

AGENDA
MEETING OF THE EL CAMINO HOSPITAL BOARD
Wednesday, February 10, 2016 - 5:30 pm
Conference Rooms E, F & G (ground floor)
2500 Grant Road, Mountain View, CA 94040

MISSION: To be an innovative, publicly accountable and locally controlled comprehensive healthcare organization which cares for the sick, relieves suffering, and provides quality, cost competitive services to improve the health and well-being of our community.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Neal Cohen, MD, Board Chair		5:30 – 5:32 p.m.
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		5:32
3. BOARD RECOGNITION <i>Resolution 2016-01</i> (continued from 1/13/16) The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. <u>ATTACHMENT 3</u>	Julia Miller, Board Member and John Zoglin, Board Member	<i>public comment</i>	motion required 5:32 – 5:37
4. PUBLIC COMMUNICATION A. Oral Comments This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda. B. Written Correspondence	Neal Cohen, MD, Board Chair		information 5:37 – 5:40
5. ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		5:40 – 5:41
6. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		5:41 – 5:42
7. CONSENT CALENDAR Any Board Member may remove an item for discussion before a motion is made. - Meeting Minutes of the Closed Session of the Hospital Board Meeting (1-13-16). <i>Gov't Code Section 54957.2.</i>	Neal Cohen, MD, Board Chair		motion required 5:42 – 5:43
8. Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> - Deliberations concerning reports on Medical Staff quality assurance matters - Medical Staff Report	Karen Pike, MD, LG Chief of Staff Ramtin Agah, MD, MV Chief of Staff		motion required 5:43 – 5:53

A copy of the agenda for the Regular 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
9. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. - Community Based Care	Tomi Ryba, President and CEO		discussion 5:53 – 6:23
10. Health and Safety Code Section 32106(b) for a report involving health care facility trade secret. - Physician Strategy Update	Tomi Ryba, President and CEO; Iftikhar Hussain, Chief Financial Officer		discussion 6:23 – 6:43
11. Health and Safety Code Section 32106(b) for a report involving health care facility trade secret. - Marketing Assessment	Neal Cohen, MD, Board Chair David Marlowe, Strategic Marketing Concepts; Ryan Donahue, National Research Corporation		discussion 6:43 – 7:28
12. Report of the Medical Staff. <i>Health and Safety Code Section 32155</i> . - Deliberations concerning reports on Medical Staff quality assurance matters - Organizational Clinical Risks	Eric Pifer, MD, CMO Joy Pao, Senior Director of Quality Improvement and Patient Safety		discussion 7:28 – 7:43
13. INFORMATIONAL ITEMS: - CEO Report. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret and <i>Health and Safety Code Section 32155</i> for report of medical staff quality assurance committee. a. CEO Report b. Pacing Plan	Tomi Ryba, President and CEO		information 7:43 – 7:45
14. Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Executive Session	Neal Cohen, MD, Board Chair		discussion 7:45 – 8:05
15. Adjourn to Open Session	Neal Cohen, MD, Board Chair		8:05 – 8:10
16. RECONVENE OPEN SESSION/REPORT OUT	Neal Cohen, MD, Board Chair		8:10 – 8:15
To report any required disclosures regarding permissible actions taken during Closed Session.			
17. CONSENT CALENDAR ITEMS: Any Board Member or member of the public may remove an item for discussion before a motion is made.	Neal Cohen, MD, Board Chair	<i>public comment</i>	motion required 8:15 – 8:20

<p><u>Approval:</u></p> <p>a. Minutes of the Hospital Board Meeting (1-13-16)</p> <p>b. FY17 Board Meeting Dates</p> <p><i>Reviewed and Recommended for Approval by the Corporate Compliance Committee</i></p> <p>c. Policies:</p> <p>i. Policies with Major Revisions</p> <ol style="list-style-type: none"> PTO – Rehab Services Certified, Licensed and Registered Employees <p>ii. Policies with Minor Revisions</p> <ol style="list-style-type: none"> Solicitation and Distribution Discrimination in Employment Employee Grievance Procedure Employee Records Employment Procedures Rest and Meal Breaks Lactation Accommodations Time away from Work Internal Transfer Resignation – Separation of Employment Management Organization Hospital Volunteers <p><i>Reviewed and Recommended for Approval by the Finance Committee</i></p> <p>d. Policies:</p> <p>i. New Policies</p> <ol style="list-style-type: none"> Employee Assistance Draft <p>ii. Policies with Major Revisions</p> <ol style="list-style-type: none"> Outside Labor Personnel <p>iii. Policies with Minor Revisions</p> <ol style="list-style-type: none"> Physician Recruitment Program Policy <p><i>Reviewed and Approved by the Medical Executive Committee</i></p> <p>e. Medical Staff Report</p> <p>ATTACHMENT 17</p>			
<p>18. QUALITY COMMITTEE REPORT ATTACHMENT 18</p>	<p>Dave Reeder, Chair, Quality Committee</p>		<p>information 8:20 – 8:30</p>
<p>19. iCARE AD HOC COMMITTEE REPORT ATTACHMENT 19</p>	<p>Dave Reeder, Chair, iCare Ad Hoc Committee</p>		<p>information 8:30 – 8:40</p>
<p>20. COMMUNITY BASED CARE</p>	<p>Tomi Ryba, President and CEO</p>	<p><i>public comment</i></p>	<p>possible motion 8:45 – 8:50</p>

21. INFORMATIONAL ITEMS a. CEO Report b. Follow Up to Resolution 2016-02 c. FY 16 Period 6 Financials d. Executive Compensation Committee Report e. Finance Committee Report ATTACHMENT 21	Tomi Ryba, President and CEO		information 8:50 – 8:51
22. BOARD COMMENTS	Neal Cohen, MD, Board Chair		information 8:51 – 8:56
23. ADJOURNMENT	Neal Cohen, MD, Board Chair		8:56 – 8:57 p.m.

*** Agenda items in blue indicate a focus on strategy or quality-related matters, totaling 2.5 hours of meeting time.**

Upcoming ECH Board Meetings in FY 2016:

- March 9, 2016
- March 23, 2016 (Semi-Annual Board and Committee Educational Session)
- April 13, 2016
- May 11, 2016

ATTACHMENT 3

EL CAMINO HOSPITAL BOARD

RESOLUTION 2016 - 01

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

WHEREAS, the Board of Directors of El Camino Hospital values and wishes to recognize the contribution of individuals who enhance the experience of the hospital's patients, their families, the community and the staff, as well as individuals who in their efforts exemplify El Camino Hospital's mission and values.

WHEREAS, the Board wishes to honor Wes Alles, PhD, for his commitment to El Camino Hospital and El Camino Healthcare District and his longstanding service on the District Board, Hospital Board, Corporate Compliance, Privacy and Internal Audit Committee, and Community Benefit Advisory Council.

Mr. Alles was first appointed to the El Camino Healthcare District Board in 2003. During his nine years of serving on the El Camino Healthcare District Board and El Camino Hospital Board, he helped guide the organizations to their current positions as community health leaders. He is a selfless leader and served as Chair, Vice Chair and Secretary of both boards. As a Board member, Mr. Alles was committed to maintaining El Camino Hospital as a not-for-profit, locally governed public asset and sustaining financial viability of the hospital while maintaining the highest quality of care and ensuring population health.

He has continued to serve on the Corporate Compliance, Privacy and Internal Audit Committee, even after leaving the Boards in 2012, and has been instrumental in advancing the Hospital's Compliance Program. Mr. Alles helped develop standardized compliance reporting, an internal audit plan, and privacy and security oversight. He was committed to the hospital conducting business and patient care with honesty, integrity and high ethical standards.

Until recently, Mr. Alles remained an active member of the Community Benefit Advisory Council. He spearheaded discussions and provided guidance and insight on community health. His well-informed, thoughtful, and compassionate perspectives helped develop the Community Benefit Grants Program.

WHEREAS, the Board would like to publically acknowledge Wes Alles, PhD, for his dedication to improving the health and well-being of our community.

NOW THEREFORE BE IT RESOLVED that the Board does formally and unanimously pay tribute to:

Wes Alles, PhD

FOR HIS LEADERSHIP AND SERVICE.

IN WITNESS THEREOF, I have here unto set my hand this **10TH DAY OF FEBRUARY, 2016.**

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Dennis Chiu, JD
Neal Cohen, MD

Jeffrey Davis, MD
Peter Fung, MD
Julia Miller

David Reeder
Tomi Ryba
John Zoglin

PETER FUNG, MD
SECRETARY/TREASURER,
EL CAMINO HOSPITAL BOARD OF DIRECTORS



a. Minutes of the Hospital Board Meeting (1-13-16)

**Minutes of the Open Session of the
Regular Meeting of the El Camino Hospital Board and
Wednesday, January 13, 2016
El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms E, F & G**

Director Lanhee Chen participated via teleconference from
The Ansonborough Inn, 21 Hasell Street, Charleston, SC 29401

Board Members Present

Lanhee Chen (joined at 9:05 pm)
Dennis Chiu
Jeffrey Davis, MD(arrived at 5:31pm)
Peter Fung, MD
Julia Miller
David Reeder
Tomi Ryba (arrived at 5:31pm)
John Zoglin

Board Members Absent

Neal Cohen

Members Excused

None

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 5:30 p.m. by Vice Chair Dennis Chiu. A verbal roll call was taken. Directors Chen, Davis, Ryba and Cohen were absent. Directors Davis and Ryba arrived at 5:31pm.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Chiu asked if any Board members may have a conflict of interest on any of the items on the agenda. No conflicts were noted.	
3. BOARD RECOGNITION	Vice Chair Chiu continued consideration of Resolution 2016-01 until the February 10, 2016 meeting.	<i>Resolution 2016-01 continued</i>
4. AGENDA ITEM 31 - BOARD COMMENTS	Director Miller presented a check in the amount of \$20,000 payable to the El Camino Hospital Foundation from ECH friends and donors Mike and Maryellen Fox. Director Ryba expressed her gratitude to Director Miller and to Mr. and Mrs. Fox. Director Reeder commented that the Foundation has raised \$25 million through Period 5 FY16 and is on pace with last year, which was a record year. He advised the Board that the Foundation’s major fund raising events Norma’s Literary Lunch (2/4/16) and the Sapphire Soiree (5/21/16) as well the South Asian Heart Center’s Scarlet Nights fundraiser (3/19/16) are coming up.	
5. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:37 pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session Hospital Board Meeting (11-4-15 and 11-11-15)); and pursuant to <i>Gov’t Code Section 54956.8</i> for a conference with real estate	

	negotiator Ken King regarding real property (APN 702-02-55 and 702-02-56): Land Acquisition.	
6. RECONVENE OPEN SESSION	Open Session was reconvened at 6:30 pm. During the closed session, the Board approved the Closed Session Minutes of the Special Meeting of the Hospital Board to Conduct a Study Session Hospital of November 4, 2015 the Regular Meeting of the Hospital Board of November 11, 2015 by a vote of seven Board members in favor (Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin) and two absent (Chen and Cohen).	
7. AGENDA ITEM 10 – LAND ACQUISITION	<p>Ken King, CASO, reported on management's efforts over the past year to locate property available for purchase that would provide for future growth opportunities to fulfill ECH's strategic objective to expand its community based services to the broader Silicon Valley. He noted that the populations of both Santa Clara County and the City of San Jose are expected to grow significantly by 2040 which will support expansion of services into South San Jose.</p> <p>Mr. King described two adjacent parcels that ECH has secured an opportunity to purchase and explained that the City of San Jose has approved a lot line adjustment with respect to the parcels and the seller's retained property.</p> <p>Iftikhar Hussain, CFO, reported that reasons to expand outside the El Camino Healthcare District included increasing volumes will enable ECH to continually improve quality, as well as improve financial results for the enterprise.</p> <p>Mr. King requested that the Board approve the purchase of the real property as presented. Vice Chair Chiu invited public comment. There was none.</p> <p>The Directors discussed the need to purchase the land to build clinical programs responsive to community needs, that ECH has a tradition of providing high quality care that attracts patients from both the District and throughout the South Bay, and how purchasing the Los Gatos campus has been financially beneficial to the enterprise. The Directors also discussed the importance of approving the purchase to fulfill ECH's strategy to serve the community as well as the importance of ensuring that only funds from ECH operations (not District tax revenues) be used to purchase the land or operate programs there.</p>	<i>Land acquisition approved, not to exceed \$24.1 million</i>

	<p>Motion: To approve the acquisition of 15.83 acres of undeveloped land in South San Jose on Santa Teresa Boulevard between San Ignacio Avenue and Great Oaks Boulevard (APN's 702-02-55 and 701-02-56) at a cost not to exceed \$24.1 million, including a 2% brokers' fee and due diligence expenses.</p> <p>Movant: Reeder</p> <p>Second: Davis</p> <p>Ayes: Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Chen and Cohen</p> <p>Recused: None</p>	
<p>8. AGENDA ITEM 11 – QUALITY COMMITTEE REPORT</p>	<p>Director Reeder, Chair of the Quality, Patient Care, and Patient Experience Committee, reported that the Committee received a report indicating that additional staff has been added in the pharmacy to address medication errors which are being reviewed weekly by the medication safety committee. The committee also received a report about patient falls which are not increasing.</p> <p>He also reported that the Committee will begin to focus more on the Patient and Family Centered Care ("Big Dot") project once iCare has reached stabilization in the next few months and will also be reviewing the Medical Staff Peer Review Process.</p>	
<p>9. AGENDA ITEM 12 – FINANCIAL REPORT PERIOD 5 FY16</p>	<p>Iftikhar Hussain, CFO, reported that, in the month of November, ECH's operating margin was \$7 million behind budget, but that early December numbers reflect a recovery of \$3 million. He further reported that revenues remain strong, but expenses are higher than budgeted related to variances in supply costs, non-recurring direct labor costs for iCare and inability to achieve planned efficiency/productivity goals during iCare implementation. He also reported that the hospital's cash position is strong and days in AR came down in November, went back up in December, and are stabilized in January. In response to Board members' questions, he reported that the \$7.8 million investment losses (YTD) include both realized and unrealized losses.</p> <p>Director Zoglin requested that the Board be provided with Capital Budget vs. Capital Spend for FY 11, 12, 13, 14 and 15.</p>	<p><i>Period 5 FY16 Financials Approved</i></p>

	<p>Motion: To approve the FY16 Period 5 Financial Report Movant: Ryba Second: Miller Ayes: Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin Noes: None Abstentions: None Absent: Chen and Cohen Recused: None</p>	
<p>10. AGENDA ITEM 13 – iCARE UPDATE</p>	<p>Director Reeder, Chair of the iCare Ad Hoc Committee, reported that the iCare computer system is working well, but there are issues with process and work flow changes that are still being addressed. He also reported that operating costs are above budget, capital costs are lower than budget, the contingency will be at least partially used and stabilization of the system is projected for 3/1/16.</p> <p>Director Reeder further reported that clinical documentation is being done correctly, but not meeting all timelines, and physician order entry and medical reconciliation are better than target. In response to Director Miller’s question, Madeleine Fackler, iCare Consultant, commented that the number of open work orders is usual and decreasing. Director Fung requested that management consider facilitating better communication about which physicians are using order sets.</p>	
<p>11. AGENDA ITEM 14 – BOARD AND COMMITTEE MINUTES CONTENT</p>	<p>Director Zoglin commented that not including the discussion of each of the members in the Board and Committee minutes disadvantages the public and the Board with respect to future decision making, and that it is important to summarize the positions of each Board member in the minutes</p> <p>At Vice Chair Chiu’s request, Cindy Murphy, Board Liaison reported that she supports the new guidelines for Board and Committee Minutes content. She noted that there are several matters to consider including staff time required to repeatedly review meeting tapes in order to accurately quote members. Ms. Murphy noted that the purpose of recording minutes is to reflect information reported to the Board by management that would have served as a basis for decision making, to record what action the Board took and to record what follow-up information or management action the Board requested.</p> <p>Mary Rotunno, General Counsel, confirmed Ms. Murphy’s report regarding the purpose of the minutes as</p>	

	<p>the necessary components of the legal record and further commented that, in her experience, Boards do not record the discussions.</p> <p>In response to Director Chiu’s question, Ms. Murphy reported that all Board meeting videotapes are archived on the website and that committee meeting audio tapes are destroyed as soon as the minutes are complete. The Board requested that staff prepare a draft policy for its consideration regarding retention of open session Board meeting videotapes.</p> <p>Other Board members commented that they are satisfied with the current level of detail reported in the minutes.</p> <p>The Board did not take any action.</p>	
12. PUBLIC COMMUNICATION	<p>Mr. Geoffrey Mangers asked Vice Chair Chiu whether he planned to run for office again, commented that he is a strong supporter of good mental health care and described penalties for HIPAA privacy violations.</p>	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn the Open Session to Closed Session at 7:28 p.m. pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to <i>Gov’t Code Section 54957.6</i> conference with labor negotiator Kathryn Fisk: Labor Relations Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: Strategic Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Long Term Financial Forecast; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Ad Hoc Committee Planning: Structure and Duration; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret, <i>Gov’t Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation, and <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: CEO Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Urology Call Panel; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Surgical Robot Purchase; pursuant to <i>Health and</i></p>	<p><i>Motion to Adjourn to Closed Session approved</i></p>

	<p><i>Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Pacing Plan; and pursuant to <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p>Movant: Fung Second: Miller Ayes: Chiu, Davis, Fung, Miller Reeder, Ryba and Zoglin Noes: None Abstentions: None Absent: Chen and Cohen Recused: None</p>	
14. AGENDA ITEM 26 – RECONVENE OPEN SESSION/REPORT OUT	<p>Open Session was reconvened at 9:47 pm</p> <p>Agenda Items 17 - 25 were handled in closed session.</p> <p>During the closed session, the Board approved The Minutes of the Medical Staff Executive Committee Meeting of October 22, 2015 and the Credentials and Privileges Report of December 10, 2015 by a vote of seven Board members in favor (Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin) and two absent (Chen and Cohen).</p>	
15. AGENDA ITEM 27 – CONSENT CALENDAR	<p>Vice Chair Chiu asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Reeder requested that item 27m “Primary Care Centers” be removed and Cindy Murphy, Board Liaison, requested that item 27a “Board meeting Minutes of November 4, 2015 and November 11, 2015” be removed.</p> <p>Motion: To approve consent calendar items 27b through 27l and 27n: Appointment of Foundation Board Member (R. Ahuja); Report on Educational Activity (J. Miller); Draft Revised ECH Bylaws Article IV, Sections 4.5 and 4.6; Consent to Action Amending Silicon Valley Medical Development LLC Articles of Organization and Operating Agreement; Advisory Committee Appointments; Reviewed and Recommended for Approval by the Executive Compensation Committee; Letter of Rebuttable Presumption; The Following Policies: Information Security Management, Access Control, Risk Management, Security Policy, Leadership Policy, Outside Services Providers, Receipt Summons and Complaint and Legal Documents, Confidentiality, Corporate Compliance Hotline, Code of Ethics, Government Investigations, Internal Investigations, Gifts and Business Courtesies From Vendors or Provided to Non Referral Sources, Gifts and Business Courtesies to</p>	<i>Consent Calendar Approved</i>

Physicians; Gifts from Patients and Families, Direct Patient Care Services Contractual Agreements, Use of Social Network Mediums by Employees, Confidentiality Form; Conflict of Interest, Charitable Donations to Outside Organizations, Identity Theft Misidentification Prevention, Code Definitions- FAS Paging Codes, Performance Improvement Plan, Work Group Responsibilities, Code Triage, Bioterrorism Response Preparedness, Mass Casualty Decontamination Plan, Administrative Authority to Activate and Terminate HICS, Evacuation Plan and Alternative Care, Regulatory Agency Notification, Exercises, Communications Plan, Supply and Equipment Plan, Emergency- Utility Failure Plan, Emergency- Drinking Water Supply; Employees' Responsibility for Emergency; Disaster Staffing Needs: Off Duty Employees, Volunteers and Physician Staffing, Volunteer Credentialing Policy for Use in Major Disaster, Plan for Medical Staff Office, Disaster Financial Recovery Tracking Plan, Response to Anthrax, Hazardous Material Exposure- Shelter In Place Emergency Operations Plan, Hospital Command Center, Emergency Coordination Plan- Key Area, Coordination with City, County and State, Security Plan, National Disaster Medical System, Food Service Plan, Food and Supplies Storage Locations, Dependent and Family Care Plan, Pet Care Plan, Plan for Auxiliary and Volunteers, Plan for Chaplaincy Services, Patient Discharge-Transfer Plan, Patient Registration and Tracking, Charge Entry Policy and Value Analysis Policy; Urology Call Panel; Surgical Robot Purchase and Medical Staff Report.

Movant: Ryba

Second: Miller

Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin

Noes: None

Abstentions: None

Absent: Cohen

Recused: None

27m – Primary Care Centers

In response to Director Reeder's question, Richard Katzman, CSO, explained that staff is requesting approval of the five clinics, which will have approximately five physicians in each clinic, developed over a three year period. Ms. Rotunno noted that the approval request includes the first physician contract and that subsequent physician contracts that are in excess of \$250,000/year will come to the Board for approval.

Michelle McGowen, Senior Director of Strategic Planning, explained that the request also includes \$5 million for tenant improvements for the five clinics. Ms. McGowen also reported that the Finance Committee voted to recommend approval of the request.

Some of the Board members expressed unwillingness to approve funding for all five clinics at once and commented that they would be more comfortable with a staged approach of approval and development. Ms. Ryba said that management would be agreeable to obtaining approval of just the funding for the first clinic and the first physician contract.

Motion: To approve \$1million for the establishment of the first clinic in addition to the compensation arrangement for the first physician for three years not to exceed \$370,000 per year.

Movant: Ryba

Second: Miller

Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin

Noes: None

Abstentions: None

Absent: Cohen

Recused: None

27a – Board Minutes of November 4, 2015 and November 11, 2015

Ms. Murphy reported that Director Zoglin had requested clarification of Section 5 in the Minutes of November 11, 2015 and she recommended that the words “of total community benefit” be added after “5%” in the fourth full paragraph on page 3.

Motion: To approve consent calendar item 27a Minutes of the Open Session of the Hospital Board Meetings of November 4, 2015 and November 11, 2015 as amended.

Movant: Zoglin

Second: Miller

Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Ryba and Zoglin

Noes: None

Abstentions: None

Absent: Cohen

Recused: None

<p>16. AGENDA ITEM 28 – AD HOC COMMITTEE PLANNING</p>	<p>Motion: To discontinue the Strategy Ad Hoc Committee. Movant: Ryba Second: Reeder Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Ryba, and Zoglin Noes: None Abstentions: None Absent: Cohen Recused: None</p>	<p><i>Strategy Ad Hoc Committee Discontinued.</i></p>
<p>17. AGENDA ITEM 29 – DRAFT RESOLUTION 2016-02 AUTHORIZING THE CEO TO EXECUTE ON-CALL AGREEMENT WITH PETER C. FUNG, MD</p>	<p>Director Fung recused himself from the meeting. Motion: To approve Resolution 2016-02 authorizing the CEO to execute an ED on call agreement with Peter C. Fung, MD. Movant: Ryba Second: Miller</p> <p>Mary Rotunno, General Counsel, advised the Board that the motion should be reworded to adopt a finding in accordance with the Government Code. Director Ryba withdrew her motion. Motion: To approve Resolution 2016-02 finding that Peter C. Fung MD’s stroke and neurology on-call panel agreement is fair and in the best interests of the Hospital. Movant: Ryba Second: Miller</p> <p>In response to Director Zoglin’s and Director Chiu’s questions, Ms. Rotunno reported that Director Fung is compensated at the same rate as the other physicians on the call panel. She reported that the per diem rate at the Mountain View campus is \$1040/day (9 physicians on the call panel) and at the Los Gatos Campus the per diem rate is \$624/day (5 physicians on the panel). Physicians are not permitted to be on call at both campuses on the same day. She also reported that she believed that assignments are made equitably, but was not sure precisely how the assignments are made or who might influence the assignment.</p> <p>The Directors ensued in a discussion about conflicts or undue influence that may arise from the nature of the on-call arrangement and scheduling assignments to the panel. Director Reeder suggested, in order not to disrupt service to patients, provisionally approving the Resolution, with the condition that further information regarding scheduling assignments to the panel be provided to the Board at the next Board meeting. Director Ryba withdrew her motion.</p>	

	<p>Motion: To approve Resolution 2016-02 finding that Peter C. Fung MD's stroke and neurology on-call panel agreement is fair and in the best interests of the Hospital pending confirmation that the conflict issues that have been raised will be addressed and the General Counsel will provide further information at the February Board meeting.</p> <p>Movant: Reeder Second: Davis</p> <p>Following the motion, Director Zoglin commented that his concerns are not about Director Fung serving as a physician on the panel, but that is very important that the community, including the physician community, be assured that there is no conflict and the Board is not trying to burden them with undue interference by a Board member.</p> <p>Ayes: Chen, Chiu, Davis, Miller, Reeder, Ryba, and Zoglin Noes: None Abstentions: Zoglin Absent: Cohen Recused: Fung</p>	
18. AGENDA ITEM 30 – INFORMATIONAL ITEMS	Director Fung did not return to the meeting. In response to Director Reeder's question, Director Davis described the RFP process being used by the Executive Compensation Committee to consider the possible selection of a new Executive Compensation Committee Consultant	
19. AGENDA ITEM 31 – BOARD COMMENTS	This item was considered previously (out of order).	
20. AGENDA ITEM 32 – ADJOURNMENT	<p>Motion: To adjourn at 10:25 pm. Movant: Miller Second: Davis Ayes: Chen, Chiu, Davis, Miller, Reeder, Ryba, and Zoglin Noes: None Abstentions: None Absent: Cohen, Fung Recused: None</p>	<i>Motion to Adjourn Approved</i>

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

Neal Cohen, MD
Chair, ECH Board

Peter C. Fung, MD
ECH Board Secretary

Prepared by: Cindy Murphy, Board Liaison

DRAFT

FY17 Board Meeting Dates

Memorandum

DATE: Board of Directors Meeting - February 10, 2016

TO: El Camino Hospital Board of Directors

FROM: Cindy Murphy, Board Liaison

SUBJECT: FY 2017 Regular Board Meeting Schedule

BOARD ACTION: **Possible Motion:** To approve the draft El Camino Hospital Board Meeting dates for FY 2017

Summary:

It has been the Board's practice to approve its regular meeting dates for each fiscal year in February of the preceding year. It is useful to identify the dates in February, before the Board's Advisory Committees begin planning their meeting calendars for the next fiscal year. The proposed dates below are in keeping with the Board's current practice of meeting the 2nd Wednesday of each month except July and December.

