



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

Wednesday, February 11, 2026 – 5:30 pm

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

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-444-9171, MEETING CODE: 921 6815 6327# No participant code. Just press #.**

To watch the meeting, please visit: [ECH Board Meeting Link](#)

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

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

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

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1	CALL TO ORDER AND ROLL CALL	Bob Rebitzer, Board Chair	Information	5:30 pm
2	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:30 pm
3	PUBLIC COMMUNICATION <p>a. Oral Comments <i>This opportunity is provided for people to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to one (1) to three (3) minutes each depending on number of speakers.</i></p> <p>b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital Board of Directors at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i></p>	Bob Rebitzer, Board Chair	Information	5:30 pm
4	RECEIVE VERBAL MEDICAL STAFF REPORT	Steven Xanthopoulos, MD, Chief of Staff, Mountain View Shahram Gholami, MD, Chief of Staff, Los Gatos	Information	5:30 – 5:45
5	QUALITY FOCUSED REVIEW <ul style="list-style-type: none"> - FY2026 Q2 STEEEP Update - Deep Dive Topic: Clinical Excellence 	Carol Somersille, MD, Quality Committee Chair Shreyas Mallur, MD, Chief Quality Officer	Discussion	5:45 – 6:00
6	FY2026 Q2 FINANCIALS – QUARTERLY UPDATE	Raju Iyer, CFO	Discussion	6:00 – 6:15

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7	RECESS TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required	6:15 – 6:16
8	ECH STRATEGY UPDATE - Q2 FY2026 METRICS - MARKET ASSESSMENT - LOS GATOS CAMPUS REDEVELOPMENT UPDATE <i>Health & Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Dan Woods, CEO Andreu Reall, VP, Strategy	Discussion	6:16 – 6:45
9	APPROVE CREDENTIALING AND PRIVILEGING REPORT <i>Health & Safety Code Section 32155 and Gov't Code Section 54957 Report regarding personnel performance for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters.</i>	Mark Adams, MD, CMO	Motion Required	6:45 – 6:50
10	APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS - Minutes of the Closed Session of the ECHB Meeting (12/10/25) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	Bob Rebitzer, Board Chair	Motion Required	6:50 – 6:55
11	EXECUTIVE SESSION <i>Gov't Code Section 54957 Report regarding personnel performance – Chief Executive Officer</i>	Bob Rebitzer, Board Chair	Discussion	6:55 – 7:00
12	RECONVENE TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	7:00 – 7:01
13	CLOSED SESSION REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	7:01 – 7:02
14	CONSENT CALENDAR ITEMS: a. Approve Hospital Board Open Session Minutes (12/10/25) b. Approve Policies, Plans, and Scope of Services as Reviewed and Recommended for Approval by the Medical Executive Committee c. Receive FY26 ECHB Pacing Plan	Bob Rebitzer, Board Chair	Motion Required	7:02 – 7:05
15	<u>CEO REPORT</u>	Dan Woods, CEO	Information	7:05 – 7:10
16	BOARD ANNOUNCEMENTS	Bob Rebitzer, Board Chair	Information	7:10 – 7:15
17	ADJOURNMENT APPENDIX	Bob Rebitzer, Board Chair	Motion Required	7:15

NEXT MEETINGS: March 18, 2026; May 13, 2026; June 17, 2026

BOARD RETREAT: April 18, 2026



EL CAMINO HOSPITAL BOARD OF DIRECTORS
MEETING COVER MEMO

To: El Camino Hospital Board of Directors
From: Shreyas Mallur, M.D, MBA, Chief Quality Officer
Date: February 11, 2026
Subject: STEEEP Dashboard through December 2025

Purpose: To provide the Board with an update on quality, safety, and patient experience performance through December 2025 (unless otherwise noted). This memo summarizes results from the STEEEP Dashboard for FY 26 YTD.

Situation: 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.

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)

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4. **Surgical Site Infection.** The number of surgical site infections for FY 26 (20) is unfavorable to target of \leq 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 \leq 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 (\leq 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

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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.

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- 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.

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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).

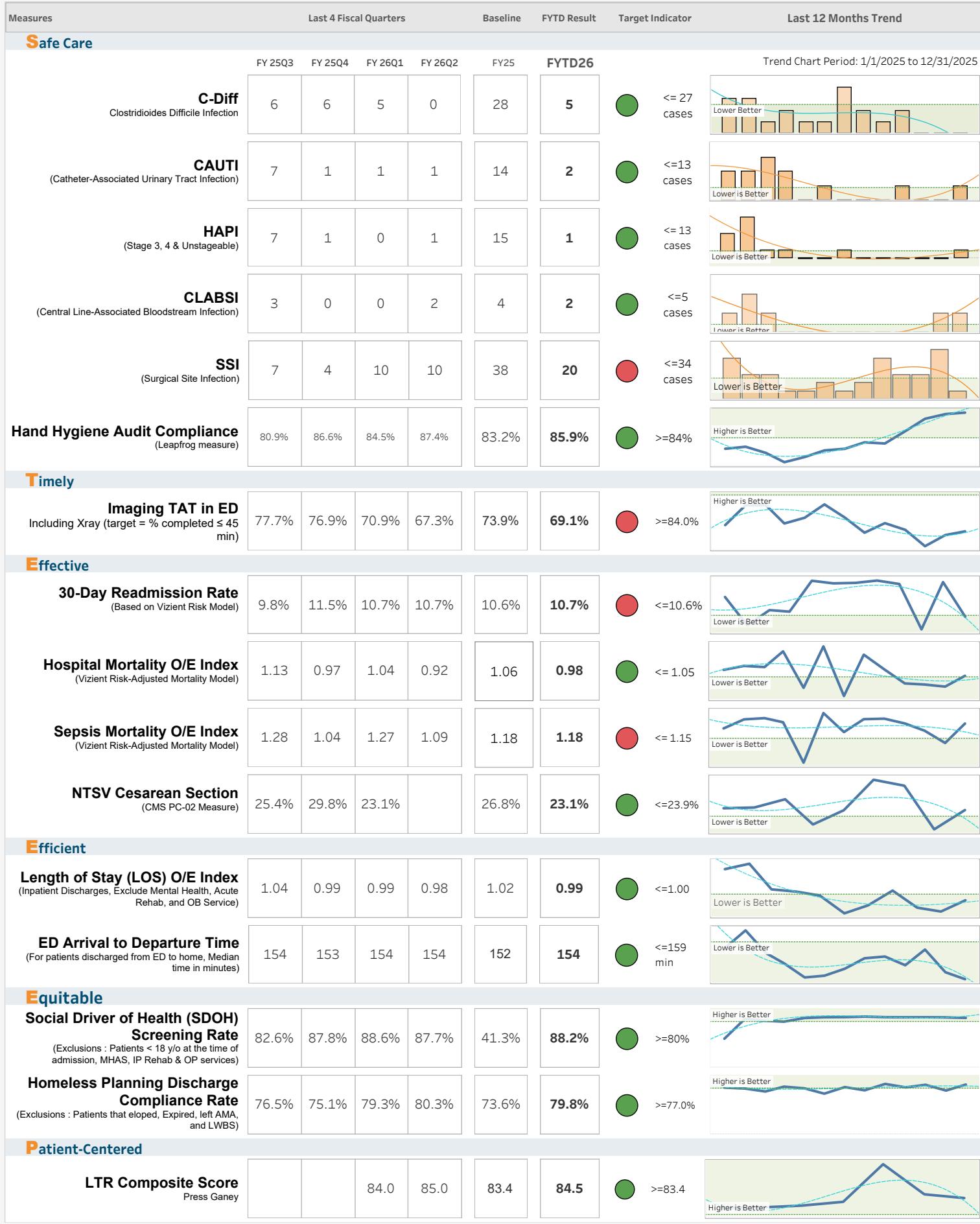
Attachments:

1. STEEEP Dashboard through December of 2026



Show Filter

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





EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Shreyas Mallur, MD, MBA, Chief Quality Officer
Date: February 11, 2026
Subject: Quality Deep Dive – Clinical Excellence as a Strategic Asset

Purpose: To provide the Board with a high-level overview of how clinical excellence is embedded across organizational performance and how quality outcomes influence financial results, risk exposure, and long-term sustainability.

