



AGENDA REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, May 14, 2025 – 4:00 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: 970 6278 4152# 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	CALL TO ORDER AND ROLL CALL	Bob Rebitzer, Board Chair	Information	4:00 pm
2	CONSIDER APPROVAL FOR AB 2449 REQUESTS	Bob Rebitzer, Board Chair	Possible Motion	4:00 pm
3	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	4:00 pm
4	PUBLIC COMMUNICATION a. Oral Comments <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. Written Public Comments <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	4:00 pm
5	QUALITY FOCUSED REVIEW <ul style="list-style-type: none"> - Understanding Hospital Rankings and El Camino Health's Performance - Receive FY25 Q3 STEEP Dashboard Update 	Carol Somersille, MD Quality Committee Chair Shreyas Mallur, MD, Chief Quality Officer Lyn Garrett, Senior Director, Quality	Discussion	4:00 – 4:15
6	RECESS TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required	4:15
7	FY25 Q3 FINANCIALS UPDATE INCLUDING CAPITAL EXPENDITURES AND FY26 BUDGET PREVIEW <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Carlos Bohorquez, CFO	Discussion	4:15 – 5:10

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
8	LOS GATOS REDEVELOPMENT UPDATE <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Carlos Bohorquez, CFO Tracy Lewis Taylor, COO	Discussion	5:10 - 5:20
9	FY25 Q3 STRATEGIC PLAN METRICS AND REVISED FY27 STRATEGIC MILESTONES AND FY26 STRATEGY PREVIEW <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 AJ Reall, VP, Strategy	Discussion	5:20 – 5:30
10	APPROVE CREDENTIALING AND PRIVILEGING REPORT <i>Health & 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>	Shreyas Mallur, MD, CQO	Motion Required	5:30 – 5:35
11	APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS - Minutes of the Closed Session of the ECHB Meeting (04/16/25) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	Bob Rebitzer, Board Chair	Motion Required	5:35 – 5:40
12	LEGAL UPDATE <i>Report involving Gov't Code Section 54956.9(d)(1) conference with legal counsel – pending litigation: Jimeno v. El Camino Hospital, et al.</i>	Theresa Fuentes, CLO	Discussion	5:40 – 5:45
13	EXECUTIVE SESSION <i>Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management</i>	Bob Rebitzer, Board Chair	Discussion	5:45 – 5:50
14	RECONVENE TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	5:50
15	CLOSED SESSION REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	5:50
16	CONSENT CALENDAR ITEMS: <ol style="list-style-type: none"> Approve Special ECHB/SVMD Board Meeting Minutes (04/16/25) Approve Hospital Board Open Session Minutes (04/16/25) Approve Policies, Plans, and Scope of Services as Reviewed and Recommended for Approval by the Medical Executive Committee Receive Period 9 Financials Receive FY25 ECHB Pacing Plan Receive FY25 ECHB Follow Up Items 	Bob Rebitzer, Board Chair	Motion Required	5:50 – 5:55
17	<u>CEO REPORT</u>	Dan Woods, Chief Executive Officer	Information	5:55 – 6:00

Agenda: ECH Board | Regular Meeting
May 14, 2025 | Page 3

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
18	BOARD ANNOUNCEMENTS	Bob Rebitzer, Board Chair	Information	6:00
19	ADJOURNMENT APPENDIX	Bob Rebitzer, Board Chair	Motion Required	6:00

NEXT MEETINGS: June 18, 2025



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Shreyas Mallur, M.D, Chief Quality Officer
Date: May 14, 2025
Subject: Quality Deep Dive Topic – Understanding Hospital Rankings and El Camino Health's Performance

Purpose:

To provide the Board with an overview of the major hospital rating agencies, the methodologies they use to evaluate quality and safety, and El Camino Health's performance relative to peer organizations. This comparison will inform strategic priorities and support our continued pursuit of clinical excellence and national distinction.

Summary:

Hospital ranking systems play a vital role in shaping public perception, informing patient choice, and benchmarking organizational performance. While each rating agency has unique methodologies and stakeholder audiences, they all aim to promote transparency, accountability, and continuous improvement. El Camino Health prioritizes Leapfrog as its benchmark for quality goals and improvement at present. In the future, aligning our goals with Vizient Quality and Accountability rankings in addition to Leapfrog would help us maintain top quality rankings in Leapfrog and CMS star ratings.

List of Attachments:

1. Quality Deep Dive Board presentation.



National Hospital Quality Ratings

A Comparative Overview of CMS, Leapfrog, Vizient
Q&A, and U.S. News Rankings

Shreyas Mallur, M.D
Chief Quality Officer
May 14, 2025






Why National Ratings Matter



- Validates the high-quality care provided at our campuses
- Attracts top physician and nurse talent to provide services at facilities
- Benchmark performance against top hospitals nationwide for quality, safety and operations are used in many ways
- Widely referenced by patients and insurers
- Influence hospital reputation, strategy and patient choice
- Impact staff morale, recruitment, and retention
- Guide patient and family decision-making—especially for complex care

El Camino Health – 2024/2025 National Rankings Overview

National Ranking of Hospital Quality Result

	CMS Stars Ranking (Hospital Compare)	LEAPFROG	U.S. News Hospital Rankings
2024 Result		MV:  LG: 	 REGIONALLY RANKED #40 in California #2 in San Jose  HIGH PERFORMING in 11 Procedures/Conditions

Methodology Detail:

CMS Overall Star Rating <https://www.medicare.gov/care-compare/resources/hospital/overall-star-rating>

U.S. News Week <https://health.usnews.com/health-care/best-hospitals/articles/faq-how-and-why-we-rank-and-rate-hospitals>

LeapFrog <https://www.hospitalafetygrade.org/media/file/Safety-Grade-Scoring-Methodology-Fall-2024.pdf>

Vizient Q&A https://vhatv.vha.com/2022/Vizient/Product_Learning/CDB/Learning_and_Impact/Q_and_A_Ranking_Overview.mp4

- CMS Stars Rating: 4 Star (2024) – National average is 3 stars.
- Leapfrog Safety Grades (2025):
 - Mountain View 10 consecutive A's
 - Los Gatos 6 consecutive A's
 - Top 15% of Hospitals in California have 5 or more consecutive A's
- US News and World report (2024):
 - ECH is #40 in California
 - ECH is #2 in San Jose
 - High performing in 11 procedures/conditions

Understanding Rating Agencies

- CMS: Outcomes, patient experience, Quality and Safety
- Leapfrog: Infection Control, culture of safety, elimination of preventable harm, operations
- U.S News and World Report: Specialist recognition, Reputation (15%) (expert opinion), Clinical Outcomes: primarily mortality (45%)
- Vizient: Peer based, real time, clinical quality and safety indicators, strong culture and leadership.

Each uses a different method and has different audiences

National Ranking of Hospital Quality Measure Weight
(2024)

	CMS Stars Ranking (Hospital Compare)	Vizient Quality and Accountability (Q&A) Scorecard	LeapFrog	U.S. News Hospital Rankings
Clinical Outcome: Mortality	22%	25%		45%*
Hospital Infection / Patient Safety Indicators (PSI)	22%	25%	50%	
Readmission / Effectiveness	22%	20%		
Patient Experience	22%	15%	15%	5%
Timely & Effective Care	12%	10%		
Equity		5%		
Hand Hygiene			5%	
Expert Opinion				15%
Other Care-Related Indicators (Staffing, Technologies, Culture / Leadership Survey, and Professional/Specialty Recognition)			30%	35%

*U.S. News Factors in "Discharged to Home" Disposition in their Clinical Outcome Calculation

Methodology Detail:
 CMS Overall Star Rating: <https://www.cms.gov/medicare/quality/ratings/downloads/cms-overall-star-rating>
 U.S. News Week: <https://health.usnews.com/health-care/hospital-rankings/how-and-why-we-rank-and-rate-hospitals>
 LeapFrog: <https://www.leapfroggroup.org/health/safety/scorecard-methodology-fall-2024.pdf>
 Vizient Q&A: <https://vizient.com/2022/VizientProduct-LeadershipQ&ASurveyandAssessmentandRankingOverview.pdf>

Similarities and Differences

Understanding Similarities and Differences helps us focus our improvement strategies

Similarities:

- Evaluate Hospital Quality by Similar Clinical Domains and/or Service Line
- Ranking and Evaluation Based on Public Reported Data
- Promote Transparency and Public Accountability

Differences:

Agency	Focus Areas	Data Source	Primary Audience	Measurement Period
CMS	Mortality, readmissions, safety, PX	Medicare claims & surveys	Patients, regulators	Data lag for quality and safety measures of 1-4 years
Leapfrog	Safety, infections, error prevention	Voluntary + CMS data	Employers, safety groups	Data lag for quality and safety measures of 1-4 years. Data lag for process measures are 1 year
Vizient	Mortality, safety, efficiency, equity	Proprietary + CMS	Executives, peer systems	Data is more real time (3-6 months)
U.S. News	Mortality, outcomes, reputation	CMS + expert opinion	Patients, providers	Mixed data periods, generally data lag of 1-4 years

Strategic Implications for El Camino Health

CMS 5 stars: Confirms excellence across core clinical and patient experience measures. Data used lags 2-3 years. National recognition, good barometer of overall quality and safety. Missing core hospital processes which inform quality

Leapfrog A Grades: Reflects excellence in clinical & patient experience measures, and a strong culture of safety & transparency. Data used is mix of real time and old data (1-3 years). Includes hospital processes which inform quality

Vizient Top Quartile: Real time measurement. Benchmark of elite performance among similar size systems. Predicts future CMS Star ratings

U.S News and World Report: Raises visibility and supports referrals in high performing specialties and service lines. Used primarily by Academic Medical Centers

Future Direction and Recommendations

El Camino Health will continue to focus on maintaining Leapfrog A status since it incorporates both outcomes, patient safety and process measures. Good barometer of overall Quality, safety and hospital operations

El Camino Health will focus on achieving Vizient Top Quartile rankings since data is real time and is a predictor of future CMS Star rating

El Camino Health will continue to focus on CMS star ratings since it is nationally benchmarked. Achieving Leapfrog A and Vizient Top Quartile correlates closely with CMS star ratings.

El Camino Health will focus on Service Line rankings in U.S. News and World report rankings

Key Takeaways

El Camino Health is consistently recognized for excellence across all major rating agencies

Awareness on differences in measurement periods, methodology and audiences for each rating agency

Ratings reflect systemwide commitment to high-quality care

Helps staff and physician retention. Attracts top physician and nurse talent to El Camino

Blueprint to accelerate toward national top quartile/decile performance

Affirm direction and guide improvement

CMS Star, Leapfrog and Vizient Q and A would be best fit for El Camino



El Camino Health Board of Directors Board Meeting Memo

To: El Camino Hospital Board of Directors
From: Shreyas Mallur, M.D, Chief Quality Officer
Date: May 14, 2025
Subject: Enterprise Quality, Safety, and Experience and STEEEP Dashboards through March 2025

Purpose:

To update the El Camino Hospital Board on quality, safety, and experience measure performance through March 2025 (unless otherwise noted). This memo will describe the performance of the STEEEP Dashboard.

Summary:

The STEEEP dashboard is updated each quarter and contains seventeen measures. The STEEEP dashboard is intended to be a Governance Level report, which is shared with the El Camino Hospital Board of Directors on behalf of the Quality Committee once a quarter. Most measures are tracked on both the Enterprise monthly and STEEEP quarterly dashboards.

