

AGENDA

CORPORATE COMPLIANCE/PRIVACY AND INTERNAL AUDIT COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD

Wednesday, November 9, 2016 – 3:30 pm

El Camino Hospital, Conference Room C (ground floor)
2500 Grant Road, Mountain View, CA 94040

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		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	John Zoglin, Chair		3:30 – 3:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		3:31 – 3:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement on issues or concerns not covered by the agenda.</i> b. Written Correspondence	John Zoglin, Chair		information 3:32 – 3:35
4. ADJOURN TO CLOSED SESSION	John Zoglin, Chair		motion required 3:35 – 3:36
5. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		3:36 – 3:37
6. Discussion involving <i>Gov't Code Sections 54957 and 54957.6</i> for discussion and report on personnel matters: - Committee Candidate Interviews	Sharon Anolik Shakked and Christine Sublett, Recruitment Ad Hoc Committee		discussion 3:37 – 4:47
7. Discussion involving <i>Gov't Code Section 54956(d)(2)</i> – Conference with legal counsel – pending or threatened litigation: - Discussion on IT Security	Deb Muro, Interim CIO		information 4:47 – 5:07
8. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2</i> a. Meeting Minutes of the Closed Session of the Corporate Compliance/Privacy and	John Zoglin, Chair		motion required 5:07 – 5:15

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		ESTIMATED TIMES
Internal Audit Committee (10/5/16) Information Gov't Code Section 54956(d)(2) – Conference with legal counsel – pending or threatened litigation and <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: b. Compliance Activity Log (Sept-Oct 2016) c. Privacy Activity Log (Sept-Oct 2016) d. Internal Audit Follow Up Table e. Pacing Plan			
9. ADJOURN TO OPEN SESSION	John Zoglin, Chair		motion required 5:15 – 5:16
10. RECONVENE OPEN SESSION / REPORT OUT	John Zoglin, Chair		5:16 – 5:17
To report any required disclosures regarding permissible actions taken during Closed Session.			
11. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Meeting Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee (10/5/16) Information b. Status of FY17 Committee Goals	John Zoglin, Chair	<i>public comment</i>	motion required 5:17 – 5:19
12. REPORT ON BOARD ACTIONS ATTACHMENT 12	John Zoglin, Chair		information 5:19 – 5:21
13. KEY PERFORMANCE INDICATORS, SCORECARD AND TRENDS Memo, Scorecard, and Trend Graphs ATTACHMENT 13	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:21 – 5:23
14. COMMITTEE RECRUITMENT	John Zoglin, Chair	<i>public comment</i>	motion required 5:23 – 5:25
15. ADJOURNMENT	John Zoglin, Chair		motion required 5:25 – 5:26 pm

Upcoming Corporate Compliance Committee Meetings:

- January 19, 2017
- March 16, 2017
- April 26, 2017 (*Board & Committee Educational Gathering*)
- May 18, 2017

**a. Meeting Minutes of the Open Session of the Corporate
Compliance/Privacy and Internal Audit Committee
(10/5/16)**



**Minutes of the Open Session of the
Corporate Compliance/Privacy and Internal Audit Committee
Wednesday, October 5, 2016
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms A&B (ground floor)**

Members Present

John Zoglin, Chair
Sharon Anolik Shakked, Vice Chair
Dennis Chiu
Christine Sublett (via teleconference)

Members Absent

None

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Corporate Compliance/ Privacy and Internal Audit Committee of El Camino Hospital (the “Committee”) was called to order at 5:00 pm by Chair Zoglin. A verbal roll call was taken. Ms. Sublett participated via teleconference. All Committee members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Zoglin asked if any Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	<p>Chair Zoglin asked if any member of the Committee or the public wished to remove any items from the consent calendar. Ms. Anolik Shakked requested that the August 18, 2016 open session minutes be removed.</p> <p>Ms. Anolik Shakked requested that the reference to the “Information Security Committee goal” be amended to read “Information Security plan goal to this Committee.”</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting of August 18, 2016 (as amended) and Status of FY17 Committee Goals.</p> <p>Movant: Anolik Shakked Second: Chiu Ayes: Anolik Shakked, Chiu, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Consent calendar approved</i>
5. REPORT ON BOARD ACTIONS	<p>Chair Zoglin highlighted actions taken by the Board in August and September, including appointing an interim CEO, Don Sibery, at its September 27, 2016 meeting. He reported that Board Chair Neal Cohen, MD and Director Lanhee Chen are in the process of negotiating the contract with Mr. Sibery and that the Interim CEO Search Ad Hoc Committee will be selecting a firm to conduct the search for a permanent CEO.</p> <p>Cindy Murphy, Board Liaison, clarified that the funding for the</p>	

