



AGENDA REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, June 11, 2025 – 5:30 pm

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

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 997 3337 4617# 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	5:30 pm
2	CONSIDER APPROVAL FOR AB 2449 REQUESTS	Bob Rebitzer, Board Chair	Possible Motion	5:30 pm
3	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:30 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	5:30 pm
5	MEDICAL STAFF VERBAL REPORT	Steven Xanthopoulos, MD, Chief of Staff, Mountain View Shahram Gholami, MD, Chief of Staff, Los Gatos	Information	5:30 – 5:35
6	RECESS TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required	5:35

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7	ECH STRATEGIC UPDATE -FY26 STRATEGIC MILESTONES -FY27 STRATEGIC FRAMEWORK <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs and Gov’t Code Section 54957 and 54957.6 for a report and discussion on personnel matters.</i>	Dan Woods, CEO AJ Reall, VP, Strategy	Discussion	5:35 – 5:55
8	FY26 OPERATING AND CAPITAL BUDGET AND CONTINGENCY FUND <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	5:55 – 6:15
9	EXECUTIVE COMPENSATION COMMITTEE ITEMS: -FY26 Organizational Performance Incentive Goals as Reviewed and Recommended for Approval by the Executive Compensation Committee -Receive FY26 Executive Individual Incentive Goals as Approved by the Executive Compensation Committee <i>Gov’t Code Section 54957 regarding evaluation of performance of executive employees.</i>	Bob Rebitzer, Board Chair	Discussion	6:15 – 6:25
10	PROPERTY PURCHASE: 1533 CALIFORNIA CIRCLE, MILPITAS, CA 95035 (APN 022-37-045) <i>Gov’t Code Section 54956.8 – for a report and discussion involving negotiations prior to purchase, sale, exchange, or lease of real property.</i>	Ken King, CASO	Discussion	6:25 – 6:35
11	ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC. (ACS) <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Mark Adams, MD, CMO Carlos Bohorquez, CFO Peter Goll, CAO, ECHMN	Discussion	6:35 – 6:45
12	MEDICAL STAFF DEVELOPMENT PLAN <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Mark Adams, MD, CMO Carlos Bohorquez, CFO	Discussion	6:45 – 6:55
13	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>	Mark Adams, MD, CMO	Motion Required	6:55 – 7:00

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
14	ENTERPRISE RISK MANAGEMENT <i>Report involving Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation.</i>	Tracey Lewis Taylor, COO Carlos Bohorquez, CFO Diane Wigglesworth, VP, Compliance Theresa Fuentes, CLO	Discussion	7:00 – 7:10
15	APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS - Minutes of the Closed Session of the ECHB Meeting (05/14/25) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	Bob Rebitzer, Board Chair	Motion Required	7:10 – 7:15
16	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	7:15 – 7:25
17	RECONVENE TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	7:25
18	CLOSED SESSION REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	7:25
19	<u>APPROVE FY26 OPERATING AND CAPITAL BUDGET AND CONTINGENCY FUND</u>	Bob Rebitzer, Board Chair	Motion Required	7:25 – 7:30
20	<u>PROPERTY PURCHASE: 1533 CALIFORNIA CIRCLE, MILPITAS, CA 95035 (APN 022-37-045)</u>	Ken King, CASO	Motion Required	7:30 – 7:35
21	ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC. (ACS) a. <u>Approve Resolution 2025-02 Regarding Acquisition of Advanced Cardiovascular Specialists, Inc. (ACS)</u>	Bob Rebitzer, Board Chair	Motion Required	7:35 – 7:40
22	<u>APPROVE MEDICAL STAFF DEVELOPMENT PLAN</u>	Bob Rebitzer, Board Chair	Motion Required	7:40 – 7:45
23	CONSENT CALENDAR ITEMS: a. <u>Approve Hospital Board Open Session Minutes (05/14/25)</u> b. <u>Approve FY26 Organizational Performance Incentive Goals as Reviewed and Recommended for Approval by the Executive Compensation Committee</u> c. Approve as Reviewed and Recommended for Approval by the Finance Committee: 1. <u>FY26 Implementation Strategy Report and Community Benefit Plan</u> 2. <u>Delegation of Authority to Executive Director of Government Relations and Community Partnerships to execute all grant agreements specified in the FY26 Implementation Strategy Report and Community Benefit Plan</u>	Bob Rebitzer, Board Chair	Motion Required	7:45 – 7:50

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
	3. 2025 Community Health Needs Assessment d. Approve as Reviewed and Recommended by the Governance Committee: 1. FY26 Committee Goals (ECC, FC, GC, IC, and QC) 2. FY26 Committee Pacing Plans 3. FY26 Committee and Liaison Appointments 4. Committee Governance Policy 5. Committee Charters e. Approve Nominees as Reviewed and Recommended for Approval by the Quality, Patient Care, and Patient Experience Committee 1. Erica Jiang 2. Barbara Pelletreau 3. Diane Schweitzer f. Approve Policies, Plans, and Scope of Services as Reviewed and Recommended for Approval by the Medical Executive Committee g. Receive FY25 ECHB Pacing Plan h. Receive Period 10 Financials i. Approve FY26 Compliance and Audit Committee Goals			
24	CEO REPORT	Dan Woods, Chief Executive Officer	Information	7:50 – 7:55
25	BOARD ANNOUNCEMENTS	Bob Rebitzer, Board Chair	Information	7:55
26	ADJOURNMENT	Bob Rebitzer, Board Chair	Motion Required	7:55



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Carlos Bohorquez, Chief Financial Officer
Date: June 11, 2025
Subject: FY2026 Operating and Capital Budget – Open Session

Purpose:

To provide the Board with an overview of the FY2026 Operating / Capital budget and request for approval.

Executive Summary:

- Management's recommended FY2026 operating and capital budget meets / exceeds the established targets:

FY2026 Budget vs. Target

- Total Operating Expenditures: \$1,672 million
- Operating EBIDA: \$ 251 million
- Capital Expenditures: \$ 311 million

List of Attachments:

- FY2026 Operating and Capital Budget - Presentation

Recommendation:

- Finance Committee recommends Board approval of the Fiscal Year 2026 Operating and Capital budget.

Suggested Board Discussion Questions:

- None



FY2026 Operating and Capital Budget Board Meeting – Open Session

Carlos Bohorquez, Chief Financial Officer

June 11, 2025

Table of Contents

1. Executive Summary
2. Key Revenue, Volume and Expense Assumptions
3. Proposed Motion

The purpose of this presentation is to provide the Board with an overview of the FY2026 Operating / Capital budget and request for approval.

1. Executive Summary

FY2026 Budget: Executive Summary

By the Numbers - Financial

Total Operating Revenue

- Budget: \$1.82 billion

Operating EBIDA Margin

- Budget: \$251 million

Capital

- Budget: \$311 million

By the Numbers - Utilization

- Total Discharges (exc. Newborn): 22,653
- Average Daily Census: 313
- Acute ALOS: 4.57 days
- Deliveries: 4,866
- Total Surgeries: 15,377
- Outpatient Visits / Cases: 219,148
- ER Visits: 80,648

2. Key Revenue, Volume and Expense Assumptions

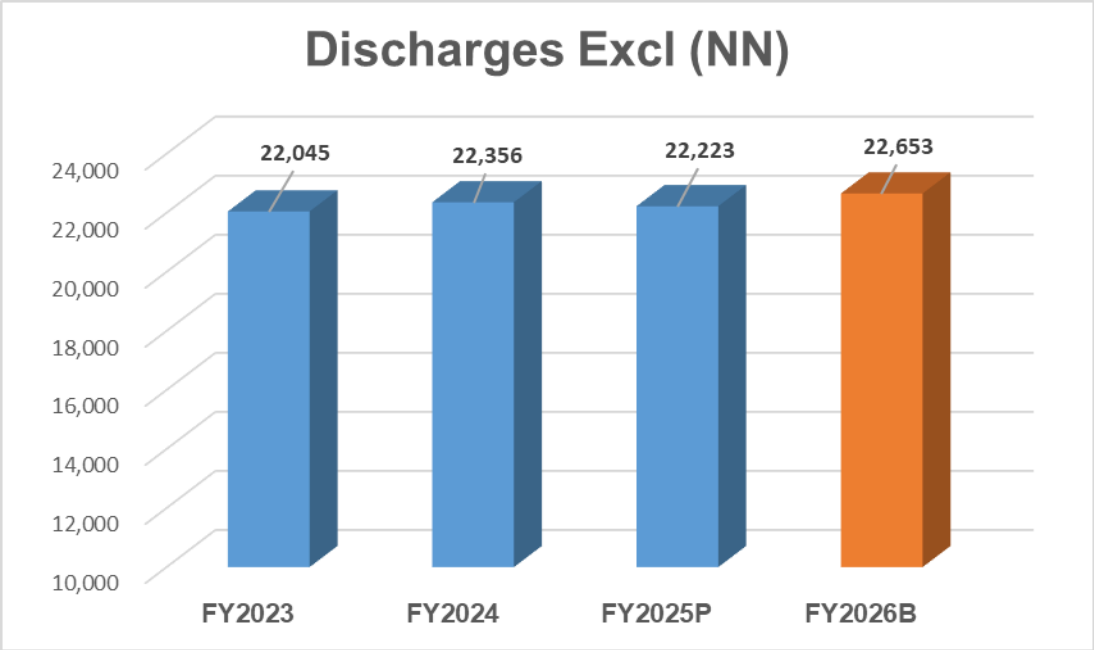
FY2026 Key Volume, Revenue and Expenses Drivers

