



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

**Wednesday, April 16, 2025 – 5:30 pm**

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

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: 975 9490 8233# No participant code. Just press #.**

To watch the meeting, please visit: [ECH Board Meeting 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:** If 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 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) 988-3218** 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	<b>CALL TO ORDER AND ROLL CALL</b>	Bob Rebitzer, Board Chair	Information	<b>5:30 pm</b>
2	<b>CONSIDER APPROVAL FOR AB 2449 REQUESTS</b>	Bob Rebitzer, Board Chair	Possible Motion	<b>5:30 pm</b>
3	<b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Bob Rebitzer, Board Chair	Information	<b>5:30 pm</b>
4	<b>PUBLIC COMMUNICATION</b> a. <b>Oral Comments</b> <i>This opportunity is provided for people 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. <b>Written Public Comments</b> <i>Comments may be submitted by mail to the El Camino Hospital Board of Directors 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>	Bob Rebitzer, Board Chair	Information	<b>5:30 pm</b>
5	<b>RECESS TO CLOSED SESSION</b>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	<b>5:30</b>
6	<b>STRATEGY DEVELOPMENT AND FUNDING UPDATE</b> <ul style="list-style-type: none"> <li>- Strategy Development</li> <li>- FY26 Budget Strategic Priorities / Targets</li> <li>- ECH Financial Impact of Tariffs and Financial Markets Instability</li> </ul> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Dan Woods, CEO Andreu Reall, VP Strategy Carlos Bohorquez, CFO	Discussion	<b>5:30 – 6:30</b>

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7	<b>LEGAL MATTER RE ECHMN</b>  <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation.</i>	Theresa Fuentes, CLO	Discussion	6:30 – 6:40
8	<b>APPROVE CREDENTIALING AND PRIVILEGING REPORT</b>  <i>Health &amp; Safety Code Section 32155 and Gov't Code Section 54957 Report regarding personnel performance for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</i>	Mark Adams, MD, CMO	<b>Motion Required</b>	6:40 – 6:45
9	<b>APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS</b> - Minutes of the Closed Session of the ECHB Meeting (03/12/25)  <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	6:45 – 6:50
10	<b>EXECUTIVE SESSION</b>  <i>Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management</i>	Bob Rebitzer, Board Chair	Discussion	6:50 – 6:55
11	<b>RECONVENE TO OPEN SESSION</b>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	6:55
12	<b>CLOSED SESSION REPORT OUT</b> To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	6:55
13	<b><u>REAL PROPERTY PURCHASE</u></b> -Approve purchase of real property located at 19400 Stevens Creek Blvd, Cupertino, CA	Ken King, CASO Peter Goll, CAO, ECHMN	<b>Motion Required</b>	6:55 – 7:05
14	<b><u>FY26 ECHB MEETING SCHEDULE</u></b>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	7:05 – 7:15
15	<b>CONSENT CALENDAR ITEMS:</b> a. <a href="#">Approve Fourth Amended and Restated Operating Agreement of El Camino Health Medical Network, LLC</a> b. <a href="#">Approve Hospital Board Open Session Minutes (03/12/25)</a> c. <a href="#">Approve Policies, Plans, and Scope of Services as Reviewed and Recommended for Approval by the Medical Executive Committee</a> d. <a href="#">Receive Period 8 Financials</a> e. <a href="#">Receive FY25 ECHB Pacing Plan</a> f. <a href="#">Receive FY25 ECHB Follow Up Items</a>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	7:15 – 7:20
16	<b><u>CEO REPORT</u></b>	Dan Woods, Chief Executive Officer	Information	7:20 – 7:25
17	<b>BOARD ANNOUNCEMENTS</b>	Bob Rebitzer, Board Chair	Information	7:25 – 7:30
18	<b>ADJOURNMENT</b>  <b><u>APPENDIX</u></b>	Bob Rebitzer, Board Chair	<b>Motion Required</b>	7:30

**NEXT MEETINGS:** May 14, 2025; June 18, 2025



## EL CAMINO HOSPITAL BOARD OF DIRECTORS MEETING MEMO

**To:** Board of Directors  
**From:** Ken King, CAO  
**Date:** April 16, 2025  
**Subject:** Property Acquisition – 19400 Stevens Creek Blvd. Cupertino

### Recommendation:

The Finance Committee recommends that the Board of Directors approve the purchase of the property located at 19400 Stevens Creek Boulevard in Cupertino at a cost not to exceed \$10.7 million.

### Summary:

- Situation:** Within the 2027 Strategic Plan, El Camino Health has established a framework (Figure 1) that has prioritized “**Physician Alignment**” and “**Expanding our Reach**” as key priorities. “**Physician Alignment**” purpose includes establishing a care network in the South Bay, across the care continuum. It further defines strategic initiatives that include to assertively create an ECH primary care physician base and footprint. The second priority, “**Expanding our Reach**” states a purpose to offer outpatient services where our patients live and establish ECH as a ‘must have’ network. It further highlights the strategic initiative of expanding into non-hospital diagnostic imaging.

**Figure 1: El Camino Health Strategic Plan Framework**



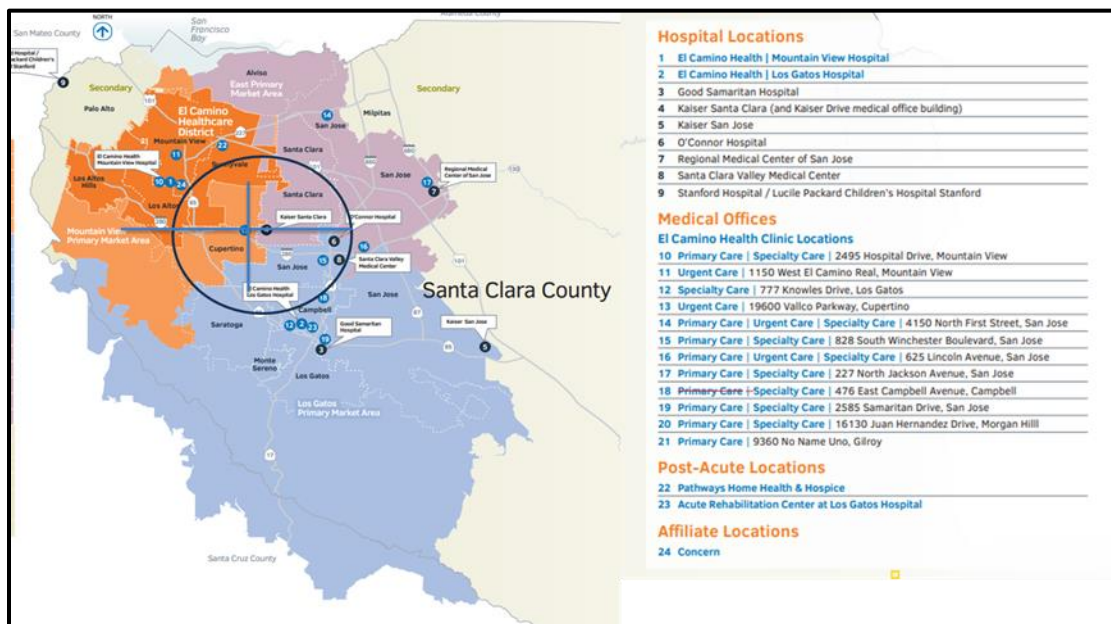
- Authority:** In accordance with policy, the Board of Directors approve real estate transactions exceeding \$5 million.
- Background:** ECHMN has maxed out its current medical office space, limiting its ability to expand. ECHMN achieved 237 aligned providers in Q1FY25, an +80% improvement from the Q1FY24 as reported in the November 20, 2024, ECH Board Meeting. This rapid

Property Acquisition – 19400 Steven's Creek Blvd. Cupertino  
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expansion supports ECHMN's ability to attract aligned providers to the physician network. The successful expansion of ECHMN has led to a wide variation of infrastructure. While there is opportunity to consolidate existing practices and optimize care sites, there is also a need to support future growth. There are key geographies that ECH has identified for future growth and expansion - to support this effort, investments in infrastructure are necessary.

4. **Assessment:** The current property that has been identified sits at the intersection of all three ECH Primary Service Areas (Mountain View, Los Gatos, and Eastern PSA's) and is in a location where there is a current ambulatory gap as highlighted in Figure 2.

**Figure 2: El Camino Health Locations – gap in ambulatory services in Cupertino Market**



The site, with the address of 19400 Stevens Creek Boulevard sits near the Southwest corner of Stevens Creek Boulevard and N. Wolfe Road. It is accessible from major roadways and freeways including the 280/85. At the Northwest quadrant of the intersection sits the former Vallco Mall redevelopment site that has secured approvals for 1.95 million sq ft mixed use (including 2,669 residential/200k sq ft retail), with no plans currently to include medical office space. In addition to the redevelopment information, El Camino Health looked at numerous factors including three PAMF competitor sites for comparison in Mountain View, Santa Clara, San Jose, and 2 additional properties within 3-5 miles of the subject (Cupertino) property. The subject property in Cupertino was identified as favorable in all areas including 1) population, 2) commercial PPO, and 3) average household income.

The facility is 20,070 square feet, on two floors. This site can support 14-18 physicians including primary care, urgent care, and ambulatory imaging. The property has been vacant for >1 year and will need to be redeveloped to Medical Office Space. The purchase price of the building that sits on 1.22 acres is not to exceed \$10.7 million. (\$10.4 million for the property, NTE \$300k for legal, due diligence and closing costs). The redevelopment of this site could include up to 24 exam rooms, Urgent Care, and Imaging (CT/MRI/X-Ray/Ultrasound/Mammo). The cost to construct the improvements for medical will be presented once a detailed plan is developed.



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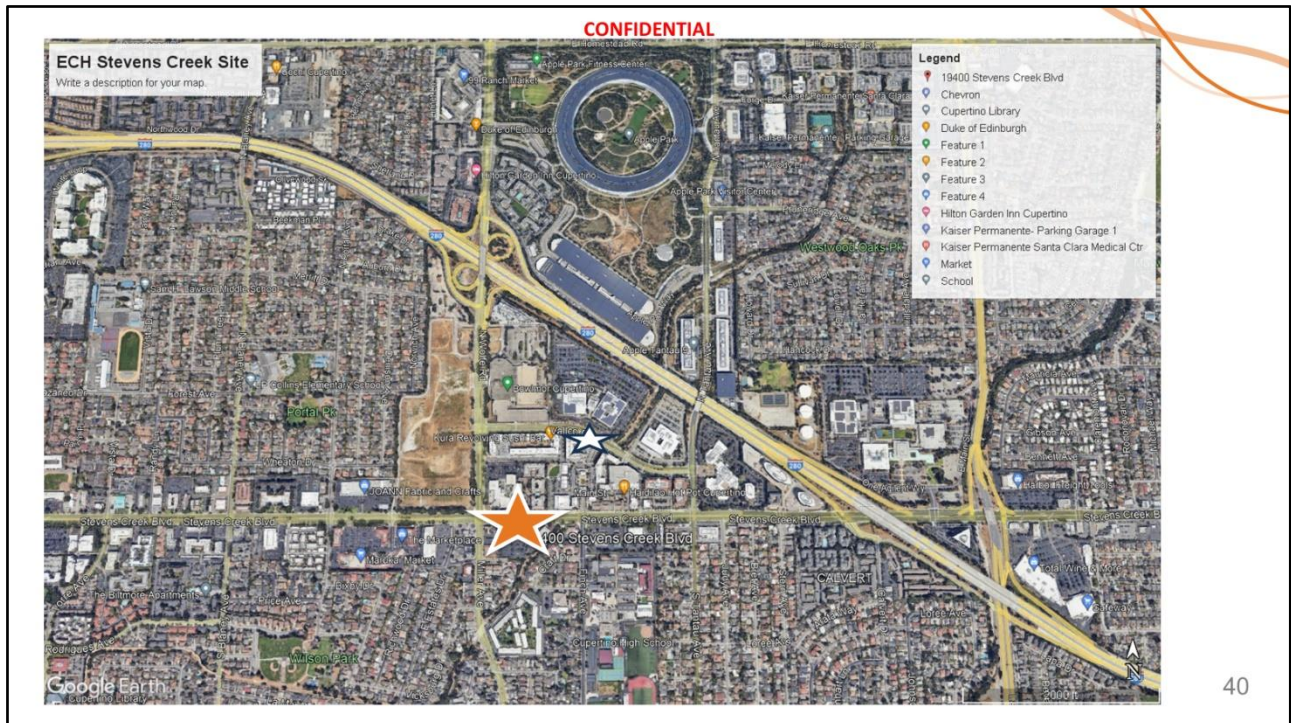
**Image 1: Acquisition at 19400 Stevens Creek Boulevard, Cupertino, CA**



5. **Other Reviews:** This acquisition has been reviewed and supported by the Finance Committee and by our strategic real estate advisors from JLL.
6. **Outcomes:** We are in the process of completing our due diligence and the property will close Escrow at the end of April, pending Board Approval. Planning for the improvements is in the initial stages and it is estimated that a new medical development at this location will take 12 to 18 months to complete.

