
Care Coordination	1. Reporting of Child Abuse	Revised	Policy	1. Updated Procedure section	<ul style="list-style-type: none"> • UPC Staff Meeting • ePolicy •
Compliance	1. El Camino Health Mobile App Privacy Policy 2. Physician Financial Arrangements – Review and Approval	None Revised	Policy Policy	1. None 2. Minor change	<ul style="list-style-type: none"> • Dir of Compliance • ePolicy

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

To: El Camino Hospital Board of Directors
From: Dan Woods, Chief Executive Officer
Date: September 13, 2023
Subject: ECH Board Policy Update

Recommendation(s):

To recommend approval of policies for Board approval:

- 1) ECHB Code of Conduct

Summary:

ECHB Code of Conduct

For a board of directors, a code of conduct is essential to establish clear expectations for the behavior of individual board members, and to create a culture of accountability and transparency.

Having a code of conduct can help prevent conflicts of interest, promote integrity, and improve decision-making. It also helps to build trust among stakeholders, including shareholders, customers, and employees.

This code of conduct was first presented to the Governance Committee in May 2023 and the Committee asked for further discussion with dissenting Committee members. The discussions were held with outside counsel and the redlined updates are now presented to the Committee for approval to recommend adoption by the Board of Directors. This draft version was approved at the August 29, 2023 meeting of the Governance Committee and recommended for Board approval.

Policy	Changes	Effective Date
ECHB Code of Conduct	NEW POLICY. For best governance practices there should be a Code of Conduct for the ECHB.	After ECHB approval – next meeting September 13, 2023

List of Attachments:

1. DRAFT ECHB Code of Conduct

TITLE: Board of Directors Code of Conduct

CATEGORY: Administrative

LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Board

OFFICE OF ORIGIN: Administration

ORIGINAL DATE: February 15, 2023

I. COVERAGE:

All Members of the El Camino Hospital Board of Directors and Board Advisory Committees

II. PURPOSE:

The El Camino Hospital Board of Directors (“Board”) has adopted this Code of Conduct (“Code”) to provide clear, positive standards of ethical and professional behavior reflecting the core values of El Camino Hospital (the “Hospital” or “ECH”), and the communities it serves. The Code is intended to promote and maintain the highest standards of personal and professional behavior among Board members in the conduct of the Board's business. The Code includes practical strategies for addressing ethical questions, a useful framework for decision-making and handling the operations of the Board, and enforcement mechanisms in the event of a report of unethical or unprofessional conduct. Each Board member is required to subscribe to these standards, understand them, apply them to their work as a Board member, comply with them in letter and in spirit, and commit to them in writing annually.

III. REFERENCES:

1. Director Confidentiality Statement
2. ECH Discrimination and Harassment Policy – PolicyStat ID 8055045

IV. PROCEDURE:

A. **Meetings:** The basic manner in which members fulfill their office must be at a regular, special, committee, or workshop meetings, and will be a matter of public record. The method of participation is discussion, deliberation, debate and voting. All members, including the Board Chair, are expected to participate fully and thoughtfully in deliberation and voting. They are expected to prioritize meeting attendance and come prepared to discuss the issues and business on the agenda, and having read all background material relevant to the topics at hand.

B. **Action and Service:** Board members' decisions and actions shall best serve the needs of the community and Hospital patients and staff in light of available resources and information available to the Board at the time such decisions or actions are made. Board members shall place the Hospital's best interests above

TITLE: Board of Directors Code of Conduct

CATEGORY: Administrative

LAST APPROVAL:

their own, positively promote the purpose of the Hospital as stated in its Bylaws, forego personal interests when making decisions as a Board member, and act as a fiduciary of the Hospital in financial matters and decisions that may have material affect.

- C. Conflicts:** Each Board member shall avoid any conflicts of interest or appearance of any conflicts of interest between them and the Hospital. Any situation that involves, or may reasonably be expected to involve, a conflict of interest between a Board member and the Hospital should be disclosed promptly to the Board Chair. Conflicts of interest shall be declared into the public record. Any Board member having a conflict of interest shall not vote on, or use their personal influence to address, the matter.
- D. Conduct:** The Board members shall observe the following standards designed to guide their actions in carrying out their responsibilities. A Board member must:
- Comply with laws, rules, and regulations applicable to the Hospital, as well as the Hospital's Bylaws;
 - Recognize that Board members have no individual authority or legal status to act for the Board and/or Hospital outside of official meetings;
 - Understand that their basic function is policy and not administration or operations;
 - Refrain from intruding on administrative or operational issues that are the responsibility of the CEO and management, except to monitor the results and ensure that procedures are consistent with Board policy;
 - Communicate professionally and respectfully, whether in person, by telephone or videoconference, or in writing, with the CEO, other Board members, community members, and staff, and comply with guidelines for communication with the CEO and Hospital staff members (e.g., observe common standards of decorum and decency, express disagreement without being uncivil or disrespectful, and refrain from shouting, using profanity, or engaging in personal attacks); and
 - Promptly report any behavior or activities that they believe to be illegal or unethical to appropriate personnel and fully cooperate in any internal or external investigation by the Hospital.
- E. Confidentiality:** Board members should not disclose to anyone any confidential financial, personnel or other matters or information concerning the organization, donors, staff or clients/consumers included in Board materials or discussions. Board members must also maintain confidentiality with respect to all closed session Board meeting discussions and materials. All Board members should abide by the Director Confidentiality Statement whether in a meeting or in public.