Category	Item Description	FY2026 Assumption
Volume: Inpatient	Inpatient discharges	1.9% increase over FY2025 projected (excluding newborn)
Volume: Outpatient	Outpatient encounters	3.1% increase over FY2025 projected
Expenses: Unit Increase Percent	Wages and benefits	4.0% - 5.0%
Expenses: Unit Increase Percent	Drugs / Medical Supplies	5.0% - 7.0%
Overtime / Premium Pay	Percent of productive hours paid at OT / Premium Pay	2.75%
Contract Labor	Contract labor as a % of total salaries	2.5%
Acute Care Length of Stay	Acute Care Length of Stay (Days)	Reduce by 0.25 days
Investment Income	Expected return on investment portfolio	3.5%

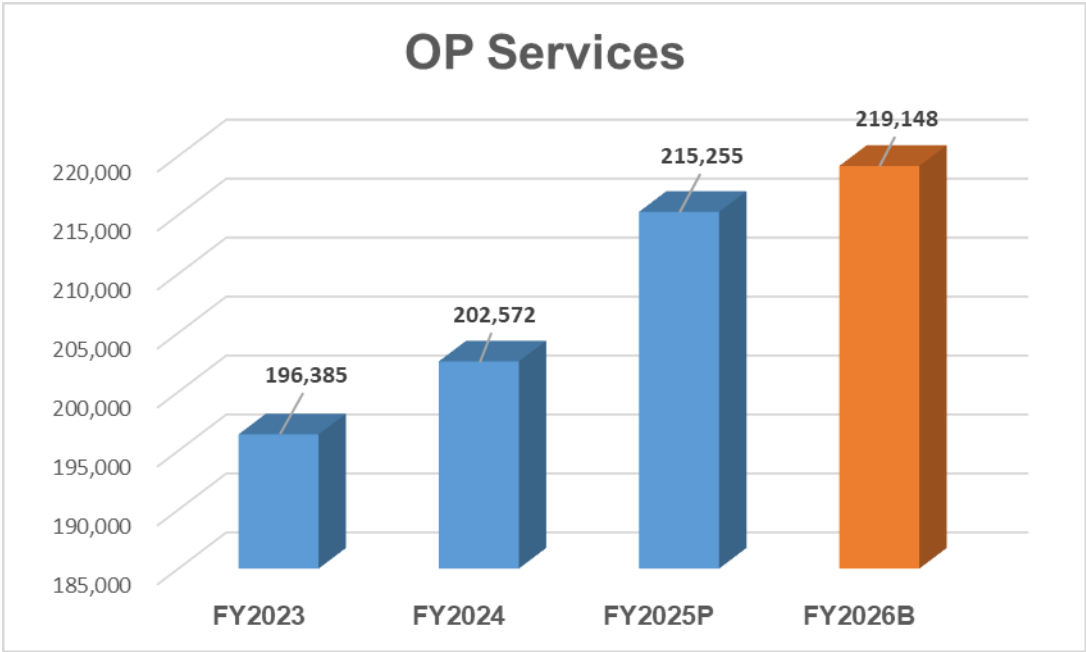
Inpatient & Outpatient Volume Statistics (Hospital)

Key Statistical Indicators

Inpatient Discharges (Excl. Newborn)



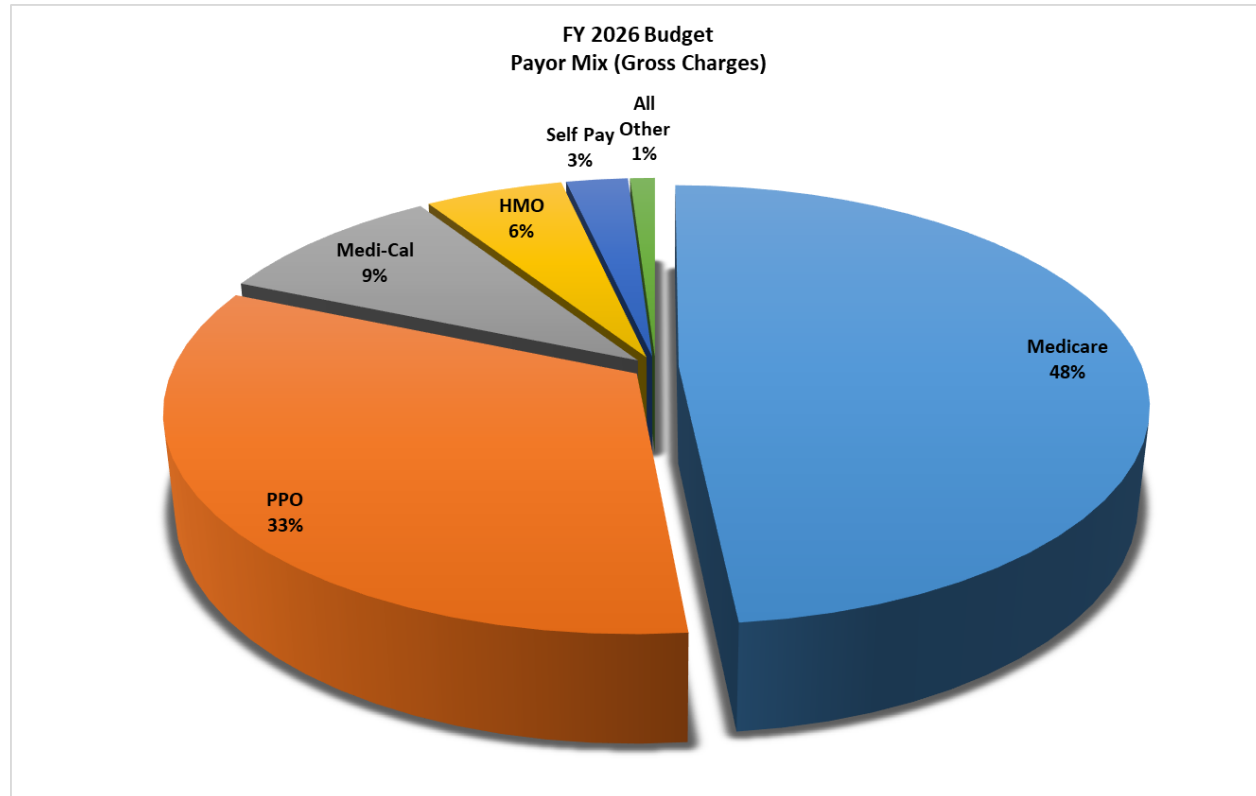
Outpatient Services



FY2026 Budget: Gross Revenue by Payor Type

Key Revenue Considerations

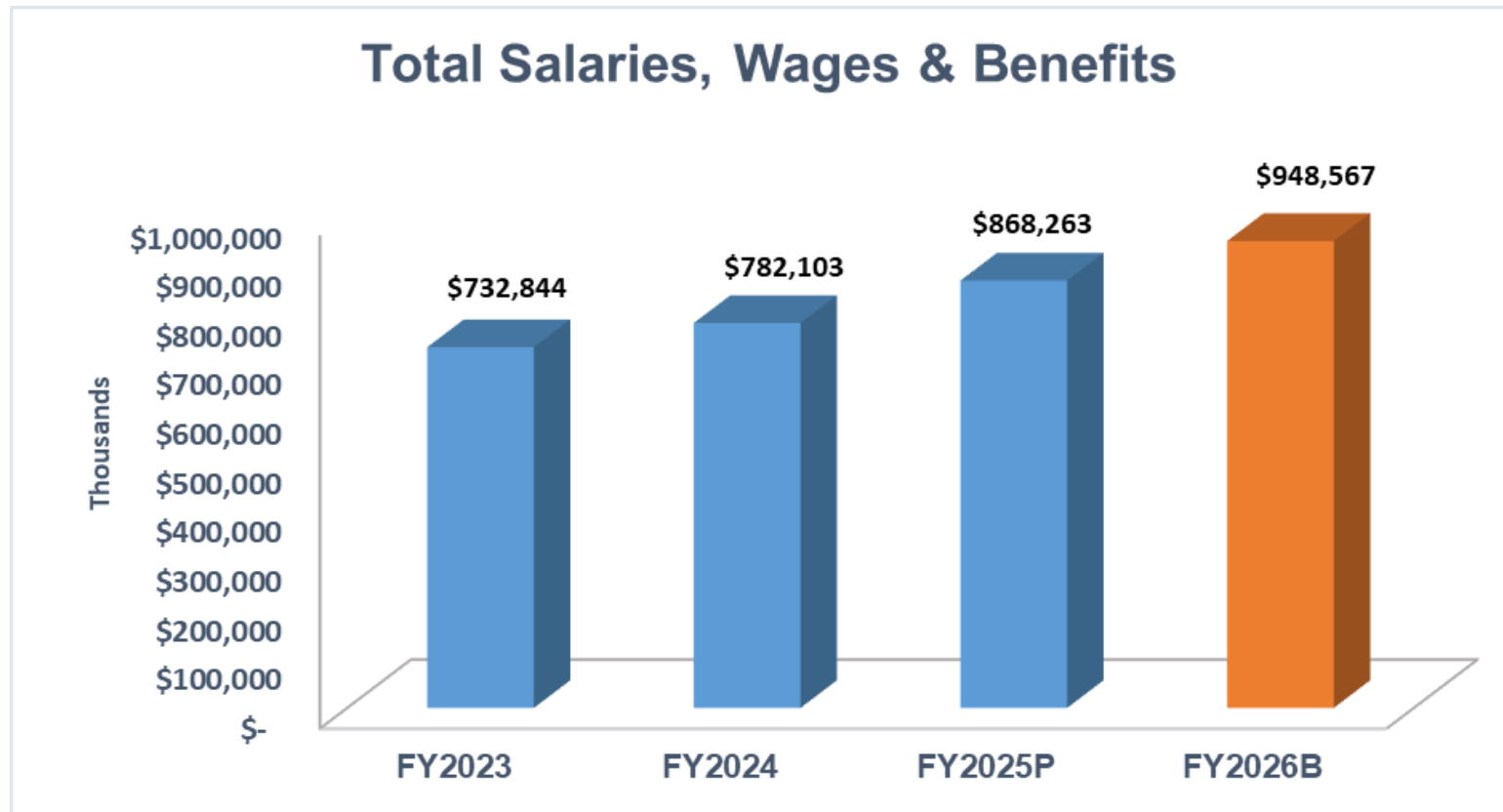
Payor Category (\$000's)	Total Gross Charges	Payor Mix
Medicare	\$3,819,137	48.4%
PPO	\$2,597,598	32.9%
Medi-Cal	\$746,526	9.5%
HMO	\$445,063	5.6%
Self Pay	\$198,970	2.5%
All Other	\$79,661	1.0%
Total	\$7,886,955	100.0%