**List of Attachments:**

**Image 2: Site diagram zoomed out to show freeways and geography**



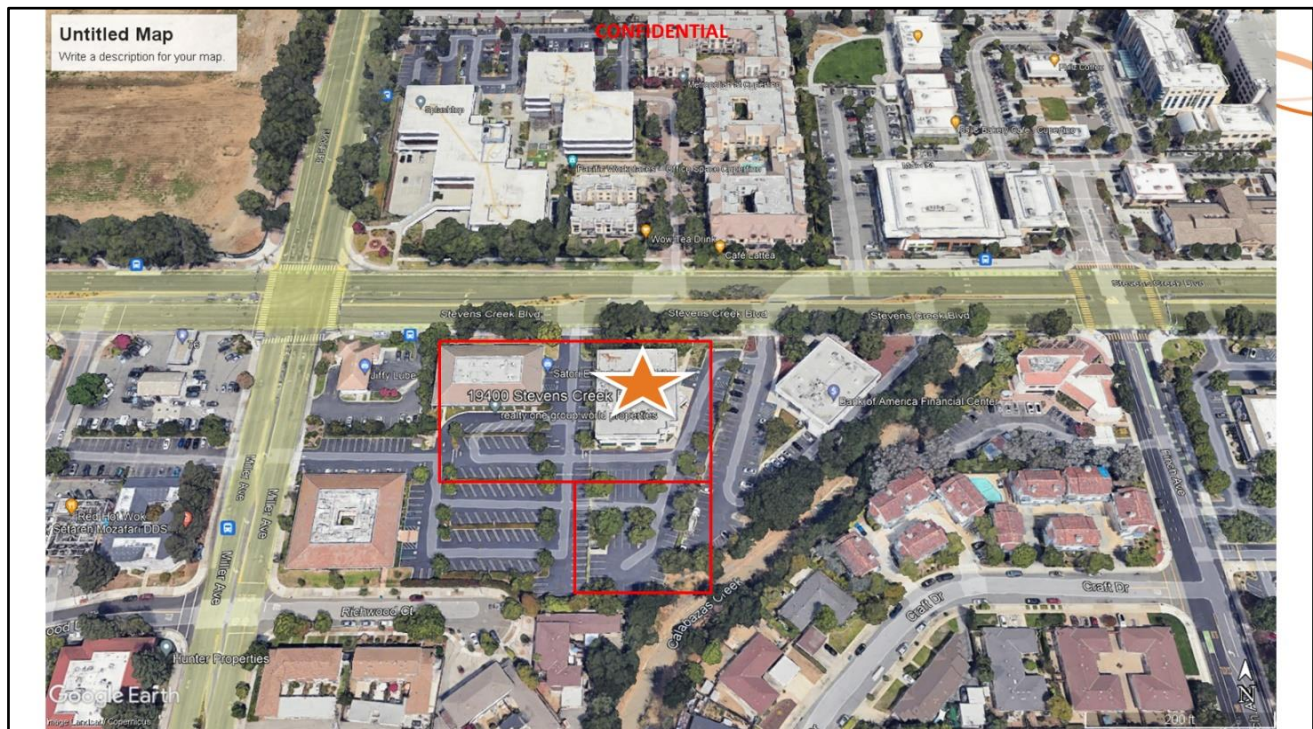


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**Image 3: Site diagram South view looking North**

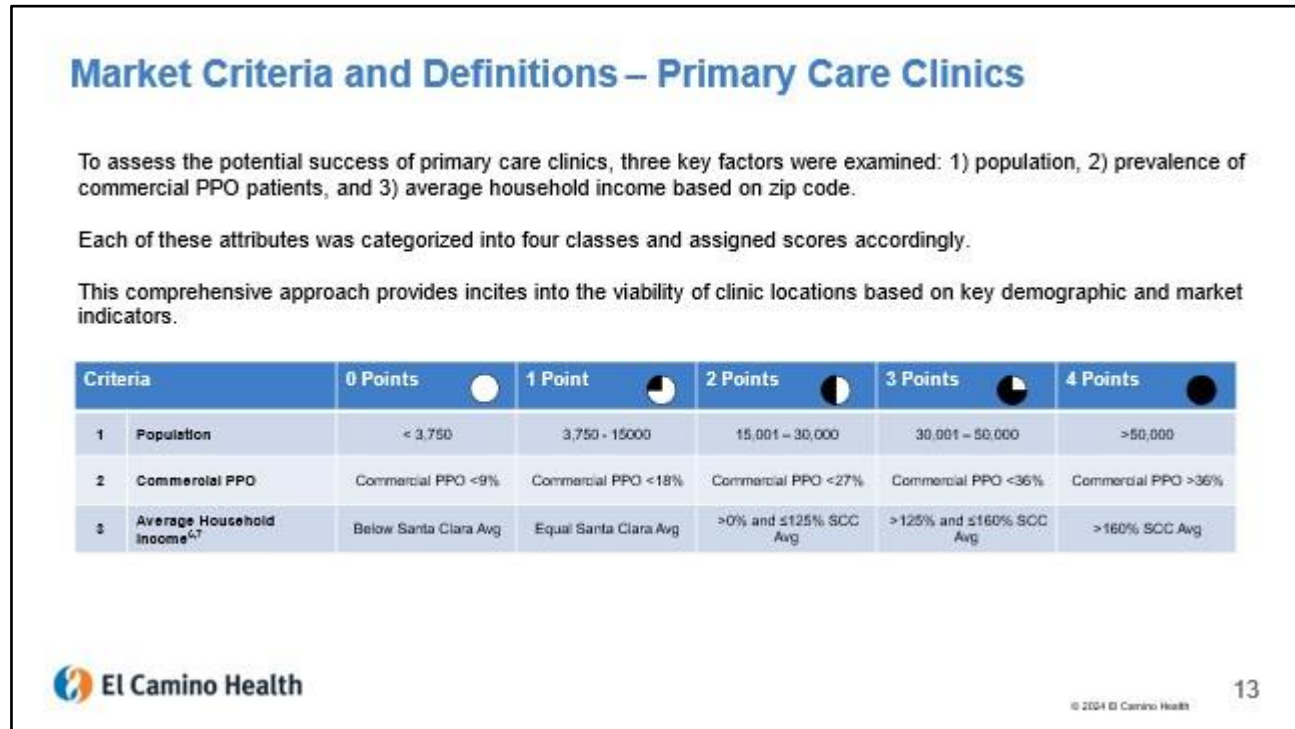


**Image 4: Site diagram South view looking North showing adjoining properties, to West additional office space, to East is a Bank**

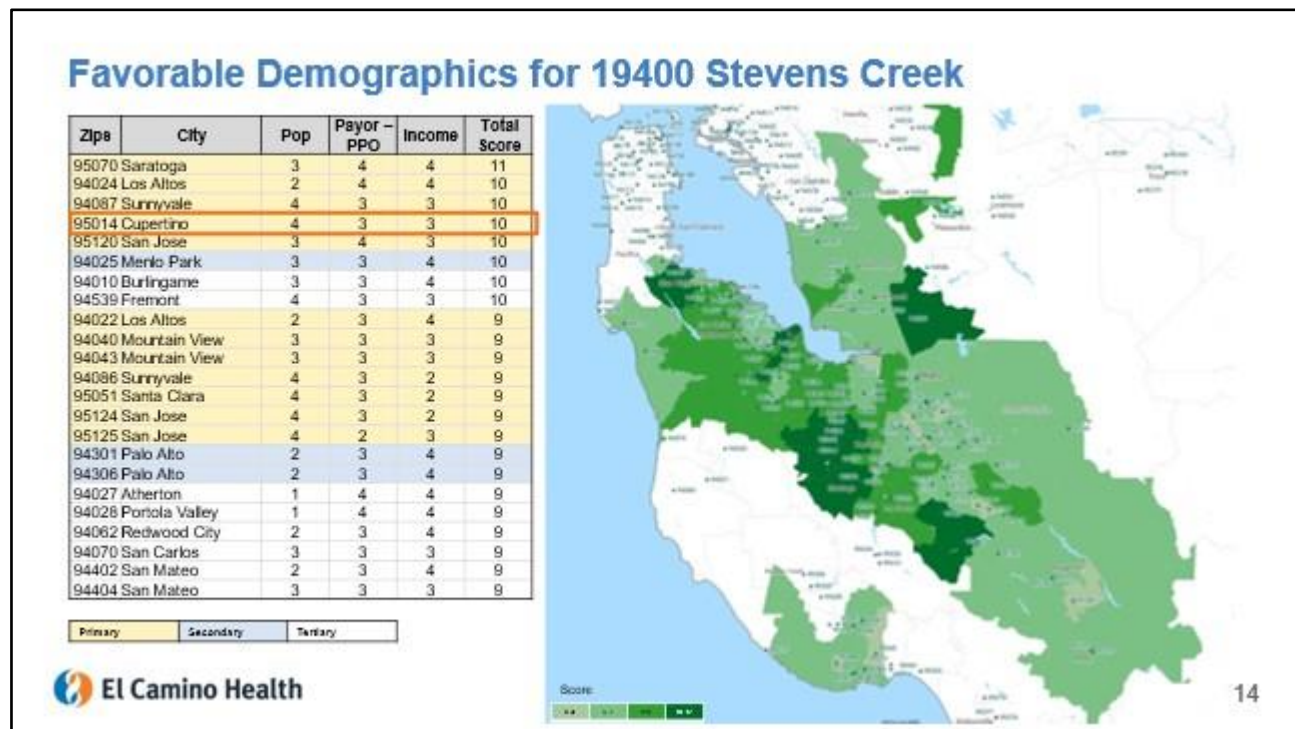


Property Acquisition – 19400 Steven’s Creek Blvd. Cupertino  
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**Figure 3: Market Criteria for selecting primary care clinic locations**



**Figure 4: 19400 Stevens Creek, Cupertino, CA scores favorable across key demographics (Population/Payor/PPO, Income)**







## EI CAMINO HOSPITAL BOARD OF DIRECTORS MEMORANDUM

**To:** El Camino Hospital Board of Directors  
**From:** Anne Yang, Executive Director, Governance Services  
**Date:** April 16, 2025  
**Subject:** FY26 El Camino Hospital Board of Directors Meeting Schedule

### **Purpose:**

Three years ago, the Hospital Board began an experiment to improve governance by increasing the quality of meeting materials, focusing board meetings more tightly on the discussion of critical issues, and gradually streamlining and reducing the number of board and committee meetings. At that time, we reduced the number of Hospital Board meetings from 11 to 10.

Over the past several months, the governance committee and staff have worked with the committee chairs to identify opportunities to reduce the number of committee meetings in FY 26 and to streamline the FY 26 meeting calendar.

This agenda item proposes a reduction in the number of Hospital Board meetings in FY 26 from 10 to 9.

### **Summary:**

Based on our conversations with committee chairs, we propose the following cadence of meetings for FY 26.

COMMITTEE	FY25 REGULAR MEETINGS	FY26 PROPOSED MEETINGS
Hospital Board	10	9
Quality Committee	8	7
Finance Committee	6	5
Compliance and Audit Committee	5	4
Governance Committee	4	4
Executive Compensation Committee	4	4
Investment Committee	4	4

Attached to this document please find a proposed master calendar for FY 26. The table below highlights the proposed dates for Hospital Board meetings in the FY 26 master calendar.



Proposed FY26 ECHB Meeting Schedule  
April 16, 2025

**El Camino Hospital Board of Directors**  
**Proposed FY2026 Meeting Dates**

<b>FY25 MEETING DATES</b>	<b>PROPOSED FY26 MEETING DATES</b>
Wednesday, August 14, 2024	<b>Wednesday, August 13, 2025</b>
Wednesday, September 11, 2024	<b>Wednesday, September 17, 2025</b>
Wednesday, October 9, 2024	<b>Wednesday, October 8, 2025</b>
Wednesday, November 20, 2024	<b>Wednesday, November 12, 2025</b>
Wednesday, December 11, 2024	<b>Wednesday, December 10, 2025</b>
Wednesday, February 5, 2025	<b>Wednesday, February 11, 2026</b>
Wednesday, March 12, 2025	<b>Wednesday, March 18, 2026</b>
Wednesday, April 16, 2025	
Wednesday, May 14, 2025	<b>Wednesday, May 13, 2026</b>
Wednesday, June 18, 2025	<b>Wednesday, June 17, 2026</b>

**Next Steps**

To discuss the proposal to reduce the number of Hospital Board meetings in FY 26 and to provide input to the staff on the master calendar of meetings.

**Attachment**

1. Proposed FY26 Master Calendar – Hospital Board and Committees

JULY 2025

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	24	25	26
27	28	29	30	31		

AUGUST 2025

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

SEPTEMBER 2025

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

OCTOBER 2025

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

NOVEMBER 2025

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

DECEMBER 2025

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

JANUARY 2026

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

FEBRUARY 2026

S	M	T	W	T	F	S
1	2 FC - 3 QC - 4	3	4	5	6	7
8	9 IC - 3	10 *ECHD-3	11 ECHB - 6	12	13	14 Valentine's Day
15 Ski Week	16 Presidents Day	17 Chinese New Year	18	19	20	21
22	23	24	25	26	27	28

MARCH 2026

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

APRIL 2026

S	M	T	W	T	F	S
			1 Passover	2	3	4
5 Easter/ Passover	6	7	8	9 Passover End	10	11
12	13	14	15	16	17	18
19	20 Eid al-Fitr	21	22	23	24	25
26	27	28	29	30		

MAY 2026

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

JUNE 2026

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

\*ECHD – Dates Subject to District Board approval



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

**To:** El Camino Hospital Board of Directors  
**From:** Theresa Fuentes, Chief Legal Officer, El Camino Health  
**Date:** April 16, 2025  
**Subject:** Fourth Amended and Restated Operating Agreement of ECHMN

**Recommendation(s):**

To Approve Fourth Amended and Restated Operating Agreement of El Camino Health Medical Network, LLC.

**Background:**

On April 9, 2025, the Board of Managers of Silicon Valley Medical Development, LLC (SVMD) approved the legal name change of SVMD to El Camino Health Medical Network, LLC (ECHMN) (see attached Board of Managers Resolution 2025-01).

In addition, the Board of Managers approved the attached Fourth Amended and Restated Operating Agreement of El Camino Health Medical Network, LLC, and is now seeking the Hospital Board of Directors approval.

The Fourth Amended and Restated Operating Agreement reflects the name change from SVMD to ECHMN as well as clarification that appointments to the Board of Managers are made by the Chief Executive Officer of the Member (El Camino Hospital) in consultation with the Chair of the Board of Directors of the Member.