Overview:

Clinical excellence remains central to El Camino Health's mission and is increasingly linked to organizational performance under value-based reimbursement models. Quality outcomes affect patient safety, utilization, financial exposure, and the organization's ability to participate successfully in incentive-based programs.

This Quality Deep Dive highlights selected examples that illustrate both the tangible and intangible value of quality, including reduced preventable harm, performance under quality-linked reimbursement programs, sustained financial returns from long-standing quality initiatives, and broader impacts on workforce, culture, and community trust.

Board Discussion Focus:

The presentation is intended to support Board-level discussion around:

- The relationship between quality performance, financial exposure, and value-based reimbursement
- How sustained investment in clinical excellence mitigates risk and supports organizational performance
- The role of quality as a strategic asset contributing to long-term resilience and sustainability

Recommended Action: This item is presented for discussion and strategic alignment. No Board action is requested.

Attachments:

1. Clinical Excellence Presentation



El Camino Health

The Value of Clinical Excellence

Quality as a Strategic Asset at El Camino Health

El Camino Hospital Board of Directors

Shreyas Mallur, M.D., MBA, Chief Quality Officer

February 11, 2026



Clinical Excellence is a Strategic Asset for El Camino Health

Protects
Patients

Strengthens
Financial
Performance

Secures
Long-term
Stability

Quality drives outcomes, margin, and long-term value

Tangible Drivers of Clinical Excellence

Cost & Utilization

- ↓ Preventable harm & complications
- ↓ Length of stay
- ↓ Resource intensity per case

Revenue & Risk

- ↑ Quality incentive revenue
- ↓ Readmissions and penalties
- ↓ Financial downside risk in value-based models

Intangible Benefits of Quality Investment

Community & Trust

Stronger brand reputation and goodwill within the community

Increased patient trust and loyalty to the health system

Workforce & Culture

Improved patient and staff experience

Increased staff retention and professional fulfillment

Attracting and retaining top physician talent

Safety & Learning

Stronger culture of safety and continuous improvement

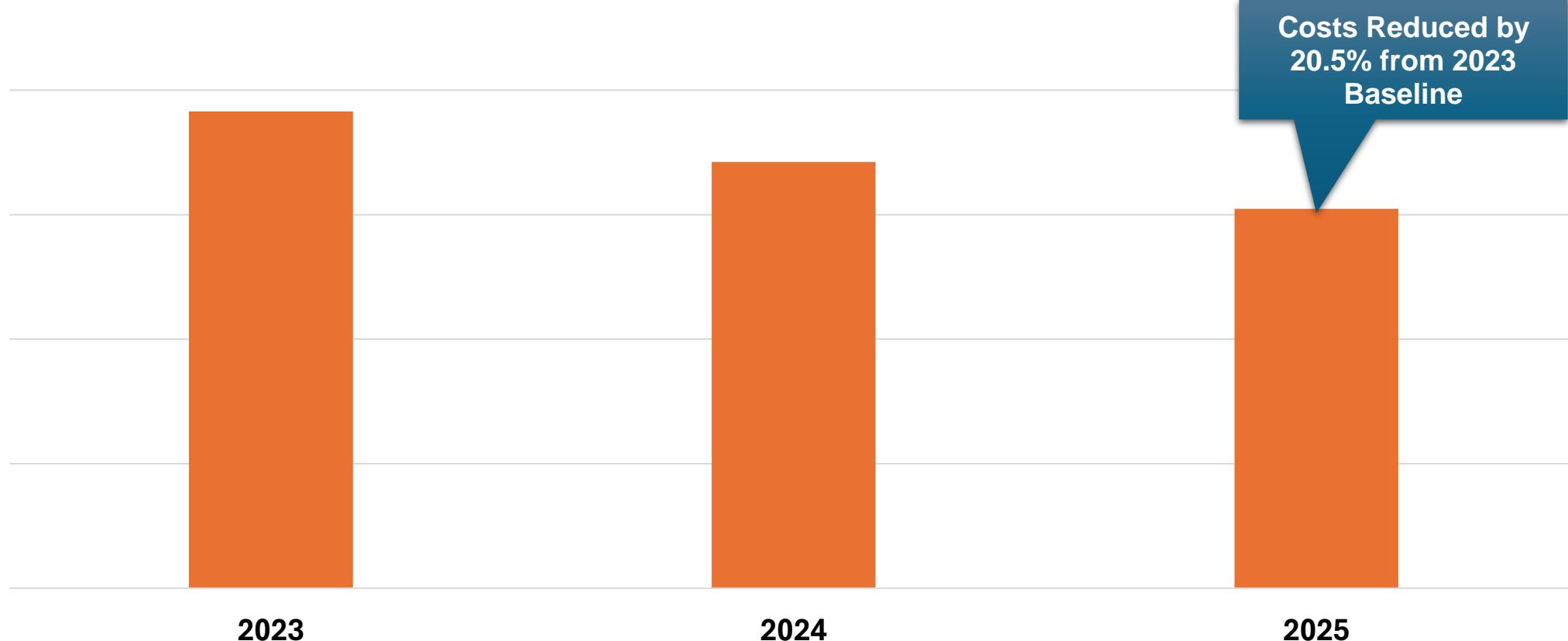
Development of new clinical expertise and innovation

Long-Term Sustainability

Long-term organizational value and resilience

These intangible benefits reinforce long-term financial performance, workforce stability, and community trust.

Estimated El Camino Health Yearly Cost Associated with Hospital-Acquired Infections



Include Following Hospital Aquired Infections:
CLABSI (Central Line-Associated Bloodstream Infection)
SSI (Surgical Site Infection)
C. diff (Clostridioides difficile)
CAUTI (Catheter-Associated Urinary Tract Infection)

CMS Readmissions Reduction Program (HRRP) Performance

El Camino Health

FFY 2024 Performance			
Est. Revenue (Medicare FFS)	Actual Revenue Impact	Est. Impact	Max Penalty (3.0% of Revenue)
\$114,224,500	-0.50%	(\$571,000)	(\$3,426,700)

FFY 2025 Performance			
Est. Revenue (Medicare FFS)	Actual Revenue Impact	Est. Impact	Max Penalty (3.0% of Revenue)
\$114,224,500	-0.27%	\$308,400	(\$3,426,700)

ECH's readmission performance is better than expected relative to national benchmarks FY25, allowing the organization to reduce CMS penalties and retain Medicare revenue.

Strategic Revenue Retention:
By improving readmission performance relative to national benchmarks, El Camino Health has reduced its FFY 2025 revenue impact by nearly 50%, successfully retaining over \$300k in Medicare funding compared to the prior year.

CMS Value-Based Purchasing: Improving Performance, Reduced Financial Exposure

Total estimated VBP impact improved by approximately \$215K from 2024 to 2025.

Targeted Safety Improvements Are Strengthening El Camino Health's Value-Based Performance:
 Targeted improvements in patient safety have shifted El Camino Health toward incentive performance, strengthening value-based results by approximately **\$215K** while mitigating ongoing pressure from Cost and Patient Experience domains.

Domain	Domain Weight	2024	2025
Clinical Outcomes	25%	\$467,800	\$199,400
Safety	25%	(\$245,900)	\$251,500
Patient Experience	25%	(\$110,400)	(\$113,300)
Efficiency (Cost)	25%	(\$571,100)	(\$582,300)
Total VBP Impact	100%	(\$459,600)	(\$244,700)

Clinical Outcomes: AMI Mortality, CABG Mortality, COPD Mortality, HF Mortality, PN Mortality, THA/TKA Mortality

Safety: CDIFF, CAUTI, CLABSI, MRSA, SSI (Abd Hysterectomy and Colon only), Sepsis Care

Patient Experience: Care Transitions, Clean and Quiet, DC Info, Doctor and Nurse Communication, Overall, Rx Communication, Staff Response

Efficiency (Cost): MSPB (Medicare Spending Per Beneficiary)

Quality Incentive Pool (QIP): Positive Financial and Community Impact

Quality improvement drives both financial sustainability and community benefit.

