

AGENDA

Corporate Compliance /Privacy and Internal Audit Committee Meeting of the El Camino Hospital Board

Thursday, May 19, 2016, 5:00 – 7:00 p.m.

El Camino Hospital, Conference Room E (ground level)

2500 Grant Road, Mountain View, California

John Zoglin will participate via teleconference from 481 85th Avenue, New York, NY

Purpose: The Corporate Compliance/Privacy and Internal Audit Committee is responsible for providing direction for both the Corporate Compliance and Internal Audit programs at all locations of El Camino Hospital (ECH). Responsibilities include providing oversight on compliance issues requiring executive-level interaction, assessing physician relationship risk as it relates to compliance, reviewing HIPAA/Privacy laws as they relate to compliance and directing ECH on compliance strategies. The Committee also serves as the ad-hoc mobilization team for any external investigations and/or actions. Further, additional responsibilities include providing direction and oversight to ongoing internal audit activity and determining appropriate organizational response in order to identify and mitigate organizational risk.

AGENDA ITEM	PRESENTED BY		
1. CALL TO ORDER/ROLL CALL	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		5:00 – 5:01 p.m.
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		5:01 – 5:02
3. PUBLIC COMMUNICATION	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		5:02 – 5:07
4. COMMITTEE RECRUITMENT <u>ATTACHMENT 4</u>	Diane Wigglesworth, Compliance/ Privacy Officer		5:07 – 5:12
5. CONSENT CALENDAR ITEMS Any Committee Member may pull an item for discussion before a motion is made. Approval: a. <u>Minutes of Corporate Compliance Meeting for March 17, 2016</u>	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee	<i>public comment</i>	motion for recommendation required 5:12 – 5:15
6. POLICIES FOR APPROVAL i. Cover Sheet – Approval of Policies <u>New Policy</u> a. Electronic Signature <u>Policies with Minor Revisions</u> b. HR – Educational Program <u>ATTACHMENT 6</u>	Diane Wigglesworth, Compliance/ Privacy Officer	<i>public comment</i>	motion for recommendation required 5:15 – 5:18

A copy of the agenda for the Regular Committee 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 650-988-7504 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		
7. REVIEW COMMITTEE CHARTER ATTACHMENT 7	Diane Wigglesworth, Compliance/ Privacy Officer	<i>public comment</i>	motion for recommendation required 5:18– 5:23
8. KEY PERFORMANCE INDICATORS, SCORECARD AND TRENDS Memo, Scorecard, and Trend Graph ATTACHMENT 8	Diane Wigglesworth, Compliance/ Privacy Officer		information 5:23 – 5:28
9. NEW ARTICLES a. Healthcare Executives Increasing Security Budgets ATTACHMENT 9	Diane Wigglesworth, Compliance/ Privacy Officer		information 5:28 – 5:33
10. ADJOURN TO CLOSED SESSION			5:33
11. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik- Shakked, Vice Chair Corporate Compliance Committee		5:33 – 5:34
12. CONSENT CALENDAR Any Committee Member may pull an item for discussion before a motion is made.	Sharon Anolik- Shakked, Vice Chair Corporate Compliance Committee		5:34 – 5:38
<ul style="list-style-type: none"> ▪ Approval Closed Session Minutes (1/21/16), <i>Govt. Code Section 54957.2.</i> ▪ Information Conference with legal counsel – pending or threatened litigation – Gov’t. Code Section 54956(d)(2). <ul style="list-style-type: none"> - Compliance and Privacy Logs - Internal Audit Follow Up - Internal Audit Work Plan 			motion required information
13. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on Committee Assessment	Joann McNutt, Nygren Consulting		information 5:38 – 6:01
14. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on Clinical Research	Ryan Schroeder, Director Clinical Research		information 6:01 – 6:11
15. Conference with legal counsel – pending or threatened litigation - <i>Gov’t. Code Section 54956.9(d)(2).</i> - Discussion on IT Security	Hassnain Malik, Chief Information Security Officer		information 6:11 – 6:36

AGENDA ITEM	PRESENTED BY		
16. Conference with legal counsel – pending or threatened litigation - <i>Gov't. Code Section 54956.9(d)(2)</i> . - Report on Internal Audit Activity	Diane Wigglesworth, Compliance/ Privacy Officer		information 6:36 – 6:41
17. Report involving - <i>Gov't. Code Section 54957</i> for discussion and report on personnel matters - Discussion on CISO Reporting Structure	Tomi Ryba, CEO		possible motion for recommendation required 6:41 – 6:46
18. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on Pacing Calendar	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		information 6:46 – 6:51
19. RECONVENE OPEN SESSION To report any required disclosures regarding permissible actions taken during Closed Session.	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		6:51
20. REPORT ON BOARD ACTIONS	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		6:51 – 6:56
21. STATUS OF FY:16 COMMITTEE GOALS <u>ATTACHMENT 21</u>	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		information 6:56 – 6:57
22. COMMITTEE COMMENTS	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		6:57 – 7:00
23. ADJOURNMENT	Sharon Anolik-Shakked, Vice Chair Corporate Compliance Committee		7:00 p.m.