**Attachments:**

1. [Signed Resolution 2025-1 of the ECHMN Board of Managers](#)
2. [Fourth Amended and Restated Operating Agreement \(redline\)](#)
3. [Fourth Amended and Restated Operating Agreement \(clean\)](#)



**RESOLUTION OF THE BOARD OF MANAGERS OF  
SILICON VALLEY MEDICAL DEVELOPMENT, LLC**

**Resolution 2025-01**

**April 9, 2025**

At a meeting duly held on April 9, 2025, the undersigned, constituting a quorum of the managers serving on the Board of Managers (the "Board") of Silicon Valley Medical Development, LLC a California limited liability company (the "Company") hereby takes the following actions and adopts the following resolutions:

**WHEREAS**, the Board has determined that it is in the best interest of the Company to change its legal name to El Camino Health Medical Network, LLC; and

**WHEREAS**, the Board has reviewed and considered the proposed change of the Company's name from Silicon Valley Medical Development, LLC to El Camino Health Medical Network, LLC; and

**WHEREAS**, the Board has determined that the Company's operating agreement should be amended (a) to reflect the name change, and (b) to clarify that appointments to the Board of Managers are made by the Chief Executive Officer of Member in consultation with the Chair of the Board of Directors of the Member; and

**NOW, THEREFORE, BE IT RESOLVED THAT** the legal name of the Company shall be changed from Silicon Valley Medical Development, LLC to El Camino Health Medical Network, LLC, and it is

**RESOLVED FURTHER**, that the Board hereby approves and adopts the Fourth Amended and Restated Operating Agreement attached hereto as Exhibit A, and it is

**RESOLVED FURTHER**, that the Board authorizes and directs all proper committees, officers, agents, attorneys and employees of the Company to take or cause to be taken any and all such actions deemed necessary or appropriate to effectuate the foregoing resolutions in a manner consistent with the intent of the foregoing resolutions.

*(Signature Page Follows)*

## CERTIFICATION

The undersigned hereby certifies that the foregoing resolutions were adopted by the Board of Managers at a meeting held on April 9, 2025 in accordance with the Third Amended and Restated Operating Agreement of Silicon Valley Medical Development, LLC, and that said resolutions have not been rescinded or modified and are now in full force and effect.

### COMPANY:

**SILICON VALLEY MEDICAL DEVELOPMENT, LLC**

By: 

Name: ~~Dan Woods~~, Chief Executive Officer  
El Camino Hospital, Sole Member of Company

## **EXHIBIT A**

(See attached)



**BOARD OF DIRECTORS**

Documents for Review

April 16, 2025

Department	Document Name	Origin Date	Last Reviewed	Revised?	Doc Type	Document Details   Approval Workflow
Marketing & Comm.	15c1. Release of Information to the Media	3-2012	4-7-21	Major	Policy	<ul style="list-style-type: none"> <li>Tabled on 3/12/25; pending review due to new law applicable to public officials.</li> </ul>
						UPC   Staff Meeting > Med Dept Exec > ePolicy > MEC > Board > Publish
NICU	15c2. Medication Administration in the Neonatal Intensive Care Unit (NICU)	6-2009	N/A	Major	Policy	<ul style="list-style-type: none"> <li>Updated Sections: Policy Statement, Procedure</li> </ul>
						UPC   Staff Meeting > P&T > Peds Dept > MCH Exec > ePolicy > MEC > Board > Publish
Facilities	15c3. Scope of Service - Facilities Services	2-2015	N/A	Minor	Scope of Service	<ul style="list-style-type: none"> <li>Minor update</li> </ul>
						Dept Dir > ePolicy > MEC > Board > Publish



## EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

**To:** El Camino Hospital Board of Directors  
**From:** Carlos A. Bohorquez, Chief Financial Officer  
**Date:** April 16, 2025  
**Subject:** Financials: FY2025 – Period 8 & YTD - Consent Calendar

### **Purpose:**

To provide the Board an update on financial results for FY2025 Period 8 (February 2025) & YTD.

### **Executive Summary – Period 8 (February 2025):**

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 330 is 11 / 3.4% favorable to budget and 25 / 8.4% higher than the same period last year.
- **Adjusted Discharges:** 3,571 are 36 / 1.0% favorable to budget and 94 / 2.7% higher than the same period last year.
- **Emergency Room Visits:** 6,735 are 450 / 7.2% favorable to budget and 161 / 2.4% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 12,303 are 1,728 / 16.3% favorable to budget and 969 / 8.5% higher than the same period last fiscal year.

Financial performance for Period 8 was favorable to budget. This is attributed to strong outpatient patient volumes, net patient revenue yield and favorable management of variable expenses across the enterprise.

<b>Total Operating Revenue (\$):</b>	\$136M is \$6M / 4.7% favorable to budget and \$10M / 7.5% higher than the same period last fiscal year.
<b>Operating EBIDA (\$):</b>	\$22M is \$5M / 33.1% favorable to budget and \$4M / 20.5% higher than the same period last fiscal year.
<b>Net Income (\$):</b>	\$29M is \$16M / 114.4% favorable to budget and \$2M / 6.5% lower than the same period last fiscal year.
<b>Operating Margin (%):</b>	9.7% (actual) vs. 6.2% (budget)
<b>Operating EBIDA Margin (%):</b>	16.0% (actual) vs. 12.6% (budget)
<b>Net Days in A/R (days):</b>	50.6 days are favorable to budget by 3.4 days / 6.3% and 0.7 days / 1.4% better than the same period last year.

### **Executive Summary – YTD FY2025 (as of 2/28/2025):**

With the exception of outpatient visits / procedures and surgeries, year-over-year patient activity is consistent with last fiscal year.

- **Average Daily Census:** 313 is 4 / 1.3% favorable to budget and 5 / 1.5% higher than the same period last year.
- **Adjusted Discharges:** 29,553 are 17 / 0.1% unfavorable to budget and 493 / 1.7% higher than the same period last year.

Financials FY2025 – Period 8 & YTD (as of 2/28/2025)  
April 16, 2025

- **Emergency Room Visits:** 54,383 are 1,088 / 2.0% favorable to budget and 894 / 1.7% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 100,976 are 9,884 / 10.9% favorable to budget and 10,675 / 11.8% higher than the same period last fiscal year.

**Total Operating Revenue (\$):** \$1,127M is \$39M / 3.6% favorable to budget and \$104M / 10.1% higher than the same period last fiscal year.

**Operating EBIDA (\$):** \$182M is \$26M / 16.9% favorable to budget and \$15M / 9.2% higher than the same period last fiscal year.

**Net Income (\$):** \$217M is \$90M / 70.5% favorable to budget and \$30M / 16.3% higher than the same period last fiscal year. Favorable net income is attributed to stable financial performance and unrealized gains on investment portfolio.

**Operating Margin (%):** 10.1% (actual) vs. 8.0% (budget)

**Operating EBIDA Margin (%):** 16.1% (actual) vs. 14.3% (budget)

**Recommendation:**

- Recommend receipt of FY2025 – Period 8 & YTD financials

**List of Attachments:**

- Financial Report: FY2025 Period 8





## Summary of Financial Operations

*Fiscal Year 2025 – Period 8  
7/1/2024 to 02/28/2025*

# Operational / Financial Results: Period 8 – February 2025 (as of 02/28/2025)

(\$ thousands)

		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	330	319	11	3.4%	304	25	8.4%	---	---	---	---
	Adjusted Discharges	3,571	3,535	36	1.0%	3,477	94	2.7%	---	---	---	---
	OP Visits / OP Procedural Cases	12,303	10,575	1,728	16.3%	11,334	969	8.5%	---	---	---	---
	Percent Government (%)	61.9%	59.1%	2.8%	4.7%	61.8%	0.1%	0.1%	---	---	---	---
	Gross Charges (\$)	575,945	546,763	29,182	5.3%	503,356	72,589	14.4%	---	---	---	---
Operations	Cost Per CMI AD	20,751	20,032	719	3.6%	19,629	1,122	5.7%	---	---	---	---
	Net Days in A/R	50.6	54.0	(3.4)	(6.3%)	51.3	(0.7)	(1.4%)	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue (\$)	130,295	124,630	5,665	4.5%	119,672	10,623	8.9%	297,558	564,735	---	
	Total Operating Revenue (\$)	136,068	129,929	6,139	4.7%	126,548	9,520	7.5%	389,498	610,593	268,739	
	Operating Margin (\$)	13,144	8,067	5,077	62.9%	9,110	4,034	44.3%	7,400	11,601	8,331	
	Operating EBIDA (\$)	21,753	16,347	5,406	33.1%	18,058	3,695	20.5%	26,400	39,689	22,574	
	Net Income (\$)	29,139	13,591	15,549	114.4%	31,149	(2,010)	(6.5%)	19,085	20,150	15,049	
	Operating Margin (%)	9.7%	6.2%	3.5%	55.6%	7.2%	2.5%	34.2%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.0%	12.6%	3.4%	27.1%	14.3%	1.7%	12.0%	6.8%	6.5%	8.4%	
	DCOH (days)	282	275	7	2.5%	269	12	4.6%	258	304	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2024. 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 2024. Dollar amounts have been adjusted to reflect monthly averages.

**Fitch Ratings:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

**Notes:** DCOH total includes cash, short-term and long-term investments.  
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

Unfavorable Variance &lt; 3.49%

Unfavorable Variance 3.50% - 6.49%

Unfavorable Variance &gt; 6.50%

# Operational / Financial Results: YTD FY2025 (as of 02/28/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	313	309	4	1.3%	308	5	1.5%	---	---	---	---
	Adjusted Discharges	29,553	29,536	17	0.1%	29,060	493	1.7%	---	---	---	---
	OP Visits / OP Procedural Cases	100,976	91,092	9,884	10.9%	90,301	10,675	11.8%	---	---	---	---
	Percent Government (%)	59.3%	58.7%	0.7%	1.2%	58.9%	0.4%	0.7%	---	---	---	---
	Gross Charges (\$)	4,822,827	4,554,784	268,043	5.9%	4,166,868	655,959	15.7%	---	---	---	---
Operations	Cost Per CMI AD	19,838	20,032	(195)	(1.0%)	18,743	1,095	5.8%	---	---	---	---
	Net Days in A/R	50.6	54.0	(3.4)	(6.3%)	51.3	(0.7)	(1.4%)	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue (\$)	1,080,970	1,041,520	39,450	3.8%	974,413	106,557	10.9%	2,380,466	4,517,877	---	
	Total Operating Revenue (\$)	1,126,890	1,087,707	39,184	3.6%	1,023,122	103,769	10.1%	3,115,985	4,884,743	3,224,864	
	Operating Margin (\$)	113,945	87,205	26,740	30.7%	99,544	14,401	14.5%	59,204	92,810	99,971	
	Operating EBIDA (\$)	181,747	155,497	26,250	16.9%	166,377	15,370	9.2%	211,203	317,508	270,889	
	Net Income (\$)	216,900	127,185	89,715	70.5%	186,436	30,464	16.3%	152,683	278,430	180,592	
	Operating Margin (%)	10.1%	8.0%	2.1%	26.1%	9.7%	0.4%	3.9%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.1%	14.3%	1.8%	12.8%	16.3%	(0.1%)	(0.8%)	6.8%	6.5%	8.4%	
	DCOH (days)	282	275	7	2.5%	269	12	4.6%	258	304	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.

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

OP Visits / Procedural Cases includes Covid Vaccinations / Testing.



# Consolidated Balance Sheet (as of 02/28/2025)

(\$000s)

## ASSETS

	February 28, 2025	Audited June 30, 2024
<b>CURRENT ASSETS</b>		
Cash	263,600	202,980
Short Term Investments	98,425	100,316
Patient Accounts Receivable, net	230,822	211,960
Other Accounts and Notes Receivable	23,309	25,065
Intercompany Receivables	19,186	17,770
Inventories and Prepaids	51,928	55,556
<b>Total Current Assets</b>	<b>687,269</b>	<b>613,647</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	18,860	23,309
Plant & Equipment Fund	541,340	503,081
Women's Hospital Expansion	45,003	31,740
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,444	17,561
Workers Compensation Reserve Fund	12,811	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737
PTO Liability Fund	39,592	37,646
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	40,912	33,030
<b>Total Board Designated Assets</b>	<b>951,377</b>	<b>894,322</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>18</b>	<b>18</b>
<b>LONG TERM INVESTMENTS</b>	<b>715,146</b>	<b>665,759</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>1,145</b>	<b>965</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>46,757</b>	<b>36,663</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	2,039,956	2,016,992
Less: Accumulated Depreciation	(931,214)	(874,767)
Construction in Progress	213,198	173,449
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,321,939</b>	<b>1,315,675</b>
<b>DEFERRED OUTFLOWS</b>	<b>46,991</b>	<b>41,550</b>
<b>RESTRICTED ASSETS</b>	<b>36,517</b>	<b>32,166</b>
<b>OTHER ASSETS</b>	<b>207,157</b>	<b>195,447</b>
<b>TOTAL ASSETS</b>	<b>4,014,316</b>	<b>3,796,213</b>

## LIABILITIES AND FUND BALANCE

	February 28, 2025	Audited June 30, 2024
<b>CURRENT LIABILITIES</b>		
Accounts Payable	57,574	71,017
Salaries and Related Liabilities	34,628	35,693
Accrued PTO	40,674	38,634
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	8,127	13,419
Intercompany Payables	14,715	13,907
Malpractice Reserves	1,830	1,830
Bonds Payable - Current	11,360	10,820
Bond Interest Payable	1,490	7,673
Other Liabilities	16,088	12,261
<b>Total Current Liabilities</b>	<b>188,786</b>	<b>207,554</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	23,009	22,737
Worker's Comp Reserve	12,811	12,811
Other L/T Obligation (Asbestos)	30,563	27,707
Bond Payable	427,920	441,105
<b>Total Long Term Liabilities</b>	<b>494,303</b>	<b>504,360</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>1,365</b>	<b>1,038</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>99,431</b>	<b>92,261</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	2,950,826	2,731,120
Minority Interest	(1,159)	(1,114)
Board Designated	225,999	216,378
Restricted	54,765	44,616
<b>Total Fund Bal &amp; Capital Accts</b>	<b>3,230,431</b>	<b>2,991,001</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>4,014,316</b>	<b>3,796,213</b>