What QIP Is

- State-administered pay-for-performance program (DHCS)
- Aligns quality, equity, and financial incentives
- Focused on Medi-Cal populations

- **\$15M+** in quality incentive funds (FY2021–FY2025)
- **\$3.5M+** reinvested with community partners
Supporting frontline care for vulnerable populations

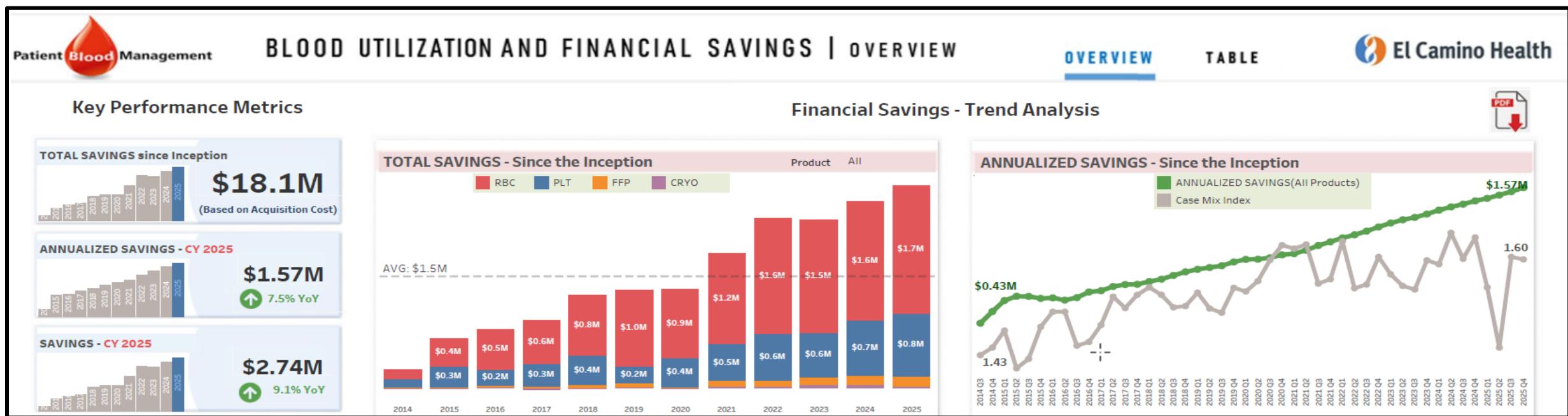
Patient Blood Management Program: Sustained Quality and Cost Savings

- Launched in 2014-2015
- Joint Commission-certified (1 of 10 nationally)
- Evidence-based, physician-led collaboration

Results (FY 2015-2025)

- \$18M+ cumulative savings in blood and blood products
- \$2.57M savings in FY2025 alone
- Additional indirect savings through reduced transfusions and adverse events

Operational performance dashboard (details available upon request)



Conclusion: Clinical Excellence as a Strategic Advantage

- Clinical excellence is a **core strategic asset** that aligns quality, financial sustainability, and El Camino Health's mission.
- Strong quality performance **reduces financial risk** and strengthens performance under value-based payment models.
- Continuous learning — from both successes and failures — builds **organizational resilience and accountability**.
- Data-driven decision-making and rapid-cycle improvement enable **sustained high performance**.
- Financial gains from quality improvement can be **reinvested in people, technology, and patient care**.

Bottom line: Investing in clinical excellence protects the organization today and positions El Camino Health for long-term success.



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

To: El Camino Hospital Board of Directors
From: Raju Iyer, CFO
Date: February 11, 2026
Subject: Financials: FY2026 – Period 6 (December 2025) & YTD FY2026 (as of 12/31/2025)

Purpose:

To provide the Board with an overview of financial results for Period 6 and YTD FY2026, including comparisons to Budget and Prior Year (PY), and to seek approval of the financials. This memo highlights key financial trends and governance-level considerations; detailed operational and variance analyses are provided in the attached materials.

Executive Summary – Period 6 (December 2025)

Overall Performance

Period 6 results reflect continued strength in outpatient and procedural activity, which more than offset modest inpatient volume softness. Revenue and operating margin performance exceeded budget expectations, supported by disciplined expense management and sustained labor productivity improvements. Net income significantly exceeded budget, driven mostly by favorable non-operating investment performance.

Key Volume Observations

- Inpatient average daily census (ADC) remained below Budget and Prior Year, consistent with ongoing utilization trends.
- Outpatient volumes, including emergency department visits and procedural cases, exceeded both Budget and Prior Year and were the primary contributors to favorable revenue performance.
- Detailed volume trends by service line are included in the **Detailed Volume and KPI Dashboard**.

Financial Performance

- **Total Operating Revenue:** \$161.2M, favorable to Budget by \$9.2M (6.1%) and higher than PY by \$12.6M (8.4%).
- **Operating Margin:** \$23.1M, favorable to Budget by \$8.6M (59.3%) and slightly below PY by \$0.7M (2.9%).
- **Operating EBIDA:** \$31.2M, favorable to Budget by \$8.2M (35.8%) and slightly below PY by \$0.8M (2.5%).
- **Net Income:** \$56.2M, favorable to Budget by \$36.2M (180.6%) and higher than PY by \$37.9M (207.4%).

YTD FY2026 Performance (as of December 31, 2025)

Year-to-Date Overview

Through December 31, 2025, financial performance remains ahead of Budget across all major operating metrics. Revenue growth continues to be driven by outpatient activity, while expense performance reflects effective management of labor productivity and premium pay. A portion of year-

Period 6 Financial Report Memo
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to-date net income favorability is attributable to market-driven investment gains rather than recurring operating performance.

Key Results

- **Total Operating Revenue:** \$917.9M, favorable to Budget by \$16.6M (1.8%) and higher than PY by \$71.0M (8.4%).
- **Operating Margin:** \$100.3M, favorable to Budget by \$25.8M (34.5%) and higher than PY by \$15.2M (17.9%).
- **Operating EBIDA:** \$151.6M, favorable to Budget by \$23.8M (18.6%) and higher than PY by \$16.3M (12.0%).
- **Net Income:** \$227.9M, favorable to Budget by \$122.4M (116.0%) and higher than PY by \$70.6M (44.8%).

Key Volumes:

- **ADC:** CY 300.5 (1.8% unfavorable to Budget), PY 307.6 (2.3% lower)
- **Adjusted Discharges:** CY 23,316 (3.4% favorable to Budget), PY 22,239 (4.8% higher)
- **ED Visits:** CY 42,180 (6.0% favorable to Budget), PY 40,058 (5.29% higher)
- **OP Visits / Procedural Cases:** CY 84,704 (8.4% favorable to Budget), PY 75,523 (12.2% higher)

Recommendation: Management recommends the Finance Committee approve the Period 6 and YTD FY2026 financials.