TITLE: Board of Directors Code of Conduct

CATEGORY: Administrative

LAST APPROVAL:

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- F. **Board Discrimination and Harassment Policy:** It is the policy of the Board to provide an environment free from discrimination, harassment or retaliation as defined by the El Camino Hospital Discrimination and Harassment Policy and federal and state statutes such as Title VII of the Civil Rights Act of 1964, Equal Employment Opportunity Commission (EEOC) Regulations, California Government Code section 12940(h), and California Civil Rights Department Regulations. All Board members should abide by El Camino Hospital's Discrimination and Harassment Policy.
- G. **Enforcement**
1. **Reporting:** Any suspected violations of this Code should be communicated promptly to the Board Chair, the Hospital's General Counsel, the Hospital's Chief Human Resources Officer, or the Hospital's Director of Corporate Compliance, and can be raised by Board members or others, including Hospital employees or members of the community. The Board Chair (or the Vice Chair, if the Board Chair is conflicted) shall initially review the complaint to determine if the allegations are plausible, and if the alleged conduct, if substantiated, would constitute a breach of the Board member's duties or responsibilities. If so, the Board Chair (or Vice Chair, as appropriate) shall consult with the Hospital General Counsel, the Hospital Chief Human Resources Officer, and/or the Hospital's outside counsel to determine the appropriate person to investigate the complaint. The Hospital General Counsel will determine when or if to include the Hospital's outside counsel.
 2. **Investigation:** The investigator designated by the Board Chair (or Vice Chair, as appropriate) shall gather information relevant to the allegations, afford the named Board member an opportunity to respond to the allegations, and make a written report of the review and findings within 30 days, unless the Board Chair (or Vice Chair, as appropriate) determines that the circumstances warrant a longer period.
 3. **Remedies:** If the investigation does not substantiate the allegations, the Board Chair (or Vice Chair, as appropriate) may close the matter or determine that some corrective action short of formal discipline is appropriate. If the investigation has determined by a preponderance of the evidence that the Board member breached their duties or responsibilities, the Board Chair (or Vice Chair, as appropriate) can then recommend an appropriate sanction to the Board, which can accept the recommendation or impose a different sanction.

The Board may waive or limit any sanction on the condition that the named Board member perform some specified action(s) designed to address the

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LAST APPROVAL:

harm and/or to prevent future harm. Such actions may include, but are not limited to, compliance with a commitment not to repeat the inappropriate conduct, or some other act to make whole the injury caused by the Board member's action and/or to prevent future inappropriate action. If the imposition of the sanction is waived or limited by the Board, the subsequent failure by the named Board member to perform the required act or otherwise comply with the conditions of the waiver will subject the Board member to implementation of the underlying sanction, without further process.

More than one sanction may be imposed. The severity and type of sanction must be appropriately related to the nature and circumstances of the offense, and may include:

- Mandatory counseling or coaching;
- Reprimand;
- Removal or suspension of Board member from their position as a member, Chair, or Vice Chair of any Committee or Sub-Committee;
- Removal or suspension of the Board member from any liaison role(s);
- Public Censure by the Board; and/or
- Recommendation to the District Board of Directors that the Board member be removed from the Hospital Board.

The Board reserves the right to take action in response to breaches of this Code of Conduct, including the above examples, without following the enforcement procedures set forth above.

4. **Retaliation:** Board members shall not retaliate against anyone for reporting actual or suspected violations of this Code in good faith. Any suspected retaliation should be reported to the Board Chair, the Hospital's General Counsel, the Hospital's Chief Human Resources Officer, or the Hospital's Director of Corporate Compliance.

- H. **Questions:** No code or policy can anticipate every situation that may arise. Directors are encouraged to bring questions about particular circumstances that may implicate one or more provisions of this Code to the attention of the Board Chair, the Hospital's General Counsel, or the Hospital's Director of Corporate Compliance, who may consult with legal counsel as appropriate.

TITLE: Board of Directors Code of Conduct

CATEGORY: Administrative

LAST APPROVAL:

I. **Waiver:** Any waiver of this Code must be approved by the Board.

V. **APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	Governance Committee
(name of) Medical Committee (if applicable):	N/A
ePolicy Committee:	N/A
Pharmacy and Therapeutics (if applicable):	N/A
Medical Executive Committee:	N/A
Board of Directors:	
Historical Approvals:	

VI. **ATTACHMENTS:**

1. Director Confidentiality Statement
2. ECH Discrimination and Harassment Policy – PolicyStat ID 8055045

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

To: El Camino Hospital Board of Directors
From: Tracy Fowler, Director of Governance Services
Date: September 13, 2023
Subject: ECH Board Policy Update

Recommendation(s):

To recommend approval of policies for Board approval:

- 1) El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure

Summary:

ECHB Compensation Policy

This policy was first presented to the Governance Committee in May 2023 as an update and the Committee asked for a review by the Executive Compensation Committee. The Executive Compensation Committee asked for a market analysis from the ECH compensation consultant, Mercer, and their findings were presented at the June 2023 Executive Compensation Committee meeting. Mercer found that ECH compensation was not misaligned with the market but the paying only meeting fees was unusual. It was recommended that the board members be paid a retainer in lieu of meeting fees, which would be simpler for ECH and board members. The amount recommended and approved by the Executive Compensation Committee was \$5,000 retainer per fiscal year. (The FY23 average pay range was \$2,400 to \$4,400). We have included Mercer’s presentation to the Executive Compensation Committee in the Appendix.

