El Camino Health

AGENDA
QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE OF THE EL CAMINO HEALTH BOARD OF DIRECTORS

Monday, February 2, 2026 – 5:30 pm
El Camino Health | 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: 943 1487 2592 # No participant code. Just press #.**

To watch the meeting, please visit:

Quality Committee Meeting Link

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

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

TIME ESTIMATES: Except where noted as TIME CERTAIN, listed times are estimates only and are subject to change at any time, including while the meeting is in progress. The Committee reserves the right to use more or less time on any item, to change the order of items, and/or to continue items to another meeting. Particular items may be heard before or after the time estimated on the agenda. This may occur in order to best manage the time at a meeting.

A copy of the agenda for the Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	Carol Somersille, MD Quality Committee Chair		**5:30 pm**
2.	**CONSIDER APPROVAL FOR AB 2449 REQUESTS**	Carol Somersille, MD Quality Committee Chair	Possible Motion	**5:30 pm**
3.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Carol Somersille, MD Quality Committee Chair	Information	**5:30 pm**
4.	**PUBLIC COMMUNICATION** a. Oral Comments *This opportunity is provided for persons to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.* b. Written Public Comments *Comments may be submitted by mail to the El Camino Hospital Board Quality Committee at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.*	Carol Somersille, MD Quality Committee Chair	Information	**5:30 pm**
5.	**CONSENT CALENDAR ITEMS** a. Approve Minutes of the Open Session of the Quality Committee Meeting (12/01/2025) b. Receive FY2026 Pacing Plan c. Receive FY2026 Committee Goals	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**5:30 – 5:40**
6.	**VERBAL COMMITTEE CHAIR'S REPORT ON CONFERENCE EDUCATION**	Carol Somersille, MD Quality Committee Chair	Information	**5:40 – 5:45**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7.	**APPROVE COMMITTEE SURVEY RESULTS DRAFT ACTION PLAN**	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**5:45 – 6:00**
8.	**PATIENT STORY**	Ryan Lockwood, Vice President, Patient Experience	Information	**6:00 – 6:10**
9.	**ARTIFICIAL INTELLIGENCE REPORT**	Deb Muro, Chief Information Officer	Information	**6:10 – 6:30**
10.	**Q2 FY26 STEEEP DASHBOARD REVIEW/ FY26 ENTERPRISE QUALITY DASHBOARD**	Shreyas Mallur, MD, Chief Quality Officer	Discussion	**6:30 – 6:50**
11.	**EL CAMINO HEALTH MEDICAL NETWORK QUALITY REPORT**	Jaideep Iyengar, MD, FAAOS Peter Goll, Chief Administrative Officer, ECHMN Kirstan Smith, BSN, CPHQ, Director of Clinical Quality, ECHMN	Discussion	**6:50 – 7:10**
12.	**RECESS TO CLOSED SESSION**	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**7:10 – 7:11**
13.	**QUALITY COUNCIL MINUTES** a. Quality Council Minutes (12/03/2025) b. Quality Council Minutes (01/07/2026) *Health and Safety Code section 32155 – Deliberations concerning reports on Medical Staff Quality Assurance Committee*	Carol Somersille, MD Quality Committee Chair	Information	**7:11 – 7:16**
14.	**APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL QUALITY COMMITTEE (12/01/2025)** *Report involving Gov't Code Section 54957.2 for Closed Session Minutes.*	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**7:16 – 7:21**
15.	**Q2 FY26 QUARTERLY QUALITY AND SAFETY REVIEW OF REPORTABLE EVENTS** *Health and Safety Code section 32155 – Deliberations Concerning Reports on Medical Staff Quality Assurance Committee*	Shreyas Mallur, MD, Chief Quality Officer	Discussion	**7:21 – 7:25**
16.	**RECOMMEND FOR APPROVAL CREDENTIALING AND PRIVILEGES REPORT** *Health and Safety Code Section 32155 and Gov't Code Section 54957 – Deliberations concerning reports on Medical Staff quality assurance committee and report regarding personnel performance of the Medical Staff*	Mark Adams, MD, Chief Medical Officer	**Motion Required**	**7:25 – 7:30**
17.	**VERBAL SERIOUS SAFETY EVENT REPORT** *Health and Safety Code section 32155 – Deliberations concerning reports on Medical Staff Quality Assurance committee*	Shreyas Mallur, MD, Chief Quality Officer	Discussion	**7:30 – 7:35**
18.	**RECONVENE TO OPEN SESSION**	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**7:35 – 7:36**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
19.	**CLOSED SESSION REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Carol Somersille, MD Quality Committee Chair	Information	**7:36 – 7:37**
20.	**COMMITTEE ANNOUNCEMENTS**	Carol Somersille, MD Quality Committee Chair	Information	**7:37 – 7:40**
21.	**ADJOURNMENT**	Carol Somersille, MD Quality Committee Chair	**Motion Required**	**7:40**

Next Meetings: March 2, 2025; May 4, 2025; June 1, 2025

El Camino Health

Minutes of the Open Session of the
Quality, Patient Care, and Patient Experience Committee
of the El Camino Health Board of Directors
Monday, December 1, 2025
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present
Carol Somersille, MD, Chair
Pancho Chang
Shahram Gholami, MD (*joined at 5:36 p.m)*
Erica Jiang
Barbara Pelletreau
Jack Po, MD
Diane Schweitzer
Steven Xanthopoulos, MD
John Zoglin

Members Absent
Krutica Sharma, MD, Vice Chair

Staff Present
Dan Woods, CEO
Mark Adams, MD, CMO
Theresa Fuentes, CLO
Shreyas Mallur, MD, CQO
Tracey Lewis Taylor, COO
Ryan Lockwood, VP, Patient Experience
Lyn Garrett, Senior Director, Quality
Tracy Fowler, Director, Governance Services**
Gabriel Fernandez, Coordinator, Governance Services

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Health (the "Committee") was called to order at **5:33 p.m.** by Chair Carol Somersille. A verbal roll call was taken. A quorum was present. Committee members Gholami and Sharma were absent at the time of roll call.	**Call to order at 5:33 p.m.**
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	All Committee members participated in person. No consideration for AB 2449 was needed.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
4. PUBLIC COMMUNICATION	There were no comments from members of the public.	
5. CONSENT CALENDAR	Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. Director Zoglin requested further discussion on item a) Minutes of the Open Session of the Quality Committee Meeting (11/03/2025). Director Zoglin requested that the previous meeting minutes for agenda item 11 be amended to reflect that	***Consent Calendar Approved*** ***November 3, 2025 Open Session Meeting***

Draft

DRAFT

	the Committee encouraged the Medical Network to return to the Committee if financial constraints or additional resources were needed to support the timing or progress of IT initiatives, including data extraction from different EHRs and Epic-related projects. **Motion**: To approve consent calendar items with revisions to the open session minutes to include Director Zoglin's request that the Committee encouraged the Medical Network to return if additional financial resources were needed to support IT initiatives. **Approve**: (a) Minutes of the Open Session of the Quality Committee Meeting (11/03/2025) **Received**: (b) FY2026 Pacing Plan and (c) FY2026 Committee Goals **Movant**: Zoglin **Second**: Chang **Ayes**: Somersille, Chang, Gholami, Jiang, Pelletreau, Po, Schweitzer, Xanthopoulos, Zoglin **Noes**: None **Abstain**: None **Absent:** Sharma **Recused**: None	***Minutes Approved with Requested Revisions***
6. COMMITTEE SURVEY RESULTS	The Committee reviewed the annual Committee Survey Results and identified two areas for improvement. The Committee discussed forming an ad hoc committee to develop an action plan but reached consensus that the plan could be developed through regular Committee discussion. First, the Committee requested that Governance Services staff devise a plan to enhance Board-to-Committee information sharing, ensuring regular communication of open session strategic items and Board and Committee actions. Second, the Committee highlighted the need for greater clarity regarding ECHMN quality oversight and will await further guidance from the Governance Committee on appropriate oversight boundaries. Both items will be incorporated into the Committee's draft action plan, which will be brought back for review at the February meeting.	***Action:*** *Staff to explore the creation of a summary of open session strategic issues from all Board and Committee meetings to distribute to Committee members*
7. PATIENT STORY	Ms. Reinking presented two patient stories highlighting the impact of the organization's health equity program and the implementation of the social determinants of health (SDOH) screening tool within the electronic health record. The stories illustrated how effective screening enabled	

DRAFT

	staff to identify patients experiencing food insecurity and connect them with community resources, such as food pantries and senior support services. Ms. Reinking noted that the development of the screening tool involved interdisciplinary collaboration to ensure sensitive and effective questions, resulting in improved data collection and patient support. The Committee expressed appreciation for the program's positive impact and discussed ongoing efforts to refine the screening process.	
8. HEALTH EQUITY REPORT	Dr. Mallur provided the Health Equity Report, which highlighted the successful implementation and expansion of the social determinants of health (SDOH) screening tool within the electronic health record. Dr. Mallur noted that screening rates increased for eligible inpatients, with ongoing efforts to standardize screening across both inpatient and outpatient settings. Dr. Mallur continued to describe how identified needs such as housing instability, food insecurity, utility difficulties, and interpersonal safety are addressed through referrals to community partners and resources. The Committee discussed the importance of continued collaboration with ECHMN and community service agencies, as well as the integration of SDOH data into population health and community benefit programs. Committee members expressed interest in further understanding SDOH needs in the outpatient population and acknowledged the value of community partnerships in supporting patient needs.	
9. PSI REPORT	Dr. Mallur and Ms. Garrett presented the annual Patient Safety Indicator (PSI) report. Ms. Garrett noted that while some indicators increased and others decreased, overall rates remained stable. Dr. Mallur emphasized the transition from tracking PSI volumes to using rates, with new benchmarking data from Vizient to support normalization and national comparison. Dr. Mallur continued to explain that appropriate subcommittees and peer-review processes review all clinically significant PSIs. The Committee discussed hospital-acquired pressure injuries (HAPIs), highlighting the impact of targeted interventions, interdisciplinary collaboration, and the creation of standard work to sustain improvements beyond organizational incentive periods. The Committee inquired regarding preventive measures and the limitations of eliminating certain complications.	***Actions:*** *In future reports, Staff will include a summary or appendix of all PSI measures and benchmarking data to better understand organizational performance in context.*

 DRAFT

	The Committee requested that future reports include a summary or appendix of all PSI measures and benchmarking data to better understand organizational performance in context.	
10. RECESS TO CLOSED SESSION	**Motion**: To recess to closed session at 6:21 p.m. **Movant**: Po **Second**: Chang **Ayes**: Somersille, Chang, Gholami, Jiang, Pelletreau, Po, Schweitzer, Xanthopoulos, Zoglin **Noes**: None **Abstain**: None **Absent:** Sharma **Recused**: None	***Recessed to Closed Session at 6:21 p.m.***
11. AGENDA ITEM 18: CLOSED SESSION REPORT OUT	During the closed session, the Quality Committee approved the recommendation of the Credentialing and Privileges Report for approval by the El Camino Hospital Board of Directors and the Closed Session Minutes of the November 3rd, 2025, meeting.	***Reconvened Open Session at 7:12 p.m.***
12. AGENDA ITEM 20: COMMITTEE ANNOUNCEMENTS	Chair Somersille announced that she, Pancho Chang, and Dr. Krutica Sharma will attend the 2025 Institute for Healthcare Improvement Forum and look forward to sharing key learnings and insights with the Committee at the next meeting.	
13. AGENDA ITEM 22: ADJOURNMENT	**Motion**: To adjourn at 7:15 p.m. **Movant**: Po **Second**: Gholami **Ayes**: Somersille, Chang, Gholami, Jiang, Pelletreau, Po, Schweitzer, Xanthopoulos, Zoglin **Noes**: None **Abstain**: None **Absent:** Sharma **Recused**: None	***Meeting adjourned at 7:15 p.m.***

Attest as to the approval of the preceding minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:

_____
Gabriel Fernandez, Coordinator, Governance Services

Prepared by: Gabriel Fernandez, Coordinator, Governance Services
Reviewed by: Carol Somersille, MD, Quality Committee Chair

Draft

El Camino Health

APPROVED BY QC
06/02/2025

Quality, Patient Care, and Patient Experience Committee
FY26 Pacing Plan

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDING AGENDA ITEMS												
Consent Calendar[1]			✓		✓	✓		✓	✓		✓	✓
Verbal Committee Member Expertise Sharing or Chair's Report			✓		✓	✓		✓	✓		✓	✓
Patient Experience Story			✓		✓	✓		✓	✓		✓	✓
Serious Safety Event (as needed)			✓		✓	✓		✓	✓		✓	✓
Recommend Credentialing and Privileges Report			✓		✓	✓		✓	✓		✓	✓
Quality Council Minutes			✓		✓	✓		✓	✓		✓	✓
SPECIAL AGENDA ITEMS – OTHER REPORTS												
Quality & Safety Review of reportable events			✓		✓			✓			✓	
Quarterly Board Level Enterprise/ STEEEP Dashboard Review			✓		✓			✓			✓	
El Camino Health Medical Network Report			✓		✓			✓			✓	
Committee Self-Assessment Results Review						✓						
Annual Patient Safety Report			✓									
Annual Culture of Safety Survey Report			✓									
Patient Experience Report			✓						✓			
Health Equity Report						✓						✓
Recommend Safety Report for the Environment of Care					✓							
PSI Report						✓						
Value-Based Purchasing Report									✓			
Recommend Quality Improvement & Patient Safety Plan (QIPS)			✓									
Refresh Quality/Experience Dashboard measures for FY26												✓
Artificial Intelligence Report								✓				
Leapfrog Education Session						✓						
COMMITTEE/ORGANIZATIONAL GOALS/CALENDAR												
Propose Committee Goals									✓			
Recommend Committee Goals											✓	
Propose FY Committee Meeting dates									✓			
Recommend FY Committee Meeting dates											✓	
Propose Organization Goals									✓			
Recommend Organization Goals											✓	
Propose Pacing Plan									✓			
Recommend Pacing Plan											✓	
Review & Revise Charter									✓			
Recommend Charter											✓	

1: Includes Approval of Minutes (Open & Closed), Progress Against FY Committee Goals (Quarterly), Current FY Pacing Plan (Quarterly), CDI Dashboard (November), Core Measures (Semi-Annual), Leapfrog (June)

El Camino Health

FY26 COMMITTEE GOALS

Quality, Patient Care, and Patient Experience Committee

PURPOSE

The purpose of the Quality, Patient Care, and Patient Experience Committee ("Quality Committee" or the "Committee") is to advise and assist the El Camino Hospital Board of Directors ("Board") to monitor and support the quality and safety of care provided at El Camino Health ("ECH"). The Committee will utilize the Institute of Medicine's framework for measuring and improving quality care in these five domains: **s**afe, **t**imely, **e**ffective, **e**fficient, **e**quitable, and **p**erson-centered (STEEEP).

STAFF: Chief Quality Officer (Executive Sponsor)

The CQO and Senior Director of Quality shall serve as the primary staff to support the Committee and are responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives and members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair. These may include: Chiefs/Vice Chiefs of the Medical Staff, physicians, nurses, and members from the community advisory councils, or the community at-large.

GOALS	TIMELINE	METRICS
1. Ensure the metrics included on the Quality Committee dashboards are in alignment with the El Camino Hospital Board strategic plan.	Q4FY25 review and update which measures to include on the FY26 Quality Dashboards.	Quality and experience performance measures aligned with the STEEEP domains of; safe, timely, effective, efficient, equitable, and person-centered.
2. Monitor Quality, Patient Care, and Patient Experience performance in accordance with the pacing plan to track progress towards achieving targets.	Q4FY25 review FY26 Incentive Goal recommendations for Quality, Safety, and Patient Experience pillars.	Performance measures on the Quality Dashboards. ▪ Monthly Quality Dashboard ▪ Quarterly Board Level Quality Dashboard
3. Identify and reduce health care disparities for ECH patients.	Biannual report to Quality Committee FY26.	Monitor the effectiveness of ECH activities to reduce healthcare disparities through review of the biannual "health equity report".
4. Foster a culture of collaboration, transparency, and continuous improvement within the Quality Committee.	Fiscal Year 2026	• Attend a minimum of 5 meetings in person. • Actively participate in discussions at each meeting. • Review of annual committee self-assessment results
5. Committee members participate in ongoing training and development to deepen their knowledge of quality, patient care, and patient experience topics.	Fiscal Year 2026	Committee attendance rate at conference and/or session with a subject matter expert of at least 50%. • Verbal/Written report of key learnings to the Quality Committee.

Chair: Carol Somersille, MD
Executive Sponsor: Shreyas Mallur, MD, Chief Quality Officer

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
QUALITY COMMITTEE MEETING COVER MEMO

To: Quality, Patient Care, & Patient Experience Committee
From: Carol Somersille, MD, Chair
Shreyas Mallur, MD, MBA, CQO
Date: February 2, 2026
Subject: FY25 Committee Self-Assessment Results and FY26 Priority Focus Areas

Purpose: To provide an overview of the FY25 Quality Committee self-assessment results, highlight key themes from member feedback, and support the Committee's discussion of potential FY26 focus areas.

Situation: As part of the biennial governance review conducted in partnership with SpencerStuart, QC members completed the FY25 self-assessment survey. Individual interviews with board members supplemented the survey and offered additional qualitative insights. The assessment focused on the Committee's clarity of purpose, effectiveness, culture, leadership, and engagement with management.

Summary: The FY25 assessment indicates that the Quality Committee continues to operate effectively, with strong leadership, engaged members, and a high level of commitment to patient care quality and experience. All eight members participated, resulting in an overall **average score of 3.7 out of 4.0**, reflecting strong performance and alignment with El Camino Health's strategic mission.

Committee governance, meeting effectiveness, and member expertise utilization were rated highly. Members consistently affirmed that discussion is collegial, the Committee is appropriately focused on quality and patient experience, and the Chief Quality Officer maintains strong partnership and transparency with the committee, consistent with feedback shared through the SpencerStuart evaluation process.

Key Strengths:

Committee members emphasized that the Quality Committee continues to operate effectively with strong leadership, thoughtful preparation, and a clear focus on patient care and safety. The Committee is recognized as collegial and well-run, with members comfortable engaging in discussion and offering perspectives that support sound governance. The Chief Quality Officer and quality leadership team are viewed as highly transparent and responsive, fostering a productive partnership that strengthens oversight. Additionally, the recent addition of community experts and the intentional reduction in meeting frequency have been positively received and have contributed to improved engagement and overall effectiveness of the Committee.

Opportunities for Continued Growth:

Committee members also offered thoughtful suggestions to further strengthen the Committee's effectiveness and alignment with the Board's oversight framework. Several comments highlighted a desire to improve the flow of communication and connectivity between the Committee and the full Board to ensure shared understanding of key risks, priorities, and performance drivers. Members also noted the opportunity to deepen alignment with the El Camino Health Medical Network on quality and patient experience goals and reporting.

In addition, feedback suggested value in maintaining focus on governance-level discussion and avoiding operational detail, including exploring guidelines for pre-meeting questions to support strategic dialogue. Some members expressed interest in broadening stakeholder feedback, such

as exposure to patient perspectives, and in enhancing access to external expertise or education to stay current with quality and safety trends. Together, these opportunities reinforce the Committee's commitment to continuous improvement and thoughtful oversight in support of exceptional quality, safety, and patient experience outcomes.

Next Steps: The Quality Committee was encouraged to review and discuss these results and observations at its December 1, 2025, meeting. This discussion was intended to provide an opportunity to reflect on areas of strength, prioritize opportunities for growth, and consider specific actions to enhance the committee's effectiveness in the coming year.

Following the committee's discussion, the Committee Chair, Chief Quality Officer, and Governance Services incorporated member feedback and are bringing forward a finalized FY26 action plan at the February 2, 2026, meeting for review and confirmation. The plan will serve as a tool to guide the QC's work and reinforce its governance oversight in support of El Camino Health's mission and strategic goals.

Attachments: FY25 QC Assessment Results and Draft FY26 Action Plan

SpencerStuart

Quality, Patient Care, and Patient Experience Committee Assessment Report

Prepared for:
Board of Directors
El Camino Health

Prepared by:
George Anderson
Zach Morfín
Meng Li
Barbara Cardona

September 2025

El Camino Health

Contents

Introduction	3
Survey Dimension and Item Ratings	4
Open-Ended Commentary	5

PROPRIETARY AND CONFIDENTIAL. ALL RIGHTS RESERVED.

Introduction

Overview of Board and Committee Review

Purpose of the Review

The El Camino Health Board of Directors engaged Spencer Stuart in July 2025 to undertake an in-depth review of its effectiveness. The purpose was to assist the board and committees in continuing to improve the governance of the health system and support its long-term success.

The board and committees' commitment to continuous improvement is evident in the board's engagement of a third-party advisor to support the biennial evaluation process. It is also a reflection of the board's dedication to the hospital, its stakeholders, and management.

Assessment Process

As part of the assessment process, Spencer Stuart conducted individual interviews with each hospital director, as well as administered an online survey to all directors, committee members, and the Medical Network Board of Managers.

The interviews focused on a broad range of governance dimensions, including strategic oversight, board composition and succession, board-management relationship, board culture and dynamics, as well as the effectiveness of individual committees, among others.

The survey used a 1-4 Likert scale, where a rating of 1 indicates strong disagreement, and a rating of 4 indicates strong agreement.

Report

The following report presents the survey results of the Quality, Patient Care, and Patient Experience Committee. All committee members (8 out of 8) completed the survey. The open-ended commentary includes the feedback shared via the interviews with the hospital directors who are members of the committee, and the survey responses from the committee members who provided written feedback.

The committee is encouraged to discuss the findings in this report at its next meeting. The board will discuss the results of the board effectiveness review at its October 2025 board meeting.

PROPRIETARY AND CONFIDENTIAL. ALL RIGHTS RESERVED.

Survey Dimension and Item Ratings

The table below shows all survey results sorted by dimension.

- **Overall average** = 3.7.
- **Highest rated item**: Committee Leadership and Meetings: *The Committee Chair provides effective leadership* (4.0).
- **Lowest rated item:** Communication and Relationships: *Communication and information flow between the committee and the board are effective* (3.4).

Dimension & Item	Avg	SD	N	1	2	3	4
Committee Leadership & Meetings = 3.8							
• The Committee Chair provides effective leadership.	4.0	0.00	8	0	0	0	8
• The committee materials are appropriate for governance-level decision-making and oversight.	3.8	0.43	8	0	0	2	6
• The committee makes decisions efficiently.	3.8	0.43	8	0	0	2	6
Committee Culture & Engagement = 3.8							
• The committee regularly assesses its own effectiveness and makes improvements.	3.9	0.33	8	0	0	1	7
• Committee members are comfortable expressing their views openly and productively.	3.8	0.43	8	0	0	2	6
• As a committee member, my area(s) of expertise are utilized appropriately within the committee.	3.8	0.43	8	0	0	2	6
• The committee operates with a spirit of collegiality and communicates with mutual respect.	3.6	0.48	8	0	0	3	5
Committee Role & Responsibilities = 3.7							
• The committee's objectives are aligned with the organizational strategic goals.	3.9	0.33	8	0	0	1	7
• The committee is successful in carrying out its designated responsibilities.	3.6	0.48	8	0	0	3	5
• The scope of the committee's authority is clear.	3.6	0.70	8	0	1	1	6
• The committee monitors and adapts to changes in regulatory, financial, or industry landscape relevant to its oversight responsibilities.	3.6	1.36	7	0	1	1	5
Communication & Relationships = 3.6							
• The committee's relationship with management is effective and respectful.	3.6	0.48	8	0	0	3	5
• The committee receives adequate support from management.	3.6	0.70	8	0	1	1	6
• Communication and information flow between the committee and the board are effective.	3.4	1.32	7	0	1	2	4

PROPRIETARY AND CONFIDENTIAL. ALL RIGHTS RESERVED.

Open-Ended Feedback: Strengths

Provided below are the comments that were shared via the individual interviews with each ECH director who is also a member of the committee, as well as the written survey feedback across all committee members.

Strengths

Overall, committee members indicated that the committee is run effectively.

- *It is a well-run committee*
- *It is very well-run and collegial.*
- *Quality does a great job.*

One member shared that the Chief Quality Officer has a strong relationship with the committee.