Assessment:

A. Safe Care

1. **C. Difficile Infection:** There have been **22 (2.44cases per month)** (Goal: ≤ 27 infections FY 2025 or less than 2.25 cases/month) Hospital Acquired C=Diff infections YTD 2025. Areas of focus to decrease C. Diff are three-fold. First, hospital wide education on C. Diff screening, testing and prevention. Second, deployment of an enterprise-wide hand hygiene program has been implemented. Third, a robust antibiotic stewardship program is in place. *(Timeline for improvement: We have measures described above in place which we believe will impact this rate. The benchmarked C Diff rate is per 10,000 patient days.)*
2. **Catheter Associated Urinary Tract Infection (CAUTI):** There have been **13** CAUTI YTD FY2025 with a goal to have less than, or equal to, ten for the fiscal year. We did not meet this goal for this FY. Process improvement foci to reduce CAUTI are 1. Remove catheters as soon as possible when clinically appropriate, and 2. Ensure insertion and maintenance best practices are followed. To achieve shorter catheter duration, our infection prevention team reviews every single patient with a catheter in for greater than three days and collaborates with the nurse and physician to review indications for the catheter and direct attention to the importance of removing the catheter as soon as clinically appropriate. We have started to implement measures to improve this metric for next FY. *(Timeline for improvement: We did not meet the target for this FY. This is an important "surrogate metric" to follow).*
3. **Central Line Associated Blood Stream Infection (CLABSI).** The rate of CLABSI for YTD FY2025 **(0.44)** is **unfavorable** to target (0.42 cases per month). We had one quarter where we had 3 CLABSIs. Our focus, to sustain our CLABSI performance, is on optimizing care and management of hemodyalisis catheters. *(Timeline for improvement: We are on track to meet target)*

Enterprise Quality, Safety, and Experience and STEEP Dashboards through March 2025
May 14, 2025

4. **Surgical Site Infection.** The number of cases/month of surgical site infections for Q3 FY2025 (3.44) is unfavorable to target (2.5). Process improvement has included implementing evidence based best practices shown to decrease SSIs: maintain Perioperative normothermia, timing and choice of preoperative antibiotics, clean closure tray utilization in the OR and glucose control in diabetics. (Timeline for improvement: We are seeing a downward trend in the last few months and are confident that this will continue)
5. **Hand Hygiene Combined Compliance rate:** Performance for YTD FY2025 is Unfavorable (82.3%) to target of 85%. (Timeline for improvement: We are instituting real time coaching for failures in compliance, as well as socializing this in our nursing and physician councils)
6. **Hand Hygiene % of Departments Meeting Audit Compliance target:** Performance for Q1 FY2025 is favorable (100%) to target of 80% of units.

B. Timely

1. **Imaging Turnaround Time: ED including X Ray (target + % completed <= 45 minutes).** Performance YTD FY 2025 (73.7%) is unfavorable to target (84%). The root cause of the delays relates to multiple factors, primary being radiology staffing issues experienced by the contracted vendor. In addition, there have been issues with the transfer of images and interface with our system which are being worked on. The vendor is hiring more radiologists to their team to expedite reading of images. (Timeline for improvement: Realistically, we anticipate improvement in the Turnaround times by Q4 2025 or Q1 2026)

C. Effective

1. **30 Day Readmission Observed Rate:** Performance through Q1 FY2025 (9.2%) is favorable to target (<=9.8%). El Camino Health remains committed to ensuring timely follow-up care for patients under primary care providers, after they are discharged from the hospital. We are also partnering with our colleagues at the County as well as Palo Alto Medical Foundation to get timely appointments for patients who are discharged from the hospital. In addition, our Post-Acute Network Integrated Care team has also implemented a process to identify high-risk patients and coordinate their care with our Preferred Aligned Network (PAN) providers, including home health care services and skilled nursing facilities. The goal is to ensure timely follow-up appointments with patients' primary care providers after they are discharged from a PAN provider, thereby reducing the risk of readmissions back to the hospital. (Timeline for improvement: We are on track to achieve target for FY 2025)
2. **Risk Adjusted Mortality Index.** Performance YTD FY25 (1.02) is unfavorable to target (1.00). Mortality index tracks, and for this time frame, is driven by sepsis mortality. We will be closely monitoring this since the system changes introduced in documentation integrity, reduction in clinical variation and institution of earlier hospice and GIP are just in the initial phases of implementation. In addition, we are optimizing O/E measure to accurately reflect the acuity of illness of our patients. (Timeline for improvement: Q1-Q2 FY 2026)

Enterprise Quality, Safety, and Experience and STEEP Dashboards through March 2025
May 14, 2025

3. **Sepsis Mortality Index.** Performance through Q2 FY2025 (1.13) is unfavorable to target (1.00). Patients often arrive in the ED in Septic Shock. We are working to increase Social Work and/or Palliative Care support in the ED for goals of care discussions. Pursue hospice when appropriate for patients in the ED to go home, or if admitted then to a robust GIP program. A recent process change internally was that the sepsis coordinators provide concurrent sepsis bundle compliance to ED physicians and staff in the real time. We are doing an excellent job of caring for patients with sepsis. We have an opportunity to improve the support we provide to patients and their families at the end of life through a robust GIP program. (Timeline for improvement: The GIP program is planned for go-live in May of FY25. With a robust program, there will be a trickle-down impact on driving earlier referral for Palliative Care consultation. This alone, "Palliative care consult" increases the expected risk of mortality 6-fold)
4. **PC-02 Nulliparous Term Singleton Vertex C-Section (NTSV).** FY25 performance through March of 2025 (25.9%) is unfavorable to target of 23.9%. The introduction of a NTSV check list had a positive impact on decreasing c/s rate initially after roll out in Q2 of FY2024. What has been most impactful is the bi-weekly review by a multidisciplinary team of nurses, midwives, and physicians to review the indication for every single NTSV. When an opportunity for improvement is identified, MCH leaders reach out to the provider with feedback. (Timeline for improvement: This metric has been challenging for the organization as well as like hospitals in California. We will continue with our efforts to reduce this metric)

D. Efficient

1. **Length of Stay O/E (LOS O/E).** Length of stay is a measure of operational efficiency. The quality of care a patient receives is reliant on the navigation, and efficiency achieved through operational excellence. Having timely, coordinated, and appropriate care has a profound impact on the overall quality of care our patients receive. Performance YTD is (1.02) is at target of (1.02). A formidable challenge to decreasing length of stay for patients whose discharge disposition is a skilled nursing facility (SNF) are the barriers payors have in place to authorize timely discharge to a SNF. Our teams are optimizing care coordination within our system to decrease length of stay. Here are specific interventions in place:
 - Within Epic a centralized care plan was created that pulls together important information about the patients care plan. This tool increased efficiency and allows the care team to obtain pertinent information in a timely way. Additionally, interdisciplinary team members can track internal and external delays which will offer insight into the primary reasons for delays in patient throughput.
 - Since the initiation of Multidisciplinary rounds (MDR) in December 2023, there have been significant improvements in LOS within the pilot program for patients who stay in nursing unit 2C. The data indicates a noteworthy decrease of -1.1 days in LOS. The MDR process has been rolled out to multiple units in the hospital and is showing sustained benefits.
 - We now have 3 skilled nursing facility transfer agreements in place (Cedar Crest, Grant Cuesta and Mountain View Health Care). These agreements help us expedite discharge to SNF for the self-pay and MediCal patients. We transfer about 3-4 patients per month utilizing the transfer agreements and are working to increase utilization of the transfer agreements. (Timeline for improvement: We anticipate improvement due to the changes implemented by Q4 of 2025)

Enterprise Quality, Safety, and Experience and STEEEP Dashboards through March 2025 May 14, 2025

2. **Median Time from ED Arrival to ED Departure (Enterprise).** Performance through Q3 2025 (**152.1 minutes**) is **favorable** to the target of < 160 minutes (lower is better). This performance is years in the making with an overhaul of the patient triage process, creation of additional chairs for less acute patients, and, most recently the creation of an ED express area on the Mountain View Campus. The ED express has capacity for 6 patients of lower acuity and will allow our teams to provide more efficient care for patients of lower acuity (treat to street).

E. Equitable

1. **Social Drivers of Health Screening rate:** FY 25 performance YTD is **(29.4%)** is **unfavorable** to target of 50%. This is a new measure and steps taken to improve our screening rate includes creating a new tool for staff to document required elements of the metric. Our team including care coordinators, nurses and informatics teams are working to implement this tool in the next few months. **(We will be on track to meet this metric since a new Epic tool for screening was implemented. The latest quarter screening rate was 82.6%)**
2. **Voyce Interpretation Minutes Used:** FY 2025 performance (515,606 minutes). We are in the process of establishing a target for this metric. This is the first year that we are using this metric, hence there is no benchmark either locally or nationally. We believe that this metric is an important proxy for communication with patients who do not have English as their primary language.

F. Patient Centered

1. **Inpatient HCAHPS Likelihood to Recommend Percentile Rank.** For FY25 YTD (**84.0%**) performance is **favorable** to target of 80.0%. We are continuing to focus on our Key Drivers of Nurse Communication, Hourly Rounding, and Responsiveness. We have completed our RN call system on both campuses, leading to better responsiveness.
2. **Inpatient Maternal Child Health-HCAHPS Likelihood to Recommend Top Box Rating of “Yes, Definitely Likely to Recommend”.** FY 2025 YTD (**82.0**) is **favorable** to target of 82.0. We continue to perform in the top decile in the Bay Area and 87% nationally. Upgrading our facilities has pleased our patients allowing them to have more privacy and a better overall experience.
3. **ED Likelihood to Recommend Top Box Rating of “Yes, Definitely Likely to Recommend”.** The overall ED top box score exceeded target (**77.3**) through FY2025 is **favorable** to target of (77.2). Focusing on communication about delays has been a key priority.
4. **El Camino Health Medical Network: Likelihood to Recommend Clinic Top Box Rating of “Very Good” for Likelihood to Recommend”.** Performance for FY2025 is unfavorable (**81.8**) to target of (83.4). We continue to focus on access, teamwork, communication and our lowest performing clinics.