Policy	Changes	Effective Date
El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure	UPDATE. Members of the Board to be paid a \$5,000 annual stipend in quarterly payments.	After ECHB approval – October 1, 2023

List of Attachments:

1. El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure

TITLE:	El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure
CATEGORY:	Board
LAST APPROVAL:	March 13, 2019

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Board
OFFICE OF ORIGIN:	Administration
ORIGINAL DATE:	February 12, 2014 (applicable to events after 1/8/14)

- I. **COVERAGE:** All Members of the El Camino Hospital Board of Directors with the exception of the Chief Executive Officer.

- II. **PURPOSE:**
 - A. To define the events for which Board Directors other than the CEO shall receive compensation and reimbursement.
 - B. To define the amount of compensation Board Directors shall receive.
 - C. To define the procedures necessary to implement this policy.

- III. **POLICY STATEMENT:**
 - A. El Camino Hospital shall pay its Board Chairperson an annual stipend in the amount of \$12,000, payable during the third month of each quarter of the fiscal year.
 - B. El Camino Hospital shall pay members of its Board of Directors, with the exception of the Board Chairperson, an annual stipend in the amount of \$5,000, payable during the third month of each quarter of the fiscal year. Members of the Board of Directors who do not wish to receive such payments may notify the Director of Governance Services and the CEO by submitting a "Board of Directors' Compensation Op-Out" form. Any member not receiving compensation may request to receive such compensation by notifying the Director of Governance Services and the CEO. Notwithstanding the above, a stipend shall be paid for either in person or telephonic attendance.
 - C. El Camino Hospital shall also pay to members of its Board of Directors, including the Board Chairperson, (who request such payment reimbursement and submit the required form) an amount equal to their actual necessary travel and incidental expenses, including but not limited to travel, lodging and meals incurred as a result of attending educational events funded by El Camino Hospital.

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.

TITLE:	El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure
CATEGORY:	Board
LAST APPROVAL:	March 13, 2019

- D. Board members who reside within the El Camino Healthcare District shall not be eligible for reimbursement for mileage to events at El Camino Hospital.
- E. Board members are expected to use prudent judgment in selecting their travel accommodations and otherwise incurring expenses which will be reimbursed by the Hospital.
- F. This policy shall be implemented in accordance with the procedures described in Section IV below.

IV. PROCEDURE:

A. Compensation

1. Hospital staff will complete a Board Director Compensation form for each Director who is opted in for payment of stipend in the third month of each quarter.
2. Hospital staff will forward the document to accounting for payment processing.
3. Stipends paid to Directors are IRS Form 1099 – Miscellaneous reportable. Directors who have not opted out of participation (See, Section III A) and are accepting stipend payments must submit IRS FORM W-9 to ECH Accounting before receiving payment. Annually, ECH will provide IRS Form 1099-Miscellaneous to Directors receiving compensation in excess of \$600.00 in a calendar year.

B. Use of Personal Vehicle for attendance at meetings or educational events.

1. The Hospital will pay the current IRS mileage rate for miles actually traveled, but not more than, from the Board member's home or usual place of business within California to educational events funded by the Hospital. Board members who reside within the El Camino Healthcare District shall not be eligible for reimbursement for mileage traveled to events at El Camino Hospital.
2. To be reimbursed, the Board member must complete the Mileage Reimbursement form provided by the Director of Governance Services.

C. Educational seminars, conferences, events etc. attended for the benefit of the Hospital and in accordance with the Board and Committee Education Policy.

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TITLE:	El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure
CATEGORY:	Board
LAST APPROVAL:	March 13, 2019

1. **Seminar/conference fees** will be reimbursed in full or at a pro-rated amount in accordance with the Board and Committee Education Policy.
2. **Air travel** will be reimbursed at coach or economy airfare rates. No reimbursement should be claimed for personal convenience fees such as those associated with priority boarding or seating upgrades.
3. **Ground travel** to a seminar or a meeting using the Board member's personal vehicle will be reimbursed as noted in item B.1., at the current IRS mileage rate per mile. Board members should consider use of a rental car in cases where the expenses are expected to be less than the reimbursement for a personal vehicle.
4. **Taxi, bus, rail, limo, ride share, or rental car service**, if required at the destination, may be reimbursed by the Hospital if necessary for business purposes, as follows:
 - a. Reimbursement for car rental expenses incurred by the Board member will be limited to the amount charged for a standard "intermediate" car unless there is a business need for a larger vehicle (multiple travelers with luggage, for example). If the requester requests a larger automobile than is necessary to meet the business need, he/she is to have the rental agency document what the price would have been for a standard "intermediate" vehicle and seek reimbursement for only the lower amount. If a larger vehicle is required to meet a business need, this need must be documented on the "Business-Education-Travel Reimbursement Authorization" form.
 - b. Limousine service is permitted if it is no more expensive than available alternatives.
 - c. Board members should choose the least expensive available alternative suitable for the purpose and situation.
5. **Lodging** will be reimbursed at the standard private room rate at the selected motel/hotel.
6. **Meals** will be reimbursed at actual cost plus tip (normally 15%). The maximum reimbursement per day is an average of \$130.00. It is the responsibility of the Board member to decide how they spend the average per day maximum allowable amount for meals. Detailed receipts indicating the items purchased must be submitted.