- *The current Chief Quality Officer has had a great relationship with the committee.*

The additional community member expertise on the committee as well as the reduced number of meetings have contributed to the committee's increasing effectiveness.

- *The new reduced number of meetings is a significant improvement.*
- *In the previous survey, it was clear that the committee members wanted more community member expertise. We have added 3 community members to our committee.*

PROPRIETARY AND CONFIDENTIAL. ALL RIGHTS RESERVED.

Open-Ended Feedback: Development Areas

Development Areas

Committee members expressed concerns about communication gaps and strategic alignment between the committee and the board.

- *Quality can be confusing. We spend a lot of time on the board relitigating what was discussed in the committee. It's duplicative for executives and the board.*
- *All committees are getting insufficient guidance on what the corporate strategy is from the executives/board.*
- *There is relatively little communication from the board to the committee other than what happens with board members' comments in the committee. I don't know that it is a problem, but it is absent.*

One member expressed a desire for greater alignment between the committee and the Medical Network Board on quality and patient experience, and better engagement with executive leadership.

- *Alignment with ECHMN quality as well as both quality and patient experience responsibilities are challenging. I'm not sure if we are spending enough time with patient experience across the organization. Previous executive staff members have not fully engaged or accepted oversight responsibility of this committee. When we don't meet our goal, what is the plan to turn it around? Sometimes we get push back.*

Members offered ideas to improve committee operations and discussions, including limiting pre-meeting questions, diversifying stakeholder input, and ensuring the discussion remained at the right level of detail.

- *The number of written questions to the Chief Quality Officer in advance of the meeting should be limited to approximately no more than 5. That will allow for more concentration on oversight.*
- *Broaden inputs to diversify responses from a wider range of stakeholders. Consider following former patients or patients from ECH target markets who do not use ECH.*
- *Sometimes doctors on the committee get overly involved and go too deep into the "how."*

There is interest in enhancing committee knowledge and reducing reliance on management for landscape monitoring.

- *We do relatively little monitoring as a committee on the landscape but instead rely on management to do so. It might be a good thing for some committee education from an outside subject matter expert.*

A member emphasized the importance of staying engaged and aligned with the board.

- *Keep providing support, as questions, and stay aligned with the board.*

PROPRIETARY AND CONFIDENTIAL. ALL RIGHTS RESERVED.

SpencerStuart

www.spencerstuart.com

© 2025 Spencer Stuart. All rights reserved.

El Camino Health

Draft QC FY26 Action Plan

This streamlined action plan reflects the Committee's commitment to continuous improvement while recognizing that quality oversight is mission-critical and time-intensive. The focus areas emphasize clarity, system alignment, disciplined governance, and meaningful attention to patient experience — consistent with feedback from the biennial governance review. The Committee will maintain disciplined governance oversight focused on system-wide quality, patient safety, and patient experience, emphasizing strategic risks, culture, and outcomes rather than operational detail.

Focus Area	Targeted Actions	Owner	Timing
Clarify and Strengthen System-Wide Quality Governance	• Define aligned reporting cadence and shared quality dashboard view across ECH & ECHMN • Ensure clarity of quality and patient experience accountability across entities	Committee Chair, CQO, ECHMN CQO, Patient Experience	Q3 FY26
Improve Board–Committee Alignment and Reporting	• Establish standard QC → Board report-out of themes, trends, and risks each quarter • Create clear escalation pathway for underperforming quality metrics and leading indicators.	Committee Chair, CQO	Q4 FY26
Reinforce Governance-Level Discussion	• Implement pre-meeting question guidelines to preserve strategic dialogue • Continue to refine packet structure to focus on trend analysis, risk signals, and recovery plans—not operational detail	Committee Chair, CQO	Q3 FY26
Elevate Patient Experience Oversight	• Establish structured PX spotlight segments tied to metrics and improvement plans • Regularly surface enterprise PX themes (frontline rounding findings, feedback signals, culture drivers)	CQO, Patient Experience	Q4 FY26

El Camino Health

EL CAMINO HEALTH BOARD OF DIRECTORS
QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE MEMO

To: Quality, Patient Care, and Patient Experience Committee
From: Ryan Lockwood, MBA, CPXP – Vice President of Patient Experience
Date: February 2, 2026
Subject: Patient Story – A Truly Exceptional Patient Experience

Purpose:

To share a patient story that highlights extraordinary compassion, professionalism, and teamwork demonstrated by our care teams, reinforcing the critical role people play in delivering exceptional patient experiences regardless of physical environment.

Summary:

During routine patient rounding, leaders met a patient and his wife, whose experience reflected consistently high-quality interactions across multiple departments. From early morning admission through recovery, the patient described feeling welcomed, supported, and genuinely cared for by every team member he encountered.

1. Situation:

The Patient was admitted at 5 a.m. for his procedure. Despite the early hour, he described a seamless, warm, and reassuring admission experience that immediately set a positive tone for his career.

2. Authority:

This patient story is presented to the Quality, Patient Care, and Patient Experience Committee as part of ongoing reporting on patient experience performance and cultural alignment.

Sharing real patient stories provides qualitative context to our quantitative data and demonstrates how the *WeCare* standards and Relationship-Based Care are being lived out in daily practice.

3. Background:

The Patient and his wife are long-time California residents and accomplished entrepreneurs with extensive global travel experience. Their high expectations for service and attention to detail were met and exceeded throughout the patient's stay. He specifically praised the admitting, pre-op, PACU, orthopedic, and recovery teams, recalling individual staff members by name and sharing appreciation for both their technical skill and personal connection. He also noted the quality of meals provided, humorously sharing that the spinach was the best he had ever had and requested a second serving.

4. Assessment:

This story demonstrates the power of human connection, attentiveness, and professionalism in shaping patient perceptions. The Patient's engagement with staff, curiosity about their roles, and sincere expressions of gratitude reflect a care environment

where patients feel valued and respected. Multiple team members independently shared positive feedback about the patient, reinforcing the reciprocal nature of meaningful, relationship-based care.

5. Other Reviews: Not applicable

6. Outcomes:

When asked about opportunities for improvement, the Patient smiled and stated that if he were to rate his experience, it would be an “11 out of 10.” While acknowledging that newer facilities can be appealing, he emphasized that the people and care he received far outweighed any concerns about the age of the building. This experience serves as a powerful reminder that exceptional patient experiences are driven first and foremost by compassion, teamwork, and pride in service.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO

To: Quality, Patient Care & Patient Experience Committee
From: Deb Muro, Chief Information Officer
Date: February 2, 2026
Subject: El Camino Health Artificial Intelligence (AI) Strategy Update

Purpose: This memorandum provides an update on El Camino Health's Artificial Intelligence (AI) strategy, governance, implementation, and its alignment with our organizational vision for quality, safety, and patient experience.

Situation: El Camino Health is leveraging AI to address the growing complexity of healthcare delivery, workforce shortages, and increasing demands for quality, safety, and patient-centered care. Our AI strategy is designed to enhance clinical excellence, operational efficiency, and patient experience while maintaining the highest standards of safety, ethics, and compliance.

Authority: The Quality Committee provides oversight for quality, safety, and patient care initiatives, including the adoption and governance of AI technologies that impact clinical care and patient outcomes.

Background: AI is rapidly transforming healthcare by enabling advanced data analysis, supporting clinical decision-making, automating administrative tasks, and personalizing patient care. At El Camino Health, our AI Governance Committee oversees the evaluation, approval, and monitoring of all AI applications to ensure alignment with our mission, regulatory requirements, and best practices. Our approach is informed by collaboration with peer organizations and continuous review of industry standards.

Assessment: Our AI program is robust, with a clear governance structure and a growing portfolio of clinical and operational use cases. We prioritize patient safety, data privacy, and ethical use of AI, ensuring that clinical decisions remain under the control of healthcare professionals. AI solutions are regularly monitored for effectiveness, safety, and compliance. Early results demonstrate improvements in clinical documentation, diagnostic accuracy, workflow efficiency, and provider satisfaction.

Governance and Process:

- The AI Governance Committee reviews and approves all AI applications before implementation.
- Requests for new AI solutions are evaluated for clinical value, safety, privacy, and alignment with ECH policies.
- Approved applications are tracked in an AI Application Roster; a Forbidden AI Roster is maintained for technologies not permitted.
- Ongoing training and support are provided to ensure safe and effective use.

Guiding Principles:

- Patient safety, confidentiality, and well-being are paramount.
- AI is used ethically, with transparency, fairness, and accountability.

- Clinical decisions remain under the control of licensed professionals, with AI as a supportive tool.
- Compliance with all applicable laws, regulations, and ECH policies is strictly maintained.
- AI solutions are regularly evaluated and updated for effectiveness and safety.

Key Use Cases and Benefits:

- **Medical Imaging:** AI tools such as RAD AI and AIDOC automate radiology reporting, prioritize urgent findings, and improve diagnostic accuracy, resulting in faster care and better outcomes.
- **Clinical Documentation:** Solutions like Solventum™ Fluency Align™ automate note creation, reduce administrative burden, and help address provider burnout.
- **Administrative Automation:** AI assists with coding, denial management, and patient messaging, saving time and improving accuracy.
- **Patient Experience:** AI-enabled navigation and real-time intelligence platforms support seamless, personalized care from hospital to home.

Alignment with ECH Vision and Strategic Plan:

- AI supports our commitment to clinical excellence, dependable operations, and a superior patient experience.
- Digital transformation and AI are critical to achieving our vision of being the Bay Area's best-in-class, "must-have" health system.
- AI initiatives are designed to enhance quality, safety, and efficiency while maintaining trust and dependability.

Future Roadmap:

- Continued expansion of AI use cases in both clinical and operational domains.
- Ongoing development of multi-step AI agents to support complex workflows and decision-making.
- Strengthening of AI governance, training, and evaluation processes.

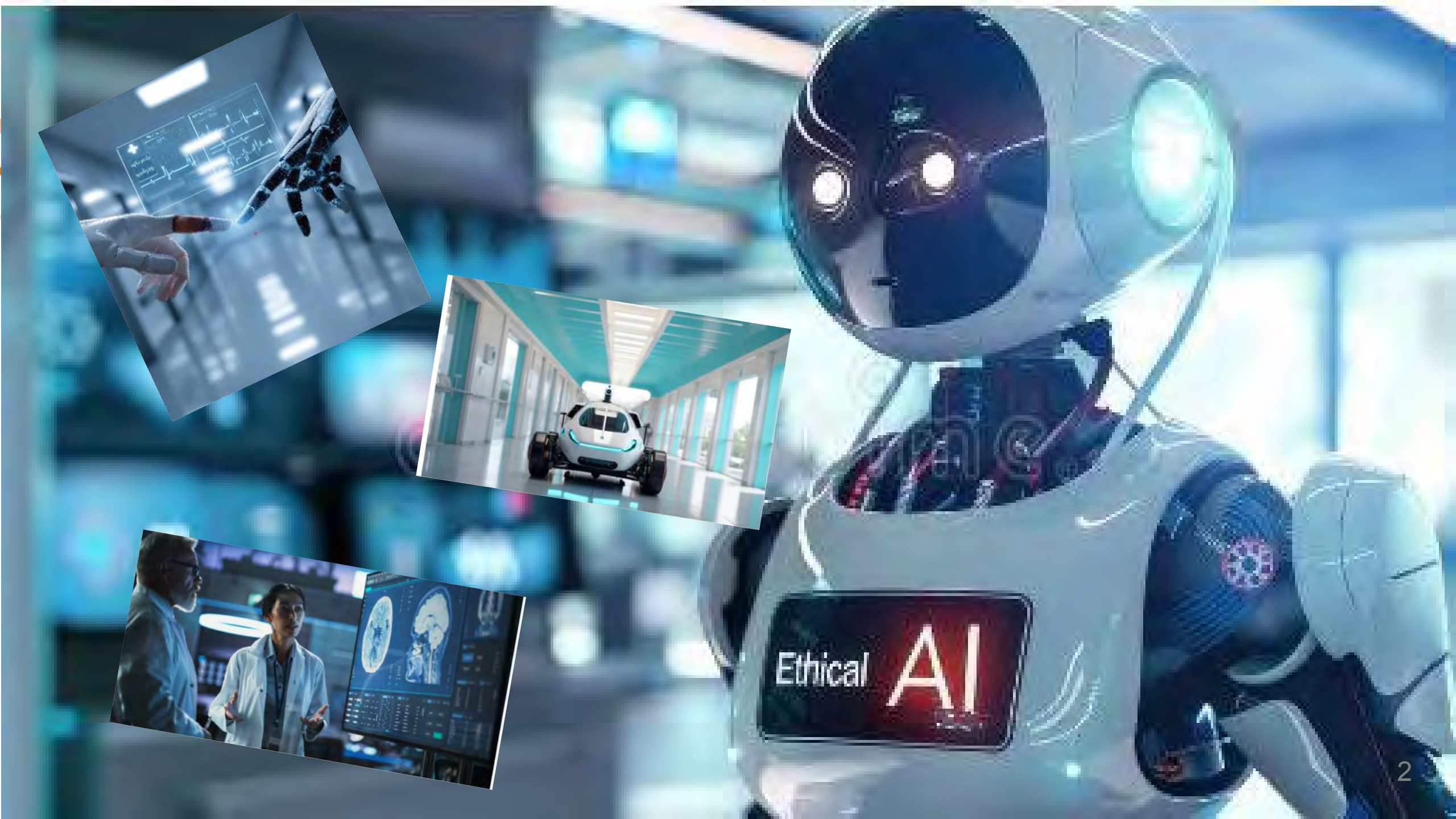
Conclusion: El Camino Health's AI strategy is advancing our mission to deliver exceptional, safe, and patient-centered care. Through strong governance, ethical practices, and a focus on quality, we are harnessing AI to support our clinicians, improve outcomes, and enhance patient experience. We will continue to update the Quality Committee on progress, outcomes, and emerging opportunities.

Attachments: AI Strategy PowerPoint Presentation

El Camino Health

AI STRATEGY

February 2, 2026


Ethical AI

What is Artificial Intelligence (AI)?

Artificial Intelligence (AI) applies advanced analysis and logic-based techniques to interpret events, support and automate decisions, and take actions. It is the digital brainpower that's revolutionizing healthcare. Imagine a tireless assistant that can sift through mountains of medical data in seconds, spot patterns invisible to the human eye, and offer insights that help clinicians make smarter, faster decisions. AI in healthcare is like having a team of supercharged experts—always learning, always adapting—working behind the scenes to diagnose diseases, personalize treatments, predict risks, and streamline the patient journey. It's the fusion of cutting-edge technology and human compassion, transforming medicine from reactive to proactive, and turning data into life-saving action.

Modern AI Technologies

Large Language Models (LLMs) : AI models trained on vast amounts of text data to understand, generate, and manipulate human language for text generation, summarization, translation, question answering, code generation

Generative AI: Creates new content (text, images, audio, video, code) based on learned patterns.

Chatbots / Conversational AI: Simulates conversation with users, often using LLMs or rule-based logic for customer support, virtual assistants, healthcare triage, FAQ answering.

Machine Learning (ML): Algorithms that learn from data to make predictions or decisions (e.g., regression, classification).

Computer Vision: AI that interprets and processes visual information (e.g., image recognition, object detection).

Speech Recognition: Converts spoken language into text (e.g., Siri, Alexa).

Reinforcement Learning: AI that learns optimal actions through trial and error (e.g., AlphaGo).

Healthcare AI

Medical Imaging & Diagnostics -Analyzes scans (X-rays, CTs, MRIs) to rapidly detect abnormalities like tumors or fractures

Clinical Decision Support - Provides evidence-based recommendations and predicts patient risks (e.g., sepsis, readmission)

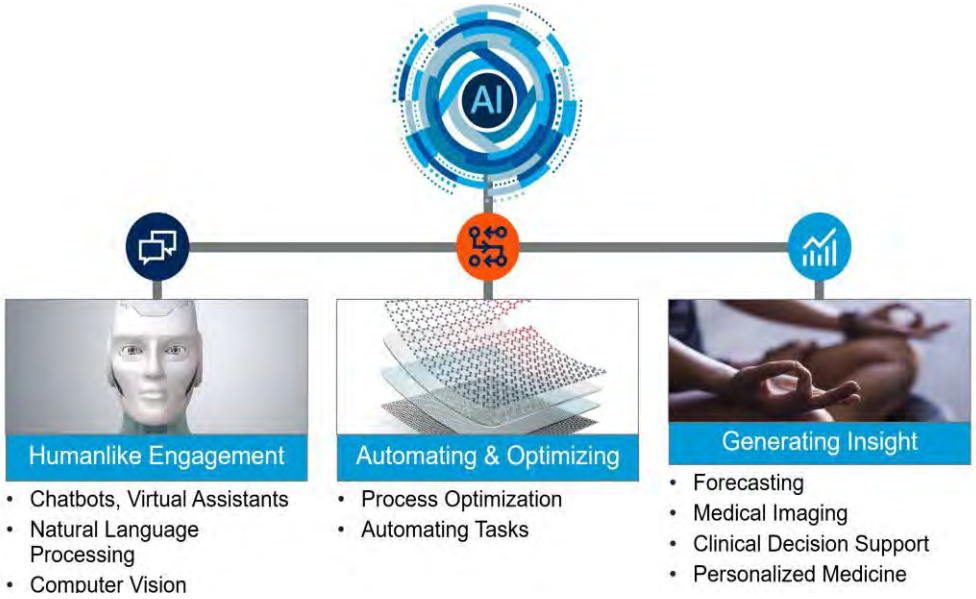
Natural Language Processing (NLP) - Extracts key data from unstructured text like clinical notes (EHRs) to summarize patient histories or flag risks

Virtual Assistants & Chatbots - Automates patient communication for scheduling, medication reminders, and initial symptom checking

Personalized Medicine -Analyzes patient data (genetic, clinical) to tailor and predict optimal treatments

Remote Monitoring & Wearables - Interprets data from remote devices to enable early detection of health issues (e.g., arrhythmias)

Administrative Automation -Streamlines billing, coding, and scheduling to reduce clinician workload and burnout, meeting minutes



El Camino Health

4 Pillars Of AI Strategy

Goals, Benefits, Metrics

Regulation, Ethics, Competency

Business Impact, Use Cases, Processes

AI Governance, Decision Framework, People

Vision

Unleasing The Potential Of Artificial Intelligence

Healthcare today is navigating a perfect storm of:

Workforce Shortages and Burnout

Tight Margins

Patient Loyalty

Challenging Policy and Reimbursement Landscape

Capacity Constraints

Quality/Safety/High Reliability

A.I. offers a new era of possible solutions, with real potential to innovate, improve care models, transform clinician experience, and achieve sustainable cost savings creating synergy and alignment with the El Camino Health Strategic Framework and Vision.

ECH Vision And Strategic Plan Framework

ECH Mission & Vision

Mission: To Heal, Relieve Suffering, and Advance Wellness

Vision: Provide consumers in the South Bay with a high quality, locally-oriented health system, across the full care continuum

Result: Establish ECH as a "best in class" non-AMC healthcare system; a "must have" position for payers, consumers, and employers

Value Prop: Setting the standard for the best healthcare experience in the Bay Area by delivering dependable clinical excellence in a caring, convenient way

	Physician Alignment	Leadership in Clinical Programs	Expanding our Reach
Priority & Purpose	Establish an aligned care network in the South Bay, across the care continuum	Focus resources to key programs with coverage and programing across the care continuum.	Offer outpatient services to where our patients live and work, and establish ECH as a "must have" network.
Strategic Initiatives	**ECHMN Integration:** Optimize physician network and infrastructure **Primary Care:** Assertively create ECH primary care physician base and footprint	**Spotlight:** Market leading programs that can be leveraged to improve ECH's service offering **Investment:** Address community need, and health inequities in the community	**Amb. Clinic:** 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
	Integration Vehicles (i.e., Independent Physician Association [IPA] / Clinically Integrated Network [CIN], Joint Ventures [JVs], etc.)	**Incubator Programs:** New or developing programs to grow systematically	**Los Gatos Hospital:** Specify campus growth plans **Regional Network:** Develop regional health system

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

El Camino Health

Strategic Value Statement

El Camino Health will set the standard for the best healthcare experience in the Bay Area by delivering dependable clinical excellence in a caring, convenient way.

Clinical Excellence	We provide positive clinical outcomes, with high quality (top quartile) performance. We emphasize eliminating preventable harm to our patients, while being excellent stewards of our resources.
Experience	We will provide the most complete, connected, and consumer-focused network, with processes and digital tools designed to deliver a consistent, superior experience. *Patients, caregivers, and families:* We will seek to understand the patient and care givers perception of their healthcare issues, and reassure them in their time of need. *Physicians:* We ensure physicians have a voice and are able to influence the efficiency and effectiveness of the environments in which they work. They will have the best experience in delivering healthcare. Example KPIs: Likelihood to Recommend, Physician Alignment
Dependable	Our customers know what to expect from El Camino Health. We consistently demonstrate clinical excellence, while maintaining competitive pricing. Our performance from clinical excellence, experience, to the look and feel of our facilities, will be consistent.
Caring	We will ensure we understand our patients and families and personalize our care to them. We will seek to understand their perception of the healthcare issues and reassure them in their time of need.
Convenient	We provide solutions as quickly as possible and eliminate unnecessary waiting. We provide care locations, aligned with clinical need, close to our patients, and/or help them navigate to the right level (and location) for care.
Setting the standard	When customers think of El Camino Health, they will think of an exceptional experience. We will be the standard for caring for the whole human, not just the disease or episode of care. We lead in providing care across the care continuum, from low-acuity ambulatory care to highly complex (high tertiary) care.

Artificial Intelligence And ECH Vision

AI and digital transformation are critical to realizing the ECH Vision of becoming the Bay Area's best-in-class, "must-have" health system.

Enhancing Clinical Excellence and Patient Experience:

-AI drives dependable clinical excellence through advanced decision support for providers creating the best healthcare experience by streamlining processes for a more caring and convenient patient journey

Building a High-Quality, Efficient System

-AI innovation in areas such as Supply Chain, ensure high-quality care by providing reliable access to necessary resources across the full care continuum strengthening ECH's "must-have position for payers, consumers and employers

Establishing Trust and Dependability:

-Advanced cybersecurity with AI solidifies ECH's "best-in-class" reputation by protecting patient data and building consumer trust to guarantee dependable operations and ensuring ECH remains the standard for healthcare in the region.

AI Vision Goals

To effectively advance the vision, the AI Strategy encourages and enables organization wide fluency and adoption of AI with the following goals:

- **Communicate and champion** the organization's AI vision and ambition.
- **Build** business and technical competencies to increase the probability of success.
- **Execute** the implementation of the enterprise AI strategy and key strategic priorities to scale AI across the organization.
- **Govern** AI in a responsible manner that puts the stakeholder interest – customers, shareholders, partners, employees, community – above the organizational interest.
- **Innovate** by pursuing new technologies, use cases and business models that AI can enable.