List of Attachments:

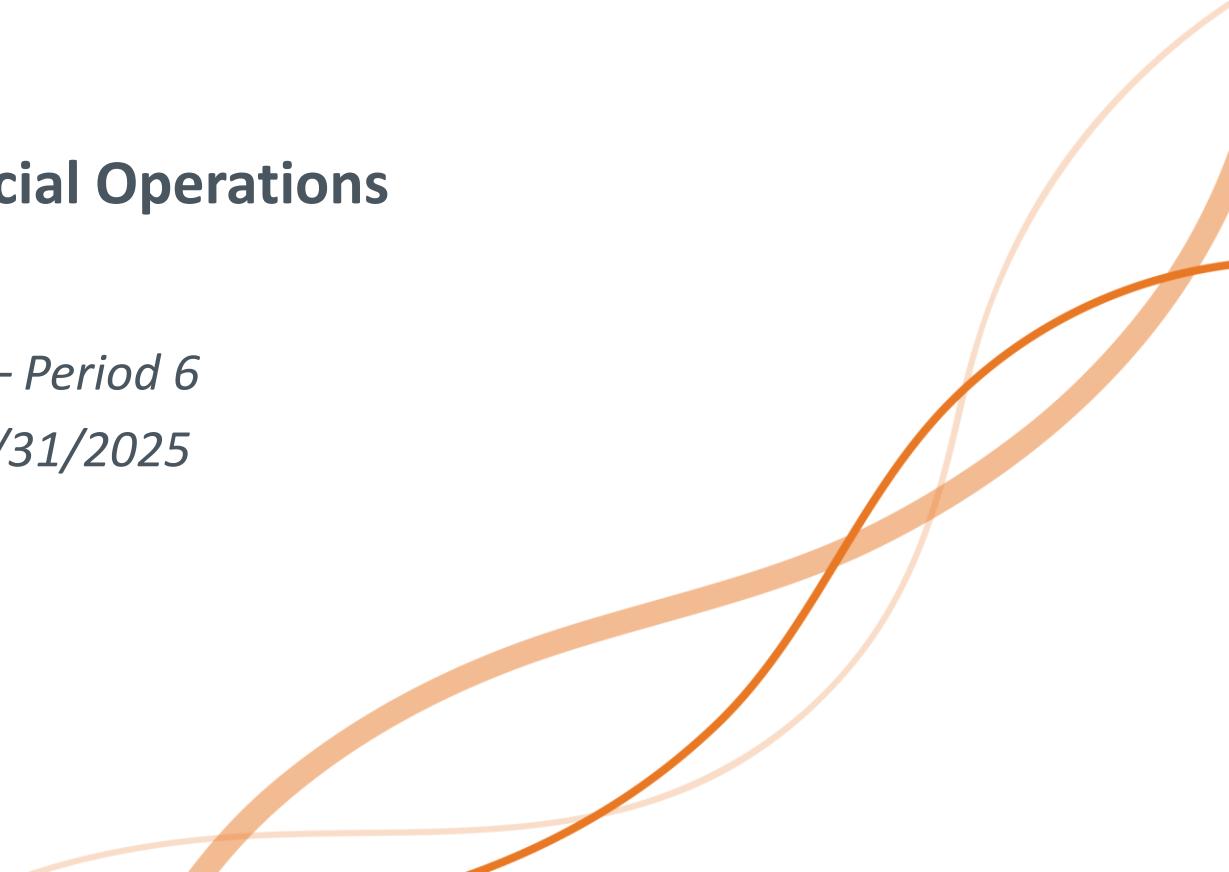
1. Presentation: Period 6 & YTD FY2026 financials



Summary of Financial Operations

Fiscal Year 2026 – Period 6

7/1/2025 to 12/31/2025



Financial Overview: YTD FY2026 (as of 12/31/2025)

Consolidated Financial Performance

- Operating EBIDA is \$151.6 / 16.5% compared to the budget of 127.8 / 14.2% and \$16.3M / 12.0% above prior year.
- Operating margin is \$100.3M / 10.9% compared to the budget of \$74.5M / 8.3% and \$15.2M / 17.9% above prior year.
- Operating expense is \$9.1M / 1.1% favorable to budget.
 - When adjusted for volume levels, Operating Expense per CMI Adjusted Discharge is \$20,470 which is 5.7% favorable to budget.
 - Note: Excludes depreciation and interest expense
- Key operating drivers:
 - Year-over-year operating margin is \$15.2M / 17.9% above the same period last year:
 - Favorable:
 - Continued strength in Interventional Services (12.1% fav to prior year), Outpatient Surgical Services (8.1% fav to prior year), and Outpatient Endoscopy Services (6.7% fav to prior year).
 - Expense management – Continued favorability in Labor Productivity and Premium Time.
 - Unfavorable
 - Uptick in Medicare Payor Mix: 0.2%
- Year-over-year net margin is \$70.6M / 44.8% higher than the same period last year.

Operational / Financial Results: YTD FY2026 (as of 12/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
									'Aa3'	'AA'	'AA'	
Activity / Volume	ADC	301	306	(5)	(1.8%)	308	(7)	(2.3%)	---	---	---	---
	Adjusted Discharges	23,316	22,544	772	3.4%	22,239	1,077	4.8%	---	---	---	---
	OP Visits / OP Procedural Cases	84,704	78,152	6,552	8.4%	75,523	9,181	12.2%	---	---	---	---
	Percent Government (%)	58.6%	58.5%	0.1%	0.2%	58.4%	0.2%	0.4%	---	---	---	---
	Gross Charges (\$)	4,061,750	3,899,307	162,443	4.2%	3,619,435	442,315	12.2%	---	---	---	---
Operations	Cost Per CMI AD	20,479	21,724	(1,245)	(5.7%)	19,822	657	3.3%	---	---	---	---
	Net Days in A/R	48.2	54.0	(5.8)	(10.7%)	50.4	(2.2)	(4.3%)	47.5	47.4	47.8	47.8
Financial Performance	Net Patient Revenue (\$)	887,992	867,282	20,710	2.4%	813,274	74,718	9.2%	2,178,271	4,016,609	---	---
	Total Operating Revenue (\$)	917,937	901,323	16,614	1.8%	846,939	70,998	8.4%	2,570,804	4,185,490	2,210,450	2,210,450
	Operating Margin (\$)	100,281	74,543	25,738	34.5%	85,078	15,203	17.9%	51,416	146,492	75,155	75,155
	Operating EBIDA (\$)	151,600	127,778	23,822	18.6%	135,337	16,263	12.0%	149,107	339,025	187,888	187,888
	Net Income (\$)	227,954	105,518	122,437	116.0%	157,404	70,551	44.8%	141,394	326,468	123,785	123,785
	Operating Margin (%)	10.9%	8.3%	2.7%	32.1%	10.0%	0.9%	8.8%	2.0%	3.5%	3.4%	3.4%
	Operating EBIDA (%)	16.5%	14.2%	2.3%	16.5%	16.0%	0.5%	3.4%	5.8%	8.1%	8.5%	8.5%
	DCOH (days)	347	275	72	26.3%	276	71	25.8%	258	315	311	311

Moody's Medians: Not-for-profit and public healthcare annual report; August 2025. Dollar amounts have been adjusted to reflect monthly averages.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2025. Dollar amounts have been adjusted to reflect monthly averages.

Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2025. Dollar amounts have been adjusted to reflect monthly averages.