FY2026 Budget: Labor Analysis (Consolidated)

Labor Analysis | Salaries, Wages & Benefits

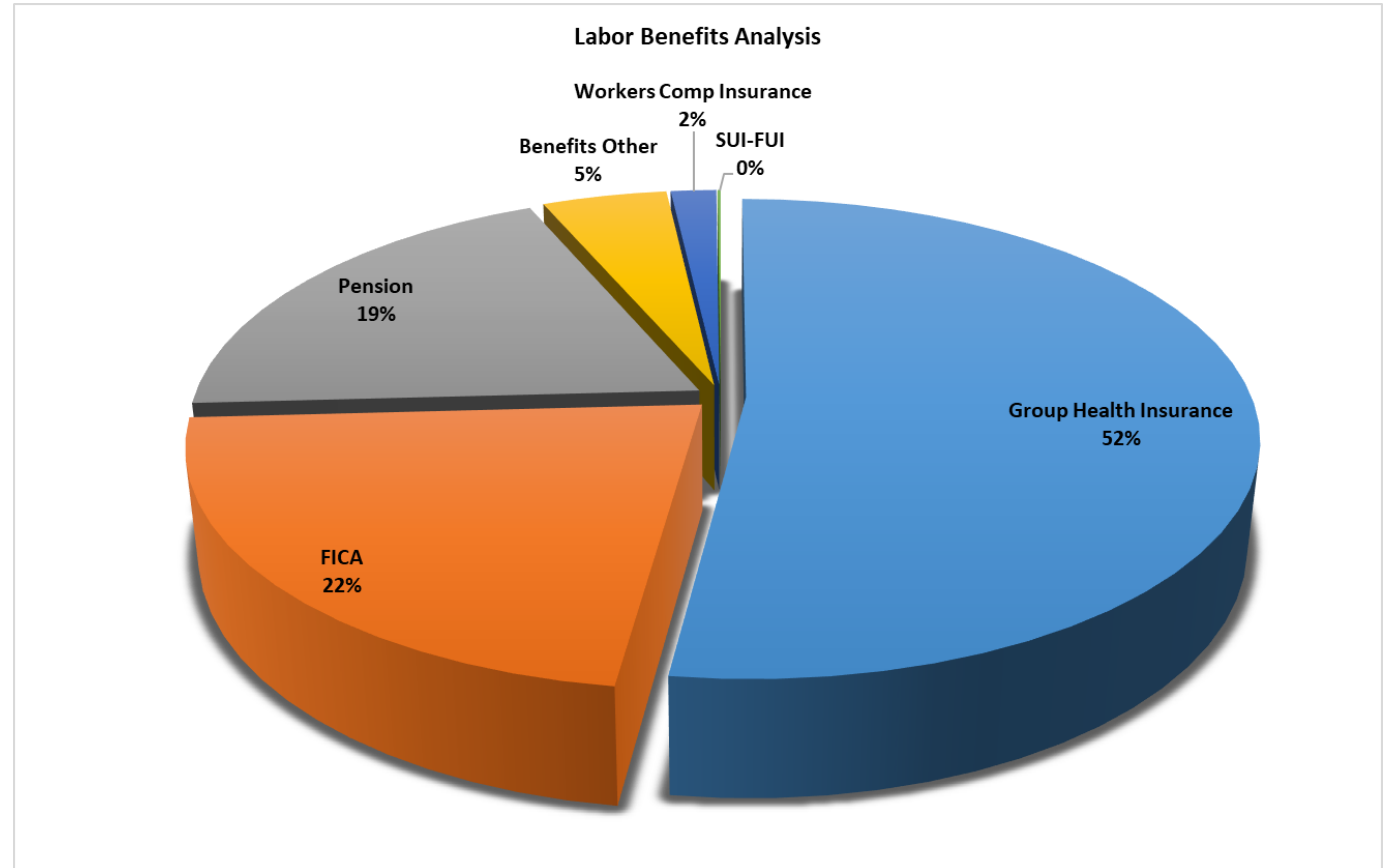
- FY2026 total Salaries, Wages, Contract Labor, and Benefits are increasing by \$80.3M, or 9.2%
- Salary and benefit increases include resources to support workforce stability and support the growth in ECHMN activity



FY2026 Budget: Labor Analysis – Benefits Excl. PTO (Consolidated))

Labor Analysis | Benefits (excl. PTO)

Type of Benefit	% of Total Benefit
Group Health Insurance	52.2%
FICA	22.0%
Pension	19.4%
Benefits Other	4.7%
Workers Comp Insurance	1.7%
SUI-FUI	0.1%
Total Benefit Spend (\$000's)	\$222,319

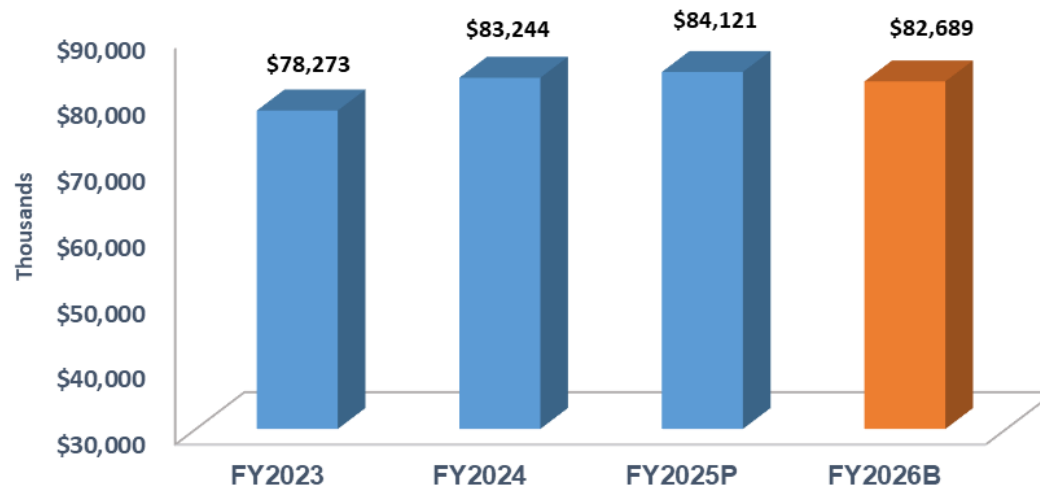


FY2026 Budget: Non-Operating Expenses (Consolidated)

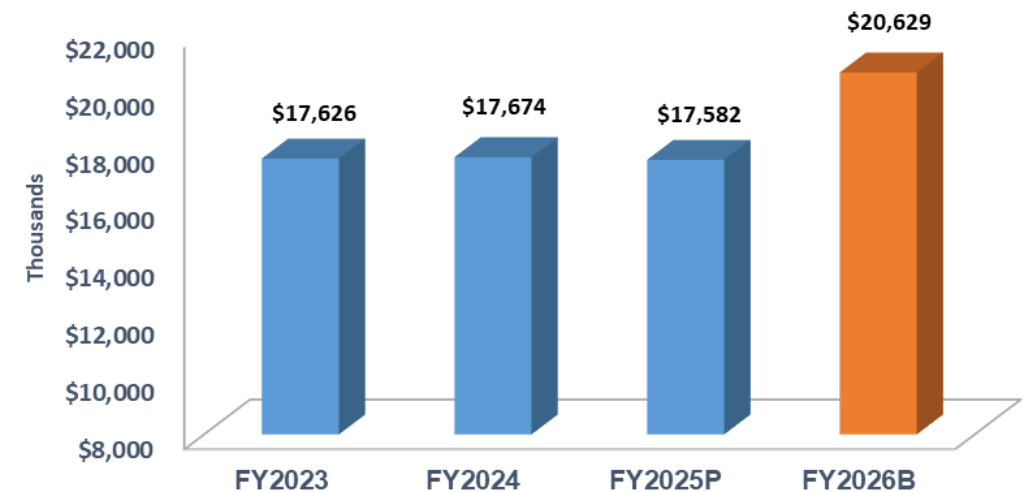
Depreciation and Interest Expense

- Decrease in Depreciation driven by several large IT projects being fully depreciated during FY2025
 - Partially offset by Women's Hospital and Imaging projects beginning their Depreciation in FY2026