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TITLE:	El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure
CATEGORY:	Board
LAST APPROVAL:	March 13, 2019

7. **Alcohol** will not be reimbursed unless approved by the CEO, CFO or Board Chair. Because approval will only be granted in unusual circumstances, it is recommended that Board members request approval in advance of the expenditure. The maximum reimbursement of \$130.00 per day includes any approved expenses for alcohol.
 8. **Internet Service**, during travel, required for necessary Hospital business will be reimbursed at cost. These expenses should be itemized on the statement.
- D. The Hospital will not advance or reimburse for the following:
1. Any expenses of a spouse or other individual who accompanies the Board member on travel.
 2. Any additional expenses for travel by business or first class, or any charges for special boarding privileges or seats.
 3. Lodging amenities such as subscription television, valet service, cleaning/pressing of clothes (if the function is greater than one week, this service is allowed), concierge, etc. In-room meal service is subject to the normal meal reimbursement rates detailed in C.6 above.
 4. If an offsite event is within a reasonable radius of the Board member's home or usual place of business and the function is starting after 7:30 a.m. and/or will be ending before 11:30 p.m., the Hospital will not pay for overnight accommodations, as it is expected that the Board member will commute that distance to and from the function within that business day.
 5. Car rental fees on an individual basis where there is the opportunity to share a rental car for a group of participants.
 6. Additional per mileage charge or gasoline expense by a car rental agency for personal pleasure driving.
 7. Any entertainment such as theater, tours, nightclubs, etc.
 8. Discretionary expenses for another Board member or Hospital staff, such as a birthday, holiday (e.g. Christmas), weddings, child birth, special days (i.e. Administrative Day, or some life event).
 9. Professional memberships are not reimbursable.

TITLE:	El Camino Hospital Board Director Compensation and Reimbursement Policy and Procedure
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E. Travel Reservations: When booking accommodations and/or air travel, the following points should be noted:

1. If a deposit is required to be made by the Hospital, prior approval of the travel request must be received in sufficient time for Accounting to process the request and ensure that the payment reaches its destination by the required date.
2. When booking air travel utilizing a travel agency, the Hospital's current travel agency must be used. Board members may book airfares over the Internet using the Board member's personal credit card. The Board member must then seek reimbursement from the Hospital.
3. In most cases, air travel should be booked as a non-refundable fare. The much-lower cost of these non-refundable fares is normally so great that the extra cost, should a trip be re-scheduled, is still much less than paying a full-price fare.

F. Expense Account Reporting

1. Expense account reporting must be in conformity with minimum IRS standards and all expenses of \$25.00 or greater must be supported by detailed receipts. Expense reports must indicate as a minimum all of the following:
 - a. Business purpose
 - b. Date and location
 - c. Name and position
2. Noncompliance with the above requirements could cause the reimbursement to be considered as additional compensation to the Board member and thus would become taxable (via a W-2 or Form 1099). To avoid this potential problem, the Board member must complete the "Business-Education-Travel Reimbursement Authorization" form and attach all supporting documentation.

G. Procedure for Completing Form

1. All Board members must complete the "Business-Education-Travel Reimbursement Authorization". Local business mileage reimbursement may be requested via the use of the Mileage Reimbursement form. Both forms will be provided by staff.
2. Reimbursement Form is self-explanatory, but listed below are key points to remember.

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- a. All supporting documents must be attached to the request form. Examples of supporting documents include
 - i. Copy of registration form
 - ii. Lodging receipts
 - iii. *Detailed* meal receipts
 - iv. Car rental receipts
 - v. Parking fee receipts
 - b. In circumstances where a receipt is not obtainable (or lost), the Board member must attach a statement detailing the expense as to date, place, reason for expense, and amount. All reports with missing receipts require approval by the CFO or CEO.
 - c. Where receipts are given that include non-reimbursable expenses, these expenses must be marked in some fashion and deducted from the total so that only eligible expenses are reimbursed.
3. When travel advances are provided, the recipient must submit a final accounting of his/her expenses on the Business, Education, and Travel Expense form and return any excess advance, no later than 30 days from the date of the event.
 4. Signature Authority (approval) for the completed form, as well as travel agency invoices, is as follows:
 - a. Director of Governance Services, Controller or CFO - up to \$25,000 per activity
 - b. CEO - amounts greater than \$25,000.00 per activity.
 5. A Board Member cannot approve her/his own reimbursement of funds.
- H. Exceptions: Because it is impossible to foresee every possible situation, it is recognized that exceptions may sometimes be appropriate. As a result, expenses which are not generally reimbursed under this policy may be reimbursed by the Hospital upon determination of the appropriateness and reasonableness of the expenses by the CEO or CFO. Any such exception, including the justification for the exception, shall be attached to the request for reimbursement.

V. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
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LAST APPROVAL:	March 13, 2019

Originating Committee or UPC Committee	N/A
(name of) Medical Committee (if applicable):	N/A
ePolicy Committee:	N/A
Pharmacy and Therapeutics (if applicable):	N/A
Medical Executive Committee:	N/A
Board of Directors:	3/13/2019
Historical Approvals:	2/12/1, 6/10/15 (applicable to covered events occurring after 1/8/14) , 5/10/17

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El Camino Health

Summary of Financial Operations

Fiscal Year 2024 – Period 1

7/1/2023 to 7/31/2023

Please Note: Period 1 results are pending review / approval by Finance Committee which is scheduled for September 25, 2023

Operational / Financial Results: FY2024 Period 1 – July 2023 (as of 07/31/2023)