Upcoming Corporate Compliance Committee Meetings:

- June 8, 2016 (Joint Session of Compliance Committee and Hospital Board)
- August 18, 2016
- September 29, 2016
- November 17, 2016

ATTACHMENT 4

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Committee Recruitment Corporate Compliance, Privacy and Internal Audit Committee Meeting Date: May 19, 2016
Responsible party:	Diane Wigglesworth, Sr. Director Corporate Compliance
Action requested:	Possible Motion
Background: The Committee currently has two vacancies created by the recent departure of Wes Alles and Ramy Houssaini. We have advertised the vacancy to members of the Board, Committees and ELT, in local print media and on LinkedIn. Despite these efforts, we have received interest from only one candidate who may meet the criteria as requested by the Committee. Staff recommends that the Committee appoint an Ad Hoc Committee comprised of two of its members to work with staff on a formal recruitment.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives : <ul style="list-style-type: none"> To confirm the recruitment criteria/position description To confirm the Committee's desire to engage in a formal recruitment process To appoint an Ad Hoc Committee comprised of two of the Committee's members to work with the Board Liaison and the Sr. Director of Corporate Compliance on a formal recruitment. 	
Suggested discussion questions: <ol style="list-style-type: none"> Does the position description accurately characterize the Committee's desired selection criteria? Is the Committee ready to pursue a formal recruitment? How many positions would the Committee like to fill at this time? Which Committee members will serve on the Ad Hoc Committee? 	
Proposed Committee motion, if any: To appoint Committee members _____ and _____ to an Ad hoc Committee for the purpose of recruiting _____ (number) Committee members.	
LIST OF ATTACHMENTS: <ol style="list-style-type: none"> Position Description 	

Corporate Compliance/Privacy and Audit Committee Charter and Responsibilities

See attached Charter.

Corporate Compliance/Privacy and Audit Committee Membership Requirements

The Corporate Compliance/Privacy and Audit Committee is to advise and assist the El Camino Hospital Board of Directors in its exercise of oversight by monitoring the compliance policies, controls and processes of the organization and the engagement, independence and performance of the internal auditor and external auditor. The Compliance and Audit Committee assists the Board in oversight of any organizational compliance and in assuring the integrity of El Camino Hospital in a manner consistent with its mission and purpose. This Committee typically meets 6 times per year on the third Thursday evening of the month at 5:00 p.m. The Committee also meets with the Board and/or other Committees 2-3 x per year at 5:30 pm. This Committee position is non-compensated (i.e. volunteer).

Professional Experience/Competencies

- Members will have approximately 10 - 15 or more years of experience in one of the four noted areas: (can be a combination of one of the four areas below plus relevant board experience):
 1. Compliance
 - Compliance experience in the healthcare or pharmaceutical industry. In particular, experience with OIG rules and regulations, regulatory actions, physician relationships, Medicare/Medicaid, government contracts, STARK issues, and ability to advise regarding fraud, waste and abuse and billing integrity. A background in ethics is desirable. Experience with Corporate Integrity Agreements (CIA) would be a major plus.
 2. Audit
 - Internal audit experience in the healthcare industry is a must. Affiliation with Association of Healthcare Internal Auditors (AHIA) or similar internal audit groups would be a plus. SOX experience is not critical as this advisor will be supporting all other types of internal audits and not focused on the annual financial audit.
 3. Privacy
 - Privacy experience in a heavily regulated industry, i.e. banking or healthcare, that includes experience in the electronic exchange of data and the stewardship of data (data governance), or an IT Security background or potentially human resources background, or experience in a banking trust department.
 4. Enterprise Risk Management
 - Experience instituting a formal ERM process in healthcare or other industries, ideally experience with Boards on the implementation of a Board sponsored ERM program.
- Experience via a professional service firm is acceptable.
- Board Committee experience via a small nonprofit etc. is a plus. The successful Candidate will be independent as defined in the Committee Charter.

Education/Credentials

- Candidates with an advanced degree will be preferred, but not required.

Work Style and Personal Traits

- High Integrity
- Collaborative nature
- Energy and a sense of urgency
- Creative and imaginative. An innovator.
- A sense of humor
- Mission-driven

Contact

nominations@elcaminohospital.org

Minutes of Corporate Compliance Meeting for March 17, 2016

**Minutes of the Open Session
Corporate Compliance, Privacy and Internal Audit Committee
Thursday, March 17, 2016
El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Room A/B**

Members Present

John Zoglin
Christine Sublett
Sharon Anolik-Shakke
Jeff Davis, MD

Members Present by Phone
Members Absent

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The Corporate Compliance, Privacy and Internal Audit (“CCPIA”) Committee of El Camino Hospital (the “Committee”) was called to order by Chair John Zoglin at 5:00 p.m. A quorum was present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Zoglin asked if any Committee member had a conflict of interest with any Open Session agenda items. None were reported.	
3. PUBLIC COMMUNICATION	Chair Zoglin asked if there was any public communication. There was none.	
4. REPORT ON BOARD ACTIONS	Report on Board Actions taken at the February Board meeting: <ul style="list-style-type: none"> • A land purchase in South San Jose • Approval to open three urgent care clinics in the south bay area • Marketing audit • Approval to move forward in developing a clinically integrated network which would allow more independent physicians to be a part of ECH’s strategic planning • Cancellation of Anthem Blue Cross contract - negotiations to open a new contract continue District Board Meeting: <ul style="list-style-type: none"> • Dr. Jeffrey Davis was appointed to the District Board. 	
5. MEMBER VACANCIES AND RECRUITMENT RECOMMENDATIONS	Member Ramy Houssaini is leaving the Committee and active recruitment is ongoing to fill his position A request for recommendations and draft of job description have been sent to Board and Committee members, and the ELT. Member Anolik-Shakke requested that a formal ECH recruitment notification also be made available to send to possible candidates. Recruiting methods and network resources were discussed. Further discussion will continue at the next meeting.	
6. CONSENT CALENDAR ITEMS	No items were requested to be pulled from the Consent Calendar. A motion to approve the Consent Calendar was requested. Motion: To approve the Open Session Consent Calendar Minutes Movant: Anolik-Shakke Second: Jeff	<i>Minutes were approved.</i>