Attachments:

1. STEEEP Dashboard through March of 2025



El Camino Health Quality Board: FYTD25 STEEEP



Show Filter

Date: 4/1/2024

03/31/2025

Measures	Last 4 Fiscal Quarters				Baseline	FYTD Result	Target Indicator	Last 12 Months Trend
Safe Care								
	FY 24Q4	FY 25Q1	FY 25Q2	FY 25Q3	FY24	FYTD25		Trend Chart Period: 4/1/2024 to 03/31/2025
C-Diff Clostridioides Difficile Infection	3	6	10	6	28	22	<div><div></div><div><= 27 cases</div></div>	<div><div></div></div>
CAUTI (Catheter-Associated Urinary Tract Infection)	1	3	3	7	11	13	<div><div></div><div><=10 cases</div></div>	<div><div></div></div>
CLABSI (Central Line-Associated Bloodstream Infection)	0	0	1	3	3	4	<div><div></div><div><=5 cases</div></div>	<div><div></div></div>
SSI (Surgical Site Infection)	9	15	12	4	38	31	<div><div></div><div><=30 cases</div></div>	<div><div></div></div>
Hand Hygiene Audit Compliance (Leapfrog measure)	87.3%	85.3%	81.5%	80.9%	84.1%	82.3%	<div><div></div><div>>=85%</div></div>	<div><div></div></div>
Timely								
Imaging TAT in ED Including Xray (target = % completed ≤ 45 min)	81.0%	74.0%	69.4%	77.7%	77.7%	73.7%	<div><div></div><div>>=84.0%</div></div>	<div><div></div></div>
Effective								
30-Day Readmission Rate (Based on Vizient Risk Model)	10.0%	9.1%	9.7%	8.6%	9.8%	9.2%	<div><div></div><div><=9.8%</div></div>	<div><div></div></div>
Hospital Mortality O/E Index (Vizient Risk-Adjusted Mortality Model)	1.25	0.87	1.06	1.11	1.16	1.02	<div><div></div><div><= 1.0</div></div>	<div><div></div></div>
Sepsis Mortality O/E Index (Vizient Risk-Adjusted Mortality Model)	1.36	1.06	1.10	1.23	1.35	1.13	<div><div></div><div><=1.0</div></div>	<div><div></div></div>
NTSV Cesarean Section (CMS PC-02 Measure)	26.7%	24.2%	27.5%	26.0%	24.7%	25.9%	<div><div></div><div><=23.9%</div></div>	<div><div></div></div>
Efficient								
Length of Stay (LOS) O/E Index (Inpatient Discharges, Exclude Mental Health, Acute Rehab, and OB Service)	1.04	1.00	1.03	1.03	1.03	1.02	<div><div></div><div>1.02</div></div>	<div><div></div></div>
ED Arrival to Departure Time (For patients discharged from ED to home, Median time in minutes)	155	151	152	154	155.8	152.1	<div><div></div><div><=160</div></div>	<div><div></div></div>
Equitable								
Social Driver of Health (SDOH) Screening Rate	2.5%	4.0%	21.0%	82.6%	2.1%	29.4%	<div><div></div><div>50%</div></div>	<div><div></div></div>
Voyce Interpretation Minutes Used	59,672	57,925	53,919	60,025	617,023	515,606	<div><div></div><div>TBD</div></div>	<div><div></div></div>
Patient-Centered								
Inpatient Hospital: Likelihood to Recommend Press Ganey	83.4	80.7	81.5	82.0	81.9	81.9	<div><div></div><div>81.9</div></div>	<div><div></div></div>
ED: Likelihood to Recommend Press Ganey	75.6	78.9	78.3	75.1	75.6	78.3	<div><div></div><div>77.2</div></div>	<div><div></div></div>
MCH - INPATIENT Press Ganey	81.4	82.8	80.5	83.0	82.0	82.1	<div><div></div><div>82.0</div></div>	<div><div></div></div>

Department	Document Name	Origin Date	Last Reviewed	Revised?	Doc Type	Document Details Approval Workflow
Finance	A16c1.Community Benefits Grants Policy	4-2014	2-10-21	Minor	Policy	<ul style="list-style-type: none"> Minor update
						ePolicy > Board > Publish
Perinatal Diagnostics	A16c2. Scope of Service: Perinatal Diagnostic Center - Mountain View	10-2015	4-13-22	Major	Scope of Service	<ul style="list-style-type: none"> All sections updated
						UPC Staff Meeting > P&T > Peds Dept > MCH Exec > ePolicy > MEC > Board > Publish
Supply Chain	A16c3. Scope of Service - Supply Chain	11-2015	4-13-22	Unchanged	Scope of Service	<ul style="list-style-type: none"> No changes
						Dept Dir > ePolicy > MEC > Board > Publish
Employee Wellness	A16c4. Musculoskeletal Injury Prevention Plan and Policy (MIPP)	on1-2015	10-19-23	Major	Plan	<ul style="list-style-type: none"> Updated Sections: Coverage, Purpose, Policy Statement, Definitions, Policy, Procedure
						Safe Patient Handling > HR Leadership > ePolicy > MEC > Board > Publish
	A16c5. Scope of Service - Employee Wellness & Health Service	10-2015	10-13-21	Major	Scope of Service	<ul style="list-style-type: none"> Updated Sections: Types and Ages of Clients Served, Scope and Complexity of Services Provided, Standards of Practice
						HR Leadership > 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: May 14, 2025
Subject: Financials: FY2025 – Period 9 (March 2025) & YTD - Consent Calendar

Purpose:

To provide the Board an update on financial results for FY2025 Period 9 (March 2025) & YTD.

Executive Summary – Period 9 (March 2025):

Patient activity / volumes were unfavorable to budget due to the timing of spring breaks.

- **Average Daily Census:** 314 is (23) / (6.8%) unfavorable to budget and 2 / 0.5% higher than the same period last year.
- **Adjusted Discharges:** 3,792 are (209) / (5.2%) unfavorable to budget and 65 / 1.7% higher than the same period last year.
- **Emergency Room Visits:** 5,418 are (528) / (7.5%) unfavorable to budget and (1,007) / (15.7%) lower than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,728 are 1,440 / 11.7% favorable to budget and 1,632 / 13.5% higher than the same period last fiscal year.

Financial performance for Period 9 was favorable to budget. This is attributed to strong procedural volume and favorable management of variable expenses across the enterprise.

Total Operating Revenue (\$): \$146.0M is \$1.4M / 1.0% favorable to budget and \$7.6M / 5.5% higher than the same period last fiscal year.

Operating EBIDA (\$): \$21.3M is \$1.9M / 9.9% favorable to budget and \$0.6M / 2.9% higher than the same period last fiscal year.

Net Income (\$): (\$9.1M) is \$26.0M / 154.2% unfavorable to budget and \$59.0M / 118.3% lower than the same period last fiscal year.

Operating Margin (%): 8.3% (actual) vs. 7.8% (budget)

Operating EBIDA Margin (%): 14.6% (actual) vs. 13.4% (budget)

Net Days in A/R (days): 52.4 days are favorable to budget by 1.6 days / 3.1% and 0.4 days / 0.8% higher than the same period last year.

Executive Summary – YTD FY2025 (as of 3/31/2025):

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 1 / 0.3% favorable to budget and 4 / 1.4% higher than the same period last year.
- **Adjusted Discharges:** 33,346 are (192) / (0.6%) unfavorable to budget and 558 / 1.7% higher than the same period last year.
- **Emergency Room Visits:** 60,941 are 560 / 0.9% favorable to budget and 269 / 0.4% lower than the same period last fiscal year.

Financials FY2025 – Period 9 & YTD (as of 3/31/2025)
May 14, 2025

- **Outpatient Visits / Procedures:** 114,714 are 11,334 / 11.0% favorable to budget and 12,317 / 12.0% higher than the same period last fiscal year.

Total Operating Revenue (\$): \$1,272.9M is \$40.6M / 3.3% favorable to budget and \$111.3M / 9.6% higher than the same period last fiscal year.

Operating EBIDA (\$): \$203.0M is \$28.2M / 16.1% favorable to budget and \$16.0M / 8.5% higher than the same period last fiscal year.

Net Income (\$): \$207.8M is \$63.8M / 44.3% favorable to budget and \$28.6M / 12.1% lower than the same period last fiscal year. Favorable net income is attributed to stable financial performance

Operating Margin (%): 9.9% (actual) vs. 8.0% (budget)

Operating EBIDA Margin (%): 16.0% (actual) vs. 14.2% (budget)

Recommendation:

- Recommend approval of FY2025 – Period 9 & YTD financials

List of Attachments:

- Financial Report: FY2025 Period 9

Suggested Board Discussion Questions:

- None



Summary of Financial Operations

*Fiscal Year 2025 – Period 9
7/1/2024 to 03/31/2025*

Operational / Financial Results: Period 9 – March 2025 (as of 03/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
Activity / Volume	ADC	314	337	(23)	(6.8%)	312	2	0.5%	---	---	---	---
	Adjusted Discharges	3,792	4,001	(209)	(5.2%)	3,727	65	1.7%	---	---	---	---
	OP Visits / OP Procedural Cases	13,728	12,288	1,440	11.7%	12,096	1,632	13.5%	---	---	---	---
	Percent Government (%)	59.9%	58.7%	1.3%	2.1%	60.9%	(1.0%)	(1.6%)	---	---	---	---
	Gross Charges (\$)	639,119	631,953	7,166	1.1%	554,223	84,896	15.3%	---	---	---	---
Operations	Cost Per CMI AD	21,868	20,032	1,836	9.2%	19,216	2,653	13.8%	---	---	---	---
	Net Days in A/R	52.4	54.0	(1.6)	(3.1%)	51.9	0.4	0.8%	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue (\$)	140,266	139,294	972	0.7%	131,385	8,882	6.8%	297,558	564,735	---	
	Total Operating Revenue (\$)	146,041	144,607	1,435	1.0%	138,471	7,571	5.5%	389,498	610,593	268,739	
	Operating Margin (\$)	12,078	11,312	766	6.8%	12,277	(199)	(1.6%)	7,400	11,601	8,331	
	Operating EBIDA (\$)	21,289	19,377	1,913	9.9%	20,690	599	2.9%	26,400	39,689	22,574	
	Net Income (\$)	(9,120)	16,836	(25,955)	(154.2%)	49,926	(59,046)	(118.3%)	19,085	20,150	15,049	
	Operating Margin (%)	8.3%	7.8%	0.4%	5.7%	8.9%	(0.6%)	(6.7%)	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	14.6%	13.4%	1.2%	8.8%	14.9%	(0.4%)	(2.4%)	6.8%	6.5%	8.4%	
	DCOH (days)	281	275	6	2.3%	277	5	1.7%	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 < 3.49%

Unfavorable Variance 3.50% - 6.49%

Unfavorable Variance > 6.50%

Operational / Financial Results: YTD FY2025 (as of 3/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
									'Aa3'	'AA'	'AA'	
Activity / Volume	ADC	313	312	1	0.3%	309	4	1.4%	---	---	---	---
	Adjusted Discharges	33,346	33,538	(192)	(0.6%)	32,788	558	1.7%	---	---	---	---
	OP Visits / OP Procedural Cases	114,714	103,380	11,334	11.0%	102,397	12,317	12.0%	---	---	---	---
	Percent Government (%)	59.4%	58.7%	0.7%	1.3%	59.2%	0.2%	0.4%	---	---	---	---
	Gross Charges (\$)	5,461,945	5,186,737	275,208	5.3%	4,721,091	740,854	15.7%	---	---	---	---
Operations	Cost Per CMI AD	20,056	20,032	24	0.1%	18,798	1,258	6.7%	---	---	---	---
	Net Days in A/R	52.4	54.0	(1.6)	(3.1%)	51.9	0.4	0.8%	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue (\$)	1,221,236	1,180,814	40,422	3.4%	1,105,798	115,438	10.4%	2,678,024	5,082,611	---	
	Total Operating Revenue (\$)	1,272,932	1,232,314	40,618	3.3%	1,161,592	111,340	9.6%	3,505,483	5,495,336	3,224,864	
	Operating Margin (\$)	126,023	98,517	27,506	27.9%	111,821	14,202	12.7%	66,604	104,411	99,971	
	Operating EBIDA (\$)	203,036	174,874	28,163	16.1%	187,067	15,969	8.5%	237,603	357,197	270,889	
	Net Income (\$)	207,780	144,020	63,760	44.3%	236,363	(28,582)	(12.1%)	171,769	313,234	180,592	
	Operating Margin (%)	9.9%	8.0%	1.9%	23.8%	9.6%	0.3%	2.8%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.0%	14.2%	1.8%	12.4%	16.1%	(0.2%)	(1.0%)	6.8%	6.5%	8.4%	
	DCOH (days)	281	275	6	2.3%	277	5	1.7%	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.