AI Vision Guiding Principles

- AI Solutions will prioritize patient safety, confidentiality and well-being
- AI technologies will be used ethically with a commitment to transparency, fairness and accountability
- Clinical decisions will remain under the control of healthcare professionals with AI as a supportive tool
- Patient data (Protected Health Information), personal information (personally identifiable information) and confidential business information will be protected in compliance with applicable laws, regulations and ECH policies
- AI solutions will be regularly monitored, evaluated and updated to ensure effectiveness and safety

Benefits- Translating Vision To Business Value

Goal	Means to the Goal	Use Cases to Pursue
Differentiation and growth	Ability to inspire and support initiatives resulting in revenue growth.	Capacity/Discharge/LOS algorithms, Predictive OR Scheduling,
Improved patient experience and satisfaction	Drive increased proximity to our clients with the ability to conduct customer behavior analytics.	Agentic Virtual customer assistants, care navigation
Reduce costs	Lower operational costs through task and process automation.	Agentic AI, Revenue Cycle and Coding algorithms
Staff augmentation & increased productivity	Increased productivity through augmented AI and automation by shifting our personnel away from managing the mundane tasks.	Clinician Knowledge management, Ambient Listening, ART, Generative AI, ChatGPT
Improved Quality and Safety	By leveraging data driven predictive analytics tools for our digital services	Predictive detection clinical algorithms

Vision- AI Success Metrics

Goal	Metric
Improved patient, physician and staff satisfaction	Patient Satisfaction Index/NPS, Physician and Staff Engagement, Clinician EMR statistics
Topline revenue growth	Revenue growth for Service Lines
New business initiatives	Number of new business initiatives
Task or Process Automation	Reduction in processing time
Reduce costs	Reduction in Capex and Opex
Staff augmentation & Increased productivity	Workforce productivity metrics such as time spent on value added tasks
Improved service availability	% of annual availability

Value

Business Model And Core Goals

Strategic Concern	Solution	Responsibility
Projects aligned to corporate goals are more likely to succeed and mature	Document goals and require a portfolio approach to AI opportunity	CIO, AI Governance Committee
Metrics deliver credibility for project maturity	Select metrics as proxies for financial and risk results or direct such measurements	AI Governance Committee
Interdisciplinary teams are the foundation of success for AI	Set a policy that an agile team including business, AI and IT professionals must contribute to all AI projects	AI Governance Committee
Data literacy is key to AI literacy	Include stakeholders in data literacy training and exercises	Data Analytics Leader
Refine Talent Plan based upon AI Roadmap, initiatives and requirements	Execute talent plan and a continuous training and development practice for internal skills development	CIO, CHRO

AI In Action Use Cases

AI Use Case – Medical Imaging

Transforming Radiology™

El Camino Health

Medical Imaging AI

AuntMinnie.com
THE BEST OF RADIOLOGY
WINNER

RAD AI automatically generates radiology report impressions from dictated findings customized for each radiologist including consensus guideline recommendations in practice specific language. Automating part of the radiology resulting workflow reduces the time and cost involved with each result. It also improves patient care by referencing standard published guidelines.

- ✓ One hour per radiologist per shift saved with impressions generated in 0.5 to 3 seconds
- ✓ Number of dictated words reduced by 35%

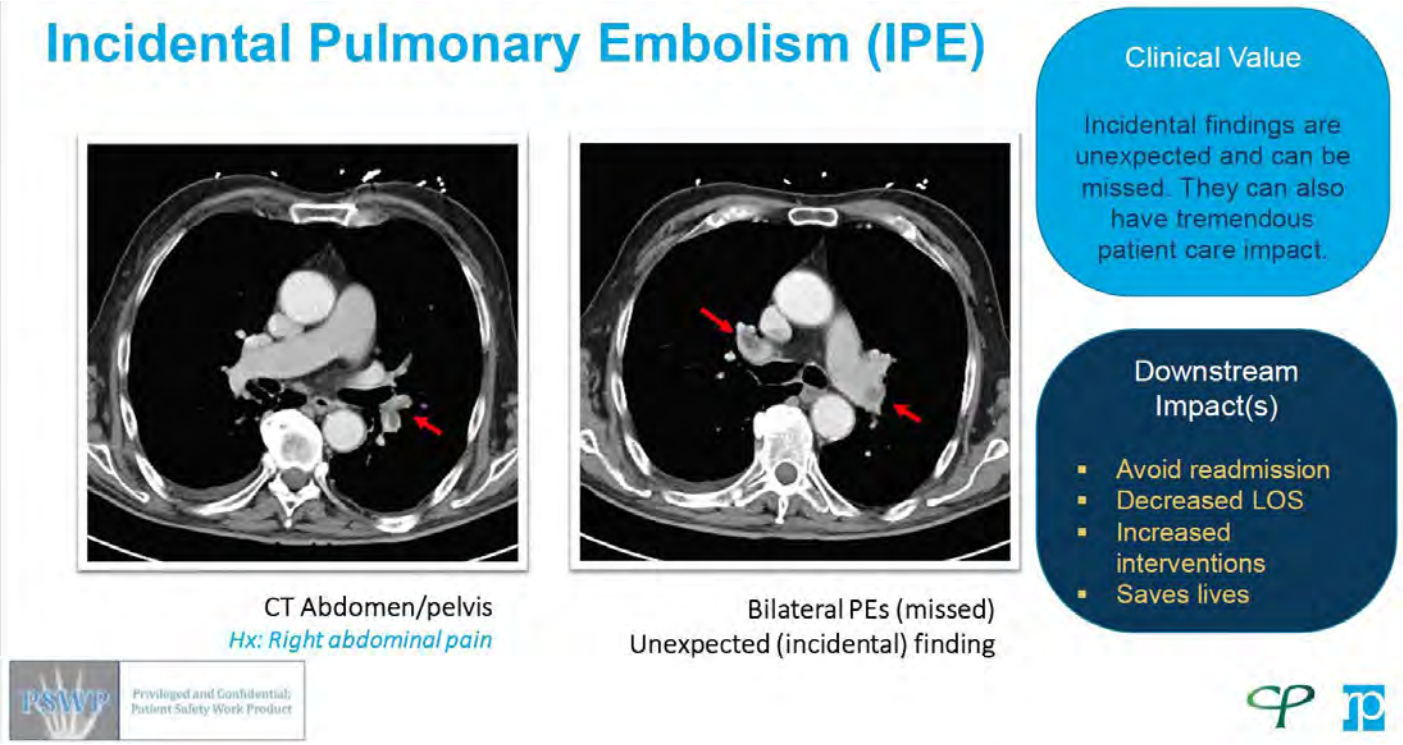
- *Radiologist:* *"Rad AI is fantastic! The tool greatly improves reading efficiency and time savings for Radiologists. Having the Fleischner guideline recommendations and lung nodule follow-up significantly improves patient care."*

Medical Imaging AI

AIDOC uses artificial intelligence (AI) and image-recognition tools to augment radiologist workflow. The company's AI-based, decision-support software analyzes CT scans to flag acute abnormalities, prioritize life-threatening cases to be read, and expedite patient care. The tool associates diagnoses and reading prioritization for faster diagnosis and image interpretation.

AIDOC Active Algorithms

- Intracranial Hemorrhage
- Cervical spine fracture
- Aortic Dissection
- Large Vessel Occlusion
- Free Air in the Abdomen
- Rib Fracture
- Brain Aneurysm
- Pneumothorax
- Misplaced Endotracheal Tube
- Vertebral Compression Fracture
- Pulmonary Embolism



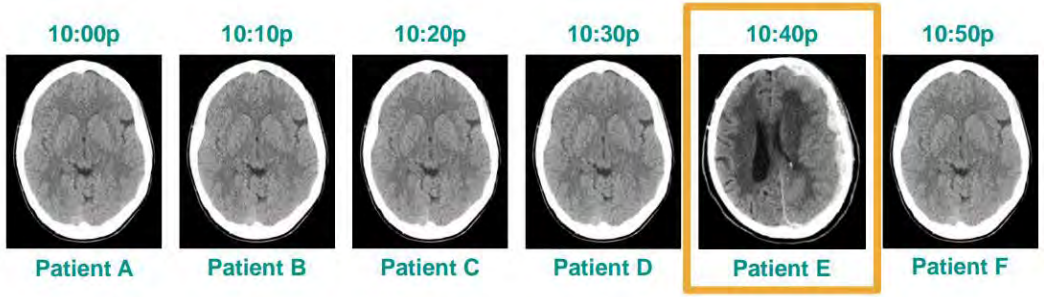
El Camino Health

AI-Enabled Triage

Caring for critically ill patients first

Downstream Impact(s)

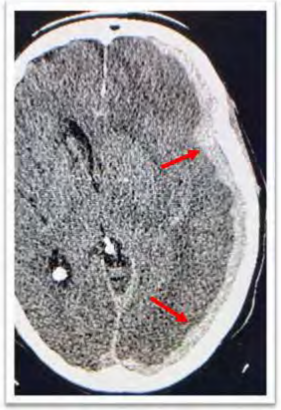
- Improved ED throughput
- Decreased LOS



AIDOC detects ICH and moves study to the top of the list for review by the Radiologist

Intracranial Hemorrhage (ICH)

Initial presentation
Subtle hemorrhage (missed)
AI retrospective positive



36 hours later
Progressive hemorrhage
Required surgical decompression

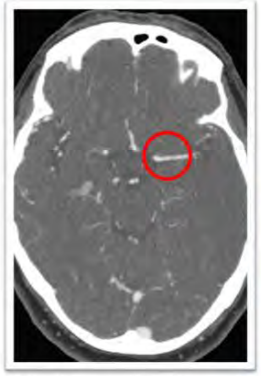
Clinical Value

Some subtle findings progress and require significant treatment.

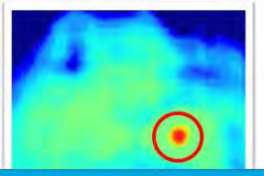
Downstream Impact(s)

- Avoid readmission
- Decreased LOS
- Less invasive/expensive surgery

Large Vessel Occlusion (LVO) / Stroke



Left MCA abnormality flagged
No obvious CTA abnormality

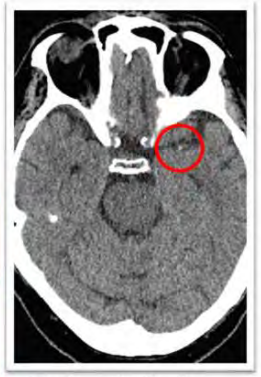


Clinical Value

Sometimes AI can find things not visible to the human eye.

Downstream Impact(s)

- Reduce door-to-needle time
- Increased admissions
- Increased interventions



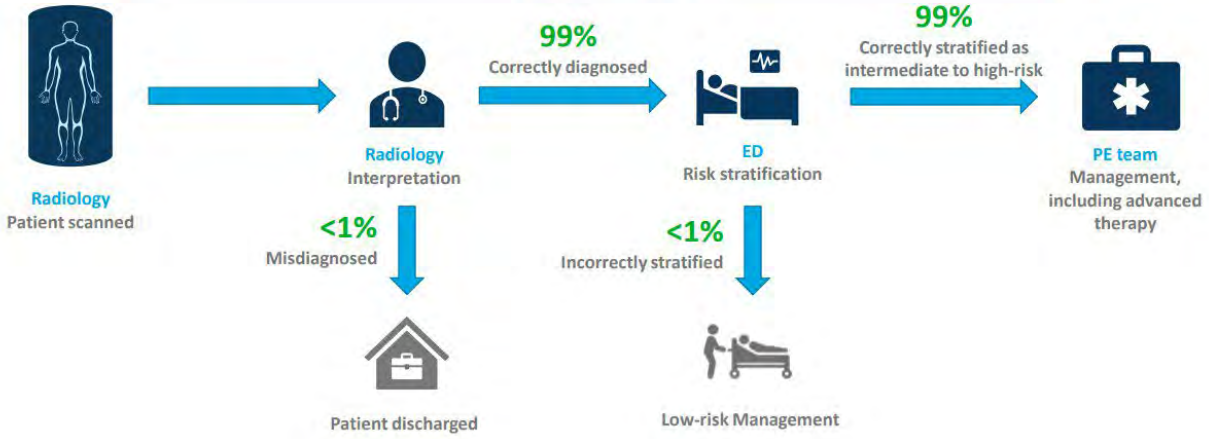
Rad caught finding on unenhanced CT
A stroke confirmed on MR

Pulmonary Embolism Pathway

With AI

- **Misdiagnoses** drastically reduced
- **Patients' risk** accurately assessed
- **Treatment** expedited dramatically

~30 Minutes with AIDOC vs ~6 hours without



El Camino Health

Medical Imaging AI Predictor Tool

Algorithm	EDR	Positives	Rad + AI	Additional Patients (70% of Total)
Intracranial hemorrhage (ICH)	13.4%	1,225	145	101
Pulmonary embolism (PE)	17.1%	399	58	41
Incidental PE	36.0%	175	46	32
C-spine fracture	16.4%	100	14	10
Rib fracture	60.5%	281	106	74
Vessel occlusion (VO)	27.0%	243	52	36
Brain aneurysm (BA)	8.0%	149	11	8
Abdominal free gas	4.5%	168	7	5
Malpositioned Endotracheal Tube		250		
Aortic Dissection	10.8%	28	3	2
Pneumothorax	23.6%	665	127	89
Vertebral Compression	50.0%	1,614	538	377
		5,297	1,107	775
Notes:				
Highlighted inputs need to be updated with client specific data				
ICH and PE EDR based on 8 QI practice assessments				
Other 6 algorithms based on RP clinical validation study				

For a period of eight months, a total of **5,297** studies with positive findings were prioritized for reading.

Enhanced detection of **1,107** additional findings using AIDOC AI resulted in approximately **775** patient admissions, treatment and intervention.

The identification and treatment of patient positive findings improves care quality and outcomes.

Ambient Artificial Intelligence

solventum

Transforming the experience of health care

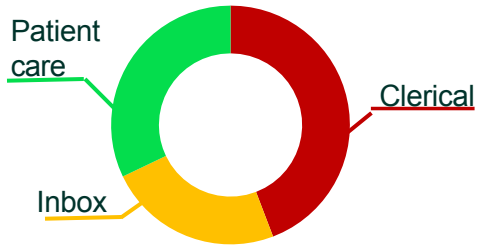
Solventum™ Fluency Align™ enables clinicians to focus on delivering care, not documenting it

Creating time to care with generative and conversational AI

Solventum ™ Fluency Align ™ value proposition

Reality

63% of physicians report burnout symptoms



Only ~1/3 of a clinician's time spent on direct patient care

Response

Diarized, AI-powered speech understanding technology captures the conversation

Generative AI and conversational virtual assistant automate clinical note creation and clerical tasks

AI generated clinical note delivered in the EHR for physician review and sign off

Results

Documentation and admin tasks become a by-product of care so clinicians can focus on delivering care, not documenting it

Time savings and alleviated mental burden bring back the joy of practicing medicine

© Solventum 2024. All rights reserved.

Ambient AI – “What We’ve Heard”

“I have been using it for just a few days but have found amazing results already. It has saved me a lot of time, increased my efficiency but the most amazing thing I have noticed is that I am fully present with the patient. I don't have to worry to take HPI notes.”

- Internal Medicine Provider

“I’m very excited about this AI scribe solution. I won’t have to stress about remembering every little detail in the room. It’s useful for my workflow. Yay! Thanks ”

- Breast Oncologist

“Doing charts using AI has been a good experience overall. In my experience I am saving 20-30 minutes per day in closing the charts. I feel complicated pts and Hospital F/U are easier to maneuver as HPI is pretty much narrated by them.”

- Primary Care Medical Director

“It’s been going great. I feel that I’m able to spend more time talking to the patient without having to type.”

- OB/GYN Provider

Measuring Success

Solventum™ Fluency Align™

- ✓ Decrease time providers spend in Epic writing clinical documentation
- ✓ Decrease % after hours (pajama time) charting
- ✓ Decrease provider administrative burden/feeling of burnout
- ✓ Increase note quality over time
- ✓ Measure documentation turn-around time (TAT)
- ✓ Maintain or improve note closure rate

102

users currently live

61%

of visits documented using Solventum Fluency Align

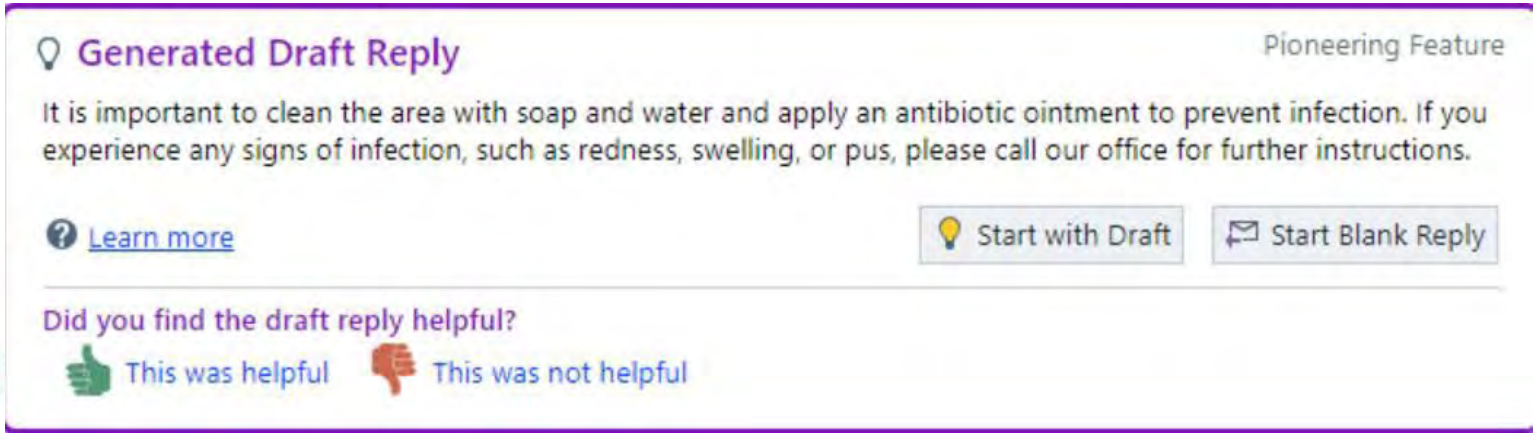
Over half of users utilize Fluency Align for

75%

of patient encounters

Augmented Response Technology

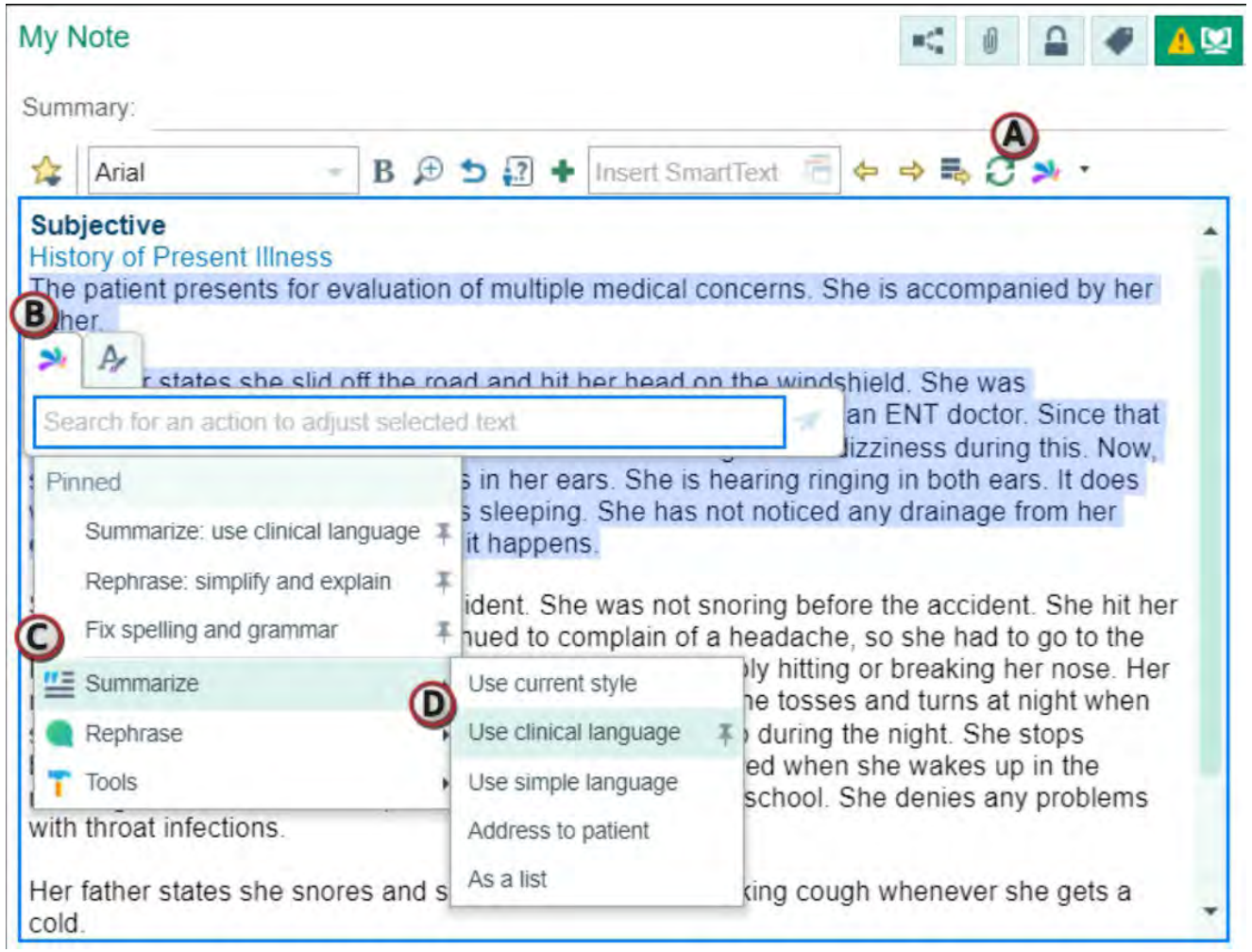
- Patient messaging volume has increased dramatically since the COVID-19 pandemic, which clinicians cite as one of the most burdensome parts of their medical practice. To save time and reduce cognitive burden, Art generates a draft response, using information about the patient and their message.
- Industry External Observation:
  - 13% improvement in accuracy
  - 34% improvement in relevance
  - 21% improvement in tone



- ROI:
  - Users save ~25 seconds per drafted message (67 seconds vs. 92.6 seconds)
  - 13.78% adoption (in line with Epic standard adoption)
  - 2,836 responses used in last quarter (1,182 minutes of provider time saved)

AI Text Assistant

- Clinicians adjust notes, patient instructions, letters, In Basket messages and more for factors such as brevity and reading level.
- Initial organizations have shared the following feedback:
  - Clinicians estimated this tool will save them over 30 minutes per shift.
  - Clinicians said the tool is intuitive and easy to use.



El Camino Health

ED Insights

Emergency medicine physicians are busy professionals working in a fast-paced environment. ED Insights prepares a summary of the most important information about a newly-arrived patient.

Generate Summary From Notes

Patient Summary

AI

7/24/2025 8:51 AM. Lookback period: 3 years.

Summaries might include information based on symptom, diagnosis, or suspected diagnosis.

Congestive Heart Failure

Not on Problem List

- CHF stable as of 6/8/2025 with increased daily exercise tolerance, no dyspnea, edema, or weight gain; continuing low sodium diet, fluid restriction, and daily weight monitoring recommended [1]
- CHF exacerbation earlier in June 2025 improved after IV furosemide and supportive management; discharged stable with continuation of atenolol, furosemide, lisinopril, metformin, and simvastatin [2] [3]
- Hospital admission 6/5/2025 for CHF exacerbation with respiratory distress, hypoxemia, and ankle edema; treated with IV furosemide, oxygen via nasal cannula, telemetry monitoring, and low-sodium diet education [4]
- Non-adherence to low-sodium diet and missed medications likely precipitated CHF exacerbation in early June 2025 [2] [5]
- Aggressive diuresis with IV furosemide and electrolyte monitoring continued during hospitalization; potassium supplementation maintained [5]
- Oxygen requirement increased during exacerbation but was successfully weaned off by hospital day 2 [3]
- Follow-up planned with cardiology and primary care; routine labs scheduled in 3 weeks post-discharge with earlier visit if symptoms recur [2] [3]
- Chronic CHF due to hypertension with stable cardiac function on current medication regimen including atenolol, lisinopril, furosemide, hydrochlorothiazide, aspirin, levothyroxine, metformin, and simvastatin [6] [5]

Relevant Visits: ED Visit (6/11/2025)

Hypercholesterolemia

Not on Problem List

- Medications for hypercholesterolemia were continued without change as of 6/8/2025, with current regimen tolerated without significant side effects; lipid panel ordered on the same date [1]

Relevant Visits: ED Visit (6/11/2025)

Hypertension

Not on Problem List

- Current cardiac conditions including CHF and hypertension were in good control on the existing medication regimen as of 6/4/2025, with a plan to repeat echocardiogram to assess left ventricular function and continue current medications and dietary restrictions [6]
- History of CHF, long-standing hypertension, and type 2 diabetes mellitus documented prior to 6/4/2025 [6]

Relevant Visits: ED Visit (6/11/2025)

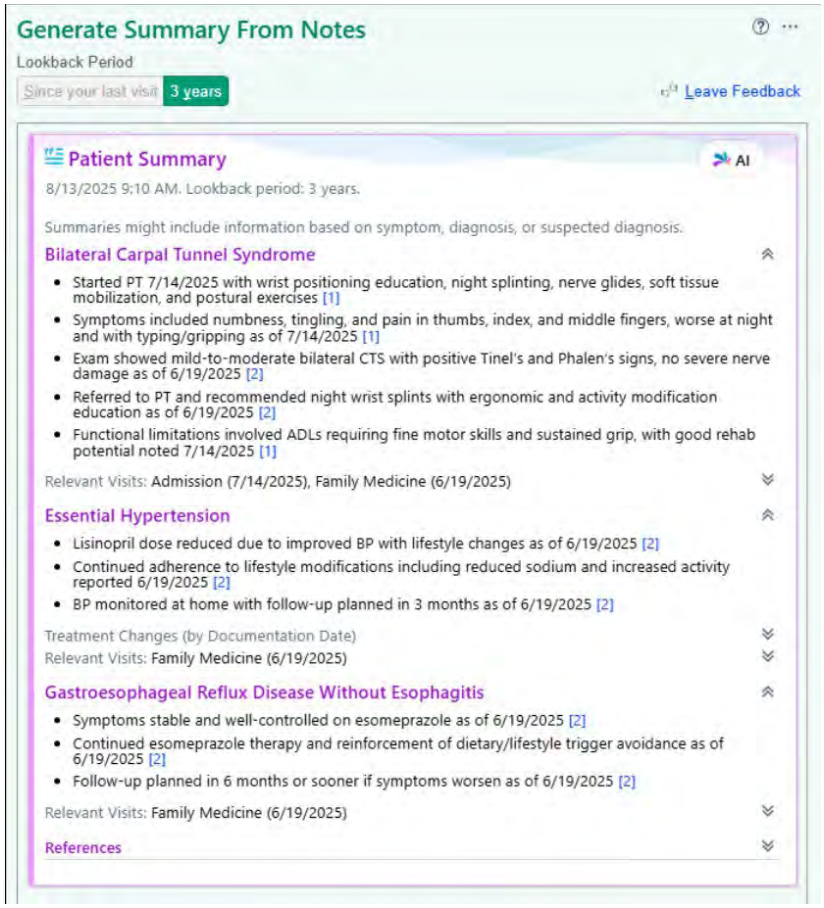
El Camino Health

Patient Insights

- Help care teams get up to speed on a patient prior to an encounter or visit with concise, AI-generated patient insights. These insights provide references to the notes where specific details were discussed. To help the system focus on the right thing, clinicians can choose specific notes to summarize or request the summary to focus on a specific topic.