PERIOD 1 - RESULTS

(\$ thousands)		PERIOD 1 - RESULTS				Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's	S&P	Fitch	Performance to Rating Agency Medians
		Current Year	Budget	Variance to Budget	Performance to Budget				'Aa3'	'AA'	AA-	
Activity / Volume	ADC	305	276	30	10.8%	282	23	8.1%	---	---	---	---
	Total Acute Discharges	1,854	1,740	114	6.5%	1,746	108	6.2%	---	---	---	---
	Adjusted Discharges	3,467	3,355	112	3.3%	3,400	67	2.0%	---	---	---	---
	Emergency Room Visits	5,806	6,160	(354)	(5.7%)	5,345	461	8.6%	---	---	---	---
	OP Encounters / Cases	10,432	11,246	(814)	(7.2%)	11,633	(1,201)	(10.3%)	---	---	---	---
	Gross Charges (\$)	483,085	465,272	17,812	3.8%	441,741	41,344	9.4%	---	---	---	---
Operations	Total FTEs	3,319	3,278	41	1.2%	3,220	99	3.1%	---	---	---	---
	Productive Hrs. / APD	28.7	30.9	(2.2)	(7.2%)	28.4	0.3	1.0%	---	---	---	---
	Cost Per CMI AD	19,019	19,005	14	0.1%	17,388	1,631	9.4%	---	---	---	---
	Net Days in A/R	59.1	54.0	5.1	9.5%	59.4	(0.2)	(0.4%)	48.0	49.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	112,295	118,641	(6,347)	(5.3%)	108,509	3,786	3.5%	270,201	115,267	---	---
	Total Operating Revenue (\$)	117,715	123,655	(5,940)	(4.8%)	112,566	5,149	4.6%	318,682	142,369	146,668	---
	Operating Margin (\$)	8,821	10,797	(1,976)	(18.3%)	13,891	(5,070)	(36.5%)	9,843	6,122	1,613	---
	Operating EBIDA (\$)	17,078	19,036	(1,958)	(10.3%)	21,725	(4,647)	(21.4%)	25,938	13,952	9,533	---
	Net Income (\$)	28,305	13,329	14,976	112.4%	49,420	(21,116)	(42.7%)	22,626	9,681	4,107	---
	Operating Margin (%)	7.5%	8.7%	(1.2%)	(14.2%)	12.3%	(4.8%)	(39.3%)	3.0%	4.3%	1.1%	---
	Operating EBIDA (%)	14.5%	15.4%	(0.9%)	(5.8%)	19.3%	(4.8%)	(24.8%)	8.1%	9.8%	6.5%	---
	DCOH (days)	266	325	(59)	(18.2%)	291	(25)	(8.6%)	323	336	243	---

Moody's Medians: Not-for-profit and public healthcare annual report; September 8, 2022. 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 7, 2023. Dollar amounts have been adjusted to reflect monthly averages.

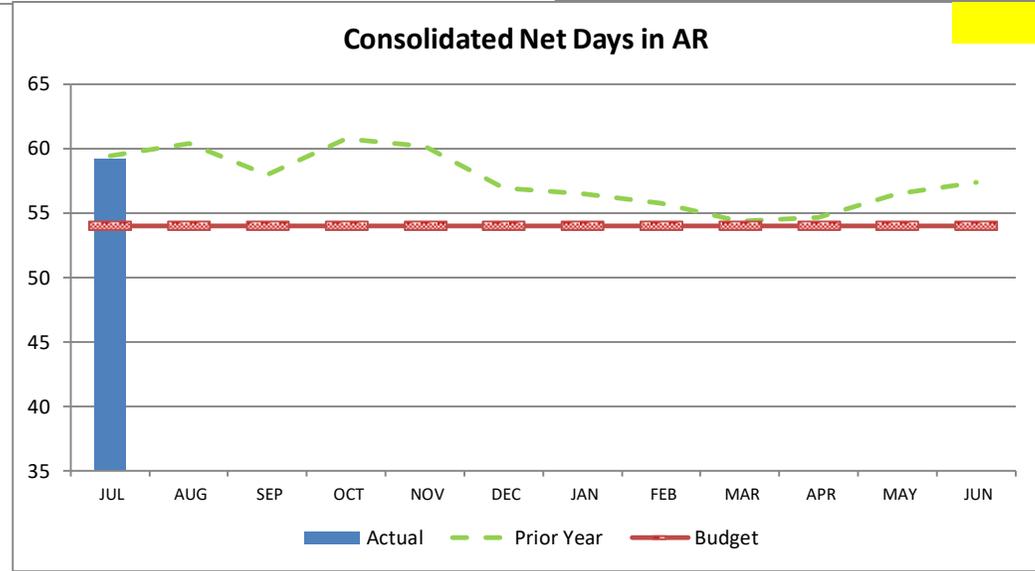
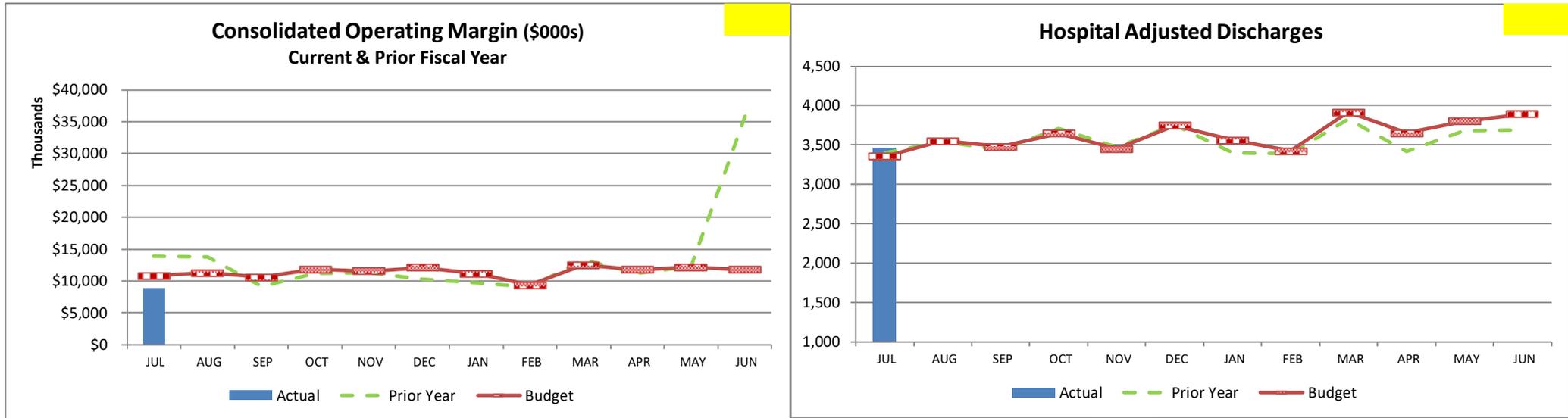
Fitch Medians: 2023 Median Ratios: Not-For-Profit Hospitals and Healthcare Systems; July 25, 2023. Dollar amounts have been adjusted to reflect monthly averages.