	<p>Ayes: Anolik-Shakked, Davis, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
7. POLICIES FOR APPROVAL	<p>Three policies were returned to the Committee with changes that were recommended at the last Committee meeting, and were reviewed.</p> <ul style="list-style-type: none"> Concerns were voiced by Member Anolik-Shakked regarding knowing which recommended changes are being made, and asked that when a policy is resubmitted without recommended changes that a line of explanation be included. Ms. Ryba reminded the Committee that all policies should be reviewed by Mary Rotunno, General Counsel, and/or Kathryn Fisk, CHRO, to address the limits of liability and exposure of each one, in order to educate the Board. <p>Beth Shaffrin-Mukai joined the meeting briefly to address questions about policies and clarified specific changes made to the Provisional Period.</p>	
8. REVIEW COMMITTEE CHARTER	<p>Ms. Wigglesworth indicated that review of the Committee Charter is standard work every two years. The Charter was reviewed, with no changes proposed. It was agreed that the Charter will be added to the pacing calendar for discussion and possible motion at the May 19 Committee meeting.</p>	
9. REVIEW PROPOSED RECOMMENDATIONS FOR FY 17 COMMITTEE GOALS	<p>Committee FY 17 Goals were reviewed. Recommendations were made for review and evaluation of:</p> <ul style="list-style-type: none"> Security Risk Management Plan Patient Centered Medical Home (PCMH) Compliance ERM program, activities and execution <p>Because two of these programs require review of new plans, there was concern about meeting the Goals timeline. Discussion followed regarding defining compliance for each, and if the programs will be in place for review in keeping with the Committee goals timeline. It was agreed that there will be a preliminary report in Q2 and a finalized report in Q3. Chari Zoglin requested a motion for recommendation of approval.</p> <p>Motion: Recommendation for approval by the Board of Corporate Compliance/Privacy and Audit Committee Goals FY17 Movant: Anolik-Shakked Second: Sublett Ayes: Anolik-Shakked, Davis, Sublett, Zoglin, Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>FY17 Committee goals approved</i></p>

10. REVIEW OF FINANCIAL AUDIT PLAN	<p>Ms. Wigglesworth provided a report from Moss Adams proposing an Audit Plan for FY16. This audit is required to maintain ECH bond covenants in according with California state requirements. Emphasis of the audit would be on accounts receivable and revenue, long term debt, pensions and Epic implementation. Chair Zoglin asked when it will be time to evaluate Moss Adams performance and decide whether or not to continue using their services. Ms. Wigglesworth indicated that as we are nearing the end of our 5 year agreement with them, a discussion to evaluate their service will be added to the pacing calendar for consideration.</p>	
11. DELEGATING BOARD OVERSIGHT OF ORGANIZATIONAL POLICIES	<p>Ms. Wigglesworth presented a straw model proposal of delegation of authority to Board Advisory Committees for organizational policies. Key items:</p> <ul style="list-style-type: none"> • Committees would receive policies only and not procedures or protocols as they do currently. • Focus on not burdening the Board as much with this task • Committees would have the authority to approve policies • Management would not be required to bring a policy to a committee if there were little or no change. <p>It was clarified that because of Joint Commission and Title 22 requirements, patient care policies need to be reviewed every three years and be approved through MEC. However, non-patient care policies would be subject to this policy. Discussion followed regarding how to delegate review of non- patient care policies. Further research into other possible models will continue.</p>	
12. KEY PERFORMANCE INDICATORS, SCORECARD, AND TRENDS	<p>Ms. Wigglesworth reviewed Key indicators, the scorecard and trending graphs, indicating an increase in investigations to date. Most had to do with documentation and charging concerns due to Epic. Privacy is lower, year to date. Hotline calls are on the rise, from a wide variety of sources, which is a positive indication that people are becoming more comfortable using the Hotline.</p>	
13. NEW ARTICLES	<p>Ms. Wigglesworth reviewed an article on a hospital that was the victim of ransomware to extort money. This article was presented to make the Committee aware of this trend.</p>	
14. ADJOURN TO CLOSED SESSION	<p>Chair Zoglin requested a motion to adjourn to Closed Session.</p> <p>Motion: To adjourn to Closed Session at 5:59pm</p> <p>Movant: Davis</p> <p>Second: Sublett</p> <p>Ayes: Anolik-Shakked, Davis,Sublett, Zoglin</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<p><i>Adjourned to Closed Session at 5:59pm</i></p>

15. AGENDA ITEM 24 – RECONVENE OPEN SESSION/REPORT OUT OF CLOSED SESSION	Open Session was reconvened at 7:07pm. Agenda Items 16-23 were addressed in closed session. Ms. Rotunno reported that the closed session consent calendar minutes and Summary of Physician Financial Arrangements were approved. (Chair Zoglin left the meeting at 6:55pm.)	
16. AGENDA ITEM 25 – ERM REPORTING TOOL AND PLAN FOR CONTINUOUS MONITORING	<p>Vice Chair Anolik Shakked requested a motion for recommendation of Board approval:</p> <p>Motion: Approve recommendation to the Board for approval of the ERM Reporting Tool and Plan for Continuous Monitoring.</p> <p>Movant: Davis</p> <p>Second: Sublett</p> <p>Ayes: Anolik-Shakked, Davis, Sublett, Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Recommendation for Board Approval of the ERM Reporting Tool and Plan for Continuous Monitoring was approved</i>
16. AGENDA ITEM 26 - STATUS OF FY16 COMMITTEE GOALS	Committee goals are on target.	
17. AGENDA ITEM 27 – COMMITTEE COMMENTS	There were no additional comments by Committee members.	
18. ADJOURNMENT	<p>Chair Zoglin requested a motion to adjourn.</p> <p>Motion: To adjourn the meeting of the Corporate Compliance Committee at 7:14pm.</p> <p>Movant: Davis</p> <p>Second: Sublett</p> <p>Ayes: Anolik-Shakked, Davis Sublett, Zoglin,</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:14pm</i>

Attest as to the approval of the foregoing minutes by the CCPIA Committee:

John Zoglin
Chair, ECH CCPIA Committee

ATTACHMENT 6

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
	Electronic Signatures	HIMS	4/16	New policy regarding legal and compliant EHR signatures
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Education Programs	HR	5/2	1. Update to position titles and department names 2. Added language to provide some flexibility for completion of annual mandatory education "All employees at one or more years' tenure shall review the mandatory education information annually within the same month as the prior completion date. " 3. Updated to reflect current practice (related to EMR training)
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	

POLICY/PROCEDURE TITLE: Electronic Signature**CATEGORY:** **Clinical & Support Services****LAST APPROVAL DATE:**

Field Cod

SUB-CATEGORY: HEALTH INFORMATION MANAGEMENT**ORIGINAL DATE:** 03/16**COVERAGE:**

All El Camino Hospital staff documenting in the patient record.

