

AGENDA
COMPLIANCE AND AUDIT COMMITTEE OF THE
EL CAMINO HEALTH BOARD OF DIRECTORS

Wednesday, June 26, 2024– 5:00 pm

El Camino Health | 2500 Grant Road, Mountain View, CA 94040 | Sobrato Boardroom 2

Sharon Anolik Shakked will be participating via teleconference from 330 East Strawberry Drive, Mill Valley, CA 94941

Christine Sublett will be participating via teleconference from 5221 Rambler Way, Sacramento, CA 95841

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: 916 1287 3113#. No participant code. Just press #.

To watch the meeting, please visit:

[Compliance and Audit Committee Link](#)

Please note that the livestream is for **meeting viewing only** and there is a slight delay; to provide public comment, please use the phone number listed above.

NOTE: In the event that there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Board member is participating in the meeting via teleconference.

A copy of the agenda for the Regular 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) 988-3218** 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
1. CALL TO ORDER/ROLL CALL	Jack Po MD, Chair		5:00 pm
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Jack Po MD, Chair	Possible Motion	5:00 pm
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Jack Po MD, Chair	Information	5:00 pm
4. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital Board Quality Committee at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i>	Jack Po MD, Chair	Information	5:00 pm
5. CONSENT CALENDAR ITEMS <i>Any Committee Member may pull an item for discussion before a motion is made.</i> a. Approve Minutes of the Open Session of the CAC meetings (5/15/2024) b. Approve Minutes of the Closed Session of the CAC meetings (5/15/2024) c. Receive Governance Committee Revisions to CAC Charter d. Receive FY 25 Committee Pacing Plan e. Receive FY 25 Committee Goals	Jack Po MD, Chair	Motion Required	5:00 – 5:10 pm

AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
6. RECESS TO CLOSED SESSION	Jack Po MD, Chair	Motion Required	5:10 – 5:11
7. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: Receive Compliance Program Reports: <ul style="list-style-type: none"> a) KPI Scorecard and Trends b) Activity Logs April - May 2024 c) Internal Audit Work Plan FY 2024 d) Internal Audit Follow-Up Table 	Diane Wigglesworth, Compliance/Privacy Officer Theresa Fuentes, Chief Legal Officer	Discussion	5:11– 5:30
8. Gov't Code Section 54957(a) – discussion and report regarding cybersecurity threats to essential public services: Receive Cybersecurity Program Report	Deb Muro, Chief Information Officer Josh Spencer, Interim CISO Theresa Fuentes, Chief Legal Officer	Discussion	5:30 – 5:50
9. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: Receive Internal Audit Report	Nicole Pledger, Principal, PwC Theresa Fuentes, Chief Legal Officer	Discussion	5:50 – 6:05
10. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: Receive Internal Audit Follow-up Process	Diane Wigglesworth, Compliance/Privacy Officer Theresa Fuentes, Chief Legal Officer	Discussion	6:05 – 6:15
11. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: Receive Status of FY24 Compliance Work Plan Activity Completed and FY 25 Work Plan	Diane Wigglesworth, Compliance/Privacy Officer Theresa Fuentes, Chief Legal Officer	Discussion	6:15 – 6:35
12. Gov't Code Section 54957(b) for discussion and report on personnel performance matters Senior Management: Executive Session	Jack Po MD, Chair	Discussion	6:35 – 6:45
13. RECONVENE TO OPEN SESSION	Jack Po MD, Chair	Motion Required	6:45 – 6:46
14. CLOSED SESSION REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Jack Po MD, Chair	Information	6:46 – 6:47
15. COMMITTEE ANNOUNCEMENTS	Jack Po MD, Chair	Discussion	6:47 – 6:59
16. ADJOURNMENT	Jack Po MD, Chair	Motion Required	7:00 pm

Upcoming Meetings: 9/25/24, 11/13/24, 2/26/25, 4/23/25, 6/25/25

**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Wednesday, May 15, 2024**

Members Present

Jack Po, Chair
Lica Hartman, Vice-Chair
Wayne Doiguchi
Sylvia Fong
Julia Miller
Sharon Anolik Shakked**
Christine Sublett