- *"Have been using the new AI Summarize Note feature in Epic, and feedback thus far is that it is extremely useful. It has helped save a lot of time in otherwise having to review charts, and the references allow for easy look back when further context or detail is required. Glad to have this new option."*

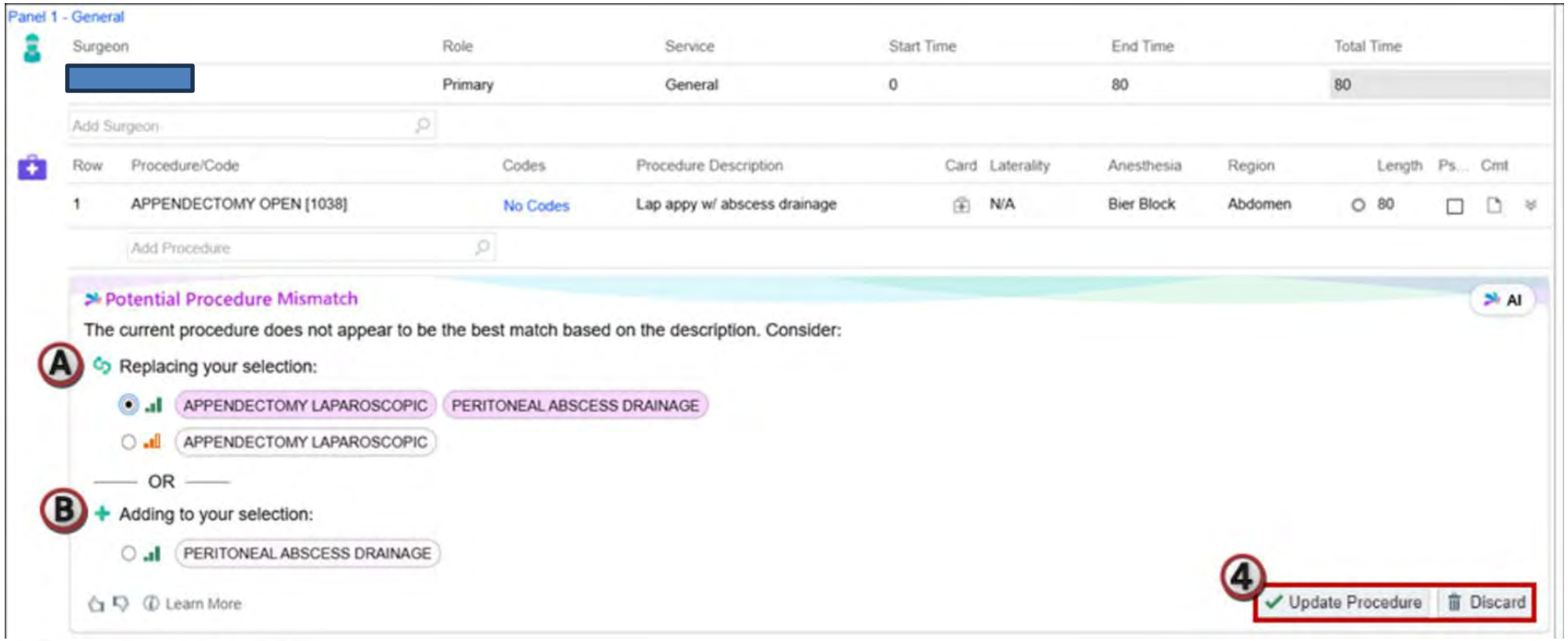
Dr. Jaideep Iyengar, El Camino Health Physician



El Camino Health

Surgical Procedure Mismatch Detection

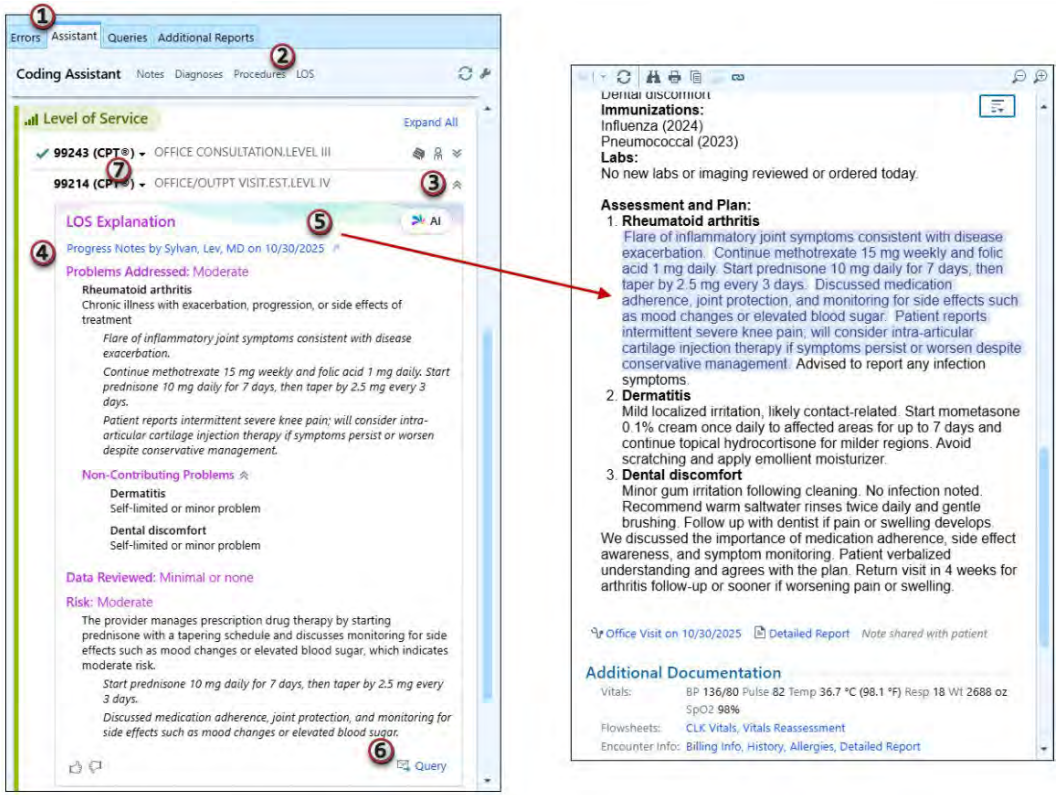
Schedulers can use AI-generated suggestions to identify missing or incorrect procedures in case requests. The suggestions are based on the free text procedure description from the surgeon. This helps ensure accurate procedure selection, reducing downstream issues with resource planning and reporting.



El Camino Health

AI Assisted Level of Service

- Coders and clinicians can use generative AI to help identify appropriate level of service codes based on medical decision-making documented in encounter notes for outpatient and ED visits.
  - Coders might find the AI-identified level of service codes can save them time. The AI analyzes notes, so coders don't have to spend as much time reading them. Instead, coders can see excerpts of the note that cover key medical decision-making information, and the appropriate level of service code based on that information.
- Live with coders, implementing with providers
- Over 1,300 charges processed in December



El Camino Health

AI Assistant *for* Professional Coding

Quick access to relevant clinical documentation

Potential procedure and diagnosis codes based on notes & discrete data

Strategy

Use AI to **identify** procedure & diagnosis **codes**

Automatically find **supporting documentation**

Simplify workflows for coders

Errors | Reports | Assistant | Queries

Coding Assistant — Notes | Diagnoses | Procedures | History

Notes — Chart Review

Processing Complete — 1 note completed processing on 03/11/2024 at 10:02 AM

Westphal, Jackie, MD — General Practice

Op Note — Signed — Query 01/08/2024 09:22 AM

Potential Diagnosis Codes — No Grouper — Expand All

- J35.01 — Chronic tonsillitis
- R09.89 — Other specified symptoms and signs involving the circulatory and respiratory systems
- J35.3 — Hypertrophy of tonsils with hypertrophy of adenoids

Potential Procedure Codes — No Grouper — Expand All

42820 (CPT®) — REMOVE TONSILS/ADENOIDS, <12 Y/O

Included on this patient's surgical log

Included on 56% of 54 similar surgeries where Tonsil Removal was performed

Supporting Documentation — AI Pioneering

Op Note by Westphal, Jackie, MD on 01/08/2024

"The left tonsil was grasped with a curved Allis forceps, retracted medially and the anterior tonsillar pillar was incised with Bovie electrocautery. The tonsil was removed from the superior and inferior pole using Bovie electrocautery in its entirety in the subcapsular fashion."

Query

Needs Review

PBSUR (CPT®) — PB OPERATIVE NOTE PLACEHOLDER

Historical Data — Expand All

Primary Surgeon

AI Level *of* Service Calculation

Professional Charge Correction - Session: 14400

Workqueue
Correction

Session (1) — Show All Fields

Patient	Guarantor	Service Date
[redacted]	[redacted] All	6/26/2024

Visit Account	Coverage	Claim Info
AUTO AUTO	HUMANA, HUMANA H...	

Service Provider	Billing Provider	Department
FAMILY MEDICINE, PHYSICI...	FAMILY MEDICINE, PHYSICI...	EMC FAMILY MEDICINE [10...

Place of Service	Referral	Referring Provider
EHS CLINIC [10501]		

Pricing Contract | Bill Area

Diagnoses (2) — Prim Alt

	Code	Description	Qualifier
1	J45.909	Unspecified asthma, ...	Active

Charges (3)

	Procedure	Description	Service Date	Service Provider
1	99213	PR OFFICE/OUTPATIENT E...	06/26/2024	
2				

Line 1 (4) 99213 (CPT®)-PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-

Pricing & Reimbursement | Charge Detail | Time & Date

Covered: Covered, no write-off

Print on claim? Yes No

Reimbursement contract:

Pricing contract:

Auto patient write-off

Compare LOS selected by **provider** to **system calculation**

Prioritize review on visits that don't match

Errors | Doc Review | Queries | Additional Reports

Doc Review — Notes | Diagnoses | Procedures | LOS

Notes — Chart Review

Physician Family Medicine, CCC-A · Family Medicine

Progress Notes · Signed — Query 06/26/2024 0945

Potential Diagnosis Codes — No Grouper — Expand All

✓ J45.909 · Unspecified asthma, uncomplicated

Level of Service — Expand All

✓ 99213 (CPT®) PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

99212 (CPT®) PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN

LOS Explanation — AI Pioneering

Progress Notes on 06/21/2024

Problems Addressed: Moderate

Chest pain
Chronic illness with exacerbation, progression, or side effects of treatment
and her symptoms resolved now over the last month. She wakes in the middle of the night and reports that she has a pressure. It is mild-to-moderate in the middle of her chest and

Suspicious lesions
Undiagnosed new problem with uncertain prognosis
She has some spots on her shoulder that have been present for a long time, but over the last month have been getting bigger in size and is elevated whereas they had not been elevated in the past.

Non-Contributing Problems

Reflux
Stable chronic illness

Urinary incontinence
Acute, uncomplicated illness or injury

Query

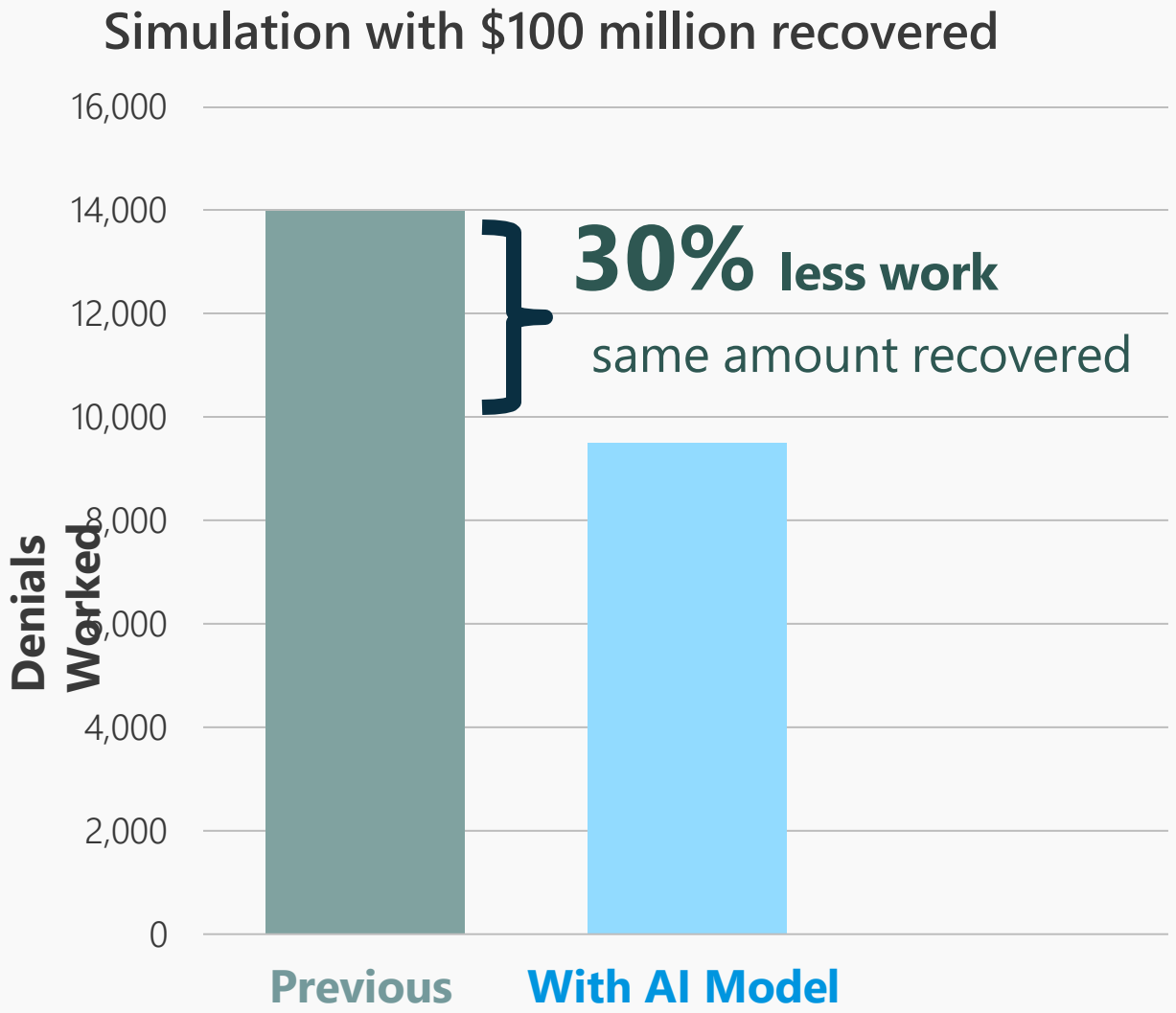
- Total net new diagnosis added based on AI Assistant = 2,034
- Total net new procedures added based on AI assistant = 394

Prioritize Denials *to* Work *with* AI

Let the system prioritize your denials

Work denials **most likely** to receive payment first

Avoid working denials that likely won't be recovered



Generative AI For Administrative Areas

- ECH has a number of active implementations of Generative AI for use in various administrative and clinical contexts. In 2024, an AI Governance committee was formed to provide guidance and oversight. This led to the creation of the AI policy, AI Knowledgebase and AI Application Roster.
- An independently licensed secure version of ChatGPT AI models (branded ECH Copilot) is available to ECH and can be accessed at https://copilot.elcaminohealth.org.
- For those desiring integration with Microsoft applications, and can accept the $360/year cost, Microsoft 365 Copilot has been approved, supported and deployed for a number of users.
- ECH Copilot uses a mix of AI models designed to strike an optimal balance of high quality, low error rate with minimal harm (bias, hallucinations). To make this determination, we utilize a number of sources such as:

  Quantitative testing of models by MedHELM ("Holistic Evaluation of Large Language Models for Medical Tasks")
  Qualitative feedback from joint clinical and administrative advisory groups
  Feedback from our internal ECH users

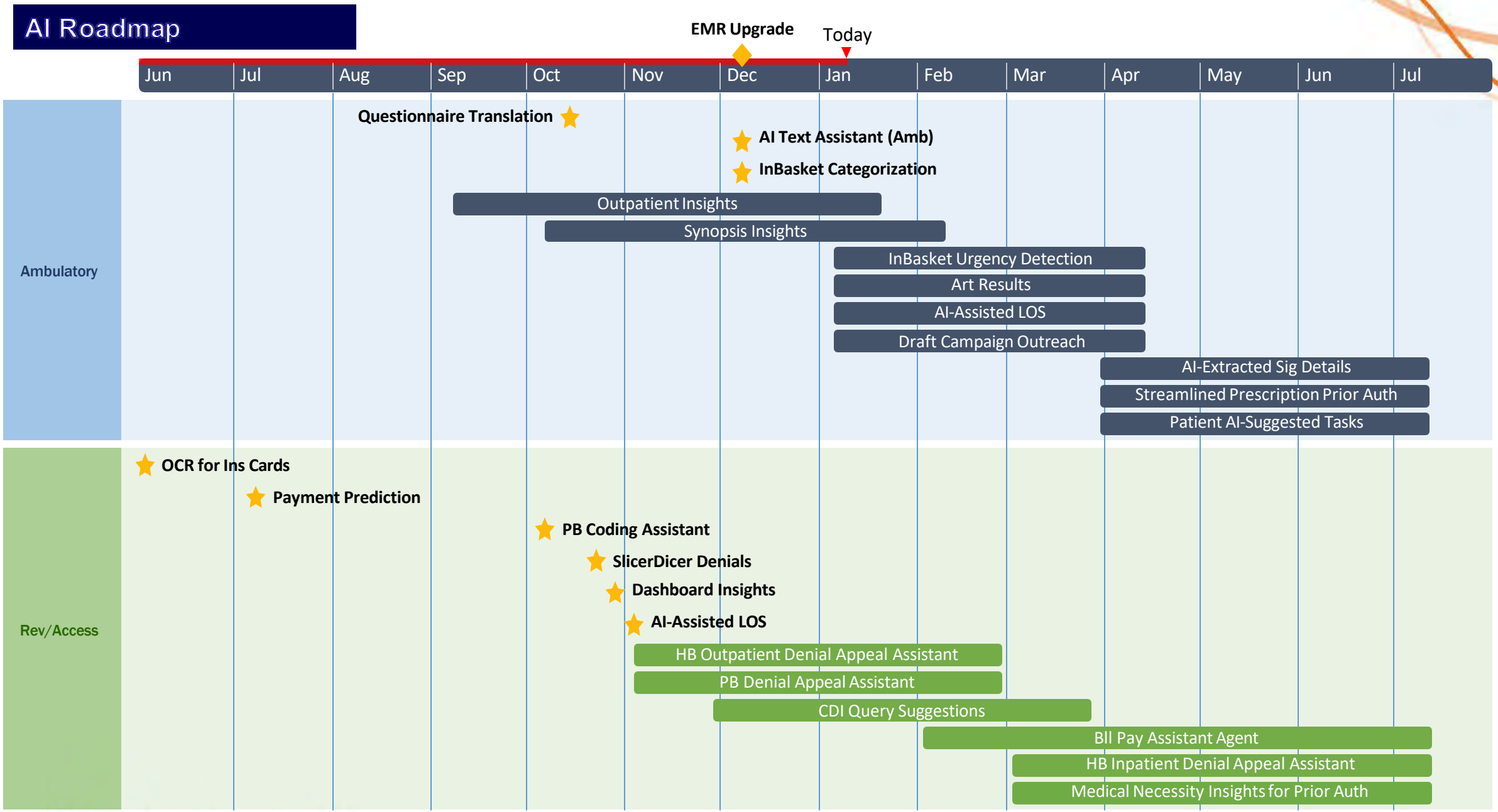
- Models are updated in ECH Copilot every few weeks with developer updates occurring when new data is presented from the community or observed in practice.

Primary models -
- Traditional:
  - GPT 4.1
  - GPT 4o
- Reasoning:
  - Google Gemini 2.5 Pro
  - OpenAI o3

Notable improvements in 2025: Gemini and Claude added to the pool of AI models, share feature added to reuse and standardize high-quality prompts with other ECH users, enhanced MFA for stronger account protection, increased max document size to 150,000 words and scribe meeting length to 4 hours, user ability to adjust personal AI Model preferences, and improved analysis of complex documents.

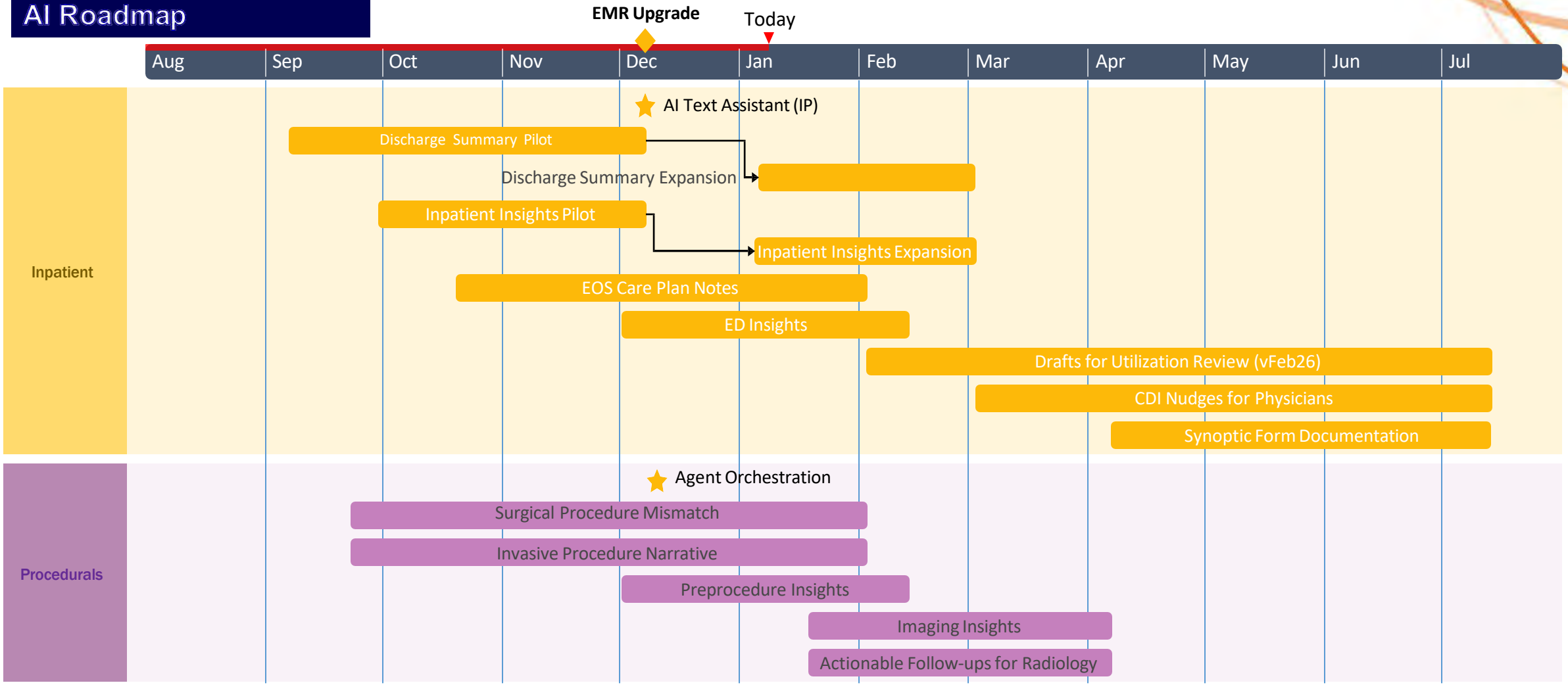
AI Roadmap

AI Roadmap



El Camino Health

AI Roadmap



El Camino Health

Future AI EMR Roadmap

- Development of agents using multi-step AI reasoning to deliver improved outcomes and reduce handoffs by working in parallel with staff to take actions and help with complex decisions.