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

Key Statistics: Period 1 and YTD (as of 07/31/2023)

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	282	305	276	8.1%	10.8%	282	305	276	8.1%	10.8%	
Utilization MV	76%	80%	73%	6.2%	9.8%	76%	80%	73%	6.2%	9.8%	
Utilization LG	33%	39%	34%	17.6%	15.6%	33%	39%	34%	17.6%	15.6%	
Utilization Combined	62%	67%	61%	8.1%	10.8%	62%	67%	61%	8.1%	10.8%	
Adjusted Discharges	3,400	3,467	3,355	2.0%	3.3%	3,400	3,467	3,355	2.0%	3.3%	
Total Discharges (Exc NB)	1,746	1,854	1,740	6.2%	6.5%	1,746	1,854	1,740	6.2%	6.5%	
Total Discharges	2,148	2,229	2,157	3.8%	3.3%	2,148	2,229	2,157	3.8%	3.3%	
Inpatient Case Activity											
MS Discharges	1,169	1,266	1,158	8.3%	9.3%	1,169	1,266	1,158	8.3%	9.3%	
Deliveries	432	410	436	(5.1%)	(5.9%)	432	410	436	(5.1%)	(5.9%)	
BHS	106	126	105	18.9%	20.0%	106	126	105	18.9%	20.0%	
Rehab	37	50	41	35.1%	22.1%	37	50	41	35.1%	22.1%	
Outpatient Case Activity											
Total Outpatient Cases	16,481	15,495	16,172	(6.0%)	(4.2%)	16,481	15,495	16,172	(6.0%)	(4.2%)	
ED	4,848	5,063	4,926	4.4%	2.8%	4,848	5,063	4,926	4.4%	2.8%	
OP Surg	557	592	399	6.3%	48.3%	557	592	399	6.3%	48.3%	
Endo	212	224	215	5.7%	4.0%	212	224	215	5.7%	4.0%	
Interventional	168	152	164	(9.5%)	(7.5%)	168	152	164	(9.5%)	(7.5%)	
All Other	10,696	9,464	10,467	(11.5%)	(9.6%)	10,696	9,464	10,467	(11.5%)	(9.6%)	
Hospital Payor Mix											
Medicare	49.0%	51.2%	48.4%	4.4%	5.5%	49.0%	51.2%	48.4%	4.4%	5.5%	
Medi-Cal	8.9%	8.6%	9.2%	(2.6%)	(7.2%)	8.9%	8.6%	9.2%	(2.6%)	(7.2%)	
Commercial	39.9%	38.8%	40.5%	(2.8%)	(4.3%)	39.9%	38.8%	40.5%	(2.8%)	(4.3%)	
Other	2.2%	1.4%	1.9%	(37.7%)	(38.4%)	2.2%	1.4%	1.9%	(37.7%)	(38.4%)	

YTD FY2024 Financial KPIs – Monthly Trends



Period 1 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 07/31/2023)

(\$000s)

	Period 1- Month			Period 1- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	9,479	11,320	(1,841)	9,479	11,320	(1,841)
Los Gatos	2,571	3,082	(511)	2,571	3,082	(511)
Sub Total - El Camino Hospital, excl. Affilates	12,050	14,402	(2,351)	12,050	14,402	(2,351)
Operating Margin %	10.8%	12.3%		10.8%	12.3%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	18,233	2,252	15,981	18,233	2,252	15,981
El Camino Hospital Net Margin	30,283	16,654	13,629	30,283	16,654	13,629
ECH Net Margin %	27.0%	14.2%		27.0%	14.2%	
Concern	258	109	150	258	109	150
Foundation	873	(17)	891	873	(17)	891
El Camino Health Medical Network	(3,110)	(3,416)	306	(3,110)	(3,416)	306
Net Margin Hospital Affiliates	(1,979)	(3,325)	1,346	(1,979)	(3,325)	1,346
Total Net Margin Hospital & Affiliates	28,305	13,329	14,976	28,305	13,329	14,976

Consolidated Balance Sheet (as of 07/31/2023)

(\$000s)