Members Absent

**via teleconference

Others Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Deb Muro, CIO
Theresa Fuentes, CLO
Deanna Dudley, CHRO
Joshua Spencer, Interim CISO
Diane Wigglesworth, Compliance/Privacy Officer
Gabriel Fernandez, Governance Services Coordinator
Alex Robison, Protiviti

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Po called to order the open session meeting of the Compliance and Audit Committee of El Camino Hospital ("the Committee") at 5:01 pm . Committee members Doiguchi, Fong, Hartman, Miller, and Sublett participated in person. Committee member Shakked was present via teleconference. A quorum was present pursuant to Government Code Section 54953(e)(1).	<i>Called to order at 5:01 pm</i>
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Chair Po announced in accordance with AB 2449 there were no requests received today. No motion is necessary.	
3. POTENTIAL CONFLICT OF INTEREST	Chair Po asked if any Committee members had a conflict of interest with any of the items on the agenda. None were reported.	
4. PUBLIC COMMUNICATION	No members of the public were on the line.	

<p>5. CONSENT CALENDAR</p>	<p>Committee Member Hartmann removed agenda item 5c) Approve New Generative Artificial Intelligence Usage Policy, for further discussion. A robust discussion ensued. The Committee inquired regarding the Governance structure of the Generative AI Steering Committee. Staff also shared that the Generative AI policy would be constantly evolving and would return to the committee every year for a formal review and would return to the committee if any substantive changes are made to the policy. The Committee agreed to conditionally approve the Generative AI policy with revisions to be brought back for review at one of the next few meetings.</p> <p>Motion: To approve the consent calendar with the conditional approval of item c) Approve New Generative Artificial Intelligence Usage Policy</p> <p>Movant: Miller Second: Doiguchi Ayes: Doiguchi, Fong, Hartman, Miller, Po, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Consent calendar approved.</p> <p>Actions: Staff to present revisions to item c) New Generative Artificial Intelligence Usage Policy at one of the next few Compliance and Audit Committee meetings.</p>
<p>6. PROPOSED FY2025 COMPLIANCE AND AUDIT COMMITTEE DATES AND COMMITTEE GOALS</p>	<p>Ms. Wigglesworth presented the FY2025 Compliance and Audit Committee Dates and Committee Goals. The Committee requested an expansion of Committee Goal Number 2 to include training on antitrust and compliance issues surrounding regulatory risks for the entire health system.</p> <p>Motion: To approve FY25 Compliance and Audit Committee Meeting Dates and Goals with the requested revisions.</p> <p>Movant: Sublett Second: Hartman Ayes: Doiguchi, Fong, Hartman, Miller, Po, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Actions: Staff To Change The November Meeting Date To November 13th From November 20th.</p> <p>Staff To Expand FY25 Committee Goal Number 2 To Include Health System Compliance Risk Education.</p>

<p>7. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session at 5:31 pm. Movant: Miller Second: Hartman Ayes: Doiguchi, Fong, Hartman, Miller, Po, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Recess to closed session at 5:31 pm.</i></p>
<p>8. AGENDA ITEM 15: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Mr. Fernandez reported that during the Closed Session, the Compliance and Audit Committee approved the fiscal year 2025 Audit Work Plan, by unanimous vote of all committee members present.</p>	<p><i>Reconvened to Open Session at 6:53 pm.</i></p>
<p>9. AGENDA ITEM 16: ADJOURNMENT</p>	<p>Motion: To adjourn at 6:54 pm. Movant: Miller Second: Sublett Ayes: Doiguchi, Fong, Hartman, Miller, Po, Anolik-Shakked, Sublett Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Meeting Adjourned at 6:54 pm.</i></p>

Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:

 Gabriel Fernandez
 Governance Services Coordinator

Prepared by: Gabriel Fernandez, Governance Services Coordinator
 Reviewed by: Diane Wigglesworth, Senior Director, Corporate Compliance; Theresa Fuentes, Chief Legal Officer

El Camino Hospital Board of Directors Compliance and Audit Committee Charter

Purpose

The purpose of the Compliance and Audit Committee (the “Committee”) is to advise and assist the El Camino Hospital (“Hospital”)CH) 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 for El Camino Hospital per the Hospital Bylaws and the Hospital’s its affiliated entities where ECH is the sole corporate member pursuant to the operating agreements and governance documents of those entities (“the Organization”). 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 in a manner consistent with the Organization’s mission and purpose.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII, Sec. 7.6 of the Hospital Bylaws. All governing authority for the Hospital Organization resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. All governing authority for the Hospital’s affiliated entities resides with the boards of those entities except that which may be lawfully delegated. Any reporting by affiliated entities to the Committee shall be consistent with the operating and governing documents of those affiliated entities.