Consolidated Balance Sheet (as of 03/31/2025)

(\$000s)

ASSETS

	Audited	
	March 31, 2025	June 30, 2024
CURRENT ASSETS		
Cash	285,142	202,980
Short Term Investments	99,692	100,316
Patient Accounts Receivable, net	234,702	211,960
Other Accounts and Notes Receivable	23,229	25,065
Intercompany Receivables	26,654	17,770
Inventories and Prepaids	53,310	55,556
Total Current Assets	722,729	613,647
BOARD DESIGNATED ASSETS		
Foundation Board Designated	18,025	23,309
Plant & Equipment Fund	539,246	503,081
Women's Hospital Expansion	45,230	31,740
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,490	17,561
Workers Compensation Reserve Fund	13,086	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737
PTO Liability Fund	40,358	37,646
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	38,745	33,030
Total Board Designated Assets	947,595	894,322
FUNDS HELD BY TRUSTEE	18	18
LONG TERM INVESTMENTS	694,527	665,759
CHARITABLE GIFT ANNUITY INVESTMENTS	1,090	965
INVESTMENTS IN AFFILIATES	47,822	36,663
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	2,049,665	2,016,992
Less: Accumulated Depreciation	(939,032)	(874,767)
Construction in Progress	206,862	173,449
Property, Plant & Equipment - Net	1,317,495	1,315,675
DEFERRED OUTFLOWS	46,941	41,550
RESTRICTED ASSETS	36,857	32,166
OTHER ASSETS	201,186	195,447
TOTAL ASSETS	4,016,259	3,796,213

LIABILITIES AND FUND BALANCE

	Audited	
	March 31, 2025	June 30, 2024
CURRENT LIABILITIES		
Accounts Payable	58,166	71,017
Salaries and Related Liabilities	41,832	35,693
Accrued PTO	41,379	38,634
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	7,479	13,419
Intercompany Payables	19,254	13,907
Malpractice Reserves	1,830	1,830
Bonds Payable - Current	11,360	10,820
Bond Interest Payable	2,979	7,673
Other Liabilities	19,284	12,261
Total Current Liabilities	205,863	207,554
LONG TERM LIABILITIES		
Post Retirement Benefits	23,009	22,737
Worker's Comp Reserve	13,086	12,811
Other L/T Obligation (Asbestos)	27,462	27,707
Bond Payable	427,900	441,105
Total Long Term Liabilities	491,457	504,360
DEFERRED REVENUE-UNRESTRICTED	1,689	1,038
DEFERRED INFLOW OF RESOURCES	96,257	92,261
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,941,745	2,731,120
Minority Interest	(1,159)	(1,114)
Board Designated	225,810	216,378
Restricted	54,597	44,616
Total Fund Bal & Capital Accts	3,220,993	2,991,001
TOTAL LIABILITIES AND FUND BALANCE	4,016,259	3,796,213



**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
APPROVALS AND CONSENT CALENDAR												
Board Minutes		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Committee Reports and Recommendations		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Community Benefit Plan												✓
Credentialing and Privileges Report		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Physician Agreements		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Policies		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
FINANCE												
Audited Financial Report				✓								
Budget (Preview)											✓	
Budget Approval												✓
Period Financials (Consent)		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Quarterly Financials (Focus)					✓			✓			✓	
PHYSICIANS AND MEDICAL NETWORK												
ECHMN Report			✓						✓			
Medical Staff Report			✓		✓				✓			✓
QUALITY												
Quality STEEEP Dashboard		✓			✓			✓			✓	
Quality Committee Report			✓									✓
STRATEGY												
Strategic Plan Metrics		✓	✓									
Strategic Plan Update						✓		✓			✓	
Strategy Deep Dive										✓		
Strategic Goals Approval												✓
EXECUTIVE PERFORMANCE												
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				✓								
COMPLIANCE AND GOVERNANCE												
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>
April 2025 ECHB Meeting			
FY26 Budget Preview and Strategy Development	Next Meeting	Strategy Development Scenario Analysis to include budget estimates based on scenarios.	Paced for May meeting
ECHMN Board of Managers	Future Meeting	Theresa look into whether existing board members need to resign and be reappointed by new process.	In progress
March 2025 ECHB Meeting			
ECHMN Report	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
Los Gatos Redevelopment	Future Meeting	Keep our planning dynamic with all options on the table as long as we can without slowing the process.	In progress
November 2024 ECHB Meeting			
ECH Governance Structure	Future Meeting	Theresa to prepare a memo outlining different approval scenarios at various levels of the organization.	Paced for April meeting
October 2024 ECHB Meeting			
Board Assessment Results	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.	In progress for FY26 Board Assessment



September 2024 ECHB Meeting			
Joint Venture	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			
Quality Report	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.
Closed Session CEO Update	Future Meeting	Research a plan on the naming of the IPAs, medical network, etc.	In Progress
LG Development	Future Meeting	Validate brand attributes and awareness in the Los Gatos area	In progress



EL CAMINO HOSPITAL BOARD OF DIRECTORS CEO REPORT I MAY 14, 2025

AWARDS + ACCOLADES: El Camino Health earned “A” Hospital Safety Grade from The Leapfrog Group for Spring 2025. This national distinction marks the sixth consecutive “A” grade for both our Los Gatos and Mountain View hospitals.

Deanna Dudley was recognized by Becker’s Healthcare as one of the top hospital and health system CHROs and Chief People Officers to Know.

For the fourth year in a row, El Camino Health has been recognized as one of the **World’s Best Hospitals by Newsweek**. In the Bay Area, El Camino Health’s Mountain View hospital is the highest ranked community hospital on the annual list and ranked among the top three hospitals overall. Among all hospitals in the United States, El Camino Health was ranked 91st in 2025.

Ann Aquino, associate chief nursing officer at El Camino Health Los Gatos, has been 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.

NURSING: May 6-12 was nurse’s week. This year we kicked off nursing week with a celebration at the San Jose Earthquakes game on May 3rd. Nurses and family members were invited to attend the game. At halftime, the eleven nurses who contributed to writing the **2025 Magnet document** were invited onto the field for recognition. The public announcement during the recognition read:

“We proudly extend our heartfelt gratitude to the dedicated nurses at El Camino Health, who give their all to deliver the highest quality of care to our community. They are the reason El Camino Health is well on its way to an incredible fifth Magnet designation, which is held by less than 5% of hospitals worldwide. Here with us tonight are many of the nurse leaders responsible for developing our latest Magnet designation document. Thank you for representing the spirit of nursing excellence at El Camino Health!”

We want to thank our incredible nurses, who are here around the clock, tirelessly delivering compassionate care to our patients and serving our community with unwavering dedication.

HUMAN RESOURCES: Employee Voice Survey Launch - Our annual Employee Voice Survey launched April 29 and will remain open through May 20. This initiative is critical to hearing directly from staff, driving meaningful improvements, and fostering a more positive, safe, and supportive workplace. Leaders were encouraged to promote participation, reinforce confidentiality, and demonstrate commitment to acting on the feedback received.

HS & College Internship Program - We recently hosted high school interns on-site from April 7–11, giving students valuable early exposure to careers in healthcare. This program supports meaningful experience, skill development, and insight into healthcare career paths for high school students.

AAPI Heritage Month – Celebrating Culture in May

In honor of Asian American and Pacific Islander (AAPI) Heritage Month, we hosted cultural celebrations at both the Los Gatos and Mountain View campuses. Each event will showcase the vibrancy of AAPI

cultures through traditional cuisine and live performances. Beyond celebration, these experiences are designed to foster cross-cultural understanding and recognize the enduring contributions of AAPI communities to healthcare, innovation, and society.

CORPORATE HEALTH SERVICES:

The **Chinese Health Initiative** (CHI) continues its monthly emotional well-being series, with sessions to support first-time parents as they navigate this major life transition, including pregnancy and early childhood parenting. CHI actively engages with the community by distributing emotional well-being resources at events, including the Mountain View Senior Center's Senior Resource Fair, the Cupertino Senior Center Resource Fair, and the New Hope Cancer Health Fair.

The **South Asian Heart Center** engaged 303 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes. The center completed 570 consultations and coaching sessions and hosted 16 lifestyle workshops attended by 365 community members.

INFORMATION SERVICES:

Patient Access to Care

- **ECHMN MyChart** activation rate exceeds the top 10th percentile of all Epic customers at 78% while nearing the top 5th percentile of all Epic customers at the 80% target range.
- **My Chart Spanish is fully live** and with the recent go-live in Radiology, over 10,650 MyChart sessions have occurred in Spanish since September 2024.
- The percentage of appointments scheduled online at El Camino Health exceeds the **top 5th percentile of all Epic customers**.

Third-Party Risk Management (TPRM) System

- To improve Cybersecurity, the TPRM System was activated this month to automate the critical process of assessing risk related to Third Party Vendor products and services. The new tool promotes quicker turnaround time, transparency, automation, and efficiency for these critical assessments. Compared to 2023, the average turnaround time, has reduced from 60+ days to only 23 days.

HIMSS Northern California Chapter Hosted By El Camino Health

- This month, El Camino Health hosted a HIMSS Northern Chapter event focused on "Transforming Healthcare: The Power of Nursing Informatics," a growing field in healthcare. Deb Muro presented a Keynote Address with two Nursing Informaticists, serving on a panel with Informaticists from prominent healthcare organizations within our community! Over 100 individuals attended the presentation and reception hosted by ECH and sponsored by Microsoft. It was a great opportunity to showcase El Camino Health to our community!

FOUNDATION: In March, El Camino Health Foundation secured **\$205,075 in donations**. This brings total funds raised through period 9 to \$12,408,966.00, which is **161 percent of goal for FY2025**.

Foundation staff is planning for the spring benefit, The Longevity Revolution: Living Longer Better, which will feature a conversation between Dr. Peter Attia and El Camino Hospital Board Chair Bob Rebitzer. **The fundraising event will take place at the Mountain View Center for the Performing Arts on Tuesday evening, May 13** and will benefit the prediabetes population health initiative, a project of the El Camino Healthcare District supported by El Camino Health. Dr. Attia's appearance is being underwritten by the Behar Family in loving memory of Jerry Behar and Don Ehrman.

AUXILIARY: The Auxiliary donated **3,902 volunteer hours** for the month of March.