Depreciation Expense



Interest Expense

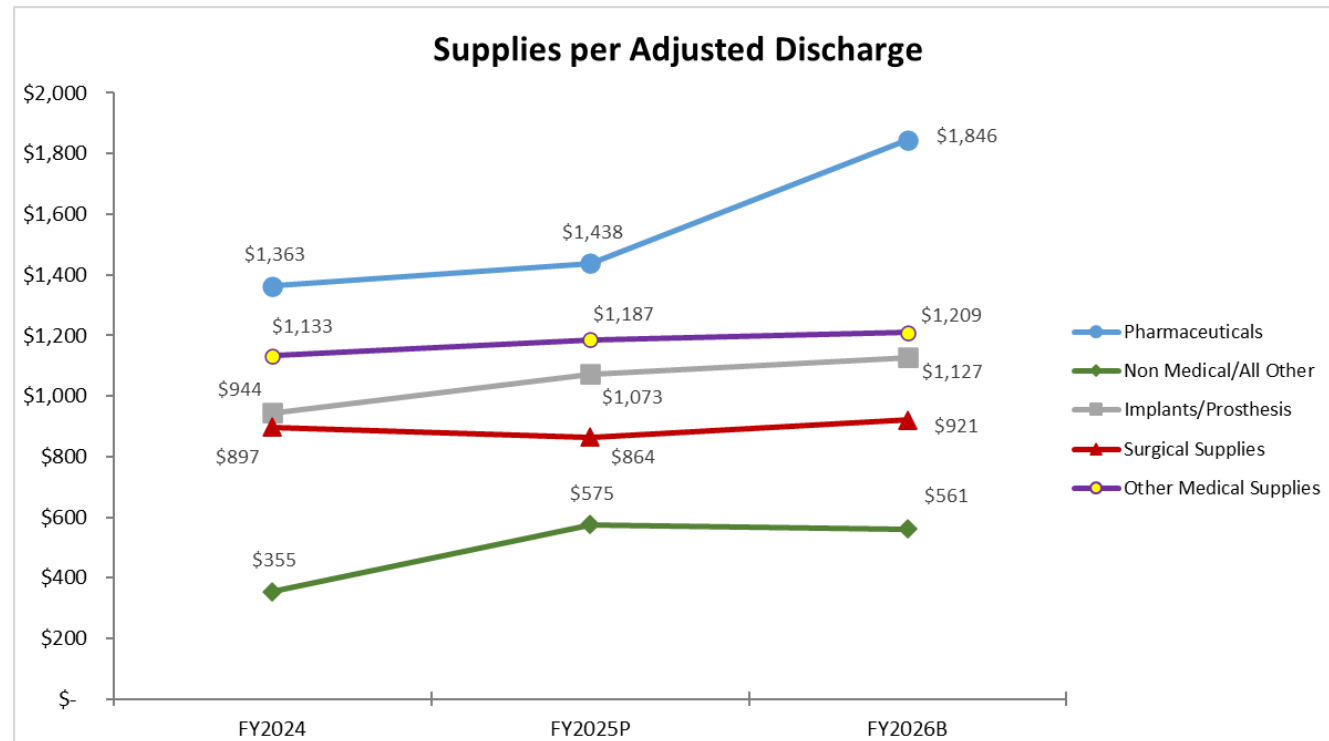


FY2026 Budget: Non-Labor Analysis (Consolidated)

Non-Labor Analysis | Supplies

- Pharmaceutical increase is driven primarily by inflation and strategic service line expansions.

FY2026 Supply Roll Forward	Expenses (\$000s)
FY2025 Projected Supply Expenses	227,708
Increase due to Supply Volume and Utilization	4,740
Inflationary Increases	8,076
Pharmacy Utilization Increase	15,264
FY2026 Budgeted Supply Expenses	255,788



3. Proposed Motion

Proposed Motion

- Management requests Board approval of the Fiscal Year 2026 operating and capital budget
- FY2026 budget includes the following expenditures across the enterprise:
 - Total Operating Expenditures: \$1,672 million
 - ECHMN Funding Support (Operating EBIDA): \$ 47 million
 - Capital Expenditures: \$311 million



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: ECH Board of Directors
From: Ken King, CAO
Date: June 11, 2025
Subject: Property Acquisition (APN 022-37-045)

Recommendation:

The Finance Committee recommends Board approval for management to complete the purchase of property located in Milpitas for an amount not to exceed \$13.7 million.

Summary:

1. **Situation:** The Lease of space at 227 N. Jackson (ECHMN McKee Clinic) expires at the end of 2025 and we need to find a location for this clinic.
2. **Authority:** Board approval of real estate transactions exceeding \$5 million as required by policy.
3. **Background:** We have been seeking an ideal location to develop a clinic that would accommodate the physicians currently in the McKee Clinic location on the campus of Regional Hospital. After evaluating several different property options, we entered a Letter of Intent to purchase the property located at 1533 California Circle, in Milpitas. A purchase and sale agreement (PSA) has been signed and is conditioned upon Board Approval. The two-story building is approximately 27,000 Gross Square Feet on 1.35 acres of land and currently functions as a general office for a tech company. The offer to purchase this property for \$13.2 million has been agreed upon.

The Portfolio Strategy and Optimization Analysis scored high in the suitability model for our use. The suitability model looks at drive time – catchment area, outpatient growth projections, with variables that include average household income, insurance coverage, total population, and 5-year projections for the most common health conditions.

The funding request of \$13.7 million includes brokers and legal fees along with due diligence and closing costs.

4. **Other Reviews:** This potential acquisition has been evaluated and reviewed by our real estate advisors from SABRE Real Estate Group and by real estate attorney Greg Caligari at Cox, Castle, Nicholson. This has also been reviewed by ECHMN Leadership and the ECHMN Board of Managers and the Finance Committee.

Outcomes: Upon the Boards approval the goal is to complete due diligence within by the end of June and close escrow within 10-60 days. An architect has been engaged to develop the TI plans for converting this general office space into efficient clinical space. The goal is to obtain a building permit by the first of October and to complete the TIs within 4-5 months. A funding request to complete the TI's will be presented as a separate request.



**EL CAMINO HOSPITAL BOARD OF DIRECTORS
RESOLUTION 2025-02**

**ACQUISITION OF ADVANCED CARDIOVASCULAR SPECIALISTS, INC.
(ACS)**

June 11, 2025

At a meeting duly called on June 11, 2025, the Board of Directors (the "Board") of El Camino Hospital, a California nonprofit public benefit corporation ("ECH"), does hereby authorize, consent to, and adopt the following resolution:

WHEREAS, ECH, a California nonprofit public benefit corporation is the sole member of El Camino Health Medical Network, LLC ("ECHMN");

WHEREAS, at a meeting held on May 12, 2025, the Board of Managers of ECHMN, subject to the approval of ECH as the sole Member, approved the purchase of the tangible and intangible assets, including the assignment and assumption of leases and other contracts, from Advanced Cardiovascular Specialists, Inc. (ACS), in consideration of the intended approximate purchase price of one million five hundred ten thousand dollars (\$1,510,000), and for ECHMN to enter into a Professional Services Agreement (PSA) with ACS for ECHMN to provide certain administrative practice support management services to ACS and for ACS to provide professional medical services to ECHMN's patients, with approximate annual cost of professional services of five million nine hundred thousand dollars (\$5,900,000.00) (the "Transaction");

WHEREAS, the Board of ECH has reviewed the actions and resolutions taken by the Board of Managers of ECHMN regarding the Transaction.

NOW THEREFORE, BE IT RESOLVED, the Board of ECH hereby approves each and all of the resolutions and actions taken by the Board of Managers of ECHMN as indicated in the attached Resolution dated May 12, 2025.

DULY PASSED AND ADOPTED at a regular meeting held on June 11, 2025, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Secretary
El Camino Hospital Board of Directors

Community Needs Assessment FY26, FY27, and FY28

- Based on Medical Staff Needs Assessment, management requests authorization for a ***total maximum estimated support of \$11,690,000*** for up to 24 potential provider recruitments for the following three fiscal years: FY26, FY27, and FY28
- To include, but not limited to, the following specialties:
 - Primary Care
 - Cardiology
 - Gastroenterology
 - General Surgery
 - Neurosurgery
 - Obstetrics/Gynecology
 - Orthopedic Surgery
 - Otolaryngology
 - Vascular Surgery
 - Other Unspecified: TBD



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, May 14, 2025**

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

Board Members Present

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

Board Members Absent

Wayne Doiguchi
Peter Fung, MD, MBA

Staff Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Omar Chughtai, CGO
Theresa Fuentes, CLO
Peter Goll, CAO, ECHMN
Mark Klein, CCMO
Tracey Lewis Taylor, COO
Shreyas Mallur, MD, CQO
Deb Muro, CIO
Andreu Reall, VP, Strategy

Staff Present (cont.)