	Behavioral Health Services Building was approved in the amount of \$72,500,000.	
6. POLICIES FOR APPROVAL	<p>In response to Chair Zoglin's question, Beth Willy, Director of Clinical Education, described the scale of student activity in 2016, including 280 nursing students (clinical groups and individual preceptorships at ECH for a semester) and 50-75 students in other non-clinical placements throughout the year.</p> <p>Ms. Sublett noted that the HIMS policies that were presented misspelled HIPAA, and that HIM should be capitalized. Ms. Wigglesworth will bring the policies back to the appropriate departments for spelling revisions.</p> <p>In response to Ms. Sublett's question, Ms. Wigglesworth explained that the recently conducted audit of the policy approval process revealed that there is room for improvement for organizational policy tracking. A team is currently reaching out to the business owners of approximately 300 policies to get the appropriate necessary approvals. e-Policy, the newly introduced online system, has uncovered these discrepancies, and there is now a dedicated person responsible for policies.</p> <p>Motion: To recommend the Board approve the policies after spelling has been corrected.</p> <p>Movant: Anolik Shakked Second: Chiu Ayes: Anolik Shakked, Chiu, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Revised policies recommended for approval</i>
7. KEY PERFORMANCE INDICATORS SCORECARDS AND TRENDS	Ms. Wigglesworth reported that the IT Security issues, which would be discussed further in closed session, received appropriate responses from staff. She also described pharmacy charges that had been charged incorrectly due to a rounding error, but corrective actions were taken and rebilling occurred, which was validated by Compliance. She clarified that the rounding issue was part of the ECH Epic build, but only applied to a small set of medications.	
8. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 5:15pm.</p> <p>Movant: Chiu Second: Anolik Shakked Ayes: Anolik Shakked, Chen, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Adjourned to closed session at 5:15pm.</i>
9. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:27pm. During the closed session, the Committee approved the closed session minutes of the Corporate Compliance/Privacy and Internal Audit Committee meeting of August 18, 2016, by a vote in favor of all members present (Anolik Shakked, Chiu, Sublett (by phone), Zoglin). The Committee also recommended the Hospital Board approve the Results of the Consolidated Financial Statements,	

	403(b), and Cash Balance Audits, and the FY16 Summary of Physician Payments by a vote in favor of all members present (Anolik Shakked, Chiu, Sublett (by phone), Zoglin).	
10. AGENDA ITEM 20: ADJOURNMENT	Motion: To adjourn at 7:28 pm. Movant: Chiu Second: Anolik Shakked Ayes: Anolik Shakked, Chiu, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:28 pm.</i>

Attest as to the approval of the foregoing minutes by the Corporate Compliance/Privacy and Internal Audit Committee of El Camino Hospital:

John Zoglin
Chair, Compliance Committee

Status of FY17 Committee Goals

Corporate Compliance/Privacy and Audit Committee Goals FY 2017

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 Information Security Risk Management Plan 	<ul style="list-style-type: none"> Preliminary report in Q2 FY 2017 and Final report Q3 FY 2017 	<ul style="list-style-type: none"> Committee reviews and approves plan.
<ul style="list-style-type: none"> Review and evaluate risk assessment of Patient Centered Medical Home (PCMH) Compliance and any corrective action plans 	<ul style="list-style-type: none"> Q3 FY 2017 	<ul style="list-style-type: none"> Committee reviews and approves plan.
<ul style="list-style-type: none"> Review plan and evaluate ERM activities, performance and execution of program 	<ul style="list-style-type: none"> Q4 FY 2017 	<ul style="list-style-type: none"> Committee reviews and approves plan.