El Camino Hospital Board Meeting Dates FY 2017 (Draft)	
July	No Meetings
August	August 10, 2016
September	September 14, 2016
October	October 12, 2016
November	November 19, 2016
December	No Meetings
January	January 11, 2017
February	February 8, 2017
March	March 8, 2017
April	April 12, 2017
May	May 10, 2017
June	June 14, 2017

Policies with Major Revisions

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	PTO- Rehab Services	Rehab	12/15	1. Standardize process for submission and approval of PTO 2. Established "Window" periods for submitting PTO requests for more than 7 days.
	Certified, Licensed and Registered Employees	HR	12/15	Updated titles, reinserted that an employee must report actual or actions pending against licensure to management.
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Solicitation and Distribution	HR	12/15	Updated titles, workflow, and prohibited activities. Stated that the policy is not intended to conflict with NLRA Section 7 rights.
	Discrimination in Employment	HR	12/15	Updated titles and workflows.
	Employee Grievance Procedure	HR	12/15	Updated titles and workflows.
	Employee Records	HR	12/15	Updated titles and workflows.
	Employment Procedures	HR	12/15	Updated workflows and titles.
	Rest and Meal Breaks	HR	12/15	Updated to comply with legal requirements, "major fraction thereof".
	Lactation Accommodation	HR	12/15	Reviewed and slight updates.
	Time away from Work	HR	12/15	Reviewed and slight updates.
	Internal Transfer	HR	12/15	Reviewed and slight updates.
	Resignation- Separation of Employment	HR	12/15	Updated titles and workflows
	Management Organization	HR	12/15	Updated name of district, small changes for clarity.
	Hospital Volunteers	HR	12/15	1. Reworded purpose to be more straightforward 2. Referenced Infectious Disease Screening Policy for health requirements 3. Added information regarding initial orientation duties 4. Added information about what to do if injured or exposed while volunteering
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	

PTO – Rehab Services



POLICY/PROCEDURE TITLE: Rehab Services- Request for PTO (~~Rehab Services~~)
CATEGORY: Clinical and Support Services
LAST APPROVAL DATE:

SUB-CATEGORY: Rehabilitation Services
ORIGINAL DATE: 9/3/2015

COVERAGE: Rehab Services Department Staff (Mountain View and Los Gatos Campuses)

PURPOSE: All PTO requests are subject to the reserved right of the hospital (Rehabilitation Services Department) to approve the scheduling of employee time off.

STATEMENT: Rehabilitation Services management will make every effort to authorize time off requests; however meeting our patient care needs is the first priority, therefore we must have core staffing available.

PROCEDURE:

~~a.~~^A The following procedures apply to all benefitted full time and part-time employees.

1. Employees are to request PTO using e-Time, by submitting a Calendar Request and also an e-mail to their supervisor. Verbal requests will not be processed.

~~2.a.~~ ^B PTO requests ~~requests for less than 7 days (unavailable to work) or less, a week a~~ ^{reasonable attempt} will be ^{made to} approved or declined ~~within e on or before the~~ ^{5th-business days.}

~~a.b.~~ ^C PTO Requests ~~greater one week than for 7 or more than 7 days (unavailable to work)~~ are approved only if requested in the open window periods described in ~~#3c.~~

~~3.c.~~ ^D Each calendar year there are ~~two-three~~ open windows for PTO requests ^{for} greater than ~~one week~~ ^{7 days unavailable to work:}

~~a.i.~~ ^E Window Periods:

~~i.ii.~~ ^F **Window 1:** PTO requests ~~between from July 1-December 31~~ ^{January 1 through April 30}: All requests must be submitted in e-time w/ an e-mail to Supervisor/Manager, starting ~~January 1st thru July 15th of the~~ ^{preceding year} and must be received by the supervisor no later than ~~January 31~~ ^{July 15th.}

Employee will be notified by ~~March 1~~ ^{July 20th} regarding the status of request(s) (i.e. approval ~~or disapproval~~ ^{granted or conditional}).

~~ii.iii.~~ ^G **Window 2:** PTO requests ~~from between January 1-June 30~~ ^{May 1 through August 31}: All requests must be submitted in e-time w/ an e-mail to Supervisor/Manager starting ~~July 1st thru November 1st thru~~ ^{November 15th} of the preceding year and must be received by the supervisor no later than ~~July 31~~ ^{November 15th}. Employee will be

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notified by ~~September 1- November 20th~~ regarding the status of request(s) (i.e. approval, ~~or disapproval, granted~~ or conditional).

iv. **Window 3:** PTO requests from **September 1 through December 31:** All requests must be submitted in e-time w/an e-mail to Supervisor/Manager starting March 1st thru March 15th and must be received by the supervisor no later than March 15th. Employee will be notified by March 20th regarding the status of request(s) (i.e. approval, disapproval, or conditional).

~~iii-v.~~ The standard maximum length will 3 weeks per year, with up to 4 weeks permitted every other year. ~~The maximum length of a single vacations requests will be weeks,~~ except for requests during the prime vacation time as defined in #24 below.

4-2. Prime Vacation Times:

- a. The following time periods are designated as prime vacation times within the Rehabilitation Services Department:
 - June 15-Aug 31 and December 15-Jan 1
- b. During the prime vacation times, the maximum length for vacation request will be two weeks with the exception of three weeks every other summer. More time will be considered if core staffing needs are met.
- ~~b-c.~~ Prime vacation time PTO requests should include first, second and third choices. Approval or denial will include look back to previous prime vacation time off granted.

3. PTO Approval: In the event of conflicting PTO requests, consideration will be based on the following:

- a. Within the Window Periods:
 - i. Seniority
 - ii. Previous approval of PTO within the prime time period
- b. Outside of the Window Periods:
 - i. First come first serve
 - ii. Seniority
 - ~~5-iii.~~ Previous approval of PTO within the prime time period

- ~~a.~~ Business need
- ~~b.~~ First come first serve
- ~~c.~~ Previous approval of PTO within the prime time period
- ~~d.~~ Accrued PTO
- ~~e.~~ Seniority
- ~~f.~~ Special or extenuating circumstances

6-4. General statements:

- a. Staff are encouraged to trade and negotiate coverage between teach other to facilitate approval of PTO requests
- b. PTO granted for a scheduled weekend may require that hours are made up on another weekend, due to tight weekend staffing
- ~~e-b.~~ Staff will not make travel arrangements and other commitments prior PTO approval. PTO approval will not be granted on this basis.
- ~~e-c.~~ Employees with high PTO accrual are encouraged to use it during non-prime time vacation periods.

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e-d. Benefitted employees must use PTO for requested time off. *Time off without pay* will not be granted.

e. Major Holidays: Thanksgiving, Christmas and New Year's: Every other year, all inpatient Rehab therapists are expected to work a major holiday. A sign-up sheet will be posted by September 1st.

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APPROVAL	APPROVAL DATES
Patient Care Council:	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

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2. Certified, Licensed and Registered Employees



POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 8/06/1996

COVERAGE:

El Camino Hospital employees whose positions require certificate, license, or registration. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

To ensure safe patient care and to comply with county, state, and federal regulations and Joint Commission standards requiring that all licensed professional employees possess a current license, certification, or registration.

STATEMENT:

It is the policy of El Camino Hospital to comply with County, State, Federal, and Joint Commission requirements requiring employee licensing, certification, or registration.

All employees whose positions require a certificate, license, or registration must have a verification of current and active certification, licensure, or registration in their files in order to maintain employment with El Camino Hospital.

Professional certification, licensure and registration are verified with the credentialing agency (primary source verification) unless the agency does not provide such verification.

Life-saving certifications (e.g. BLS, ACLS, PALS, NRP, etc.) are considered verified when the employee presents a current certification card from an approved program or when the employee has completed the certification course at El Camino Hospital.

PROCEDURE:

New hires must provide their original current/renewed certificate, license or registration (with their signature on the document, if applicable) and current photo identification, to

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POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

the Human Resources Department prior to their first day of work. Licensure will be verified from the issuing source as part of the pre-employment screening.

Current employees transferring to a position requiring a new certification, license or registration must comply with the same requirements as new hires.

Expiration and Renewal

Human Resources will verify licensure, certification or registration from the issuing agency and place a copy of the verification in the employee's personnel file.

1. If an employee possesses a certification, license or registration and the issuing agency provides neither a secure electronic nor telephone verification system, employees must personally bring in their original renewed certificate, license or registration (with their signature on the document, if applicable) and current photo identification to the Human Resources Department prior to the expiration date. In this case, Human Resources cannot accept a certificate, license or registration delivered by fax, mail or by another person. A photocopy of the document will be placed in the employee's personnel file by Human Resources.
2. If Human Resources is unable to verify the renewal of the certificate, license or registration by the expiration date, the employee will not be scheduled to work and may not be paid until the certificate, license or registration is made current.

In this case the employee will be placed on administrative suspension without pay effective the day following the expiration date. The Human Resources Business Partner will communicate with the manager to coordinate the following:

- (1) Completion of a certified letter of suspension without pay for seven (7) days. This letter will be mailed to the employee on the first business day following the certificate, license, or registration expiration date.
 - (2) Those employees who have still not submitted the appropriate documentation after the seven (7) day suspension will be issued a letter of termination on the first business day following the seven (7) day suspension.
3. The procedure for notifying managers and employees regarding certificate, license, or registration expirations is as follows:
 - a. Each month the Human Resources Department will send out a Certificate, License, and Registration Expiration Report to

POLICY/PROCEDURE TITLE: HR- Certified, Licensed, and Registered Employees

managers for information purposes. This report will list employees whose certificates, licenses, or registrations are due to expire within the next three (3) months.

b. Simultaneously, the Human Resources Department will also send a courtesy email notice to the El Camino Hospital work email address of those employees whose certificates, licenses, or registrations are due to expire in three (3) months. The email will outline the required documentation and deadline for receipt.

c. Each month, the Human Resources Department will send an email and a letter to home address of record provided by those employees whose certificates, licenses, or registrations are due to expire in approximately thirty (30) days. The email and letter will outline El Camino Hospital's documentation requirements and the consequences to the employee as a result of a failure to provide the required documentation.

Responsibilities:

Employee: It is the employee's responsibility to ensure the license, certification, or registration is obtained or renewed prior to the expiration date whether or not the employee has received a courtesy email notice from the Human Resources Department. The employee must immediately notify his/her manager and the Human Resources Business Partner if he/she receives notification from the issuing agency that there is action pending against the license, registration, or certification, the license/certification/registration has new or changed restrictions, or has been suspended or revoked.

Manager/Supervisor: Upon receipt of notification from HR, the employee's supervisor is expected to communicate with the employee. The is strongly encouraged-expected to communicate with the employee regarding their notification of certificate, license, and registration status. The manager may not schedule an employee to work past the expiration date of the employee's professional certification, license or registration, unless Human Resources has received and verified proof of renewal with the issuing agency.

Human Resource Department: The Human Resources Department is responsible for maintaining professional certificate, license, and registration database records, generating departmental reports, producing employee notifications regarding certificate, license, and registration status, and providing consultation to Departments on these matters.

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POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 8/6/96, 4/28/98, 3/14/0, 11/03, 03/02/2005, 08/10/06, 02/16/09, 11/12

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Solicitation and Distribution



POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

CATEGORY: Human Resources, Administrative

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Administrative Policies & Procedures

ORIGINAL DATE: 9/94

COVERAGE:

All El Camino Hospital staff

PURPOSE:

To provide a consistent process for the review of requests regarding Solicitation and Distribution, and to clarify what activities are considered limited or prohibited in the Hospital and/or on work time.

STATEMENT:

El Camino Hospital policy prohibits the unauthorized solicitation and the distribution or sale of any material on hospital premises at any time. Employees are prohibited from soliciting other employees, agency contingent labor, independent contractors, vendors, patients (and their families and visitors), and any others during work time and in patient care areas at any time. Certain Hospital-related activities may be provided limited access; for example, the El Camino Hospital (ECH) Foundation giving campaign is an authorized Hospital activity. Exceptions to this policy must be approved by the appropriate executive council staff a minimum ~~thirty~~ of thirty (30) days prior to the proposed activity. Violation of and noncompliance with the provisions of this policy are subject to disciplinary action.

DEFINITIONS:

Solicitation includes such activities as requests for: signatures, contributions of money or time, purchase of or donations for merchandise, cookies, candy, etc. and support of religious, political or other non-hospital organization activities.

Patient care areas include patient rooms, patient treatment and procedure rooms or areas, patient admitting or registration areas, patient waiting rooms, and lounges used by patients and their families or visitors. Employee break rooms are generally not considered patient care areas.

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POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

Work time includes the work time of the employee to whom the solicitation or distribution of material is directed as well as to that of the employee making the solicitation or distribution, and any others in the area who may overhear or be aware or distracted by of the solicitation or distribution -activity. Work time as described in this policy excludes the employee's breaks and meal periods.

Approved exceptions may be made for activities that relate to and are in support of the Hospital's mission. These include, but are not limited to ECH Foundation employee giving campaign, health screenings and education for patients, employees, volunteers or medical staff; walks, runs and other fundraising activities for community health-related organizations (examples such as cancer or heart associations); and other programs that support the health related needs of the community.

PROCEDURE:

A. The following activities are prohibited:

- 1) The unauthorized solicitation, distribution, or sale of any material and/or services on Hospital premises by/to non-employees and Hospital personnel at any time.
- 2) The solicitation of employees by employee union representatives and non-employee union organizers during an employee's work time and/or in patient care areas at any time.
- 3) The solicitation of an employee by another employee during work time and in-patient care areas at any time.
- 4) The distribution of material not approved by the Hospital by an employee to another employee during work time and in-patient care areas at any time.
- 5) The solicitation of time or monetary contributions for commercial or noncommercial reasons at any time, except for narrowly focused and specifically pre-approved fundraising activities.
- 6) Unauthorized use of any hospital assets; including but not limited to computers, email, copy and fax machines, interoffice mail, telephone, Vocera for non-hospital business is prohibited.

B. Requests for an approved exception to solicit charitable giving of time or money for health related activities such as those sponsored by the heart or cancer associations must be submitted to the Operations Council member that has responsibility for the areas

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POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

related to the activity. Requests must be in writing and include the name of organization, description of the activity, reason for request, date(s), time(s) and location, cost and resources needed and communication plan with draft flyer etc. Requests must be submitted at least thirty (30) days prior to the activity.

- C. All other requests for exceptions to this policy must be submitted to the Chief Human Resources Officer ~~thirty~~ thirty (30) days prior to the activity.

Solicitation Policy Talking Points

- There are many different kinds of solicitations—ranging from donations to health-related charities, donations to services and of items for the financially disadvantaged ~~poor~~, to fundraisers for schools and religious organizations, to offers for sales of items for an individual's personal gain or to benefit others whom they have a personal interest.
- While these may be offers for very different “causes” they are all similar in that they involve asking people (employees, temporary agency labor, contractors, patients, visitors) for their money, goods and/or time, for non-hospital business.
- While there are many worthy organizations, as an organization the hospital focuses our energies on specific hospital related and approved programs.
- To avoid distractions from our primary mission of patient care, and out of respect for all employees, patients, and visitors, we prohibit solicitations on work time, and in all patient care areas of the hospital.
- It is for these reasons that we have a policy in place that prohibits solicitation with exceptions as may be specifically approved by the Operations Committee or Human Resources as applicable.
- This policy is not intended to conflict with any applicable law. Employees may engage in protected concerted activities within the requirements of this policy during their non-work time and in non-patient care areas.

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POLICY/PROCEDURE TITLE:Administrative: Solicitation and Distribution

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

Historical Approvals:

9/94, 5/98, 12/00, 5/01, 3/05, 7/06, 06/09, 11/12

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Discrimination in Employment



POLICY/PROCEDURE TITLE: HR- Discrimination in Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 9/11/1994

COVERAGE:

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

PURPOSE:

El Camino Hospital is an equal opportunity employer and makes employment decisions on the basis of qualifications and competencies. El Camino Hospital prohibits unlawful discrimination in employment based on race, ancestry, national origin, color, sex, sexual orientation, religion, disability (including AIDS and HIV diagnosis), marital status, age (40 and over), medical condition (rehabilitated cancer and genetic characteristics), refusal of Family Care Leave, refusal of leave for an employee's serious health condition, denial of pregnancy disability leave, retaliation for reporting patient abuse in tax supported institutions, or any other status protected by federal, state or local laws. All such discrimination is unlawful and will not be tolerated.

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This commitment applies to all persons involved in the operations of El Camino Hospital, including supervisors and co-workers, and applies to all employment practices, including advertisements; applications and interviews; licensing or certification; referrals by employment agencies; salary, classifications and duties; hiring, transferring, promoting or leaving a job; working conditions; participation in a training or apprenticeship program, employee organization or union.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

STATEMENT:

This policy is written to insure understanding of and compliance with California and Federal laws which prohibits discrimination in employment.

DEFINITIONS:

1. It is the responsibility of every employee, regardless of supervisory status, to adhere to these policies. An employee who is found to have violated the Discrimination in Employment policy shall be subject to disciplinary action up to and including termination.
2. To assure the dignity and worth of each individual, El Camino Hospital managers and supervisors are responsible to provide an environment which is committed to this policy.

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PROCEDURE:

Individuals with a Disability - Reasonable Accommodation

(See California Government Code § 12926 and the federal Americans with Disabilities Act 42 U.S.C. 12101, *et seq.*)

1. The manager will make good faith attempts to provide reasonable accommodation for the known physical or mental limitations of an individual with a disability who is an applicant or employee, unless an undue hardship would result.
2. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job will contact Human Resources and/or the appropriate manager and specify the restrictions on job duties and what accommodation is being requested to perform the essential functions of the job. Employee Health Services, together with Human Resources and the appropriate manager, will conduct an interactive process to identify any barrier(s) that would make it difficult for the applicant or employee to perform her/his essential job functions, and potential accommodations which would allow the essential functions of the job to be performed. If the accommodation is deemed reasonable and will not impose an undue hardship, the manager in consultation with Human Resources will make the accommodation.
3. If an applicant or employee believes she/he has been subject to any form of unlawful discrimination, she/he must provide a written complaint to Human Resources or the manager.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

F. Procedure for Discrimination Complaints

1. An individual who believes that she/he has not received equal opportunity in employment must report the incident to her/his direct supervisor, manager, department director or to a Human Resources Business Partner or the Director Human Resources Operations the Manager, Labor Relations immediately. The report should be submitted in writing. If the incident involves the employee's direct supervisor, manager or department director, the employee must report the incident immediately to the Human Resources Department. Employees are to be assured that their doing so will not result in any reprisal or retaliation.
2. The written complaint must be specific and include the dates of the alleged incident, names of the individuals involved, names of any witnesses, and as much information as possible regarding the complaint. El Camino Hospital will timely initiate an effective, thorough and objective investigation and attempt to resolve the situation.
3. Any department director/manager/supervisor who receives a report or complaint of a violation of this policy must report it immediately to a Human Resources Business Partner or the Director of Human Resources Operations.
4. If El Camino Hospital determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination.
5. El Camino Hospital will not retaliate against any employee for filing a complaint and will not knowingly permit retaliation by management or coworkers.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly titled "11.02 Equal Employment Opportunity Practices;" also 11.06 Americans with Disabilities Act now included herein), 11/03, 12/06, 2/09, 11/12

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Employee Grievance Procedure

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure**CATEGORY:** Human Resources**LAST APPROVAL DATE:** 11/12

SUB-CATEGORY: Human Resources**ORIGINAL DATE:** 9/11/1994**COVERAGE:**

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

PURPOSE:

A grievance is an appeal made by an employee or group of employees requesting personal relief in a matter of concern or dissatisfaction relating to an employment issue involving said employee(s).

STATEMENT:

It is the policy of El Camino Hospital to encourage the resolution of misunderstandings, disagreements, or grievances of employees promptly and impartially, without fear of reprisal, at the lowest organizational level possible. The following procedures are intended to achieve that objective.

PROCEDURE:**Exclusions:**

The following exclusions, listed below, are in addition to exclusions listed elsewhere in the Human Resources Policies and Procedures:

- All provisional employees, including internal transfers shall not have recourse to this grievance procedure.
- Position classification or reclassification shall not be a matter of grievance.
- Performance evaluations shall not be a matter of grievance.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

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- Decisions regarding layoff, reduction in force or reorganization shall not be a matter of grievance.
 - Decisions about involuntary change in work status shall not be a matter of grievance.
 - The content of El Camino Hospital policies, regulations, or procedures shall not be a matter of grievance.
 - Documented Verbal Counseling as defined in Human Resources Policy 7.01, Discipline and Discharge shall not be a matter of grievance.
 - A supervisor's determination of performance standards and objectives for an employee's position shall not be a matter of grievance.
 - Employees may not request disciplinary or other action affecting another employee as the remedy sought. Employees may request only those remedies that are personal to them.
 - Legal counsel may not be present nor participate in the grievance procedure.

F. Informal Grievance Procedure:

1. In most cases, candid discussion between the employee and supervisor or manager will resolve the problem without the requirement of formal grievance proceedings.
2. **The Human Resources Business Partners or Director of Human Resources Operations**, are also available to facilitate discussion between the employee and supervisor or manager in order to achieve resolution on an informal basis.

G. Formal Grievance Procedure:

If a matter is not satisfactorily resolved through the informal procedure, the grievant may present the case as a formal grievance utilizing the following procedure:

Step 1 – Manager/Director

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

1. Within fourteen (14) calendar days of the occurrence of the incident about which the employee is aggrieved, the employee must initiate a formal grievance by presenting the case to her/his manager. The formal grievance must be submitted utilizing the official grievance form available in the Human Resources Department. The grievance must:

- Be in writing;
- Identify the aggrieved;
- Contain sufficient detail to identify and clarify the basis for the grievance;
- Specify the time and place of occurrence;
- Contain consideration given or steps taken to secure informal resolution;
- Specify the remedy requested by the employee;
- Contain the name of the employee's representative, if any; and
- Be signed by the grievant.

2. The grievant's manager will conduct an investigation as warranted by the circumstances, discuss findings with the grievant and issue a decision to the grievant in writing within fourteen (14) calendar days of receipt of the formal grievance.

Step 2 – Division Executive

1. If the manager's resolution to the issue under grievance is not resolved to the satisfaction of the employee, the employee may then submit her/his grievance to the appropriate **Division Executive** within seven (7) calendar days of receipt of the manager's decision.

2. The Chief Human Resources Officer or Human Resources Business Partner designee will schedule a meeting between the employee, department manager and/or supervisor, and the appropriate vice president to discuss the issue being grieved.

3. The **Division Executive** will conduct an investigation as warranted by the circumstances, discuss findings with the grievant and issue a decision to the grievant in writing within fourteen (14) calendar days of receipt of the request for reconsideration.

4. The decision of the **Division Executive** is final in all grievances, except those which involve suspension for more than five (5) scheduled work days without pay, or demotion with loss of pay, or termination. With those exceptions, the vice president's decision is final and not subject to further review.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

Step 3 - Grievance Hearing

1. If the **Division Executive** resolution to the issue under grievance is not resolved to the satisfaction of the employee and the grievance involves suspension for more than five (5) calendar days without pay, or demotion with loss of pay, or termination, the employee may then submit her/his grievance to the Chief Executive Officer within seven (7) calendar days of receipt of the vice president's decision.
2. The Chief Executive Officer (or designated representative) will select a panel comprised of eight (8) individuals who are employed in the capacities of supervisor, manager or director. None of the individuals selected for this panel will be from the grievant's department.
3. The grievant will then be asked to select five (5) individuals from the panel to act as the Review Committee. The grievant will have three (3) calendar days in which to make this selection and may not request panel substitutions or replacements.
4. Upon receipt of the grievant's selection, the **Chief Human** Resources Officer (or designated representative) will poll the Review Committee members to select a date for the grievance hearing. The employee will be notified in writing of the exact date and time of the hearing.
5. The Chief Human Resources Officer (or HRBP designee) will act as the facilitator of the grievance hearing. The role of the Review Committee will be to participate in the grievance hearing, review the grievance as presented and request additional information, if necessary.
6. The Review Committee will issue a written recommendation to the Chief Executive Officer within fourteen (14) calendar days from the date of the grievance hearing. Recommendations from the Review Committee shall include background, facts, findings and conclusion. Any votes made by the Review Committee shall be made by secret ballot.

Step 4 - Final Decision

1. Within fourteen (14) calendar days of receipt of the recommendation from the Review Committee, the Chief Executive Officer will respond in writing to the grievant stating the final decision. The decision of the Chief Executive Officer is final and not subject to further review.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

H. Time Limits:

Failure to meet time limits for filing a grievance may be basis for rejection of the grievance.

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

9/11/94, 5/1/98, 3/14/01 (formerly numbered 10.00), 11/03, 12/06, 02/09, 11/12

ATTACHMENTS:

Please see: FORM: Employee Grievance Report

Employee Records

POLICY/PROCEDURE TITLE:HR- Employee Records**CATEGORY: Human Resources****LAST APPROVAL DATE: 11/12**

SUB-CATEGORY: Human Resources**ORIGINAL DATE: 9/11/94****COVERAGE:**

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail. This policy also applies to former employees who have terminated their employment within the prior four (4) years.

PURPOSE:

El Camino Hospital maintains an accurate and confidential personnel file for each employee. This record includes, but is not limited to, information regarding pay, benefits, performance reviews, discipline, commendations, recognition, employee health, and any other employment-related documentation. The right to privacy guaranteed by the California Constitution protects employee personnel files from improper disclosure to third parties. An employee may waive the privacy of his/her own personnel records by authorizing the release of personnel information to his/her union. Human Resources retains and safeguards employee records in accordance with applicable State and Federal laws. Personnel ~~and employee health files~~ for employees regularly assigned at the Los Gatos campus will be retained at that site.

STATEMENT:**PROCEDURE:****D. Employee Requests:**

1. An employee may view their personnel file in the presence of a member of the Human Resources department, by making an appointment with a Human Resources representative.
2. The employee may make notes about the contents of the file, but may not remove documents from the file. Photocopies may be made of documents that contain the employee's signature. Personnel files are the property of the Human Resources Department and Hospital.
3. If an employee wishes to review their medical file, refer to ADM Policy 2.18 Patient access to Protected Health Information.

POLICY/PROCEDURE TITLE:HR- Employee Records

E. Verification of Employment:

Human Resources has made arrangements with an outside agency, The Work Number, to requests for verification of employment by providing only the following information:

- Full name of current or former employee as it appears most recently in the employee's records
- Title(s) of last position(s) held
- Date of hire
- Date of separation
- Human Resources may release additional information only with the written consent of the current or former employee.

F. Requests for References:

1. All personnel should direct all written or oral requests for information concerning present, former or temporary employees from parties outside of El Camino Hospital to The Work Number, which is specifically authorized to narrowly respond to the request an employee's own employment information.
2. Human Resources responds to requests for references by providing the same information that is provided in response to verification of employment requests (see above).

G. Manager Requests:

Managers are required to use the ***Request to Review Confidential Information*** form available in the Human Resources Department as follows:

1. A manager may request in writing to review the personnel records, excluding benefits-related information, of those employees under their supervision.