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

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 4:05 p.m. Roll call was taken and Directors Doiguchi and Fung were absent. A quorum was present.	<i>The meeting was called to order at 4:05 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	Chair Rebitzer asked the Board if any member had a conflict of interest with any items on the agenda. None were noted.	
4. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.	
5. QUALITY FOCUSED REVIEW	<p>Chair Rebitzer introduced the item and acknowledged a suggestion to have presenters share key takeaways before opening the floor to Board questions.</p> <p>Dr. Mallur highlighted ECH's current quality ratings and addressed the drop from a 5-star to 4-star rating. He explained that the reclassification of hip and knee replacements from inpatient to outpatient significantly affected ECH's rating, as the numerator in the quality metric declined despite procedural consistency. ECH expects to regain a 5-star rating in 2026 or 2027.</p> <p>Dr. Somersille raised concern about comparative infection rates, and Dr. Ting challenged the weighting of metrics, noting that 30-day mortality is the most significant component. Dr. Mallur shared that ECH's performance is at or above the 95th percentile across most categories, with the exception of COPD-related mortality. Dr. Ting emphasized the need to address this, as the hospital ranks in the bottom quintile for this metric. Staff agreed to provide a deeper analysis.</p>	<p><i>Action(s):</i></p> <p><i>Staff will follow up with a detailed review of quality metrics, specifically addressing the COPD mortality score and its impact on the overall rating.</i></p>

6. RECESS TO CLOSED SESSION	<p>Motion: To recess to closed session at 4:25 p.m.</p> <p>Movant: Miller</p> <p>Second: Chen</p> <p>Ayes: Chen, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</p> <p>Nays: None</p> <p>Abstentions: None</p> <p>Absent: Doiguchi, Fung</p> <p>Recused: None</p>	<i>Recessed to closed session at 4:25 p.m.</i>
7. AGENDA ITEM 15: CLOSED SESSION REPORT OUT	<p>Chair Rebitzer reconvened the open session at 6:23 p.m., and Agenda Items 8 -13 were addressed in the closed session.</p> <p>Mr. Fernandez reported that during the closed session, the Credentialing and Privileges Report and Closed Session Minutes were approved by a unanimous vote of all Directors present.</p>	<i>Reconvened Open Session at 6:23 p.m.</i>
8. AGENDA ITEM 16: CONSENT CALENDAR	<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.</p> <p>Motion: To approve the consent calendar</p> <p>Movant: Miller</p> <p>Second: Ting</p> <p>Ayes: Chen, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin</p> <p>Nays: None</p> <p>Abstentions: None</p> <p>Absent: Doiguchi, Fung</p> <p>Recused: None</p>	<p><i>Consent calendar items a, b, and c were approved.</i></p> <ul style="list-style-type: none"> - Special ECHB/SVMD Board Meeting Minutes (04/16/25) - Hospital Board Open Session Minutes (04/16/25) - Policies, Plans, and Scopes of Services <p><i>Consent calendar items d, e, and f were received.</i></p> <ul style="list-style-type: none"> - Period 9 Financials - FY25 ECHB Pacing Plan - FY25 ECHB Follow Up Items
9. AGENDA ITEM 17: CEO REPORT	<p>Mr. Woods provided an update on several organizational highlights. He shared that El Camino Health received strong marks from Leapfrog and noted that CHRO Deanna Dudley had been recognized by Becker's Healthcare for her leadership. Ann Aquino was also honored externally for her contributions. Mr. Woods reported that the results of the recent Employee Engagement Survey were positive and that the MyChart patient portal is now fully available in Spanish, improving accessibility for patients. El Camino Health recently hosted the Northern Chapter of HIMSS, which provided valuable visibility for the organization's digital initiatives. The El Camino Health Foundation is currently ahead of budget, and a recent Foundation event received strong community</p>	<p><i>Action(s):</i></p> <p><i>Staff to send video link from Foundation link to Board.</i></p>

	<p>support. Mr. Woods also acknowledged the significant number of hours contributed by volunteers across the organization.</p> <p>During discussion, Director Miller expressed appreciation for the Foundation's performance, and Director Zoglin inquired about appointment volumes and trends related to EPIQ.</p>	
10. AGENDA ITEM 18: BOARD ANNOUNCEMENTS	Chair Rebitzer noted that individuals appearing in the upcoming Foundation video were his in-laws. No additional announcements were made.	
11. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 6:28 p.m.</p> <p>Movant: Watters Second: Zoglin Ayes: Chen, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Doiguchi, Fung Recused: None</p>	<i>Meeting adjourned at 6:28 p.m.</i>

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

Proposed FY 2026 Organizational Performance Goals for Board Approval

Pillar	Weight	OBJECTIVES/ OUTCOMES	Measurement Defined		
			Minimum	Target	Stretch
Threshold		Maintain positive EBIDA	≥ 80% of budgeted Operating EBIDA		
Quality and Safety	34%	C. Difficile	Maintain Baseline	5% reduction	10% reduction
		CAUTI	Maintain Baseline	9% reduction	Best performance number in past 3 years
		Hospital Acquired Pressure Injury (HAPI)	Maintain Baseline	8% reduction	16% reduction
		Hand Hygiene Compliance	Maintain Baseline	1% improvement	2% improvement
Service	33%	Likelihood to Recommend (LTR) – Composite	98% of FY25 baseline	FY25 Baseline	102% of FY25 baseline
		Likelihood to Recommend (LTR) – ECHMN	Maintain FY25 performance	Target in line with top 50% of clients	Target in line with top 30% of clients
Finance	33%	Operating EBIDA	95% of Budget \$238.5M	100% of Budget \$251 M	103% of Budget \$258.5M



EL CAMINO HOSPITAL BOARD OF DIRECTORS COMMITTEE MEETING MEMO

To: El Camino Hospital Board of Directors
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: June 11, 2025
Subject: FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan

Recommendation:

To approve the FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan (Plan). To approve authority for Jon Cowan, Executive Director of Government Relations & Community Partnerships, to execute all grant agreements specified in the Plan.

Summary:

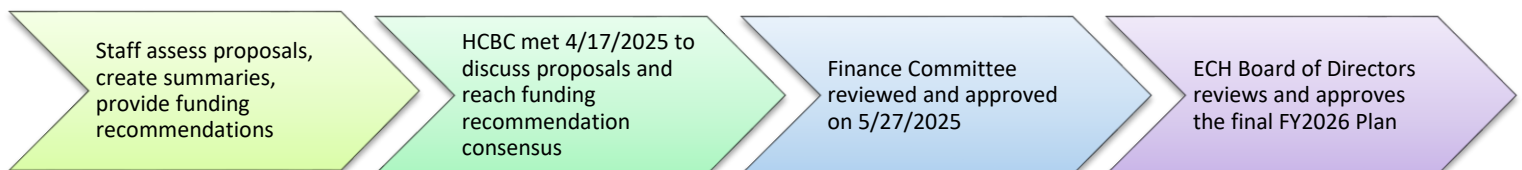
1. **Situation:** The Plan reflects a total request of \$3,410,000 and includes funding recommendations for grants, sponsorships, and placeholder.
 - The Plan outlines strategies to address the top unmet health needs identified in the 2025 ECH Community Health Needs Assessment (CHNA)
 - Grant proposals in the Plan set metrics aimed at reducing these unmet health needs
 - Sponsorships and placeholder funds are separate from grants and approved in aggregate amounts
2. **Authority:** Per the Community Benefit Grants Policy approved by the ECH Board of Directors, the Finance Committee is to review and recommend approval of the annual Plan.

3. **Background:**
Plan

- Plan includes grant proposals, sponsorships, and placeholder.

Grant proposals review process:

- December 2024: Community Benefit (CB) FY2026 Application and Grant Guide released online with announcement to community and current grantees.
- February 28, 2025: Submission deadline
-



- Funding overview:
 - Grant Proposals: 47 recommended at \$3,310,000**
 - Total Proposals: 77 (1% increase over prior year)
 - Total Requested: \$6,377,515 (6% increase over prior year)

FY2026 El Camino Health Implementation Strategy Report and Community Benefit Plan
June 11, 2025

- Total Funded: \$3,310,000 (0% increase over prior year)
 - Total Unfunded: \$3,067,515 (14% increase over prior year)

Sponsorships: Recommended = \$85,000

Placeholder: Recommended = \$15,000

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

FY2026 ECH Total Plan Request: \$3,410,000

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

List of Attachments in Supplemental Packet:

1. [FY2026 ECH Implementation Strategy Report and Community Benefit Plan](#)

Item 23c2:

Approve Delegation of Authority to Executive Director of Government Relations and Community Partnerships to execute all grant agreements specified in the FY26 Implementation Strategy Report and Community Benefit Plan



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: June 11, 2025
Subject: 2025 El Camino Health Community Health Needs Assessment

Recommendation:

To approve the 2025 El Camino Health Community Health Needs Assessment, as reviewed and recommended for approval by the Hospital Finance Committee.

Summary:

1. Situation: Conducted every three years, the Community Health Needs Assessment (CHNA) is conducted in compliance with IRS requirements per the Affordable Care Act of 2010.
2. Authority: The triennial CHNA is the framework for the annual Implementation Strategy Report and Community Benefit Plan (Plan) which is presented to the Board for approval.
3. Background:
 Per the Affordable Care Act, El Camino Health conducted a community health needs assessment from January 2024 through April 2025. Four nonprofit hospitals/healthcare systems across San Mateo and Santa Clara counties, with additional support from the Palo Alto Medical Foundation (a nonprofit multi-specialty group), formed an informal collaborative to conduct a dual-county, triennial CHNA in compliance with current federal requirements. The 2025 CHNA builds upon the earlier assessments conducted by these entities, distills new qualitative and quantitative research, prioritizes local health needs, identifies areas for improvement, and lists Santa Clara County's assets and resources related to identified health needs.

The CHNA highlights five priority focus areas for the El Camino Health service area.

- Health Care Access & Delivery
 - Behavioral Health
 - Diabetes & Obesity
 - Chronic Conditions
 - Economic Stability
4. Other Reviews: The Hospital Finance Committee reviewed and recommended for approval on May 27, 2025.
 5. Outcomes: The ECH Board of Directors votes to approve the 2025 CHNA, which will represent the framework of the Plans for Fiscal Years 2026 through 2028.

List of Attachments in Supplemental Packet:

- [ECH 2025 CHNA Report.pdf](#)



**EL CAMINO HOSPITAL
BOARD OF DIRECTORS MEMO**

To: El Camino Hospital Board of Directors
From: Anne Yang, Executive Director, Governance Services
Date: June 11, 2025
Subject: Proposed FY26 Advisory Committee Goals and Pacing Plans

Recommendation: Review for Board approval the proposed FY26 Advisory Committee Goals and Pacing Plans.

Authority: The Board reviews and approves the FY26 Advisory Committee Goals and Pacing Plans at the June ECHB meeting, and prior to that, the Governance Committee provides review and recommendation for Board approval.