A09a2. Appendix FY27 Strategic Milestones Revisions

Appendix

FY27 Strategic Milestones Revisions

Revisions to the Strategic Milestones

- Majority remains in place from fiscal year 2025
- “Other Aligned Lives” was transitioned to sit in Expanding our Reach as Transactional Visits. This will include Virtual and Urgent Care Visits
- Other metrics will be monitored by management for potential inclusion in FY27 (see memo)

<u>Strategic Priority</u>	<u>Goal</u>
Physician Alignment	Unique Primary & Specialty Care Lives (inc. IPA)
	Other Aligned Lives*
Value Proposition / Frictionless	Aligned Providers (ECHMN, IPA, etc.)
	Ambulatory Access: Days to Third Next Available Appointment (<i>Non-urgent Primary Care</i>)
	Amb. Experience: Likelihood to Recommend Clinic (<i>national percentiles shown</i>)
Leadership in Clinical Programs	Quality & Experience – Leapfrog
	Inpatient Market Share
	Outpatient Market Share (Surgical)
Expanding our Reach	Ambulatory Care Sites (Clinics, UCC, ASCs, Imaging sites)
	Total revenue from Ambulatory Care
	Transactional Visits*
Foundational / Core	Finance – Operating EBIDA
	Workforce – Employee Engagement (Hospital)
	Workforce – Employee Engagement (ECHMN)

Physician Alignment Strategic Milestones and Proposed Targets

Physician Alignment

Establish an aligned care network in the South Bay, across the care continuum

ECHMN Integration:
Optimize physician network and infrastructure

Primary Care:
Assertively create ECH primary care physician base and footprint

Integration Vehicles (i.e., Independent Physician Association [IPA] / Clinically Integrated Network [CIN], Joint Ventures [JVs], etc.)



<u>Milestone</u>	<u>FY25 Q2 YTD Performance</u>	<u>Initial FY27 Target</u>	<u>Proposed FY27+ Target</u>
Unique Primary & Specialty Care Lives (inc. IPA)	126,042	120,000	250,000

Aligned Providers (ECHMN, IPA, etc.)	258	263	320
---	-----	-----	------------

Lives:

- 150,000 current plus new growth
 - 100 PCP * 1800 panel size = 180K) + (135 Specialists * ~500 lives) = 247,500
- 2 years worth of program – 247,500 * $\frac{2}{3}$ = 165,000
- Add the current 120K lives = 285,000
- Rounded down due to overestimates due to network redundancies = 250,000

Leadership in Clinical Programs Milestones and Proposed Targets

Leadership in Clinical Programs

Focus resources to key programs with coverage and programing across the care continuum.

Spotlight:

Market leading programs that can be leveraged to improve ECH's service offering

Investment:

Address community need, and health inequities in the community

Incubator Programs: New or developing programs to grow systematically



<u>Milestones</u>	<u>FY25 Q2 YTD Performance</u>	<u>Initial FY27 Target</u>	<u>Proposed FY27 Target</u>
Inpatient Market Share	CY23 20.6%	CY26 23%	CY26 23%
Outpatient Market Share (Surgical)	CY23 9.8%	10%	11.5%

Inpatient Market Share: Remains the same

- Without additional inpatient capacity, it is difficult to achieve higher market share

Outpatient Market Share:

- 0.5% increase annually – 1.5% cumulative growth

Expanding our Reach Milestones and Proposed Targets

Expanding our Reach

Offer outpatient services to where our patients live and work, and establish ECH as a “must have” network.

Ambulatory Clinics:
Optimize geographic footprint to sustain regional network

Ambulatory Surgery Centers:
Expand service offering in this market

Diagnostic Imaging:
Enter and expand Non-hospital footprint in this market



Los Gatos Hospital:
Specify campus growth plans

Regional Network:
Develop regional health system

<u>Milestones</u>	<u>FY25 Q2 YTD Performance</u>	<u>Initial FY27 Target</u>	<u>Proposed FY27 Target</u>
Ambulatory Care Sites (Clinics, UCC, ASCs, Imaging sites)	22	25	40
Transactional Visits (including Urgent Care, telehealth, etc.)	34,048	N/A	48,935 (Projected FY25: 44,920)
Total revenue from Ambulatory Care	\$54.8M Projected: \$109.6M	\$172.4M	Budget (

Sites:

- 21 Currently; 5 new Health Centers; 10 Primary Care sites; 5 ASCs

Transactional Visits:

- 5% growth in urgent care visits
- 15% growth in virtual care visits

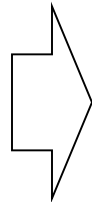
Revenue from Ambulatory:

- Budget based on growth projections

Value Proposition and System Experience Milestones and Proposed Targets

Value Proposition & Experience

Connected, consumer-focused network, with processes and guidelines designed to deliver a consistent, superior experience, while leveraging access and convenience



<u>Milestones</u>	<u>FY25 Q2 YTD Performance</u>	<u>Initial FY27 Target</u>	<u>Proposed FY27 Target</u>
Ambulatory Access: Days to Third Next Available Appointment <i>(Non-urgent Primary Care)</i>	4.4 days	<10 days	<10 days
Ambulatory Experience: Likelihood to Recommend Clinic	81.6 <i>(23rd %ile)</i>	>50 th %ile	>50th %ile
Hospital Quality & Experience – Leapfrog	MV:A LG:A	MV:A LG:A	MV:A LG:A

All remain the same compared with prior years

Foundational and/or Core Strategic Milestones and Proposed Targets

<u>Milestones</u>	<u>FY25 Q2 YTD Performance</u>	<u>Initial FY27 Target</u>	<u>Proposed FY27 Target</u>
Finance – Operating EBIDA	\$134.5M <i>Projected: \$269M</i>	\$260M	Budget
Workforce – Employee Engagement (Hospital)	TBD Results in May/June 2025	Top Quartile	Top Quartile
Workforce – Employee Engagement (ECHMN)	3.77 <i>(17th %ile)</i>	>50 th %ile	>50 th Percentile

All remain the same compared with prior years

a. Approve Special ECHB/SVMD Board Meeting Minutes (04/16/25)



**Minutes of the Open Session of the
Special Joint Meeting of the El Camino Hospital Board of Directors and Silicon Valley Medical Development Board
of Managers**

Wednesday, April 16, 2025

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

ECH Board Members Present

Jack Po, MD, Ph.D., Vice-Chair
John Zoglin, Secretary/Treasurer
Lanhee Chen, JD, PhD
Wayne Doiguchi
Peter Fung, MD, MBA
Julia E. Miller
Carol A. Somersille, MD
George O. Ting, MD
Don Watters (*joined at 5:07 p.m.*)

ECH Board Members Absent

Bob Rebitzer, Chair

SVMD Board Members Present

Mark Adams, MD, ECH CMO
Carlos Bohorquez, ECH CFO
Lanhee Chen, JD
Peter Fung, MD
Shahram Gholami, MD
Peter Goll, CAO
Shabnam Husain, MD
George O. Ting, MD
Dan Woods, ECH CEO

SVMD Board Members Absent

Bob Rebitzer, Chair

Staff Present (cont.)

Dan Woods, CEO
Deanna Dudley, CHRO
Theresa Fuentes, CLO
Maria Ocanas, Director, Human Resources, SVMD
Anne Yang, Executive Director, Governance Services
Tracy Fowler, Director, Governance Services
James Gorrell, Contracts Counsel: Manager, Healthcare Contracting

Others Present

Nusha Lelah, Public Comment

**via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Special Joint Meeting of the Board of Directors of El Camino Hospital and the Silicon Valley Medical Development Board of Managers (the "Boards") was called to order at 5:02 p.m. by Vice Chair Po. Roll calls were taken, and a quorum was present for the Boards. Directors Rebitzer and Watters were absent at roll call. Director Watters joined at 5:07 p.m.	<i>The meeting was called to order at 5:02 p.m.</i>
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	No AB-2449 requests were received by the members of the Boards.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Rebitzer asked the Boards if any member had a conflict of interest with any items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board. Nusha Lelah addressed the Boards with a prepared statement about her experience as a patient. She emphasized the need for comprehensive, evidence-based options and respect for bodily autonomy in birthing people. Ms. Lelah proposed collaboration with "Breech Without Borders," an international organization providing training in safe, physiological breech birth. She urged the hospital to reclaim this essential skill and become the first hospital system to do so, expanding offerings and stopping the outdated model of care.	

<p>5. PUBLIC HEARING RE STATUS OF VACANCIES AND RECRUITMENT AND RETENTION EFFORTS FOR EL CAMINO HOSPITAL PURSUANT TO GOV. CODE SECTION 3502.3</p>	<p>Chair Rebitzer opened the Public Hearing regarding the status of vacancies and recruitment and retention efforts for El Camino Hospital pursuant to Government Code Section 3502.3. Ms. Dudley introduced the topic as a response to a new Government Code requirement mandating public reporting when bargaining unit vacancies exceed 20%. The report showed that several SEIU-represented areas—including imaging, behavioral health, lab, and rehab—exceed this threshold. These roles also tend to have longer time-to-fill averages, with an overall average of 81 days. Efforts to address vacancies include a robust recruitment and referral strategy utilizing LinkedIn, Indeed, and professional associations, as well as strong retention practices such as 30-, 60-, and 90-day surveys for new employees. The organization has maintained good nurse retention and has not identified any policy changes needed at this time. A recent multi-year agreement with SEIU at market-aligned rates has been beneficial. Market benchmarking confirms competitiveness, though imaging roles remain hard to fill, consistent with national trends reported by AMN Healthcare. Local cost of living also remains a significant recruitment challenge.</p> <p>There were no union representatives present in person or remotely and no public comments were received.</p>	
<p>6. PUBLIC HEARING RE STATUS OF VACANCIES AND RECRUITMENT AND RETENTION EFFORTS FOR SILICON VALLEY MEDICAL DEVELOPMENT PURSUANT TO GOV. CODE SECTION 3502.3</p>	<p>Chair Rebitzer opened the Public Hearing regarding the status of vacancies and recruitment and retention efforts for Silicon Valley Medical Development pursuant to Government Code Section 3502.3. Ms. Ocanas reported on current vacancies and recruitment and retention strategies. SVMD employs a strategic and holistic approach to attract and retain talent. Their recruitment methods mirror those used by El Camino Health, including the use of agencies, LinkedIn, Indeed, and both internal and external referrals. The organization also uses the Simpler platform for internal and external candidate sourcing. SVMD continues to face challenges in filling imaging and part-time roles but remains committed to supporting employees and promoting work-life balance.</p> <p>There were no union representatives present in person or remotely and no public comments were received.</p>	
<p>7. ADJOURNMENT</p>	<p>Motion: To adjourn El Camino Hospital Board at 5:24 p.m.</p> <p>Movant: Chen Second: Fung Ayes: Chen, Doiguchi, Fung, Miller, Po, Somersille,</p>	<p>Adjourned at 5:24 p.m.</p>

	<p>Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p> <p>Motion: To adjourn SVMD Board at 5:24 p.m.</p> <p>Movant: Fung Second: Ting Ayes: Adams, Bohorquez, Fung, Gholami, Goll, Husain, Ting, Woods Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
--	--	--

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

b. Approve Hospital Board Open Session Minutes (04/16/25)



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, April 16, 2025**

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

Board Members Present

Bob Rebitzer, Chair (*joined at 5:34 p.m.*)
Jack Po, MD, Ph.D., Vice-Chair
John Zoglin, Secretary/Treasurer
Lanhee Chen, JD, PhD
Wayne Doiguchi
Peter Fung, MD, MBA
Julia E. Miller
Carol A. Somersille, MD
George O. Ting, MD
Don Watters

Board Members Absent

None

Staff Present

Dan Woods, CEO
Mark Adams, MD, CMO
Carlos Bohorquez, CFO
Omar Chughtai, CGO**
Theresa Fuentes, CLO
Peter Goll, CAO, ECHMN
Ken King, CAO (*for Agenda Item 13 only*)
Mark Klein, CCMO
Tracey Lewis Taylor, COO
Deb Muro, CIO
Cheryl Reinking, CNO
Andreu Reall, VP, Strategy

Staff Present (cont.)