POLICY/PROCEDURE TITLE:HR- Employee Records

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
_____Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01, 11/4/03, 10/16/06, 02/13/09, 06/08/09, 11/12

ATTACHMENTS:

[3.02a Request to Review Confidential Information - FORM](#)

Employment Procedures



POLICY/PROCEDURE TITLE: HR- Employment Procedures

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

SUB-CATEGORY: Human Resources

ORIGINAL DATE:

PURPOSE: El Camino Hospital has established guidelines and procedures for job requisitions, job posting, ~~and~~ advertising, and outreach in filling positions.

STATEMENT:

El Camino Hospital desires to employ highly qualified and skilled employees. El Camino Hospital does not hire employees under the age of eighteen (18).

El Camino Hospital complies with all applicable laws regarding equal employment opportunity for individuals ~~(see 11.01 Discrimination in Employment). This commitment applies to all persons involved in the operations of El Camino Hospital, including supervisors and co-workers.~~

DEFINITIONS (as applicable):

PROCEDURE:

Requisition Process

This process initiates the recruitment process for new and/or current regular, per diem or temporary positions.

1. Appropriate approvals must be obtained in order for the Human Resources Department to post a new or replacement position.
2. To initiate the recruitment process, the manager is required to submit a request to the Human Resources Department ~~in the form of an email to hrtransactions@elcaminohospital.org~~ containing the specifics of the position or a completed and approved appropriately signed new job classification approval form.

E. Posting

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- Employment Procedures

1. All postings will remain open (posted) for a minimum of seven (7) calendar days and will include:
 - Minimum qualifications: Each posting will state the minimum qualifications and requirements for a candidate to be considered and a brief description of the position. Postings may also include listings of additional desired qualifications for the position.
 - Date of posting.
2. Notice of availability of positions will be posted ~~for seven (7) calendar days~~ in any of the following areas before an offer of employment can be made:
 - On a designated bulletin board in the home department and on the Hospital website;
or
 - ~~In the department of origin if the position is appropriate for internal department specific posting. An internal posting can be used to increase or decrease the FTE hours/status of an employee(s) in a job classification within the department, and in the cases of an unrepresented position, to change the benefits status (per diem to regular) of a position. Internal postings cannot be used to change the benefits eligibility of a position.~~
 - 3.3. ~~For any exceptions to these posting requirements, see Human Resources Policies and Procedures 3.11 Internal Transfer. In cases where there may be any conflict with the specific requirements of a Collective Bargaining Agreement or Memorandum of Agreement, the agreement will prevail.~~

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F. Advertising/ Outreach Options

Recruitment is available to confer with the Hiring Manager and Department to consult on advertising and other recruitment options, subject to approvals by the Director of Talent Acquisition. Advertising for employment at El Camino Hospital is arranged by the Recruiter after conferring with the hiring manager and after receiving approval from the Director Workforce Planning & Recruitment."

G. Application Process:

1. Applications are accepted for posted positions only and must be completed on the Hospital website.

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POLICY/PROCEDURE TITLE:HR- Employment Procedures

2. Recruitment staff reviews all applications and resumes based on qualifications and forward the most qualified applicants to the hiring manager.
2. Online applications will be retained in the application system database for two years. A hard copy of the application will be placed in the personnel file for hired applicants.

H. Hiring Process:

Employment with El Camino Hospital is subject to the applicant successfully completing the new hire process. Human Resources must extend all offers of employment.

1. The hiring manager notifies recruitment staff that an applicant has been selected by responding with an email or through the candidate selection form.
2. Background and reference checks must be satisfactorily completed before any offer of employment can be extended.
3. Once an offer has been extended, recruitment staff will schedule the prospective new hire for a pre-employment screening examination by Employee Health Services. All offers of employment are contingent upon applicants successfully completing both their Employee Health Services pre-employment screening (including a drug screen), providing proof of work eligibility and appropriate licensure/certification. Failure to successfully complete the pre-employment process or failure to provide required licensure/certification , may result in withdrawing the offer of employment or termination.



POLICY/PROCEDURE TITLE:HR- Employment Procedures

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee: HR 2/15	
Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 8/6/96, 5/1/98, 3/14/0, 11/17/03, 12/02/03, 11/20/06, 06/08/09, 11/12

REFERENCES: (as applicable)

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:
[3.01a Interviewing Matrix Grid - FORM](#)

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Rest and Meal Breaks



POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

CATEGORY: Human Resources
LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 9/11/94

COVERAGE:

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

PURPOSE:

El Camino Hospital provides rest and meal breaks for employees. Non-exempt employees are provided rest and meal breaks according to the current Wage Order 5 issued by the California Industrial Welfare Commission (IWC).

STATEMENT:

It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for meals and breaks.

PROCEDURE:

DA. Rest Breaks:

1. El Camino Hospital will provide a rest break of fifteen (15) minutes for every four (4) hours worked.
2. In order to minimize disruption to the department, management may designate scheduled ~~the~~ rest periods.
3. The employee may leave the work station but must return to work no later than the end of her/his rest break.
4. Rest break time is paid time.
5. Failure to provide the non-exempt employee with an opportunity to take a rest period for every four (4) hours or substantive fraction thereof worked will require the employee to be paid one (1) hour of pay at the employee's regular rate of compensation for each work day that the rest period(s) is not provided. The employee must complete a *Notification of Missed Rest Break and/or Meal Break* form (see attached) and submit to the manager on the day of the occurrence, and indicate the missed rest period on his or

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

her in ~~eTime~~ electronic time card, see Human Resources Policy 2.05 Electronic Time Cards).

Comment [TS1]: Consider using the term "electronic time card" rather than the name of the current system.

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EB. Meal Breaks:

An employee is provided an uninterrupted required to take a meal break of at least thirty (30) minutes whenever she/he is assigned a work schedule period of more than five (5) hours. Mangement may designate scheduled meal breaks.

1. Meal periods are not counted as hours worked if:
 - The employee is completely relieved of all duties;
 - The employee is free to leave the work station and the work site; and
 - The meal period is at least 30 minutes long.
2. When the non-exempt employee is required to work during her/his meal break, or is unable to take an uninterrupted meal break, she/he will be paid for the meal break as time worked.
3. If overtime is incurred because of a meal break worked, the non-exempt employee will be paid in accordance with El Camino Hospital overtime policies.
4. Failure to provide the non-exempt employee meal period(s) according to the current IWC wage order will require the employee to be paid one (1) hour of pay at the employee's regular rate of compensation for each work day that the meal period(s) is not provided. The employee must complete a *Notification of Missed Rest Break and/or Meal Break* form (see attached) and submit to the manager on the day of the occurrence and properly code the missed break in ~~eTime~~ electronic time cards.

Comment [TS2]: Consider using the term "electronic time card" rather than the name of the current system.

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CF. General Provisions - Rest/Meal Breaks

1. The following practices are not permitted:
 - Combining rest breaks, or rest and meal breaks;
 - Omitting rest or meal breaks in order to report to work late or to leave work early during a scheduled work day; or
 - Dividing rest or meal breaks
2. Time used for smoking, leaving the immediate work area for reasons such as getting food or beverages, personal telephone calls, etc., is considered to be included within the employee's part of rest and meal breaks.

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

3. Breaks are to be taken in designated employee break areas only. Break rooms and the cafeteria ~~ea~~ a are acceptable areas for breaks. Breaks shall not be taken in areas designated as patient or visitors waiting areas, consultation rooms or patient care areas. It is not permissible to take breaks in patient rooms.
4. Employees who remain on hospital premises while on break must wear his or her badge visibly and identify themselves to management or security personnel if asked.

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~~G.~~ D. Extended Rest Breaks for Breastfeeding Mothers

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1. California law requires the Hospital to provide any employee who is a nursing mother with a reasonable amount of break time and a private place to express breast milk. The Hospital provides a lactation room for the employee's personal use at Maternal Connections.
2. If the employee needs additional time beyond the normal paid rest break for expressing milk, they are required to make advance arrangements with their manager, and the time will be provided unpaid.
3. The employee may also choose to use their lunch meal break time to express breast milk.

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.16), 11/04/2003, 11/04/06, 03/09, 11/12

ATTACHMENTS:

3.09a Notification of Missed Rest Period and/or Meal Period – FORM
[HR- Missed Rest or Meal Period form](#)

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Lactation Accommodations



POLICY/PROCEDURE TITLE: 3.14 Lactation Accommodation Policy

CATEGORY: Human Resources

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 12/23/08

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COVERAGE:

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

PURPOSE:

To provide information to employees in regard to requests for time and an appropriate location to express breast milk during breaks in the work day.

STATEMENT:

El Camino Hospital shall make reasonable efforts to provide the employee with the use of an appropriate private space and pre-scheduled time as needed within patient care and business operational needs, to express breast milk.

PROCEDURE:

El Camino Hospital will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employees' infant child as long as El Camino Hospital's operations will not be significantly disrupted. Employees shall use their paid rest break, and if the employee needs a reasonable amount of additional time beyond the normal paid rest break for expressing milk, unpaid time will be provided. The employee will give reasonable notice ahead of time if she will need additional time beyond the regular, designated break time.

El Camino Hospital shall make reasonable efforts to provide the employee with the use of a private room or other location with a door that can be secured, other than a toilet stall, and in close proximity as much as practicable to the employees' work area, for the employee to express milk. It is not the responsibility of the Hospital to provide equipment such as breast pumps, ~~other equipment~~, nor refrigeration facilities to store the expressed milk.

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POLICY/PROCEDURE TITLE:3.14 Lactation Accommodation Policy

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 12/23/08, 06/09, 11/12

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Time away from Work



POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

CATEGORY: Human Resources

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 9/11/1994

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COVERAGE:

Full and part-time El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the MOU will prevail.

PURPOSE:

This policy is written in recognition of the importance of the need to provide for time away from work for reasons that do not require a Leave of Absence as set forth in Human Resources Policy 5.08, and to assure compliance with specific federal and state laws governing time away from work.

STATEMENT:

Employees may request time away from work for reasons which are not formal leaves of absence under Human Resources Policy 5.08. Time away from work shall be requested of the Department Manager with as much advance notice as possible to avoid disruption of patient care and business operations. It is the policy of El Camino Hospital to comply with federal and state laws governing time away from work, and will make all best efforts to accommodate such time away as defined below.

PROCEDURE:

El Camino Hospital allows for time away from work as it relates to the following circumstances:

- 1) Jury Duty
- 2) Legal Appearance as a Witness
- 3) Voting
- 4) Victims of Domestic Violence and Sexual Assault
- 5) Victims of Crime
- 6) School Activities & Discipline
- 7) Military and Military Spouse Leave
- 8) Civil Air Patrol and Civil Volunteer Leave

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POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

A. Jury Duty:

1. An employee shall notify her/his manager as soon as she/he receives a jury duty notice.
2. Employees will be paid the difference between her/his base salary rate (without shift differential) and the amount received for serving on the jury for each regularly scheduled workday falling within the time of jury duty, up to a total of 160 hours or 20 days annually, whichever occurs first. Employees may then use their accrued PTO or leave without pay.
3. Any requests for jury pay in excess of 160 hours or 20 days will be made in writing by the employee, submitted for review to the Chief Human Resources Officer, and will be considered on a case by case basis.
4. In most cases, reasonably considering traffic and location of the court, an employee must report to work during standby or periods of extended time off, postponement, or similar delay, when he/she has not been directed to report to court, and his/her physical presence is not required at the courthouse.
5. An employee on the PM or night shift should be scheduled so she/he does not work on the same day(s) she/he serves on jury duty. If an employee voluntarily works a PM or night shift on a day she/he also serves on jury duty, she/he will be paid at the regular rate for the hours actually worked and jury duty pay will not be deducted from her/his paycheck.
6. An employee must submit the jury duty payment verification to her/his manager. The manager will forward the verification to Payroll. Jury duty pay received by the employee shall be deducted from the subsequent paycheck.
7. Time spent on jury duty leave is not considered hours worked for calculating overtime, but does count for pension accrual and pension hours.
8. Employees may volunteer for additional days/hours of work on their regular days off or nights in addition to paid jury duty leave. They will be paid all appropriate differentials for any hours worked.

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

B. Legal Appearance:

1. When an employee is required to appear as a witness at the request of El Camino Hospital, or as a result of activities performed within the normal scope of her/his duties assigned by El Camino Hospital, the employee will be paid at her/his base hourly rate. All other witness duty, including personal matters not arising directly from the performance of duties assigned by El Camino Hospital shall be at the employee's expense and require use of PTO. An employee is not eligible for compensation when she/he has been notified she/he is "on-call" or waiting to be called to appear.
2. If legal appearance is required on a scheduled day off, she/he will be paid for the day at her/his base hourly rate and she/he will be given another day off within the pay period if scheduling permits as determined by the manager.
3. If the employee is scheduled to work the night prior to legal appearance time she/he will have the night off if scheduling permits as determined by the manager.
4. The manager will determine on an individual basis whether the employee will be required to report to work during the portion of her/his shift not spent in legal appearance time.
5. If the employee is not required to work by the manager (or her/his designee), she/he will be paid for her/his scheduled shift at her/his base hourly rate.
6. There will be no loss of benefits or compensation as a result of legal appearance time, except shift differentials and to the extent the employee is reimbursed for legal appearance services (i.e., witness/subpoena fees). The employee will be required to furnish El Camino Hospital with proof of legal appearance.
7. Legal appearance time on as required on behalf of El Camino Hospital constitutes hours worked and applies toward overtime and premium pay.

C. Voting

If an employee does not have sufficient time outside of working hours to vote at a statewide election, the voter may, without loss of

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

pay, take off enough working time that, when added to the working time available outside of working hours, will enable the voter to vote. The employee must give two working days' notice that such time is needed. The time away from work will not exceed two hours, and will be granted only at the beginning or end of a shift, and only to the extent necessary when added to the time available outside of work to enable the employee to vote. Employees must use their accrued PTO as long as it is available.

D. Victims of Domestic Violence and Sexual Assault

Employees who are victims of domestic assault or domestic violence may be allowed time away from work to obtain relief such as a restraining order or other court assistance or to obtain services related to domestic violence or sexual assault. If feasible, the employee must provide advance notice and the employee must provide documentation in the form of a police report, court order, medical professional counselor or other domestic violence advocate. The time taken shall run concurrently if applicable with protected family or medical leave time as set forth in Human Resources Policy 5.08, Leave of Absence.

E. Victims of Crime

— An employee who is the victim of certain types of felonies or has an immediate family member or registered domestic partner who is the victim of certain types of felonies may take time away from work to attend judicial proceedings. If feasible, the employee must provide advance notice and the employee must provide documentation from a court or governmental agency, a prosecuting or district attorney's office, or an agency advocating on behalf of the victim that verifies that the employees was attending a judicial proceeding. The time taken may run concurrently with protected family or medical leave time as appropriate as set forth in Human Resources Policy 5.08, Leave of Absence.

F. School Activities & Discipline

The parent or legal guardian of a child in grades K – 12 who has been suspended from school may take time away from work if he/she is required to appear at the school in connection with that suspension. The parent or guardian of a child in grades K–12, or attending a licensed day care facility, may take up to 40 hours off

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

per calendar year for the purpose of participating in activities of the school or licensed day care facility. However, the time away from work for school activities may not exceed 8 hours per calendar month.

In order to be approved for time away from work for school discipline or school related activities, employees must provide documentation from the school or licensed day care facility as proof that the employee participated in the activity on a specific date and at a specific time. When taking time away from work for school activities or school discipline, employees must use accrued PTO as long as it is available.

G. Military and Military Spouse Leave

Coverage applies to employees who are in service in the uniformed services; such as Army, Navy, Air Force, Marine Corps, Coast Guard and the reserves of each of these. Also covered are commissioned corps of the Public Health Service and any other category of people designated by the president in the time of war or national emergency. Service is defined as active duty on a voluntary or involuntary basis.

Spouses of military personnel qualify for Military Spouse Leave if they are a spouse of a "qualified" service member, work an average of 20 or more hours per week and provide notice to their employer of their intention to take leave, within two business days of receiving official notice that the service member will be on leave from deployment.

H. Civil Air Patrol and Volunteer Civil Service Leaves

To qualify for Volunteer Civil Service Leave you must be required to perform emergency duty. The amount of time an employee can use for volunteer civil service leave is unlimited. Emergency rescue personnel is defined as any person who is an officer, employee or member of a fire department, fire protection or firefighting agency of the federal government, California state government, local government, special district or other public or municipal corporation or political subdivision of California. Also qualifying are officers of a sheriff's department, police department or private fire department.



POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

To qualify for Civil Air Patrol Leave, an employee must be a volunteer member of the California Wing of the civilian auxiliary of the U.S. Air Civil Air Patrol, responding to an emergency operation mission.

Certification regarding these leaves is required; employees shall provide documentation prior to the granting of either of these leaves.

Information on any leave of absence may be obtained through the human resources department or through the State of California Chamber of Commerce.

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	6/02/15
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01, 11/03, 1/04, 12/13/06, (formerly Human Resources Policy, 5.07,) 12/13/08, 03/09, 11/12

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Internal Transfer



POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

CATEGORY: Human Resources
LAST APPROVAL DATE: 06/2015

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 9/11/94

COVERAGE:

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

PURPOSE:

To describe the process of applying for a position for current employees.

STATEMENT:

It is El Camino Hospital policy to hire and retain highly qualified and skilled people to maintain a flexible work force. Positions may be filled through promotion or lateral transfer, or by hiring people from outside El Camino Hospital. The method used to fill positions is the sole discretion of El Camino Hospital and unless otherwise specifically stated, one method does not take precedence over another.

In addition to its goal of maintaining a flexible work force and supporting efficient operations, El Camino Hospital seeks to encourage and facilitate growth opportunities for employees through appropriate transfers.

PROCEDURE:

A. Employee-Initiated Transfers

1. It is the responsibility of the employee to complete an on-line Internal Transfer request for each posted position for which she/he desires to be considered for.
2. An employee must have a minimum of one hundred eighty (180) days of service in his/her present position and satisfactory performance in the position to apply for internal transfer. The employee must meet the basic skills and qualification of the posted position to be considered. Exceptions to the satisfactory job performance requirement must be approved by the accepting hiring manager and have been reviewed by the Human

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POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

Resources Business Partner; ~~and~~ this review must be documented in writing for the employee personnel file.

3. An employee on a leave of absence for medical reasons is ineligible to apply for a transfer until medically cleared to return to work. An employee on a leave of absence for non-medical reasons may initiate a transfer request provided the employee is available to return to work within thirty (30) days. (See section C.7. of this policy.)

B. Employer-Initiated Transfers.

There may be circumstances where it is in the best interest of El Camino Hospital to transfer an employee. Such transfers will normally take precedence over requested transfers.

C. Internal Transfer Process:

1. Postings will be in accordance with the posting requirements stated in Human Resources Policies and Procedures 3.01 Employment Procedures, unless otherwise stated in this policy.
2. After reviewing the transfer request, recruitment staff will forward the ~~request~~ transfer request from a qualified internal applicant to the hiring manager.
3. The hiring manager shall arrange to interview the applicant and obtain information about the employee's current performance, including review of the employee personnel file before making a decision. The employee's electronic signature on the Internal Transfer Request Form authorizes the hiring manager to review the personnel file.
4. The hiring manager will notify Human Resources of the selection/non-selection of the employee ~~via email~~ in writing to HR transactions or by signing the transfer form and returning it to Human Resources. Recruitment staff will verify that this selection is compliant with hospital policy ~~and and any the~~ applicable MOU.
5. All transfers for an employee with a documented permanent work restriction must be reviewed and approved by Employee Wellness & Health Services (EWS) before the transfer can occur. A substantive change in the essential functions of the employee's proposed position or work status may require EWS, the hiring manager and the employee to engage in an interactive process to evaluate what reasonable accommodations are

Comment [TS1]: This seems to imply that if an internal candidate is minimally qualified they will always be interviewed. Is that intended?

POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

available to the employee in the new position.

6. Recruitment staff will offer the position to the selected employee and confirm the details.
 - a. If the offer is declined Human Resources will notify the hiring manager and indicate the employee's decision/declination in the applicant tracking system.
 - b. If the offer is accepted, Human Resources will note this on the transfer request and notify the hiring manager. An employee who accepts an offer is required to proceed with the transfer and remain in that position for at least one hundred eighty (180) days. Any requests for exception to this must be reviewed by a Human Resources Business Partner and approved by the Director of Human Resources Operations.-
7. The date of transfer will be determined by agreement between the respective managers. The employee should normally start the new position within thirty (30) days after the date of acceptance of the new position. In the case of promotion, the transfer will occur no more than thirty (30) days after acceptance of the new position. Transfers will be effective on the first day of a pay period. All required documentation must be received by Human Resources before a transfer is processed.
8. Employees who transfer or change job classifications for any reason must complete a new provisional period as described in Human Resources Policies and Procedures 3.07 Provisional Period.
9. Any exceptions to this policy must be reviewed and approved by the Chief Human Resources Officer, after review by the hiring manager and Human Resources Business Partner or the Manager of Director of Human Resources Operations.

Comment [TS2]: Is this intended to mean "who transfer into a new job classification" or does it apply to any and all transfers?



POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

APPROVAL	APPROVAL DATES
HR Committee:	02/15
Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.20), 11/4/03, 10/16/06, 03/09, 11/12

REFERENCES: (as applicable)

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

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.

10. Resignation – Separation of Employment

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 10/2002**COVERAGE:**

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

PURPOSE:

El Camino Hospital has established guidelines and procedures for employees who wish to resign or who are discharged from employment.

STATEMENT:

Employment with El Camino Hospital is a voluntary one and is subject to termination by the employee or the hospital at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President or the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.

PROCEDURE:

1. Resignation with Notice.
 - a. Employees who resign are requested to notify their manager at least fourteen (14) days in advance and are required to submit the resignation in writing.
 - b. Upon receipt of written resignation the manager must notify Human Resources of the action via uAccess, the Manager self-service portal. The manager should scan a copy of the employee resignation to uAccess as well as provide the original employee resignation letter to Human Resources for inclusion in the personnel file.

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

- c. If the employee is unable or refuses to give a written resignation, the manager must contact their Human Resources Business Partner for assistance.
 - d. The manager is responsible for the following:
 - Obtaining written notice of resignation.
 - Advising the employee that her/his final paycheck is available for pick-up in Payroll by the employee in person on the last day worked. Employees who choose to schedule their last day worked on a weekend will be required to pick-up their final paycheck in Payroll on the next normal business day.
 - Completing the notification of termination via uAccess and providing the employee resignation letter to the Human Resources Department prior to the employee's last day of employment.
 - Approving and delivering the employee's final time record for processing prior to the employee's last day of employment.
 - Advising the employee they may wish to contact the Sr Benefits Analyst in Human Resources for an optional exit benefits meeting.
2. Exit Benefits Meeting: The exit benefit meeting is optional but recommended for all employees who resign. Upon submission of written or verbal resignation, the employee may contact the Senior Benefits Analyst in the Human Resources Department to schedule an exit benefits meeting.
3. Final paycheck:
 - a. Once final eTime has been completed by the Manager, Human Resources will coordinate with the Payroll office to request the issuance of final pay.
 - b. It is the responsibility of the Manager to approve that the employee works the number of hours listed on the employee's final time record in eTime and to notify payroll that the final timecard is completed before the end of the employee's last shift.

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

- c. Upon completion of the employee's last shift, the employee's final pay will be available in Payroll for the employee to pick-up during normal day shift working hours, Monday through Friday.
 - d. The employee's photo ID badge and any other Department/Hospital assets, including but not limited to electronics (Vocera, laptop computers, etc.), other equipment, and keys are to be turned in to the employee's Manager or designee in the home department no later than the last day worked.
 - e. If an employee is unable to pick up their final check, and wishes to request that their final check be sent by mail, they must put the request in writing or an e-mail to Payroll.
4. Hospital Property: All Hospital assets and property must be returned by the employee's last day of work.
5. Resignation without Notice
- a. The following may be considered to be voluntary resignations without notice:
 - i. Failure to report to work without authorization from the employee's manager (or approved designee), pending investigation.
 - ii. Failure to return to work when an LOA (or extension of LOA) expires.
 - b. If the employee resigns without notice, the manager must contact the Human Resources Business Partner for assistance.

6.. Re-employment Status

Employees who resign from El Camino Hospital may be considered for re-employment provided their previous work record, including job performance, conduct, and attendance, was satisfactory. ~~and the minimum notice was given prior to departing. Beth, to me this line reads that if someone does not give two weeks' notice they are not eligible to be re-employed. It this interpretation is correct, it is my opinion that one should not be "punished" for not providing two week notice. Outside of common courtesy there is nothing preventing one from taking that action.~~

7. Discharge

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

- a. All discharges (including resignations in lieu of discharge) are reviewed by the Human Resources Business Partner or Director of Human Resources Operations before action is taken.
- b. Termination checks will be prepared on or before the employee's last day of work. All wages earned (and any accrued time) must be paid immediately to an employee who is being discharged. The termination check is to be presented to the employee at the time of discharge.
- c. The Employee Resignation/Separation form and a written Action Report or Memorandum (termination notice) detailing the reasons for taking the action of discharge are to be completed by the manager. The Human Resources Business Partner is available for assistance.
- d. All items belonging to El Camino Hospital (keys, uniforms, I.D. Badge, etc.) are to be collected at the time of discharge.

APPROVAL	APPROVAL DATES
HR Committee:	02/15
_____ Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 6/11/97, 5/1/98, 3/14/01 (formerly numbered 3.24), 11/4/03, 12/06, 03/09, 11/12

REFERENCES: (as applicable)

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

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

Management Organization



POLICY/PROCEDURE TITLE: 11.00 Management Organization

CATEGORY: Administrative

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: General Administration

ORIGINAL DATE: 5/98

COVERAGE:

El Camino Hospital employees, Auxiliary, Volunteer groups, Medical Staff.

PURPOSE:

It is the policy of El Camino Hospital to create an organizational structure that meets the Hospital's current needs. ~~The Chief Executive Officer is required to develop such organizational structures.~~ It is the responsibility of the Chief Executive Officer or designee to develop, rreview, and/or revise the organizational structure annually.

STATEMENT:

~~This policy is distributed to all organizational units within the El Camino Hospital structure and is listed in all official hospital distribution lists.~~

Comment [TS1]: Not sure what this means?

Comment [JJ2]: Agree statement is outdated

PROCEDURE:

The following organizational structure has been established to position El Camino Hospital for future growth. This action is undertaken in accordance with the California Health and Safety Code, Title XXII, the Bylaws of the El Camino ~~Healthcare Hospital~~ District Board of Directors and the Bylaws of El Camino Hospital. -Organizational charts are updated at least annually and available to employees under Administrative policies.

(Refer to: Patient Care Policies and Procedures Manual, Section "0.00 Hospital Plan for Provision of Patient Care and Services", under 0.01 Overview).