PURPOSE:

To establish a policy to guide the legal and compliant electronic signature processes, improve signature legibility, facilitate the use of electronic signatures for health records generated during healthcare operations, validate information accuracy and completeness, verify the identification and appropriateness of electronic health record authors connecting the provider(s) of service to the record, and support nonrepudiation.

STATEMENT:

Electronic signature is used for health records as a means of attestation of electronic health record entries, transcribed documents, and computer-generated documents. Properly executed electronic signatures are considered legally binding as a means to identify the author of health record entries, confirm content accuracy and completeness as intended by the author and to ensure e-signature integrity as maintained for the life of the electronic health record. It is the policy of El Camino Hospital to accept electronic signatures as defined within this policy for author validation of documentation, content accuracy and completeness with all the associated ethical, business, and legal implications. This process operates within a secured infrastructure, ensuring integrity of process and minimizing risk of unauthorized activity in the design, use, and access of the electronic health record.

DEFINITIONS:

Attestation: Applying an electronic signature to patient information content, showing authorship and legal responsibility. Attestation demonstrates authorship and assigns responsibility for an act, event, condition, opinion, or diagnosis, etc. The individual who provides an attestation bears responsibility for the authenticity of the information being attested to.

Authentication: Verification and authorization of a user's identity within the iCare system, the sign-on process. Authentication of an electronic signature captures and displays the author's name, credentials, date, and time of documentation.

Authorship: Attributing the origination, attestation or creation of patient care documentation to a specific individual or entity acting at a particular time. Approved

POLICY/PROCEDURE TITLE: Electronic Signature**CATEGORY:** ~~Clinical & Support Services~~

Field Cod

LAST APPROVAL DATE:

notations of authorship for an electronic signature authentication include “Electronically signed by”; “Signed by”; “Authenticated by”; “Closed by”; “Data entered by”; “Approved by”; “Completed by”; “Verified by”; “Finalized by”; “Validated by”; “Generated by”; and “Confirmed by.”

Unapproved or non-valid signatures include: “Dictated by”, “Authorizing provider”, and rubber stamped signatures, (with exceptions).

Electronic signature: An electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.

POLICY/PROCEDURE TITLE: Electronic Signature

CATEGORY: ~~Clinical & Support Services~~

LAST APPROVAL DATE:

Field Code

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	4/2016
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

REFERENCES:

California Uniform Electronic Transactions Act, Cal. Civ. Code §§ 1633.1-1633.17.

“Signature Requirement Q&A – Noridian” med.noridianmedicare.com

“Complying with Medicare Signature Requirements”, Department of Health and Human Services, Centers for Medicare and Medicaid Services,

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:



POLICY/PROCEDURE TITLE:HR- Education Programs

CATEGORY: Human Resources

LAST APPROVAL DATE: 9/2015

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 1/1/1995

COVERAGE:

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable CBA, the applicable CBA will prevail

PURPOSE:

The purpose of education programs is to provide training in El Camino Hospital practices of bloodborne pathogen standard, body mechanics, safe patient handling, electrical safety, emergency management, fire safety, hazardous material standard, information management, latex precautions, nonviolent crisis intervention, radiation safety and other topics as determined by the Joint Commission, Administration, federal, state, or local laws or other needs identified by the organization. Classes, videotapes and/or computer assisted instruction (CAI) learning modules are offered by the Talent Development and Clinical Education Departments to assist employees in meeting education requirements. Some courses may be open to non-employees for a nominal fee on a space available basis.

STATEMENT:

1. All classes, in-services, and educational programs will be designated as mandatory or voluntary.
 - Mandatory means educational programs that require employee attendance and/or completion. Employees who do not attend and/or complete mandatory training are subject to discipline, up to and including termination.
 - Voluntary means that the staff members are not required to participate.
2. Every effort should be made to schedule employee training on new equipment, procedures and policies during work hours in order to help contain overtime and additional costs.
3. If an employee has been given the opportunity to develop a skill and she/he remains deficient, it is the employee's responsibility to improve the skill and remove the deficiency.

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POLICY/PROCEDURE TITLE:HR- Education Programs

PROCEDURE:

Annual Mandatory Education

Classes, videos and/or computer-assisted instruction (CAI) learning modules are offered ~~by the Education Department~~ to assist employees in meeting the requirements of mandatory education. ~~Contact the Education Department for more information.~~

1. **Procedure:**

a. All new employees shall receive ~~annual~~ mandatory education through the hospital-wide orientation program.

b. Access to computer-assisted instruction (CAI) to complete mandatory education is available on any computer on the hospital's computer network, including in the Health Library and Resource Center. It is the responsibility of each department manager to ensure the participation of employees.

c. Department hazard-specific mandatory education will be conducted/ coordinated by the Safety Coordinator, the manager and/ or via CAI. Sign-in sheets for any classroom training will be forwarded to Education by the manager or Safety Coordinator as applicable.

2. **Responsibility:**

a. **Employee:**

-(1) All employees at one or more years' tenure shall review the mandatory education information annually within the same month as the prior completion date. All employees with less than one year tenure and who have participated in General Hospital Orientation (or approved alternative) are not required to complete the CAI training.

(2) Employees are responsible for reading the schedule for annual training and completing training, so that at the time of their annual review their manager will have documentation of their completion of training.