Anne Yang, Executive Director, Governance Services
Tracy Fowler, Director, Governance Services
Brian Richards, Information Technology**
James Gorrell, Contracts Counsel: Manager, Healthcare Contracting

***via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 p.m. by Vice Chair Jack Po. Roll call was taken and Director Rebitzer was absent at roll call. A quorum was present.	<i>The meeting was called to order at 5:31 p.m.</i>
2. AB-2449 – REMOTE PARTICIPATION	No AB-2449 requests were received by the members of the Board.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Po asked the Board if any member had a conflict of interest with any items on the agenda. None were noted.	
4. PUBLIC COMMUNICATION	Vice Chair Po invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.	
5. RECESS TO CLOSED SESSION	Motion: To recess to closed session at 5:33 p.m. Movant: Miller Second: Watters Ayes: Chen, Doiguchi, Fung, Miller, Po, Somersille, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Rebitzer Recused: None	<i>Recessed to closed session at 5:33 p.m.</i>
6. AGENDA ITEM 12: CLOSED SESSION REPORT OUT	<p>Chair Rebitzer reconvened the open session at 6:58 p.m., and Agenda Items 6-10 were addressed in the closed session.</p> <p>Ms. Fowler 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>	<i>Reconvened Open Session at 6:58 p.m.</i>

7. AGENDA ITEM 13: REAL PROPERTY PURCHASE	<p>Mr. King shared an overview of the proposed purchase of real property located at 19400 Stevens Creek Boulevard, a two-story, 20,000 square foot building recommended for approval by the Finance Committee. The site is in a high-visibility, high-growth area with ongoing residential and commercial development, offering strong strategic value for expanding El Camino Health's ambulatory footprint.</p> <p>Directors inquired about traffic accessibility and zoning status. The property is zoned for commercial use but has been validated as eligible for medical use. There was discussion about whether this new facility would eventually replace the existing Cupertino Urgent Care Center, management clarified that there are no immediate plans for closure, as the new location is envisioned primarily for specialty care.</p> <p>Board members expressed enthusiasm about the visibility and brand presence the site could offer and suggested incorporating multilingual signage, particularly in Chinese, to reflect local demographics. There was also interest in designing the space to enhance interdisciplinary coordination and physician collaboration. Director Miller requested performance data from all clinics to support long-term utilization plans.</p> <p>Motion: Approve purchase of real property located at 19400 Stevens Creek Blvd, Cupertino, CA.</p> <p>Movant: Fung Second: Doiguchi Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: None Recused: None</p>	<i>Purchase of real property was approved.</i>
8. AGENDA ITEM 14: FY26 ECHB MEETING SCHEDULE	<p>Chair Rebitzer opened the topic with a request for questions or comments. Director Zoglin stated that we should not further reduce the number of meetings and Director Ting asked for the reasoning behind the request. Chair Rebitzer shared the history of the governance work started three years ago to increase board efficiency. He shared it was his belief reducing by one meeting would be good use of resources both personnel and financial. Director Miller noted that the proposed calendar did not include a board retreat or an education session. She also noted that the committee reports were not in the packet. Director Somersille concurred that a joint education session makes the Committees feel connected.</p> <p>Motion: Approve FY26 ECHB meeting schedule with one less meeting with the provision that one of the meetings be a</p>	<i>FY26 Meeting Schedule was approved with the provision that one of the meetings be a Joint Board-Committee Education Session.</i>

	<p>Joint Board and Committee Education Session.</p> <p>Movant: Miller Second: Po Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters Nays: Zoglin Abstentions: None Absent: None Recused: None</p>	
<p>9. AGENDA ITEM 15: CONSENT CALENDAR</p>	<p>Chair Rebitzer asked if any member of the Board wished to remove an item from the consent calendar for discussion. No items were removed but Director Miller noted that the Media policy changes as well as significant updates to the Neonatal policy were not clear. Dr. Adams clarified that there were not many updates but the redline appears that way.</p> <p>Motion: To approve the consent calendar</p> <p>Movant: Miller Second: Po Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: None Recused: None</p>	<p>Consent calendar items a, b, and c were approved.</p> <ul style="list-style-type: none"> - Fourth Amended and Restated Operating Agreement of El Camino Health Medical Network, LLC - Hospital Board Open Session Minutes (03/12/25) - Policies, Plans, and Scopes of Services <p>Consent calendar items d, e, and f were received.</p> <ul style="list-style-type: none"> - Period 8 Financials - FY25 ECHB Pacing Plan - FY25 ECHB Follow Up Items
<p>10. AGENDA ITEM 16: CEO REPORT</p>	<p>Mr. Woods provided a brief update on key developments. He shared that El Camino Health's brand continues to build visibility through an effective marketing campaign, including a recent partnership with the San Jose Earthquakes. This collaboration received widespread attention after players visited the hospital to celebrate a newborn delivery, resulting in strong social media engagement and a special recognition for Dr. Somersille, who was involved in the event.</p> <p>He recognized Chief Nursing Officer Cheryl Reinking and Alicia Potolsky for representing ECH at the American Organization for Nursing Leadership (AONL) Conference in Boston. Their presentation, which focused on innovative strategies for workforce well-being, was one of only fifty accepted nationally and demonstrated the organization's leadership in staff wellness and clinical excellence.</p> <p>Mr. Woods also informed the Board of significant fiscal concerns at both the federal and state levels. A proposed \$880 billion federal budget reduction and a \$6 billion shortfall in the California state budget—largely attributed to expanded</p>	

	<p>coverage for undocumented individuals—could impact healthcare funding. These changes may place up to \$1.9 billion in Medicaid funding at risk in Santa Clara County. Management will continue to monitor legislative developments and assess potential implications for El Camino Health.</p> <p>Additional updates included recognition of the hospital's Service Awards, which were well attended and energized, and a recent visitor from Taiwan, highlighting ongoing international engagement. He noted that the El Camino Health Foundation is tracking well ahead of its fundraising goals and reaffirmed the organization's commitment to holistic wellness through initiatives like the Food is Health challenge. Mr. Woods acknowledged the Auxiliary team who donated almost 3600 hours during the month of February.</p>	
11. AGENDA ITEM 17: BOARD ANNOUNCEMENTS	<p>Chair Rebitzer reminded the Board that the El Camino Health Foundation is sponsoring a community event in May, encouraging directors to obtain tickets if they had not already done so.</p> <p>Director Miller requested that Mr. Klein provide more detail about an upcoming event. He shared that El Camino Health is a sponsor of the inaugural Best of the Bay – Silicon Valley event, produced by the publishers of San Francisco Magazine and Silicon Valley Magazine. The event will include participation from the Foundation and El Camino's innovation partners. As part of the activation, the COO of the Fogarty Institute will be featured on a professionally moderated innovation panel alongside representatives from NASA and others. El Camino will also host an engagement tent with event materials, including information about the Peter Attia event, and promotional giveaways. Invitations and attendance details for the May 24 event were distributed earlier in the week.</p> <p>Mark also reminded the Board of the upcoming groundbreaking ceremony for the Inpatient Rehabilitation Facility in Sunnyvale, scheduled for April 22. While formal invitations were sent, questions were raised about the exact timing and arrival expectations. Staff will confirm the event's logistics, with the main ceremony planned to begin at 11:00 a.m.</p>	<p>Actions:</p> <p><i>Staff to share logistics details for Sunnyvale groundbreaking with the Board.</i></p>
12. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:21 p.m.</p> <p>Movant: Watters</p> <p>Second: Miller</p> <p>Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</p> <p>Nays: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<p>Meeting adjourned at 7:21 p.m.</p>

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, Anne Yang, Executive Director, Governance Services

DRAFT

A16c. Approve Policies, Plans, and Scope

Status **Pending** PolicyStat ID **17818649**

Origination	04/2014
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2025
Next Review	3 years after approval

Owner	Tim Daubert: Director Community Partnerships
Area	Finance
Document Types	Policy

Community Benefits Grants Policy

COVERAGE:

El Camino Hospital Community Benefit Grantees

PURPOSE:

El Camino Hospital (the "Hospital") recognizes that the health of the community is improved by the efforts of many different organizations, and the Hospital has a history of supporting those organizations by making grants to them. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a committee comprised of members of the executive team appointed by the CEO (CEO's Committee, whose operational name is the Hospital Community Benefit Committee). The Hospital annually approves a plan that includes a provisional list of organizations and the amount of the expected grants to each sponsorships, and placeholder funds which shall be approved by the Hospital Board Finance Committee and included in the annual budget. The total amount approved by the Finance Committee shall not exceed \$5 million.

PROCEDURE:

- A. To ensure that the Hospital can be responsive to the changing health needs in the Hospital during a fiscal year, the senior Community Benefit staff (~~Senior~~Executive Director of Government Relations and Community Partnerships and Director of Community Partnerships) will follow the guidelines below:
 1. The total annual Community Benefit expenditures, as authorized by the Hospital Board Finance Committee approval of the Hospital's annual Implementation Strategy Report and Community Benefit Plan, cannot exceed the approved aggregate amount.

Community Benefits Grants Policy

2. Approved individual grant amounts, as stated in the annual Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Increases to these previously awarded grants in excess of \$50,000 up to \$150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of \$150,000 must be presented to the Hospital ~~community~~Community Benefit Committee, receive their recommendation for support and be approved by the Hospital Board Finance Committee and reported to the Hospital Board of Directors.
3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the Hospital ~~community~~Community Benefit Committee and receive their recommendation for support. New grants in excess of \$50,000 require the approval of the Hospital Board Finance Committee.
4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
5. The Finance Committee will receive a report identifying all grant funding changes at the end of the fiscal year.
6. Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the Finance Committee. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.

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
ePolicy	Patrick Santos: Policy and Procedure Coordinator	04/2025
	Tim Daubert: Director Community Partnerships	03/2025

History

Community Benefits Grants Policy

Sent for re-approval by Santos, Patrick: Policy and Procedure Coordinator on 3/19/2025, 1:34PM EDT

Initiating annual review.

Last Approved by Daubert, Tim: Director Community Partnerships on 3/20/2025, 12:45PM EDT

Reviewed and re-approved on 3/20/2025

Draft saved by Santos, Patrick: Policy and Procedure Coordinator on 4/10/2025, 12:25PM EDT

Draft saved by Daubert, Tim: Director Community Partnerships on 4/10/2025, 5:21PM EDT

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 4/10/2025, 6:19PM EDT

Pulled draft revision to pending.

Draft saved by Santos, Patrick: Policy and Procedure Coordinator on 4/10/2025, 6:19PM EDT

Draft discarded by Santos, Patrick: Policy and Procedure Coordinator on 4/10/2025, 6:19PM EDT

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 6:02PM EDT

ePolicy 4/11/25

Status **Pending** PolicyStat ID **17794894**

Origination 10/2015

Last Approved N/A

Effective

Upon Approval

Last Revised 03/2025

Next Review 3 years after approval

Owner Ronna Bautista:
Practice ManagerArea Scopes of
Service

Scope of Service: Perinatal Diagnostic Center - Mountain View

Types and Ages of Patient Serviced

Patients are referred to the ~~Prenatal~~Perinatal Diagnostic Center (PDC) for a full range of prenatal diagnostic, therapeutic procedures and services from preconception through delivery.