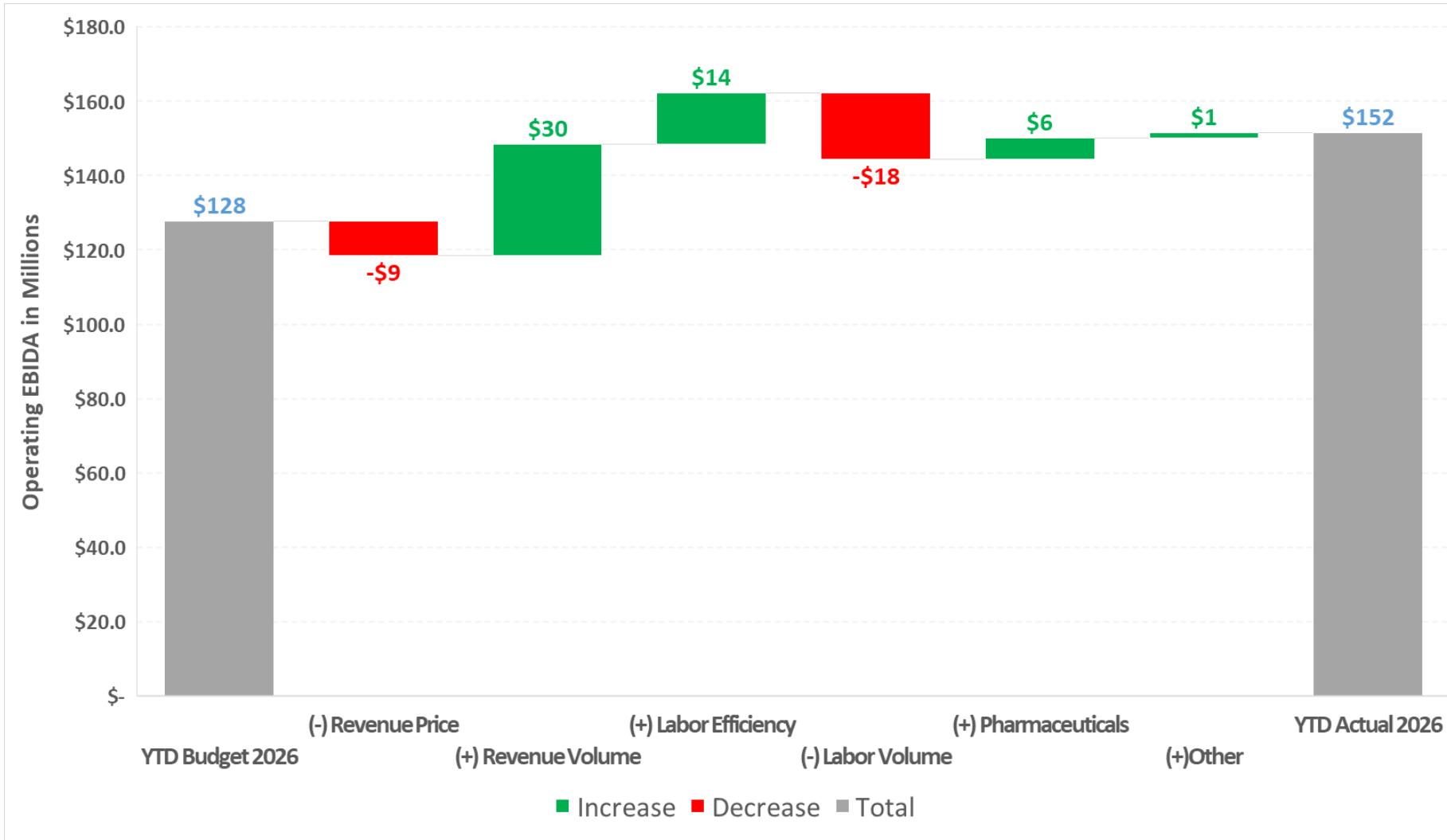
Notes: DCOH total includes cash, short-term and long-term investments.

OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

FY2026 YTD P6: Factors driving favorable Operating EBIDA

(Dollars in Millions)

\$152M (actual) vs. \$128 (budget) = \$24M / 18.6% favorable to budget



- **Revenue:**
 - Price: Change in IP/OP mix vs budgeted resulted in lower Revenue per Adjusted Discharge
 - Volume impact: Driven by 3.4% favorability to budget in hospital activity.
- **Labor:**
 - Efficiency: Consistent favorable performance versus budgeted productivity targets.
 - Volume impact: Driven by 3.4% favorability to budget in hospital activity.
- **Pharmaceuticals:** FY26 Budget was increased to account for specialty drugs used in new clinics. Utilization shifts, cost savings initiatives, and improved contracting has produced favorable results.

Operational / Financial Results: Period 6 – December 2025 (as of 12/31/2025)

(\$ thousands)	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
								'Aa3'	'AA'	'AA'	Rating Agency Medians
Activity / Volume	ADC	307	300	7	2.2%	322	(16)	(4.9%)	---	---	---
	Adjusted Discharges	3,945	3,752	193	5.1%	3,898	47	1.2%	---	---	---
	OP Visits / OP Procedural Cases	14,167	12,029	2,138	17.8%	12,593	1,574	12.5%	---	---	---
	Percent Government (%)	56.9%	58.7%	(1.8%)	(3.0%)	59.1%	(2.2%)	(3.7%)	---	---	---
	Gross Charges (\$)	676,772	651,828	24,945	3.8%	637,395	39,378	6.2%	---	---	---
Operations	Cost Per CMI AD	20,298	21,724	(1,426)	(6.6%)	18,201	2,097	11.5%	---	---	---
	Net Days in A/R	48.2	54.0	(5.8)	(10.7%)	50.4	(2.2)	(4.3%)	47.5	49.7	47.8
Financial Performance	Net Patient Revenue (\$)	155,733	146,329	9,404	6.4%	142,994	12,739	8.9%	363,045	669,435	---
	Total Operating Revenue (\$)	161,166	151,964	9,202	6.1%	148,611	12,555	8.4%	428,467	697,582	368,408
	Operating Margin (\$)	23,053	14,474	8,580	59.3%	23,753	(699)	(2.9%)	8,569	24,415	12,526
	Operating EBIDA (\$)	31,236	23,003	8,233	35.8%	32,029	(793)	(2.5%)	24,851	56,504	31,315
	Net Income (\$)	56,161	20,012	36,150	180.6%	18,271	37,891	207.4%	23,566	54,411	20,631
	Operating Margin (%)	14.3%	9.5%	4.8%	50.2%	16.0%	(1.7%)	(10.5%)	2.0%	3.5%	3.4%
	Operating EBIDA (%)	19.4%	15.1%	4.2%	28.0%	21.6%	(2.2%)	(10.1%)	5.8%	8.1%	8.5%
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Notes: DCOH total includes cash, short-term and long-term investments.

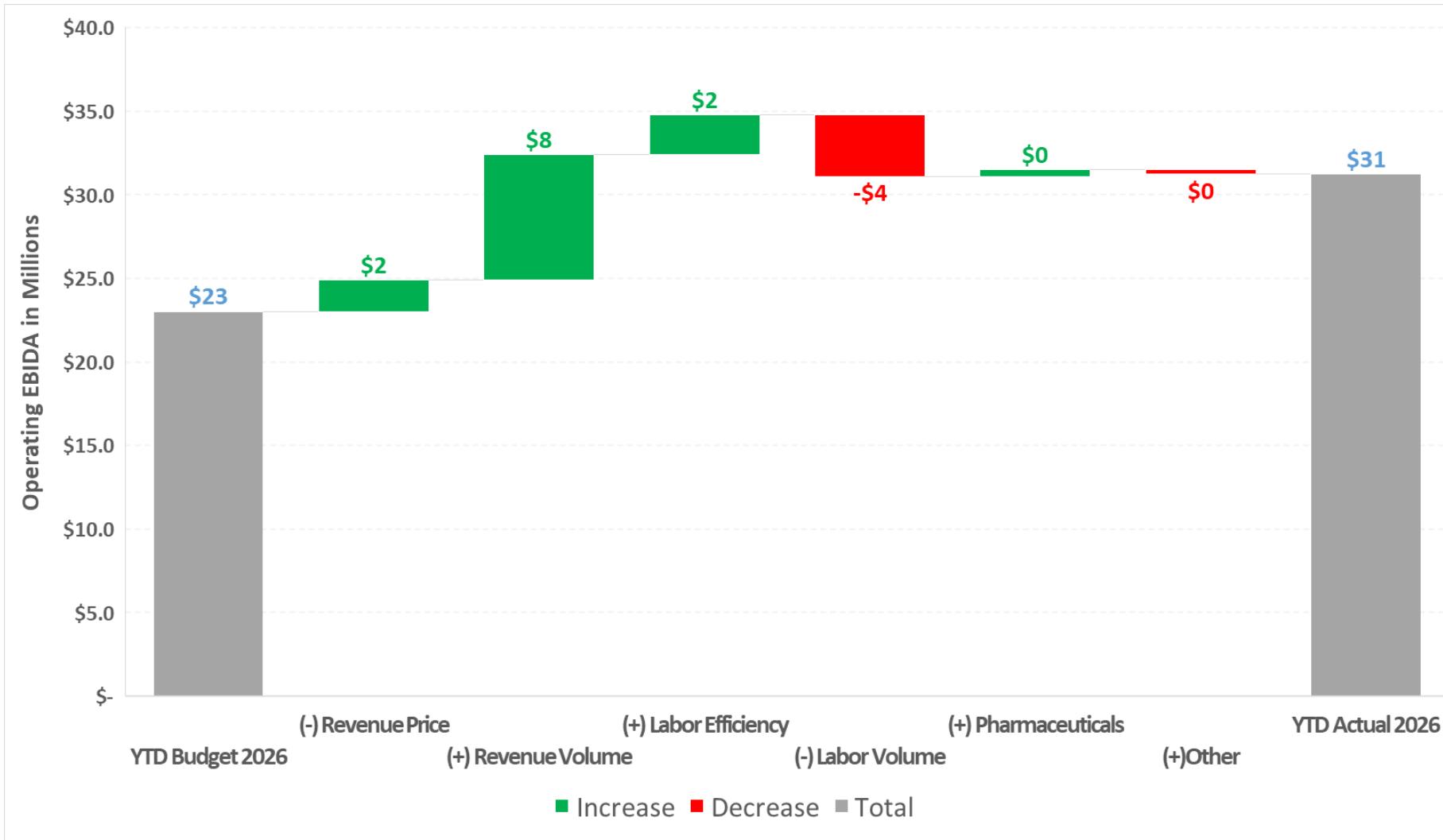
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