Submitted by:

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

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

ATTACHMENT 12

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Report on Board Actions Corporate Compliance, Privacy and Internal Audit Committee Meeting Date: November 9, 2016
Responsible party:	Cindy Murphy, Board Liaison
Action requested:	For Information
Background: IN FY16 we added this item to each Board Committee agenda to keep Committee members informed about Board actions via a verbal report by the Committee Chair. Staff was asked to supplement the Chair's verbal report with the attached written report.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives : To inform the Committee about recent Board actions	
Suggested discussion questions: None.	
Proposed Committee motion, if any: None. This is an informational item	
LIST OF ATTACHMENTS: Report on October 2016 Board Actions	

October 2016 Board Actions*

1. October 12, 2016 El Camino Hospital Board
 - a. Approved 2016 Plan of Finance (Revenue Bonds) and related transactions for funding of MV Campus Projects, not to exceed \$325,000,000.
 - b. Approved Revised Budget to allow for interest related to Revenue Bonds
 - c. Approved FY16 Community Benefit Report
 - d. Approved CEO Separation Agreement
 - e. Authorized the CHRO to negotiate a contract with CEO Search Firm Russell Reynolds
 - f. Approved the FY 16 Financial Audit
2. October 18, 2016 District Board Meeting
 - a. Approved FY16 Community Benefit Report
 - b. Approved the FY 16 Financial Audit
 - c. Approved Revised Budget to allow for interest related to Revenue Bonds

*This list is not meant to be exhaustive, but includes agenda items the Board s voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

ATTACHMENT 13

ECH BOARD 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. Compliance identified two issues regarding inconsistent charging of observation hours and labor recovery minutes. The revenue integrity team assessed the root cause of the errors and generated reports to determine the impact and accounts requiring corrected billing. Compliance validated corrective actions, which included additional staff training and system edits, taken and rebilling occurred. There were reportable privacy violations to CDPH in the last two months.</p>	
	Suggested discussion questions: <p style="margin-left: 40px;">1. Are there any trends of concern?</p>	
	Proposed board motion, if any: None	
	LIST OF ATTACHMENTS: Corporate Compliance Scorecard and KPI 2 year trend graph	

Corporate Compliance Scorecard FY17

El Camino Hospital

Key Performance Indicator	FY:17 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,517	4,633	4,612