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POLICY/PROCEDURE TITLE: 11.00 Management Organization

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

Historical Approvals:

5/98, 6/99, 05/01, 02/04, 03/05, 12/06, 06/09, 10/12

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Hospital Volunteers



POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 12/07/2006

COVERAGE:

Hospital volunteers who are members of the El Camino Hospital Auxiliary and ~~all~~all other approved volunteers.

PURPOSE:

It is El Camino Hospitals policy to encourage volunteerism from the professional and nonprofessional community. ~~Qualifications and performance standards for volunteers are the same as for employees, except that volunteers are only subject to the communicable disease screening portion of the Employee Health Services pre-placement process.~~

El Camino Hospital approves individuals to volunteer at the Hospital based on qualifications needed to perform the volunteer function. In accordance with applicable laws, El Camino Hospital prohibits unlawful discrimination based on race, color, ancestry, national origin, color, sex, sexual orientation, religion, disability, marital status, age, medical condition or any other status protected by federal, state or local laws.

STATEMENT:

~~Examples may include:~~

- ~~• It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for _____~~
- ~~• It is the procedure of El Camino Hospital regarding _____ to ensure patient safety~~

DEFINITIONS (as applicable):

PROCEDURE:

1. Individuals wishing to volunteer with ~~the~~ El Camino Hospital-Auxiliary must contact the Auxiliary Recruitment Department.

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POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

2. Individuals wishing to volunteer with the Chaplaincy, Healing Arts Program or Pet Therapy volunteers must contact the hospital Chaplain.
 - a. Individuals wishing to volunteer with animals should refer to Administrative Policy 12.00 Animal Visitation.
3. Individuals wishing to volunteer in any other area must contact All other volunteers must contact Human Resources.
4. Individuals wishing to volunteer with animals should refer to Administrative Policy 12.00 Animal Visitation.
5. All persons requesting to volunteer must commit to and complete a minimum of 40 hours of volunteer work with El Camino Hospital in a one year period. Exceptions may be considered on a case-by-case basis by For persons who do not commit to the minimum hours requirement, exceptions to the requirements will be considered for approval on a case by case basis by the Manager the Director, Patient Experience Guest Services or Director, HR Operations Workforce Planning & Recruitment.
5. Before beginning duties, All volunteers must have a criminal background check and comply with the Infectious Disease Screening Policy prior to their first volunteer shift.
 6. Volunteers must also comply other periodic infectious disease screening requirements as outlined in the Infectious Disease Screeing Policy. the Auxiliary or Department must have received clearance from Employee Health and received an approved Volunteer checklist from Human Resources.
6. All volunteers must receive an orientation to their role as well as to patient and environmental safety, infection prevention, confidentiality and security as applicable to their volunteer duties prior to beginning those duties and annually thereafter.
7. A volunteer who experiences an accident, injury or exposure in the course of his/her duties should notify the manager of the department where s/he is volunteering and/or the chair of his/her Auxiliary service, complete the online Accident, Injury, and Exposure Report, and seek treatment from his/her personal health care provider.
 - a. If emergency care is needed, the volunteer may be treated in the Emergency Department and will be required to register and have a medical evaluation. The volunteer's medical insurance company will be billed for this service.
 - b. Add info about EWHS coverage for some volunteersstejinajncognizeme fr.

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Comment [TS1]: What about SAHC?

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POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: <i>(Please don't remove this line)</i>	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 12/07/06, 02/17/09, 06/09, 11/12

REFERENCES: (as applicable)

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

[17.03a Hospital Volunteer Checklist.doc](#)
[17.03b Volunteer Application - FORM](#)

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Policies:

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
	Employee Assistance Fund	HR	12/15	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Independent Contractor/ Outside Labor	HR	12/15	<p>1. Defined clearer definitions of 3 categories for independent contractor worker types:</p> <ul style="list-style-type: none"> • Agency Contractor Independent Consultant • Outsourced Services Contractor <p>2. Clarified the review process for onboarding these 3 worker-type categories, as well as off-boarding. This includes the contract review and approval process (Purchasing, Legal, HR) for these types of Independent Contractors.</p> <p>3. Change in Policy name:</p> <ul style="list-style-type: none"> Outside Labor Personnel Policy (former) Independent Contractor Policy (proposed)

POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH NO REVISIONS - REVIEWED				

Policy Number	Policy Name	Department	Review or Revised Date	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	

Employee Assistance Draft

TITLE: Employee Assistance Fund (new)

CATEGORY: Human Resources

LAST APPROVAL: N/A

TYPE:

☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☐ Procedure ☐ Standardized Process/Procedure

SUB-CATEGORY:

Human Resources

OFFICE OF ORIGIN:

Human Resources and Foundation

ORIGINAL DATE:

DRAFT 11/25/15

Revision Cover Sheet

Reminders to Document Owners:

- The document owners are content experts and should complete this cover sheet as part of submission to the E-Policy Committee for review.
- Forms associated with the document(s) must be approved by Forms Committee before submission to E-Policy Committee.

11/25/15	10/12/15													
Author(s):	Julie Johnston and Darcie Kiyan													
Please select:	<input type="checkbox"/> No Changes <input type="checkbox"/> Minor Revision <input type="checkbox"/> Major Revision <input checked="" type="checkbox"/> New Document													
Summary of Changes or Justification	<p><i>Please list "Summary of Changes" for Minor & Major Revisions, or "Justification" for implementation of a New Document</i></p> <p style="color: red;"> 1) To create a way for employees and other donors to help employees in need. 2) Grants will be available to regular and full-time employees with at least one year of service who experience an unforeseen catastrophic event that creates a financial hardship. 3) An Employee Assistance Fund Committee will be established to develop, communicate, and administer the Fund including approval of grants. </p>													
Legal/Risk Review Required:	<p><i>Please confirm that regulatory requirements and legal authorities/references are correct. If there are questions, please contact the Department of Clinical Effectiveness for review before moving policy forward to E-Policy Committee.</i></p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Committee(s) and Other Reviews:	<div style="border: 1px solid black; padding: 5px;"> <p> ▪ <i>Please list all committees that have approved the document and date of approval.</i> ▪ <i>Please make sure your clinical counterpart at Los Gatos/Mountain View has jointly approved this document to move forward for consideration</i> </p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Name of Committee</th> <th style="width: 35%;">Date of Approval</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Human Resources Leaders</td> <td>11/25/15</td> </tr> <tr> <td>2.</td> <td>Finance Committee</td> <td>1/25/16</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </div>			Name of Committee	Date of Approval	1.	Human Resources Leaders	11/25/15	2.	Finance Committee	1/25/16			
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1.	Human Resources Leaders	11/25/15												
2.	Finance Committee	1/25/16												

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TITLE: Employee Assistance Fund (new)

CATEGORY: Human Resources

LAST APPROVAL: N/A

Terms to Make the Policy searchable (if applicable):	<ol style="list-style-type: none">1. Donation of PTO Pay-down2. Employee Assistance Fund3. Employee Grant4. Catastrophe5. Employees helping employees
Notes (if applicable):	Policy has been reviewed by Accounting.

POLICY/PROCEDURE TITLE: Employee Assistance Fund

SUB-CATEGORY: Human Resources**ORIGINAL DATE: DRAFT 12/23/15****COVERAGE:**

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

PURPOSE:

1. To create a fund to support employees experiencing a severe financial hardship due to unforeseen or catastrophic event.
2. To describe the process under which an employee may apply for a grant from the El Camino Hospital Foundation's Employee Assistance Fund ("Fund").
3. This policy defines the process to be followed when an employee wishes to donate to the Fund.

STATEMENT:

1. Employees may donate through: 1) ongoing payroll deduction; 2) one-time donation; and 3) allocation of some or all of their Paid Time Off (PTO) pay-down dollars. Non-employees may contribute to the Fund.
2. The Fund Committee will be accountable for establishing and maintaining the process and procedures for applying for grants and will determine which requests are granted within the funds available.
3. Tax reporting for employee donations and grants will be in accordance with IRS requirements.

DEFINITIONS (as applicable):

1. Catastrophe – When unforeseen circumstances create a substantial hardship to an employee that impacts their ability to work and/or creates a significant financial burden. Catastrophic events include:

POLICY/PROCEDURE TITLE: Employee Assistance Fund

- a. Loss of home, furnishings, personal belongings due to fire, fallen tree(s), or unforeseen events
 - b. Loss of property due to tornadoes, hurricanes, flooding, earthquakes, and tsunamis or other weather-related event
 - c. Employee or immediate family member is a victim of an act of terrorism, act of war, or serious crime
 - d. Serious non-work related health condition of employee or immediate family member requiring an unpaid leave of absence from work
 - e. Unexpected death of an immediate family member
2. Financial hardship - When a catastrophe results in an immediate financial need and the employee does not have other resources available to meet the need, including assets of the employee's spouse or registered domestic partner.
3. Grant - Grants are non-repayable funds disbursed by the Employee Assistance Fund.
4. Immediate family member – includes spouse or registered domestic partner, minor or adult child, and parent.

PROCEDURE:

1. Eligibility
 - a. All employees may contribute to the Fund.
 - b. Grants are available to regular full and part time employees who have been employed at least one year.
2. Donations
 - a. Employees may elect to donate as follows:
 - i. Ongoing payroll donations as designated under Employee Giving;
 - ii. One-time donation made directly to the Foundation designating the gift to the “Employee Assistance Plan”
 - iii. Payroll donation from PTO pay-down dollars
 - b. Non-employees may contribute to the Fund
 - c. Donations to the Employee Assistance Fund is a charitable contribution payable to the El Camino Hospital Foundation, a 501©(3) organization
 - d. Donations are made to the Fund and cannot be designated to a specific individual or department
3. Applying for a Grant

POLICY/PROCEDURE TITLE: Employee Assistance Fund

- a. The Employee Assistance Fund Committee “EAF Committee” will publish the procedures and forms needed to apply for a grant.
 - b. In submitting an application for a grant, the employee may be required to provide documentation of the catastrophic event and/or financial hardship.
 - c. The EAF Committee may request additional documentation and/or meet with the employee or employee’s family prior to approval.
 - d. Applications will be submitted the Chair of the EAF Committee.
4. Review and Approval of the Grant
 - a. The amount of monies available will be dependent upon the account balance of the Fund.
 - b. The EAF Committee will consist of at least four members who represent employees and the Foundation.
 - c. The EAF Committee will review all applications within 10 business days of receipt of the application and all requested documents.
 - d. Employee will be notified of the EAF Committee’s decision and funds made available, upon EAF Committee approval, within 15 business days of receipt of the application and all requested documents.
 - e. Grants to pay the cost of health and welfare benefits for employees on an approved unpaid leave of absence may not exceed three months.
5. Condition and Terms
 - a. Employees who falsify documents in order to receive a grant must return all monies to the Foundation upon demand and may be subject to corrective action up to and including termination of employment.

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

Historical Approvals:
New:



POLICY/PROCEDURE TITLE: Employee Assistance Fund

Reviewed/Revised

KEY WORDS:

Donation of PTO Pay-down
Employee Assistance Fund
Employee Grant
Catastrophe
Employees helping employees

REFERENCES: (as applicable)

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

Outside Labor Personnel

TITLE: Independent Contractor/ Outside Labor Formerly Outside labor Personnel Policy
SUB-CATEGORY: Human Resources
ORIGINAL DATE: 05/18/1995

A. COVERAGE:

Independent Contractors including agency contractors, independent consultants, outsourced services contractors that have current contracts with El Camino Hospital, **CONCERN: EAP,** and employees who use these services.

Comment [RM1]: Added CONCERN: EAP, per Mary R.

B. PURPOSE:

Agency Contractors may be used to supplement existing staff when staffing is insufficient to meet department needs and other means of staffing have been exhausted or to meet seasonal workload fluctuations. Outsourced service contractors and independent consultants may be engaged to perform services that are project based with milestones and deliverables, and are not typically performed by existing staff.

C. DEFINITIONS (as applicable):

1. Agency Contractor

Worker sourced through a staffing agency, and provides temporary labor to supplement ECH workforce or replace headcount until position can be filled, for a defined period of time, not to exceed 12 months. After 12 months, the agency contractor must have a required break in service for a minimum of 90 days prior to returning to ECH as a contractor.

2. **Independent Consultant:** Individual who provides intellectual and/or professional services advisory in nature, or one time deliverable project based services. Independent Consultants have a defined time period of one year or less to complete a project and/or deliverable(s).

3. **Outsourced Services Contractor:** Worker supplied through a contractual agreement with a 3rd party service provider; usually provides professional or technical products and/or services to ECH. . Outsourced services contractors typically have a defined time period to complete a project and/or deliverable(s), but may be extended if internal resources are not available. Outsourced services may be extended but must be reviewed annually by ~~Purchasing~~**Procurement** & ~~Human Resources~~ to determine if outsourcing or insourcing is the most efficient and cost effective method.

D. SUPERVISION & PAYMENT:

1. **AGENCY CONTRACTORS:** ECH manager provides daily direction of work for agency contractors. Agency staffing agreements and payments are managed by

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Independent Contractor Policy

120.1.020

the Human Resources/Staffing Office and through ECH's 3rd party managed service vendor (i.e. RightSourcing, Inc.)

2. INDEPENDENT CONSULTANT or OUTSOURCED SERVICES CONTRACTOR:

ECH manager supervises project deliverables and milestones as described within the Master Service Agreement (MSA), Consulting Agreement, Professional Services Agreement (PSA) or SOW.

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Payment is via invoicing through Finance, and is also based on specific deliverables or project milestones as stated on approved SOW for a defined period of time.

E. PROCEDURE:

1. Agency Contractors: ECH manager requests Agency Contractors staff by submitting a completed Position Requisition form to his/her manager. All positions must be approved by each executive level in the chain of command through the Department and by the Vacancy Review Workgroup. Requests for clerical staff who will be utilized for less than three weeks may be approved by the Department executive only.

Approved registry/agency contractors or "traveler" companies with current agreements with the Hospital will be used. Human Resources or Staffing Office will initiate the request for Agency Contractors personnel with ECH's 3rd party managed service vendor (i.e. RightSourcing, Inc.).

2. Independent Consultant : Refer to [Purchased Services Payment Policy 50.00](#) and Administrative Policies and Procedures 17.019. Signature Authority for instructions regarding contracting with "contract service providers" and "independent contractors."

Independent Consultants require review and approval that an individual is appropriately characterized as an Independent Contractor using IRS criteria before any such relationship is established. ~~Procurement and, ECH Department Manager and/or Human Resources, or through ECH's 3rd party managed service vendor is~~ are required to review all such relationships prior to engagement with a new supplier, by completing the "Independent Contractor" v "Employee" Analysis Checklist, using the IRS Analysis Checklist form attached as Appendix A as well as on a quarterly basis to ensure length of engagement is in compliance with law.

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If any question on the IRS Analysis Checklist is checked yes, Purchasing Human Resources, or ECH's 3rd party managed service vendor will consult with the Department manager and Legal Counsel before proceeding to establish or continue an Independent Consultant agreement.

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Hospital's General Counsel must be consulted if any significant circumstances change in the nature of the independent contractor relationship between the Hospital and the independent contractor warranting additional review and analysis.

A signed agreement conveying independent contractor status does not create or establish an independent contractor relationship, nor does payment via Form 1099 confer independent contractor status. Each relationship must meet IRS criteria and state law requirements.

Independent consultant agreements and payments must be reviewed quarterly to ensure continuing compliance with criteria established by the IRS and state law. It is the responsibility of Department Manager, and Human Resources through ECH's 3rd party managed service vendor to ensure that individuals are correctly classified as independent contractors.

~~Hospital's Accounts Payable Department~~ The Hospital will maintain a current list of all Independent Contractors, which shall include all individuals, excluding physicians, who have received a 1099 in the past two years. This information shall be reviewed quarterly by ~~Purchasing~~ ~~Procurement~~ and Human Resources departments.

Comment [RM2]: Moved this paragraph into this section since this step is also completed prior to the Contract Process.

Contract Process

The CRAF form must be completed by the ~~requester~~ Department Manager, and submitted with the completed IRS Analysis Checklist in Appendix A for review & approval to Purchasing and Legal Services

Comment [EG3]: Confirm this Review is for potential engagement of vendor within GPO portfolio

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ECH Department Manager, ~~Procurement~~, and/or Human Resources through ECH's 3rd party managed service vendor will assure that all Independent Consultant agreements are embodied in a written agreement reviewed and approved by ~~Legal Counsel~~ ~~Services~~ prior to execution by an authorized representative of the Hospital. An Independent Consultant Agreement must be completed and signed before services are provided. Each Independent Consultant Agreement must contain a clear statement of work, standards for documenting the work, and must be accompanied by a completed "Independent Contractor" v "Employee" Analysis Checklist, using the IRS Analysis Checklist form attached as Appendix A. ~~Procurement~~ ~~Purchasing~~ and/or ~~Legal Services~~ shall be responsible for maintaining all Independent Contractor Agreements and their accompanying IRS Analysis Checklists submitted with the CRAF forms.

Comment [EG4]: these agreements w/CRAF arrive in Purchasing fully executed.

Comment [RM5]: Changed to Purchasing

Comment [EG6]: Confirm hard copies only and not uploading to Meditrac

~~If any question on the Analysis Checklist is checked yes, Procurement or Human Resources will consult with the Department manager and Legal Counsel before proceeding to establish or continue an Independent Consultant agreement.~~

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~~Hospital legal General Counsel must be consulted if any significant circumstances change in the nature of the independent contractor relationship between the hospital and the independent contractor warranting additional review and analysis.~~

~~A signed agreement conveying independent contractor status does not create or establish an independent contractor relationship, nor does payment via Form 1099 confer independent contractor status. Each relationship must meet IRS criteria and state law requirements.~~

Comment [RM7]: Moved this to section prior to the Contract Process.

If clinical work is to be performed by the Independent Consultant, the Agreement shall establish performance standards and require annual evaluation of those standards in compliance with Joint Commission, Centers for Medicare and Medicaid Services (CMS) rules.

Independent Consultants are subject to health screening and all other designated pre-placement activities to work in the health care setting.

~~Hospital Accounts Payable Department will maintain a current list of all Independent Contractors, which shall include all individuals, excluding physicians, who have received a 1099 in the past two years. This information shall be reviewed quarterly by Procurement and HR.~~

Comment [RM8]: Moved this to section prior to the Contract Process.

~~Independent consultant agreements and payments must be reviewed quarterly to ensure continuing compliance with criteria established by the IRS and state law. It is the responsibility of Department manager, Procurement, and Human Resources or ECH's managed service vendor to ensure that individuals are correctly classified as independent contractors.~~

3.Outsourced Services Contractor:

~~Refer to Purchased Services Policy 50.00 and Administrative Policies and Procedures 17.01 Signature Authority for instructions regarding contracting with "contract service providers" and "independent contractors."~~

~~ECH Department Manager will contact Purchasing to review the outsourced services required, and submit a purchase request services request form. Purchasing and Legal Services will review the request, and determine an appropriate vendor to provide the purchased services. Purchasing shall work with the Department Manager to complete a CRAF complete to obtain a Service Level~~

Comment [RM9]: Added per Mary

Comment [MR10]: Eric please review and confirm accuracy

Agreement (SLA), with a defined scope of work (SOW) from Legal Services.

If clinical work is to be performed by the Outsourced Services Contractor, the Agreement shall establish performance standards and require annual evaluation of those standards in compliance with Joint Commission, Centers for Medicare and Medicaid Services (CMS) rules.

Outsourced Services Contractors are subject to health screening and all other designated pre-placement activities to work in the health care setting.

Comment [RM11]: Added this paragraph from section 2, into this section 3, since this also applies to Outsourced Services Contractors.

4. Documentation Requirements:

Each Agency Contractor vendor and Outsourced Services Contractor that has a current contract with the Hospital is responsible for maintaining the following documentation for each employee assigned to the Hospital (The Hospital must be permitted to audit the records of the company to insure compliance):

1. Current certification(s), license(s), and/or registration(s) as required by the position.
2. Evaluation of relevant competencies and the basis upon which the evaluation was conducted.
3. Health records as required by the Hospital (see HR Infectious Disease Screening Policy Section Two of the Infection Control Policy Manual):

~~a. Daily Registries, and Outsourced Services Contractors must be able to deliver copies to Hospital within 24 hours of receiving a request for health records of staff with direct patient contact.~~

~~b. Direct patient care areas: Agency Contractors must provide copies of health records to 3rd party Hospital prior to assignment start date.~~

~~c. Non-direct patient care areas: Agency Contractors, Independent Consultants and Outsourced Services Contractors must provide copies of health records to Hospital prior to assignment start date for personnel scheduled for multi-week (3 or more) assignment. Agency Contractor staff participating in non-clinical assignments of less than 3 weeks are not required to provide documentation of immune status unless patient contact is reasonably anticipated.~~

~~d. "Traveler" companies must provide copies of health records to Hospital prior to assignment start date.~~

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Health screening requirements will be satisfied as per the HR Infectious Disease Screening Policy. All copies of health records will be validated by the Outside Labor agency or contractor's company representative. Upon request by the Hospital, copies of specific health records will be provided by agency or company within 24 hours.

HR (Employee Wellness & Health Services) may determine and approve appropriate exceptions to health screening requirements based on the role, reasonable patient exposure, and time & length of temporary assignment

Comment [RM12]: Delete Section 3a, 3b, 3c above entirely, and add this paragraph. This section will refer to the HR Infectious Control Policy. Thus, health requirements will not be stated in this policy:

~~4. Employee Health Services may provide screening for TB, immunity status assessment and/or vaccination for rubella, measles, mumps and/or chicken pox for Agency Contractors personnel who do not satisfy Hospital immunization requirements. The fee for this service will usually be charged to the Agency Contractors company.~~

54. Drug testing is required for Agency Contractor personnel who are scheduled for assignments in patient care areas. The Hospital requires a five-panel drug test through a NIDA-certified lab. See also Human Resources Policies and Procedures 14.01 Substance Abuse Policy.

Agency Contractor Requirements:

1. Agency Contractors personnel must follow El Camino Hospital and department-specific policies and procedures and are held accountable for the same standards of performance as regular staff.
2. Prior to the start of the assignment, Agency Contractors traveler personnel must present to ECH's 3rd party managed service vendor, the department manager or charge person the original document of current certification, licensure and/or registration (as applicable). Photocopies will be kept in the department file or on the unit. For example:
 - Ancillary certificate/license/registration by specialty
 - Nursing license/certificate
 - Other required professional certification/licenses/registration by area
 - Life-saving certifications (e.g. ACLS, BLS) as required by assigned unit
3. Agency Contractors personnel who are assigned to be on Hospital premises on a multi-week basis must wear Hospital issued Photo I.D. badges.
4. Agency Contractors personnel must sign a Confidentiality Statement.

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Competency and Qualification Requirements

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1. Agency Contractors personnel are required to meet the competency and qualification requirements listed in the Competency Based Job Description/Performance Evaluation for the position they are filling, as applicable.
2. Competency and qualification requirements will be verified by the department manager or designee Nursing Education Clinical Nurse Specialist specialist, department manager/designee, or hospital supervisor as appropriate.

Comment [RM13]: Per Tamara's edits

2. 3. Certification, licensure and registration are verified with the credentialing agency unless the agency does not provide such verification. Life-saving certifications (e.g. BLS, ACLS, PALS, NRP, etc) are considered verified when the employee presents a current certification card.

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~~Feedback regarding the competency and performance of the Agency Contractor is provided to the individual's agency at the conclusion of the assignment or other intervals as requested by the Agency.~~

- ~~El Camino Hospital reserves the right to restrict or dismiss any Agency Contractors personnel at any time for unprofessional conduct, negligent or improper or incompetant patient care, or failure to comply with standards, policies, and/or procedures of El Camino Hospital or the department.~~

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a.

Orientation

1. 1. All aAgency Ceontractors personnel must receive an orientation to their role and dDepartment from the Department Manager or designee, as well as to patient and environmental safety, infection prevention, confidentiality and security as applicable to their duties prior to beginning those duties.

~~Agency Contractors personnel will be oriented to the unit or department by the manager, charge person or designee prior to commencing their shift. Each individual orientation will be documented and will include where to find reference manuals, policies and procedures, safety procedures, along with expectations for performance.~~

2. Assignments less than 3 months and non-clinical assignments:

- ~~Agency Contractors personnel must complete the applicable Life Safety Review form, (clinical or non-clinical versions (see attached), prior to the start of the first shift and submit the completed form to her/his manager.~~

Comment [RM14]: Per Tamara, orientation requirements will no longer be based on length of assignment, rather it is based on function & specific role.

3. Assignments of 3 months or more:

- ~~Each Agency Contractors employee personnel must complete the mandatory education modules available via computer assisted~~

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~~instruction or attend an orientation covering these materials
(arrangement can be made through the Education Department).~~

- Managers are responsible for requiring Agency Contractor RNs, LVNs and CNAs to complete appropriate nursing orientation through the Nursing Education Department.

4. ~~El Camino Hospital reserves the right to restrict or dismiss any Agency Contractors personnel at any time for unprofessional conduct, negligent or improper patient care, or failure to comply with standards, policies, and/or procedures of El Camino Hospital or the department.~~

Comment [TS15]: Moved up to Competency section.

~~Performance Evaluation of Agency Contractorss (See Attached)~~

Comment [MR16]: Tamara to insert summary

- ~~1. Feedback regarding the competency and performance of Agency Contractors personnel should be provided to the Agency Contractor at the conclusion of the assignment or other intervals as requested by the Agency.~~
- ~~2. El Camino Hospital reserves the right to restrict or dismiss any Agency Contractors personnel at any time for unprofessional conduct, negligent or improper or incompetent patient care, or failure to comply with standards, policies, and/or procedures of El Camino Hospital or the Department.~~

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~~The person supervising the outside labor personnel will prepare the Outside Labor Competency-Based Performance Evaluation and forward the evaluation to the manager who will review for final approval.~~

- ~~2. Outside Labor Competency-Based Performance Evaluation will be approved by the manager, or designee, for outside labor personnel upon completion of the first shift and annually if the individual returns.~~

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- ~~3. Performance evaluations will be kept in the unit file or in the department file for each outside labor employee assigned to that unit/department.~~

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- ~~4. Outside Labor Competency-Based Performance Evaluations may also be completed by the manager, charge person or designee, for outside labor personnel with extended assignments (3 months or more) upon completion of the assignment.~~

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- ~~5. El Camino Hospital reserves the right to restrict or dismiss any outside labor personnel at any time for unprofessional conduct, negligent or improper~~

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patient care, or failure to comply with standards, policies, and/or procedures of El Camino Hospital or the department.

Comment [RM17]: Tamara to review and modify proposed process for OSL's evaluation feedback to vendor/supplier

Termination of Assignment:

Agency Contractors personnel must return Hospital property prior to assignment termination, including photo ID badge, equipment, binders, books, keys and software.

Other types of workers:

El Camino employs various types of workers including Full Time, Part Time PerDiem, and ECH temporary employees. Refer to **HR-Work Status Policy** or additional information on definitions and procedures for requesting these types of workers.