FY2026 P6: Factors driving favorable Operating EBIDA

(Dollars in Millions)

\$31M (actual) vs. \$23 (budget) = \$8M / 35.8% favorable to budget



- **Revenue:**
 - Price: Stronger IP activity drove Revenue per Adjusted Discharge up.
 - Volume impact: Driven by 5.1% favorability to budget in hospital activity.
- **Labor:**
 - Efficiency: Consistent favorable performance versus budgeted productivity targets.
 - Volume impact: Driven by 5.1% increase in hospital activity.

Consolidated Balance Sheet (as of 12/31/2025)

(\$000s)

ASSETS

CURRENT ASSETS

	December 31, 2025	Audited June 30, 2025
Cash	448,295	407,140
Short Term Investments	162,617	98,926
Patient Accounts Receivable, net	241,477	240,895
Other Accounts and Notes Receivable	23,519	23,615
Intercompany Receivables	35,919	23,136
Inventories and Prepads	55,768	54,047
Total Current Assets	967,595	847,759

BOARD DESIGNATED ASSETS

Foundation Board Designated	16,798	18,467
Plant & Equipment Fund	541,377	541,377
Women's Hospital Expansion	60,725	45,895
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	16,334	17,476
Workers Compensation Reserve Fund	12,374	13,086
Postretirement Health/Life Reserve Fund	19,813	23,009
PTO Liability Fund	45,365	41,558
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	33,014	41,019
Total Board Designated Assets	958,206	954,294

FUNDS HELD BY TRUSTEE

LONG TERM INVESTMENTS

CHARITABLE GIFT ANNUITY INVESTMENTS

INVESTMENTS IN AFFILIATES

PROPERTY AND EQUIPMENT

Fixed Assets at Cost	2,132,999	2,067,886
Less: Accumulated Depreciation	(1,001,266)	(959,828)
Construction in Progress	253,426	228,708
Property, Plant & Equipment - Net	1,385,158	1,336,766

DEFERRED OUTFLOWS

RESTRICTED ASSETS

OTHER ASSETS

TOTAL ASSETS

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES

	December 31, 2025	Audited June 30, 2025
Accounts Payable	54,430	77,122
Salaries and Related Liabilities	51,215	39,837
Accrued PTO	75,871	71,612
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	10,028	8,509
Intercompany Payables	31,242	18,745
Malpractice Reserves	1,713	1,713
Bonds Payable - Current	15,615	15,615
Bond Interest Payable	8,509	5,651
Other Liabilities	19,830	17,992
Total Current Liabilities	270,752	259,096

LONG TERM LIABILITIES

Post Retirement Benefits	19,813	22,028
Worker's Comp Reserve	12,374	12,374
Other L/T Obligation (Asbestos)	25,755	25,939
Bond Payable	525,513	526,840
Total Long Term Liabilities	583,455	587,180

DEFERRED REVENUE-UNRESTRICTED

DEFERRED INFLOW OF RESOURCES

FUND BALANCE/CAPITAL ACCOUNTS

Unrestricted	3,252,226	3,027,555
Minority Interest	-	-
Board Designated	235,758	225,482
Restricted	67,013	64,292
Total Fund Bal & Capital Accts	3,554,997	3,317,329

TOTAL LIABILITIES AND FUND BALANCE

	December 31, 2025	Audited June 30, 2025
Total Liabilities and Fund Balance	4,491,238	4,253,573



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, December 10, 2025**

Los Altos Country Club, Meeting Room Sequoia, 1560 Country Club Dr, Los Altos, CA 94024

Board Members Present

Bob Rebitzer, Chair
Jack Po, Vice-Chair (*joined at 4:41 p.m.*)
John Zoglin, Secretary/Treasurer (*joined at 4:15 p.m.*)
Lanhee Chen
Wayne Doiguchi
Peter Fung, MD, MBA
Julia E. Miller
George O. Ting, MD
Don Watters

Board Members Absent

Carol A. Somersille, MD

Staff Present

Dan Woods, CEO
Mark Adams, MD, CMO
Omar Chughtai, CGO
Deanna Dudley, CHRO
Theresa Fuentes, CLO
Raju Iyer, CFO
Mark Klein, CCMO
Tracey Lewis Taylor, COO
Deb Muro, CIO
Alan Muster, MD, President, ECHMN
Chery Reinking, CNO
Andrew Cope, President, ECH Foundation
Peter Goll, CAO, ECHMN
Andreu Reall, VP, Strategy
Diane Wigglesworth, VP, Compliance

** Committee Guests joined at 5:30 p.m.*

Staff Present (cont.)

Tracy Fowler, Director, Governance Services
Gabe Fernandez, Governance Services Coordinator

Committee Guests Present*

Romina Ahuja, Foundation
Ken Alvares, GC
Tom Asmar, ECC
Nicola Boone, IC
Pancho Chang, QC
John Conover, IC and Foundation
Robin Driscoll, IC and Foundation
Ken Frier, IC
Sylvia Fong, CAC
Mary Hassett, ECC
Bill Hooper, FC
Mike Kasperzak, GC
Christina Lai, FC
Estrella Parker, ECC
Barb Pelletreau, QC
Diane Schweitzer, QC
Cynthia Stewart, FC
Laura Wolfson, Foundation

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 4:09 p.m. Roll call was taken and a quorum was present. Directors Po, Somersille, and Zoglin were absent at roll call.	<i>The meeting was called to order at 4:09 p.m.</i>
2. AB-2449 – REMOTE PARTICIPATION	No AB-2449 requests were received by the members of the Board.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Rebitzer asked the Board if any member had a conflict of interest with any items on the agenda. None were noted.	
4. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.	
5. RECESS TO CLOSED SESSION	Motion: To recess to closed session at 4:12 p.m. Movant: Miller Second: Doiguchi Ayes: Chen, Doiguchi, Fung, Miller, Rebitzer, Ting, Watters Nays: None Abstentions: None Absent: Po, Somersille, Zoglin Recused: None	<i>Recessed to closed session at 4:12 p.m.</i>