- Agents combine the power of generative AI's reasoning with a library of integrated actions to autonomously perform tasks and assist with complex decisions.

- Agents possess a deep understanding of your organization and clinical practice and can take actions, such as scheduling an appointment or engaging with a patient. Agents scale across a wide spectrum of workflows, from assisting individual users, to taking on administrative tasks, to improving care at the population level.

AI Assistants

- Art, Epic's AI-driven assistant for clinicians, provides tools built directly into clinician workflows, surfacing helpful patient insights and speeding up many everyday tasks.
- Emmie, Epic's AI-driven assistant for patients, helps patients navigate their healthcare experience with convenience and confidence—from appointment scheduling and billing to triage and customer support.
- Penny, Epic's AI-driven assistant for healthcare operations, surfaces data and summarizes complex information for the revenue cycle, working alongside other Epic automation to help you optimize workflows and improve cash flow.

Emmie AI for Patients

Art AI for Clinicians

Penny AI for Admin Staff

Innovation Program AI Roadmap

Patient Journey Orchestration

Where technology and compassion create seamless, intelligent care from hospital to home

Powered by two AI-enhanced innovations:

Real-Time Intelligence Center

AI-Enabled Outpatient Concierge Navigation

Imagine arriving at El Camino Health everything is already in motion.

Emergency Arrival

Real-time coordination ensures immediate assessment and waiting for decisions when minutes matter

Inpatient Care

Optimal bed placement with the right team ready to provide expert expert treatment guided by real-time intelligence

Discharge to Home

Seamless transition with comprehensive support and follow-patients feel confident about what comes next

Behind the scenes, **real-time intelligence** and **AI-enabled navigation** ensure nothing is ensure nothing is missed and creating an experience that feels both deeply personal personal and remarkably efficient.

Orchestrated Patient Journey: Two Innovation Initiatives

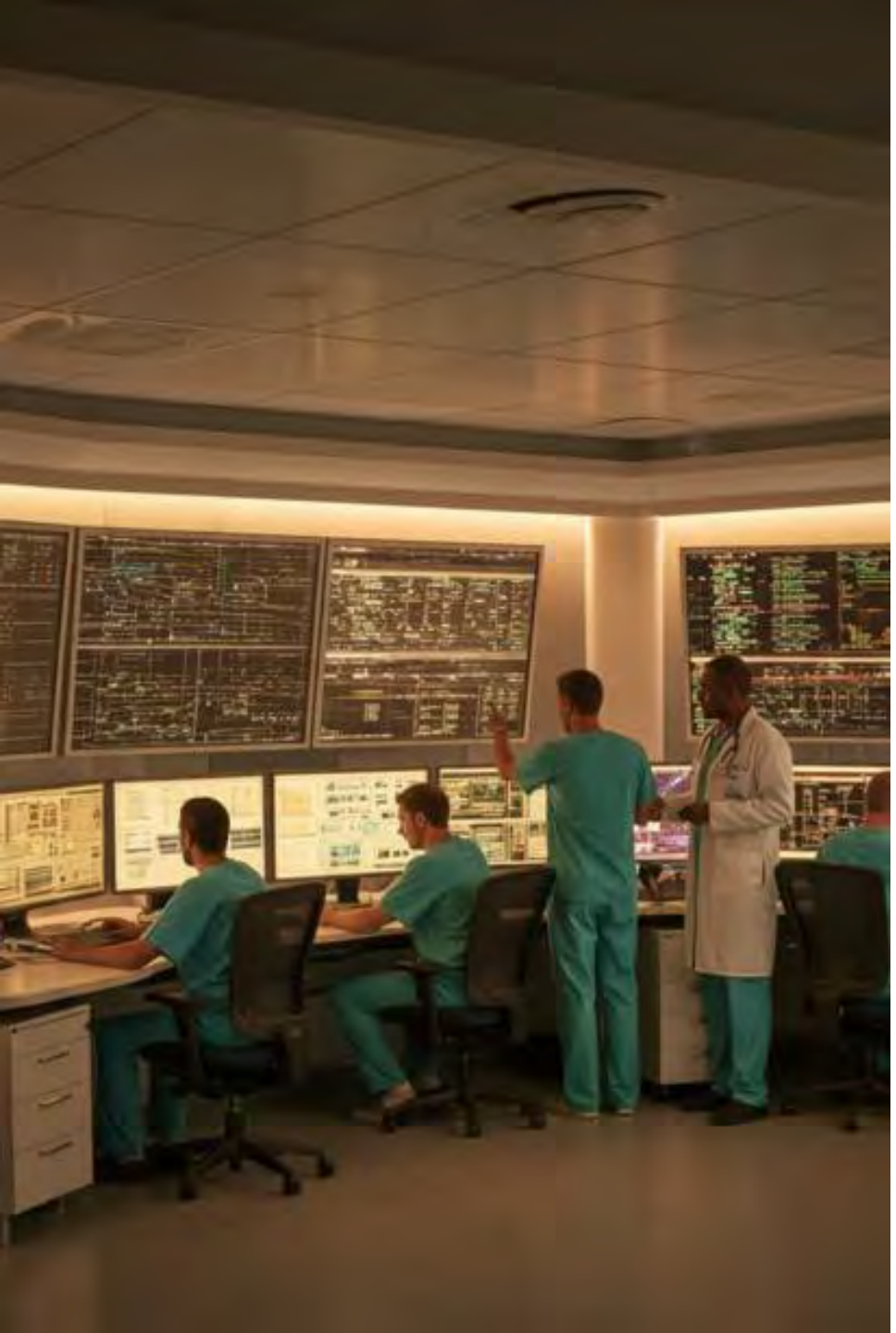
These complementary systems work together to transform every patient's journey from arrival to recovery at home.

Real-Time Intelligence Center

- Real-time predictions for discharge readiness
- Optimized patient flow and bed management
- Reduced wait times and delays
- Fed by EMR, Apella, and additional data sources

AI-Enabled Outpatient Concierge Navigation

- 24/7 conversational AI assistance
- Dedicated human navigators
- Proactive reminders and coordinated follow-ups
- Personalized support from hospital to home



Real-Time Intelligence Center

- Intelligent, centralized coordination hub for all inpatient flow
- 24/7 monitoring of beds, staffing, procedures, and transitions
- Proactive alerts help clinicians intervene at the right moment to reduce delays and improve safety
- Fed by Epic, OR flow, Apella, and upcoming real-time solutions + additional data sources in the future
- Every patient journey visible and managed
- Predictive and anticipatory
- Data + Human Expertise = Insights

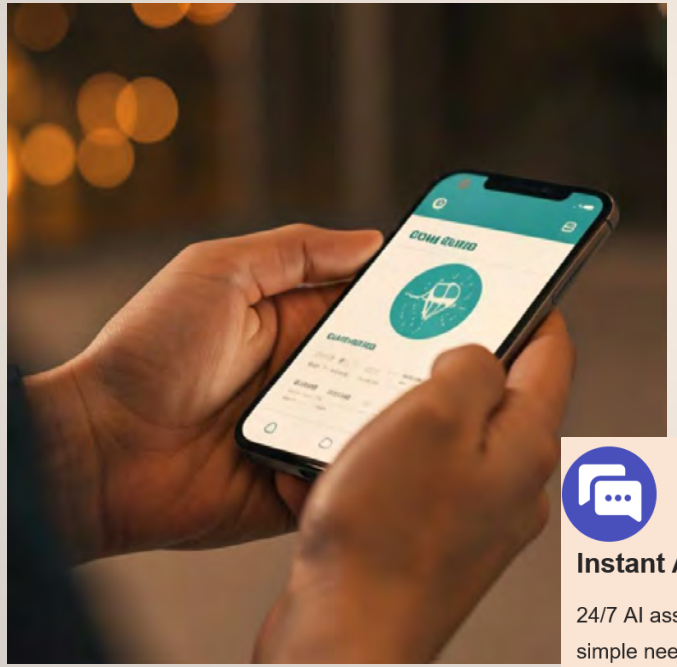
24/7 Real-Time Intelligence

- Continuous, data-driven coordination of patient flow
- Proactive alerts for clinical teams

100%Visibility

- Unified view of patients, resources, and transitions so teams can make faster, more confident decisions
- Real-time operational situational awareness

AI + Human Navigators: Always-On Support

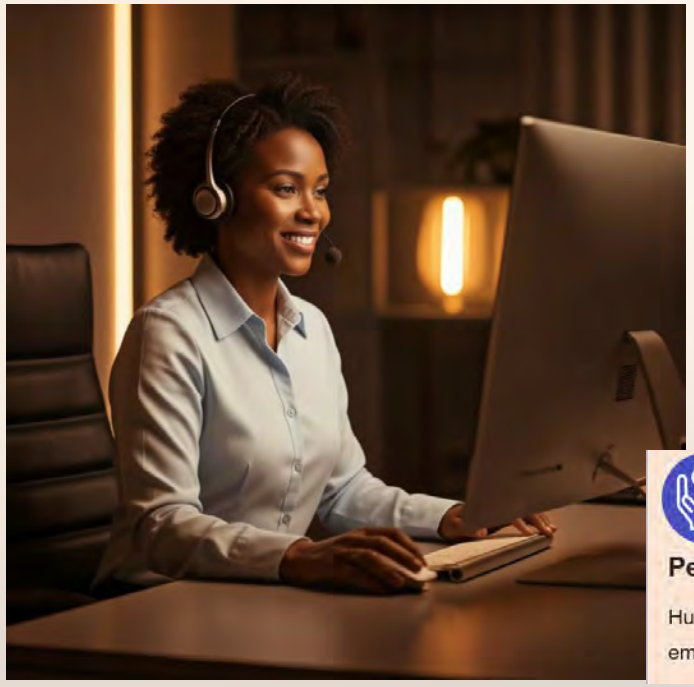


Instant Answers

24/7 AI assistance for common questions and simple needs

AI-Powered Guidance

- Instant answers to common questions
- Medication reminders and guidance
- Appointment scheduling assistance
- Available anytime, anywhere



Personal Touch

Human experts for complex coordination and emotional support

Dedicated Human Navigators

- Manage patient journey, complex referrals and specialist coordination
- Navigate insurance and authorization challenges
- Provide emotional support and reassurance
- Handle escalated needs with personal care

Technology handles the complexity; humans provide the connection

Personalized Navigation

The system learns, adapts, and anticipates, creating a healthcare experience that feels effortlessly tailored to each

Learning Preferences

Understanding communication styles and scheduling preferences

Anticipating

Proactive reminders and preventive care recommendations

Coordinating Care

Seamlessly scheduling appointments that work with your life

Connecting

Linking to the right specialists, services, and support systems

Empowered and Cared For

This is healthcare reimagined: where patients never feel lost, confused, or alone. Technology handles the complexity while human compassion human compassion provides the connection.

Confident Decisions

Armed with clear information and expert guidance at every turn

Reduced Anxiety

Knowing help is always available and and care is always coordinated

Better Outcomes

Seamless coordination leads to gaps and improved health results

Artificial Intelligence for Care at El Camino Health

Our AI strategy is built on two complementary pillars, all operating on a secure, ECH-controlled foundation that keeps patient data private and aligned with ECH clinical protocols.

Embedded AI in Core Platforms

Integrated into Epic and Workday systems

- Sepsis early warning
- Length-of-stay forecasting
- Clinical documentation assistance
- Workflow optimization tools

Generative AI on ECH Data

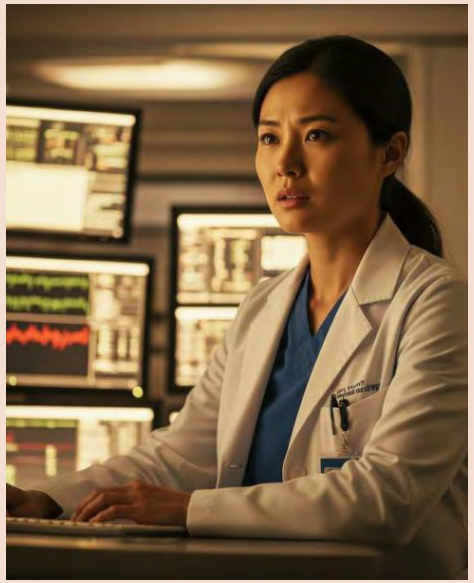
Natural-language intelligence across all hospital data

- Ask questions in plain English
- Supports clinicians, leaders, and operations
- Optimizes supply chain and revenue cycle
- Generates instant insights from unified data
- All PHI stays inside ECH's secure environment

Note: ECH uses secure, ECH-controlled AI models with no sharing of PHI to public systems.

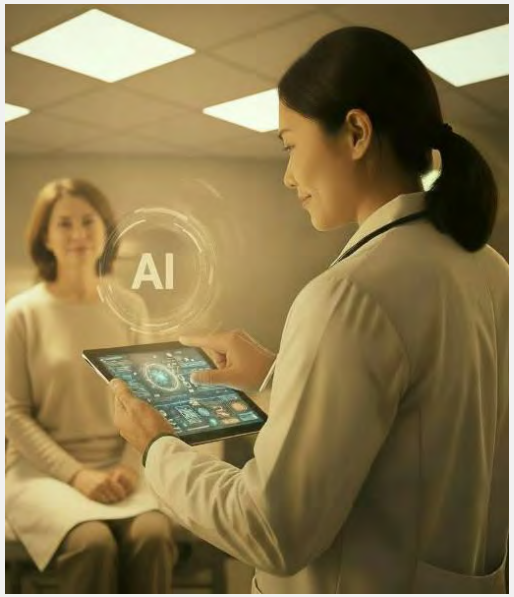
Clinician Story: From Searching to Knowing in Seconds

Before: Fragmented Information

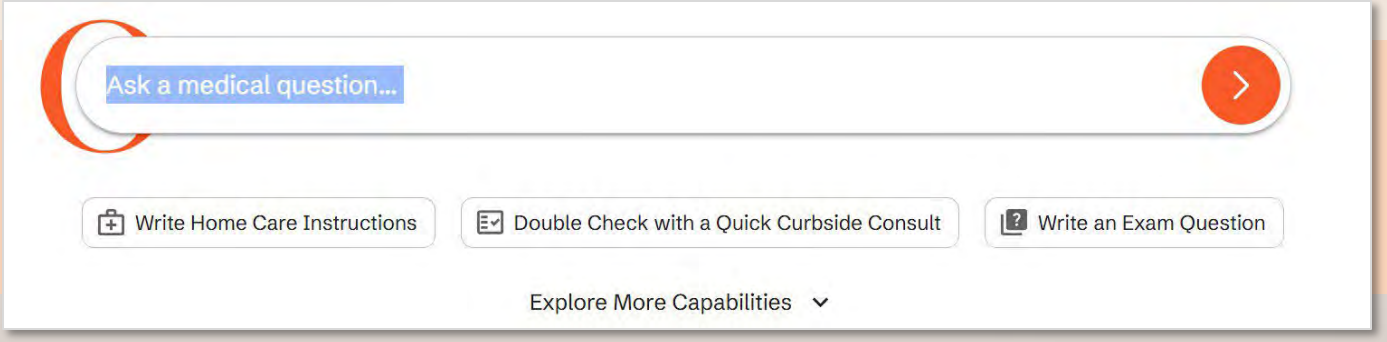


- Patient arrives with suspected pulmonary embolism
- Critical data scattered across Epic modules
- Multiple screens, tabs, and systems to check
- Time lost piecing together history
- High cognitive load during time-sensitive care

After: Instant Intelligence



- Doctor asks questions to GenAI for ChatEMR capabilities
- AI instantly summarizes full chart and relevant clinical pathways
- Treatment protocols displayed immediately
- Faster time-to-treatment decision
- Dramatically reduced cognitive burden
- More time for face-to-face care
- Improved quality and patient outcomes



Staff Stories: Intelligence in Action

Claims Support: Preventing Billing Surprises

AI identifies claims that may face insurer pushback and prepares needed documentation early, helping patients avoid delays or unexpected charges.

Strategic Decisions: Strengthening Local Care

AI helps leaders understand community needs in real time so ECH can invest in the services that patients will rely on most — strengthening care close to home.

Supply Chain: Ensuring Supplies When Patients Need Them

AI helps the hospital stay fully stocked with the right supplies at the right time, preventing delays in care and improving patient safety.

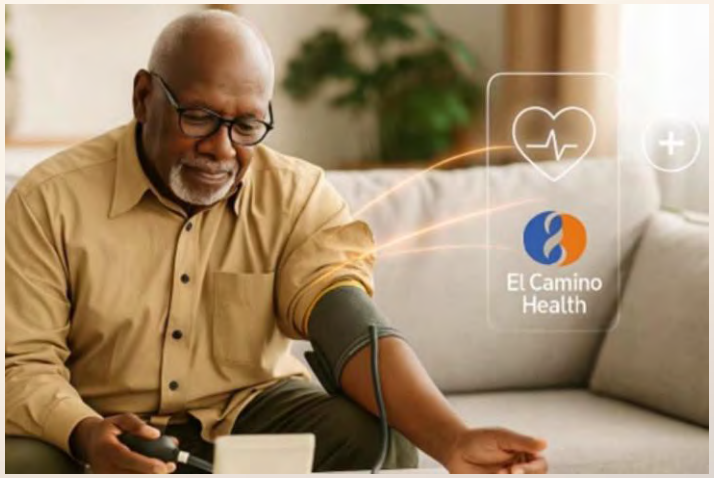
Bottom line: Staff spend more time solving problems and serving patients, less time searching for data and building reports

.

For Patients: AI Delivers the Right Care, Sooner

AI surfaces the most important information from a patient's record and the latest evidence instantly — helping clinicians make faster, more confident decisions tailored to each individual.

Patients and families receive clearer explanations and recommendations in plain language, reducing uncertainty and helping them feel supported throughout their care journey.



AI brings together the full medical record to support accurate diagnoses and quicker treatment decisions, giving patients peace of mind when it matters most.

AI helps clinicians get to the right diagnosis faster and supports patients with clear, personalized guidance when they need it most.

Building the Future Together

This vision of orchestrated, personalized care is within reach. At El Camino Health, we're Health, we're creating a healthcare experience where every patient feels guided, guided, supported, and empowered throughout their entire journey.

Innovation

Leveraging cutting-edge technology

Compassion

Maintaining the human touch

Excellence

Delivering measurable outcomes

Partnership

Building health together

Join us in creating a future where healthcare truly centers on the patient, where the El Camino Health team supported by technology orchestrates patient experiences that transform lives with these initiatives:

- ✓ Patient Experience Platform
- ✓ Real Time Intelligence
- ✓ AI Enabled Care Concierge and Navigation
- ✓ Generative AI Powered By ECH Unified Data

Adoption Principles

AI Governance

MISSION:

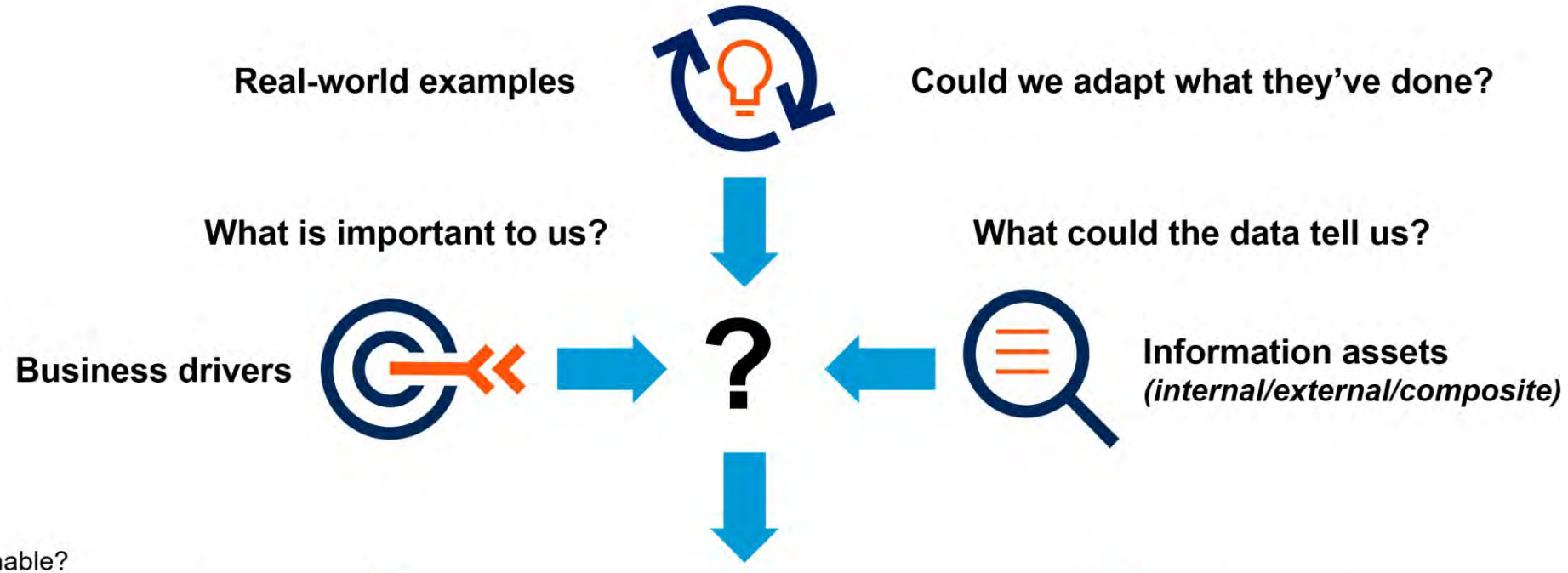
The AI Governance Committee at El Camino Health (ECH) is responsible for providing strategic guidance, evaluating, and approving the use and deployment of AI technologies in alignment with ECH's guiding principles and industry best practices. The committee is committed to ensuring the safe and ethical use of generative AI technologies, adhering to evidence-based medicine, and promoting transparency and prudence in AI applications.

RESPONSIBILITIES:

The AI Governance Committee has the following responsibilities:

1. Review and approve or deny requests for new generative AI technologies using the AI Intake Form.
2. Maintain an Approved Application Roster and a Forbidden AI Roster, listing approved and forbidden AI technologies respectively along with their limitations and requirements for use.
3. Ensure adherence to established healthcare standards, regulatory guidelines, and El Camino Health policies in the deployment and use of AI technologies.
4. Oversee the implementation of rigorous privacy protocols and security provisions in all AI applications.
5. Provide strategic guidance on AI technologies to align with the organization's objectives and goals.
6. Monitor the performance, risks, and benefits of deployed AI technologies.
7. Ensure sufficient training and resources are provided to users of approved applications.