**EL CAMINO HOSPITAL BOARD  
FY2025 PACING PLAN / MASTER CALENDAR**

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>APPROVALS AND CONSENT CALENDAR</b>												
Board Minutes		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Committee Reports and Recommendations		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Community Benefit Plan												✓
Credentialing and Privileges Report		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Physician Agreements		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Policies		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
<b>FINANCE</b>												
Audited Financial Report				✓								
Budget (Preview)											✓	
Budget Approval												✓
Period Financials (Consent)		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Quarterly Financials (Focus)					✓			✓			✓	
<b>PHYSICIANS AND MEDICAL NETWORK</b>												
ECHMN Report			✓						✓			
Medical Staff Report			✓		✓				✓			✓
<b>QUALITY</b>												
Quality STEEEP Dashboard		✓			✓			✓			✓	
Quality Committee Report			✓									✓
<b>STRATEGY</b>												
Strategic Plan Metrics		✓	✓									
Strategic Plan Update						✓		✓			✓	
Strategy Deep Dive										✓		
Strategic Goals Approval												✓
<b>EXECUTIVE PERFORMANCE</b>												
CEO Self-Assessment (Year in Review)		✓										
CEO Assessment (Board Executive Session)			✓									
Organizational Performance Goal Score (Prior Year)				✓								
Executive Base Salaries and Salary Ranges				✓								
CEO Compensation				✓								
<b>COMPLIANCE AND GOVERNANCE</b>												
Annual Compliance Program Report Out					✓							
Enterprise Risk Management												✓
Board Assessment Results				✓								
Board Officer Elections ( <i>Even Years</i> )												
Board Calendar												✓
Committee Goals												✓



## FY25 ECHB MEETING FOLLOW UP ITEMS

<u>Subject</u>	<u>Timing</u>	<u>Action</u>	<u>Status</u>
<b>March 2025 ECHB Meeting</b>			
<b>ECHMN Report</b>	Future Meeting	For the Strategic Drivers chart (page 21 of packet, slide 17 of presentation), please demonstrate how we can do this and describe how we measure these provider drivers.	In progress
	Next Report	Identify on charts shared with Board how many times they have seen them. The materials seem to be the same.	In progress
<b>Los Gatos Redevelopment</b>	Future Meeting	Keep our planning dynamic with all options on the table as long as we can without slowing the process.	In progress
<b>Minutes – Strategy /Finance topic</b>	Next Meeting	Include budget assumptions when sharing FY26 strategy.	Paced for April Meeting
<b>February 2025 ECHB Meeting</b>			
<b>Strategy Update</b>	Next Report	Refine the dashboard for improved clarity	Paced for April meeting
<b>November 2024 ECHB Meeting</b>			
<b>ECH Governance Structure</b>	Future Meeting	Theresa to prepare a memo outlining different approval scenarios at various levels of the organization.	Paced for April meeting
<b>FY2025 Organizational Goals</b>	Next Report	Staff to prepare to share the process or revised process with timeline for strategic updates.	In progress. Shared with Committees and now waiting on meeting with Strategy and Committee Chairs.
<b>October 2024 ECHB Meeting</b>			
<b>Board Assessment Results</b>	Post Meeting	Staff to review opportunities to invite Committee community members to events to help increase engagement.	In progress.
	Next Report	Next year's assessment to include ECHMN board as part of the committee surveys and interviews with each director.	Noted and in progress. This was also discussed at the Governance Committee.



September 2024 ECHB Meeting			
<b>Joint Venture</b>	Next ECHB Meeting	Carlos and Theresa to follow up on agreement to ensure we have right of first refusal and ensure influence of commercial space.	In progress
August 2024 ECHB Meeting			
<b>Quality Report</b>	Future Meeting	Review pacing of ECHMN Quality report and Quality Committee report so they can occur at the same time for Board.	Synced meeting will occur in FY26.
<b>Closed Session CEO Update</b>	Future Meeting	Research a plan on the naming of the IPAs, medical network, etc.	In Progress
<b>LG Development</b>	Future Meeting	Validate brand attributes and awareness in the Los Gatos area	In progress





## EL CAMINO HOSPITAL BOARD OF DIRECTORS CEO REPORT | APRIL 16, 2025

### FINANCE:

- **FY2025 - Period 8: February 2025**
  - **Total Operating Revenue:** \$136.1M
    - \$6.1M / 4.7% vs. favorable to budget
    - \$9.5M / 7.5% higher than the same period last year
  - **Operating EBIDA:** \$21.8M
    - \$5.4M / 33.1% vs. favorable to budget
    - \$3.7M / 20.5% higher than the same period last year
  - **Net Income:** \$29.1M
    - \$15.6M / 114.4% vs. favorable to budget
    - \$2.0M / 6.5% lower than the same period last year

### MARKETING + COMMUNICATION:

The "**Strong**" **brand campaign** continues to gain traction, with digital and social ads generating millions of impressions and video views, exceeding campaign goals and reinforcing El Camino Health's position as a trusted healthcare provider. **Service line marketing efforts** are driving engagement and appointments, particularly in ED, mother baby/women's health, cardiovascular, cancer, and mental health, contributing to improved access to care for patients in these areas. Strategic sponsorships with SJSU and the Earthquakes continue to provide valuable brand visibility, with the Earthquakes partnership generating increased impressions on social media. Media relations efforts have resulted in positive coverage in the Silicon Valley Business Journal and San Jose Mercury News, highlighting El Camino Health's innovative programs and community impact. The team has maintained a top-tier share of voice within the El Camino Health market when compared to competitors, further solidifying the organization's reputation.

**NURSING:** Cheryl Reinking and Alicia Potolsky along with several other nurse leaders attended the **American Organization of Nurse Leaders conference in Boston**. Their abstract, titled "Addressing Workforce Well-Being Using an Innovative, Multi-Pronged Strategy", was selected amongst 1600 abstract submissions to be one of 50 to be presented at the conference.

The nursing team celebrated **National Nursing Specialty Certification Day** on **March 20** with a breakfast at LG and a lunch at MV. El Camino Health enjoys a high certification rate with 57% of nurses certified in their specialty. Certification demonstrates that the nurse has requisite education, experience, and skills to care for patients and improve outcomes. Certified nurses complete specific educational requirements and passed an exam to demonstrate advanced knowledge and skills within their specialty. Only 31% of patients at non-Magnet hospitals have certifications. At Magnet hospitals around 51% of nurses are certified. **El Camino Health exceeds the Magnet average.**

### GOVERNMENT RELATIONS & COMMUNITY PARTNERSHIPS:

#### ***Potential Government Health Care Budget Cuts***

Significant reductions in government health care programs remain on the horizon, particularly for Medicaid. The FY2025 budget resolution which passed the House of Representatives directed no less than \$880 billion in cuts to the House Energy and Commerce Committee. This committee has primary jurisdiction over Medicaid and other health care programs. Some of the policy options being discussed around Medicaid cuts could fall heavily on California.

The federal medical assistance percentage (FMAP) rate is determined by a formula and current law says that a state's FMAP rate can't be less than 50 percent. California is at this minimum 50 percent rate and a reduction to the minimum FMAP rate would significantly reduce federal funding. Penalizing states that use their own funds to provide health coverage to undocumented immigrants would impact California which has aggressively increased Medi-Cal coverage for this group. California uses provider fee taxes to draw down additional federal funds to support Medi-Cal. Potential changes could make it harder for states to create or renew taxes that draw down these federal funds.

Even without accounting for these potential federal cuts, California is experiencing challenges in managing Medi-Cal. The Newsom Administration disclosed to the California Legislature that they need an additional \$6 billion in the current fiscal year to cover unexpected cost increases in the state's Medi-Cal program. They attributed this to higher than expected costs for covering undocumented immigrants, more seniors being on the program than in years past, and the increased cost of prescription drugs.

If significant Medicaid cuts materialize, this will heavily impact entities such as Santa Clara County which receives approximately \$1.9 billion in Medicaid funding this year alone.

### ***Food is Health Community Recipe Challenge***

As a community relations and health education initiative, El Camino Health launched a Food is Health Community Recipe Challenge on April 8. We expect the initial challenge to run for six months. Those who register will have a simple, healthy recipe shared with them each month and they will be asked to prepare it. If a photo is shared and tagged on social media, there will be a chance to win a raffle prize. Objectives include raising awareness on the importance of what we eat on our health as well as making it simple, fun, and approachable to help people get started on a positive health habit. Additional information can be found here: [Food is Health | El Camino Health](#).

**SERVICE LINES:** The ECH Joint Replacement program is successfully addressing yet another regulatory mandate from CMS regarding knee and hip replacement surgery. The new Patient-Patient Reported Outcomes Performance Measure (PRO-PM) requires that ECH collect pre- and post-op survey data from at least 50% of inpatient Medicare joint replacement patients. ECH had already been collecting a majority of such data for several years, and the new mandate added specific questions about non-operative leg and spine pain & narcotics use. Year to date, ECH has a response rate of 79% of patients, well above the minimum to avoid penalty. Moreover, the national joint replacement registry shows that ECH's patients have better post-op knee function scores than the national average for both 2023 and 2022 (the most recent full years on record).

**HUMAN RESOURCES:** Our **58th Annual Service Awards** was held at the Computer History Museum to celebrate our milestone anniversary employees (15–45 years), as well as our Employee of the Month winners and award nominees. The night was filled with great food, drinks, and entertainment—recognizing the incredible dedication of our team.

**INFORMATION SERVICES:** The rollout of **DexCare online scheduling** has been highly successful, showing a 40% increase in online appointments since implementation. Highlights include a 37% rise in bookings via the El Camino website and a significant 130% increase in new patient online bookings. MyChart bookings have grown by 43%, and On-Demand Urgent Care visits have increased 56% year-over-year. Scheduling accuracy also improved, with patient errors decreasing from 23% to 14%. Currently, 10 IPA providers are live with DexCare, making 42.7% of ECHMN appointments available online.

**myCare in the Emergency Department (ED)** continues to deliver significant operational benefits. Over 875 patients utilized MyChart Bedside this quarter to access real-time ED visit information, and 543 ED

encounters were registered via Self-Registration. This innovation saves approximately 110-120 hours per month in registration time.

El Camino Hospital successfully submitted its **2024 Meaningful Use/Promoting Interoperability report**, achieving a high score of 104, well above the required minimum of 75 points, ensuring no Medicare reimbursement penalties in 2026.

The **ICARE team** has been instrumental in achieving ECHMN's organizational quality goals. Their contributions include advanced analytics tools, optimized electronic health record workflows, and effective patient outreach campaigns such as Cologuard bulk orders and hypertension management initiatives. Special recognition goes to key contributors Dr. Khabra, Jaye, and Kiran for their outstanding efforts.

Physician technology enhancements have notably advanced with the implementation of **Ambient AI documentation** for 34 providers, showing 68% early adoption. This technology significantly improves efficiency and clinician satisfaction. Additionally, the **Automated Response Technology (ART AI)** has been effectively used 3,478 times since September, aligning with national benchmarks at a 15% usage rate, reducing the cognitive burden on clinicians and improving response efficiency.

**FOUNDATION:** In February, **El Camino Health Foundation** secured \$220,932 in donations. This brings total funds raised through period 8 to \$12,202,966.00, which is **158 percent of goal for FY2025**.

At the end of February, Mr. Rubber Chen of Xinbei Tech, Inc., a donor to Chinese Health Initiative since 2021, toured our Mountain View hospital. He viewed a demonstration of the da Vinci surgical robot, for which his company manufactures some component parts, and visited Fogarty Innovation. He then committed a gift of \$1 million dollars to CHI over the next 10 years. This donation will help CHI further strengthen its program and respond to community needs for the next decade. Top focuses will be continued education on emotional wellbeing and expanding diabetes education through more individualized services that will strengthen its impact. The gift will also help CHI address an annual budget gap. Mr. Chen completed his first pledge payment in March.

In January, El Camino Health Foundation received a gift from Joan Merchant in memory of her beloved husband Dr. Alan Merchant, a renowned orthopedic surgeon, innovator, educator, and early member of the El Camino Hospital medical staff. The gift is being used to inaugurate the Dr. Alan Craig Merchant Memorial Lecture, biannual talks by experts in the field of orthopedics, which will provide continuing education to El Camino Health clinicians involved in every facet of the medical specialty. It is being acknowledged with a special plaque that is being designed for the 4<sup>th</sup> floor. The first lecture will be held on Friday, May 2 after the plaque is unveiled and dedicated.

**AUXILIARY:** The Auxiliary donated **3,145 volunteer hours** for the month of February.

**AWARDS + ACCOLADES:** Congratulations to **Ann Aquino**, associate chief nursing officer at El Camino Health Los Gatos, who was named an **honoree of the inaugural Asian American Pacific Islander (AAPI) Business Leadership Awards** by the Silicon Valley Business Journal.

The program recognizes the outstanding business and community impact of Silicon Valley professionals of Asian descent. Profiles of the honorees will be featured in a special May 16 edition of the SVBJ. The award winners will also be recognized at a ceremony in San Jose on May 22.