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POLICY/PROCEDURE TITLE:HR- Education Programs

b. Talent Development and Clinical Education Department

(1) The Talent Development and Clinical Education Department shall provide classes, modules or videos on all required topics not included on the CAI system (except for software applications training).

(2) The Talent Development and Clinical Education Department will provide managers and Administration access to reports, listing the names of employees who have not complied with mandatory education.

c. Safety Management Specialist Manager, Environmental Health and Safety

It is the responsibility of the Manager, Environmental Health and Safety ~~Safety Management Specialist~~, to make mandatory education information available and current with Hospital and regulatory agency practices, policies, and procedures.

d. Department/Manager or their Designee

It is the responsibility of the manager to:

(1) ~~Post the schedule for mandatory education.~~

(2) Ensure that appropriate employees in a given department complete mandatory education annually with a goal of 100% compliance.

(3) Communicate and/or provide training for significant changes to policies and procedures to ensure compliance.

(4) Ensure that his/her respective employees are familiar with El Camino Hospital policies, procedures, practices and drills as discussed in mandatory education before their performance evaluation.

(5) Coordinate all mandatory department-specific training.

(6) On a quarterly basis, send any documentation regarding mandatory department and/or hazard-specific training to the Talent Development and Clinical Education Departments to be recorded on the employee's individual record in the centralized learning management system.

For additional information, refer to the "Education" section of the Safety Program for Managing the Environment of Care.

— Mandatory Computer/Software Applications Education:

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POLICY/PROCEDURE TITLE: HR- Education Programs

1. Electronic Medical Record.

All ~~staff members accessing the electronic medical record must successfully complete training~~ clinical nurses receive training on using the electronic medical record (EMR) upon hire ~~and before receiving access to the system. during nursing orientation. All other new employees who use the EMR receive training as part of their department-specific orientation and competency validation.~~

2. Other software training.

Other software training is coordinated by the manager and/or the Talent Development and Clinical Education Departments.

Education Hours (EDU):

1. Education hours (EDU) are those hours budgeted to each department for approved education activities.

2. Employees must receive prior approval from their manager to attend paid education activities.

3. Employees must clock in and out in the electronic time card system, selecting the EDU special code (in addition to any other applicable special codes) at both the start and end of a class or time spent on CAI. Coding of EDU time is to be made to the employee's Home department and Job Class. The following example illustrates proper coding for mandatory education:

Transactions (List)							
	Transactions	Date	Time	Hours	Code	Department	Job Class
<input type="checkbox"/>	IN	Mon 10/14/2013	11:18	0.00	EDU ~ ~ ~ ~	8340	Home dept. 331
<input type="checkbox"/>	OUT	Mon 10/14/2013	12:45	0.00	EDU ~ ~ ~ ~	8340	and job class 331

Attendance at mandatory education activities other than during an assigned shift is subject to manager approval. When an employee has approval to attend mandatory education activities on a shift other than her/his assigned shift, those mandatory education hours must be coded to the shift on which the activity occurred.

4. The Talent Development and Clinical Education Departments' attendance roster is to be used to document attendance at all hospital-sponsored educational activities, both in and out of the hospital. Attendance information is maintained in a centralized learning management system. Attendance rosters and individual education summaries may be obtained from the Talent Development and Clinical Education Departments.

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



POLICY/PROCEDURE TITLE:HR- Education Programs

New Training (TRN)

1. New Training is time typically used for the initial orientation of a new employee or transferring employee.

2. Employees must clock in and out in the electronic time card system, selecting the TRN special code (in addition to any other applicable special codes) at both the start and end of New Training time. Coding of TRN time is to be made to the employee's Home department and Job Class. The following example illustrates proper coding for New Training time:

Transactions (List)							
	Transactions	Date	Time	Hours	Code	Department	Job Class
<input type="checkbox"/>	IN	Mon 10/14/2013	11:18	0.00	TRN ~ ~ ~ ~	8340	331
<input type="checkbox"/>	OUT	Mon 10/14/2013	12:45	0.00	TRN ~ ~ ~ ~	8340	331

3. New Training documentation is a method for the manager to be accountable for those programs that they decide fall into the area of new training such as new skills or job expansion. The decision is made by the manager.

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POLICY/PROCEDURE TITLE:HR- Education Programs

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	05/2015
_____ Medical Committee (if applicable):	
ePolicy Committee:	8/2015
Pharmacy and Therapeutics (if applicable):	
Corporate Compliance Committee:	8/2015
Board of Directors:	9/2015

Historical Approvals: 1/1/95, 2/23/98, 3/14/2001, 11/19/2003, 11/2006, 06/2009, 11/2012, 2/2014

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ATTACHMENT 7

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Review Committee Charter Corporate Compliance, Privacy and Internal Audit Committee Meeting Date: May 19, 2016
Responsible party:	Diane Wigglesworth, Sr. Director Corporate Compliance
Action requested:	Possible Motion
Background: The Hospital Board has recommended the advisory Committee's review their Charter at least every two years to ensure purpose and duties accurately reflect the work of the committee.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives : <ul style="list-style-type: none"> • Review charter and advise if changes are recommended 	
Suggested discussion questions: <ol style="list-style-type: none"> 1. Does the charter continue to reflect the oversight and work of the committee? 	
Proposed Committee motion, if any: To approve committee charter as is or with recommended modifications	
LIST OF ATTACHMENTS: <ol style="list-style-type: none"> 1. Charter 	

Corporate Compliance/Privacy and Internal Audit Committee Charter

Purpose

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

Authority

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on compliance, privacy, IT security or audit related issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

Membership

- The Compliance and Audit Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be a Hospital Board director who shall be appointed by the Board Chair, subject to approval by the Board.
- The Committee may also include 2-4 external (non-Hospital Board member) members with expertise in compliance, privacy, enterprise risk, IT security, audit and/or financial management expertise.

- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30th each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee.