AI Adoption – Decision Framework



- ✓ Actionable?
- ✓ Manageable?
- ✓ Technological?
- ✓ Economical?
- ✓ Ethical?

AI Adoption – Methodology And Talent

ECH has adopted a hybrid methodology of "buying embedded or purchased AI applications with some outsourcing arrangements" based upon current AI requirements. Careful consideration of talent needs will continue and evolve with ongoing assessments if the organization moves to a "Build" methodology in the future. It is expected the current Analytics team will repurpose roles and responsibilities to an AI focus with increased utilization of Generative AI versus traditional static reporting and Dashboard responsibilities.

Build
Via workbenches

Buy
packaged apps and APIs

Outsource
service providers

Risk

AI Risks

Regulatory	• Legal risks • Adherence to regulatory compliance and privacy laws
Reputational	• Bias & lack of transparency • AI Decisional risk • AI/ML attacks
Competencies	• Data Governance • Internal AI Literacy • Talent Management

AI Risk Assessment And Mitigation

Risks	Risk Category	Responsibility	Action Plan	
Regulatory	**Adhere to regulations**	CIO, AI Governance Committee	Understand the continuously evolving regulatory landscape	Enable collaboration between AI practitioners and legal, risk and security members to evaluate use case feasibility and acceptable risks
	Legal Risks	Legal, Compliance	Identify legal risks upfront in consultation with legal team. Maintain detailed application inventory and set up adequate usages, responsibilities and risk controls.	Ensure there is clear “explainability” baked into model decisions and adequate controls to prevent rogue internal behavior using AI.

AI Risk Assessment And Mitigation

Risks	Risk Category	Responsibility	Action Plan	
Reputational	**Interpretable and Explainable**	CIO/CISO	Ensure we deliver high-quality AI models by thoroughly testing and validating them before they are exposed out-side the organization.	Determine requirements for explainability by consulting with lines of business and legal teams.
	Secure and Safe	CIO/CISO	Acknowledge the threats against AI in your organization posed by both malicious and benign actors.	Bolster security across enterprise security controls, data integrity and AI model monitoring.
	Unbiased and Fair	CIO/CISO	Use AI where it matters most so that it costs don't outweigh the benefits.	Leverage emerging technologies such as synthetic data, active learning and adaptive learning to reduce data and model bias.

AI Risk Assessment And Mitigation

Risks	Risk Category	Responsibility	Mitigation Strategies	
Competencies	**Internal resistance to AI adoption**	**CIO/CTO**	Nominate executive sponsors	Implement an organizational change management process
	Talent management	**CIO & CHRO**	Build a training program to develop the required skill set	Seek the guiding hand of an MSP/ professional services organization
	Technical Debt	**CIO/CTO**	Align AI strategy with cloud strategy and explore cloud as foundation for AI	Create a technology roadmap to modernize data and analytics infrastructures to align with AI goals and timeline

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
QUALITY COMMITTEE MEETING COVER MEMO

To: Quality, Patient Care, and Patient Experience Committee
From: Shreyas Mallur, M.D, MBA, Chief Quality Officer, and Lyn Garrett, MHA, MS, CPHQ
Date: February 2, 2026
Subject: Enterprise Quality, Safety, and Experience and STEEEP Dashboards through December 2025

Purpose:

To provide the Quality, Patient Care, and Patient Experience Committee with an update on quality, safety, and patient experience performance through December 2025 (unless otherwise noted). This memo summarizes results from both the STEEEP and Enterprise Quality Dashboards for FY 26 YTD.

Situation: The FY 26 Enterprise Quality, Safety, and Experience Dashboard is updated monthly and tracks eighteen quality measures. 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 5(0.83 cases per month) (Goal: </= 27 infections FY 2026 or less than 2.25 cases/month) Hospital Acquired C=Diff infections YTD 2026. Areas of focus to decrease C. Diff are four-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. Fourth, testing of C. Diff samples will follow CDC and IDSA guidelines. (**Timeline for improvement:** We are on track for this measure. 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 2 CAUTI's cases year-to-date in FY2026, (0.33 cases/month) against a target of ≤12 (1.17 cases/month) for the fiscal year. Prompt removal of urinary catheters, when clinically appropriate and consistent adherence to best practices for insertion and maintenance remain key focus areas. To minimize catheter duration, the frontline nursing managers and the infection prevention team review all patients with indwelling catheters in place for more than three days and collaborate with nursing and physician teams to confirm ongoing clinical indications and reinforce timely removal. (**Timeline for improvement:** While we are currently on track to meet the FY2026 goal, we continue to implement additional measures aimed at sustaining and further improving performance in the next fiscal year**.** Ongoing monitoring remains essential).

3. **Central Line Associated Blood Stream Infection (CLABSI)**. The rate of CLABSI for YTD FY2026 (2) (0.33 cases/month) is favorable to target of 5 cases for FY 26 (0.42 cases per month). (**Timeline for improvement:** We are on track to meet target)

4. **Surgical Site Infection**. The number of surgical site infections for FY 26 (20) is unfavorable to target of </= 34 cases (2.83 cases/month). 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: Though** the absolute number of SSIs are high, the rate of SSIs has shown a 10% decrease enterprise wide. However, we have implemented all evidence-based practices and are now monitoring specific SSI reduction measures for colon surgeries and biliary surgeries)

5. **Hand Hygiene Combined Compliance rate:** Performance for YTD FY2026 is favorable (85.9%) to target of 84%. (**Timeline for improvement:** We are on track to meet this measure. We are instituting real time coaching for failures in compliance, as well as socializing this in our nursing and physician councils)

B. Timely:

1. **Imaging Turnaround Time: ED including X Ray (target + % completed <= 45 minutes).** Performance YTD FY 2025 (69.1%) 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. Management has changed the vendor for physician radiology reading services. The new radiology group started on December 30th 2025. Initial data suggests that the turnaround times have improved significantly in January 2026. (**Timeline for improvement:** Realistically, we anticipate improvement in the Turnaround times by Q3 2026 accounting for initial operational hiccups which are to be expected when changing a major service)

C. Effective:

1. **30 Day Readmission Observed Rate:** Performance YTD through August of 26 (10.7%) is unfavorable to target (</=10.6 %) 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 close to our target and are confident we will continue to maintain our FY 25 trend)

2. **Risk Adjusted Mortality Index.** Performance YTD FY26 (0.98) is favorable to target (1.05). 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. In addition, we are optimizing the expected mortality to accurately reflect the acuity of illness of our patients. (**Timeline for improvement:** We are on track to meet this measure.)

3. **Sepsis Mortality Index:** Performance through FY2026 is 1.18, which remains unfavorable to the target of 1.15. Observed sepsis mortality is influenced by early goal-directed therapy, and El Camino Health continues to perform strongly on SEP-1 measures compared with national benchmarks. Ongoing efforts remain focused on reliable execution of SEP-1 components, including timely antibiotic administration and appropriate fluid and vasopressor management. In parallel, we are implementing a more robust approach to expected mortality management to better reflect patient severity of illness. These combined efforts have resulted in a downward trend in the sepsis mortality index. (**Timeline for improvement:** We continue to see sustained improvement and are confident the target will be achieved by Q3 2026.)

4. **PC-02 Nulliparous Term Singleton Vertex C-Section (NTSV)**. FY26 performance through August of 2025 (23.1%) is favorable 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: We are on track to meet this target. However, 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 FY26 is (0.99) is favorable to 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.

- Multidisciplinary rounds with the hospitalist group have contributed to reductions in length of stay through improved care coordination, earlier identification of discharge barriers, and more timely insurance authorization for patients transitioning to skilled nursing facilities or home care.
- We now have skilled nursing facility transfer agreements in place to help us expedite discharge self-pay and MediCal patients. (**Timeline for improvement:** We are on track to meet this target; however, this metric, along with the readmission rate, will continue to be closely monitored to ensure sustained performance).

2. **Median Time from ED Arrival to ED Departure (Enterprise).** Performance YTD FY26 (154 minutes) is favorable to the target of < 159 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). (**Timeline for improvement:** We are on track to meet this measure)

E. Equitable:

1. Social Drivers of Health Screening rate: FY 26 performance YTD is (88.2%) is favorable to target of 70%. This is a new measure and steps 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. (Timeline for improvement: We are on track to meet this target)

2. Homeless Planning Discharge Compliance Rate: This is a new measure for FY26. FY 26 YTD is (79.8%) is favorable to target of 77%. This measure was chosen because of new CMS regulations on monitoring our efforts on homeless discharge compliance rates. (Timeline for improvement: We are on track to meet this measure).

F. Patient Centered:

1. **FY26 Performance Highlights** (July 2025 through December 2025's performance): FY26 performance YTD of (84.5%) is favorable to target of 83.4%.

El Camino Health continues to make measurable progress toward our strategic goal of achieving and sustaining patient experience performance at or above the 80th percentile for

HCAHPS. At the same time, we are seeing meaningful and sustained improvement across the Medical Network, which has now surpassed its FY26 national improvement threshold. As of September 2025, Medical Network performance reached the 55th percentile nationally, reflecting the impact of focused, clinic level improvement efforts and stronger operational accountability across clinics and urgent cares.

Across the enterprise, inpatient performance is trending positively at 83.9 percent year to date, exceeding the FY26 target of 83.4 percent. Strong performance continues in Maternal Child Health, Oncology, and the Emergency Departments, reinforcing the stability of our inpatient results. The Medical Network is also demonstrating strong momentum, with year-to-date performance at 85.9 percent, above its target of 83.2 percent, and showing continued progress toward greater systemwide consistency.

To further strengthen alignment and shared ownership, we formally launched the Patient Experience Action Team on September 29, 2025. This multidisciplinary governance structure brings together acute care, ambulatory, and Medical Network leaders and serves as the primary forum for identifying performance drivers, aligning best practices, and sustaining improvements through a closed loop feedback and accountability process.

2. Fiscal Year 2026 Patient Experience Focus Areas

- **Patient Experience Action Team (PEAT):** Multi-disciplinary oversight body deployed on September 29, 2025.
- **PX Playbook**: Standardized guide for leaders and staff (in progress; deployment Q3 FY26).
- **Patient & Family Advisory Groups**: Re-established to amplify patient voice (in progress; deployment Q3 FY26).
- **Refresher Training**: WeCare and service-recovery refresher for all employees (in progress; deployment Q3 FY26).
- **PX Reporting**: Development of comprehensive, system-level dashboards and reports (in progress; deployment Q3 FY26).
- **Physician Partnership Program**: Deepening provider engagement in patient experience improvement (in progress; deployment Q4 FY26).

Attachments:

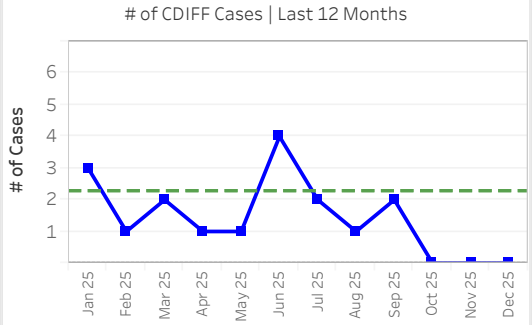
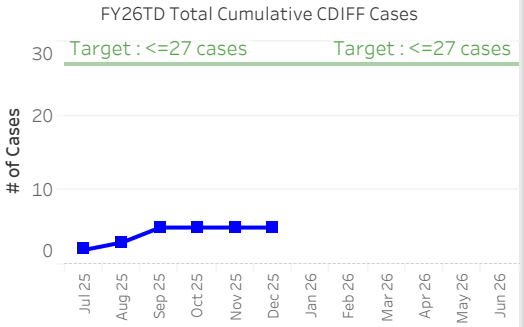
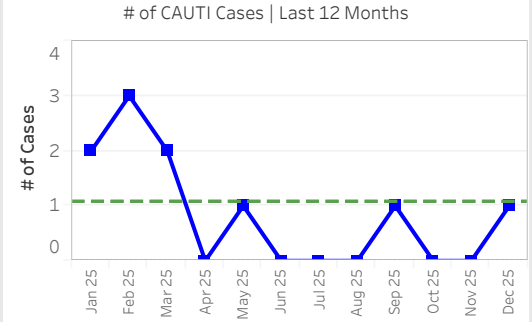
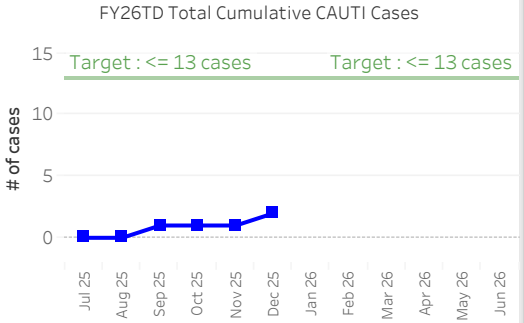
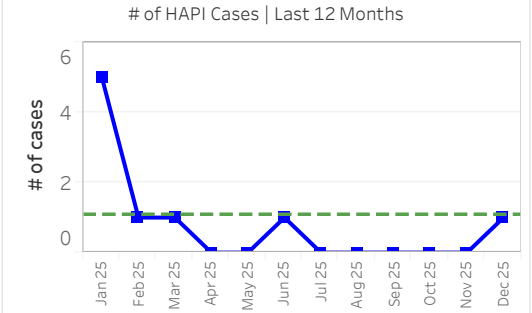
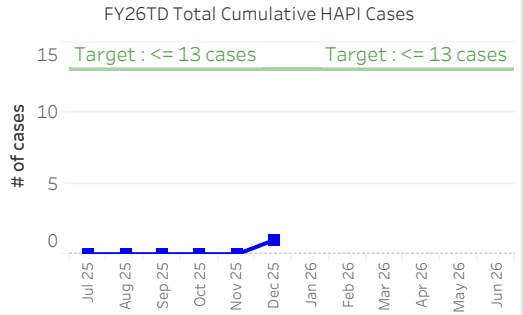
1. Enterprise Quality Dashboard through December of 2026
2. STEEEP Dashboard through December of 2026

El Camino Health

FY26 Enterprise Quality, Safety and Experience Dashboard

Dec 2025 (unless other specified)

Month to Board Quality Committee : Feb 2026 QC

Measure	FY26 Performance Latest Month	FY26 Performance FYTD	Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
*Organizational Goal Clostridium Difficile Infections (C-Diff) cases Latest Month : December 2025	0 cases	Total FY26 5 cases 0.83 cases/mo	Total FY25 28 cases 2.33 cases/mo	Total FY26 Target <= 27 cases 2.25 cases/mo		
*Organizational Goal Catheter Associated Urinary Tract Infection (CAUTI) cases Latest Month : December 2025	1 cases	Total FY26 2 cases 0.33 cases/mo	Total FY25 14 cases 1.17 cases/mo	Total FY26 Target <= 13 cases 1.08 cases/mo		
*Organizational Goal Hospital Acquired Pressure Injury (HAPI) cases Latest Month : December 2025	1 cases	Total FY26 1 case 0.17 cases/mo	Total FY25 14 cases 1.25 cases/mo	Total FY26 Target <= 13 cases 1.08 cases/mo		

Quality Department | Note : updated as of January 13th, 2026

Measure	Definition Owner	Metric Definition	Data Source
*Organizational Goal Clostridium Difficile Infections (C-Diff) cases	C. Nalesnik	1) Based on NHSN defined criteria 2) Exclusions : ED & OP	**Numerator:** Infection control Dept. **Denominator**: EPIC Report
*Organizational Goal Catheter Associated Urinary Tract Infection (CAUTI) cases	C. Nalesnik	1) Based on NHSN defined criteria 2) Exclusions : ED & OP	**Numerator:** Infection control Dept. **Denominator**: EPIC Report
*Organizational Goal Hospital Acquired Pressure Injury (HAPI) cases	Ann Aquino	Stage 3 & 4 & Unstageable HAPIs	**Epic Report** (ECH Pressure Injuries - By Department (RWSQL) with manual chart reviews

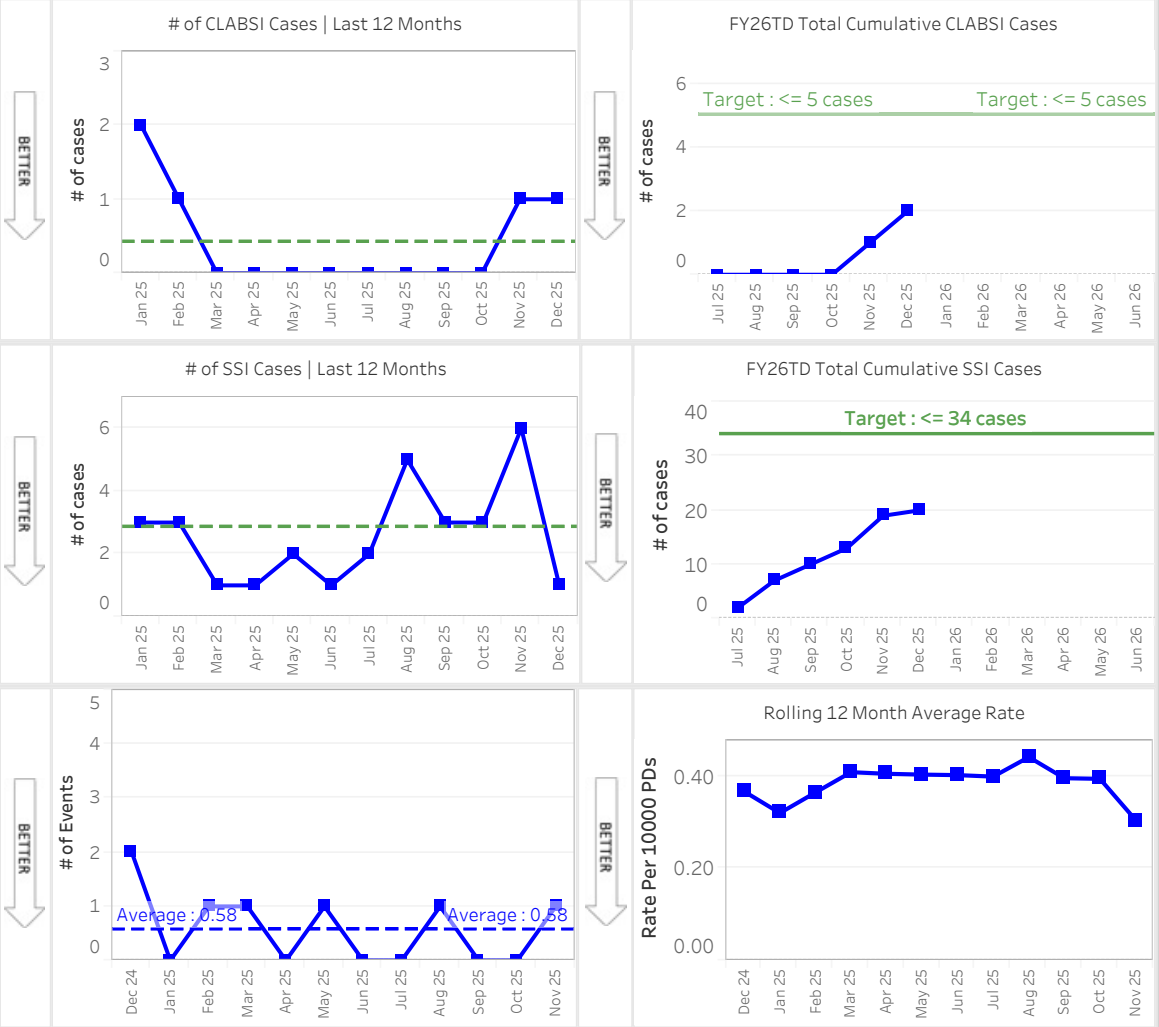
El Camino Health

FY26 Enterprise Quality, Safety and Experience Dashboard

Dec 2025 (unless other specified)

Month to Board Quality Committee : Feb 2026 QC

Measure	FY26 Performance		Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
	Latest Month	FYTD				
Central Line Associated Blood Stream Infection (CLABSI) cases Latest Month : December 2025	1 cases	Total FY26 2 cases 0.33 cases/mo	Total FY25 4 cases 0.33 cases/mo	Total FY26 Target <= 5 cases 0.42 cases/mo		
Surgical Site Infections (SSI) cases Latest Month : December 2025	1 cases	Total FY26 20 cases 3.33 cases/mo	Total FY25 38 cases 3.17 cases/mo	Total FY26 Target <= 34 cases 2.83 cases/mo		
Serious Safety Event Rate (SSER) Latest Month : November 2025	1 events	0.21 (2 / 96873)	0.61 (13 / 214277)	n/a		



Measure	Definition Owner	Metric Definition	Data Source
Central Line Associated Blood Stream Infection (CLABSI) cases	C. Nalesnik	1) Based on NHSN defined criteria 2) Exclusions : ED & OP	**Numerator:** Infection control Dept. **Denominator**: EPIC Report
Surgical Site Infections (SSI) cases	C. Nalesnik	1) Based on NHSN defined criteria 2) Inclusions: Surgical cases categorized with either a "clean wound class" or "clean-contaminated wound class" 3) Exclusions: surgical cases with a wound class of "contaminated" or "dirty". 4) SSIs that are classified: "deep –incisional" and "organ-space" are reportable. 5) Latency: SSIs may be identified up to 90 days following surgery, thus previously reported results may change.	**Numerator:** Infection control Dept. **Denominator**: EPIC Report
Serious Safety Event Rate (SSER)	S. Shah	1) An event where there was a deviation from generally accepted performance standard that resulted in moderate to severe harm or death to a patient. 2) Inclusions: events determined to be serious safety events per Safety Event Classification team 3) NOTE: the count of SSE HAPIs MAY differ from internally-tracked HAPIs 4) Denominator: EPSI Acute Adjusted Patient Days For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero. New classification rules in effect as of 7/1/22	HPI Systems Safety Event Tableau Dashboard maintained by: **Indu Adhikary**

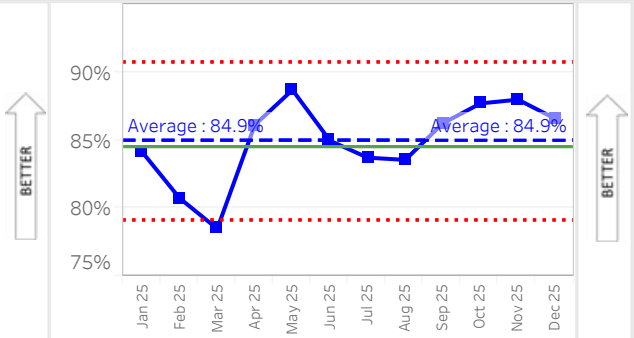
El Camino Health

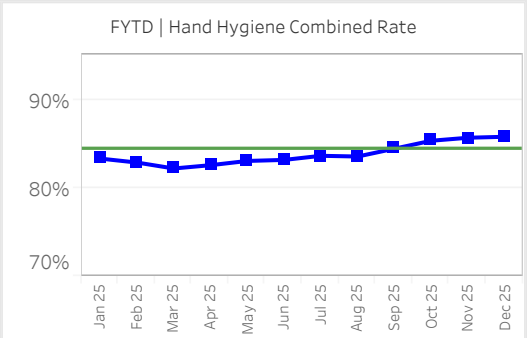
FY26 Enterprise Quality, Safety and Experience Dashboard

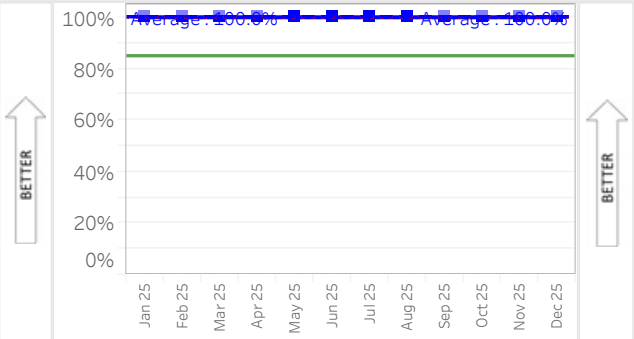
Dec 2025 (unless other specified)