The Committee will report to the full 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 compliance, privacy, Information Technology (IT) and Cyber Security, including physical security (safeguards and access control), enterprise risk management, or audit related issues. 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 and external (non-director) members appointed to the Committee.

Membership

- The Committee shall be comprised of two (2) or more Hospital Board members who shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy. ~~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 may also include two to four (2-4) Community members¹ with expertise in compliance, privacy, enterprise risk, Information Technology (IT) and Cyber Security, audit, and/or financial management expertise.
- All Committee members, ~~Chairs and Vice Chairs with the exception of new Community Members,~~ shall be appointed and removed in accordance with the El Camino Hospital Board Committee Governance Policy. ~~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, 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.~~

Conflict of Interest

Members of the Committee shall be independent (as defined in Appendix) as to conflicts of interest with the Organization pursuant to the Conflict of Interest Policy. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board (see appendix).

Any member of a Board or Board committee who has a conflict of interest with respect to a proposed contract, transaction, relationship, arrangement, or activity shall refrain from the deliberations and vote on any matter related to the contract, transaction, or arrangement. Such members, however, may be present to answer questions and provide information needed by the Board or Board Committee for its deliberations. The Board Chair may appoint one or more qualified individuals to take the place of any affected member of a Board or Board Committee with regard to the matter or interest being considered. Any such reconstituted Committee shall be considered to have all rights, authority, and obligations of the Committee.

Staff Support and Participation

The Sr. Director of Corporate Compliance (“Corporate Compliance Officer”) shall serve as the primary staff support to 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 Committee meetings upon the recommendation of the Corporate Compliance Officer and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee’s primary role is to provide oversight and to advise the management team and the Board on matters pertaining to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track corporate compliance, privacy, audit, Information Technology (IT) and Cyber Security, and enterprise risk management 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,

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.

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 monitoring that performance metrics are being met to the Board's expectations and requiring explanation of any deficiencies and reporting to the Board such deficiencies.

Specific Duties

The specific duties of the Committee include the following:

A. Corporate Compliance, Privacy, Information Technology (IT) and Cyber Security, and Enterprise Risk Management Functions

- Oversee the activities of the Corporate Compliance program and all subcommittees providing support relative to corporate compliance.
- Oversee the activities of the Privacy program, including, but not limited to HIPAA/patient privacy, administrative, technical, and physical security safeguards.
- Oversee the Information Technology (IT) and Cyber Security risk assessment process and review the mitigation plan to reduce vulnerabilities. Review at least annually the overall status of the Information Technology (IT) and Cyber Security program.
- Oversee efforts to develop, implement, and maintain an effective Information Technology (IT) and Cyber Security program and advise the Board on risk tolerance levels.
- Advise the Organization on Enterprise Risk Management structure and provide oversight of Enterprise Risk reporting metrics and measurements to help monitor the Organization's risks.
- Advise the Organization on corporate compliance implementation strategies. Review strategies for improving the corporate compliance program(s) and recommend for approval by the Board.
- Review with management the assessment of physician relationship risk as it relates to Stark laws, anti-kickback statutes, and other compliance rules and regulations.
- Encourage continuous improvement of policies and procedures for corporate accountability, integrity, and privacy. Review the Organization's policy oversight guidelines and oversee the process being systematic and robust.

B. Internal Audit Functions

- Provide direction related to findings and recommendations of internal audits performed.
- Provide direction for issues relating to internal audit responses by management.
- Review the annual internal audit priorities for the Organization.
- Serve as the ad hoc governance team regarding non-routine investigations or action taken by external agencies and authorities against the Organization.

- Recommend policies and processes for approval by the Board relating to systems of internal controls for finance.
- Oversee the work of independent compliance, audit, and privacy staff.
- Provide escalation vehicle from any source to identify and address relevant issues.