ASSETS	Unaudited		LIABILITIES AND FUND BALANCE	Unaudited	
	July 31, 2023	June 30, 2023		July 31, 2023	June 30, 2023
CURRENT ASSETS			CURRENT LIABILITIES		
Cash	232,490	230,539	Accounts Payable	44,140	50,629
Short Term Investments	133,789	129,402	Salaries and Related Liabilities	32,012	24,408
Patient Accounts Receivable, net	222,046	218,528	Accrued PTO	36,692	36,104
Other Accounts and Notes Receivable	19,581	20,411	Worker's Comp Reserve	2,300	2,300
Intercompany Receivables	15,559	15,186	Third Party Settlements	11,944	11,295
Inventories and Prepaids	42,258	45,037	Intercompany Payables	12,726	12,362
Total Current Assets	665,724	659,102	Malpractice Reserves	1,863	1,863
			Bonds Payable - Current	10,400	10,400
BOARD DESIGNATED ASSETS			Bond Interest Payable	9,462	7,890
Foundation Board Designated	21,702	20,731	Other Liabilities	14,000	11,968
Plant & Equipment Fund	417,316	407,526	Total Current Liabilities	175,540	169,217
Women's Hospital Expansion	30,818	30,735			
Operational Reserve Fund	207,898	207,898	LONG TERM LIABILITIES		
Community Benefit Fund	17,448	17,743	Post Retirement Benefits	24,332	24,242
Workers Compensation Reserve Fund	13,498	13,498	Worker's Comp Reserve	13,498	13,498
Postretirement Health/Life Reserve Fund	24,332	24,242	Other L/T Obligation (Asbestos)	29,570	29,543
PTO Liability Fund	35,853	35,252	Bond Payable	452,425	454,806
Malpractice Reserve Fund	1,873	1,885	Total Long Term Liabilities	519,826	522,088
Catastrophic Reserves Fund	29,470	28,042			
Total Board Designated Assets	800,209	787,551	DEFERRED REVENUE-UNRESTRICTED	1,366	1,103
FUNDS HELD BY TRUSTEE	9,462	-	DEFERRED INFLOW OF RESOURCES	74,491	74,491
LONG TERM INVESTMENTS	476,213	472,514	FUND BALANCE/CAPITAL ACCOUNTS		
			Unrestricted	2,449,578	2,419,180
CHARITABLE GIFT ANNUITY INVESTMENTS	967	948	Board Designated	206,876	209,043
			Restricted	44,591	44,611
INVESTMENTS IN AFFILIATES	33,293	33,262	Total Fund Bal & Capital Accts	2,701,045	2,672,834
PROPERTY AND EQUIPMENT			TOTAL LIABILITIES AND FUND BALANCE	3,472,268	3,439,734
Fixed Assets at Cost	1,863,678	1,862,363			
Less: Accumulated Depreciation	(798,305)	(791,528)			
Construction in Progress	171,881	168,956			
Property, Plant & Equipment - Net	1,237,254	1,239,791			
DEFERRED OUTFLOWS	57,154	57,204			
RESTRICTED ASSETS	36,321	36,339			
OTHER ASSETS	155,670	153,023			
TOTAL ASSETS	3,472,268	3,439,734			

Fiscal Year 2024 Organizational Performance Goals

Pillar	Weight	OBJECTIVES/ OUTCOMES	Benchmark		Measurement Defined			Measurement Period
			Internal Benchmarks	External Benchmark	Minimum	Target	Stretch	
Threshold		Maintain positive EBIDA Margin	FY2022 : 21.1%; FY2023: 17.8% Budget FY2024: 15.1%	Moody's: Median for 'Aa3': 8.7% S & P: Median for "AA": 11.0%	≥ 80% of budgeted Operating EBIDA Margin			FY2024
Quality and Safety	25%	HAC Index	FY2023 HAC 2.0 Baseline = 1.92	Benchmarked through CMS and Leapfrog metrics	1.88 2% improvement from FY2023 baseline	1.86 3% improvement from FY2023 baseline	1.84 4% improvement from FY2023 baseline	FY2024
Service	25% (Hospital)	Likelihood to Recommend (LTR) – Inpatient	FY2023: 78.5 (80 th % ile)	Press Ganey	74.7 Target minus distance between Target and Stretch	76.4 Target in line with top 50% of improvers	78.1 Target in line with top 30% of improvers	FY2024
	OR 25% (ECHMN)	Likelihood to Recommend (LTR) – ECHMN	FY2023: 80.7 (27 th % ile)	Press Ganey	80.0 Target minus distance between Target and Stretch	81.3 Target in line with top 50% of improvers	82.6 Target in line with top 30% of improvers	FY2024
People	25% (Managers)	Culture of Safety	FY2021: 3.96 FY2023: 3.98	2023 Nat. Avg. – 3.95	3.95	4.00	4.02	FY2024
	OR 25% (Employees)		Participation in Culture of Safety Survey FY2023 Participation: 83%	Press Ganey average participation-75%	77%	80%	83%	FY2024
Finance	25%	Operating EBIDA Margin	FY2023: \$256.9 Million	Moody's: Median for 'Aa3': 8.7% S & P: Median for "AA": 11.0%	95% of Budget \$221M	100% of Budget \$233M	105% of Budget \$245M	FY2024

CEO Report
September 13, 2023
Dan Woods, Chief Executive Officer

Nursing

El Camino Health RN's participated in a nurse excellence survey with a final participation rate of 83%. The questions cover 7 domains that are integral to having an excellent nurse practice environment. The domains include adequacy of resources and staffing, autonomy, fundamentals of quality nursing care, inter professional relationships, leadership access and responsiveness, professional development, and RN to RN teamwork and collaboration. To meet the Magnet requirements, our nurses to score above the national benchmark in 4 of the 7 domains. We were excited to present that the nurses at ECH outperformed the benchmark in 6 out of 7 domains. The 7th domain was only .01 away from meeting the benchmark score. The domain not meeting the benchmark was RN to RN teamwork and collaboration. This is quite an achievement during a time that has seen workforce challenges in the nursing profession.