6. AGENDA ITEM 11: CLOSED SESSION REPORT OUT	<p>Chair Rebitzer reconvened the open session at 4:50 p.m., and Agenda Items 6 - 9 were addressed in the closed session.</p> <p>Mr. Fernandez reported that during the closed session, the Credentialing and Privileges Report and Closed Session Minutes were approved by a unanimous vote of all Directors present.</p>	Reconvened Open Session at 4:50 p.m.
7. AGENDA ITEM 12: APPROVE CAPITAL REQUEST – LOS GATOS REDEVELOPMENT	<p>Chair Rebitzer asked for the motion, and Director Miller stated that she was comfortable supporting the funding request at this stage, noting that the amount had been vetted by the Finance Committee and that she preferred approving funding up front rather than after expenditures had occurred.</p> <p>Motion: To approve an additional \$19.7 million in funding and authorize the CEO to enter into design services agreements sufficient to initiate the design process for the replacement hospital in Los Gatos.</p> <p>Movant: Miller Second: Doiguchi Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Somersille Recused: None</p>	Capital Request approved.
8. AGENDA ITEM 13: CONSENT CALENDAR ITEMS	<p>Chair Rebitzer asked if any member of the Board wished to remove an item from the consent calendar for discussion. No items were removed.</p> <p>Motion: To approve the consent calendar</p> <p>Movant: Chen Second: Doiguchi Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Somersille Recused: None</p>	Consent calendar approved. <ul style="list-style-type: none"> - Open Session Minutes of the November 12, 2025 Hospital Board meeting - Policies, Plans, and Scope of Services as recommended by the Medical Executive Committee - FY26 YTD Financials - FY26 ECHB Pacing Plan - CEO Report
9. AGENDA ITEM 14: RECESS	Chair Rebitzer announced that the Board was going into a brief recess at 4:53 p.m. and would reconvene at 5:30 p.m.	
10. AGENDA ITEM 15: CALL TO ORDER	Chair Rebitzer called the meeting to order after recess at 5:30 p.m. He welcomed the Committee members and gave an overview of the run of the meeting.	

11. AGENDA ITEM 16: RECESS TO CLOSED SESSION	Motion: To recess to closed session at 5:32 p.m. Movant: Miller Second: Doiguchi Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Somersille Recused: None	Recessed to closed session at 5:32 p.m.
12. AGENDA ITEM 21: CLOSED SESSION REPORT OUT	Chair Rebitzer reconvened the open session at 6:41 p.m., and Agenda Items 17 - 19 were addressed in the closed session. Mr. Fernandez reported that no actions were taken by the Board during Closed Session.	
13. AGENDA ITEM 22: ANNOUNCEMENTS	Chair Rebitzer asked if there were any announcements. There were none	
14. AGENDA ITEM 23: ADJOURNMENT	Motion: To adjourn at 6:42 p.m. Movant: Watters Second: Miller Ayes: Chen, Doiguchi, Fung, Miller, Po, Rebitzer, Ting, Watters, Zoglin Nays: None Abstentions: None Absent: Somersille Recused: None	Meeting adjourned at 6:42 p.m.

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

John Zoglin, Secretary/Treasurer

Prepared by: Tracy Fowler, Director, Governance Services
Reviewed by Legal: Theresa Fuentes, CLO; John Zoglin, Board Secretary/Treasurer



BOARD OF DIRECTORS

Policies for Approval

February 11, 2026

Department	Document Title	Origin Date	Last Reviewed	Status	Type	Document Details Approval Workflow
Foundation	A14b1. Endowed Fund Policy	9-1-22	N/A	Major	Policy	<ul style="list-style-type: none"> • All sections updated
						Finance Committee > Executive Committee. Foundation Board > ePolicy > Board

POLICY SUMMARY: Establishes the governance, investment, spending, and management framework for El Camino Health Foundation endowed funds to ensure donor intent, long-term capital preservation, and responsible use of earnings.

SUMMARY OF CHANGES: Policy was comprehensively updated and reorganized to clarify governance, fiduciary oversight, and operational processes for endowed funds.

Definitions, eligibility thresholds, investment treatment, spending methodology, and internal controls were refined and aligned across El Camino Health and the Foundation.

Roles and approval authorities (Foundation Board, Finance Committee, Allocations Committee, executives, and service line managers) were more clearly defined.

Administrative processes for fund setup, reporting, spending approvals, and exception handling were standardized.

Minor edits were made to improve clarity and consistency; no change to the fundamental purpose of endowed funds.

Patient Accounts	A14b2. Financial Assistance (Discounted Charity Care, Eligibility Procedures, Review Process)	4-1-00	2-5-25	Major	Policy	<ul style="list-style-type: none"> • All sections updated
						Asst VP > CFO > ePolicy > Board

POLICY SUMMARY: Defines El Camino Health's financial assistance and charity care program, including eligibility criteria, application and review procedures, and patient protections, in compliance with state and federal requirements to ensure access to medically necessary care regardless of ability to pay.

SUMMARY OF CHANGES: The policy was comprehensively updated and reorganized to align with current federal and California statutory and regulatory requirements related to charity care, discounted payment, and medical debt protections. Eligibility criteria, income definitions, and treatment of patients with high medical costs (up to 400% of the Federal Poverty Level) were clarified and standardized. Application, review, presumptive and circumstantial eligibility processes were clarified, including timelines, documentation standards, and appeal rights. Patient protections were strengthened, including limitations on collections activity, credit reporting prohibitions, refund requirements, and amounts generally billed (AGB) calculations. Administrative roles, approval authorities, and documentation requirements were clarified to support consistent and compliant implementation.

Patient Care Services	A14b3. Scope of Service – Interventional Services – Los Gatos	N/A	N/A	New	Scope of Service	<ul style="list-style-type: none"> • New document
						HVI > Med Dept Exec > Surgery > ePolicy > MEC > Board

POLICY SUMMARY: Defines the scope, level, and limitations of interventional services provided at the Los Gatos campus, including cardiac diagnostic and interventional procedures and interventional radiology services, to ensure services are delivered safely, appropriately, and in alignment with clinical standards and regulatory requirements.

SUMMARY OF CHANGES: This is a new Scope of Service document that formally establishes the services provided by the Los Gatos Interventional Services lab as a Level 1 cardiac catheterization lab without on-site cardiac surgery. The document defines eligible procedures, patient selection criteria, exclusion criteria for high-risk cases, transfer protocols to the Mountain View campus, staffing and skill mix requirements, and applicable clinical standards and oversight mechanisms to support safe and appropriate care delivery.

Patient Care Services	A14b4. Perioperative Services – Los Gatos	10-1-15	2-5-25	Minor	Scope of Service	• Staffing/Skill Mix section updated
						Med Dir Dept Dir > ePolicy > MEC > Board

POLICY SUMMARY: Defines the scope, organization, staffing, and standards of care for perioperative services at the Los Gatos campus, including outpatient surgery, short stay, post-anesthesia care, operating room, and central sterile processing, to ensure safe, coordinated, and compliant surgical services delivery.

SUMMARY OF CHANGES: This Scope of Service document was updated to revise the staffing and skill mix section while maintaining the existing scope, service lines, and level of care provided at the Los Gatos campus. The update clarifies roles, staffing requirements, and competency expectations across perioperative units to support safe operations and alignment with regulatory and accreditation standards. No expansion of services or change in clinical scope is proposed.

Acute Rehab Unit	A14b5. Scope of Service – Acute Rehab Center	5-1-2010	9-14-22	Unchanged	Scope of Service	• Unchanged
						ePolicy > MEC > Board

POLICY SUMMARY: Defines the scope, philosophy, patient population, and interdisciplinary rehabilitation services provided at the Acute Rehab Center to support medically necessary inpatient rehabilitation and successful reintegration of patients into the community, in compliance with applicable regulatory and accreditation standards.

SUMMARY OF CHANGES: This Scope of Service document remains unchanged. The content continues to describe the inpatient rehabilitation services provided to adult and geriatric patients, including patient eligibility, assessment processes, interdisciplinary care delivery, staffing availability, family involvement, discharge planning, and applicable standards of practice. No changes to services, patient population, or level of care are proposed.

Security Management	A14b6. Workplace Violence Prevention Plan	5-1-18	11-20-24	Minor	Plan	• ECH Plan section updated
						Central Safety > PESC > ePolicy > MEC > Board

POLICY SUMMARY: Establishes El Camino Health's Workplace Violence Prevention Plan in compliance with Cal/OSHA Title 8, Section 3342, defining prevention, reporting, training, response, and oversight requirements to protect employees, physicians, patients, visitors, and others on hospital premises from acts or threats of workplace violence.