C. External Audit Functions

- Make recommendations to the Board regarding the external financial audit firm selection, retention, and, when necessary, replacement.
- Review the expected fee for the audit and assure that the fee is fair to the Organization and is compatible with a full, complete, and professional audit. Make recommendations to the Board.
- Review the scope and approach of the annual audit, including the identification of business and financial risks and exposures, with the external auditor.
- Meet with the auditor and management, as needed, to resolve issues regarding financial reporting, and make recommendations to the Board for discussion and action.
- Any services provided by the external auditors, outside the scope of the annual audit of financial statements must be presented to the Committee for review and discussion of the proposed scope of work in advance of executing an agreement with the auditors.
- Review the external auditor reports and financial statements before presentation to the Board. Make recommendations to the Board.
- At the completion of the annual audit examination, review the following with management and the external auditors:
 - The Organization's annual financial statements and related footnotes.
 - The external auditor's audit of the financial statements and the auditor's report thereon.
 - Judgments about the quality, not just the acceptability of accounting principles and the clarity of the financial disclosure practices used or proposed to be used, and particularly the degree of aggressiveness or conservatism of accounting principles and underlying estimates.
 - Any significant changes in scope are required in the external auditor's plan.
 - Any serious difficulties or disputes with management encountered during the course of the audit.
- Conduct an executive session if necessary to allow the Committee to meet privately with the auditor.
- Review all significant financial communications to external parties (e.g., public, press, lenders, creditors and regulators), ensuring they are prepared in accordance with generally accepted accounting principles and fairly represent the financial condition of the Organization.

- Review and recommend for approval by the Board the audit firm's annual engagement proposal and review the independent auditor's performance.

Independence of the External Auditor

It is the Committee's responsibility to confirm the independence of the external auditor on an annual basis through a written statement. The statement shall confirm their independence and address services or relationships that may impact independence. The lead and concurring partner on the audit engagement team may not serve for more than five years unless special circumstances exist and with the approval of the Board. Members of the external audit team are prohibited from employment with the Organization in a financial role within one year of leaving the external audit firm.

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.

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 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. 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.

Appendix

Definition of Independent Director – Compliance and Audit Committee

1. An independent director is a more limited and narrow classification of director than otherwise required by law and is not meant to expand or limit the definition of interested director for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on committees to independent directors to avoid even the appearance of a conflict of interest.
2. A member of the Board of Directors of El Camino Hospital shall be deemed to be an independent director so long as such director (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the director):
 - i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars (\$10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a director.
 - ii. does not own an interest in an entity or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a director is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the director in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each director appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent director as defined above.
5. **Note:** Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.

Compliance and Audit Committee FY25 Pacing Plan

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP 9/25	OCT	NOV 11/13	DEC	JAN	FEB 2/26	MAR	APR 4/23	MAY	JUN 6/25
STANDING AGENDA ITEMS												
Results of Internal Audits			✓		✓			✓		✓		✓
Cybersecurity Program					✓			✓				✓
Enterprise Risk Management Metrics					✓					✓		
Discussion Items/Committee Actions												
Review FY 24 Annual Enterprise Compliance Program Report			✓									
Review FY 24 Annual Patient Safety/Claims Report			✓									
Review next FY Enterprise Compliance Work Plan												✓
Review Status of Current FY Compliance Work Plan Activity Completed												✓
Receive FY 24 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 25 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 modifications to the Conflict of Interest policy, disclosure form, and process of reviews			✓									
Participate in education regarding the 2024 revised FTC enforcement actions or other compliance issues					✓							
Review ongoing progress on implementation of the Vision 2027 Strategic Plan								✓				

FY25 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 Audits, Financial Audit, Enterprise Risk Management, and Cybersecurity. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the external financial 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**, Compliance/Privacy Officer (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 proposed modifications to the Conflict of Interest (COI) policy, disclosure form, and the recommended process of annual reviews.	Q1 FY25	Committee reviews and provides feedback to the Compliance Officer.
2. Participate in education regarding the 2024 revised FTC antitrust enforcement actions regarding proposed mergers and acquisitions or other compliance or regulatory issues around the ambulatory expansion of the health system.	Q2 FY25	Committee receives education and training regarding the changes and impact to organization.
3. Review ongoing progress on implementation of the 2027 Strategic Plan and provide feedback regarding any recommended compliance assessments.	Q3 FY25	Committee provides recommendations if compliance assessments are needed for any new strategies the organization may undertake.

SUBMITTED BY:

Chair: Jack Po, MD

Executive Sponsor: Diane Wigglesworth