Conflict of Interest

Members of the Committee shall be independent as to conflicts of interest with El Camino Hospital pursuant to the Conflict of Interest Policy. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board (see appendix).

Any member of a Board or Board committee who has a conflict of interest with respect to a proposed contract, transaction, relationship, arrangement or activity shall refrain from the deliberations and vote on any matter related to the contract, transaction or arrangement. Such member, however, may be present to answer questions and provide information needed by the Board or Board Committee for its deliberations. The Board Chair may appoint one or more qualified individuals to take the place of any affected member of a Board or Board Committee with regard to the matter or interest being considered. Any such reconstituted Committee shall be considered to have all rights, authority and obligations of the Corporate Compliance/Privacy and Audit Committee.

Staff Support and Participation

The Director of Corporate Compliance/Privacy Officer (“Corporate Compliance Officer”) shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair’s consideration. Additional members of the executive team may participate in the Committee meetings upon the recommendation of the Corporate Compliance Officer and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee’s primary role is to provide oversight and to advise the management team and the Board on matters pertaining to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track corporate compliance, privacy, IT Security and enterprise risk management for the Committee’s review and subsequent approval by the Board. It is the management team’s responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for monitoring that performance metrics are being met to the Board’s expectations and requiring explanation of any deficiencies and reporting to the Board such deficiencies.

Specific Duties

The specific duties of the Corporate Compliance/Privacy and Audit Committee include the following:

A. Corporate Compliance/Privacy

- Oversee the activities of the Corporate Compliance program and all subcommittees providing support relative to corporate compliance, HIPAA/Patient Privacy and IT Security.
- Advise the organization on Enterprise Risk Management structure and provide oversight of Enterprise Risk reporting metrics and measurements to help monitor organizational risks.
- Advise the organization on corporate compliance implementation strategies. Review strategies for improving the corporate compliance program(s) and recommend for approval by the Board.
- Review with management the assessment of physician relationship risk as it relates to Stark laws, anti-kickback statutes, and other compliance rules and regulations.
- Encourage continuous improvement of policies and procedures for corporate accountability, integrity, and privacy. Review the organization's policy oversight guidelines and oversee the process being systematic and robust.

B. Internal Audit Functions

- Provide direction related to findings and recommendations of internal audits performed.
- Provide direction for issues relating to internal audit responses by management.
- Review the annual internal audit priorities for the organization.
- Serve as the ad-hoc governance team regarding non routine investigations or action taken by external agencies and authorities against ECH.
- Recommend policies and processes for approval by the Board relating to systems of internal controls for finance.
- Oversee the work of independent compliance, audit and privacy staff.
- Provide escalation vehicle from any source to identify and address relevant issues.

C. External Audit Functions

- Make recommendations to the Board regarding the external financial audit firm selection, retention and when necessary, replacement.
- Review the expected fee for the audit and assure that the fee is fair to the organization and is compatible with a full, complete and professional audit. Make recommendations to the Board.
- Review the scope and approach of the annual audit, including the identification of business and financial risks and exposures, with the external auditor.
- Meet with the auditor and management, as needed, to resolve issues regarding financial reporting, and make recommendations to the Board for discussion and action.
- Any services provided by the external auditors, outside the scope of the annual audit of financial statements must be presented to the Committee for pre-approval.
- Ensure that the external auditors have the opportunity to meet with the Board to present the annual audit report and financial statements.
- At the completion of the annual audit examination, review with management and the external auditors the following:
 - a. The organization's annual financial statements and related footnotes.
 - b. The external auditor's audit of the financial statements and the auditor's report thereon.
 - c. Judgments about the quality, not just the acceptability of accounting principles and the clarity of the financial disclosure practices used or proposed to be used, and particularly the degree of aggressiveness or conservatism of accounting principles and underlying estimates.
 - d. Any significant changes in scope required in the external auditor's plan.
 - e. Any serious difficulties or disputes with management encountered during the course of the audit.
- Conduct an executive session if necessary to allow the Committee to meet privately with the auditor.
- Review all significant financial communications to external parties (e.g., public, press, lenders, creditors and regulators), ensuring they are prepared

in accordance with generally accepted accounting principles and fairly represent the financial condition of ECH.

- Review and recommend for approval by the Board the audit firm's annual engagement proposal and review the independent auditor's performance.

Independence of the External Auditor

It is the Committee's responsibility to confirm the independence of the external auditor on an annual basis through a written statement. The statement shall confirm their independence and address services or relationships that may impact independence. The lead and concurring partner on the audit engagement team may not serve for more than five years unless special circumstances exist and with the approval of the Board. Members of the external audit team are prohibited from employment at ECH in a financial role within one year of leaving the external audit firm.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for review and approval.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24 hour notice.

Approved as Revised – June 11, 2014

Appendix

Definition of Independent Director – Compensation and Internal Audit Committee

(Approved on 02/10/10)

1. An independent director is a more limited and narrow classification of director than otherwise required by law and is not meant to expand or limit the definition of interested director for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on particular committees to independent directors to avoid even the appearance of a conflict of interest.
2. A member of the Board of Directors of El Camino Hospital shall be deemed to be an independent director so long as such director (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the director):
 - i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars (\$10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a director;
 - ii. does not own an interest in an entity, or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a director is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the director in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each director appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent director as defined above.
5. Note: Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.