Summary: A few notes on the materials:

- The Executive Compensation Committee Proposed FY26 Committee Goals and Pacing Plan is one document as the goals are listed according to the quarter in which the topic is paced.
- All other Advisory Committees have a separate proposed goals and pacing plan documents.
- The Governance Committee did not recommend approval of the Compliance and Audit Committee goals as presented. Instead, the Committee requested that the goals and metrics be revised and submitted directly to the Board for approval. The revised version is listed separately on the consent calendar.

List of Attachments in Supplemental Packet:

1. Proposed FY26 Governance Committee Goals and Pacing Plan
2. Proposed FY26 Finance Committee Goals and Pacing Plan
3. Proposed FY26 Quality Committee Goals and Pacing Plan
4. Proposed FY26 Compliance & Audit Committee Pacing Plan
5. Proposed FY26 Executive Compensation Committee Goals and Pacing Plan
6. Proposed FY26 Investment Committee Goals and Pacing Plan



Proposed FY26 Advisory Committee and Liaison Appointments

COMMITTEE APPOINTMENTS							ECHMN BOARD OF MANAGERS (Informational Only, not subject to ECHB approval)
COMMITTEE	COMPLIANCE & AUDIT	EXEC COMPENSATION	FINANCE	GOVERNANCE	INVESTMENT	QUALITY	ECHMN
CHAIR	Lica Hartman	Wayne Doiguchi	Don Watters	Lanhee J. Chen	Brooks Nelson	Carol Somersille, MD	Bob Rebitzer
VICE CHAIR	Julia E. Miller	TBD*	Bill Hooper	TBD*	John Zoglin	TBD*	Lanhee J. Chen George O. Ting, MD John Zoglin
BOARD MEMBERS	Jack Po, MD	George O. Ting, MD	Wayne Doiguchi	Julia E. Miller	Peter C. Fung, MD	Jack Po, MD	
		Don Watters	Peter C. Fung, MD	Carol Somersille, MD		John Zoglin	
COMMUNITY MEMBERS	Sylvia Fong	Tom Asmar	Cynthia Stewart	Ken Alvares	Nicola Boone	Krutica Sharma	
	Sharon Anolik Shakked	Mary Hassett	Christina Lai**	Mike Kasperzak	John Conover	Pancho Chang	
	Christine Sublett	Estrella Parker			Robin Driscoll	RECRUIT (4 candidates)	
		Todd Shaw			Ken Frier		
MEDICAL STAFF OFFICERS & MEDICAL NETWORK BOARD MEMBERS						Steve Xanthopoulos, MD Shahram Gholami, MD Linday Huynh, MD Alternate Randy Liang, MD Alternate	Mark Adams Carlos Bohorquez Sharam Gholami, MD Peter Goll Shabnam Hussein, MD Dan Woods
LIAISON APPOINTMENTS				LEGEND: Hospital Board Members District Board Members Community & Staff Members			
COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) (Liaison)***			Carol Somersille, MD	ECH FOUNDATION BOARD OF DIRECTORS (Liaison)			Peter C. Fung, MD

*Bob Miller and Melora Simon to transition from Committee roles in June 2025. Vice Chair to be determined by Committee Chair.

**Christina Lai moving from Governance to Finance Committee, pending Finance Committee approval.

***CBAC Liaison is appointed by El Camino Healthcare District Board of Directors.

Yellow denotes new assignments.



EL CAMINO HOSPITAL BOARD OF DIRECTORS MEETING MEMO

To: El Camino Hospital Board of Directors
From: Anne Yang, Executive Director, Governance Services
Date: June 11, 2025
Subject: Committee Governance Policy

Recommendation: To approve the revised El Camino Hospital Committee Governance Policy ("Committee Governance Policy"), and to sunset the existing Advisory Committee Member Nomination and Selection Policy ("Nomination and Selection Policy") and Advisory Committee Member Nomination and Selection Procedures ("Nomination and Selection Procedures").

Authority: The Board of Directors reviews and approves changes to the governance policies. The revised governance policies were reviewed and recommended for Board approval by the Governance Committee on June 3, 2025.

Summary: The current review reflects updates made to the Committee Governance Policy.

1. We have updated the Director Member Advisory Committee term to 1 year from 3 years. This allows for greater flexibility for Director Members to move to different assignments for a given year.
2. Community Member terms will remain 3 years. Both Director Member and Community Member terms are renewable.

We also took this opportunity to consolidate the Committee Governance Policy with the Nomination & Selection Policy and the Nomination & Selection Procedures. The revised Committee Governance Policy now captures all relevant points from the nomination and selection process. The remaining items in the Nomination and Selection procedures were not currently used in practice or no longer relevant/needed.

- Each Advisory Committee determines minimum qualifications and competencies for members
- Nominations may be received from any source
- A candidate shall submit an application stating reasons, qualifications, and disclosures
- Ad Hoc Committee will interview candidates and either select the final candidates for Committee interviews or recommend for Board appointment in accordance with the Bylaws
- Community Members may also be reassigned to another Committee at the recommendation of the CEO, Board Chair and the receiving Committee Chair. The appointment would be subject to Committee and Board approval in accordance with the Bylaws.

List of Attachments:

- [Revised El Camino Hospital Board Committee Governance Policy \(Redline\)](#)
- [Advisory Committee Member Nomination and Selection Policy](#)
- [Advisory Committee Member Nomination and Selection Procedures](#)



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Anne Yang, Executive Director, Governance Services
Date: June 11, 2025
Subject: Annual Review and Approval of Committee Charters

Recommendation: To approve revised charters of the El Camino Hospital Board of Directors Finance Committee, Quality, Patient Care and Patient Experience Committee, Compliance and Audit Committee, Governance Committee, Investment Committee, and Executive Compensation Committee.

Authority: The Board of Directors reviews and approves changes to the committee charters.

Summary: The current review and approval serves as the annual Board review and approval of committee charters.

June 11, 2024: All charters were updated and approved by each Committee and reviewed and approved by the Governance Committee. The primary update to all the charters was to align the committee membership language with the Committee Governance Policy, a new policy in 2024 which outlined the committee membership standards and practice across all committees.

March 12, 2025 ECHB Meeting: The ECHB Board requested re-review of all Charters for inclusion of each committee's specific role with respect to the annual organizational performance goals setting process.

Below is a list of all updates made to each charter during 2024-25:

Finance Committee Charter

1. Harmonize with the Committee Governance Policy (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).
2. Previously all Physician Financial Arrangements in excess of 75% of FMV were reviewed and recommended for board approval. The revision now allows for the Finance Committee to review and approve Physician Financial Arrangements in excess of 75% of FMV and recommend for Board approval any in excess of 90% FMV in accordance with Corporate Compliance (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).
3. Removed language on approving Physician Financial Arrangements in excess of 250K annually if the annual increase is greater than 10% (approved by GC in 6/11/24, reviewed and recommended for board approval by FC on 8/26/24).
4. Added details on the committee's role in the organizational performance incentive goals setting process under the Specific Duties section (approved by FC 5/27/25)

Quality, Patient Care, and Patient Experience Committee Charter

1. Harmonize with the Committee Governance Policy (approved by GC in 6/11/24, approved by QC on 2/3/25)

Annual Review and Approval of Committee Charters June 11, 2025

2. Added ECHMN/SVMD reporting description. Governing authority resides with respective ECHMN/SVMD boards (approved by GC in 6/11/24, approved by QC on 2/3/25).
3. Clarify QC oversight over Hospital's medical staff activities and Hospital's Medical Executive Committee monthly credentialing and privileging reports (approved by GC in 6/11/24, approved by QC on 2/3/25).
4. Added more details on the committee's role in the organizational performance goals setting process under Specific Duties section (will go to QC in May).

Compliance and Audit Committee Charter

1. Harmonize with the Committee Governance Policy (approved by GC in 6/11/24, reviewed and recommended for board approval by CAC on 9/25/24).
2. Revised External Audit Functions section to delegate to the committee the role of reviewing and approving the external audit firm selection, retention, and, when necessary, replacement (approved by CAC 4/23/25).
3. Removed language regarding evaluation of audit fee to ensure fairness as this will be considered a management responsibility (approved by CAC 4/23/25).
4. The Compliance and Audit Committee will continue to review and recommend for board approval the final external audit exam reports (approved by CAC 4/23/25).

Executive Compensation Committee Charter

1. Harmonize with the Committee Governance Policy. (approved and recommend for Board approval by ECC 6/6/24; approved by GC on 6/11/24).
2. The Committee reviews the succession planning process. Actual plan is reviewed by CEO, ECC Chair and Board Chair (approved and recommend for Board approval by ECC 6/6/24; approved by GC on 6/11/24).
3. Added the annual organizational performance incentive goals setting process under Specific Duties section (ECC to review on 6/5/25).

Governance Committee Charter

1. Harmonize with the Committee Governance Policy (approved by GC on 6/11/24).
2. Review and recommend to the Board regarding the Board Chair's appointments of Advisory Committee Chairs and members (approved by GC on 6/11/24).
3. Revised the Board Evaluation frequency to regular basis from annual basis as the board assessment may transition to a biennial frequency (approved by GC on 6/3/25).
4. Remove language on submission of Hospital Board's annual self-evaluation to the District Board as this has not been done in practice (approved by GC on 6/3/25).

Investment Committee Charter

1. Harmonize with the Committee Governance Policy (approved by GC on 6/11/24; approved by IC on 2/10/25).
2. No changes in FY25.