Comment [MR18]: Legal concern that employee work status should not be referenced in Independent Contractor policy

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Comment [RM19]: Referenced HR Work Status Policy to link to FTE, Part-time, PerDiem and ECH temp workers

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Comment [RM20]: Changed name to Analysis Checklist

APPENDIX A

IRS Analysis Checklist

"INDEPENDENT CONTRACTOR" v. "EMPLOYEE" ANALYSIS CHECKLIST

In analyzing the appropriateness to designate an individual as an Independent Contractor, finders of fact such as the IRS or a court will look to the totality of the circumstances. The general test hinges on a weighing of the relevant factors, indicating the amount and scope of "control" El Camino Hospital has over the individual performing the tasks and duties. In performing this analysis, the following factors should be considered

"Independent Contractor" vs. "Employee" Analysis Checklist		YES	NO
1.	Is the worker a former employee of El Camino Hospital?	<input type="checkbox"/>	<input type="checkbox"/>
2.	If the worker was a former employee, was the worker covered by a severance package?	<input type="checkbox"/>	<input type="checkbox"/>
3.	If the worker was a former employee, is the worker performing the same or similar work that he/she performed as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Will El Camino Hospital compensate the worker (versus a temporary agency, corporation or LLC) directly?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will the worker be required to perform the work on El Camino Hospital's premises?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Will El Camino Hospital be providing space or other facilities for the work to be performed?	<input type="checkbox"/>	<input type="checkbox"/>

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7.	Will the worker be required to maintain specific hours or a specific schedule while performing the work?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Will El Camino Hospital be providing specific instructions about how to perform the work, and in what sequence?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Will the worker receive training from El Camino Hospital?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the work to be performed part of El Camino Hospital's regular operations?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Must the services be rendered personally by the worker?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Will El Camino Hospital supervise or review the worker's work while it is on-going?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Will El Camino Hospital hire and supervise the worker's	<input type="checkbox"/>	<input type="checkbox"/>
14.	Will there be a long-term, continuing relationship, even if work is performed at irregular intervals?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Will El Camino Hospital establish a set number of hours or work (either a maximum, or a minimum)?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Will the worker devote substantially full time to El Camino Hospital's	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does the worker have other clients that it provides the same or similar services to, besides El Camino Hospital?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Will the worker be paid by the hour, week or month, rather than on a project rate basis?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Will El Camino Hospital reimburse the worker for expenses?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is El Camino Hospital the worker's only client or the only purchaser of the worker's services?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Will El Camino Hospital be providing the tools or equipment necessary to provide the service? "Tools or equipment" includes computers, software, phones, and internet access.	<input type="checkbox"/>	<input type="checkbox"/>
22.	Will the worker participate in any El Camino Hospital benefit	<input type="checkbox"/>	<input type="checkbox"/>
23.	Will the worker be given a El Camino email address?	<input type="checkbox"/>	<input type="checkbox"/>

The importance of each of these factors will vary depending on the occupation of the worker and the general facts and circumstances of the specific situation. Please work closely with ~~Purchasing~~Procurement, Human Resources and ~~Legal Services~~counsel before making any offer to a potential contractor or signing any Independent Contractor Agreement, to assess the specific legal and business risks presented in any given situation, and to determine the best course of action to assure the work is performed in a compliant manner while meeting all operational and patient care requirements..

Analysis Checklist Prepared By:

Name: -----

Independent Contractor Policy
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Date: -----

(If The Response to Any Question Is "Yes"):

Relationship Reviewed By Human Resources Director ~~the (TITLE to be inserted):~~

Name: -----

Date: -----

The IRS Analysis Checklist must be completed by the ECH Department ~~m~~Manager, reviewed by ~~Procurement and~~ Human Resources through ECH's 3rd party managed service vendor, and retained & filed with the Independent Consultant Agreement by Legal Services.

Comment [RM21]: Checklist process flow includes submittal by manager, review by RightSourcing and HR prior to engaging in the contract agreement process.

Portion of IRS rules: the 20 questions to determine Independent Contractor vs. Employee

As an aid to determining whether an individual is an employee under the common law rules, twenty factors or elements have been identified as indicating whether sufficient control is present to establish an employer-employee relationship. The twenty factors have been developed based on an examination of cases and rulings considering whether an individual is an employee. The degree of importance of each factor varies depending on the occupation and the factual context in which the services are performed. The twenty factors are designed only as guides for determining whether an individual is an employee; special scrutiny is required in applying the twenty factors to assure that formalistic aspects of an arrangement designed to achieve a particular status do not obscure the substance of the arrangement (that is, whether the person or persons for whom the services are performed exercise sufficient control over the individual for the individual to be classified as an employee).

The twenty factors are described below:

1. INSTRUCTIONS.

A worker who is required to comply with other persons' instructions about when, where, and how he or she is to work is ordinarily an employee. This control factor is present if the person or persons for whom the services are performed have the RIGHT to require compliance with instructions.

2. TRAINING.

Training a worker by requiring an experienced employee to work with the worker, by corresponding with the worker, by requiring the worker to attend meetings, or by using other methods, indicates that the person or persons for whom the services are performed want the services performed in a particular method or manner.

3. INTEGRATION.

Integration of the worker's services into the business operations generally shows that the worker is subject to direction and control. When the success or continuation of a business depends to an appreciable degree upon the performance of certain services, the workers who perform those services must necessarily be subject to a certain amount of control by the owner of the business.

4. SERVICES RENDERED PERSONALLY.

If the Services must be rendered personally, presumably the person or persons for whom the services are performed are interested in the methods used to accomplish the work as well as in the results.

5. HIRING, SUPERVISING, AND PAYING ASSISTANTS.

If the person or persons for whom the services are performed hire, supervise, and pay assistants,

that factor generally shows control over the workers on the job. However, if one worker hires, supervises, and pays the other assistants pursuant to a contract under which the worker agrees to provide materials and labor and under which the worker is responsible only for the attainment of a result, this factor indicates an independent contractor status.

6. CONTINUING RELATIONSHIP.

A continuing relationship between the worker and the person or persons for whom the services are performed indicates that an employer-employee relationship exists. A continuing relationship may exist where work is performed at frequently recurring although irregular intervals.

7. SET HOURS OF WORK.

The establishment of set hours of work by the person or persons for whom the services are performed is a factor indicating control.

8. FULL TIME REQUIRED.

If the worker must devote substantially full time to the business of the person or persons for whom the services are performed, such person or persons have control over the amount of time the worker spends working and impliedly restrict the worker from doing other gainful work. An independent contractor on the other hand, is free to work when and for whom he or she chooses.

9. DOING WORK ON EMPLOYER'S PREMISES.

If the work is performed on the premises of the person or persons for whom the services are performed, that factor suggests control over the worker, especially if the work could be done elsewhere. Work done off the premises of the person or persons receiving the services, such as at the office of the worker, indicates some freedom from control. However, this fact by itself does not mean that the worker is not an employee. The importance of this factor depends on the nature of the service involved and the extent to which an employer generally would require that employees perform such services on the employer's premises. Control over the place of work is indicated when the person or persons for whom the services are performed have the right to compel the worker to travel a designated route, to canvass a territory within a certain time, or to work at specific places as required ..

10. ORDER OR SEQUENCE SET.

If a worker must perform services in the order or sequence set by the person or persons for whom the services are performed, that factor shows that the worker is not free to follow the worker's own pattern of work but must follow the established routines and schedules of the person or persons for whom the services are performed. Often, because of the nature of an occupation, the person or persons for whom the services are performed do not set the order of the services or set the order infrequently. It is sufficient to show control, however, if such person or persons retain the right to do so.

11. ORAL OR WRITTEN REPORTS.

A requirement that the worker submit regular or written reports to the person or persons for whom the services are performed indicates a degree of control.

12. PAYMENT BY HOUR, WEEK, MONTH.

Payment by the hour, week, or month generally points to an employer-employee relationship, provided that this method of payment is not just a convenient way of paying a lump sum agreed upon as the cost of a job. Payment made by the job or on a straight commission generally indicates that the worker is an independent contractor.

13. PAYMENT OF BUSINESS AND/OR TRAVELING EXPENSES.

If the person or persons for whom the services are performed ordinarily pay the worker's business and/or traveling expenses, the worker is ordinarily an employee.

An employer, to be able to control expenses, generally retains the right to regulate and direct the worker's business activities.

14. FURNISHING OF TOOLS AND MATERIALS.

The fact that the person or persons for whom the services are performed furnish significant tools, materials, and other equipment tends to show the existence of an employer-employee relationship.

15. SIGNIFICANT INVESTMENT.

If the worker invests in facilities that are used by the worker in performing services and are not typically maintained by employees (such as the maintenance of an office rented at fair value from an unrelated party), that factor tends to indicate that the worker is an independent contractor. On the other hand, lack of investment in facilities indicates dependence on the person or persons for whom the services are performed for such facilities and, accordingly, the existence of an employer-employee relationship. Special scrutiny is required with respect to certain types of facilities, such as home offices.

16. REALIZATION OF PROFIT OR LOSS.

A worker who can realize a profit or suffer a loss as a result of the worker's services (in addition to the profit or loss ordinarily realized by employees) is generally an independent contractor, but the worker who cannot is an employee. For example, if the worker is subject to a real risk of economic loss due to significant investments or a bona fide liability for expenses, such as salary payments to unrelated employees, that factor indicates that the worker is an independent contractor. The risk that a worker will not receive payment for his or her services, however, is common to both independent contractors and employees and thus does not constitute a sufficient economic risk to support treatment as an independent contractor.

17. WORKING FOR MORE THAN ONE FIRM AT A TIME.

If a worker performs more than a minimal services for a multiple of unrelated persons or firms at the same time, that factor generally indicates that the worker is an independent contractor ..

However, a worker who performs services for more than one person may be an employee of each of the persons, especially where such persons are part of the same service arrangement.

18. MAKING SERVICE AVAILABLE TO GENERAL PUBLIC.

The fact that a worker makes his or her services available to the general public on a regular and consistent basis indicates an independent contractor relationship.

19. RIGHT TO DISCHARGE.

The right to discharge a worker is a factor indicating that the worker is an employee and the person possessing the right is an employer. An employer exercises control through the threat of dismissal, which causes the worker to obey the employer's instructions. An independent contractor, on the other hand, cannot be fired so long as the independent contractor produces a result that meets the contract specifications.

20. RIGHT TO TERMINATE.

If the worker has the right to end his or her relationship with the person for whom the services are performed at any time he or she wishes without incurring liability, that factor indicates an employer-employee relationship.



POLICY/PROCEDURE TITLE: ~~17.01 Outside Labor Personnel~~ ~~17.01 Agency Contractors Personnel~~ (Contingent Labor)

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CATEGORY: Human Resources
LAST APPROVAL DATE: 11/12

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POLICY/PROCEDURE TITLE: 17.01 Outside Labor Personnel~~17.01 Agency Contractors Personnel~~

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

5/18/95, 5/5/98 (formerly number/titled 22.00 Registry Personnel), 3/14/01 (formerly numbered 20.04, this policy now includes former policies 20.02 Contract Services Personnel and 20.06 Independent Contractors), 11/19/03, 11/06, 06/09, 11/12

REFERENCES: (as applicable)

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

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1. Physician Recruitment Program Policy

BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Draft Revised Policy 42.00 Physician Recruitment Program Policy, Including Appendix A El Camino Hospital Board of Directors February 10, 2016
Responsible party:	Jeff Gruer, Executive Director, Business Development
Action requested:	Approval
Background: Major Revisions: 1. Added coverage for primary care allied health professionals to comply with recent Stark Law changes. 2. Eliminated three year income guarantee. 3. Expanded coverage to providers relocating to ECH's primary service area not just the El Camino Healthcare District. 4. Clarifies housing support to mean home mortgage support. 5. Clarifies eligibility requirements General Counsel has reviewed and approved the revisions.	
Board Committees that reviewed the issue and recommendation, if any: Finance Committee voted to recommend approval.	
Summary and session objectives : Board Approval	
Suggested discussion questions: None. This is a consent item.	
Proposed Board motion, if any: To approve Revised Policy 42.00 Physician Recruitment Program Policy, including Appendix A.	
LIST OF ATTACHMENTS: Draft Revised Policy 42.00 Physician Recruitment Program Policy, including Appendix A.	



POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

CATEGORY: Administrative

LAST APPROVAL DATE: 10/12

SUB-CATEGORY: Finance

ORIGINAL DATE: 02/07

COVERAGE:

All El Camino Hospital staff

PURPOSE:

This policy is intended to set forth the procedures by which the Hospital authorizes and undertakes independent physician recruitment activities using recruitment incentives. All activities undertaken to recruit independent physicians and the recruitment of certain primary care allied health professionals by independent physicians shall be taken in full compliance with all applicable local, state and federal laws. This Policy does not apply to Hospital's recruitment of any person to be employed or salaried as a W-2 employee by the Hospital or a Hospital Affiliate.

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STATEMENT:

As part of the planning and budget process of the Hospital, the Hospital shall determine whether, during the budget year, it is in the best interest of the public health of the community served by the HHospital to recruit licensed physicians and certain primary care allied health professionals~~surgeons~~ to practice in the community served by the HHospital and whether the Hospital should participate in the recruitment of physicians and certain primary care allied health professionals~~surgeons~~. A plan and budget for such activities shall also be developed consistent with community need and in support of the HHospital's strategic plan and be subject to approval as provided in Section E.

PROCEDURE:

1. **Approval.**

As part of the approval process, the need for recruitment, the recruitment plan and the recruitment budget shall be presented to the Board for its review and approval and, if and as approved, shall then be presented to the

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POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

District Board of Directors for its review and approval. Once approved, the Chief Executive Officer of the Hospital shall have the authority to develop particular recruitment proposals and implement them in accordance with the budget. Any recruitment that is proposed that would exceed the amount budgeted or that in any one case exceeds the amount of \$500,000 shall be brought to the Board of the Hospital and the Board of the District for approval.

2. **Permissible [Physician Recruitment Incentives](#).**

Subject to compliance with all applicable laws, permissible [physician recruitment incentives](#) shall be [no greater than](#) those described in Health and Safety Code Section 32121.3 ~~which include:~~ [Permissible incentives for purposes of this Policy include:](#)

- (1) Guaranteeing to a physician ~~or surgeon~~ a minimum income [and expense reimbursement](#) for a period of no more than ~~three~~[two](#) years from the opening of the physician's practice.
- (2) Guaranteeing leases of necessary equipment by the physician for at least over the life of the equipment
- (3) Provision of reduced rental rates of office space in any building owned or leased by the District or any of its affiliated entities, or subsidize rental payments for office space in any other buildings, for a term of no more than three years.
- (4) Provision of [other recruitment](#) incentives to a physician in exchange for consideration and upon terms and conditions ~~the Hospital's Board of Directors deems~~ reasonable and appropriate.

Income guarantees must be commercially reasonable and based upon local, regional and national compensation data. Repayments of any income guarantee maybe forgiven if the recruited physician [or primary care allied health professional](#) remains in and continues to practice in the service area of the hospital for a specified period of time (for example, five years beyond the guarantee period). ~~Medical directorships may be provided for medical administrative work based upon commercial reasonable compensation for the appropriate time commitment, which must be documented according to Hospital policy.~~ Refer to Appendix A regarding the Income/ Salary Guarantee Loan Program.

The Board of the Hospital has determined that the Hospital is in an extraordinarily costly real estate market and that the high cost of real

POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

estate is a significant barrier to physicians ~~and surgeons~~ relocating to the ~~Hospital's primary service area district~~ and serving patients and practicing in the communities served by the Hospital. Accordingly, a recruitment incentive may include a second mortgage or the guarantee of a second mortgage not to exceed the lesser of \$200,000 or 10% of the purchase price (without Hospital Board approval) fully secured by a second mortgage (or third mortgage in the case of a guarantee) on the primary residence of such physician. Interest on such mortgage may be forgiven each year as long as the physician practices in the service area. Refer to Appendix B regarding the Corporate Second Home Mortgage Program.

It has been determined that recruitment expenses (primarily relocation expenses to move the physician into the Hospital's service area) may be reimbursed. As with the Home Second Mortgage Program and Income/Salary Guarantee Loan Program, it must be demonstrated that there is a community need for the physician's specialty. To assist the physician to relocate into the Hospital's service area, the physician's cost of moving into the area may be reimbursed. All receipts for moving expenses, which may include travel, temporary living, and relocation moving expenses, must be documented and the Request for Reimbursement of Physician Recruiting Expenses (see Appendix C) completed. Reimbursements are only made directly to the physician and not the physician's medical group. These payments become IRS Form 1099 reportable immediately in the year the reimbursement payment is made.

3. Permissible Recruitment Incentives provided for recruitment of certain primary care allied health professionals by physicians.

Subject to compliance with all applicable laws, permissible recruitment incentives paid to a physician for compensation of a primary care allied health professional shall be no greater than those described in 42 CFR 411.357(x), which include:

(1) Guaranteeing up to fifty percent of the allied health care professional's actual compensation and benefits paid by physician for a period of no more than two years.

3-4. Compliance.

While recruitment packages may be offered to new physicians who will practice independently, recruitment of physicians to existing practices (including existing solo practices) is preferred. All recruitment incentives support for physician recruitment must be paid to the recruited physician

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POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

and not to any other individual or group. Recruitment incentives for recruitment of primary care allied health professional shall be made to the physician or group who paid the salary and benefits for the recruited allied health professional. ~~Home Second Mortgage housing support~~ may be provided to recruit and retain physicians who are also first time home buyers in the service area.

3.1.4.1 Prohibited Provisions.

In addition to full compliance with all applicable provisions of the federal anti-kickback statute, the Stark II legislation, Section 650 of the Business and Professions Code, and all applicable state and federal laws, there may be no contract or understanding with respect to such recruitment that is prohibited by Health and Safety Code Section 32121.3 and any such provision and any contract or any express or implied understanding shall be void. The prohibited provisions are any contract term or understanding that

- (1) imposes as a condition any requirement that the patients of the physician or allied health professional and surgeon, or a quota of the patients of the physician or allied health professional and surgeon, only be admitted to a specified hospital.
- (2) restricts the physician or allied health professional and surgeon from establishing staff privileges at, referring patients to, or generating business for another entity.
- (3) provides payment or other consideration to the physician and surgeon for the physician and surgeon's or allied health professional's referral of patients to the hospital or an affiliated nonprofit corporation.

3.2.4.2 Required Provisions.

Any contract with a physician or primary care allied health professional for recruitment or with a physician for the recruitment of a primary care allied health professional which requires inducements to be repaid shall be repaid with interest and every recruitment contract must contain a provision that states that "no payment or other consideration shall be made for the referral of patients to the Hospital or an affiliated nonprofit corporation."

POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy**3.3.4.3. Other Requirements**

All recruitment incentives must comply in all respects with the requirements of the federal and state anti-kickback or rebate and referral laws. Moreover, any such arrangement shall comply with the requirements imposed by Stark II and any regulation promulgated thereunder. Stark II provides with respect to recruitment:

In the case of remuneration which is provided by a hospital to a physician- to induce the physician or primary care allied health professional employed by physician to relocate to the geographic area served by the hospital in order to be a member of the medical staff of the hospital, if -

- (a) the physician or primary care allied health professional is not required to refer patients to the hospital;
- (b) the amount of the remuneration under the arrangement is not determined in any manner that takes into account (directly or indirectly) the volume or value of any referrals of the referring physician or primary care allied health professional; and
- (c) the arrangement meets such other requirements as the Secretary of Department of Human and Health Services may impose by as needed to protect against program or patient abuse.

4.5. Reporting.

The CEO shall regularly report to the Board on implemented recruitment activities, whether recruited physicians and primary care allied health professionals have been retained in the community and whether the terms and conditions of such recruitment requiring payment or forgiveness have been followed.



POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

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

Historical Approvals:

02/01/07, 06/09, 10/12

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POLICY/PROCEDURE TITLE: Physician Recruitment_Appendix A- Income guarantee program pamphlet

CATEGORY: Administrative

LAST APPROVAL DATE: 02/2015



**Physician
Recruitment Program Guidelines**

Income/ Salary Guarantee Loan Program

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POLICY/PROCEDURE TITLE:Physician Recruitment_Appendix A- Income guarantee program pamphlet

Physician Recruitment Loan Program

Background

The El Camino Hospital (the "Hospital") Board of Directors (the "Board") on April 11, 2001 approved a Physician Recruitment Program Policy (as amended). The Board determined that there is a community need for physicians practicing in certain specialties (including primary care) to locate to the service area of the Hospital and provide services in the community.

Program Description

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The Physician Recruitment Program is focused on assisting new or out-of-area physicians in establishing a practice in the service area of the Hospital. The program allows the Hospital to provide loans in the form of an income guarantee and assistance with practice expenses over a period of up to three years (paid in monthly installments) to individual physicians who currently do not have an existing practice in the Hospital's primary service area. The loan will carry an annual interest rate of prime plus 1% or the Hospital's cost of capital, whichever is greater; interest will accumulate over the term of the loan.

The loan (including interest) may be forgiven by the Hospital if the physician remains in the community for the required time period following the draw period. Forgiveness may occur in increments over several years, i.e., in the case of a one year draw, forgiveness would occur over three years, following the end of the draw period. The recruited physician may establish an independent practice or join an existing practice or group. The income guarantee program is limited to two physicians in any one group practice per year.

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POLICY/PROCEDURE TITLE: Physician Recruitment Appendix A- Income guarantee program pamphlet

Any recruitment agreement entered into by the physician and the Hospital is made pursuant to the Physician Recruitment Program Policy of El Camino Hospital which is implemented in full compliance with California Health & Safety Code Section 32121.3. No payment or other consideration will be made for the referral of patients to the Hospital or an affiliated nonprofit corporation.

Qualifications Recruitment Agreement Requirements

A physician must meet the following requirements to qualify for the income guarantee and practice expense loan:

~~1. Be credentialed and remain as a member in good standing of the El Camino Hospital Medical Staff.~~

1. Not currently a member of the ECH Medical Staff and willing to be credentialed and remain as a member in good standing of the El Camino Hospital Medical Staff.

2. Documented community need in the physician specialty.

3. Board Certified or Board Eligible for the physician specialty.

4. Relocating from outside of the hospitals' primary service area.

~~2.5.~~ Agree to sign a release for review of consumer credit history (Exhibit A) and submit required documentation to assess creditworthiness (Exhibit B).

~~3.6.~~ Cooperate in the development of a Pro Forma in order to provide estimated practice volume, revenue, collections, and office expenses over the period of at least one year to serve as a basis for financial projections.

~~4.7.~~ Be willing to accept PPO, HMO (managed care), Medicare and Medi-Cal patients.

~~5.8.~~ Agree to provide uncompensated care as reasonably requested by the Hospital.

~~6.9.~~ Work a full time schedule or number of a designated (average) number of hours per week in a practice as stipulated in the income guarantee contract. The total amount of the guarantee will be pro-rated according to number of hours worked.

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POLICY/PROCEDURE TITLE: Physician Recruitment Appendix A- Income guarantee program pamphlet

- 7-10. Maintain an active practice in the service area for the full term of the agreement, including the forgiveness period.
- 8-11. Bill promptly for services following reasonable business practices and use best efforts for all collection activities.
- 9-12. Establish and maintain an accurate bookkeeping system for expenses, billing and receipts.
- 10-13. Allow a Hospital representative to audit the practice books and records during regular business hours for the purpose of monitoring the physician's compliance with the terms and conditions of the agreement.
- 11-14. Maintain a standard of conduct as outlined in Medical Staff Bylaws and the Hospital's Corporate Compliance Handbook and Standards of Conduct policies.

The Loan

The Hospital will loan the physician the difference between collections and practice expenses (only actual, additional incremental expenses in the case of a physician joining a group) plus the income guarantee amount; together they constitute the loan. The guarantee and practice expense assistance will be limited to a set amount on a monthly basis and capped at a maximum amount for the term of the draw period (no more than three years). A pro forma will be developed to demonstrate the projected collections and expenses to determine the maximum amount of the monthly advance to be made by the Hospital to the physician. "Collections" are defined as the amount collected from all sources by the physician for professional medical services and medical administrative work, whether provided in the office or at the Hospital.

~~The physician may also choose a "salary only" loan where the Hospital will loan the physician the difference between collections and the income guarantee which constitutes the loan. Practice expenses will not be considered under this option. The income guarantee will be limited to a set amount on a monthly basis and capped at a maximum amount for the term of the draw period (no more than three years). A pro forma will be developed to demonstrate the projected collections to determine the maximum amount of the monthly advance to be made by the Hospital to the physician. Collections must be documented on a request for monthly loan form (please see Exhibit D).~~

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If during any calendar month collections exceed expenses, the physician will remit to the Hospital any excess amount within 15 days after the end of the month, if there is a current outstanding loan balance.

Repayment of the Loan

Repayment is required on the loan during the initial draw period any time collections exceed expenses. Any payments made by the physician to the Hospital shall be applied to the principal amount outstanding. Repayment of any outstanding loan amount can be made by the physician at any time. The physician is not required to accept any advance from the Hospital during the draw period and can choose to receive an amount less than the maximum monthly advance. The physician must submit monthly financial reports, even if declining advances.

Income Guarantee

The purpose of the income guarantee program is to provide the newly recruited physician with a guaranteed income for no more than ~~three~~ two years. The guaranteed income will include a monthly salary for the physician as well as may provide a one-time allowance for marketing expenses and, relocation and ~~recruitment or~~ expenses, if paid directly ~~by to~~ the physician. The income guarantee amount is based on market data for a given specialty, and on the physician's practice experience.

The amount of support the income guarantee offers is calculated based on the following factors:

- Average regional salary and compensation for a particular specialty (source: MGMA Physician Compensation Manual; Merritt, Hawkins Annual Compensation Review; Modern HealthCare Physician Compensation Report).
- Relocation expense and moving costs (actual and reasonable expenses).
- ~~Expenses incurred by the physician during the recruitment process, (for example transportation, accommodation, meal reimbursement, etc.).~~

Practice Expense Assistance

Practice expense assistance may cover the actual leasing cost of approved practice related medical equipment or computer equipment; malpractice premiums, billing services, janitorial expenses, rent, staff salaries and benefits, office supplies, medical

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supplies, dues and subscriptions, and/or other reasonable expenses incurred during the normal course of business. When joining a group, such expenses are limited to actual, additional incremental expenses.

After receiving the initial advance payment (based on the pro forma) during the first month of the agreement, the physician will submit a record of office expenses and collections to the Hospital within 10 calendar days after the end of each month. Expenses must be submitted on an office expense form (please see Exhibit C).

Forgiveness of the Loan

At the end of the advance or draw period, the physician enters the forgiveness period. If the physician remains in full-time practice in the primary service area for the required time after the draw period and continues to uphold all conditions and qualifications of the agreement, repayment of any advances (principal and interest) given to the physician may be forgiven by the Hospital as follows.