Core Elements

Policies and Procedures	Oct. 2017	Jul - Oct FY:2017	Jul - Oct FY:2016
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Number of reported instance when policies not followed	3	13	10
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Number of disciplinary actions due to Investigations	1	7	4
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Education and Training	Oct. 2017	Jul - Oct FY:2017	Jul - Oct FY:2016
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Percentage of new employees trained within 30 days of start date	100%	100%	100%
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Investigations	Oct. 2017	Jul - Oct FY:2017	Jul - Oct FY:2016
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Total number of investigations	23	90	71
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Investigations open	1	2	0
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Investigations closed	22	89	71
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Hotline concerns substantiated	2	9	7
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Hotline concerns not substantiated	0	5	9
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Average number of days to investigate concerns	7	7	5
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Reporting Trends	Oct. 2017	Jul - Oct FY:2017	Jul - Oct FY:2016
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Anti-Kickback/Stark	7	26	17
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EMTALA	0	0	4
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HIPAA Reports	13	49	73
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HIPAA Security Breaches	0	2	2
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Billing or Claims	7	38	29
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Conflict of Interest	2	3	2
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Reported Events to CMS	Oct. 2017	Jul - Oct FY:2017	FY:2016 Actual
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Number of total events self reported by ECH	0	0	0
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Number of self reported events followed up by CMS	0	0	0
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CMS initiated visits (separate from ECH self reported events)	0	0	0
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Number of statement of deficiencies issued to ECH	0	0	0
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Number of Actual Sanctions, fines or penalties	0	0	0
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Reported Events to CDPH	Oct. 2017	Jul - Oct FY:2017	FY:2016 Actual
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Number of total regulator events self reported by ECH	3	3	11
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Number of self reported events followed up by CDPH	3	3	5
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Number of total privacy breaches self reported by ECH	3	5	18
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CDPH initiated visits (separate from ECH self reported events)	0	7	7
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Number of statement of deficiencies issued to ECH	0	0	3
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Number of Actual/Realized Sanctions, fines or penalties	0	0	0
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Monitoring and Audit Findings	Oct. 2017	Jul - Oct FY:2017	FY:2016 Actual
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Total number of Audit Findings	0	21	47
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Number of findings identified has high severity	0	2	6
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Monitoring and Audit Findings	Oct. 2017	Jul - Oct FY:2017	FY:2016 Actual
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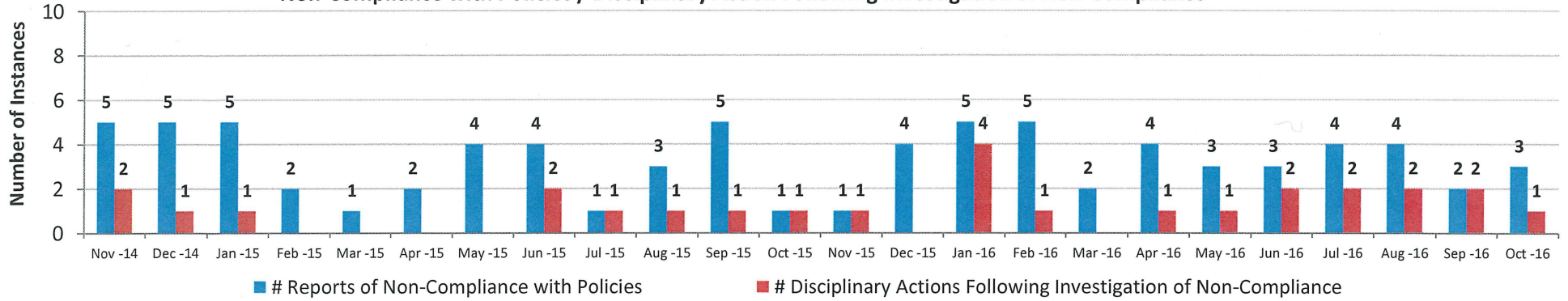
Number of Open Liability Claims	13	13	10
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Number of Open Liability Lawsuits	6	6	7
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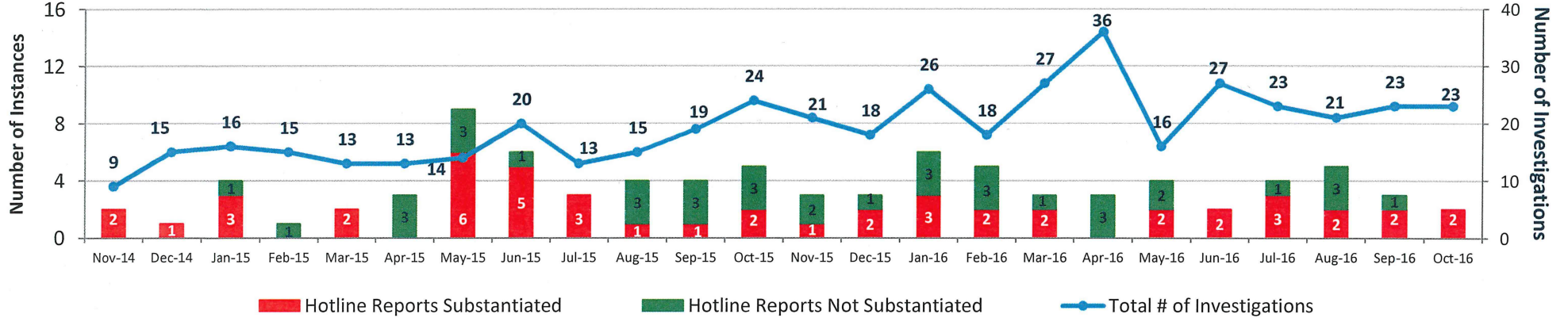
Corporate Compliance

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