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**Minutes of the Closed Session of the  
El Camino Hospital Board of Directors  
Wednesday, March 12, 2025**

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

**Board Members Present**

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

**Board Members Absent**

**Wayne Doiguchi**

**Staff Present**

**Dan Woods**, CEO  
**Mark Adams, MD**, CMO  
**Carlos Bohorquez**, CFO  
**Omar Chughtai**, CGO  
**Theresa Fuentes**, CLO  
**Peter Goll**, CAO, ECHMN  
**Tracey Lewis Taylor**, COO  
**Deb Muro**, CIO  
**Cheryl Reinking**, CNO  
**Andreu Reall**, VP of Strategy

**Staff Present (cont.)**

**Anne Yang**, Executive Director,  
 Governance Services  
**Tracy Fowler**, Director, Governance  
 Services  
**Gabriel Fernandez**, Governance  
 Services Coordinator

*\*\*via teleconference*

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/ Action</b>
<b>1. CALL TO ORDER</b>	Chair Rebitzer called the closed-session meeting of the El Camino Hospital Board of Directors to order at 5:42 p.m. A quorum was present.	<b><i>Called to order at 5:42 p.m.</i></b>
<b>2. AGENDA ITEM 7: ECHMN UPDATE</b>	Chair Rebitzer requested the board to comment or ask questions on the item. Director Miller inquired about cost considerations and commented about the need for acceleration as we have been talking about the project for 3-4 years. Other directors commented on the competitors' aggressive expansion projects, as well as how ECHMN anticipates recruiting more primary care physicians. Director Watters commented on the good numbers on physician alignment for the past 5 years. Director Po discussed the possibility of leveraging MPs and MDs in lower cost states to provide online care. Chair Rebitzer agreed that the direction is right, and he expressed concern about execution and trade-offs. He recognized the prioritization for growth and the need for credible plans connected to the budget. Because competitors have more money, we need to consider trade-offs.	
<b>3. AGENDA ITEM 8: STRATEGIC OPTIONS RE SERVICES AND PROGRAMS AT HOSPITALS INCLUDING LOS GATOS REDEVELOPMENT</b>	Chair Rebitzer invited Director Watters to discuss strategic options. Director Watters requested board approval for \$5M to fund schematic design for the Los Gatos redevelopment project, noting prior discussions at two special Finance Committee meetings (January, February 2025) and two regular meetings (October, December 2024). He confirmed Finance Committee support for the service lines and physician recruitment plans, aligning with the strategic framework for leadership, clinical purpose, market share growth, and physician alignment.  Discussion points included competitor multi-site strategies, design consultant options, and details of	

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	<p>the \$5M funding request. Director Zoglin questioned the negative ROI presented. Mr. Bohorquez clarified it was a conservative estimate, with Chair Rebitzer noting the calculation understated the project's true NPV. Director Po suggested reconsidering the project if NPV remained negative. Mr. Bohorquez emphasized that replacing the Los Gatos hospital is essential to maintain market share and discussed potential cost offsets through philanthropy.</p> <p>Ms. Lewis Taylor reported eight firms responded to the design RFP. Directors asked about competitor project comparisons. Mr. Chughtai clarified competitors' published costs reflect construction only, excluding comprehensive expenses. Ms. Lewis Taylor confirmed the Los Gatos building construction would cost \$600M, with an all-in project estimate of \$1.15B, including planning and infrastructure.</p> <p>Director Fung affirmed extensive Finance Committee review, recommending the board proceed without further delay.</p>	
<p><b>4. AGENDA ITEM 9: APPROVE CREDENTIALING AND PRIVILEGING REPORT</b></p>	<p>Dr. Adams opened the discussion noting that the report had been reviewed by the Quality Committee and asking if there were any questions or comments. There were no comments from the Board.</p> <p><b>Motion:</b> To approve the Credentialing and Privileging report</p> <p><b>Movant:</b> Ting  <b>Second:</b> Watters  <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Doiguchi  <b>Recused:</b> None</p>	<p><b><i>Credentialing and Privileging Report Approved</i></b></p>
<p><b>5. AGENDA ITEM 10: APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS</b></p>	<p>Director Zoglin asked that item 3 on the February 3, 2025 closed session minutes be amended to include discussion on budget assumptions would come to the Board in April.</p> <p><b>Motion:</b> To approve the minutes of the closed session from February 5, 2025 board meeting and February 12, 2025 Joint Meeting as amended by Director Zoglin.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Zoglin  <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Doiguchi</p>	<p><b><i>Closed session minutes were approved</i></b></p>



	<b>Recused:</b> None	
<b>6. AGENDA ITEM 11: LEGAL UPDATE</b>	Ms. Fuentes provided an update on three cases with both positive and concerning news for the organization. Two lawsuits, the Spalinger class action case and the Knowles wage and hour class action case, were resolved favorably. However, a ruling on the PERB case determined that the hospital, district, and SVMD are a single employer for labor relations purposes. This decision may lead to increased union activity in the clinics and potential attempts to apply hospital rates to SVMD clinic employees. The organization plans to oppose any efforts to combine collective bargaining agreements between the clinics and the hospital. Additionally, there may be implications regarding SVMD's compliance with the Brown Act, which may need to be addressed in the future.	
<b>7. AGENDA ITEM 12: EXECUTIVE SESSION</b>	The Board of Directors went into Executive Session at 7:15 p.m. Staff, excluding Mr. Woods, remained out of the room. The staff returned at 7:24 p.m.	
<b>8. AGENDA ITEM 13: RECONVENE TO OPEN SESSION</b>	<b>Motion:</b> To reconvene to open session at 7:27 p.m. <b>Movant:</b> Watters <b>Second:</b> Somersille <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Doiguchi <b>Recused:</b> None	<b>Reconvened to Open Session at 7:27 p.m.</b>

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

\_\_\_\_\_  
John Zoglin, Secretary/ Treasurer

Prepared by: Anne Yang, Executive Director, Governance Services  
Reviewed by Legal: Theresa Fuentes, Chief Legal Officer

**FOURTH ~~THIRD~~ AMENDED AND RESTATED  
LIMITED LIABILITY COMPANY OPERATING AGREEMENT  
OF  
EL CAMINO HEALTH MEDICAL NETWORK, ~~SILICON VALLEY MEDICAL~~  
DEVELOPMENT, LLC**

This Fourth ~~Third~~ Amended and Restated Limited Liability Company Operating Agreement (this “Agreement”) of El Camino Health Medical Network, LLC (formerly Silicon Valley Medical Development, LLC) amends and restates the Limited Liability Company Operating Agreement dated June 17, 2008, as amended by the Amended and Restated Limited Liability Company Operating Agreement dated January 10, 2018 and the Second Amended and Restated Limited Liability Operating Agreement dated December 11, 2019, and the Third Amended and Restated Limited Liability Operating Agreement dated August 18, 2022. This Agreement is entered into as of the \_\_\_\_ day of \_\_\_\_\_, 2025 ~~August, 2022~~, by El Camino Hospital, a California nonprofit public benefit corporation, as the sole member (the “Member”).

The Member in order to form a limited liability company pursuant to and in accordance with the California Beverly-Killea Limited Liability Company Act, as amended from time to time (Cal. Corp. Code § 17000, *et seq.*) (the “Act”), hereby agrees with the Company as follows:

1. Name. The name of the limited liability company shall be El Camino Health Medical Network, ~~Silicon Valley Medical Development~~, LLC (the “Company”).
2. Member. The name and the business and mailing addresses of the Member is as follows:

<u>Name</u>	<u>Address</u>
El Camino Hospital	2500 Grant Road Mountain View, CA 94040

3. Office and Designated Agent. The Company’s office address is 973 University Ave. Los Gatos, CA 95032. The name and address of the current agent of the Company for service of process on the Company in the State of California, is Theresa J. Fuentes, ~~Mary L. Rotunno~~, Esq. 2500 Grant Rd, Administration, Mountain View, CA 94040. Such designations may be changed by the Board of Managers.

4. Articles. The Member, acting through any of its authorized officers, is hereby designated as an authorized person within the meaning of the Act to execute, deliver and file the Articles of Organization of the Company (the “Articles”), and to execute, deliver and file any amendments or restatements of the Articles or any certificate of cancellation of the Articles.

5. Purpose and Powers. The purpose of the Limited Liability Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act. Such purpose shall include, without limitation, to establish initiatives between independent physicians and El Camino Hospital, to develop and maintain ambulatory ventures outside of the Member's facilities, and to establish and provide management services to any medical groups in association with the Member. The Company shall have the power and authority to do any and all acts necessary or convenient to or in furtherance of the foregoing purposes, including all power and authority, statutory or otherwise, possessed by, or which may be conferred upon, limited liability companies under the laws of the State of California. The Company shall not undertake any activity that would jeopardize the Member's status as a tax-exempt entity under the Internal Revenue Code.

6. Management.

6.1. Board of Managers. The business of the Company shall be managed by a Board of Managers, and the persons constituting the Board of Managers, not the Member, shall be the "managers" of the Company for all purposes under the Act.

The Board of Managers shall consist of nine (9) voting managers, in addition to the President of the Company who shall be an ex officio voting member of the Board of Managers. The Board of Managers shall initially consist of the Chief Executive Officer of the Member, three executives appointed by the Chief Executive Officer of the Member, three community based individuals appointed by the Chief Executive Officer of the Member and two practicing physicians with a medical group affiliated with Company appointed by the Board of Managers. The Chief Executive Officer of the Member shall have the authority to fill any individual vacancies in the Board of Managers in consultation with the Chairperson of the Board of Directors of the Member and may remove any manager on the Board of Managers in consultation with the Chairperson of the Board of Directors of the Member. The Board of Managers shall elect its Chairperson.

Decisions of the Board of Managers shall be embodied in a duly adopted vote taken by a majority of the voting members of the Board of Managers at a meeting for which at least five (5) days' written notice was duly given or waived, or in a resolution adopted by unanimous written consent of the Board of Managers. Such decisions shall be decisions of the "manager" for all purposes of the Act and shall be carried out by any member of the Board of Managers or by officers or agents of the Company designated by the Board of Managers in the vote or resolution in question or in one or more standing votes or resolutions or with the power and authority to do so. A decision of the Board of Managers may be amended, modified, or repealed in the same manner in which it was adopted, but no such amendment, modification or repeal shall affect any person who has been furnished a copy of the original vote or resolution, certified by a duly authorized agent of the Company, until such person has been notified in writing of such amendment, modification, or repeal. Members of the Board of Managers may attend meetings in person or by electronic connection that enables all members present simultaneously to hear one another.

An annual meeting of the Board of Managers shall be held each year at a time and place to be determined by the Board of Managers. In addition, the Board of Managers shall hold regular meetings not less frequently than quarterly. Special meetings of the Board of Managers may be called at any time by Company's President or by any two (2) or more managers on the Board of Managers.

6.2. Member Reserved Powers. Notwithstanding the foregoing, the Member retains the sole power to approve:

- a. Any annual budget of the Company as an affiliate of the Member as part of the Member's consolidated budget;
- b. Any unbudgeted expenditure of the Company that exceed \$1,000,000;
- c. ~~Appointments to Company's Board of Managers Reserved;~~
- d. The role of the Company in the Member's strategic plan and the Company's annual strategic plan;

- e. The selection of an auditor to perform an audit that includes the Company;
- f. Any transfer, sale or disposition of the Company's assets;
- g. Any merger, consolidation, reorganization or dissolution of the Company;
- h. Any amendment or restatement to, or termination of, this Agreement;
- i. Any capital expenditures by the Company greater than \$5 million; or
- j. Any action of the Company that violates the Member's tax-exempt purposes.

Any action listed above that is taken by the Company and not approved by the Member is void.

6.3 Board of Managers Advisory Committees. The Board of Managers may by resolution establish advisory committees. No advisory committee shall have or exercise any of the authority of the Board of Managers but shall advise the Board of Managers on matters within the advisory committee's charter. The Board of Managers, by resolution, shall adopt an advisory committee charter which shall establish the committee, state whether the advisory committee is temporary (ad hoc) or standing, the total number of members of such committee, the number of managers from the Board of Managers to be appointed to such committee, and the subject matter to be considered by such advisory committee. The time and place of meetings of the advisory committee shall be determined by the committee chair. The charter shall designate the members of the advisory committee or designate the process by which members of the advisory committee are selected.

6.4 Reporting by Company to Member. Company's Board of Managers shall report to Member's Board of Directors semiannually on Company's performance to strategic metrics. In addition Company shall report to Member's Quality Committee and Finance Committee on a quarterly basis, and to Member's compliance Committee annually.

7. Officers and Agents. The Chief Executive of the Member shall have the power to appoint a President and the Board of Managers shall have the power to appoint other officers and agents to act for the Company. Subject to the Act, the Articles and this Agreement, the Board of Managers may delegate by written instrument to the President and such other officers and agents authority to act on behalf of the Company. The Board of Managers, acting by written instrument, may ratify any act previously taken by the President and such other officers and agents acting on behalf of the Company. Except as provided in the Act, the Articles, this Agreement and any such delegation of authority, the Board of Managers shall have the sole power to bind the Company.

8. Indemnification. The Company shall indemnify, defend, and hold harmless the Member and any director, officer, or employee of the Member, each member of the Board of Managers, and any person serving at the request of the Company as a



director, officer, employee, partner, trustee, or independent contractor of another corporation, partnership, limited liability company, joint venture, trust, or other enterprise (all of the foregoing persons being referred to collectively as “Indemnified Parties” and individually as an “Indemnified Party”) from any liability, loss, or damage incurred by the Indemnified Party by reason of any act performed or omitted to be performed by the Indemnified Party in connection with the business of the Company and from liabilities or obligations of the Company imposed on such Indemnified Party by virtue of such Indemnified Party’s position with the Company, including reasonable attorneys’ fees and costs and any amounts expended in the settlement of any such claims of liability, loss, or damage; *provided, however*, that if the liability, loss, damage, or claim arises out of any action or inaction of an Indemnified Party, indemnification shall be available only if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that its, his, or her course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend its, his, or her inaction to be harmful or opposed to the best interests of the Company and (b) the action or inaction did not constitute fraud, gross negligence, or willful misconduct by the Indemnified Party; *provided, further, however*, that the indemnification provided herein shall be recoverable only from the assets of the Company and not from any assets of the Member. Unless the Board of Managers determines in good faith that the Indemnified Party is unlikely to be entitled to indemnification as provided herein, the Company shall pay or reimburse reasonable attorneys’ fees of an Indemnified Party as incurred, provided that such Indemnified Party executes an undertaking, with appropriate security if requested by the Board of Managers, to repay the amount so paid or reimbursed in the event that a final nonappealable determination by a court of competent jurisdiction that such Indemnified Party is not entitled to indemnification as provided herein. The Company may pay for insurance covering liability of the Indemnified Party for negligence in operation of the Company’s affairs.

No Indemnified Party shall be liable, in damages or otherwise, to the Company or to the Member for any loss that arises out of any act performed or omitted to be performed by it, him, or her pursuant to the authority granted by this Agreement if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that such Indemnified Party's course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend such Indemnified Party's inaction to be harmful or opposed to the best interests of the Company and (b) the conduct of the Indemnified Party did not constitute fraud, gross negligence, or willful misconduct by such Indemnified Party.

Any person who is within the definition of "Indemnified Party" at the time of any action or inaction in connection with the business of the Company shall be entitled to the benefits provided herein as an "Indemnified Party" with respect thereto, regardless whether such person continues to be within the definition of "Indemnified Party" at the time of such Indemnified Party's claim for indemnification or exculpation hereunder.