Annual Review and Approval of Committee Charters

June 11, 2025

List of Attachments in Appendix in Supplemental Packet:

- Finance Committee Charter (Marked and Clean)
- Quality, Patient Care and Patient Experience Committee Charter (Marked and Clean)
- Compliance and Audit Committee Charter (Marked and Clean)
- Executive Compensation Committee Charter (Marked and Clean)
- Governance Committee Charter (Marked and Clean)
- Investment Committee Charter (Marked and Clean)



EL CAMINO HOSPITAL BOARD OF DIRECTORS MEETING MEMO

To: El Camino Hospital Board of Directors
From: Carol Somersille, MD, Chair of the Quality, Patient Care, and Patient Experience Committee
Date: June 11, 2025
Subject: Nominees for Quality, Patient Care, and Patient Experience Committee

Recommendation: The Quality Committee recommends three (3) nominees for approval by the Hospital Board for appointment as community members of the Quality Committee.

Summary:

1. **Situation:** Per the Committee Governance Policy and Quality Committee Charter, the Committee shall include two (2) or more Hospital Board members. The Committee may also include up to nine (9) community members with expertise in areas such as quality indicators, patient safety, care integration, payor industry issues, customer service, population health management, goal alignment, or executive leadership in healthcare institutions.
2. **Authority:** The Quality Committee appointed Krutica Sharma, MD (Chair), Melora Simon, and Carol Somersille, MD, to an Ad Hoc Committee to identify qualified community candidates with expertise in three specific areas: health equity, customer and patient experience, and outpatient quality.
3. **Background:** The Ad Hoc Committee developed and executed a recruitment plan that attracted a strong pool of community applicants. Seven candidates with extensive experience and qualifications were selected for interviews. Following the interviews, the Ad Hoc Committee identified four candidates to recommend for consideration by the Quality Committee.

At the June 2, 2025 meeting, four candidates were interviewed by the Committee. The Committee recommends three candidates for approval by the Hospital Board for appointment to the Quality Committee as community members. The Candidates' resumes and responses to the Candidate Questionnaire have been included for review.

List of Attachments in Supplemental Packet:

- a. Erica Jiang
- b. Barbara Pelletreau
- c. Diane Schweitzer

**BOARD OF DIRECTORS**

Documents for Review

June 18, 2025

Department	Document Name	Origin Date	Last Reviewed	Revised?	Doc Type	Document Details Approval Workflow
Finance	A22f1. Physician Recruitment Program	2-2007	N/A	Major	Policy	<ul style="list-style-type: none"> Updated Sections: Coverage, Procedure ePolicy > Board
Maternity	A22f2. Scope of Service: Maternity – Enterprise	9-2015	4-13-22	Major	Scope of Service	<ul style="list-style-type: none"> Majority of sections updated MV LG Manager > UPC Staff Meeting > MCH Exec > ePolicy > MEC > Board
Imaging Services	A22f3. Radiation Safety – Personnel and Medical Staff Monitoring and Dosimetry	3-1993	12-11-24	Major	Policy	<ul style="list-style-type: none"> Majority of sections updated Radiation Safety > Dept of Surgery > ePolicy > MEC > Board
Emergency Department	A22f4. Compliance with Emergency Medical Treatment and Active Labor Act (EMTALA)	3-2012	12-8-21	Major	Policy	<ul style="list-style-type: none"> Updated Procedure section UPC Staff Meeting > MCH Exec > Med Dept Exec > ePolicy > MEC > Board
Emergency Management	A22f5. Emergency Management – Pandemic Plan	9-2020	5-10-23	Unchanged	Plan	<ul style="list-style-type: none"> No changes Emergency Mgmt > Infection Prevention > ePolicy > MEC > Board
Fire Safety Mgmt	A22f6. Environment of Care – Fire Prevention Management Plan	2-2018	12-18-21	Major	Plan	<ul style="list-style-type: none"> Majority of sections updated Fire Safety Mgmt work Group > Central Safety > PESC > ePolicy > MEC > Board



**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 (Retreat)										✓		
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												✓



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: June 11, 2025
Subject: Financials: FY2025 – Period 10 (April 2025) & YTD - Consent Calendar

Purpose:

To provide the Board an update on financial results for FY2025 Period 10 (April 2025) & YTD.

Executive Summary – Period 10 (April 2025):

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

- **Average Daily Census:** 311 is (2) / (0.6%) unfavorable to budget and 10 / 3.1% higher than the same period last year.
- **Adjusted Discharges:** 3,979 are 318 / 8.7% favorable to budget and 279 / 7.5% higher than the same period last year.
- **Emergency Room Visits:** 7,160 are 276 / 4.0% unfavorable to budget and 1,113 / 18.4% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,747 are 3,139 / 29.6% favorable to budget and 1,645 / 13.6% higher than the same period last fiscal year.

Financial performance for Period 10 was favorable to budget. This is attributed to strong procedural volume and favorable management of variable expenses across the enterprise.

Total Operating Revenue (\$):	\$150.7M is \$13.7M / 10.0% favorable to budget and \$18.1M / 13.7% higher than the same period last fiscal year.
Operating EBIDA (\$):	\$24.3M is \$5.2M / 27.1% favorable to budget and \$5.4M / 28.7% higher than the same period last fiscal year.
Net Income (\$):	\$13.1 is (\$3.1M) / (19.3%) unfavorable to budget and \$14.4M / 1,179.5% higher than the same period last fiscal year.
Operating Margin (%):	10.7% (actual) vs. 8.1% (budget)
Operating EBIDA Margin (%):	16.1% (actual) vs. 14.0% (budget)
Net Days in A/R (days):	50.5 days are favorable to budget by 3.5 days / 6.5% and 0.9 days / 1.7% better than the same period last year.

Executive Summary – YTD FY2025 (as of 4/30/2025):

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

- **Average Daily Census:** 312 is 1 / 0.2% favorable to budget and 5 / 1.5% higher than the same period last year.
- **Adjusted Discharges:** 37,325 are 126 / 0.3% favorable to budget and 837 / 2.3% higher than the same period last year.
- **Emergency Room Visits:** 68,101 are 835 / 1.2% favorable to budget and 844 / 1.3% lower than the same period last fiscal year.

Financials FY2025 – Period 10 & YTD (as of 4/30/2025)
June 11, 2025

- **Outpatient Visits / Procedures:** 128,458 are 14,470 / 12.7% favorable to budget and 13,959 / 12.2% higher than the same period last fiscal year.

Total Operating Revenue (\$): \$1,423.6M is \$54.3M / 4.0% favorable to budget and \$129.5M / 10.0% higher than the same period last fiscal year.

Operating EBIDA (\$): \$227.3M is \$33.3M / 17.2% favorable to budget and \$21.4M / 10.4% higher than the same period last fiscal year.

Net Income (\$): \$220.9M is \$60.6M / 37.8% favorable to budget and (\$14.2M) / (6.1%) lower than the same period last fiscal year. Favorable net income is attributed to stable financial performance

Operating Margin (%): 10.0% (actual) vs. 8.0% (budget)

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

Recommendation:

- Recommend Board approval of FY2025 – Period 10 & YTD financials

List of Attachments:

- Financial Report: FY2025 Period 10 & YTD



Summary of Financial Operations

Fiscal Year 2025 – Period 10
7/1/2024 to 04/30/2025

Operational / Financial Results: Period 10 – April 2025 (as of 04/30/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	311	313	(2)	(0.6%)	302	10	3.1%	---	---	---	---
	Adjusted Discharges	3,979	3,661	318	8.7%	3,700	279	7.5%	---	---	---	---
	OP Visits / OP Procedural Cases	13,747	10,608	3,139	29.6%	12,102	1,645	13.6%	---	---	---	---
	Percent Government (%)	59.8%	58.7%	1.1%	1.9%	59.9%	(0.1%)	(0.1%)	---	---	---	---
	Gross Charges (\$)	609,693	561,236	48,457	8.6%	536,519	73,174	13.6%	---	---	---	---
Operations	Cost Per CMI AD	21,781	20,032	1,749	8.7%	18,538	3,244	17.5%	---	---	---	---
	Net Days in A/R	50.5	54.0	(3.5)	(6.5%)	51.4	(0.9)	(1.7%)	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue (\$)	137,712	131,660	6,052	4.6%	123,655	14,057	11.4%	297,558	564,735	---	
	Total Operating Revenue (\$)	150,685	136,969	13,716	10.0%	132,554	18,131	13.7%	389,498	610,593	268,739	
	Operating Margin (\$)	16,096	11,060	5,036	45.5%	10,376	5,720	55.1%	7,400	11,601	8,331	
	Operating EBIDA (\$)	24,281	19,111	5,170	27.1%	18,863	5,418	28.7%	26,400	39,689	22,574	
	Net Income (\$)	13,138	16,284	(3,146)	(19.3%)	(1,217)	14,355	1179.5%	19,085	20,150	15,049	
	Operating Margin (%)	10.7%	8.1%	2.6%	32.3%	7.8%	2.9%	36.5%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.1%	14.0%	2.2%	15.5%	14.2%	1.9%	13.2%	6.8%	6.5%	8.4%	
	DCOH (days)	289	275	14	4.9%	266	23	8.7%	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 04/30/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	313	312	1	0.2%	308	5	1.5%	---	---	---	---
	Adjusted Discharges	37,325	37,199	126	0.3%	36,488	837	2.3%	---	---	---	---
	OP Visits / OP Procedural Cases	128,458	113,988	14,470	12.7%	114,499	13,959	12.2%	---	---	---	---
	Percent Government (%)	59.4%	58.7%	0.8%	1.3%	59.3%	0.2%	0.3%	---	---	---	---
	Gross Charges (\$)	6,071,639	5,747,973	323,665	5.6%	5,257,610	814,028	15.5%	---	---	---	---
Operations	Cost Per CMI AD	20,224	20,032	191	1.0%	18,772	1,451	7.7%	---	---	---	---
	Net Days in A/R	50.5	54.0	(3.5)	(6.5%)	51.4	(0.9)	(1.7%)	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue (\$)	1,358,948	1,312,474	46,474	3.5%	1,229,453	129,495	10.5%	2,975,583	5,647,346	---	
	Total Operating Revenue (\$)	1,423,617	1,369,283	54,334	4.0%	1,294,146	129,471	10.0%	3,894,981	6,105,928	3,224,864	
	Operating Margin (\$)	142,119	109,577	32,542	29.7%	122,197	19,922	16.3%	74,005	116,013	99,971	
	Operating EBIDA (\$)	227,318	193,985	33,333	17.2%	205,930	21,387	10.4%	264,003	396,885	270,889	
	Net Income (\$)	220,918	160,304	60,614	37.8%	235,145	(14,227)	(6.1%)	190,854	348,038	180,592	
	Operating Margin (%)	10.0%	8.0%	2.0%	24.7%	9.4%	0.5%	5.7%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.0%	14.2%	1.8%	12.7%	15.9%	0.1%	0.3%	6.8%	6.5%	8.4%	
	DCOH (days)	289	275	14	4.9%	266	23	8.7%	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%