Assessment Methods

Indications for referral to the PDC for a perinatal consultation or genetic counseling include (but are not limited to): advanced maternal age, first and second trimester screening, metabolic disorders, diabetes, maternal hypertension, chromosomal or physical abnormality, multiple miscarriages, consanguinity, ultrasound diagnosed anomaly, DNA or biochemical diagnosis, fetal death or stillborn examination or teratogen exposure including chemotherapy, toxins, infection, alcohol, drugs or medication, or other identified issues.

The Maternal-Fetal Medicine physicians (MFM), Genetic Counselors and Sonographers provide contracted services under the agreement between Stanford Children's Health and El Camino Health. All physicians are privileged through both the El Camino Health and Silicon Valley Medical Development (SVMD) medical staff office and Stanford Medicine Children's Health and approval from the California Department of Public Health Genetic Disease Screening.

Scope and Complexity of Services Offered

The PDC is located on the fifth floor of Sobrato Pavilion of the El Camino Hospital Mountain View campus. Routine operating hours are Monday through Friday 8:00am to 4:~~30~~00pm. Services may not

Scope of Service: Perinatal Diagnostic Center - Mountain View

available on holidays. PDC administrative staff schedule appointments in the Epic scheduling system.

Services are provided through the Maternal-Fetal Medicine consulting agreement between Stanford Medicine Children's Health and El Camino Health, include genetic counseling, amniocentesis, chorionic villus sampling, ultrasound, nuchal translucency, doppler blood flow studies, biophysical profile, non-stress tests and perinatal consultation.

Appropriateness, Necessity and Timeliness of Services

The ~~supervising~~ MFM and ~~genetic counselor~~ other clinical staff assess the appropriateness, necessity and timeliness of service

Staffing

The PDC is staffed by MFM physicians, genetic counselors, sonographers, administrative staff, registered nurses (RN-CDCES), registered dietitian (RD-CDCES), and may include other El Camino Health ancillary staff as needed. The PDC is led by the ~~supervisor/~~manager and is under the Executive Director of ~~Maternal-Child Health~~ Women's and Newborn Services.

Level of Service Provided

The patient's obstetrician, the supervising MFM and ~~genetic counselor~~ other clinical staff will determine the level of services provided to care for each individual patient. The PDC is an outpatient service. MFMs also consult on inpatient patients.

Standard of Practice

The ~~Maternal-Fetal~~ MFM physicians have medical privileges through the El Camino Hospital, SVMd, and Stanford Medicine ~~physicians have medical privileges through the El Camino Hospital and Lucile Packard Children's at Stanford medical staff office~~ offices. The PDC also meets the standards for approval based on the requirements of the California Standards for Prenatal Diagnosis Centers from the California Department of Public Health Genetic Disease Screening program.

The Genetic Counselors are credentialed by the American Board of Genetic Counselors and licensed by the State of California Department of Public Health.

The RN-CDCES (Certified Diabetes Care and Education Specialist) is credentialed by the California Board of Registered Nursing and the Certification Board for Diabetes Care and Education (CBDCE).

The RD-CDCES is licensed through the Commission for Dietetic Registration (CDR) and the (CBDCE).

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.

Scope of Service: Perinatal Diagnostic Center - Mountain View

Approval Signatures

Step Description	Approver	Date
Board	Tracy Fowler: Director Governance Services	Pending
MEC	Michael Coston: Director Quality and Public Reporting [PS]	04/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2025
Department Medical Director or Director for non-clinical Departments	Ronna Bautista: Practice Manager	03/2025
	Ronna Bautista: Practice Manager	03/2025

History

Draft saved by Bautista, Ronna: Practice Manager on 3/13/2025, 5:41PM EDT

Edited by Bautista, Ronna: Practice Manager on 3/14/2025, 5:28PM EDT

updated name to Perinatal from Prenatal, added new clinical staff and credentials.

Last Approved by Bautista, Ronna: Practice Manager on 3/14/2025, 5:28PM EDT

Last Approved by Bautista, Ronna: Practice Manager on 3/14/2025, 5:29PM EDT

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 11:02AM EDT

ePolicy 4/11/25

Last Approved by Coston, Michael: Director Quality and Public Reporting on 4/24/2025, 11:48AM EDT

MEC 4/24/25

Status **Pending** PolicyStat ID **17719784**

Origination	11/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2022
Next Review	3 years after approval

Owner	Abigail Robles: Director Materials Management
Area	Scopes of Service
Document Types	Scope of Service/ADT

Scope of Service - Supply Chain

Types and Ages of Clients Served

The Supply Chain Department provides services to clinical, nursing, ancillary and support departments. In addition, some services are provided to outside entities.

Scope and Complexity of Services Offered

- **Contracting:** Implementation and oversight of vendor and supply contracts, manage effective contracting workflow for the organization and ensuring continuous improvement of the process for contract requests, drafting, approvals, execution and maintenance.
- **Distribution:** Provides supplies and materials to all clinical and ancillary departments. Maintains supply inventories in all assigned par location, Central, and Pyxis areas.
- **General Stores:** Maintains an economic level of warehoused supplies and distributes supplies to all hospital departments.
- **Group Purchasing Organization (GPO):** A group purchasing organization is an entity that helps healthcare providers-such as hospitals to realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors.
- **Receiving:** Ensures proper receipt and shipment of all supplies and equipment.
- **Purchasing:** Procures and controls purchase of the services, equipment & supplies. Ensures all goods, supplies, and inventory needed for the organization to operate are purchased in a timely and cost effective manner.
- **Supply Chain:** Management of the flow of goods and services from point of origin to point of consumption.

Scope of Service - Supply Chain

- **Value Analysis:** A systematic and critical assessment by an organization of every feature of a product to ensure that its cost is no greater than is necessary to carry out its functions.

Staffing/Skill Mix

- Buyer & Sr. Buyer
- Inventory Control Coordinator
- Material Handlers I & II
- Pyxis Coordinator
- Sr. Contract Administrator
- Supply Chain Director
- Supply Chain Manager
- Strategic Sourcing Manager
- Supply Chain Supervisor
- Supply Chain Technician 1, 2, 3
- Value Analysis Coordinator

Level of Service Provided

The Supply Chain Department provides services under hospital policy and procedure guidelines.

Standards of Practice

The Supply Chain Department is governed by local, state and federal regulations, and the Department of Health Services and Joint Commission requirements.

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]	04/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2025

Scope of Service - Supply Chain

Department Medical Director
or Director for non-clinical
Departments

Abigail Robles: Director
Materials Management

03/2025

Abigail Robles: Director
Materials Management

03/2025

History

Sent for re-approval by Robles, Abigail: Director Materials Management on 3/4/2025, 3:34PM EST

Bulk Last Approved by Robles, Abigail: Director Materials Management on 3/11/2025, 11:03AM EDT

Last Approved by Robles, Abigail: Director Materials Management on 3/11/2025, 11:06AM EDT

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 6:11PM EDT

ePolicy 4/11/25

Last Approved by Coston, Michael: Director Quality and Public Reporting on 4/24/2025, 11:49AM EDT

MEC 4/24/25

Status **Pending** PolicyStat ID **17191226**

Origination 01/2015
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2025
 Next Review 1 year after approval

Owner Michael Rea: Mgr
 Emp Wellness & Health Svcs
 Area Employee Wellness & Health
 Document Types Plan

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

COVERAGE:

All El Camino Hospital staff, physicians ~~and~~, contracted staff, temporary workers, and volunteers who are present during patient handling

PURPOSE:

To describe El Camino Hospital's policy and procedure~~procedures~~ to comply with the intent and requirements of Cal/OSHA's Safe Patient Handling Regulation ~~for "patient protection and health care worker back and musculoskeletal injury prevention plan (MIPP) as required by Title 8, California Code of Regulations CCR, Section 5120" (Cal/OSHA), 2014)~~ ensuring the prevention of musculoskeletal injuries through proper patient handling practices, equipment use, and staff training.

POLICY STATEMENT:

El Camino Hospital will comply with ~~the intent of~~ California Law~~law~~ to protect ~~the health-care worker~~healthcare workers by replacing manual lifting of patients with the replacement of manual lifting of patients with appropriate safety~~polices/~~ procedures, equipment, professional and clinical judgment ~~and clinical assessment of the registered nurse. According to this law~~Staff members have the right to refuse any unsafe patient handling task without fear of reprisal, the RN is the coordinator of care in relation to mobility assessment and mobility tasks provided they communicate concerns appropriately to their supervisor.

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

DEFINITIONS:

~~Awareness Training: Training for employees, other than those who regularly participate in patient handling (i.e. nurses, CNAs, rehabilitation therapists) whose job assignment includes being present on patient care units.~~

Awareness Training: Training for employees who do not regularly participate in patient handling but whose roles require presence on patient care units. Training focuses on recognizing safe handling situations and understanding emergency procedures.

Safe Patient Handling and Mobility Committee (SPHMC): A multidisciplinary group responsible for oversight, implementation, and evaluation of the MIPP.

Johns Hopkins Activity and Mobility Promotion (JH-AMP): A structured, evidence-based framework designed to optimize patient activity and mobility during hospitalization, aimed at preventing complications such as deconditioning, pressure injuries, and prolonged hospital stays. JH-AMP emphasizes standardized assessments, goal setting, and interdisciplinary collaboration to ensure safe and progressive patient mobilization tailored to individual capabilities.

POLICY:

A. Plan implementation methods and coordination of MIPP

1. MIPP implementation is the responsibility of the Chief Human Resource Officer.
2. Responsibility for oversight, operationalization and evaluation of the MIPP is the Safe Patient Handling and Mobility Committee. The Safe Patient Handling and Mobility Committee includes direct care staff and reports activities to the Central Safety Committee. The MIPP addresses:
 - a. Plan for employers whose employees have work assignments that include being present on patient care units (e.g. Outside Labor for on-site non-employee contractors):
 - i. Plan for awareness training: designed by Education Department.
 - ii. Procedure for reporting, investigation and recording of injuries: commensurate with Central Safety and Employee Wellness and Health Services Policies.
 - iii. Training plan: designed by the Education Department.
 - b. Plan to ensure El Camino Hospital employees (supervisor and non-supervisor) comply with the MIPP, specified procedures, and recommended equipment: designed and updated as necessary by the Education Department/Human Resources

B. Correction of hazards relating to patient handling:

1. All staff, physicians and contracted staff are encouraged to bring any recognized hazard to the attention of their supervisor, manager or hospital supervisor as soon

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

as feasible after discovery without fear of reprisal.

2. No patient handling will occur without sufficient number of staff and sufficient equipment to safely handle patient and comply with this policy and procedure.

PROCEDURE:

A. Identification and Evaluation of Patient Handling Hazards

1. Patient Handling Equipment

- a. The Safe Patient Handling and Mobility Committee is responsible for determining types, quantities and locations of patient handling equipment and where the equipment is located by unit/department. (See Attachments.)
- b. Safe Patient Handling and Mobility Committee uses methods such as demonstrations, vendor fairs, interviews and/or surveys to solicit input into evaluation of equipment.
- c. Evaluation of Patient Handling Equipment is managed by the Safe Patient Handling Committee annually and as needed for new equipment or if an unrecognized hazard is discovered.
- d. Procurement of equipment is commensurate with hospital procedures for minor and capital equipment requests.
- e. Regular use and care of equipment is at the unit level and the ultimate responsibility of the manager. All unit staff is expected to use and care for equipment as per manufacturer guidelines.
- f. Maintenance/Repair of equipment will be commensurate with Clinical Engineering and Facilities procedures.