The Company may in its discretion indemnify any of its officers, authorized agents, employees, consultants, and counsel, each as if an "Indemnified Party." The Company may enter into an agreement with any Indemnified Party setting forth procedures consistent with applicable law for implementing the indemnities provided herein; however, the Company's failure to enter into any such agreement shall not limit the indemnities provided herein.

9. Reliance by Third Parties. Any person or entity dealing with the Company may rely upon a certificate signed by the Member or the Board of Managers as to: (a) the identity of the Member or the members of the Board of Managers; (b) the existence or non-existence of any fact or facts which constitute a condition precedent to acts by the Member or the Board of Managers or are in any other manner germane to the affairs of the Company; (c) the persons who or entities that are authorized to execute and deliver any instrument or document of or on behalf of the Company; and (d) any act or failure to act by the Company or as to any other matter whatsoever involving the Company, the Member, or the Board of Managers.

10. Capital Contributions. The Member has previously allocated up to one million three hundred thousand dollars (\$1,300,000) as its initial capital contribution to the Company. In its sole discretion, the Member may make, but shall not be required to make, additional capital contributions to the Company.

11. Taxation. The Company shall take steps to be treated as other than a corporation for federal tax purposes.

As set forth herein, the Company shall not undertake any activity that would jeopardize the Member's status as a tax-exempt organization under the Internal Revenue Code. If, in its sole discretion, the Member determines that any activity in which the Company is or proposed to be engaged may jeopardize the Company's status as a tax-exempt organization, the Member may require the Company immediately to modify or terminate such activity in order to preserve the Company's status as a tax-exempt organization.

12. Allocation of Profits and Losses. The Company's profits and losses shall be allocated to the Member.

13. Distributions. Distributions shall be made to the Member at the times and in the aggregate amounts determined by the Member.

14. Dissolution. The Company shall have perpetual existence unless it shall be dissolved and its affairs shall have been wound up upon (a) the vote of the Member or (b) the entry of a decree of judicial dissolution under Section 17351 of the Act. The Member shall have the right to vote to dissolve the Company at any time, in its sole discretion, and without approval of the Board of Managers. The existence of the Company as a separate legal entity shall continue until the cancellation of the Articles as provided in the Act.

15. Assignments. The Member may assign its limited liability company interest to any person, which assignee shall become a Member when the assignee becomes a party to the Agreement.

16. Amendments. This Agreement may be amended or restated from time to time by the Member.

17. Liability of Member. The Member shall not have any liability for any obligations or liabilities of the Company except to the extent provided in the Act.

18. Governing Law. This Agreement shall be governed by, and construed under, the laws of the State of California all rights and remedies being governed by said laws.

\* \* \*

IN WITNESS WHEREOF, the undersigned sole member of Silicon Valley Medical Development, LLC, intending to be legally bound hereby, has duly executed this ~~Fourth~~<sup>Third</sup> Amended and Restated Limited Liability Company Operating Agreement as of the date and year first above written.

El Camino Hospital,  
a California nonprofit public benefit corporation

By: \_\_\_\_\_

Name: Dan Woods

Title: Chief Executive Officer, El Camino Hospital

**FOURTH AMENDED AND RESTATED  
LIMITED LIABILITY COMPANY OPERATING AGREEMENT  
OF  
EL CAMINO HEALTH MEDICAL NETWORK, LLC**

This Fourth Amended and Restated Limited Liability Company Operating Agreement (this “Agreement”) of El Camino Health Medical Network, LLC (formerly Silicon Valley Medical Development, LLC) amends and restates the Limited Liability Company Operating Agreement dated June 17, 2008, as amended by the Amended and Restated Limited Liability Company Operating Agreement dated January 10, 2018 and the Second Amended and Restated Limited Liability Operating Agreement dated December 11, 2019, and the Third Amended and Restated Limited Liability Operating Agreement dated August 18, 2022. This Agreement is entered into as of the \_\_\_\_ day of \_\_\_\_\_, 2025 by El Camino Hospital, a California nonprofit public benefit corporation, as the sole member (the “Member”).

The Member in order to form a limited liability company pursuant to and in accordance with the California Beverly-Killea Limited Liability Company Act, as amended from time to time (Cal. Corp. Code § 17000, *et seq.*) (the “Act”), hereby agrees with the Company as follows:

1. Name. The name of the limited liability company shall be El Camino Health Medical Network, LLC (the “Company”).
2. Member. The name and the business and mailing addresses of the Member is as follows:

<u>Name</u>	<u>Address</u>
El Camino Hospital	2500 Grant Road Mountain View, CA 94040

3. Office and Designated Agent. The Company’s office address is 973 University Ave. Los Gatos, CA 95032. The name and address of the current agent of the Company for service of process on the Company in the State of California, is Theresa J. Fuentes, Esq. 2500 Grant Rd, Administration, Mountain View, CA 94040. Such designations may be changed by the Board of Managers.

4. Articles. The Member, acting through any of its authorized officers, is hereby designated as an authorized person within the meaning of the Act to execute, deliver and file the Articles of Organization of the Company (the “Articles”), and to execute, deliver and file any amendments or restatements of the Articles or any certificate of cancellation of the Articles.

5. Purpose and Powers. The purpose of the Limited Liability Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act. Such purpose shall include, without limitation, to establish initiatives between independent physicians and El Camino Hospital, to develop and maintain ambulatory ventures outside of the Member's facilities, and to establish and provide management services to any medical groups in association with the Member. The Company shall have the power and authority to do any and all acts necessary or convenient to or in furtherance of the foregoing purposes, including all power and authority, statutory or otherwise, possessed by, or which may be conferred upon, limited liability companies under the laws of the State of California. The Company shall not undertake any activity that would jeopardize the Member's status as a tax-exempt entity under the Internal Revenue Code.

6. Management.

6.1. Board of Managers. The business of the Company shall be managed by a Board of Managers, and the persons constituting the Board of Managers, not the Member, shall be the "managers" of the Company for all purposes under the Act.

The Board of Managers shall consist of nine (9) voting managers, in addition to the President of the Company who shall be an ex officio voting member of the Board of Managers. The Board of Managers shall initially consist of the Chief Executive Officer of the Member, three executives appointed by the Chief Executive Officer of the Member, three community based individuals appointed by the Chief Executive Officer of the Member and two practicing physicians with a medical group affiliated with Company appointed by the Board of Managers. The Chief Executive Officer of the Member shall have the authority to fill any individual vacancies in the Board of Managers in consultation with the Chairperson of the Board of Directors of the Member and may remove any manager on the Board of Managers in consultation with the Chairperson of the Board of Directors of the Member. The Board of Managers shall elect its Chairperson.

Decisions of the Board of Managers shall be embodied in a duly adopted vote taken by a majority of the voting members of the Board of Managers at a meeting for which at least five (5) days' written notice was duly given or waived, or in a resolution adopted by unanimous written consent of the Board of Managers. Such decisions shall be decisions of the "manager" for all purposes of the Act and shall be carried out by any member of the Board of Managers or by officers or agents of the Company designated by the Board of Managers in the vote or resolution in question or in one or more standing votes or resolutions or with the power and authority to do so. A decision of the Board of Managers may be amended, modified, or repealed in the same manner in which it was adopted, but no such amendment, modification or repeal shall affect any person who has been furnished a copy of the original vote or resolution, certified by a duly authorized agent of the Company, until such person has been notified in writing of such amendment, modification, or repeal. Members of the Board of Managers may attend meetings in person or by electronic connection that enables all members present simultaneously to hear one another.



An annual meeting of the Board of Managers shall be held each year at a time and place to be determined by the Board of Managers. In addition, the Board of Managers shall hold regular meetings not less frequently than quarterly. Special meetings of the Board of Managers may be called at any time by Company's President or by any two (2) or more managers on the Board of Managers.

6.2. Member Reserved Powers. Notwithstanding the foregoing, the Member retains the sole power to approve:

- a. Any annual budget of the Company as an affiliate of the Member as part of the Member's consolidated budget;
- b. Any unbudgeted expenditure of the Company that exceed \$1,000,000;
- c. Reserved;
- d. The role of the Company in the Member's strategic plan and the Company's annual strategic plan;
- e. The selection of an auditor to perform an audit that includes the Company;
- f. Any transfer, sale or disposition of the Company's assets;
- g. Any merger, consolidation, reorganization or dissolution of the Company;
- h. Any amendment or restatement to, or termination of, this Agreement;
- i. Any capital expenditures by the Company greater than \$5 million; or
- j. Any action of the Company that violates the Member's tax-exempt purposes.

Any action listed above that is taken by the Company and not approved by the Member is void.

6.3 Board of Managers Advisory Committees. The Board of Managers may by resolution establish advisory committees. No advisory committee shall have or exercise any of the authority of the Board of Managers but shall advise the Board of Managers on matters within the advisory committee's charter. The Board of Managers, by resolution, shall adopt an advisory committee charter which shall establish the committee, state whether the advisory committee is temporary (ad hoc) or standing, the total number of members of such committee, the number of managers from the Board of Managers to be appointed to such committee, and the subject matter to be considered by such advisory committee. The time and place of meetings of the advisory committee shall be determined by the committee chair. The charter shall designate the members of the advisory committee or designate the process by which members of the advisory committee are selected.

6.4 Reporting by Company to Member. Company's Board of Managers shall report to Member's Board of Directors semiannually on Company's performance to strategic metrics. In addition, Company shall report to Member's Quality Committee and Finance Committee on a quarterly basis, and to Member's compliance Committee annually.

7. Officers and Agents. The Chief Executive of the Member shall have the power to appoint a President and the Board of Managers shall have the power to appoint other officers and agents to act for the Company. Subject to the Act, the Articles and this Agreement, the Board of Managers may delegate by written instrument to the President and such other officers and agents authority to act on behalf of the Company. The Board of Managers, acting by written instrument, may ratify any act previously taken by the President and such other officers and agents acting on behalf of the Company. Except as provided in the Act, the Articles, this Agreement and any such delegation of authority, the Board of Managers shall have the sole power to bind the Company.

8. Indemnification. The Company shall indemnify, defend, and hold harmless the Member and any director, officer, or employee of the Member, each member of the Board of Managers, and any person serving at the request of the Company as a director, officer, employee, partner, trustee, or independent contractor of another corporation, partnership, limited liability company, joint venture, trust, or other enterprise (all of the foregoing persons being referred to collectively as "Indemnified Parties" and individually as an "Indemnified Party") from any liability, loss, or damage incurred by the Indemnified Party by reason of any act performed or omitted to be performed by the Indemnified Party in connection with the business of the Company and from liabilities or obligations of the Company imposed on such Indemnified Party by virtue of such Indemnified Party's position with the Company, including reasonable attorneys' fees and costs and any amounts expended in the settlement of any such claims of liability, loss, or damage; *provided, however*, that if the liability, loss, damage, or claim arises out of any action or inaction of an Indemnified Party, indemnification shall be available only if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that its, his, or her course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend its, his, or her inaction to be harmful or opposed to the best interests of the Company and (b) the action or inaction did not constitute fraud, gross negligence, or willful misconduct by the Indemnified Party; *provided, further, however*, that the indemnification provided herein shall be recoverable only from the assets of the Company and not from any assets of the Member. Unless the Board of Managers determines in good faith that the Indemnified Party is unlikely to be entitled to indemnification as provided herein, the Company shall pay or reimburse reasonable attorneys' fees of an Indemnified Party as incurred, provided that such Indemnified Party executes an undertaking, with appropriate security if requested by the Board of Managers, to repay the amount so paid or reimbursed in the event that a final non-appealable determination by a court of competent jurisdiction that such Indemnified Party is not entitled to indemnification as provided herein. The Company may pay for insurance covering liability of the Indemnified Party for negligence in operation of the Company's affairs.

No Indemnified Party shall be liable, in damages or otherwise, to the Company or to the Member for any loss that arises out of any act performed or omitted to be performed by it, him, or her pursuant to the authority granted by this Agreement if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that such Indemnified Party's course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend such Indemnified Party's inaction to be harmful or opposed to the best interests of the Company and (b) the conduct of the Indemnified Party did not constitute fraud, gross negligence, or willful misconduct by such Indemnified Party.

Any person who is within the definition of "Indemnified Party" at the time of any action or inaction in connection with the business of the Company shall be entitled to the benefits provided herein as an "Indemnified Party" with respect thereto, regardless of whether such person continues to be within the definition of "Indemnified Party" at the time of such Indemnified Party's claim for indemnification or exculpation hereunder.

The Company may in its discretion indemnify any of its officers, authorized agents, employees, consultants, and counsel, each as if an "Indemnified Party." The Company may enter into an agreement with any Indemnified Party setting forth procedures consistent with applicable law for implementing the indemnities provided herein; however, the Company's failure to enter into any such agreement shall not limit the indemnities provided herein.

9. Reliance by Third Parties. Any person or entity dealing with the Company may rely upon a certificate signed by the Member or the Board of Managers as to: (a) the identity of the Member or the members of the Board of Managers; (b) the existence or non-existence of any fact or facts which constitute a condition precedent to acts by the Member or the Board of Managers or are in any other manner germane to the affairs of the Company; (c) the persons who or entities that are authorized to execute and deliver any instrument or document of or on behalf of the Company; and (d) any act or failure to act by the Company or as to any other matter whatsoever involving the Company, the Member, or the Board of Managers.

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15. Assignments. The Member may assign its limited liability company interest to any person, which assignee shall become a Member when the assignee becomes a party to the Agreement.

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17. Liability of Member. The Member shall not have any liability for any obligations or liabilities of the Company except to the extent provided in the Act.

18. Governing Law. This Agreement shall be governed by, and construed under, the laws of the State of California all rights and remedies being governed by said laws.

\* \* \*

IN WITNESS WHEREOF, the undersigned sole member of Silicon Valley Medical Development, LLC, intending to be legally bound hereby, has duly executed this Fourth Amended and Restated Limited Liability Company Operating Agreement as of the date and year first above written.