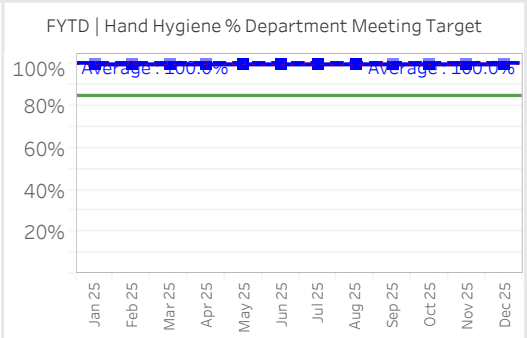
Month to Board Quality Committee : Feb 2026 QC

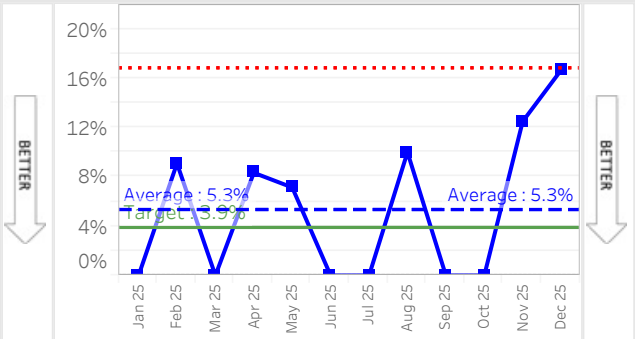
Measure	FY26 Performance Latest Month	FY26 Performance FYTD	Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
*Organizational Goal Hand Hygiene Combined Compliance Rate Latest Month : December 2025	86.6% (6964 / 8045)	85.9% (49993 / 58214)	83.2% (171444 / 205958)	>=84% (1% improve of FY25)		
Hand Hygiene % of Departments Meeting Target Latest Month : December 2025	100.0% (25 / 25)	100.0% (150 / 150)	100.0% (300 / 300)	80% of units		
Complications - Inpatient Hip & Knee Observed Rate (within 90 days of procedure) Latest Month : December 2025	16.7% (1 / 6)	7.0% (3 / 43)	4.8% (6 / 126)	<= 4.3% (10% reduction of FY25)		

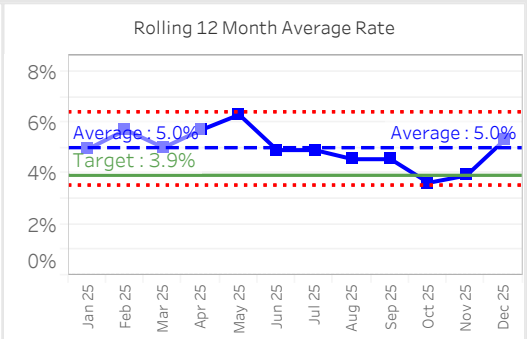












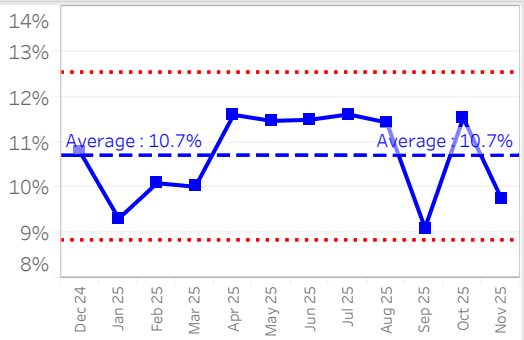
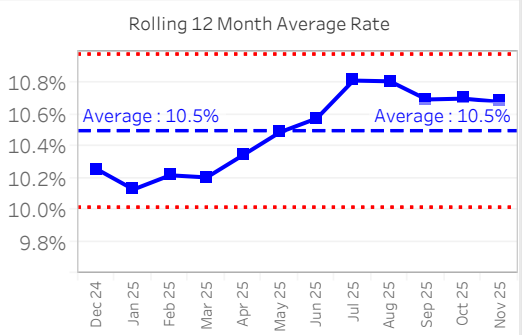
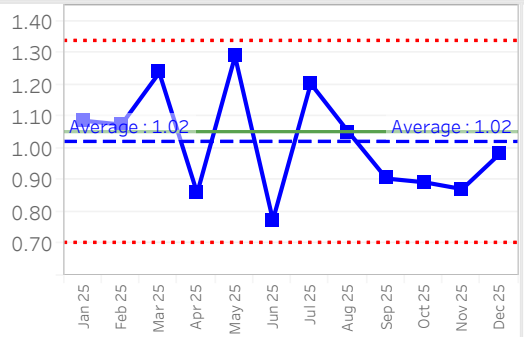
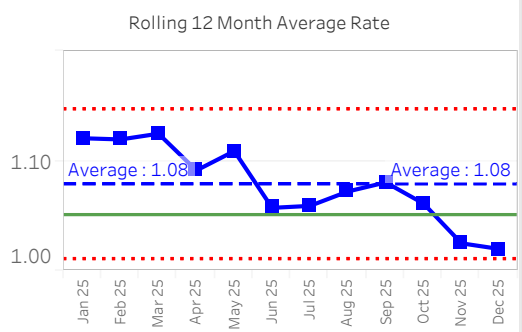
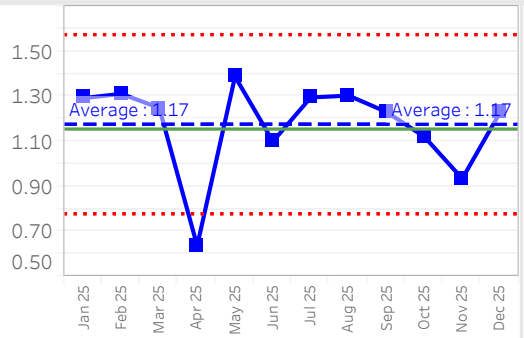
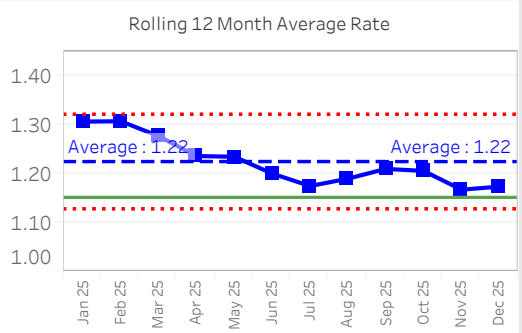
Measure	Definition Owner	Metric Definition	Data Source
*Organizational Goal Hand Hygiene Combined Compliance Rate	S. Mallur, MD / Lyn Garrett	% of yes Cleaning Before Entering or Exit	Hand Hygiene Audit from Laudio Audit Tool Hand Hygiene Leapfrog Tableau Dashboard maintained by: Hsiao-Lan Shih
Hand Hygiene % of Departments Meeting Target	S. Mallur, MD / Lyn Garrett	Number of Unit done Audit according to their Target (Only Leapfrog units)	Hand Hygiene Audit from Laudio Audit Tool Hand Hygiene Leapfrog Tableau Dashboard maintained by: Hsiao-Lan Shih
Complications - Inpatient Hip & Knee Observed Rate (within 90 days of procedure)	S. Mallur, MD	Based on the Center for Medicare and Medicaid Services (CMS) Metric criteria, complications following an elective primary total hip arthoplasty (THA), total knee arthoplasty (TKA) procedure. Numerator : Distinct count of patients having complications / Total Cases. Patients with complications are counted in the numerator only once, regardless of the number or type of complication. Denominator : Eligible index admissions who have undergone a qualifying elective primary THA or TKA procedure. 2.) Based upon Vizient Risk Model 2024 Community + AHRQ Version 2024 3) Numerator inclusions: Patient Type = Inpatient (excluding Hospice, Rehab, Nonviable Neonate & Normal Newborn)	Vizient Clinical Database

El Camino Health

FY26 Enterprise Quality, Safety and Experience Dashboard

Dec 2025 (unless other specified)

Month to Board Quality Committee : Feb 2026 QC

Measure	FY26 Performance Latest Month	FY26 Performance FYTD	Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
30-Day Readmission Observed Rate Vizient Community Risk Model 2024 Latest Month : November 2025	9.8% (106 / 1087)	10.7% (613 / 5725)	10.6% (1539 / 14545)	<= 10.6% (maintain baseline)		
Mortality Index Observed / Expected Vizient Community Risk Model 2024 Latest Month : December 2025	0.98 (2.36% / 2.40%)	0.98 (1.99% / 2.03%)	1.06 (1.85% / 1.74%)	<= 1.05 (1% reduction from baseline)		
Sepsis Mortality Index Observed / Expected Vizient Community Risk Model 2024 Latest Month : December 2025	1.23 (12.30% / 10.01%)	1.18 (11.79% / 10.00%)	1.18 (10.63% / 8.97%)	<= 1.15 (2.5% reduction from baseline)		

Measure	Definition Owner	Metric Definition	Data Source
30-Day Readmission Observed Rate Vizient Community Risk Model 2024	S. Mallur, MD	1) An inpatient admission of the same patient to the same facility within 30D of a prior admission, regardless of cause (All Cause). 2) Based upon Vizient Risk Model 2024 Community + CMS' All-Cause 30D readmission methodology (excludes cases CMS deems 'planned'). 3) Numerator inclusions: Patient Type = Inpatient (exclude Behavioral Health Service Line, Rehab, Nonviable Neonates, Normal Newborn, Pediatrics, Hospice). OB is included by default	Vizient Clinical Database Readmission Tableau Dashboard maintained by: **Steven Sun**
Mortality Index Observed / Expected Vizient Community Risk Model 2024	S. Mallur, MD	1) Based upon Vizient Risk Model 2024 Community for expected risk used by O/E ratio. 2) Criteria: inclusion: Patient Type = Inpatient. (exclude Rehab, Nonviable Neonates & Hospice). Behavioral Health Service Line, Normal Newborn, Pediatrics & OB are included by default. For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= to zero.	Vizient Clinical Database
Sepsis Mortality Index Observed / Expected Vizient Community Risk Model 2024	S. Mallur, MD Maria Consunji	1) Numerator inclusions: Patient Type = Inpatient (exclude Rehab, Hospice, Nonviable Neonate & Normal Newborn + Behavioral Health (based on Vizient Service Line = Behavioral Health), Prin or 2nd diagnosis of sepsis (SEP-1 list of codes) & age 18+ yrs 2) Numerator exclusions: LOS > 120 days, patients transferred to ECH from another hospital, MDC = 14 (OB) For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	Vizient Clinical Database

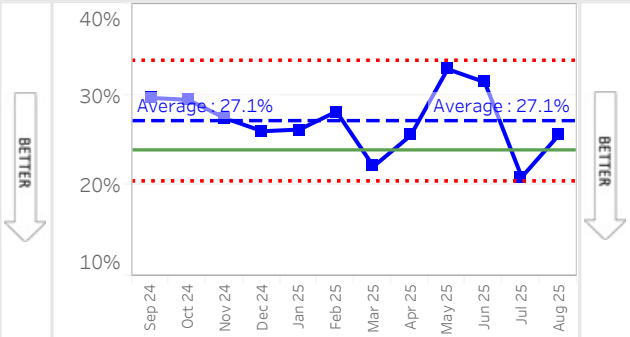
El Camino Health

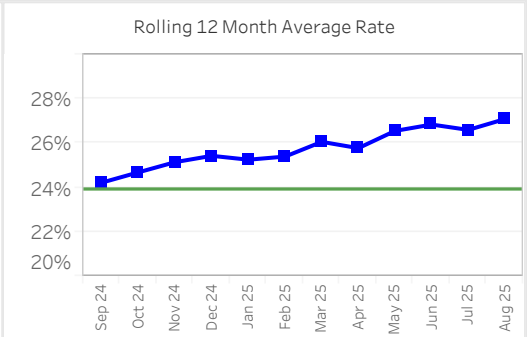
FY26 Enterprise Quality, Safety and Experience Dashboard

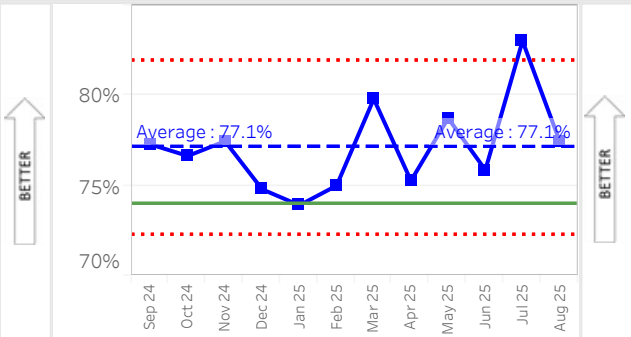
Dec 2025 (unless other specified)

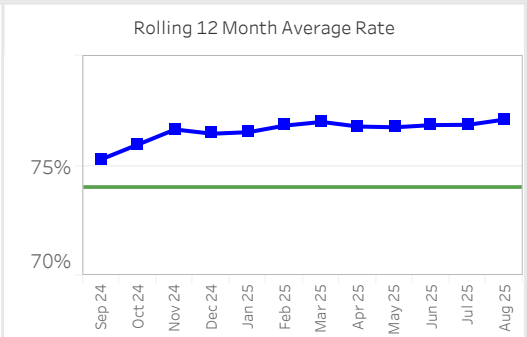
Month to Board Quality Committee : Feb 2026 QC

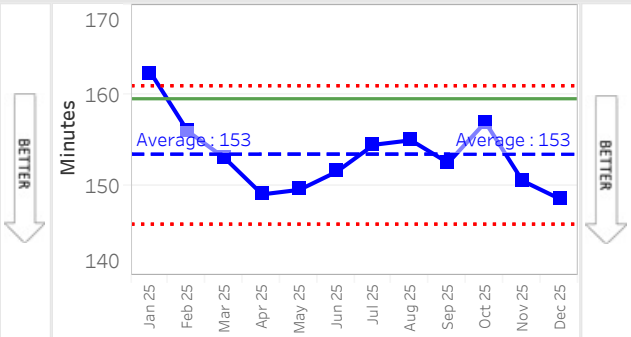
Measure	FY26 Performance Latest Month	FY26 Performance FYTD	Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
PC-02 : Cesarean Birth Latest Month : August 2025	MV : 26.8% (41 / 153)	MV : 24.1% (78 / 324)	MV : 27.6% (516 / 1870)	23.9% (FY26 ENT Target)		
	LG : 18.5% (5 / 27)	LG : 17.3% (9 / 52)	LG : 19.4% (62 / 320)			
	ENT : 25.6% (46 / 180)	ENT : 23.1% (87 / 376)	ENT : 26.4% (578 / 2190)			
PC-05 : Exclusive Breast Milk Feeding Latest Month : August 2025	MV : 75.9% (245 / 323)	MV : 79.0% (514 / 651)	MV : 58.1% (1998 / 3437)	74.0% (FY26 ENT & MV Target) 84.0% (FY26 LG Target)		
	LG : 87.0% (47 / 54)	LG : 88.1% (96 / 109)	LG : 68.4% (428 / 626)			
	ENT : 77.5% (292 / 377)	ENT : 80.3% (610 / 760)	ENT : 59.7% (2426 / 4063)			
Median Time from ED Arrival to ED Departure [TAT-D] (Enterprise) Latest Month : December 2025	MV : 161 mins	MV : 167 mins	MV : 169 mins	FY26 Goals = MV ED = 178 min LG ED = 140 min ENT = 159 min		
	LG : 136 mins	LG : 139 mins	LG : 137 mins			
	ENT : 149 mins	ENT : 153 mins	ENT : 153 mins			

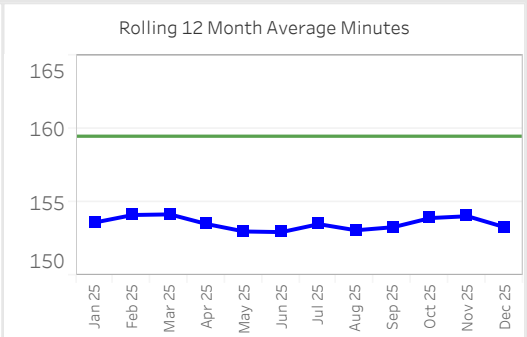












Quality Department | Note : updated as of January 13th, 2026

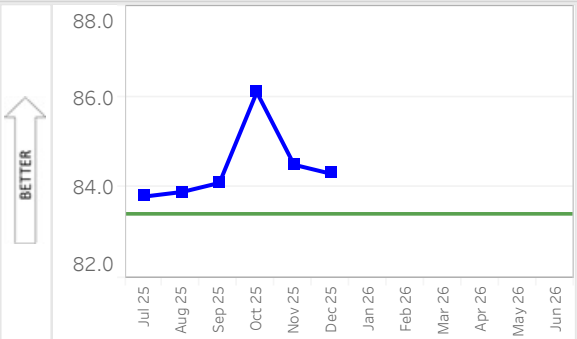
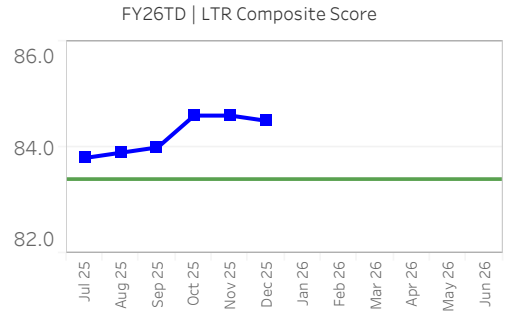
Measure	Definition Owner	Metric Definition	Data Source
PC-02 : Cesarean Birth	H. Freeman	1) **Numerator**: Patients with cesarean births 2) **Denominator**: Nulliparous patients delivered of a live term singleton newborn in vertex presentation	CMQCC
PC-05 : Exclusive Breast Milk Feeding	H. Freeman	1) **Numerator**: Newborns that were fed breast milk only since birth 2) **Denominator**: Single term newborns discharged alive from the hospital	CMQCC
Median Time from ED Arrival to ED Departure [TAT-D] (Enterprise)	J. Baluom	ED Arrival to ED Departure (TAT-D - Direct Discharge): This metric is the median arrival to patient discharged time from ED. This metric excludes Inpatients, Outpatients, Observation Patients, and Hospital Outpatient Surgery Patients who arrive via the ED. Time stamp is used for this calculation: ED Arrival - Patient Arrived in ED (50) (ADT_ARRIVAL_DTTM in Clarity "F_ED_ENCOUNTERS" table) ED Departure Time - "ED_Departure_DTTM" in Clarity "F_ED_ENCOUNTERS" table	EDSBAR Tableau Dashboard; EDOC Monthly Meeting Dashboard ED Tableau Dashboard maintained by: **Hsiao-Lan Shih**

El Camino Health

FY26 Enterprise Quality, Safety and Experience Dashboard

Dec 2025 (unless other specified)

Month to Board Quality Committee : Feb 2026 QC

Measure	FY26 Performance		Baseline FY25 Actual	FY26 Target	Trend	FYTD or Rolling 12 Month Average
	Latest Month	FYTD				
LTR Composite Score Latest Month : November 2025	84.3	84.5	83.4	>= 83.4		

Measure	Definition Owner	Metric Definition	Data Source
LTR Composite Score	Ryan Lockwood	The LTR Composite Score is a single, combined performance goal that reflects multiple metrics or data points - such as department-level patient experience scores - aggregated into one overall score for the fiscal year. It is calculated based on Likelihood to Recommend (LTR) performance from the previous fiscal year. Weighting is applied based on patient volume or prioerity areas to ensure a fair representation of each department's contribution.	HCAHPS

El Camino Health Quality Board: FYTD26 STEEEP

El Camino Health

Show Filter

Date: 1/1/2025 12/31/2025

Measures	Last 4 Fiscal Quarters				Baseline	FYTD Result	Target Indicator		Last 12 Months Trend
Safe Care									
	FY 25Q3	FY 25Q4	FY 26Q1	FY 26Q2	FY25	FYTD26			Trend Chart Period: 1/1/2025 to 12/31/2025
C-Diff Clostridioides Difficile Infection	6	6	5	0	28	**5**		<= 27 cases	Lower Better
CAUTI (Catheter-Associated Urinary Tract Infection)	7	1	1	1	14	**2**		<=13 cases	Lower is Better
HAPI (Stage 3, 4 & Unstageable)	7	1	0	1	15	**1**		<= 13 cases	Lower is Better
CLABSI (Central Line-Associated Bloodstream Infection)	3	0	0	2	4	**2**		<=5 cases	Lower is Better
SSI (Surgical Site Infection)	7	4	10	10	38	**20**		<=34 cases	Lower is Better
Hand Hygiene Audit Compliance (Leapfrog measure)	80.9%	86.6%	84.5%	87.4%	83.2%	**85.9%**		>=84%	Higher is Better
Timely									
Imaging TAT in ED Including Xray (target = % completed ≤ 45 min)	77.7%	76.9%	70.9%	67.3%	73.9%	**69.1%**		>=84.0%	Higher is Better
Effective									
30-Day Readmission Rate (Based on Vizient Risk Model)	9.8%	11.5%	10.7%	10.7%	10.6%	**10.7%**		<=10.6%	Lower is Better
Hospital Mortality O/E Index (Vizient Risk-Adjusted Mortality Model)	1.13	0.97	1.04	0.92	1.06	**0.98**		<= 1.05	Lower is Better
Sepsis Mortality O/E Index (Vizient Risk-Adjusted Mortality Model)	1.28	1.04	1.27	1.09	1.18	**1.18**		<= 1.15	Lower is Better
NTSV Cesarean Section (CMS PC-02 Measure)	25.4%	29.8%	23.1%		26.8%	**23.1%**		<=23.9%	Lower is Better
Efficient									
Length of Stay (LOS) O/E Index (Inpatient Discharges, Exclude Mental Health, Acute Rehab, and OB Service)	1.04	0.99	0.99	0.98	1.02	**0.99**		<=1.00	Lower is Better
ED Arrival to Departure Time (For patients discharged from ED to home, Median time in minutes)	154	153	154	154	152	**154**		<=159 min	Lower is Better
Equitable									
Social Driver of Health (SDOH) Screening Rate (Exclusions : Patients < 18 y/o at the time of admission, MHAS, IP Rehab & OP services)	82.6%	87.8%	88.6%	87.7%	41.3%	**88.2%**		>=80%	Higher is Better
Homeless Planning Discharge Compliance Rate (Exclusions : Patients that eloped, Expired, left AMA, and LWBS)	76.5%	75.1%	79.3%	80.3%	73.6%	**79.8%**		>=77.0%	Higher is Better
Patient-Centered									
LTR Composite Score Press Ganey			84.0	85.0	83.4	**84.5**		>=83.4	Higher is Better

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
QUALITY COMMITTEE MEETING COVER MEMO

To: El Camino Hospital Board Quality, Patient Care and Patient Experience Committee "ECHB Quality Committee"
From: Dr. Jaideep Iyengar, MD, FAAOS, ECHMN Quality Chair, Peter Goll, Chief Administrative Officer and Kirstan Smith, BSN, CPHQ, Vice President of Clinical Quality
Date: February 2, 2026
Subject: El Camino Health Medical Network Quality Report

Purpose:

Provide the ECHB Quality Committee with a quarterly update on the status of quality of care within the El Camino Health Medical Network (ECHMN).

Summary:

ECHMN achieved all 11 of its established quality goals for the 2025 calendar year. Notably, this accomplishment occurred during the transition to the MIPS attribution model in CY2025, which replaced the previous provider attribution model. This shift has broadened the patient population under review, as shown in the accompanying slides. Despite these changes, the network's standardized quality processes have supported ongoing improvements across all measures, highlighting the effectiveness of our quality initiatives.

Significantly, for these 11 measures, ECHMN ranked in the highest CMS decile benchmarks (8th, 9th, and 10th deciles) in both the previous and current year. This achievement reflects the dedication and collaboration of our entire team, and we recognize and celebrate the vital contributions of every provider in delivering high-quality care across the network. Notably, kidney health evaluation rates nearly doubled, increasing from 34% in 2024 to 67% in 2025, a direct result of focused quality improvement efforts across the network. Additionally, breast and colorectal cancer screening rates improved by 5% in 2025, driven by targeted outreach, provider engagement, and enhanced EMR data capture to ensure accurate reporting.

Our Quality Program is currently experiencing a major transformation as CMS prepares to sunset the Traditional MIPS program by 2029, replacing it with the Merit-based Incentive Payment System Value Pathways (MVPs), which offer more meaningful and relevant measures for specialists. In anticipation of these changes, we have developed a comprehensive three-year roadmap to guide our multi-year strategy for expanding the quality program across as many specialties as possible. This plan is designed to ensure we meet high health plan standards and includes proactive updates to our quality program infrastructure and ongoing adaptation as CMS rolls out additional MVPs.