2. Registered Nurse (RN) assessment of Mobility Needs

- a. El Camino Hospital RNs use the "Patient Johns Hopkins Activity and Mobility Assessment Tool" Promotion (PMAT JH-AMP) to assess patient mobility and determine appropriate interventions. ~~(See Attachments.)~~
- b. CNAs and Ancillary Healthcare Workers (e.g. Physical Therapy) shall verbally communicate to the patient's primary RN input regarding mobility.

B. Investigation of musculoskeletal injuries related to patient handling

1. Injury investigation is the responsibility of the manager of the employee and Employee Wellness and Health Services in accordance with the [Enterprise Health Employee Portal](#).
2. Guidelines for investigation of patient handling injuries includes:
 - a. Patient specific risk factors,
 - b. RN safe patient handling instructions,
 - c. Review if MIPP was effectively implemented (i.e. correct equipment used),
 - d. Feedback from injured person and others involved in the incident regarding

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

any measure on how the injury could have been prevented.

3. Injury data and trends are used to evaluate and make adjustments to the MIPP on an annual basis. Adjustments to the MIPP will be made as needed annually or more often should a trend dictate.

C. Correcting patient handling hazards:

1. Patient's primary RN shall perform/document **PMATJH-AMP** every shift and after major change in patient condition. In outpatient settings, RN will observe mobility status at initial intake into service, and then prn. RN will communicate results of **PMATJH-AMP**, and thereby directions for mobility, via the EHR, signage and/or patient communication board (inpatient only). Signage and/or patient communication board information will also serve to communicate mobility assessment findings to patient's family/significant others. Changes in the plan shall be updated in the EHR, signage and communication board.
2. Special circumstances:
 - a. Emergency Situations: primary nurse or physician will evaluate benefits/risks of patient handling and current emergency to best protect both the patient and the staff. For example During emergencies (e.g., evacuation due to fire or, earthquake), staff will prioritize patient and personal safety, and manual handling may supersede use of equipment that would happen under normal circumstances. be performed if necessary to mitigate immediate risks
 - b. No RN present: Other health care workers are expected to follow the contents of this policy/procedure.
 - c. Patient not cooperative with handling instructions: Utilize extra staff or alter plan for handling.
 - d. Unique situations that are not currently covered by the plan: Consult with patient's RN and/or other resource such as Rehabilitation Services or Employee Wellness and Health Services.

D. Employee Communication

1. Any employee may communicate concerns regarding patient handling via direct communication with supervisor, manager, hospital supervisor or via incident reporting. Concerns may be filed anonymously.
 - a. Follow up on reports will be commensurate with the Incident Reporting procedure.

E. Training

1. The Education Department is responsible for design and execution of all training related to safe patient handling. Design of materials will take into account literacy, educational level and vocabulary of the employees.
2. All employees (including Outside Labor for on-site non-employee contractors), with regard to safe patient handling, receive training:
 - a. Initially upon hire or transfer; includes:

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

- i. Type of injury/area of body most at risk from patient handling with: vertical movement, lateral movement, bariatric patients, repositioning and ambulation, and how patient risk factors are assessed, controlled and affect the above,
 - ii. Importance of early recognition and management of an injury,
 - iii. Communication with patient and family/significant other regarding safe patient handling practices,
 - iv. Appropriate use and procedures for using various patient handling equipment,
 - v. Importance of reporting any concern related to patient handling/patient handling equipment,
 - vi. The MIPP Policy and Procedure is available on the Toolbox,
 - vii. Right of refusal of any employee to lift, reposition, mobilize or transfer a patient if concerned about patient or staff safety or lack of training, and how to communicate reasons for refusal to supervisor,
 - viii. Role of the RN in safe patient handling,
 - ix. Additional training is available by calling the Education Department,
 - x. Opportunity for practice and inter-active questions/answers regarding safe patient handling. The practice will include using the types and models of equipment that they are expected to use in the health care setting.
- b. Refresher training coordinated by the Education Department is conducted every 12 months; includes:
- i. Use of powered and non-powered equipment to handle patients safely,
 - ii. Procedures and practice to perform manual safe patient handling when necessary,
 - iii. Review of items in initial training,
 - iv. Opportunity for inter-active questions/answers regarding safe patient handling equipment and procedures.
- c. Whenever new equipment or procedures dictate.
- d. Awareness training is provided for any other staff member present on patient care units and not part of aforementioned training. This includes: recognition of safe patient handling situations, how to get assistance if needed, and emergency procedures related to safe patient handling.
3. RN Training:
- a. In addition to above, RNs are trained on Mobility Assessment and the role of the RN in safe patient handling.

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

4. Supervisor/Management Training includes:
 - a. Staff may not be disciplined for refusal to lift, reposition, or transfer a patient due to concerns about patient/staff safety or lack of training or lack of equipment.

F. Record-keeping

1. Records of inspections including hazard identification and evaluation will be maintained by Employee Wellness and Health Services.
2. Training records are maintained by the Education Department and reported to the Central Safety Committee.
3. Injury investigations are maintained by Employee Wellness and Health Services and reported in aggregate/trend format to the Central Safety and Safe Patient Handling and Mobility Committees.

REFERENCES:

REFERENCE:

- California Hospital Association, (Aug, 2014). The Cal/OSHA Safe Patient Handling Regulation. Health Care Worker Back and Musculoskeletal Injury Prevention Law. CHA, 1st ed. Retrieved from: www.calhospital.org/publications.
- ~~ECH Policy and Procedures: Safety - Accident, Incident, and Exposure Investigation Guidelines, Administrative - Safety Event Reporting (iSAFE Reports)~~

CROSS REFERENCE:

- : [Administrative - Safety Event Reporting \(iSafe Reports\)](#)

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.

Attachments

 [Unit Lifting Equipment Assessment](#)

Approval Signatures

Step Description	Approver	Date
Board	Tracy Fowler: Director Governance Services	Pending

Musculoskeletal Injury Prevention Plan and Policy (MIPP)

MEC	Michael Coston: Director Quality and Public Reporting [PS]	04/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2025
HR Leaders including CHRO	Simone van der Molen: Manager HR Business Partners	03/2025
HR Leaders including CHRO	Michael Rea: Mgr Emp Wellness & Health Svcs	03/2025
Safe Patient Handling	Michael Rea: Mgr Emp Wellness & Health Svcs	12/2024

History

Draft saved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:38AM EST

Edited by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:42AM EST

Replaced PMAT with Johns Hopkins Activity and Mobility Promotion (JH-AMP)

Last Approved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:42AM EST

Last Approved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 3/8/2025, 11:33AM EST

Last Approved by van der Molen, Simone: Manager HR Business Partners on 3/10/2025, 11:21PM EDT

HR Leadership has reviewed and approved.

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 6:22PM EDT

Created Cross Reference w/ correct iSafe Reports Procedure w/ hyperlink.

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 6:22PM EDT

ePolicy 4/11/25

Last Approved by Coston, Michael: Director Quality and Public Reporting on 4/24/2025, 11:49AM EDT

MEC 4/24/25

Status **Pending** PolicyStat ID **17191060**

Origination 10/2015

Last Approved N/A

Effective Upon Approval

Last Revised 03/2025

Next Review 3 years after approval

Owner Michael Rea: Mgr
Emp Wellness &
Health SvcsArea Employee
Wellness &
HealthDocument Types Scope of
Service

Scope of Service - Employee Wellness & Health Service

Types and Ages of Clients Served

The Employee Wellness and Health Services Department provides services to all El Camino Hospital employees in the delivery of occupational health and safety programs. Non-employees to include Medical Staff, contracted and contingent workers, students, and interns are eligible for services only where explicitly stated below.

Scope and Complexity of Services Provided

The Employee Wellness and Health Services Department is responsible for ensuring the safety and reduction of risk to employees through planning, development, implementation, and evaluation of occupational health and safety programs. Services provided include, but are not limited to:

- ~~Pre-placement examination and communicable disease screening~~ Pre-placement examination and communicable disease screening conducted in compliance with the Americans with Disabilities Act (ADA), Equal Employment Opportunity Commission (EEOC) guidelines, and Centers for Disease Control and Prevention (CDC) recommendations
- Medical management of occupational injury and illness
- Workers' compensation case management
- ~~Management of OSHA program(s) compliance~~ Ensures compliance with CAL/OSHA programs, including but not limited to the Bloodborne Pathogens Standard, Hazard Communication Standard, and Injury and Illness Prevention Program (IIPP)
- Transitional work programs
- Fitness for Duty evaluations

Scope of Service - Employee Wellness & Health Service

- Return to Work evaluations
- Worksite ergonomic evaluations
- Management of TB and Respirator Fit Testing surveillance programs in accordance with OSHA Respiratory Protection Standard (29 CFR 1910.134) and CDC guidelines
- ~~Immunizations~~ Immunizations; all Staff to include Medical Staff, contracted and contingent workers, students, and interns are eligible for seasonal influenza vaccination
- Environment of Care management through the Central Safety Committee
- Health and wellness promotion programs
- Biometric Screenings

Standards of Practice

The departmental policies and practices of Employee Wellness and Health Services ~~are created and designed in compliance and accordance of guidelines and regulations established by~~ comply with applicable federal, state, and local ~~governments~~ laws, including but not limited to HIPAA, OSHA, Cal/ OSHA, and other occupational safety and health regulations. Department employees may interact with all levels of personnel, medical staff, volunteers, representatives of regulatory and health agencies, insurance carriers, and the general public.

Staffing

Employee Wellness and Health Services delivers a diverse scope of programs and services with a staff of health and administrative professionals to include occupational health nurse practitioners, occupational health nurses, and administrative support personnel. A manager provides operational oversight.

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]	04/2025
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2025

Scope of Service - Employee Wellness & Health Service

HR Leaders including CHRO	Simone van der Molen: Manager HR Business Partners	03/2025
HR Leaders including CHRO	Michael Rea: Mgr Emp Wellness & Health Svcs	03/2025

History

Draft saved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:24AM EST

Edited by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:25AM EST

Added clarification Medical Staff, Contract/Contingent Workers, Students and Interns eligible for services where specifically stated. Added flu vaccine as one of the services.

Last Approved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 12/9/2024, 11:25AM EST

Draft saved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 3/8/2025, 11:36AM EST

Edited by Rea, Michael: Mgr Emp Wellness & Health Svcs on 3/8/2025, 11:37AM EST

admin change correcting typo for non-empl[o]yees

Last Approved by Rea, Michael: Mgr Emp Wellness & Health Svcs on 3/8/2025, 11:37AM EST

Last Approved by van der Molen, Simone: Manager HR Business Partners on 3/10/2025, 11:22PM EDT

HR Leadership has reviewed and approved.

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 4/14/2025, 6:22PM EDT

ePolicy 4/11/25

Last Approved by Coston, Michael: Director Quality and Public Reporting on 4/24/2025, 11:49AM EDT

MEC 4/24/25