Draw Period and Forgiveness Period Schedule:

Draw Period commitment	<u>Minimum</u> Forgiveness Period	Total
One-year draw	Three years	Four years
Two-year draw	Four <u>Five</u> years	Six <u>Seven</u> years
Three-year draw	Five years	Eight years

Forgiveness of any portion of the loan, principal and/or interest, is a taxable event for the physician; an IRS Form 1099 in the amount forgiven will be filed by the Hospital at the end of the year during which any forgiveness occurred.

Breach of the Income Guarantee/Recruitment Agreement:

If the physician breaches any of the terms of the income guarantee/recruitment agreement, such as moving the practice outside of the primary service area, or failing to maintain an active practice prior to the end of the forgiveness period (as stipulated in the contract), the Hospital may declare all outstanding amounts, including principal and interest, to be due and payable immediately.

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How to apply:

To determine eligibility for the Physician Recruitment Program, the physician should contact the ~~Vice President of Silicon Valley Medical Development, LLC~~ Business Development Department.

The physician will be provided with an application package and a list of required supporting documents that must be forwarded to the Hospital.

Once all documents have been submitted, the Business Development Department will meet with the physician to discuss the proposed terms of the loan.

Approval:

~~Once all documents have been submitted, the Vice President of Silicon Valley Medical Development, LLC will meet with the physician to discuss the proposed terms of the loan.~~—A recruitment agreement will then be developed defining the terms of the arrangement, amount of the income support guarantee, maximum practice expenses, draw period and forgiveness period. Additionally, a promissory note, a security agreement, and a deposit account control agreement will be included in the income guarantee package. The complete package will then be submitted to the ~~CFO and~~ CEO for approval and signature.

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POLICY/PROCEDURE TITLE: Physician Recruitment_ Appendix A- Income guarantee program pamphlet

EXHIBIT A

**EL CAMINO HOSPITAL
Consumer Credit History Notification**

| El Camino Hospital ~~will~~may be requesting a consumer credit report about you from Equifax Corporation. The report is for recruitment purposes. Please sign and return the enclosed copy of this document, with your response, by _____.

Please indicate whether you wish to receive a copy of the report at no cost to you:

_____ Yes, I wish to receive a copy of the report.

_____ No, I do not wish to receive a copy of the report.

This notice is given pursuant to Civil Code section 1785.20.5.

Authorization and Release

I hereby authorize El Camino Hospital and any of its employees or agents to obtain information about my credit record.

I hereby agree to release, indemnify, and hold harmless El Camino Hospital as well as its directors, officers, trustees, employees and agents, from any and all claims, demands, actions, liabilities, losses, costs, attorneys' fees, and expenses that arise out of, or are in any way related to, El Camino Hospital's acquisition and use of the information described above.

Applicant's Signature

Date

Name: _____ Phone no: _____

Address: _____ SSN: _____

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EXHIBIT B

EL CAMINO HOSPITAL

PHYSICIAN LOAN ASSISTANCE CHECKLIST

El Camino Hospital Documentation:

- ☐ Justification of Community need. (Provided by ECH Business Development Staff)
- ☐ Fair Market Value Documentation
- ☐ UCC-1 Filing Documentation

The New Recruit's Responsibility:

- ☐ Letter to Hospital requesting assistance due to need.
- ☐ Copy of Pre-Application for Medical Staff Privileges.
- ☐ Pay stubs covering the most recent 30 day period. If you are self-employed, please submit a year of most recent annual profit and loss statement.
- ☐ Copy of current Mortgage Statement.
- ☐ Copy of Legal Residency Certificate if not a United States Citizen.
- ☐ Signed Credit Check Release form.
- ☐ Documentation of any other income sources (include an executed copy of any note).
 - ☐ Notes
 - ☐ Alimony
 - ☐ Child Support
- ☐ A copy of a divorce decree, if applicable.
- ☐ Copies of your last three months statements for all banks and brokerage accounts, IRA's 401 (k) plans, Keoghs and retirement accounts.
- ☐ Copies of your last two years Federal Tax returns, including W-2's and all schedules.
- ☐ Copy of Current Driver's License

The Recruiting Practices' Responsibility (Established Physician or Group):

- ☐ Detailed Estimate of Salary and Office Expenses for 12 months.
- ☐ Detailed Revenue projections for 12 months.
- ☐ Copies of current leases on any rental property.
- ☐ Name, address and telephone number of your landlord.
- ☐ Copies of twelve (12) months cancelled checks paid for rent.

~~☐ Letter to Hospital requesting assistance due to need.~~

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- ~~□ Detailed Estimate of Salary and Office Expenses for 12 months.~~
- ~~□ Detailed Revenue projections for 12 months.~~
- ~~□ Copy of Application for Medical Staff Privileges.~~
- ~~□ Copies of your last two years Federal Tax returns, including W-2's and all schedules.~~
- ~~□ Pay stubs covering the most recent 30 day period. If you are self-employed, please submit a year of most recent annual profit and loss statement.~~
- ~~□ Copy of current Mortgage Statement.~~
- ~~□ Copy of Legal residency Certificate if not a United States Citizen.~~
- ~~□ Signed Credit Check Release Form.~~
- ~~□ Justification of Community need.~~
- ~~□ Copies of current leases on any rental property.~~
- ~~□ Documentation of any other income sources (include an executed copy of any note).~~
 - ~~● Notes~~
 - ~~● Alimony~~
 - ~~● Child Support~~
- ~~□ A copy of a divorce decree, if applicable.~~
- ~~□ Copies of your last three months statements for all banks and brokerage accounts, IRA's, 401(k) plans, Keoghs and retirement accounts.~~
- ~~□ Name, address and telephone number of your landlord.~~
- ~~□ Copies of twelve (12) months cancelled checks paid for rent.~~

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EXHIBIT C SAMPLE ONLY

Month of _____, 200_

STATISTICS

Office Visits/Month _____
 Office Visits/Day _____
 Inpatient Visits/Month _____
 Capitated Office Visits/Day _____
 Capitated Office Visits/Month _____
 Capitated Inpatient Visits/Month _____

REVENUE

Patient Revenue _____

 Capitation Revenue _____
 Other Practice Revenue _____
 Total Revenue _____

EXPENSES

Budget

Monthly Expenses Incurred

Rent (Office)/Utilities	\$	_____
Telephone/Pager/Service	\$	_____
Malpractice Insurance	\$	_____
Employee Salaries	\$	_____
Employee Benefits	\$	_____
Physician Benefits	\$	_____
Office and Medical Supplies	\$	_____
Bank Fees	\$	_____
Dues, Fees and Subscriptions	\$	_____
Janitorial	\$	_____
Billing Service	\$	_____
Misc. Other	\$	_____

TOTAL EXPENSES

\$

NET INCOME

(Revenue minus Expenses)

GUARANTEED INCOME:

\$

\$

AMOUNT DUE (Guaranteed

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Income minus Net Income):¹ _____

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Exhibit D SAMPLE ONLY

Form of Request for Monthly Loan

**REQUEST FOR MONTHLY LOAN UNDER
RECRUITMENT LOAN AGREEMENT**

Pursuant to that certain Loan Agreement effective as of _____ by and between El Camino Hospital and _____ ("Physician"), Physician hereby requests the loan set forth on this request.

Add:

1. Physician Guaranteed Salary: _____
2. Practice Income Excess* for Contract Period to Date
(if any) _____
- Subtotal guaranteed salary: _____ (A)

Less:

3. Estimated Gross Collections for Month (including cash at time of service and A/R payments):

- Subtotal guaranteed salary offset: _____
- (B)

Amount of Monthly Loan Requested (A) less (B): =====(C)

If (C) is a negative number; no Loan shall be issued for the upcoming month. The actual Gross Collections shall be included in the Physician's month-end report pursuant to Section 4.4 of the Loan Agreement.

The undersigned hereby warrants and represents that the information provided above is true and accurate.

PHYSICIAN

Date:

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Hospital Approval:_____

Date:_____

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Medical Staff Report



Board of Directors Open Session – February 10, 2016

To: El Camino Hospital Board of Directors

From: Ramtin Agah, MD, Chief of Staff MV
Karen Pike, MD, Chief of Staff LG

Date: January 31, 2016

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **January 28, 2015**.

Request Approval of the Following:

A. Patient Care Policies & Procedures

Policy Summaries (pp. 2-8)

- **New Policies (attached)**

- Brain Death (pp. 9-20)
- Patients Own Medication Administration-Sleep Center (pp. 21-22)
- Fit Testing Procedures for N95 Respirators (pp. 23-26)
- Safe Handling and Storage of Medical Gas Cylinders (pp. 27-29)
- High Flow Nasal Cannula Device (pp. 30-34)

- **Policies with Major Revisions (attached)**

- EHR Downtime Procedure for Respiratory Care Services (pp. 35-38)
- Minimum Expectations for Per Diem Availability (pp. 39-41)
- IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Products Areas of the Pharmacy (pp. 42-51)

- **Policies with Minor Revisions (See summary pp. 2-8)**

- **Policies with no Revisions (See summary pp. 2-8)**

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Brain Death	Patient Care	12/15	
	Sleep Center: Patients Own Medication Administration	Patient Care	1/16	
	Fit testing procedures for N95 Respirators	Patient Care	1/16	
	Safe Handling and Storage of Medical Gas Cylinders	Patient Care	1/16	
	High Flow Nasal Cannula Device Policy & Procedure	Patient Care	1/16	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	EHR DOWNTIME PROCEDURE FOR RESPIRATORY CARE SERVICES	Patient Care	1/16	1. Reformatted into updated version 2. Grammar, punctuation, dept. titles 3. updated steps to address changes with EPIC Searchable Terms: Respiratory Care Services, Downtime
	Minimum expectations for Per Diem Availability	Patient Care	1/16	1. Changes made to policy due to change in staffing from 8 hour shifts to 12 hour shifts 2. Changes made in minimal requirements for Per Diem Staffing 3. Other Approvals: SEIU Union 10/2015 Searchable Terms: Respiratory Care Services, Per Diem, Staffing

	IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Products Areas of the Pharmacy	Pharmacy	1/16	1. Per the manufacture and ECH facilities recommendation policy was update the pre-filter cleaning is conducted Quarterly and not monthly as indicated in section A-6. 2. Per the last board of pharmacy inspector recommendation more detailed instructions/procedure were added on how to clean the IV room (see section A 8-10).
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Course of Action for Adverse Reactions to Therapy	Patient Care	12/15	Updated new guidelines and documentation steps
	Spontaneous Breathing Trials	Patient Care	12/15	1. Updated guidelines and documentation steps 2. Reformatted for compliance with universal hospital documents
	Car Seat Trial Policy	Patient Care	1/16	Clarified the verbiage which explains a reliable tracing to conduct the test
	Declared Pregnant Radiation Worker	Patient Care	1/16	Added that a declared pregnant worker may rescind declaration in writing per CDPH-RHB recommendation from Sept '15 site visit
	Advance Health Care Directive	Patient Care	1/16	Added outpatient process to advance directives Cleaned up other language
	Clarification and Verification of Orders	Patient Care	1/16	1. Reformatted into updated version 2. Grammar, punctuation, dept. titles Searchable Terms: Respiratory Care Services, clarification, orders

Cleaning and Sterilization of Babylog VN500 Neonatal Expiratory Valve Using Steam Sterilization	Patient Care	1/16	<ol style="list-style-type: none"> 1. Reformatted into updated version 2. Updated steps in sterilization process Searchable Terms: Respiratory Care Services, Babylog, VN500, cleaning
Cleaning and Sterilization of Babylog VN500 Neonatal Flow Sensor PN 841113015 Using Isopropyl Alcohol	Patient Care	1/16	<ol style="list-style-type: none"> 1. Reformatted to the updated version 2. Updated steps for sterilization Searchable Terms: Respiratory Care Services, Babylog, VN500, cleaning
High Frequency Oscillator Ventilation (HFOV)	Patient Care	1/16	<ol style="list-style-type: none"> 1. Reformatted into updated version 2. Grammar, punctuation, dept. titles 3. Added language to include use of 3100B for adults Searchable Terms: Respiratory Care Services, HFOV, Vent, Oscillator
Inhaled Nitric Oxide INO Administration	Patient Care	1/16	<ol style="list-style-type: none"> 1. Reformatted into updated version 2. Grammar, punctuation, dept. titles 3. Added language to include use for adults Searchable Terms: Respiratory Care Services, INO, INOvent, Nitric Oxide
Inhaled Nitric Oxide Procedure for Equipment Use	Patient Care	1/16	<ol style="list-style-type: none"> 2. Grammar, punctuation, dept. titles 3. updated terminology, images for new INOmax DSIR system Searchable Terms: Respiratory Care Services, INO, INOvent, Nitric Oxide
Mechanical Ventilation in the Pediatric Patient	Patient Care	1/16	<ol style="list-style-type: none"> 1. Reformatted into updated version 2. Grammar, punctuation, dept. titles Searchable Terms: Respiratory Care Services Ventilation, Pediatric

	Respiratory Therapy Rental Equipment	Patient Care	1/16	. Update proper resources location Searchable Terms: Respiratory Therapy, Rental
	Using the LTV 1200 as an MRI Ventilator	Patient Care	1/16	2. Grammar, punctuation, dept. titles Searchable Terms: Respiratory Care Services, LTV 1200, MRI, Ventilator
	Rapid Response Team (RRT) Oxygen Protocol - Dept Specific	Patient Care	1/16	1. Reformatted into updated version 2. Grammar, punctuation, dept. titles Searchable Terms: Respiratory Care Services, RRT, Rapid Response
	IV Pharmacy- Documentation Records for Sterile Products Distribution Areas	Pharmacy	1/16	Per the manufacture and ECH facilities recommendation policy was update the pre-filter cleaning is conducted Quarterly and not monthly as indicated in section 4.0.
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
	Argon Plasma Coagulator, Set-Up and Use of	Patient Care	1/16	
	Adenosine Triphosphate (ATP) Hygiene Surveillance Testing of Bronchoscope Cleaning and Reprocessing Procedures	Patient Care	1/16	
	ASSISTING THE PHYSICIAN DURING ENDOBRONCHIAL BRONCHOPLASTY PROCEDURES	Patient Care	1/16	
	Bronchoscopy Assisting	Patient Care	1/16	
	PERFORMING BRONCHIAL THERMOPLASTY	Patient Care	1/16	

	ASSISTING THE PHYSICIAN DURING ENDOBRONCHIAL ULTRASOUND PROCEDURES	Patient Care	1/16	
	Performing Electromagnetic Bronchoscopy with the Superdimension InReach System to Insert Lumencath Brachytherapy Treatment Catheters	Patient Care	1/16	
	Performing Electromagnetic Bronchoscopy with the Superdimension iLogic inReach System with Edge Catheter Technology	Patient Care	1/16	
	High Level Disinfection Procedure FOR DAMAGED BRONCHOSCOPES and Solution Handling and Usage	Patient Care	1/16	
	Cleaning and Medivator High Disinfecting of Bronchoscopy Equipment	Patient Care	1/16	
	Operating the Monsoon 3 Universal Jet Ventilator	Patient Care	1/16	
	PERFORMING PROBE-BASED CONFOCAL LASER ENDOMICROSCOPY (pCLE) in the LUNG	Patient Care	1/16	
	ASSISTING THE PHYSICIAN DURING RIGID BRONCHOSCOPY PROCEDURES	Patient Care	1/16	
	SAFE HANDLING OF BRONCHOSCOPES PRE AND POST PROCEDURE	Patient Care	1/16	

	Performing Spray Cryo Therapy (SCT) Procedures	Patient Care	1/16	
	SPECIMEN COLLECTION AND PROCESSING	Patient Care	1/16	
	Procedure for Assisting the Physician During Thoracoscopy Procedures	Patient Care	1/16	
	SAFE USE, HANDLING AND STORAGE OF LIQUID NITROGEN IN THE INTERVENTIONAL PULMONARY	Patient Care	1/16	
	Pre and Intra-bronchoscopy Application of Topical Airway Anesthesia and the Application of Mucolytic and Hemoostasis Agents	Patient Care	1/16	
	Adult Bronchodilator Protocol	Patient Care	1/16	
	Clinical protocol for respiratory therapist inpatient respiratory disease management of Chronic Obstructive Pulmonary Disease (copd)/asthma	Patient Care	1/16	
	Respiratory Care Specialist Operational Responsibilities	Patient Care	1/16	
	Patient Driven Protocols Utilization	Patient Care	1/16	

	Secretion Clearance Protocol	Patient Care	1/16	
	SIX-MINUTE WALK TEST	Patient Care	1/16	
	POLICY AND PROCEDURE FOR OPERATING THE SIEMENS 405/500 RAPIDPOINT BLOOD GAS ANALYZER	Patient Care	1/16	
	CRITICAL RESULTS REPORTING AND DOCUMENTATION-	Patient Care	1/16	
	Calibration Verification Material Quality Control ABG Systems	Patient Care	1/16	
	Bronchial Provocation Testing	Patient Care	1/16	
	High Altitude Simulation Study	Patient Care	1/16	
	Nocturnal Oxygen Saturation Study	Patient Care	1/16	
	Pulmonary Function Testing	Patient Care	1/16	
	QUALITY CONTROL/PROFICIENCY TESTING FOR ARTERIAL BLOOD GAS	Patient Care	1/16	
	Lab Test Procedure : Rejected Specimen Policy	Patient Care	1/16	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	



POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

SUB-CATEGORY: Patient Care Services

ORIGINAL DATE: October, 2015

COVERAGE:

All El Camino Hospital staff

PURPOSE:

- This document outlines the policy and protocol for determination of brain death in adults at El Camino Hospital (ECH). It includes information on how to approach the patient's family and/or legal representatives. ~~as well as how to manage care for a pregnant woman who is declared brain dead.~~ To provide support to the patient's family/DPOA.

STATEMENT:

- A determination of brain death must be made in accordance with accepted medical standards. Pronouncement of brain death requires the independent confirmation by two licensed physicians as defined in this policy. This policy and the implementation of the procedure describe recommended actions to comply with statutory or regulatory requirements. For questions, consult the Risk Management office.

DEFINITIONS:

BRAIN Death:

- California Health and Safety Code, Uniform Determination of Death Act (Chapter 3.7, Article 1, Section 7180 and 7181) defines brain death as "irreversible cessation of circulatory and respiratory function or irreversible cessation of all function of the entire brain, including the brain stem". A patient who is brain dead is legally and clinically dead.
- A person may be declared brain dead by brain death criteria using clinical criteria or confirmatory laboratory testing. If the patient can be declared dead by clinical criteria, this is preferable to establishing death using a confirmatory laboratory study. However, many circumstances preclude determining death using clinical criteria; for example, usage of high-dose barbiturates for control of intracranial

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

pressure, or use of other sedative drugs in sufficient dose to depress neurological function. In this setting, use of a single confirmatory procedure (cerebral blood flow or conventional angiography) is sufficient to establish brain death by brain death criteria.

PROCEDURE:

- A. Pronouncement of brain death requires the independent confirmation by two licensed physicians from different care teams. At El Camino Hospital one exam must include an apnea test and should be performed by either an attending from the neurology, neurosurgery, intensivist and respiratory therapist. Any licensed physician who has prior experience in performing and interpreting the clinical brain death exam may perform the other independent exam. None of the physicians involved in the determination of brain death should be a part of the transplant team.
- B. Electroencephalography (EEG) or cerebral blood flow studies, including cerebral angiography and transcranial Doppler, may be performed to aid in the diagnosis of brain death at the discretion of those called upon to formally declare brain death. Brain death is a clinical diagnosis. The above tests cannot replace the clinical neurological exam for brain death. Ancillary tests are desirable in patients in whom specific components of clinical brain death testing (e.g. apnea test) cannot be reliably performed or evaluated. Some examples are in conditions of:
 - a) Severe facial trauma.
 - b) High cervical spine trauma.
 - c) Preexisting pupillary abnormalities.
 - d) Toxic levels of any sedative drugs, aminoglycosides, tricyclic antidepressants, anticholinergics, antiepileptics, chemotherapeutic agents, or neuromuscular agents, etc.
 - e) Sleep apnea or severe pulmonary disease resulting in chronic retention of CO₂.
- C. The physicians making a determination of brain death shall document in the patient's electronic medical record in compliance with this policy and the manner in which the determination of brain death was accomplished.
- D. This policy describes the pre-requisite criteria for brain death and briefly outlines the steps of the clinical examination necessary to determine brain death. **A detailed description of the procedures involved in clinical determination of brain death, ancillary tests and documentation checklist is found in Appendix A.**
 - 1. Pre-requisite criteria for performing clinical brain death examination.

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POLICY/PROCEDURE TITLE: Brain Death

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- a) Clinical and radiographic evidence of an irreversible central nervous system catastrophe that is compatible with the clinical diagnosis of brain death and that is caused by a known mechanism of trauma or medical injury.
 - b) Normothermia or mild hypothermia, with a minimum temperature of 36°C. Patients with a perfusing cardiac rhythm should be warmed to 36°C. Patients who have no perfusing cardiac rhythms can be rewarmed using cardiopulmonary bypass.
 - c) CNS depressant effect of drugs is absent. Toxicology studies (urine, serum) can be done if there is suspicion of drug intoxication. Brain death exam can proceed if there are traces of drug below their therapeutic range and in the absence of drug effect.
 - d) Systolic blood pressure greater than 100mm Hg either spontaneously or with the aid of pressors.
 - e) No severe electrolyte, acid-base or endocrine disturbances.
 - f) No spontaneous respirations.
2. Clinical brain death examination
- a) The initial clinical examination should consist of the following:
 - 1. Determination of coma: Absence of motor response to pain in all extremities and absence of facial movement to deep supraorbital and temporo-mandibular joint pressure.
 - 2. Absence of brain stem reflexes:
 - a. Absence of pupillary light reflex (direct and consensual) to bright light.
 - b. Absence of bilateral corneal reflexes.
 - c. Absence of oculoccephalic reflex to brisk horizontal and vertical head rotation (after ensuring cervical spine stability). **There should be no movement of the eyes relative to head movement.**
 - d. Absence of facial movements to deep noxious stimulation.
 - e. Absence of Oculovestibular reflex (cold calorics).
 - i. **Patency of the external auditory canal should be confirmed**
 - ii. **The head is elevated 30 degrees.**
 - iii. **Each auditory canal is irrigated with 50ml ice-cold water.**

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

- a. Allow at least 5 minutes between testing on each side.
 - b. Movement of the eyes should be absent for at least one minute.
 - f. Absence of Gag reflex.
 - g. Absence of cough on deep tracheal suctioning.
 - 3. Apnea test. If patient is requiring significant amount of pressors or having unstable cardiac arrhythmias, then consideration is given for ancillary testing.
 - a. Pre-requisites for apnea testing
 - i. Euvolemia with positive fluid balance for the past 6 hours.
 - ii. Systolic blood pressure greater than 100mmHg.
 - iii. Normalized PCO₂ (35mm-45mm Hg) on ABG. In patients with chronic CO₂ retention, the PCO₂ should be at the patient's baseline and the pH should be normal
 - iv. Pre-oxygenate with 100% O₂ for ten minutes for an arterial pO₂ greater than 200 mmHg.
 - v. Baseline ABG is obtained.
 - b. Apnea test: Check physician order for "Apnea Test"
- 3. Second, confirmatory examination
 - a) The second, confirmatory examination should be performed more than ~~one hour~~ **two hours/120 minutes** after the first exam.
 - b) Only one formal apnea test needs to be completed. If the first exam included the apnea test, the second exam should verify the presence of apnea.
- 4. Time of death is the time apnea is confirmed at the completion of the second exam or when an ancillary test (if done) is officially confirmed.
- 5. The Death Certificate must be completed by the attending physician of record or designee.
- E. For Transplant Donors
 - 1. It is recognized that there may be a potential conflict of interest if a physician involved with declaration of brain death is also involved with care of a transplant recipient. In those situations, another physician not involved with care of a transplant recipient should be asked to do the brain death examination.
 - 2. All potential organ donors will be referred to Donor Network West, 1-800-55-DONOR (800-553-6667). See "Organ and Tissue Donation" in ePolicy.

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

F. Withdrawal of Medical Intervention for Declared Brain Dead Patients and Interaction with Family

1. The Uniform Determination of Death Act states that an individual, who has sustained irreversible cessation of all functions of the entire brain, including the brain stem, is dead. The intent is to allow physicians and the medical team to withdraw medical intervention once a patient is declared brain dead. Ideally, the patient's family and/or legal representative will concur that since the patient is dead, medical intervention should cease. In cases where the family and/or legal representative disagree, the physician is encouraged to explore the reasons for disagreement and to try to resolve the dispute as described below.

2. Written Notification to Family

~~In accordance with Health and Safety Code 1254.4 (Appendix A), if a family or next of kin will be allowed a "reasonably brief period" of time to gather at the patient's bedside. Upon request, the family may receive a written statement of the policy no later than shortly after the treating physician has determined that the potential for brain death is imminent. If there is evidence of refusal, staff will still need to make the referral. The referral should be made per the Clinical Cues for Donor Network - West consult as opposed to following the decision to withdraw life sustaining measures.~~

3. The medical team should thoroughly discuss withdrawal of support with the patient's family and/or legal representative and seek their assent prior to discontinuing all medical intervention. Family consent for this withdrawal is not required. However, if the family objects, reasonable accommodations should be attempted as outlined below. The discussion with family should not include the language of withdrawing "life support" as this may be interpreted as a contradiction to the pronouncement of death.
4. Family Objections:
Objections to withdrawal of support may arise due to lack of understanding regarding the meaning or significance of brain death, on the basis of religious or cultural beliefs, the news may come suddenly as in the case of trauma, or the belief that the diagnosis is mistaken.
 - a. In cases where the family disputes the diagnosis, a qualified ECH privileged physician of their choice could be requested to render a timely additional confirmation of the determination of irreversible brain death. If the diagnosis remains disputed and the family disagrees with withdrawal, Risk Management should be consulted about next steps.
 - b. In the rare instance that the physician requested by the family or legal representative does not confirm the diagnosis, or that

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despite confirmation the family or legal representative still objects to withdrawing medical intervention, an attempt should be made to resolve the dispute within the hospital. It may be useful to involve trusted person(s) such as a chaplain, Social Worker, **Palliative Care** or Ethics Committee consultant(s).

- c. If the diagnosis is **not** disputed, yet the family or legal representative objects to the withdrawal of medical interventions and all reasonable attempts have been made to resolve the dispute, then the family and/or legal representative will be informed that within a limited designated time frame the withdrawal of medical intervention will proceed.
- 5. Once a patient has been declared brain dead, the Donor Network West Coordinator should be contacted to discuss organ/tissue donation with the patient's family and/or legal representative. This should be done at an appropriate time interval after the family and/or legal representative has been informed of the diagnosis of brain death.