Approved as Revised – June 11, 2014

ATTACHMENT 8

COMPLIANCE COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Key Performance Indicators
Responsibility party:	Diane Wigglesworth, Sr. Director Corporate Compliance
Action requested:	Information Only
Background: Key performance indicators were developed to track required elements from the Federal Sentencing Guidelines. These indicators help the committee monitor activity and review organizational trends.	
Committees that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives : <p style="margin-left: 40px;">Objective is to review the trending of key indicators. There continues to be increased reporting of issues regarding the Epic system and related process changes. Compliance continues to report issues to the Epic i-care team to resolve a variety of charging and documentation concerns brought forth from various departments. Compliance is continuing ongoing monitoring of billing integrity. HIPAA related questions and reported issues YTD are up over the previous year however self-reported violations to CDPH have trended down from the previous year.</p>	
Suggested discussion questions: <p style="margin-left: 40px;">1. Are there any areas of concern?</p>	
Proposed board motion, if any: None	
LIST OF ATTACHMENTS: Corporate Compliance Scorecard and KPI 2 year trend graph	

Corporate Compliance Scorecard FY15

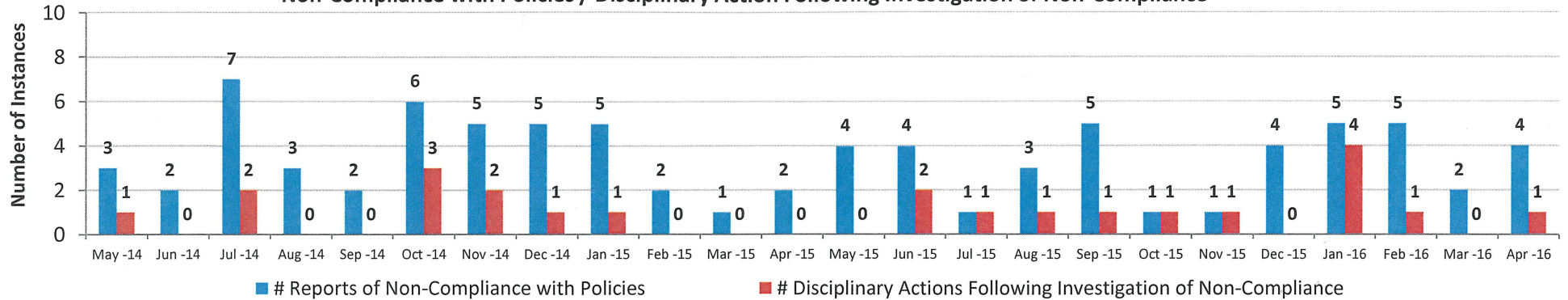
El Camino Hospital

Key Performance Indicator	FY:16 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,527	15,507	15,816
Core Elements			
Policies and Procedures	Apr. 2016	Jul - Apr FY:2016	Jul - Apr FY:2015
Number of reported instance when policies not followed	4	31	38
Number of disciplinary actions due to Investigations	1	10	9
Education and Training	Apr. 2016	Jul - Apr FY:2016	Jul - Apr FY:2015
Percentage of new employees trained within 30 days of start date	100%	100%	100%
Investigations	Apr. 2016	Jul - Apr FY:2016	Jul - Apr FY:2015
Total number of investigations	36	217	154
Investigations open	2	7	0
Investigations closed	34	210	154
Hotline concerns substantiated	0	17	23
Hotline concerns not substantiated	3	22	9
Average number of days to investigate concerns	7	6	5
Reporting Trends	Apr. 2016	Jul - Apr FY:2016	Jul - Apr FY:2015
Anti-Kickback/Stark	3	35	36
EMTALA	0	4	2
HIPAA Reports	22	161	118
HIPAA Security Breaches	0	3	0
Billing or Claims	14	86	34
Conflict of Interest	1	4	0
Reported Events to CMS	Apr. 2016	Jul - Apr FY:2016	FY:2015 Actual
Number of total events self reported by ECH	0	0	1
Number of self reported events followed up by CMS	0	0	1
CMS initiated visits (separate from ECH self reported events)	0	0	0
Number of statement of deficiencies issued to ECH	0	0	0
Number of Actual Sanctions, fines or penalties	0	0	0
Reported Events to CDPH	Apr. 2016	Jul - Apr FY:2016	FY:2015 Actual
Number of total regulator events self reported by ECH	1	8	5
Number of self reported events followed up by CDPH	1	5	8
Number of total privacy breaches self reported by ECH	2	16	23
CDPH initiated visits (separate from ECH self reported events)	0	1	20
Number of statement of deficiencies issued to ECH	0	2	6
Number of Actual/Realized Sanctions, fines or penalties	0	0	0
Monitoring and Audit Findings	Apr. 2016	Jul - Apr FY:2016	FY:2015 Actual
Total number of Audit Findings	3	27	42
Number of findings identified has high severity	1	3	15
Monitoring and Audit Findings	Apr. 2016	Jul - Apr FY:2016	FY:2015 Actual
Number of Open Liability Claims	12	12	13
Number of Open Liability Lawsuits	7	7	8