Human Resources

Inclusion, Diversity, Equity & Belonging (IDEB)

More than 760 staff shared their feedback related to diversity, equity and inclusion at El Camino Health. The survey will be extended to capture a more comprehensive picture of the employee experience.

Talent Development

El Camino Health received the results from the Spring Employee Voice Survey. The overall engagement score of 4.19 placed us at the 73rd percentile. Organization leaders have begun sharing the results with their teams and collaborating with them on action plans to be carried out over the next year.

Information Services

El Camino Health was highlighted recently at the monthly Epic staff meeting comprised of over 14,000 Epic employees for providing a free breast screening program identified as one of the "doing good" initiatives in the healthcare community. In addition, El Camino Health was honored at the recent annual User Group Meeting was achieving Gold Stars Level 8, a designation top tier healthcare organizations receive for implementing Epic best practice features and functionality.

Workload Scoring System - implementation of the new workload scoring system has been successfully completed to comply with Title 22 requirements for a patient classification system determining nursing care needs of individual patients and nursing staff resource allocations for each shift and unit. Utilizing Epic's Workload Acuity Scoring System presents a notable advancement over our previous manual approach by leveraging the power of automation and the comprehensive patient information stored within the EHR to create patient assignments for accurate and informed distribution of workload across the unit. The system will optimize the allocation of resources, heighten nurse productivity, and provide an elevated standard of patient care that is tailored to each individual's unique requirements.

Marketing and Communications

El Camino Health completed a successful sponsorship as the title sponsorship for the Jazz on the Plazz summer concert series in Los Gatos.

We launched a new technology platform that delivers an improved website experience for the website visitor with more accurate physician and location information on Find a Doctor, Find a Location and enterprise search.

On the media front, we had local and national coverage on operating margin and labor costs, strong health system finances, the ENA Lantern Award, postpartum depression pill, and our community grant program recipients. For social media, our top performing posts include the congratulatory post and picture of members of the Emergency Department team for earning the 2023 ENA Lantern Award. Other posts included: Taste of Taiwan, Community Benefit grant program, CMS 5-star rating, World Breastfeeding Week, National Minority Mental Health Awareness Month/MOMS Program, and our partner spotlight: West Valley Community Services

Corporate Health Services

Concern is developing additional services to support the emotional well-being of physicians. This includes a review of the literature on burnout and best practices to address it. We are also conducting key informant interviews with medical staff leaders in the healthcare organizations we serve.

The Global Federation of Chinese Business Women hosted the Taste of Taiwan fundraiser on 8/12, benefiting the Chinese Health Initiative (CHI). Around 200 guests attended, including Dr. George Ting and Dr. Peter Fung from El Camino Healthcare District Board. Supported by the El Camino Health Foundation grant, CHI launched a monthly webinar series focusing on emotional well-being and mental health. The August topic "Mental Health Services 101" attracted 70 participants.

The South Asian Heart Center engaged 427 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 814 consultations and coaching sessions. We hosted 7 lifestyle workshops and health information events attended by 138 participants and community members.

Foundation

In period 1 of FY24 El Camino Health Foundation secured \$127,817, which is one percent of its fundraising \$9,965,000 goal for the year.

In August, the Foundation received a bequest of approximately \$1 million from the estate of Sarah June Itow. Sarah volunteered with the Auxiliary for 22 years and three months, and accumulated 2,572 service hours in the critical care unit. Her gift is designated for the Cancer Center.

Planning is in full swing for the 27th Annual El Camino Heritage Golf Tournament, which will be held at Palo Alto Hills Golf & Country Club on Monday, October 23, 2023. The beneficiary will be nursing excellence and the theme is superheroes.

Auxiliary

The Auxiliary donated 2,620 volunteer hours for the month of July

El Camino Hospital Board												
AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/9	9/13	10/11	11/8	12/6	JAN	2/7	3/13	4/17	5/8	6/12
STANDARD												
Public Communication		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Committee Reports (Informational and Consent item, unless requested)		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Consent Approvals (recommended by Committees) ¹		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Executive Session		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
CEO Report ²		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
COMPLIANCE												
Annual Corporate Compliance Summary						✓						
EXECUTIVE PERFORMANCE												
CEO Assessment Results Discussion			✓									
CEO Performance Evaluation & Compensation				✓								
Executive Incentive Approvals				✓								
FINANCE⁴												
Financials ⁵		✓		✓				✓			✓	
Budget Review & Approval												✓
MEDICAL NETWORK												
Bi-Annual Report			✓									
STRATEGY												
Strategic Planning ³						✓		✓			✓	
Board Retreat									✓			
QUALITY⁴												
Quality Committee Report			✓		✓			✓			✓	
Medical Staff Report			✓		✓			✓		✓		
FINANCE⁴												
Financials ⁵		✓		✓				✓			✓	
Budget Review & Approval												✓
GOVERNANCE												
Board Self-Assessment & Action Plan											✓	
Director, Committee Member, and/or Chair Appointments												✓
Committee Charter Review												✓
EXECUTIVE PERFORMANCE												
CEO Performance Evaluation & Compensation				✓								

Last Update: 09/07/2023

1: Includes credentialing and privileging report, polices, physician agreements, etc.

2: Includes organizational reports on Foundation, CONCERN, Pathways, etc.

3: Includes strategy implementation (as needed), and reports on Performance & Strategic Goals, El Camino Health Medical Network, Enterprise Risk Management, etc.

4: On off months, materials are provided in the Board meeting packet, but will not be reviewed as part of the agenda.

5: Includes capital expenditures, investment committee update, and audited financials in October