El Camino Hospital,  
a California nonprofit public benefit corporation

By: \_\_\_\_\_  
Name: Dan Woods  
Title: Chief Executive Officer, El Camino Hospital



**Minutes of the Open Session of the  
El Camino Hospital Board of Directors  
Wednesday, March 12, 2025**

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

**Board Members Present**

**Bob Rebitzer**, Chair  
**Jack Po, MD, Ph.D.**, Vice-Chair  
**John Zoglin**, Secretary/Treasurer  
**Lanhee Chen, JD, PhD**  
**Peter Fung, MD, MBA**  
**Julia E. Miller**  
**Carol A. Somersille, MD**  
**George O. Ting, MD** (joined at 5:33 p.m.)  
**Don Watters**

**Board Members Absent**

**Wayne Doiguchi**

**Staff Present**

**Dan Woods**, CEO  
**Mark Adams, MD**, CMO  
**Carlos Bohorquez**, CFO  
**Omar Chughtai**, CGO  
**Theresa Fuentes**, CLO  
**Peter Goll**, CAO, ECHMN  
**Tracey Lewis Taylor**, COO  
**Deb Muro**, CIO  
**Cheryl Reinking**, CNO  
**Andreu Reall**, VP of Strategy  
**Steve Xanthopoulos, MD**, Medical Staff  
Chief of Staff

**Staff Present (cont.)**

**Anne Yang**, Executive Director, Governance Services  
**Tracy Fowler**, Director, Governance Services  
**Gabriel Fernandez**, Governance Services Coordinator  
**Brian Richards**, Information Technology

*\*\*via teleconference*

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/ Action</b>
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 p.m. by Chair Bob Rebitzer. Roll call was taken and Directors Doiguchi and Ting were absent at roll call. A quorum was present. Director Ting joined the meeting at 5:33 p.m.	<b><i>The meeting was called to order at 5:31 p.m.</i></b>
<b>2. AB-2449 – REMOTE PARTICIPATION</b>	No AB-2449 requests were received by the members of the Board.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Rebitzer asked the Board if any member had a conflict of interest with any items on the agenda. None were noted.	
<b>4. PUBLIC COMMUNICATION</b>	Chair Rebitzer invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.	
<b>5. RECEIVE VERBAL MEDICAL STAFF REPORT</b>	Chair Rebitzer invited Dr. Xanthopoulos to proceed with his remarks. Dr. Xanthopoulos addressed the board with the issue of physician burnout. He discussed the current discussion with Administration of creation of a physician wellness center that would be well-received. Also, compensation and physician schedule remain high priorities. The wellness center would provide doctors with a place to go when working nights and weekends. He also mentioned the current work on a physician website to house info for physician resources.	
<b>6. RECESS TO CLOSED SESSION</b>	<b>Motion:</b> To recess to closed session at 5:42 p.m. <b>Movant:</b> Miller <b>Second:</b> Po <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Doiguchi	<b><i>Recessed to closed session at 5:42 p.m.</i></b>



	<b>Recused:</b> None	
<b>7. AGENDA ITEM 14: CLOSED SESSION REPORT OUT</b>	<p>Chair Rebitzer reconvened the open session at 7:27 p.m., and Agenda Items 7-12 were addressed in the closed session.</p> <p>Mr. Fernandez reported that during the closed session, the Credentialing and Privileges Report and Closed Session Minutes were approved by a unanimous vote of all Directors present.</p>	<b>Reconvened Open Session at 7:27 p.m.</b>
<b>8. AGENDA ITEM 15: BOARD FINANCE APPROVALS:</b> <ul style="list-style-type: none"> <li><b>LOS GATOS HOSPITAL REDEVELOPM ENT PROJECT</b></li> <li><b>PLAN OF FINANCE FOR SERIES 2025 BONDS</b></li> </ul>	<p>Chair Rebitzer asked for motions to approve the Board Finance items discussed in closed session.</p> <p><b>Motion:</b> Approve up to \$5.0 million to fund initial design development phase.</p> <p><b>Movant:</b> Watters <b>Second:</b> Miller <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Doiguchi <b>Recused:</b> None</p> <p>Director Zoglin had a question about the benefits of refinancing that was addressed by Mr. Bohorquez.</p> <p><b>Motion:</b> Approve Resolution 2025-01 2025 Tax-Exempt Bond Financing and Related Transactions.</p> <p><b>Movant:</b> Po <b>Second:</b> Ting <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Doiguchi <b>Recused:</b> None</p>	<p><b>Initial Design Development funding up to \$5M was approved.</b></p> <p><b>ECHB Resolution 2025- 01 was approved</b></p>
<b>9. AGENDA ITEM 16: CONSENT CALENDAR</b>	<p>Chair Rebitzer asked if any member of the Board wished to remove an item from the consent calendar for discussion. Directors Miller asked for item C to be removed and Directors Miller, Zoglin and Somersille asked for item D to be removed.</p> <p><b>Motion:</b> To approve the consent calendar minus items c and d.</p> <p><b>Movant:</b> Ting <b>Second:</b> Watters <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</p>	<p><b>Consent calendar items a, b, and c were approved.</b></p> <p>- Hospital Board Open Session Minutes (02/05/25) - Joint Hospital Board/Finance Committee Special Meeting Open Session Minutes (02/05/25)</p>

	<p><b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Doiguchi  <b>Recused:</b> None</p> <p>Director Miller asked about policy Reporting of Domestic Assault, and whether there is a related policy on human trafficking and human labor. Cheryl Reinking confirmed that ECH does have a policy on human trafficking and human labor, which is required according to California legislation.</p> <p>Director Zoglin asked for a summary of what is being changed in the charters going forward with a rating of degree of change.</p> <p>Director Somersille noted that the Executive Compensation Committee had reference to the organizational goals that should be deleted and that the charter for Quality Committee did not include any language about goals.</p> <p><b>Motion:</b> To approve item c – Policies, Plans and Scopes of Services, and come back with revised item d – Committee Charters.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Chen  <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Doiguchi  <b>Recused:</b> None</p>	<p>- Policies, Plans, and Scopes of Services</p> <p><b>Consent calendar items e, f, and g were received.</b></p> <p>- Period 5 Financials  - Period 6 Financials  - FY25 ECHB Pacing Plan  - FY25 ECHB Follow Up Items</p>
<p><b>10. AGENDA ITEM 17: CEO REPORT</b></p>	<p>Mr. Woods provided a brief update on key developments including the recent partnership with the San Jose Quakes MLS soccer team. Mr. Woods recognized Ms. Reinking's nursing team who attended the California Nursing Leaders Annual program in Anaheim in February and showcased patient outcomes and workforce improvement. He noted the commencement of the 2025 High School Intern program providing hands-on experience and mentorship to local students. Mr. Woods highlighted the Annual Employee Service Awards event and encouraged all board members to attend. ECH Foundation presented the 13<sup>th</sup> annual Norma's Literary Luncheon, which focused on breast cancer awareness and the breast cancer navigation program, as well as ECHMN's very on breast surgeon, Dr. Tran Ho, who discussed breast surgery and new methodologies and techniques. The Foundation secured over \$500,000 this past month. Mr. Woods also shared some recent accolades including ECH recognition in top 5% of supply chain management and Deanna Dudley, CHRO receiving the 2025 YWCA Golden Gate Silicon Valley Tribute to Women Award.</p>	

	Ms. Reinking shared that Laura Gutierrez, Director Laboratory & Pathology Services, is receiving the Silicon Valley Hispanic Leader Award. Mr. Woods concluded by acknowledging the Auxiliary team who donated almost 3600 hours during the month of January.	
<b>11. AGENDA ITEM 18: BOARD ANNOUNCEMENTS</b>	There were no announcements from the Board.	
<b>12. AGENDA ITEM 19: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 7:50 p.m.</p> <p><b>Movant:</b> Watters  <b>Second:</b> Fung  <b>Ayes:</b> Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Doiguchi  <b>Recused:</b> None</p>	<b><i>Meeting adjourned at 7:50 p.m.</i></b>

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

---

John Zoglin, Secretary/Treasurer

Prepared by: Tracy Fowler, Director, Governance Services  
Reviewed by Legal: Theresa Fuentes, Chief Legal Officer

Status **Pending** PolicyStat ID **16932129**

Origination 05/2001

Last Approved N/A

Effective Upon Approval

Last Revised 01/2025

Next Review 3 years after approval

Owner Christopher Brown: Director Strategic Communications

Area Marketing &amp; Communications

Document Policy Types

## Release of Information to the Media

### COVERAGE:

All El Camino ~~Hospital~~ Health Staff, Volunteers and Board Members

### PURPOSE:

An effective relationship with the news media and our partners is of great importance to El Camino Health. The media should be accorded the fullest cooperation possible. However, under HIPAA privacy regulations, there are strict limitations as to what patient information a hospital may share with the media and our partners (see attached summary).

At El Camino Health, designated Communications staff ~~in~~ within the Marketing & Communications department, or other appropriate designated staff, has been given the responsibility and authority to release information to the media according to HIPAA privacy regulations. Anyone else contacted by the media, including administration, managers or individual employees and volunteers, should direct the inquiry to Communications staff within the Marketing & Communications department.

### PROCEDURE:

1. Except in emergency situations, all media inquiries should be directed to Communications staff within the Marketing & Communications department for assessment and response. In an emergency situation (extenuating circumstances or emergent conditions) the Chair of the El Camino Hospital Board of Directors or El Camino Health's Chief Executive Officer may respond directly to media inquiries.
2. Statements about patients, or any other hospital-related matter, may be made only by authorized persons in accordance with the hospital's policy for release of information to the

# Release of Information to the Media

- news media. The release of patient information at El Camino Health follows the guidelines of both California law and federal regulations (summary attached). Nothing in this policy is intended to prohibit employee statements that do not violate confidentiality or privacy rules, are not disruptive of the organization's business or operations, are not false or defamatory, and where the employee is not purporting to speak on behalf of (or as a representative of) the ~~hospital~~ health system.
3. The following persons (listed in the order in which they should be contacted) are authorized to release information to the news media.
    - a. Information about patients:
      - I. Director of Strategic Communications (After normal business hours contact hospital operator to reach manager at home)
      - II. Sr. External Communications ~~& Social Media~~ Specialist
    - b. Other information:
      - ~~I. Government & Community Relations Director~~
      - ~~II. Administrator on call~~
      - I. Chief Communications & Marketing Officer
      - II. Administrator on call
  4. Videotaping and/or photographing patients for release to the media (print, online, or TV and/or radio) or partners (vendors and organizations) require prior written authorization from a patient and prior authorization by Marketing & Communications. All persons photographed or videotaped must also sign an El Camino Health photo consent form.
  5. Employees and departments are not to initiate (proactive or reactive) media ~~outreach~~ contact. ~~Outreach~~ All contact with the media should only be completed by ~~Marketing &~~ Communications staff, ~~unless pre-approved by the Marketing & and only authorized individuals/employees~~ either at the direction or in coordination with Communications ~~department~~ are authorized to speak on behalf of El Camino Health.
  6. El Camino Health Marketing & Communication distribution of information to the media about Board Member activities should align with these criteria:
    - Be related to efforts or recognition that occur on behalf of El Camino ~~Hospital~~ Health
    - Involve efforts or recognition related to the ~~healthcare~~ health care industry
    - Be in compliance with California Fair Political Practices Commission regulations
    - Be issued in consultation with the Director of Strategic Communications and ~~the Hospital~~ the CEO
    - Be distributed in the manner ~~Marketing &~~ Communications staff recommends as being most effective
  7. The media or partners often request information from physicians, clinicians, hospital staff or leadership or ask that a physician appear on camera or be quoted as a source. To select an appropriate spokesperson on a topic, ~~Marketing &~~ Communications staff will contact Administration or appropriate department leadership regarding recommendations and suggestions. Criteria would include the topic, the individual's particular expertise; ease in

# Release of Information to the Media

working with the media, status in his/her department or on medical staff. If Administration or department leadership is not available, ~~Marketing &~~ Communications staff use the above criteria to select a spokesperson. If the request is best answered by a hospital-based physician (i.e. emergency, neonatology, pathology), ~~Marketing &~~ Communications staff will work with the department manager to select and prepare the spokesperson.

8. Press releases are written and released by ~~Marketing &~~ Communications staff and/or a designee. If a hospital department has information to be released to the media (print, online, TV and/or radio), designated communications staff in within the Marketing & Communications department must be notified to coordinate the process.
9. In all cases, the assigned Public Information Officer will confer with the ~~Marketing &~~ Director of Strategic Communications ~~Department Manager/Director~~ or the Chief Executive Officer as appropriate.

*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	Tracy Fowler: Director Governance Services	Pending
MEC	Michael Coston: Director Quality and Public Reporting [PS]	12/2024
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	11/2024
	Christopher Brown: Director Strategic Communications	10/2024



Status **Pending** PolicyStat ID **17029587**

Origination 06/2009  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 03/2025  
 Next Review 2 years after approval

Owner Melinda Porter:  
 CNS/NP  
 Area NICU  
 Document Policy  
 Types

## Medication Administration in the Neonatal Intensive Care Unit (NICU)

### COVERAGE:

All El Camino Hospital Neonatal Intensive Care Unit (NICU) Staff

### PURPOSE:

The purpose of this policy is to provide guidance to the NICU for the safe handling, checking, and administration of all medications to prevent patient injury.

### POLICY STATEMENT:

El Camino Hospital and the NICU identifies High Risk / High Alert (HR/HA) medications and develops special safeguarding procedures to manage these medications to reduce medication errors. The list of identified HR/HA medications used in the NICU is periodically reviewed, revised, and published by the Pharmacy and Therapeutic (P&T) Committee to all patient care areas. [Refer to the hospital-wide policy High Risk and High Alert Medications.](#)

### PROCEDURE:

- ~~A. Low risk medications: The administering Registered Nurse (RN) is responsible for verifying the correct medication, dose, route, patient and time against the Electronic Health Record (EHR). The administering RN confirms the patient using two patient identifiers and administers the medication. Medications that fall under this category include:~~

- ~~1. Acetaminophen~~

# Medication Administration in the Neonatal Intensive Care Unit (NICU)

2. Ferrous Sulfate
3. Multivitamins
4. Sodium Chloride
5. Phytonadione
6. Erythromycin Ointment
7. Cyclomydril Ophthalmic Solution
8. Proparacaine Ophthalmic Solution
9. Gentamicin Ointment
10. Hepatitis Vaccine
11. Hepatitis B Immune Globulin
12. Bacitracin Ointment
13. A&D Ointment
14. Glycerin Suppository
15. Hyaluronidase

**B. HR/HA Medications: require an "independent double check" by two registered nurses.**

1. Two RNs verify the correct medication by independently calculating, dose, route, patient, and time.
2. The checking RN must witness medication preparation steps.
3. If dosage calculation is involved:
  - a. The checking RN must independently repeat all calculations without prior knowledge of the administering RN's calculation result.
  - b. The two RNs compare the final calculation results each RN has independently derived. The results must concur.
4. If infusion pump programming is involved:
  - a. The checking RN must independently verify the accuracy of each pump setting as ordered per the EHR.
5. When the above steps have been verified an "independent double-check" is said to be completed.
6. The administering RN administers the drug after confirming the correct patient using two patient identifiers.