SUMMARY OF CHANGES: The Workplace Violence Prevention Plan was comprehensively updated to align with current Cal/OSHA regulatory requirements for healthcare settings. Updates clarify required plan elements, definitions, roles and accountability, employee engagement, training requirements, reporting and investigation processes, environmental and patient-specific risk assessments, corrective action timelines, and post-incident response and review. The plan reinforces zero tolerance for workplace violence and integrates the required annual review and documentation processes. No change to the scope of coverage or regulatory intent is proposed.

Pharmacy	MERP – Medication Error Reduction Plan	11-1-20	12-11-24	Unchanged	Plan	<ul style="list-style-type: none"> FY26 Plan in Attachments section
						Med Safety > P&T > ePolicy > MEC > Board

POLICY SUMMARY: Establishes El Camino Health's Medication Error Reduction Plan (MERP) in compliance with California Health and Safety Code requirements, defining the governance structure, reporting processes, and continuous improvement framework used to prevent, identify, analyze, and reduce medication-related errors across inpatient settings.

SUMMARY OF CHANGES: The Medication Error Reduction Plan was reviewed and updated to reflect current practices, committee structures, and reporting processes supporting medication safety across El Camino Health. The plan continues to address the required eleven medication-use elements, outlines multidisciplinary oversight and reporting pathways, and incorporates ongoing monitoring, non-punitive reporting, external safety alerts, and annual evaluation to support continuous improvement and regulatory compliance. No change to the statutory purpose or scope of the plan is proposed.

*Full policies provided on Boardvantage.



EL CAMINO HOSPITAL BOARD
FY2026 PACING PLAN / MASTER CALENDAR

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
APPROVALS AND CONSENT CALENDAR												
Board Minutes		✓	✓	✓	✓	✓		✓	✓		✓	✓
Committee Reports and Recommendations		✓	✓	✓	✓	✓		✓	✓		✓	✓
Community Benefit Plan												✓
Credentialing and Privileges Report		✓	✓	✓	✓	✓		✓	✓		✓	✓
Physician Agreements		✓	✓	✓	✓	✓		✓	✓		✓	✓
Policies		✓	✓	✓	✓	✓		✓	✓		✓	✓
FINANCE												
Audited Financial Report				✓								
Budget (Preview)											✓	
Budget Approval												✓
Period Financials (Consent)		✓	✓	✓	✓	✓		✓	✓		✓	✓
Quarterly Financials (Focus)					✓			✓			✓	
PHYSICIANS AND MEDICAL NETWORK												
ECHMN Report			✓								✓	
Medical Staff Report			✓		✓			✓			✓	
QUALITY												
Quality STEEEP Dashboard			✓		✓			✓			✓	
STRATEGY												
Los Gatos Redevelopment		✓	✓	✓	✓	✓			✓		✓	
Strategic Plan Metrics (FY25)		✓	✓									
Strategic Plan Update (FY26)					✓			✓			✓	
Preliminary Strategy Implications (FY27)									✓			
Strategic Goals Preview (FY27)											✓	
Strategic Goals Approval (FY27)												✓
EXECUTIVE PERFORMANCE												
CEO Update (Year in Review)		✓										
CEO Assessment (Board Executive Session)				✓								
Organizational Performance Goal Score (Prior Year)				✓								
Executive Base Salaries and Salary Ranges				✓								
CEO Compensation				✓								
COMPLIANCE AND GOVERNANCE												
Annual Compliance Program Report Out					✓							
-Annual Patient Safety and Claims/Liabilities Report (from CAC)												
Enterprise Risk Management										✓		✓
Board Assessment Results				✓								
Board Officer Elections (Even Years)												✓
Board Calendar									✓			
Committee Goals												✓



EL CAMINO HOSPITAL BOARD OF DIRECTORS

CEO REPORT | February 11, 2026

This report highlights key developments, achievements, and organizational performance updates. A more comprehensive information CEO report was shared with the Board on January 20, 2026

HUMAN RESOURCES

Annual Service Awards Event

On Thursday, February 5, 2026, El Camino Health held its Annual Service Awards Event at the Computer History Museum, celebrating the contributions, dedication, and impact of our workforce. The evening honored employees reaching significant service milestones, recognized Excellence Award finalists, and highlighted Employee of the Month recipients, bringing together leaders and staff to acknowledge those who exemplify the organization's mission and values.

Internship Expansion

El Camino Health's internship program provides structured learning and meaningful work experiences for high school and college students through three distinct programs. These include the AVID high school internship, serving seven students during spring break and for two weeks in the summer; the Cristo Rey internship, a year-long program with eight students on site one day per week throughout the school year; and an expanded college summer internship program, a 10-week experience growing from eight to thirteen interns, with recruitment currently underway. This expansion reflects El Camino Health's commitment to project-based learning and increasing student exposure to healthcare operations.

ACCOLADES AND RECOGNITION

ANCC Magnet® Designation for Nursing Excellence

In January 2026, El Camino Health received Magnet® Designation from the American Nurses Credentialing Center (ANCC) for the fifth consecutive time, recognizing excellence in professional nursing practice and quality patient care. Fewer than 10 percent of U.S. hospitals hold Magnet designation, and less than 2 percent have achieved five consecutive designations.

Press Ganey HX Guardian of Excellence Award®

El Camino Health was named a 2025 Human Experience (HX) Guardian of Excellence Award winner by Press Ganey, placing the organization in the top 5 percent of healthcare providers nationwide for patient experience performance over the past year. The award reflects strong performance across both patient and employee experience measures.

AACN Beacon Awards for Excellence

The American Association of Critical-Care Nurses (AACN) awarded Beacon Awards for Excellence to two Mountain View campus units. The Progressive Care Unit received a Silver Beacon Award for the second consecutive year, and the Critical Care Unit received a Gold Beacon Award. More than 575 units nationwide applied for Beacon recognition in



2025. The award recognizes units that demonstrate excellence in patient outcomes and alignment with AACN's Healthy Work Environment Standards.

INFORMATION SERVICES

Enrollment in MyChart Care Plans, known as **Care Companion**, continues to grow as El Camino Health expands offerings to support patients preparing for hip and knee procedures and anesthesia education. These digital care plans enhance patient engagement and readiness for surgery.

The third and final phase of the **Women's Expansion Project for Labor and Delivery (L&D)** has been completed, increasing room capacity and adding a centralized nurse station that enables real-time monitoring of L&D and OBED patients. Medical device integration was validated, and new infant warmers were installed in each room. The expanded space has been well received by staff and supports safer, more efficient patient care.

El Camino Health successfully **transitioned radiology reading group services** from Radiology Partners to Bay Medical Management, Inc. This strategic change strengthens alignment with clinical standards and has resulted in improved quality oversight, faster report turnaround times, enhanced collaboration between radiologists and care teams, and greater accountability through direct performance management.

Virtual Nursing workflows have been implemented on select inpatient units through collaboration between IS and Nursing. Using existing iPads integrated with Epic's MyChart bedside application, along with dedicated hardware in the discharge lounge, nurses can complete virtual patient interactions and discharge instructions remotely. This initiative supports more efficient patient throughput and improved discharge processes.

To support CMS TEAM requirements and reduce avoidable readmissions, **new digital discharge and follow-up workflows have been enabled for eligible surgical patients**. Post-discharge care plans for orthopedic and spine procedures are now live, along with automated follow-up processes that ensure appropriate primary care coordination and inclusion of required CMS beneficiary notifications within discharge instructions.

AUXILIARY

In **December 2025**, Auxiliary volunteers contributed **3,690 hours** across the Mountain View and Los Gatos campuses, bringing the fiscal-year-to-date total to **29,343 hours**. To put this in perspective, this level of service is equivalent to more than fourteen full-time employees working for a full year, underscoring the extraordinary generosity and operational impact of El Camino Health's Auxiliary volunteers.