Consolidated Balance Sheet (as of 04/30/2025)

(\$000s)

ASSETS

	April 30, 2025	Audited June 30, 2024
CURRENT ASSETS		
Cash	313,878	202,980
Short Term Investments	100,243	100,316
Patient Accounts Receivable, net	226,539	211,960
Other Accounts and Notes Receivable	26,502	25,065
Intercompany Receivables	23,773	17,770
Inventories and Prepaids	47,046	55,556
Total Current Assets	737,983	613,647
BOARD DESIGNATED ASSETS		
Foundation Board Designated	17,093	23,309
Plant & Equipment Fund	539,245	503,081
Women's Hospital Expansion	45,453	31,740
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,480	17,561
Workers Compensation Reserve Fund	13,086	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737
PTO Liability Fund	41,395	37,646
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	36,557	33,030
Total Board Designated Assets	945,725	894,322
FUNDS HELD BY TRUSTEE	18	18
LONG TERM INVESTMENTS	692,557	665,759
CHARITABLE GIFT ANNUITY INVESTMENTS	1,242	965
INVESTMENTS IN AFFILIATES	49,070	36,663
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	2,052,617	2,016,992
Less: Accumulated Depreciation	(945,815)	(874,767)
Construction in Progress	215,913	173,449
Property, Plant & Equipment - Net	1,322,714	1,315,675
DEFERRED OUTFLOWS	42,524	41,550
RESTRICTED ASSETS	46,512	32,166
OTHER ASSETS	206,708	195,447
TOTAL ASSETS	4,045,053	3,796,213

LIABILITIES AND FUND BALANCE

	April 30, 2025	Audited June 30, 2024
CURRENT LIABILITIES		
Accounts Payable	59,025	71,017
Salaries and Related Liabilities	46,501	35,693
Accrued PTO	42,637	38,634
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	6,991	13,419
Intercompany Payables	19,538	13,907
Malpractice Reserves	1,830	1,830
Bonds Payable - Current	11,360	10,820
Bond Interest Payable	4,469	7,673
Other Liabilities	20,247	12,261
Total Current Liabilities	214,897	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)	27,356	27,707
Bond Payable	427,703	441,105
Total Long Term Liabilities	491,154	504,360
DEFERRED REVENUE-UNRESTRICTED	1,662	1,038
DEFERRED INFLOW OF RESOURCES	92,446	92,261
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,954,884	2,731,120
Minority Interest	-	(1,114)
Board Designated	225,722	216,378
Restricted	64,287	44,616
Total Fund Bal & Capital Accts	3,244,894	2,991,001
TOTAL LIABILITIES AND FUND BALANCE	4,045,053	3,796,213



FY26 COMMITTEE GOALS

Compliance and Audit Committee

PURPOSE

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

STAFF: **Diane Wigglesworth**, Compliance/Privacy Officer (Executive Sponsor)

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

GOALS	TIMELINE/STATUS	METRICS
1. The Compliance and Audit Committee Members understand their oversight roles and governance responsibilities and how they are different from that of Management.	Q2 FY26	Review the Charter and Directors Code of Conduct and provide recommendations for revisions (if needed) and monitor committee self-assessments results.
2. The Compliance and Audit Committee understands ECH’s near-term and long-term Strategic Plans and the associated risks.	Q3 FY26	Review near-term and long-term progress of 2027 Strategic Plans, and provide feedback on risks that may impact strategic, compliance, or enterprise risk.

SUBMITTED BY:

Chair: Lica Hartman

Executive Sponsor: Diane Wigglesworth



EL CAMINO HOSPITAL BOARD OF DIRECTORS

CEO REPORT | June 11, 2025

CLINICAL SERVICES

Women's and Children's Services

El Camino Health's Mountain View Hospital Campus was recognized by *Newsweek* as one of the **Best Maternity Hospitals** for the fourth consecutive year. This distinction was earned while renovations to the maternity service continued, now entering their final phase of construction.

Orthopedics

On May 2, El Camino Health hosted a special event honoring the legacy of **Dr. Alan Merchant**, a pioneering orthopedic surgeon, educator, and longtime medical staff member. Dr. Merchant's career at El Camino Health reflects decades of innovation and excellence in orthopedic care.

El Camino Health proudly celebrated EMS Week with the theme "*We Care. For Everyone.*" Recognizing the critical role of EMS professionals in stroke, cardiac, and trauma care, the organization hosted a BBQ lunch and appreciation event attended by local EMS team members, including Santa Clara County EMS Director and Chief, **Nick Clay**, along with hospital clinical, operational, and administrative leaders.

HUMAN RESOURCES

El Camino Health achieved a record-breaking **90% participation rate in the 2025 Employee Engagement Survey — our highest to date**. This milestone reflects both the commitment of our employees and the strong support of our leaders. The organization-wide **engagement score was 4.23 out of 5**, placing us in the **84th percentile** nationally.

We celebrated Hospital Week on May 13 in Mountain View and May 15 in Los Gatos, with events across all shifts. These moments of appreciation honored the exceptional contributions of our workforce.

AWARDS + ACCOLADES

Deanna Dudley was honored with YWCA Golden Gate Silicon Valley's 2025 Tribute to Women Award and will also be recognized as a Silicon Valley Business Journal 2025 Woman of Influence on June 26.

MARKETING

In May 2025, the "**El Camino Health Strong**" brand campaign received three national **Telly awards** for compelling patient stories of trust, recovery, El Camino Health medical expertise and caring. The Telly Awards showcase the best work created within television and across video. El Camino Health patient story videos were awarded in the areas of Videography & Cinematography, Biography, and Corporate Image.

INFORMATION SERVICES

Two-Way SMS Messaging

Epic's integrated two-way SMS platform, *Hello World*, launched on May 13. This tool streamlines appointment confirmations and billing follow-ups. A reduction of approximately 2% in no-show rates has also been observed among patients who received text confirmations.



HIMSS Northern California Chapter Presentation

El Camino Health led a panel presentation at the HIMSS Northern California Chapter's "Innovations in Digitally Enabled Care" event, held at a local university. Titled *Transforming Healthcare: Leveraging Genomics and Food as Medicine for Precision Wellness*, the session explored how genomics and nutrition are driving the future of personalized, preventive care. Panelists included: Deb Muro, Dr. Priya Jayachandran, Madeleine Fackler, and Tim Daubert.

FINANCE

The financial performance for period 10, April 2025 was favorable to expectations contributing to the YTD favorable results.

Period 10 – April 2025

- **Total Operating Revenue:** \$150.7 million
- **Operating EBIDA:** \$24.3 million
- **Net Income:** \$13.1 million

YTD FY2025 (as of 4/30/2025)

- **Total Operating Revenue:** \$1,423.6 million
- **Operating EBIDA:** \$227.3 million
- **Net Income:** \$220.9 million

CORPORATE HEALTH SERVICES

Concern Health successfully completed the **Department of Managed Health Care's triannual clinical audit**, following three months of document preparation and auditor engagement. The audit team commended our strong regulatory compliance, clear procedures, and detailed documentation. The final report is expected within 90 days.

The **Chinese Health Initiative** (CHI) continued its monthly emotional well-being series with two sessions supporting first-time parents. CHI also provided educational materials at the Mountain View and Cupertino Senior Center Resource Fairs, and the New Hope Cancer Health Fair.

The **South Asian Heart Center** engaged 288 new and returning participants in screenings, coaching, and educational sessions, and completed 567 individual consultations. Nineteen workshops and community events attracted 422 attendees.

FOUNDATION

In April, the Foundation secured \$377,507 in donations, bringing total fundraising through Period 10 to \$12.79 million — **166% of the Foundation's FY2025 fundraising goal**.

The final distribution from the Jack L. Melchor Survivor's Trust was received in April. In conjunction, the Melchor family established the **Melchor Family Endowment for Women's & Newborn Services** to support maternal-child health across all levels of care. In recognition of this transformational gift, the Center for Women & Newborns will be renamed the Melchor Family Center for Women & Newborns, with updated signage and materials to follow.

On May 13, the Foundation hosted its spring benefit, **The Longevity Revolution: Living Longer Better**, featuring Dr. Peter Attia. The Behar Family underwrote Dr. Attia's appearance in memory of Jerry Behar and Don Ehrman. The event raised \$59,000 in sponsorships and drew nearly 500 attendees.



AUXILIARY

In April, Auxiliary members contributed **4,405 volunteer hours** across the Mountain View and Los Gatos campuses. Total volunteer hours for FY2025 to date (through April) stand at 36,117. Total hours since the Auxiliary's inception exceed 6.19 million.