**G. Medication requiring mandatory independent double-checks:**

1. Anti-arrhythmic drips (all concentrations):
  - a. Amiodarone
  - b. Lidocaine
  - c. Digoxin

# Medication Administration in the Neonatal Intensive Care Unit (NICU)

## ~~2. Vasoactive drips (all concentrations):~~

- ~~a. Epinephrine~~
- ~~b. Dopamine~~
- ~~c. Dobutamine~~
- ~~d. Phenylephrine~~
- ~~e. Norepinephrine~~
- ~~f. Nitroprusside~~
- ~~g. Nitroglycerine~~

## ~~3. Narcotic analgesics (all concentrations):~~

- ~~a. Morphine~~
- ~~b. Morphine drips~~
- ~~c. Fentanyl~~
- ~~d. Fentanyl drips~~

## ~~4. Sedatives/nondepolarizing neuromuscular blockers (all concentrations):~~

- ~~a. Chloral hydrate~~
- ~~b. Midazolam drips~~
- ~~c. Lorazepam drips~~
- ~~d. Vecuronium drips~~
- ~~e. Vecuronium~~
- ~~f. Pancuronium drips~~
- ~~g. Pancuronium~~
- ~~h. Rocuronium~~

## ~~5. Other agents:~~

- ~~a. Insulin drips~~
- ~~b. Heparin drips~~
- ~~c. Prostaglandins~~
- ~~d. Adenosine~~
- ~~e. Indomethacin~~

**~~\*\*A physician is required to be present at the bedside during administration of Adenosine.~~**

~~D. All medications used in the NICU that are not listed under the low risk or HR/HA categories will require a double check by two nurses verifying the correct medication, dose, route, patient and time against the EHR. The administering RN is then responsible for confirming the patient using two patient identifiers before administering the medication.~~

~~1. The P&T Committee defines a current list of HR/HA medications through periodic~~

# Medication Administration in the Neonatal Intensive Care Unit (NICU)

~~reviews of medication errors and those medications used in the organization.~~

- ~~2. The organization develops protocols and procedures for the safe procuring, storing, ordering, transcribing, preparing, dispensing and administering of HR/HA medications.~~
- ~~3. The P&T Committee establishes standardized concentrations, where applicable, for HR/HA medications.~~
- ~~4. The organization reduces or eliminates HR/HA medications from floor stocks whenever possible. Bulk quantities of HR/HA medications are only allowed in the pharmacy.~~
- ~~5. The organization incorporates mandatory double-check or independent double-check procedures for HR/HA medications.~~

A. All medications administered in the NICU are considered HR/HA and require an independent double check by 2 Registered Nurses (RNs) and a dual sign off in the Electronic Health Record (EHR) unless listed in the next section as being low risk and on the Exclusion List for Dual Sign Off in the EHR.

1. Two RNs verify the correct medication by independently calculating, dose, route, patient, and time.
2. The checking RN must witness medication preparation steps.
3. If dosage calculation is involved:
  - a. The checking RN must independently repeat all calculations without prior knowledge of the administering RN's calculation result.
  - b. The two RNs compare the final calculation results each RN has independently derived. The results must concur.
4. If infusion pump programming is involved:
  - a. The checking RN must independently verify the accuracy of each pump setting as ordered per the EHR.
5. When the above steps have been verified an "independent double-check" is said to be completed.
6. Both RNs will sign-off the medication administration in the EHR.
7. The administering RN administers the drug after confirming the correct patient using two patient identifiers.

B. Low risk medications

1. The administering RN is responsible for verifying the correct medication, dose, route, patient and time against the EHR. The administering RN confirms the patient using two patient identifiers and administers the medication. The EHR will not require RNs to obtain a dual signature in the NICU for low risk medications.
2. Medications that fall under this category include:
  - a. Excluded medication routes defined in the EHR
    - i. Ophthalmic, Both Eyes, Left Eye, Right Eye

# Medication Administration in the Neonatal Intensive Care Unit (NICU)

- ii. Otic, Both Ears, Left Ear, Right Ear
- iii. Each Nare, Left Nare, Right Nare
- iv. Transdermal
- v. Inhalation
- vi. Topical and Topical (top)
- vii. Nebulization and Nebulization (continuous)
- viii. Radiocontrast (all routes)

b. Specific Medications also on the Exclusion List

- i. Ferrous Sulfate Oral
- ii. Glycerin Suppository
- iii. Hepatitis B Immune Globulin
- iv. Hepatitis B Vaccine
- v. Hyaluronidase
- vi. Phytonadione (Vitamin K)
- vii. Medium Chain Triglycerides Oil (MCT Oil) Oral
- viii. Multivitamins Oral
- ix. Sodium Chloride Irrigation Solution
- x. Sodium Chloride 0.9% (FLUSH) Injection Syringe
- xi. Sodium Chloride Oral Solutions

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## Approval Signatures

Step Description	Approver	Date
Board	Tracy Fowler: Director Governance Services	Pending
MEC	Michael Coston: Director Quality and Public Reporting [PS]	03/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	03/2025
MCH Executive Committee	Patrick Santos: Policy and Procedure Coordinator	02/2025

# Medication Administration in the Neonatal Intensive Care Unit (NICU)

MCH Executive Committee	Melinda Porter: CNS/NP	01/2025
Pediatric Department	Melinda Porter: CNS/NP	01/2025
P&T	Mojgan Nodoushani: Senior Manager-Clinical Pharmacy	01/2025
UPC   Staff Meeting	Melinda Porter: CNS/NP	12/2024
	Melinda Porter: CNS/NP	11/2024

## History

**Draft saved by Porter, Melinda: CNS/NP** on 11/7/2024, 3:08PM EST

**Edited by Porter, Melinda: CNS/NP** on 11/7/2024, 3:08PM EST

Rewrote for clarity that all meds in NICU are considered HR/HA unless specifically listed and on the Exclusion List in Epic. Added MCT oil to the exclusion list. Deleted redundant information about the hospital process for HR/HA meds which is already in the hospital policy.

**Last Approved by Porter, Melinda: CNS/NP** on 11/7/2024, 3:08PM EST

**Last Approved by Porter, Melinda: CNS/NP** on 12/5/2024, 1:17PM EST

Electronic approval by LG MCH (12/4/24) and MV NICU UPCs (11/15/24).

**Comment by Porter, Melinda: CNS/NP** on 12/5/2024, 4:17PM EST

@Santos, Patrick: Policy and Procedure Coordinator; @Nodoushani, Mojgan: Senior Manager-Clinical Pharmacy.

Approved 12/5/24 by Peds Exec and MCH Exec. Plan is to go to Med Safety 12/11 and to P&T in January. Thanks!

**Last Approved by Nodoushani, Mojgan: Senior Manager-Clinical Pharmacy** on 1/30/2025, 3:21PM EST

Approved by P&T on 1/30/2025

**Last Approved by Porter, Melinda: CNS/NP** on 1/31/2025, 3:22PM EST

Approved 12/5/24 at both Peds and MCH Dept meetings.

**Last Approved by Porter, Melinda: CNS/NP** on 1/31/2025, 3:23PM EST

Approved at both Peds and MCH Dept Meetings on 12/5/24.



# Medication Administration in the Neonatal Intensive Care Unit (NICU)

**Comment by Porter, Melinda: CNS/NP** on 1/31/2025, 3:25PM EST

Approved at Med Safety 1/8/25 and RNRX 1/28/25.

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 2/20/2025, 3:06PM EST

MCH Exec 12/5/24

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 3/17/2025, 4:21PM EDT

ePolicy 3/14/25

**Administrator override by Porter, Melinda: CNS/NP** on 3/24/2025, 7:35PM EDT

Added radiocontrast all routes to list of excluded meds at the request of Poopak Barirani; Veronica Bargas; Imtiaz Qureshi; Alicia Potolsky; Shreyas Mallur, and Aletha Fulgham.

**Comment by Porter, Melinda: CNS/NP** on 3/27/2025, 4:38PM EDT

Hi, Patrick,  
The updated version (I made the change via override) to include radiocontrast (all routes) as an exception to dual signature passed P&T today. I also informed the NICU UPC that the change was made. Please move forward with taking this to MEC.  
Thank you!

**Last Approved by Coston, Michael: Director Quality and Public Reporting** on 3/31/2025, 11:27AM EDT

MEC 3/27/25

Status **Pending** PolicyStat ID **11510184**

Origination 02/2015

Last Approved N/A

Effective Upon Approval

Last Revised 03/2025

Next Review 3 years after approval

Owner John Folk:  
Director  
Engineering SvcsArea Facilities  
Document Scope of  
Types Service

## Scope of Service - Facilities Services

### Types and Ages of Clients Served

The Facilities Services Department provides engineering and biomedical technical support services to all El Camino Hospital employees and all patients served by El Camino Hospital.

### Scope and Complexity of Services Provided

The Facilities Services Department provides repair and maintenance support to all areas of the El Camino Hospital campus. Services provided include, but are not limited to:

- Assure that, within reason, the utilities (power, water, and gas) needed to operate the facility will be available, at all times.
- Maintain and repair all facilities equipment and systems that support the hospital's activities.
- Provide heating and air conditioning to the facility.
- Provide medical gas and air to the patient care areas.
- Handle and dispose of all hazardous materials in a manner that meets all regulatory and accrediting organizations and state and federal law.
- Maintain and repair all medical equipment used in the hospital in a manner that is safe and meets all regulatory and accrediting organizations and state and federal law.
- Maintain a safe and prepared environment of care in a manner that meets all regulatory and accrediting organizations and state and federal law.

# Scope of Service - Facilities Services

## Staffing/Skill Mix at Mountain View

- (1) Director of Engineering
- (1) Chief Engineer
- (2) Asst. Chief Engineer
- (18) Stationary Engineers
- (1) Painter
- (3) Apprentice Engineers
- (4) Utility Engineers
- (1) Administrative Assistant

## Staffing/Skill Mix at Los Gatos

- (1) Manager of Engineering
- (1) Asst. Chief Engineer
- (46) Stationary Engineers
- (1) Apprentice Engineer
- (1) Administrative Assistant
- Additional contract services will be used as needed.
- ~~Additional contract services will be used as needed.~~

## Level of Service Provided:

Facilities Services provides services under hospital policy and procedure guidelines and Local 39 contract.

## Standards of Practice

Facilities Services is governed by local, state and federal regulations, including the State of California Department of Health Services as well as standards established by the Joint Commission on Accreditation of Healthcare Organizations.

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

## Approval Signatures

Step Description

Approver

Date

# Scope of Service - Facilities Services

Board	Tracy Fowler: Director Governance Services	Pending
MEC	Michael Coston: Director Quality and Public Reporting [PS]	03/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	03/2025
Department Medical Director or Director for non-clinical Departments	John Folk: Director Engineering Svcs [PB]	02/2025
	John Folk: Director Engineering Svcs [PB]	02/2025

## History

**Sent for re-approval by Folk, John: Director Engineering Svcs** on 4/5/2022, 3:24PM EDT

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 2/22/2023, 11:11AM EST

Updated doc type

**Approval flow updated in place by Santos, Patrick: Policy and Procedure Coordinator** on 3/13/2023, 3:36PM EDT

**Approval flow updated in place by Santos, Patrick: Policy and Procedure Coordinator** on 3/30/2023, 4:26PM EDT

**Approval flow updated in place by Santos, Patrick: Policy and Procedure Coordinator** on 4/3/2023, 3:42PM EDT

**Draft saved by Folk, John: Director Engineering Svcs** on 5/12/2023, 3:07PM EDT

**Draft saved by Santos, Patrick: Policy and Procedure Coordinator** on 5/12/2023, 3:21PM EDT

**Sent for re-approval by Santos, Patrick: Policy and Procedure Coordinator** on 5/12/2023, 3:22PM EDT

Starting approval process

**Approval flow updated in place by Santos, Patrick: Policy and Procedure Coordinator** on 6/28/2023, 2:22PM EDT

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 12/6/2024, 10:03AM EST

# Scope of Service - Facilities Services

Updated doc type to Scope of Service (removed "ADT")

**Comment by Santos, Patrick: Policy and Procedure Coordinator** on 12/16/2024, 11:47AM EST

Per meeting with Michael Coston (12/9/24) to archive; requested by Facilities. scheduled for ePolicy review 12/16/24.

**Comment by Santos, Patrick: Policy and Procedure Coordinator** on 12/16/2024, 3:07PM EST

Per ePolicy Committee 12/16/24, DO NOT archive. This needs to stay in PolicyStat.

**Draft saved by Folk, John: Director Engineering Svcs** on 2/18/2025, 7:06PM EST

**Edited by Folk, John: Director Engineering Svcs** on 2/18/2025, 7:07PM EST

Staff changes notes.

**Last Approved by Folk, John: Director Engineering Svcs** on 2/18/2025, 7:07PM EST

**Last Approved by Folk, John: Director Engineering Svcs** on 2/18/2025, 7:07PM EST

Staff changes made.

**Administrator override by Santos, Patrick: Policy and Procedure Coordinator** on 3/17/2025, 2:20PM EDT

Per ePolicy to include 'Scope of Service' in title.

**Last Approved by Santos, Patrick: Policy and Procedure Coordinator** on 3/17/2025, 4:29PM EDT

ePolicy 3/14/25

**Last Approved by Coston, Michael: Director Quality and Public Reporting** on 3/31/2025, 11:26AM EDT

MEC 3/27/25