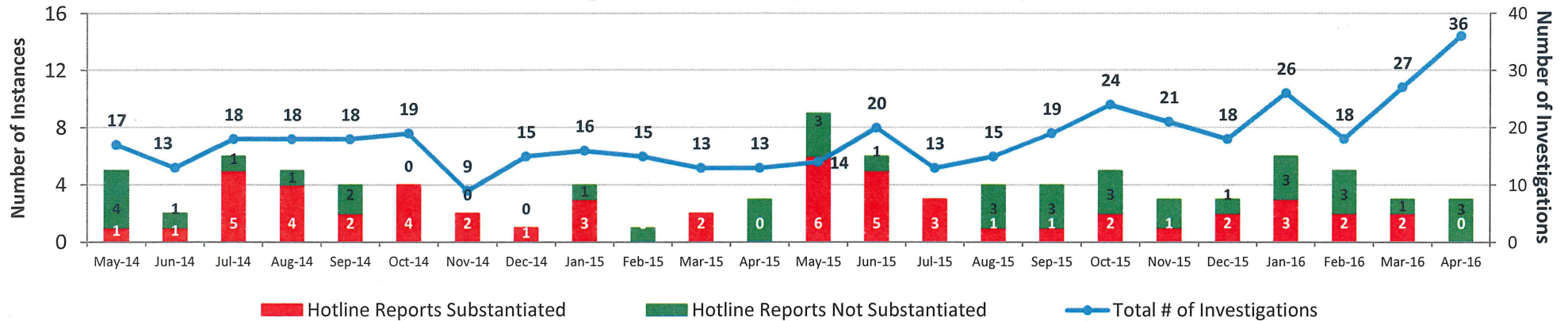
Corporate Compliance

Policies & Procedures

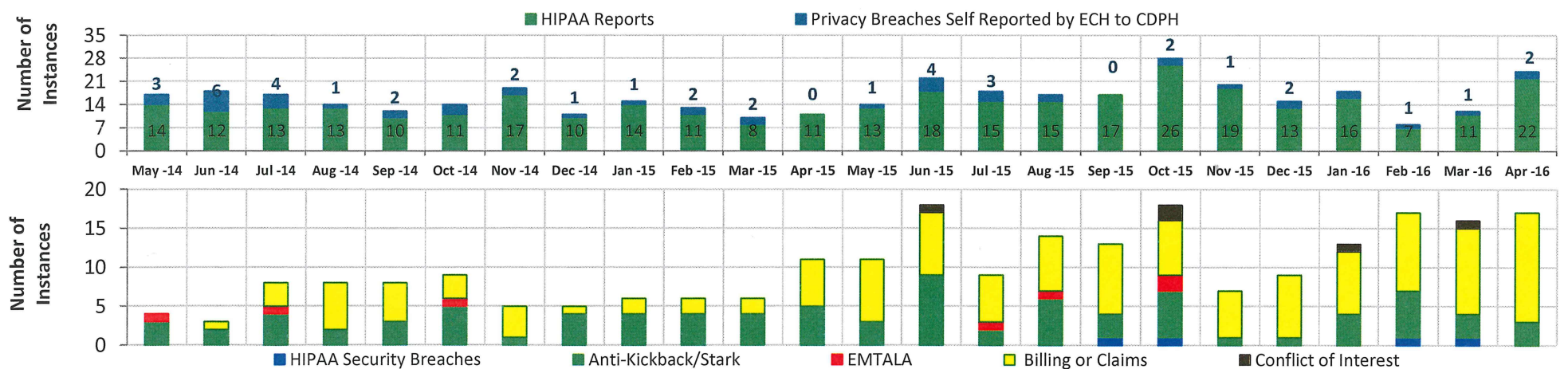
Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Investigations: Total Investigations / Hotline Activity



Privacy Breaches Requiring Report to Outside Entity



ATTACHMENT 9

Healthcare executives increasing security budgets, boosting IT implementations in light of evolving cyberthreats

Nearly two-thirds of execs polled for a new report said they'd experienced a data breach

By [Jessica Davis](#)

April 19, 2016

11:33 AM



Sixty percent of healthcare IT security executives are increasing spending for better data protection, according to a recent study. Another 46 percent plan to implement data security tools catch up with industry best practices.

While 96 percent of the 1100 senior IT security executives polled by Vormetric, a data security company, said they felt vulnerable to data threats, and 63 percent have experienced a data breach in the past, 69 percent felt meeting compliance requirements is “very” or “extremely” effective in protecting data.

But compliance alone does not stop multi-prong cyberattacks, said Garrett Bekker, report author and senior analyst, information security at 451 Research, which partnered with Vormetric for the survey.

"Compliance is only a step towards healthcare IT security," said Bekker in a statement. "As we learned from data theft incidents at healthcare organizations, reportedly HIPAA

compliant, being compliant doesn't necessarily mean you won't be breached and have your sensitive data stolen."

Compliance was the main reason to secure data for over 60 percent of the respondents, while reputation and brand were top-ranked for 49 percent.

More than half of the respondents said a misconception about the complexity of data security was one of the biggest barriers to adopting better practices, while 38 percent pointed to staffing issues. 33 percent of the respondents also said there was a lack of support from their organization and another 30 percent didn't have enough funds.

"With the boom in black market sales of healthcare data, the potential for financial harm to patients' privacy and security from inadequately protected data is growing fast," said Tina Stewart, Vormetric's vice president of marketing, in a statement. "For healthcare organizations, they now have to prioritize the safety of patient data and privacy as part of patient care and realize meeting compliance requirements is only a start."

Twitter: [@JessieFDavis](#)

ATTACHMENT 21

Corporate Compliance/Privacy and Audit Committee

Goals FY 2016

Progress to Complete as of May 19, 2016

Purpose

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

Staff: Diane Wigglesworth, Director of Corporate Compliance

The Director, Corporate Compliance/Privacy and Audit Committee shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chairs consideration. Additional members of the executive team or outside consultants may participate in the Committee meetings upon the recommendation of the Director, Corporate Compliance/Privacy and Internal Audit Committee and at the discretion of the Committee Chair.

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics of Success Achieved
<ul style="list-style-type: none"> Review and evaluate Hospitals audit plan for EPIC system access 	<ul style="list-style-type: none"> Q1 2016 – Complete 	<ul style="list-style-type: none"> Committee reviews and approves plan.
<ul style="list-style-type: none"> Review Enterprise Risk Management reporting tools and plan for continuous monitoring 	<ul style="list-style-type: none"> Q3 2016 – On Track. Committee to review and make recommendation for ERM reporting and continuous Monitoring to Board June 8, 2016 	<ul style="list-style-type: none"> Committee reviews ERM reporting tools and monitoring plan quarterly and then recommends a final version to the Hospital Board for approval by March 2016.
<ul style="list-style-type: none"> Review post EPIC IT security review and recommendations 	<ul style="list-style-type: none"> Q4 2016 – Complete 	<ul style="list-style-type: none"> Committee reviews post EPIC IT security review and recommendations.

Submitted by:

John Zoglin, Chair, Corporate Compliance/Privacy and Audit Committee

Diane Wigglesworth, Executive Sponsor, Corporate Compliance/Privacy and Audit Committee