COMPLIANCE:

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at ECH are responsible for ensuring that individuals comply with this policy.
- B. Violations of this policy will be reported to the Clinical Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. ~~Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.~~

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POLICY/PROCEDURE TITLE: Brain Death

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Appendix A: Procedure for Clinical Brain Death Examination

1. Pre-requisite criteria for performing clinical brain death examination.

- a. Clinical and radiographic evidence of an irreversible central nervous system catastrophe that is compatible with the clinical diagnosis of brain death and that is caused by a known mechanism of trauma or medical injury. In the absence of neuroimaging and radiographic explanation for coma, brain death examination should not proceed.
- b. Normothermia or mild hypothermia, with a minimum temperature of 36°C. Patients with hypothermia below this target who have a perfusing cardiac rhythm should be rewarmed with external (i.e. Bair huggers, warming blankets, Arctic Sun, etc.) or internal (temperature management intravascular catheters) methods until 36°C. In patients who have no perfusing cardiac rhythms, rewarming using a cardiopulmonary bypass is the only option.
- c. CNS depressant effect of drugs is absent. Examples of situations where there can be concern for prolonged drug effects include:
 1. Use of sedative or paralytic agents within 5 half-lives of the drug, assuming no half-life prolongation due to organ dysfunction.
 2. Drug intoxication or poisoning. If there is concern for opioid or benzodiazepine effect, naloxone or flumazenil can be administered for reversal.
 3. Barbiturates were used. Concern for drug effect is minimized if serum level is under <10ug/ml.
 4. Use of paralytic agents. There should be 4/4 twitches with maximal ulnar nerve stimulation on train of four testing to proceed.
 5. A blood alcohol level below 0.08% is the threshold below which brain death exam can proceed.
 6. Use of therapeutic hypothermia, which can delay drug clearance.

Toxicology studies (urine, serum) can be done if there is suspicion of drug intoxication. Brain death exam can proceed if there are traces of drug below their therapeutic range and in the absence of drug effect.

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LAST APPROVAL DATE:

- d. Systolic blood pressure greater than 100mm Hg either spontaneously or with the aid of pressors. Dopamine and vasopressin are preferred.
- e. No severe electrolyte, acid-base or endocrine disturbances.
- f. No spontaneous respirations.

2. Clinical brain death examination

- a. The initial clinical examination should consist of the following:
 - 1. Determination of coma: Absence of motor response to pain in all extremities and absence of facial movement to supraorbital and temporo-mandibular joint pressure. Spinally mediated reflexive limb movements can be present, and are consistent with brain death. These usually disappear within 24 hours on repeat examination. However, interpretation of this needs expertise. Decorticate or decerebrate posturing is not compatible with diagnosis of brain death. Spontaneous facial myokymias are permissible, but not in response to noxious stimulation.
 - 2. Absence of brain stem reflexes:
 - a. Absence of pupillary light reflex (direct and consensual) to bright light. Size of pupils: mid position (4mm) to dilated (9mm). Uncertain responses can be confirmed with a magnifying glass or pupillometry. Highly constricted pupils should suggest possible drug intoxication.
 - b. Absence of bilateral corneal reflexes by touching cornea with a cotton swab.
 - c. Absence of oculoccephalic reflex to brisk horizontal and vertical head rotation (after ensuring cervical spine stability). This is tested with eyes open and head of bed at 30°.
 - d. Absence of facial movements to deep noxious stimulation over temporomandibular joints, or supraorbital ridge.
 - e. Absence of Vestibulo-ocular reflex (cold calorics). After ensuring patency of the external auditory canal and tympanic membrane, instill 30-50ml ice water in the ear over 1 minute. The patient should be 30° upright with the head in the neutral position. Look for conjugate eye movements for 1 minute. Allow five minutes to elapse between testing of each ear.
 - f. Absence of Gag reflex as tested by stimulating the posterior pharynx with a suction catheter or tongue blade.
 - g. Absence of tracheal reflex as determined by absence of cough on deep tracheal suctioning.
 - 3. Apnea test: If patient is requiring significant amount of pressors or having unstable cardiac arrhythmias, then consideration is given for ancillary testing.

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

- a. Pre-requisites:
 - i. Euvolemia i.e. corrected diabetes insipidus or positive fluid balance for the past 6 hours.
 - ii. Systolic blood pressure greater than 100mmHg (Patient may require vasopressors).
 - iii. Normalized PCO₂ (35-45 mmHg) documented by PCO₂ blood gas (ABG). Decrease set tidal volume or respiratory rate to 6-10 breaths/minute to achieve eucapnia. In patients with chronic CO₂ retention, the PCO₂ should be at the patient's baseline and the pH should be normal.
 - iv. Pre-oxygenate with 100% O₂ for ten minutes for an arterial pO₂ greater than 200mmHg. Patients should be easily oxygenated at a PEEP of 5cm of water. Desaturation with this is suggestive of an inability to tolerate the apnea test.
 - i. Baseline ABG is obtained.
- b. Disconnect the ventilator and place a suction catheter down the tracheal tube through which oxygen is delivered at a flow of 6-8 liters O₂ per minute (higher flows have been associated with spontaneous pneumothoraces).
- c. During the apnea test, the patient should maintain oxygen saturation greater than 85% and a systolic blood pressure greater than 90mmHg without malignant cardiac arrhythmias. Failure to meet any of these conditions should result in immediate termination of the apnea test and institution of mechanical ventilation. An ABG is drawn prior to reinstitution of mechanical ventilation to ensure that the pCO₂ has not already risen to the desired thresholds. The apnea test can be retried with T piece, CPAP of 10 cm H₂O and 100% O₂ at 12 l/min.
- d. Observe the patient for eight to ten minutes. There should be no movement of the abdomen/chest wall in a potential respiratory fashion and the follow up ABG must have a PCO₂ ≥ 60mmHg or an increase in PCO₂ greater than 20mmHg over the baseline PCO₂ for patients with chronic CO₂ retention to be considered a positive test (i.e. supports the clinical diagnosis of brain death).
- e. If the follow up ABG is inconclusive and the patient is hemodynamically stable and oxygen saturations remain stable, the test may be continued for a longer time frame (10-15 minutes, maximum time 15 minutes) with a follow up ABG just prior to reconnecting the patient to the ventilator.
4. Second, confirmatory examination ~~Confirmatory Lab Procedures~~
 - a. The second, confirmatory examination should be performed more than ~~one hour~~ 120 minutes after the first exam.

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

- b. Only one formal apnea test needs to be completed. If the first exam included the apnea test, the second exam should verify the presence of apnea.
- 5. Time of death is the time apnea is confirmed at the completion of the second exam or when the ancillary test is officially confirmed.
- 6. Obtain "Do Not Resuscitate" order prior to extubation.
- 7. The Death Certificate must be completed by the attending physician of record or designee.

Documentation checklist for brain death:

Check list for determination of brain death	
Date and time:	
Prerequisites (ALL MUST BE CHECKED)	
Coma, irreversible and cause known	
Neuroimaging explains coma	
CNS depressant drug effect absent (toxicology screen/serum levels if indicated)	
No evidence of residual paralytics (electrical stimulation if paralytics used)	
Absence of severe acid-base, electrolyte, endocrine abnormality	
Normothermia or mild hypothermia (core temperature $\geq 36^{\circ}\text{C}$)	
Systolic BP > 100 mmHg	
No spontaneous respirations	
Examination (ALL MUST BE CHECKED)	
Pupils non-reactive to bright light or pupillometry	
Corneal reflex absent	
Oculocephalic reflex absent (tested only if C-spine integrity ensured)	
Oculovestibular reflex absent (30-50mL ice water each ear, observe 1 min, 5 min between ears)	
No facial movement to noxious stimuli at supraorbital ridge, temporo-mandibular joint (TMJ)	
Gag reflex absent	
Cough reflex absent to tracheal suctioning	
Absence of motor response to painful stimuli in all 4 limbs (spinally-mediated reflexes are permissible, posturing is not)	
Apnea Testing	
Patient is hemodynamically stable and euvolemic	
Ventilator adjusted to provide normocarbica (PCO_2 35-45 mmHg)	
Patient pre-oxygenated with 100% FiO_2 for > 10 minutes to PaO_2 > 200 mmHg	
Patient well-oxygenated with a PEEP of 5 cm of water	

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POLICY/PROCEDURE TITLE: Brain Death

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

Provide oxygen via a suction catheter to the level of the carina at 10 L/min or attach T-piece with CPAP at 10 cm H ₂ O	
Disconnect Ventilator	
Spontaneous respirations absent	
ABG drawn at 8 minutes	
ABG drawn at 10-15 minutes (if prolonged apnea testing is done) (reconnect ventilator)	
PCO ₂ ≥ 60 mmHg, or ≥ 20 mmHg rise from baseline in case of chronic CO ₂ retention.	
Pre-test ABG: pH _____ pCO ₂ _____ pO ₂ _____	
Pre-test ABG: pH _____ pCO ₂ _____ pO ₂ _____ @ _____ min	
OR	
Apnea test aborted (cardiac ectopy, O ₂ sat < 85%, SBP < 100 mmHG)	
Ancillary Testing (only 1 needs to be performed; to be ordered only if clinical examination cannot be fully performed due to patient factors, or if apnea testing inconclusive or aborted)	
(To be ordered only if clinical exam cannot be fully performed due to patient factors, or if apnea testing inconclusive or aborted. ONLY ONE NEEDS TO BE CHECKED)	
Cerebral Angiography	
SPECT (99mTc-HMPAO)	
EEG	
TCD (Transcranial Doppler Ultrasonography)	
TIME OF DEATH (MM/DD/YY && 00:00):	
Due to: (etiology of coma)	
Name of Physician and signature:	

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POLICY/PROCEDURE TITLE: (Inserted PolicyTech field)

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	08. 2015
Critical Care Committee:	10.15.2015
ePolicy Committee:	(Please don't remove this line)
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

References:

1. California Health and Safety Code Section 125 – 1264.
2. Evidence-based guideline update: Determining brain death in adults; Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2010; 74 1911-1918. Eelco F.M.Wijdicks, Panayiotis, N. Varelas, Gary S. Gronseth and David M. Geer.
3. The Quality Standards Subcommittee of the American Academy of Neurology, Practice parameters for determining brain death in adults (summary statement). Neurology 1995; 45; 1012-1014.

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TITLE: Sleep Center: Patient Own Medication Administration

CATEGORY: Patient Care Services

LAST APPROVAL:

TYPE:

☐ Policy ☐ Protocol ☐ Scope of Service/ADT
☒ Procedure ☐ Standardized Process/Procedure

SUB-CATEGORY: Sleep Center

OFFICE OF ORIGIN: Sleep Center

ORIGINAL DATE:

I. COVERAGE:

Patients admitted to the ECH Sleep Center for evaluation of sleep related disorders.

II. PURPOSE:

- To ensure patient safety related to taking night time medications;
- Describes steps for identifying and administering patient's own medications taken during the sleep evaluation

III. POLICY STATEMENT:

- It is the policy of El Camino Hospital to allow Sleep Center patients to safely take their own medications ordered for sleep and other conditions that the physician deems appropriate; where the administration time falls during the patient visit to the Sleep Center and missing a dose would cause harm to the patient or adversely affect the sleep study.

IV. DEFINITIONS (if applicable):

N/A

V. REFERENCES:

N/A

VI. PROCEDURE:

Physician Ordering

The prescribing physician must write an order for each medication that the patient will be taking during the sleep study. The order must contain the medications name, route, strength and frequency.

Pharmacist Verification and Labeling of POM

(1) The pharmacist identifies the medication and visualizes bottle and medications contained there-in for integrity and the direction for use.

(2) The pharmacist affixes the patient/order-specific EMR label to the container and, initials and dates the label. The pharmacist ensures the barcode on the label is intact and scan able.

(3) The verifying pharmacist must record the transaction by putting the label of each medication authorized for own use into the Patient's Own Medications Log, prior to sending the medications back to the patient care areas.



TITLE: Sleep Center: Patient Own Medication Administration
CATEGORY: Patient Care Services
LAST APPROVAL:

(4) The contents of the container(s) of patient's own medication can also be examined and positively identified after arrival at the hospital by a Licensed Independent Practitioner instead of a pharmacist when the situation warrants it.

Administration

Nursing Staff are to use the Pharmacy-affixed medication label to scan the medication using bar code technology on all units with bar coding deployed (see **Medication Administration**).

Return

Patient's Own Medications are to be returned to patient/family upon discharge from the Sleep Center.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	
(name of) Medical Committee (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable):

TITLE: Fit testing procedures for N95 Respirators for Respiratory Therapists
(Using 3M FT-30, Bitter Fit Test Equipment)

CATEGORY:

LAST APPROVAL:

TYPE:

- ☒ Policy
 ☐ Protocol
 ☐ Scope of Service/ADT
☒ Procedure
 ☐ Standardized Process/Procedure

SUB-CATEGORY: Respiratory Care Services

OFFICE OF ORIGIN: Respiratory Care Services

ORIGINAL DATE: 12/07/2015

I. COVERAGE:

All Respiratory Therapists MV and LG Campuses

II. PURPOSE:

The purpose of this Policy and Procedure is to provide guidelines for performing a safe and effective procedure.

III. POLICY STATEMENT:

NOTE: OSHA requires that a medical evaluation be conducted prior to fit testing. Subjects should be informed of the ingredients of the fit test solution and that they will be exposed to a fine mist.

Ingredients: Water, sodium chloride, denatonium benzoate.

Caution: Denatonium benzoate is a very bitter chemical used to keep children from ingesting consumer products. Keep out of the reach of children.

Read and become familiar with the fit testing equipment and respirator being tested.

Prepare Fit Test Form, complete at the conclusion of Fit Test.

Preparation of equipment:

- A. Attach hood to collar by placing drawstring between flanges on collar. Tighten drawstring and tie with a square knot or bow.
- B. Pour a small amount (approximately one teaspoonful) of the Sensitivity Test Solution into the nebulizer labeled “#1 Sensitivity Test Solution.”
- C. Pour the same amount of Fit Test Solution into the second nebulizer labeled “#2 Fit Test Solution.”
- D. Immediately recap the bottles.

Sensitivity Test

This test is done to assure that the person being fit tested can detect the bitter taste of the test solution at very low levels. The Sensitivity Test Solution is a very dilute version of the Fit Test Solution.

The test subject should not eat, drink (except water), or chew gum for 15 minutes before the test.

- A. Have the test subject put on the hood and collar assembly without a respirator.
- B. Position the hood assembly forward so that there is about six inches between the subject’s face and the hood window.
- C. Instruct the test subject to breathe through his/her mouth with tongue extended.

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TITLE:

Fit testing procedures for N95 Respirators for Respiratory Therapists
(Using 3M FT-30, Bitter Fit Test Equipment)

CATEGORY:

LAST APPROVAL:

- D. Using Nebulizer #1 with the Sensitivity Test Solution, inject the aerosol into the hood through the hole in the hood window. Inject ten squeezes of the bulb, fully collapsing and allowing the bulb to expand fully on each squeeze. Both plugs on the nebulizer must be removed from the openings during use. The nebulizer must be held in an upright position to ensure aerosol generation.
- E. Ask the test subject if he/she can detect the bitter taste of the solution. If tasted, not the number of squeezes as 10 and proceed to the Fit Test.
- F. If not tasted, inject an additional ten squeezes of the aerosol into the hood. Repeat with ten more squeezes if necessary. Note whether 20 or 30 squeezes produced a taste response.
- G. If 30 squeezes do not cause the subject to detect a bitter taste, the test is ended. Another type of fit test must be used.
- H. Remove the test hood, and give the subject a few minutes to clear the taste from his/her mouth. It may be helpful to have the subject rinse his/her mouth with water.

IV. DEFINITIONS (if applicable):

- 1.

V. REFERENCES:

1. Clinical Data Bulletin #165– Fit Testing Policy Published: January, 2004
2. SDS 3M FT-30 Qualitative Fit Test Kit, Bitter 5/26/2015

VI. PROCEDURE:

Fit Test

- A. Have the test subject don the respirator and perform a user seal check per the instructions provided on the respirator package.
- B. Have subject wear any applicable safety equipment that may be worn during actual respirator use that could interfere with respirator fit.
- C. Have the subject put on and position the test hood as before, and breathe through his/her mouth with tongue extended.
- D. Using Nebulizer #2 with Fit Test Solution, inject the fit test aerosol using the same number of squeezes as required in the Sensitivity Test (10, 20 or 30). A minimum of ten squeezes is required, fully collapsing and allowing the bulb to expand fully on each squeeze. The nebulizer must be held in an upright position to ensure aerosol generation.
- E. To maintain an adequate concentration of aerosol during this test, inject one-half the number of squeezes (5, 10, or 15) every 30 seconds for the duration of the fit test procedure.
- F. After the initial injection of aerosol, ask the test subject to perform the following test exercises for 60 seconds each:

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1. Normal breathing – In a normal standing position, without talking, the subject shall breath normally.
2. Deep breathing – In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
3. Turning head side to side – standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
4. Moving head up and down – standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (when looking toward the ceiling).
5. Talking – The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text, count backward from 100, or recite a memorized poem or song.
6. Bending over – The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place may be substituted for the exercise.
7. Normal breathing – Same as exercise 1.
- G. The test is terminated at any time the bitter taste of aerosol is detected by the subject because this indicates an inadequate fit. Wait 15 minutes and perform the sensitivity test again.
- H. Repeat the fit test after re-donning and readjusting the respirator. A second failure may indicate that a different size or model respirator is needed.
- I. If the entire test is completed without the subject detecting the bitter taste of the aerosol, the test is successful and respirator fit has been demonstrated.
- J. Periodically check the nebulizer to make sure that it is not clogged. If clogging is found, clean the nebulizer and retest.

Cleaning

At the end of each session or at least every four hours, discard the unused solutions from the nebulizers. **Do not pour unused solutions back into bottles.** Rinse the nebulizers with warm water to prevent clogging and shake dry. Wipe out the inside of the hood with a damp cloth or paper towel to remove any deposited Test Solution.

TITLE:

Fit testing procedures for N95 Respirators for Respiratory Therapists
(Using 3M FT-30, Bitter Fit Test Equipment)

CATEGORY:

LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Leadership Team :	
Medical Directors of Respiratory Care Services	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable):

Note that Attachments not considered part of the actual policy and updates to the attachments do not require committee approval.

TITLE:

Safe Handling and Storage of Medical Gas Cylinders

CATEGORY:

LAST APPROVAL:

TYPE:

☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☒ Procedure ☐ Standardized Process/Procedure

SUB-CATEGORY:

Respiratory Care Services

OFFICE OF ORIGIN:

Respiratory Care Services

ORIGINAL DATE:

I. COVERAGE:

All El Camino Hospital clinical staff must be familiar with this policy and procedure, as must any other staff member involved in organizational risk management or who plays any role in the procurement, storage or disposal of oxygen cylinders.

II. PURPOSE:

The purpose of this Safe Handling and Storage of Medical Gas Cylinders Policy is to provide guidelines for to minimize the potential fire and explosion hazards associated with the use, transportation, and storage of compressed gas cylinders. The policy is intended to:

- Clearly establish what is expected of staff that will be exposed to gases.
- Help prevent incidents involving medical gases.
- Ensure a safe and secure facility for storing medical gases.
- Help prevent incidents involving medical devices.

III. POLICY STATEMENT:

The health care environment uses medical gases of all types, via both piped and freestanding systems. This policy serves to comply with standards of the National Fire Protection Association (NFPA) standards (NFPA 99 chapter 11), the Occupational Safety and Health Administration (OSHA) standards (29 CFR 1910), and The Joint Commission Environment of Care Standard (EC.02.01.01 EP3). This Policy relates only to portable compressed gas cylinders and **NOT** to fixed medical gas pipeline systems nor does it relate to the administration of any medical gas to patients that will be controlled by clinical intervention. The NFPA 99 states that up to 300 cf of nonflammable medical gas (12 E cylinders or 1 H cylinder), per smoke compartment, may be located outside of an enclosure. This is in addition to individual cylinders in patient rooms, or otherwise arranged, for immediate use. Additionally, gas cylinders stored in the Gas Storage Room must be 5 feet from combustible materials if the room is provided with fire sprinklers or 20 feet from combustible material if the room doesn't have fire sprinklers.

Cylinder Safety: Main Principles

The main hazards associated with gas cylinders are:

1. Careless storage, handling, dropping or impact can cause physical or personal injury.
These hazards should be minimized:
 - a. By the correct design, siting and construction of cylinder storage areas

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TITLE:

Safe Handling and Storage of Medical Gas Cylinders

CATEGORY:

LAST APPROVAL:

- b. By the provision of suitable storage and handling equipment
 - c. By the adoption of safe operating practices
2. Leakage of gas where the cylinder contents may be flammable, oxidizing, toxic or a combination of these characteristics. In the event of leakage, gas may collect in a confined space and cause or contribute to a fire, explosion or health hazard.

Cylinder Storage and Handling:

General

This section is concerned with the operational aspects of medical gas cylinders, including storage, handling and general safety. Attempts should be made to reduce manual handling of cylinders and excessive levels of storage.

1. "In Use" Exception—Oxygen cylinders attached to an anesthesia machine, medical equipment, wheelchair, or patient cart are considered "in use" and are not counted when calculating the amount of oxygen stored in a smoke zone.
2. A compressed gas cylinder can become a flying missile if it falls on its stem and releases the high gas pressure. To avoid potential injury, property damage, or fire, never leave a cylinder standing free or unsecured on the top of a patient bed or cart. Medical gas cylinders should be secured in stands or carts or chained to walls. One chain is sufficient to secure the cylinders, except in seismic areas, where two chains are recommended.
3. Up to 300 cf of nonflammable medical gas (12 full E cylinders or 1 full H cylinder), per smoke compartment, may be located outside of an enclosure. This is in addition to individual cylinders in patient rooms, or otherwise arranged, for immediate use. For the purposes of this policy, each storage area will contain three (3) storage racks. Each rack will hold up to 6 tanks. One rack will be labeled for full tanks (**≥2100 psi**), one for partially filled (**<2100 psi**), one for empty tanks (**≤500 psi**).
4. **NO** partial tanks will be stored at these locations: Endoscopy Mountain View (MV), Anesthesia (MV) – in Operating Room, Labor and Delivery (MV), Operating Room Los Gatos campus LG, 4C Packard and Cardiopulmonary Wellness (MV). **Only "Full" or "Empty"** tanks will be stored.
5. All oxygen tanks with **≤500 psi** are to be considered empty.
6. All oxygen tanks that **do not** have integrated pressure gauges and are **without** green sealing strips are to be considered empty. These strips must be in original condition and not taped on to the tank.
7. Patients **cannot** be transported with oxygen tanks having **<1500 psi**.
8. Combustible or flammable material must be separated by at least 5 ft. if in room with sprinklers or 20 ft. otherwise.

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TITLE:

Safe Handling and Storage of Medical Gas Cylinders

CATEGORY:

LAST APPROVAL:

IV. DEFINITIONS:

1. **Gas cylinders** – the legal term that covers compressed gas cylinders is “transportable pressure receptacles” or “transportable pressure vessels” which is a generic term which covers a number of different types of pressure receptacles. For the purpose of this Policy the term “gas cylinder” shall encompass breathing / medical.

V. REFERENCES:

1. Regulatory References:

- Up to 300 cf of nonflammable medical gas (12 E cylinders or 1 H cylinder), per smoke compartment, may be located outside of an enclosure. This is in addition to individual cylinders in patient rooms, or otherwise arranged, for immediate use. (NFPA 99 (2005)11.3.3)
- Oxygen cylinders that are mounted on gurneys, wheelchairs, and medical equipment, but are not actively being used by patients are considered to be in use and do not count towards this threshold. See CMS S&C-07-10 for CMS position on this issue which has been endorsed by the Joint Commission.
- Precautionary signs should be displayed on each door or gate. (NFPA 99 (1999) **8-3.1.11.3**)
- When integrated pressure gauges are used the facility shall establish a pressure threshold for empty. (NFPA 99 (2015)11.6.5.2.1)
- If stored in the same enclosure, empty cylinders shall be segregated from full cylinders, and empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. (NFPA 99 (2015) 11.6.5.2 & 11.6.5.3)
- Combustible or flammable material must be separated by at least 5 ft. if in room with sprinklers or 20 ft. otherwise. (NFPA (1999) **8-3.1.11.2**)

VI. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Leadership Team :	
Medical Directors of Respiratory Care Services	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	



TITLE:	High Flow Nasal Cannula Device Policy and Procedure
CATEGORY:	
LAST APPROVAL:	8/2015

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure	<input type="checkbox"/> Scope of Service/ADT
SUB-CATEGORY:	<i>Respiratory Care Services</i>	
OFFICE OF ORIGIN:	<i>Respiratory Care Services</i>	
ORIGINAL DATE:		

SUB-CATEGORY: **Respiratory Care Services**
ORIGINAL DATE: 1/2013

I. COVERAGE:

All El Camino Hospital Respiratory Therapists, MV and LG Campuses

II. PURPOSE:

To provide guidelines when initiating, monitoring and weaning a high flow nasal cannula device in the adult and neonatal population. The high flow nasal cannula is used to provide supplemental oxygen up to 100%, with 100% relative humidity to decrease work of breathing and meet increased inspiratory demand flows. With higher liter flows, it creates a flushing effect in the upper airway that minimizes re-breathing of carbon dioxide. Inadvertent peep is delivered with use of this device and can vary depending on the flow rate, anatomy of the airway, positioning of the mouth and the amount of occlusion that is produced by the nasal cannula in the nares.

III. POLICY STATEMENT:

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TITLE: High Flow Nasal Cannula Device Policy and Procedure

CATEGORY:

LAST APPROVAL: 8/2015

The Respiratory Care Practitioner will administer and monitor the high flow nasal cannula system after obtaining a physician's order and assessing the patient within manufacturer's guidelines to ensure patient safety.

IV. DEFINITIONS (*as applicable*):

HFNC is an abbreviation for High Flow Nasal Cannula.

VI. PROCEDURE:

A. Indications:

1. Patients requiring higher flows and higher oxygen concentrations that cannot be provided via conventional oxygen devices or a non-rebreather.
2. Patients requiring a device to improve gas exchange and reduce work of breathing before utilizing noninvasive or invasive ventilation.
3. Patients requiring more flow and oxygen that will not tolerate mask application.

B. Contraindications:

1. Pneumothorax
2. patients unable to maintain an airway,
3. patients who do not have spontaneous respiratory effort
4. neck injury which has not been stabilized

C. Cautions and Considerations:

1. Chest x-ray is suggested prior to initiation and afterwards to assess for improvement.
2. Monitor x-ray for pneumothorax and hyperinflation.
3. Consider a nasogastric tube or oral gastric tube in the presence of gastric insufflation.
4. Inadvertent CPAP.

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TITLE:	High Flow Nasal Cannula Device Policy and Procedure
CATEGORY:	
LAST APPROVAL:	8/2015

5. Supplemental oxygen given to patients suffering from paraquat poisoning or receiving certain chemotherapeutic agents (eg, bleomycin) may result in pulmonary complications such as oxygen toxicity and pulmonary fibrosis.
6. Supplemental oxygen given to patients with congenital heart disease may cause an increase in alveolar oxygen tension and may disrupt the balance between pulmonary and systemic blood flow.