Our goal is to ensure a seamless, efficient, and impactful transition throughout the medical network, positioning us to have over 90% of our specialists participating in an MVP by the proposed 2029 sunset of traditional MIPS. This transition is already in progress, and we are proud to be ahead of the curve. We have successfully registered to submit the following six MVPs in 2025 with further expansion planned for 2026:

- Value in Primary Care
- Focusing on Women's Health
- Gastroenterology Care
- Optimal Care for Kidney Health
- Complete Ophthalmologic Care
- Advancing Care for Heart Disease

For specialists whose areas do not yet have an MVP scheduled for rollout in 2026, participation in our legacy team-based MIPS quality program will continue until an applicable MVP becomes available. Our long-term objective is to align specialists with metrics that not only reflect their specific fields but also showcase the valuable work they do, ideally within the appropriate MVP framework.

Our program is in the late stages of development and will be ready for presentation to the Quality Committee, pending the release of CMS benchmarking to establish appropriate targets. These are typically published in late January or early February. Once these benchmarks are available, we will establish our quality measure targets and finalize the program. The proposed measures and targets will then be presented to the ECHMN Quality Committee for review and approval. Following committee approval, the Quality Department will distribute program details and provide the necessary training. We anticipate sharing these updates with the network in late February or early March.

The inclusion of the IPA into the ECHMN quality program begins with data aggregation. We are currently in the early stages of discussion with a vendor to facilitate the aggregation of data. Contingent upon the successful collection of data from multiple practices and agreement from IPA leadership, we can then begin benchmarking, goal setting, and building a quality program for the IPA.

In conclusion, ECHMN continues to demonstrate excellence in quality performance, achieving all 11 network goals and ranking in the highest CMS decile benchmarks. Our proactive approach to the evolving CMS requirements, including the transition to MVPs and expansion of our quality program, positions us for ongoing success and broad specialist engagement. We remain committed to supporting our providers, maintaining high standards of care, and ensuring a seamless transition as new MVPs and measures are introduced in the coming years.

List of Attachments:

PowerPoint presentation to be reviewed beforehand, to support and serve as a reference during the discussion.

Suggested Committee Discussion Questions:

What additional information would be helpful for the ECHB Quality Committee to receive in the quarterly reports from ECHMN?

El Camino Health®

El Camino Health Medical Network Quality Program

Presented by:
Alan R. Muster, MD, MBA, MHA, FCCP, President ECHMN
Jaideep Iyengar, MD, FAAOS, Chair, ECHMN Quality
Kirstan Smith BSN, RN, CNN, CPHQ, Vice President of Quality Performance
Peter Goll, CAO ECHMN

February 2, 2026

El Camino Health Medical Network

Agenda

- CY 2025 Quality Measure Performance Outcomes
  - YTD Final Primary Care Performance
  - CY 2024 Attribution Model vs. CY 2025 MIPS Panel Comparison
  - CMS Decile Benchmark Comparison: CY25 Performance
- CY 2025 MVP Performance
  - Transition from Traditional MIPS to MVPs
  - Value in Primary Care MVP 2025 Final Performance
- 3-Year Roadmap
  - CY 2026 Quality Program
  - The Future of Quality in the IPA
- Appendix

Company Confidential / For Internal Use Only / © 2023 El Camino Health

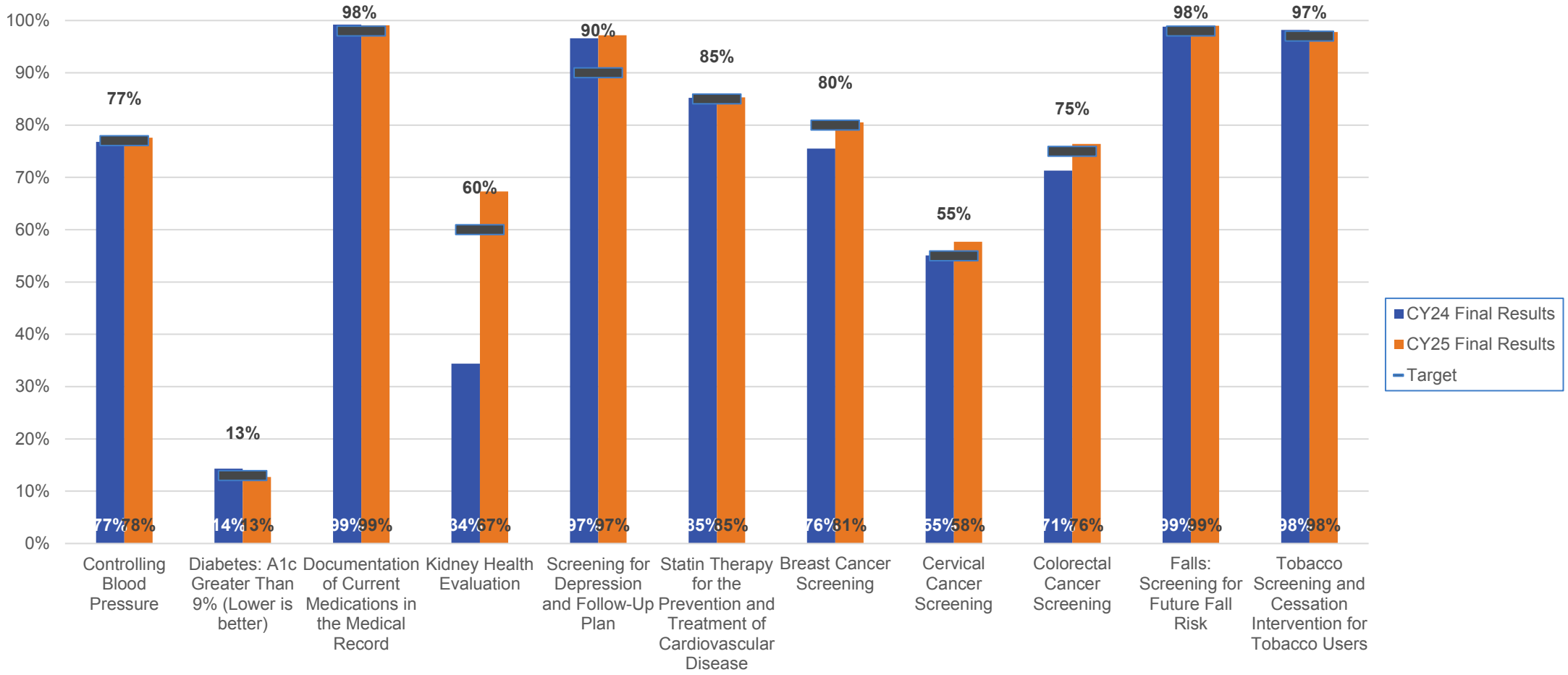
CY 2025 Quality Measure Performance Outcomes

CY 2025 Final Performance

- ECHMN successfully met all 11 shared network goals for CY 2025.
- Nine of the eleven measures are performing in the top three CMS deciles (8th, 9th, 10th), while two measures lack historical benchmark data.
- Kidney Health Evaluation nearly doubled, increasing from **34% in 2024 to 67% in 2025**. This growth is a direct result of focused quality improvement efforts across the network.
- Breast and Colorectal Cancer Screening rates **improved by 5%** in 2025. Improvements were driven by targeted outreach, provider engagement, and EMR data capture to ensure accurate reporting.

Company Confidential / For Internal Use Only / © 2023 El Camino Health

YTD Final Primary Care Performance (thru 12/31/25)



11 out of 11 Measures Met

© 2023 El Camino Health

CY 2024 Attribution Model vs. CY 2025 MIPS Panel Comparison

The table below illustrates how switching to the MIPS attribution model has broadened the patient population in quality reporting and how standardized quality processes has resulted in continuous performance improvements.

Measures	CY 24 Attribution Model Panel Size	CY 25 YTD Panel Size	Difference	% Increase
Breast Cancer Screening	5,057	**6,750**	**+1,693**	**34%**
Colorectal Cancer Screening	11,023	**16,277**	**+5,254**	**48%**
Statin Therapy (ASCVD)	3,852	**5,427**	**+1,575**	**41%**
Screening for Depression and Follow-Up Plan	18,197	**35,629**	**+17,432**	**96%**
Screening for Future Fall Risk	8,805	**11,040**	**+2,235**	**25%**
Diabetes – Glycemic Status Assessment <9%	3,228	**4,073**	**+845**	**26%**
Controlling Blood Pressure	7,421	**9,619**	**+2,198**	**30%**
Cervical Cancer Screening	6,196	**11,165**	**+4,969**	**80%**

*Data limitations prevented inclusion of some measures. CY 25 YTD panel size as of 12/31/25.

© 2023 El Camino Health

CMS Decile Benchmark Comparison: CY 2025 Performance

The table below illustrates our quality measure performance against CMS decile benchmarks, demonstrating that our PCPs ranked in the top deciles (8th, 9th, and 10th).

Measures	CY 2025 Decile Performance
Screening for Depression and Follow-Up Plan	10
Diabetes – Glycemic Status Assessment <9%	10
Colorectal Cancer Screening	9
Breast Cancer Screening	9
Screening for Future Fall Risk	9
Tobacco Screening and Cessation Intervention	9
Controlling Blood Pressure	8
Cervical Cancer Screening	8
Documentation of Medications in the Medical Record	8

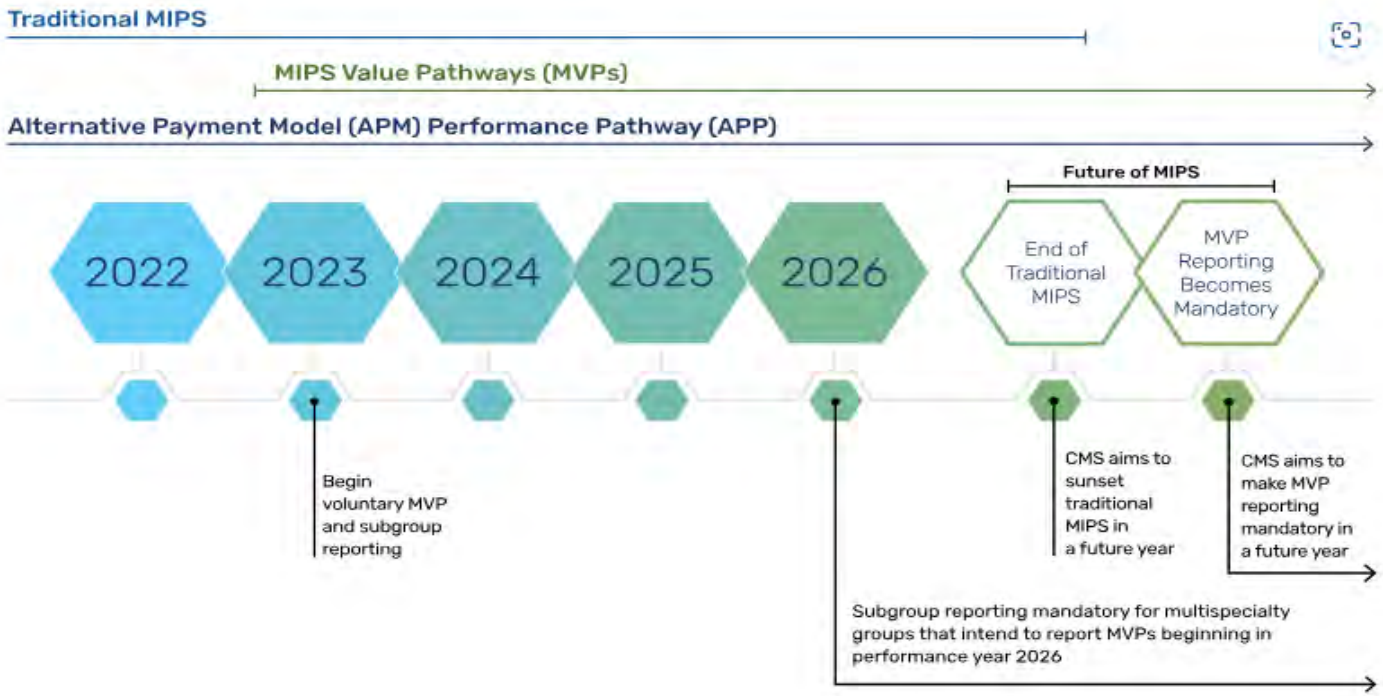
*No historical benchmarks available for the following measures: Kidney Health Evaluation and Statin Therapy.

© 2023 El Camino Health

CY 2025 MVP Performance

Transition from Traditional MIPS to MVPs

- CMS announced the plan to sunset traditional MIPS in future years (~2029).
- MVPs align measures into specific pathways based on specialties.
- During the transition period, CMS is allowing clinicians to submit both traditional MIPS and MVPs and will honor whichever score is higher.
- In 2025, we registered for the following 6 MVPs specialties:
  - Primary Care
  - Kidney Health
  - Women's Health
  - Gastroenterology
  - Ophthalmology
  - Cardiology



Value in Primary Care MVP 2025 Final Performance

- The Primary Care MVP includes primary care, urgent care, and specialist providers, some of whom do not yet have an MVP available for participation.

- Our success in achieving top decile rankings for the Primary Care MVP measures, even with the inclusion of other specialists, is a direct result of our robust and ongoing quality initiatives.

MVP:	Value in Primary Care
Specialty:	PCPs, Urgent Care Providers, and all other providers not currently assigned to an MVP

CMS ID	Measure	YTD Performance	Network Goal	YTD Percentile	Total Points	Decile 7	Decile 8	Decile 9	Decile 10
122	Diabetes: A1c Greater than 9%	14.4%	13%	Decile 9	9	27.54 - 23.03	23.02 - 18.50	18.49 - 13.47	<= 13.46
165	Controlling High Blood Pressure	77.1%	77%	Decile 8	8	71.94 - 75.30	75.31 - 79.30	79.31 - 84.73	>= 84.74
2	Screening for Depression	93.2%	90%	Decile 9	9	58.11 - 71.38	71.39 - 84.22	84.23 - 94.98	>= 94.99
348	HIV Screening	34.9%	N/A	Decile 9	9	20.00 - 24.99	25.00 - 31.36	31.37 - 40.26	>= 40.27

Grand Total Points on top 4 measures	35/40 = 87.5%

© 2023 El Camino Health

3-Year Roadmap

CY 2026 Quality Program

- Our 2026 quality program is in the late stages of development.
- We are awaiting CMS benchmarks (expected late January/early February) to finalize quality measure targets and the 2026 program.
- Proposed measures and targets will be reviewed and approved by the ECHMN Quality Committee, after which the Quality Department will share program details and provide training.
- In the meantime, we are focusing on aligning our specialists with metrics that not only reflect their specific fields but also showcase the valuable work they do, ideally within the appropriate MVP framework.
- We anticipate communicating finalized program details to the network in late February or early March.

© 2023 El Camino Health

3-Year MIPS MVP Roadmap

Year 1: Primary Care
2026

- Primary Care
- Women's Health
- Kidney Health
- Ophthalmology
- Gastroenterology
- Urology
- Orthopedics
- Cardiology
- IPA Quality Data Aggregation and Vendor Integration
- Stakeholder Engagement
- Workflow Development & Resource Planning
- Provider Dashboards, Training, & Performance Feedback

Goal: **60**% Specialist Participation

Year 2: Expansion & Optimization
2027

- Cancer Care
- Vascular Surgery
- Otolaryngology
- Podiatry
- Broaden MVP Participation
- Further Expansion of IPA Quality Program
- Year 3 MVP Measure Selection & Workflow Development

Goal: **80**% Specialist Participation

Year 3: Full Network
2028

- Pulmonology Care
- Neurology
- Surgical Care
- Rheumatology
- Full Network Implementation
- Advanced Data Analysis & Benchmarking
- Ongoing Expansion of IPA Quality Program
- Continuous Improvement

Goal: >**90**% Specialist Participation

Year 4: Proposed Traditional MIPS Sunset Date
2029

Proposed Sunset Date for Traditional

2029

This roadmap is designed to ensure a seamless, efficient, and impactful transition across the entire medical network, positioning us to have over **90**% of our specialists participating in an MVP by the proposed 2029 sunset of traditional MIPS.

The Future of Quality in the IPA

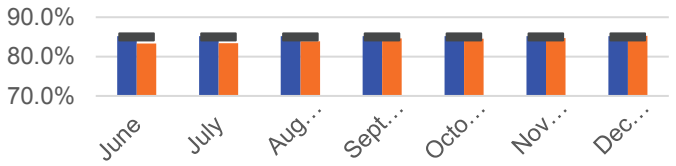
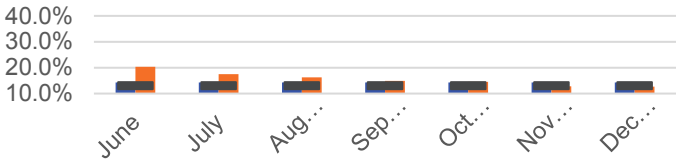
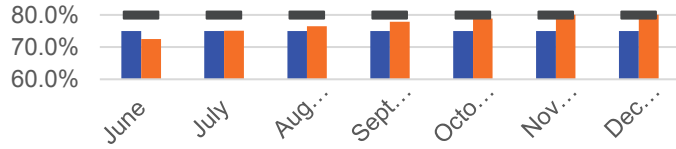
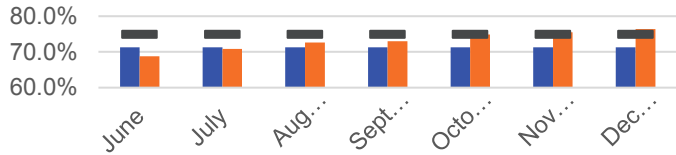
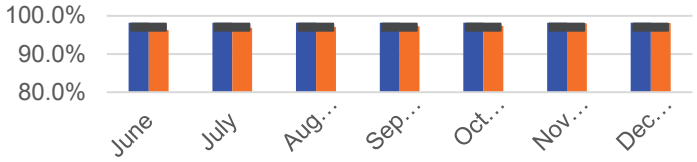
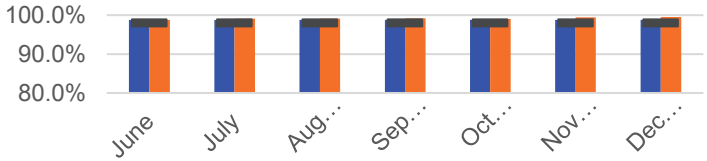
- We are currently in the early stages of discussion with a vendor to facilitate the aggregation of data. Contingent upon the successful data collection from multiple practices and agreement from IPA leadership, we can then begin benchmarking, goal setting, and building a quality program for the IPA.

© 2023 El Camino Health

Appendix

Quality Metric Performance 2025

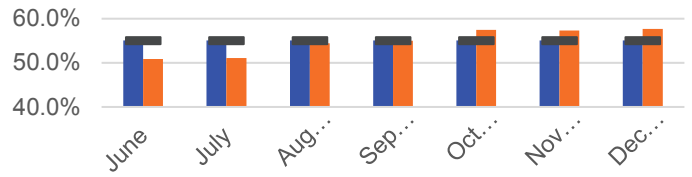
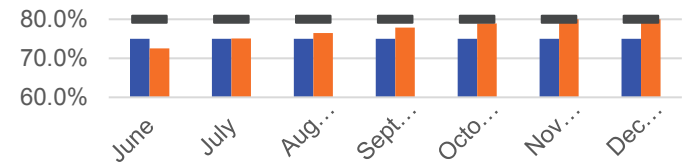
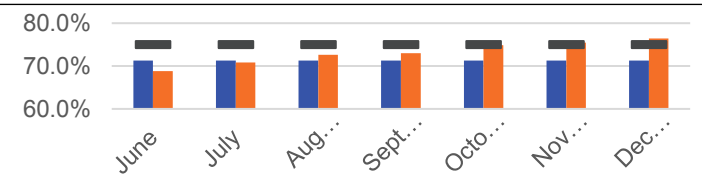
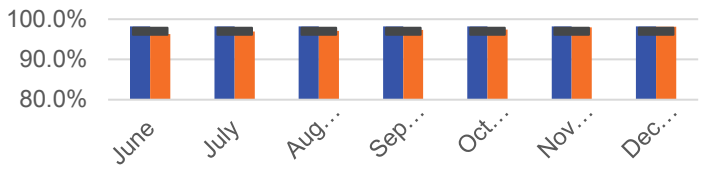
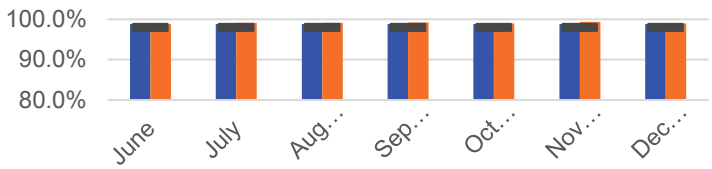
Measures Met	11
Total Measures	11

Measure	YE 2024	Goal	YE 2025	% Increase	YTD Trend
Controlling Blood Pressure	77%	77%	**78%**	1%	
Glycemic Status Assessment	14%	13%	**13%**	-1%	
Documentation of Current Medications	99%	98%	**99%**	Maintained	
Kidney Health Evaluation	34%	60%	**67%**	33%	
Screening for Depression + Follow Up Plan	97%	90%	**97%**	1%	
Statin Therapy- Patients w/ ASCVD	85%	85%	**85%**	Maintained	

© 2023 El Camino Health

Quality Metric Performance 2025

Measures Met	11
Total Measures	11

Measure	YE 2024	Goal	YE 2025	% Increase	YTD Trend
Cervical Cancer Screening	55%	55%	**58%**	3%	
Breast Cancer Screening	76%	80%	**81%**	5%	
Colorectal Cancer Screening	71%	75%	**77%**	5%	
Tobacco Screening and Cessation Intervention	98%	97%	**98%**	Maintained	
Falls: Screening for Future Fall Risk	99%	98%	**99%**	Maintained	

© 2023 El Camino Health

ECHMN 2025 Calendar Year – Quality Measures

Measures	Measure Description	2025 Targets
Breast Cancer Screening	Percentage of women **50-74** years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period. The patient should be screened for either breast cancer on the date of service OR there should be documentation that the patient was screened for breast cancer at least once within 27 months prior to the end of the calendar year.	80%
Diabetes – Glycemic Status Assessment >9%	Percentage of patients **18-75** years of age with diabetes who had a Hemoglobin A1c >9% in the measurement period. This measure is to be submitted a minimum of once per calendar year.	13%
Colorectal Cancer Screening	Percentage of adults **45-75** years of age who had appropriate screening for colorectal cancer. Patients due for a colorectal cancer screening should complete one of the following tests: colonoscopy(every 10 years), flexible sigmoidoscopy(every 5 years), fecal occult blood test(annually), stool DNA with FIT test, or computed tomographic colonography.	75%
Tobacco - Screening and Cessation Intervention	Percentage of patients aged **12** years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user.	97%
Screening for Future Fall Risk	Percentage of patients aged **65** years and older who are screened for future fall risk during the calendar year.	98%
Controlling Blood Pressure	Percentage of patients **18-85** years of age who had a diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	77%
Statin Therapy (ASCVD)	Percentage of patients considered at high risk of cardiovascular events- who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure who were prescribed or were on statin therapy during the measurement period.	85%

© 2023 El Camino Health

ECHMN 2025 Calendar Year – Quality Measures

Measures	Measure Description	2025 Targets
Documentation of Current Medications in the Medical Record	Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This measure is to be submitted for each visit during the calendar year regardless of age.	98%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged **12** years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to 2 days after.	90%
BMI Screening and Follow-Up Plan	Percentage of patients aged **18** years and older with a BMI documented during the current encounter AND who had a follow-up plan documented if most recent BMI was outside of normal parameters: <18.5 or >/=25kg/m2.	85%
Kidney Health Evaluation	Percentage of patients aged **18-85** years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.	60%
Cervical Cancer Screening	Percentage of women **21-64** years of age who were screened for cervical cancer using either cervical cytology (every 3 years) or cervical human papillomavirus (every 5 years).	55%
Blood Pressure Remeasurement (2nd check)	Percentage of patients who received a second blood pressure check if the initial reading was equal to or greater than 140/90. The blood pressure should be rechecked at least five minutes after the first reading if the systolic, diastolic or both values are equal to or above 140/90.	80%

© 2023 El Camino Health