D. Equipment:

1. Optiflow HFNC- air/oxygen blender, oxygen analyzer, high flowmeter, air and oxygen hoses, patient circuit (Fisher Paykell Circuit RT 202) with humidifier chamber (Fisher Paykell MR 290), bacteria filter, patient interface with appropriate size nasal cannula or trach connection, continuous pulse oximeter, oxygen tubing with nipple adapter and sterile water for inhalation.
2. Vapotherm Precision Flow System- Install correct cartridge for patient population (low flow cartridge (red) and high flow cartridge (blue), correct nasal cannula or adapter for patient size, sterile water, secure tubing into the bottom of the Vapotherm.

Cannulas sizes premature, neonatal, infant and intermediate infant are for the 1-8lpm range. Pediatric small nasal cannulas are approved for flows of 5-20lpm. Cannula sizes pediatric/adult small and adult are approved for flows of 5-40lpm.

3. Check that all equipment is set up correctly:
 - a. For the Optiflow check for correct connections, circuit to humidifier and temperature probe from humidifier to patient circuit. Connect hanging sterile water bag to humidifier, correct sized patient interface (nasal cannula or tracheostomy connection) attached to the end of the circuit and oxygen analyzer calibrated where applicable.
 - b. For the Vapotherm, connect device to AC power first before connecting gas hoses to wall outlets to avoid a device malfunction.

E. High Flow Nasal Cannula Administration and Weaning:

1. Adult Vapotherm range is from 5-40lpm, for the Optiflow flows up to 60lpm can be used. Start at 25lpm (or as ordered) to gauge what the patient will tolerate.

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TITLE: High Flow Nasal Cannula Device Policy and Procedure

CATEGORY:

LAST APPROVAL: 8/2015

Wean the oxygen down to $\leq 35\%$ before weaning the flow. For adults set the temperature to 37°C . With neonates and infants, set the temperature between $31\text{-}34^{\circ}\text{C}$ to avoid rainout.

2. For adults, wean the flow in 5 liter increments 5lpm at a time or as requested by order of the physician until it is weaned to 10lpm. At that point, the patient may be converted to regular high flow device such as a non-rebreather as tolerated or continued to wean to lower liter flow settings to 5lpm.
3. For neonatal/infant patients, high flow is a liter flow over 1.5. After placing the patient on the HFNC device and weaning is indicated, wean FIO₂ to $\leq 30\%$ before decreasing the liter flow. Wean flow in 0.5 to 1 lpm increments until 1.5 lpm then patient can be transferred over to a regular nasal cannula set up.
4. Wean to keep saturation in ordered range. If a patient has adverse reactions to a recent change, stabilize them by placing them on previous settings.

F. Monitoring:

1. Monitor, assess and document liter flow, vital signs, work of breathing, oxygenation requirement and overall presentation of the patient.
2. Documentation is scheduled Q4hrs for all patient populations.

G. Equipment Changes:

1. High Flow Nasal Cannula System disposable *nasal cannulas* are to be **exchanged every 7 days** and disposed of per hospital waste policy.
2. High Flow Nasal Cannula System *disposable patient circuits (DPC)* are to be **exchanged every 30 days** and disposed of per hospital waste policy.
3. Circuits and cannulas will be labeled with the date, time and initials of the RT when the equipment is put into service.
4. Document equipment changes in the patient's EMR.

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POLICY/PROCEDURE TITLE: High Flow Nasal Cannula Device Policy & Procedure

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Services Leadership Team	
Medical Director Respiratory Care Services (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals: Director Approval: 1/2013, RCS Leadership Team: 8/2015	

REFERENCES:

1. Bon Secours St.Francis Health System, Heated High Flow Oxygen Therapy, 2010
2. El Camino Hospital Los Gatos, Nasal High Flow Oxygen Delivery, 2013
3. Royal North Shore Hospital, Northern Sydney Local Health Network, High flow nasal cannula, 2013
4. Sara Bush Lincoln Hospital, High Flow Nasal Cannula, September 2010
5. Ward, Jeffery. High-flow oxygen administration by nasal cannula for adult and perinatal patients. Respiratory Care. January 1, 2013 vol 58 no. 1 98-122

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

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TITLE: EHR DOWNTIME PROCEDURE FOR RESPIRATORY CARE SERVICES

CATEGORY:

LAST APPROVAL: 10/2015

TYPE:

- ☒ Policy
 ☐ Protocol
 ☐ Scope of Service/ADT
☒ Procedure
 ☐ Standardized Process/Procedure

SUB-CATEGORY: *Respiratory Care Services*

OFFICE OF ORIGIN: *Respiratory Care Services*

ORIGINAL DATE: 02/2009

I. COVERAGE:

All Respiratory Therapists

II. PURPOSE:

Provides guidelines to be followed when electronic health record (EHR) is unavailable. Insures consistency for record keeping, medication reconciliation, and timeliness of patient care delivery for Respiratory Care Services.

III. PROCEDURE:

Provides system specific methods and appropriate actions required to perform specific tasks for effective management of patient care when EHR is unavailable. Defined procedures and guidelines will be followed.

A. SCHEDULED EHR DOWNTIME - Respiratory Care Services Procedures

i. Downtime Procedures:

Upon learning of the scheduled EHR downtime Lead/Charge RTs should ~~have~~ have available at the assignment desk:

1. EHR Downtime Binder including "RCS Downtime Checklist"
2. Current Respiratory Order Pending List - or last available if unscheduled downtime.
3. 124 Forms-Red Box Container Labeled "Form# 124: Charge Slip"
4. "Daily Add-on Assignment Record" for recording all new RCS orders.
5. Copies of assignments for each RT made from Respiratory Pending Order List.
6. "Nursing Note Records" for patient documentation during downtime.

ii. New Orders:

1. Lead/Charge RTs will document and highlight downtime start time on the Daily Add-on Assignment Record.
2. The Lead/Charge RT will be receiving new orders on the 124 forms by courier or from the therapists; all orders must be written and complete including patient label (if available) and the name of the ordering physician.
3. Lead/Charge RT will enter all new orders from the 124 forms onto the Daily Add-on Assignment Record and retain Form 124 in the red box until after reconciliation is completed.
4. STAT orders will be called via Vocera and will be followed up with a completed 124 Form.

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TITLE: EHR DOWNTIME PROCEDURE FOR RESPIRATORY CARE SERVICES

CATEGORY:

LAST APPROVAL: 10/2015

5. RT will have recorded on their assignment worksheets: medication, dose, and time of delivery for later reconciliation on the medication administration record (MAR).
6. Therapists will leave their work assignment sheets for the Lead/Charge RT who will complete reconciliation if downtime continues past the current shift.

iii. Documentation of Patient Care:

1. Document respiratory therapy administered in the Emergency Department on the Emergency Department record, adult form# 3064, pediatric form# 3068.
2. Document all respiratory therapy administered on the Nurses Notes, form# 215.
3. Write legibly including date, time and your signature with full name and discipline, i.e. John Smith RCP.
4. Ventilator and NPPV care will be documented on paper flowsheets during the EHR downtime.
 - a. Use Adult Mechanical Ventilation Flowsheet, form#3107, Neonatal mechanical Ventilation Flowsheet, form# 3108 or BiPAP Flowsheet, form #3112 as required.
 - b. Document EHR downtime start time prior to the first charting entry.
 - c. Document EHR downtime end time (time returning to EHR flowsheet) after the last charting entry.
 - d. Insure paper flowsheet is complete with patient labels, filled out in full with dates, times and complete signatures.

iv. Reconciliation Procedures:

1. If **downtime ends during current shift**, each therapist should reconcile their own assignment.
 - a. File paper documentation in each patient's chart.
 - b. Enter all new orders from 124 forms.
 - c. Complete all due tasks on each patient's task list.
 - d. Complete all due medications on each patient's MAR.
 - e. Enter all required patient charges.
2. If **downtime continues past the current shift** reconciliation will be completed by the Lead/Charge RT or designee.
 - a. Therapists will pass on paper documentation during report.
 - b. Return any 124 forms to the Lead/Charge RT.
 - c. Turn in their patient assignment with accurate administration times clearly indicated.

TITLE: EHR DOWNTIME PROCEDURE FOR RESPIRATORY CARE SERVICES

CATEGORY:

LAST APPROVAL: 10/2015

- d. When downtime has ended the Lead/Charge RT will enter all new orders from 124 forms, completing all tasks and medication administrations marking each as “done by other”.
- e. Patient charges are to be entered as soon as possible after downtime has ended.
- f. When all orders from 124 forms have been entered the 124 forms can be discarded in confidential waste.
- g. Contact Director for O/T approval if needed for an extended down or for reconciliation.

1. **SCHEDULED EHR DOWNTIME – Pulmonary Diagnostics Lab Procedures**

i. **Downtime Procedures:**

Upon learning of the scheduled EHR downtime Lead/Charge RTs should have available:

- a. Current Pulmonary Order Pending List-or last available if unscheduled downtime.
- b. 124 Forms - yellow box container placed near analyzers for collecting “Form# 124: Charge Slip”
- c. “Daily Add-on Assignment Record” for recording all new blood gas orders.
- d. Routine orders will be sent to the Lab by courier from the units or called to the Lab or to the Lead/Charge RT on Vocera.
- e. All STAT blood gas orders must be called to Lead/Charge RT on Vocera by the Nursing units-per regular procedure.

ii. **Drawing Blood Gases during Downtime:**

- a. Label all specimens at the bedside per standard policy.
- b. For arterial puncture orders the RT will leave the form# 124 goldenrod copy on the Nursing unit with the time the specimen was drawn and return the rest of the 124 Form to the lab placing it in the yellow box for reconciliation.
- c. During EHR downtime all blood gas and pleural fluid specimen samples must have a completed form# 124 attached. Nursing procedure for Clinical Lab during downtime is to not use labels (due to multiple copies going to different departments and the probability in a prolonged downtime that labels will not be available).
- d. Assist nursing staff in completing form#124 orders. Orders received with form# 124 must include all information needed for analysis and reconciliation:
 - Patient Name
 - Medical Record Number

TITLE: EHR DOWNTIME PROCEDURE FOR RESPIRATORY CARE SERVICES

CATEGORY:

LAST APPROVAL: 10/2015

- Ordering Physician's Name
- Order details: FiO2, mode of ventilation and time to be done
- e. Record all data as it would appear in ECHO on the 124 form:
 - Time Drawn
 - Pt temperature
 - FiO2
 - Mode of Ventilation
 - Initials of person who drew sample
 - Allen's test documentation
 - Minute Ventilation if applicable

iii. Blood Gas Analysis During Downtime:

- a. Analyze sample per standard procedure.
- b. After analysis call results to the unit and follow procedure for critical results notification.
- c. After analysis attach a results printout to the 124 Form and file in the Lab next to the PC for reconciliation later.

iv. Blood Gas Analysis Reconciliation Procedures:

- a. When downtime ends all blood gases should be reconciled as soon as possible.
 - Enter all new blood gas orders from 124 forms and validate sample results.
 - Verify all results have crossed over to the EHR.
 - Complete all due tasks on each patient's task list.
 - Enter all required patient charges.
 - In-patient PFT orders follow the same downtime procedures for entry into the EHR as soon as possible after downtime ends.

IV. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Leadership Team :	10/2015
Medical Directors of Respiratory Care Services	Not applicable
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	Not applicable
Medical Executive Committee:	Not applicable
Board of Directors:	Not applicable
Historical Approvals:	02/2009, 04/2009, 10/2015

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TITLE: Respiratory Care Services Per Diem Staff Requirements

CATEGORY:

LAST APPROVAL:

TYPE:

- ☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☐ Procedure ☐ Standardized Process/Procedure

SUB-CATEGORY: *Respiratory Care Services*

OFFICE OF ORIGIN: *Respiratory Care Services*

ORIGINAL DATE: 3/15/95

I. COVERAGE:

Respiratory Care Services Per Diem Employees

II. PURPOSE:

1. To ensure proper staffing levels during times of increased activity in the Respiratory Care Services department as well as to cover LOAs and PTOs.

III. POLICY STATEMENT:

IV. Policy

1.0

1. To ensure consistency in understanding of Per Diem staff regarding expectations for minimum availability and job requirements.
2. The following shall be considered minimum requirements to maintain Per Diem status in the Respiratory Care Department. Additionally, Per Diems who do not work for a period of 3 months or more may be terminated as per hospital policy 1.06 "work status".

2.0 Guidelines

- 2.1 Must be available to work a minimum of 2 shifts every pay period, including one Saturday or Sunday if needed (every other weekend).
- 2.2 The weekend shift(s) will count towards the 2 shifts each pay period.
- 2.3 The 2 shifts each pay period must be on 2 separate days in the pay period.
- 2.4 Must be able to work a minimum of 2 major and 1 minor holiday of ECH recognized Holidays.
- 2.5 May have one continuous month per calendar year that the availability requirement is waived. This month will be determined by mutual agreement between the

TITLE: Respiratory Care Services Per Diem Staff Requirements

CATEGORY:

LAST APPROVAL:

Director or designee.

2.6 Must be able to work all shifts in rotation as necessary, but are accountable to the primary shift hired for. In addition, must be able to cross training at both Mountain View and Los Gatos campuses.

2.7 Must notify the department (scheduling Administrative Assistant) in the employee self-schedule (eTime) at least 5-weeks in advance of the deadline for schedule posting dates and the shifts Per Diem will be available to work.

2.8 Must be able to complete all mandatory training required by regulation and/or determined by ECH within the required time frame – which is, within two weeks of notification; representative examples are: TB testing, Healthstream, and CPR certification.

2.9 Per Diem Staff who do not meet the requirements as stated above may be subject to Disciplinary action.

V. DEFINITIONS (if applicable):

VI. REFERENCES:

VII. PROCEDURE:

VIII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Leadership Team:	10/2015
Medical Director of Respiratory Care Services (if applicable):	N/A
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals: Original Issue: 3/15/95 Human Resources 7/31/96	SEIU 10/2015

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.



TITLE: Respiratory Care Services Per Diem Staff Requirements

CATEGORY:

LAST APPROVAL:

Effective Date: 8/25/96

IX. ATTACHMENTS (if applicable):



POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Product Areas of the Pharmacy

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

SUB-CATEGORY: Pharmacy

ORIGINAL DATE: 03/14

COVERAGE:

All El Camino Hospital staff

PURPOSE:

To develop and maintain an organized and clean environment for the preparation of sterile pharmaceuticals.

PROCEDURE:

Clean Room: MV campus

- A. The buffer, or clean room, must be cleaned and disinfected according to guidelines below. All individuals entering the room are expected to wear head and shoe covers, as well as appropriate garb, as minimum attire. General housekeeping program for the pharmacy area is performed according to job descriptions and duties assigned to employees. These cleaning and sanitizing procedures apply to low, medium, and high-risk operations. This includes:
 - 1. Cleaning, sanitizing, and organizing of the direct and contiguous compounding areas (DCCA) in the buffer or clean area. This DCCA area consists of the critical area work surfaces of the laminar-airflow hoods, as well as countertops adjacent to the work area and supply carts. This is the responsibility of trained pharmacy staff (pharmacists and technicians), and must be performed at the beginning of each shift. Spills and residue in the hood and adjacent surfaces must be disinfected with water and sterile 70% isopropyl alcohol at least every one hour during active compounding. The sterile isopropyl alcohol must be allowed to dry before compounding is begun. All cleaning tools must be for single-use only, non-shedding, and for use only in controlled area.



POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Product Areas of the Pharmacy

2. The exterior surfaces of the laminar-airflow hood must be cleaned weekly with sterile 70% Isopropyl alcohol.
3. Bins used to transfer medications in and out of sterile compounding areas must be cleaned at least weekly with hospital approved disinfectant.
4. Proper hand washing must be done in accordance with Policy #4.01.04 prior to compounding of sterile products and every 4 hours thereafter during periods of active compounding. The cleaning of hands or gloves with sterile 70% isopropyl alcohol throughout the compounding process is recommended but does not replace the need for proper hand washing
5. Storage shelving in the buffer or clean area must be emptied of all supplies, and then cleaned and sanitized using sterile 70% isopropyl alcohol. Areas that compound high risk sterile products must clean storage shelving weekly; low and medium risk sterile compounding must clean storage shelving weekly. Storage shelving in the anteroom area should be emptied of all supplies, cleaned, and sanitized on a weekly basis.
6. Prefilters in the laminar-airflow hoods must be cleaned quarterly-monthly. Engineer Facility staff perform this maintenance cleaning.
7. Floors in the buffer area, as well as the anteroom area, must be mopped once daily, when no aseptic operations are in progress. Mopping should be performed by trained and supervised custodial personnel using approved agents described in written procedures. Only approved cleaning and sanitizing agents are used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues. Their schedules of use and methods of application are in accord with written procedures. All cleaning tools, such as wipers, sponges, and mops are non-shedding and dedicated to use in the buffer or clean area. Floor mops may be used in both the buffer or clean area and anteroom area, but only in that order. Most wipers are discarded after one use. If cleaning tools are reused, their cleanliness is maintained by thorough rinsing and sanitization after use and by storing in a clean environment between uses.
8. Cleaning should be done from the cleanest area to the dirtiest area. To minimize cross contamination, cleaning should also be done from top to bottom. For example, in a weekly cleaning, the order would be: ceilings, walls, and windows; exterior of process equipment and cabinets; countertops and other horizontal surfaces; at last, floors.



POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Product Areas of the Pharmacy

9. The cleaning solution should be rotated every 6 months.

10. Wipers should be folded so that the entire surfaces of the wiper can be used. Typically wipers are quarter folded, and then refolded after every wipe of the surface, to contain and remove the contamination. In this manner, there are eight different surfaces of the wiper exposed and able to be used for wiping. Wiping should be done in overlapping linear strokes from clean to dirty or dry to wet. After all eight surfaces have been used, the wiper (and its captured contamination) should be discarded in an appropriate container. Use appropriate PPE.

118. Trash receptacles must be emptied daily or more frequently according to the needs of the area. Trash must be segregated according to hospital policy. Trash cans must be removed from the buffer area before emptying. Trash must be collected in suitable plastic bags and removed with minimal agitation.

129. Supplies, if appropriate, and equipment to be placed in the laminar-airflow hood environment must be unpacked in the anteroom area and wiped with a sanitizing agent, such as sterile 70% isopropyl alcohol. Alternatively, if supplies are planned to be received in sealed pouches, the pouches can be removed as the supplies are introduced into the buffer or clean area without the need to sanitize the individual supply items. No shipping or other external cartons (e.g., corrugated cardboard) may be taken into either the buffer or ante room areas.

1310. Disinfectants should be alternated periodically to prevent the development of resistant organisms.

Laminar Flow GloveBox Isolator (LFGI) Compounding Area - (LG campus)

- B. The area where the LFGI is located shall be maintained in a clean manner according to the following guidelines.
 - 1. Floors in the IV compounding area must be mopped once daily when no aseptic operations are in progress. Mopping should be performed by trained and supervised custodial personnel using approved agents
 - 2. Surfaces of counters, shelves, and the external area of the LFGIs within the IV compounding room are cleaned weekly. The storage bins are also emptied and cleaned weekly.

MV and LG Campuses

- C. Problems with equipment (burned out lights, computer malfunctions, laminar flow hood problem, etc.) must be reported to the manager of the area.



POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Product Areas of the Pharmacy

- D. When/if Biologic Sampling Reports (conducted every six months) indicate positive sample contamination, staff will be informed and the following defined remediation plan will be implemented (see form attached):
1. Positive bacterial samples - environmental disinfection will be increased to include twice weekly bin cleaning and every one hour hood or LFGI cleaning with water and sterile alcohol during active sterile compounding hours. For Clean Room Areas (MV campus): Workbenches and countertops showing positive bacterial growth, area shall be cleaned with water and sterile 70% isopropyl alcohol at every 6 hour intervals for 24 hour facilities and upon opening and every six hour for facilities with defined hours. Adherence to proper garbing, hand washing and aseptic technique must also be verified and enforced.
 2. Positive fungal samples –Once weekly disinfection of the affected surfaces will be performed utilizing 1:10 dilution of bleach.
 3. Continuous growth of fungus, spores, viruses, or bacteria that are not common skin contaminants such as Coag-negative Staphylococcus sp, Micrococcus sp, Bacillus sp, etc. must include the above actions as well as a thorough investigation of the compounding controls, ventilation and heating system, garbing, hand washing, and other sources of epidemiological contamination. The Hospital Infection Disease Prevention Program may be contacted to aid in management and rotation of disinfection agents.



POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures for Sterile Product Areas of the Pharmacy

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	05/14
Board of Directors:	06/14

Historical Approvals:

Reviewed/Revised: 03/2014

REFERENCES: (as applicable)

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



**POLICY/PROCEDURE TITLE: IV Pharmacy- Cleaning and Sanitizing Procedures
for Sterile Product Areas of the Pharmacy**

Cytology / Surgical Correlation

There were 23 cyto-surgical diagnosis cases. There were 2 cyto-surgical diagnosis discrepancies. See separate report.

Frozen Section Discrepancies

There were 64 frozen section cases. There were 108 frozen sections performed with 76 separate frozen section diagnoses. There was 1 frozen section-final diagnosis discrepancy.

S15-12920

FS: Lymph nodes negative for metastatic carcinoma.

Final: Metastatic carcinoma involving 2 of 7 lymph nodes (2/7).

Physician notified. Quality of care met.

There were no frozen sections taking over 20 minutes.

Total Signed Out Surgical Specimens

1651 cases signed out.

82% and 96% signed out in 24/48 hours.

Amended Cases

There was 1 significant amendment. $1/1651 = 0.06\%$

S15-13628

#0001211003

ORIGINAL DX: 3. Myometrium - Adenomyosis

AMENDED DX: 3. Myometrium

Leiomyomata, up to 4.4 cm

Adenomyosis

Interdepartmental Consultations

There were 30 for interdepartmental consultations with one discrepant diagnosis (S15-11954) see below.

JS15-11954

#601463

ECH DX: Prostate, right, biopsy: Prostatic adenocarcinoma, Gleason grade 3+4

Prostate, left, biopsy: Prostatic adenocarcinoma, Gleason grade 3+3

Electronically

JOHNS HOPKINS DX: A. Prostatic adenocarcinoma, Gleason score 3+3=6 (Grade Group 1) involving three (3) cores (discontinuously 30%, 30% and 5%). Perineural invasion identified in this case.

B. Prostatic adenocarcinoma, Gleason score 3+3=6 (Grade Group 1) involving 10% of one (1) core.

Note: Report sent to clinician. Quality of care met.

Autopsies

There were 27 hospital deaths in September 2015, as reported by Medical Records.

There were three autopsies requested in September 2015. The anatomic preliminary reports were all signed out within 48 hours.

There was 1 autopsy signed out in September 2015. Signed out in < 60 d.

Year to date hospital deaths: 326

Autopsy rate for August 2015: 11%

Year to date autopsies: 13

Year to date autopsy rate: 3.9%

Submitted by: Charles M. Lombard, M.D., Medical Director

Cytology / Surgical Correlation

There were 23 cyto-surgical diagnosis cases. There were 2 cytology-surgical discrepancies (see separate report).

Frozen Section Discrepancies

There were 64 frozen section cases. There were 111 frozen sections performed with 76 separate frozen section diagnoses. There were no significant discrepant diagnoses.

There were no frozen sections taking over 20 minutes.

Total Signed Out Surgical Specimens

1867

91 % signed out in 24 h and 98% in 48 h.

Amended Cases

There were 4 amended cases ($4/1867 = 0,21\%$)

S15-14529

#078303

ORIGINAL DX: Colon, cecum, polypectomy: Tubular adenoma

AMENDED DX: Colon, cecum, polypectomy: Sessile serrated polyp

S15-14720

#781817

ORIGINAL DX: Right breast, mastectomy:

1. Invasive ductal carcinoma, 1.2 cm in size, Nottingham grade 3, margins negative.

AMENDED DX: Right breast, mastectomy:

1. Invasive ductal carcinoma, spanning 2.1 cm, Nottingham grade 3, margins negative.

S15-14760

#249641

ORIGINAL DX: Breast, left upper inner quadrant, biopsy:

1. Fibroadenomatous change with associated microcalcification.

2. Nonproliferative fibrocystic changes.

AMENDED DX: Breast, left upper inner quadrant, biopsy:

1. Focal atypical ductal hyperplasia.

2. Fibroadenomatous change with associated microcalcification.

S15-14833

0001210951

ORIGINAL DX: Descending colon, resection:

1. Poorly differentiated adenocarcinoma, invading through muscularis propria into pericolic fat, with venous invasion; margins negative for carcinoma

2. Nineteen lymph nodes with no evidence of carcinoma (0/19)

AMENDED DX: Descending colon, resection:

1. Poorly differentiated adenocarcinoma, invading through muscularis propria into pericolic fat and extending to serosal surface, with venous invasion; margins negative for carcinoma.

2. Nineteen lymph nodes with no evidence of carcinoma (0/19).

Interdepartmental Consultations

There were 33 interdepartmental consultations with no discrepant diagnoses.

Autopsies

There were 33 hospital deaths in October 2015, as reported by Medical Records.

There was one autopsy requested in October 2015. The anatomic preliminary reports were signed out within 48 hours.

There was 1 autopsy signed out in October 2015. < 60 d TAT.

Year to date hospital deaths: 359

Autopsy rate for October 2015: 3%

Year to date autopsies: 14

Year to date autopsy rate: 3.8%

Submitted by: Charles M. Lombard, MD, Medical Director

ATTACHMENT 18

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Quality, Patient Care and Patient Experience Committee (“Quality Committee”) Report</p> <p>El Camino Hospital Board of Directors</p> <p>February 10th , 2016</p>
Responsible party:	David Reeder, Quality Committee Chair
Action requested:	For Discussion
<p>Background:</p> <p>The Quality Committee meets 10 times per year. The Committee last met on February 1st , 2016 and meets next on February 29th , 2016.</p>	
<p>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</p> <p>None.</p>	
<p>Summary and session objectives: To update the Board on the work of the Committee.</p> <p>1. Progress Against Goals: The Committee is on track to complete its FY16 Goals.</p> <p>2. Summary of February, 2016 Meeting:</p> <p style="padding-left: 40px;">a. Overall Issues: The committee continues to work with management on a detailed recap of all of the issues surrounding red and orange alerts. Management is working on this and we will discuss at our late February meeting.</p> <p style="padding-left: 40px;">b. Exception Report: Several metrics have remained stable or improved. Falls, for example, had a poor month in November and dropped back down in December. This is a good sign in terms of a return to normalcy after the iCare implementation. However, the metric that remains a significant problem is medication errors. The exception report has medication administration errors on it and the November metric was elevated. Dr. Pifer suggested that the December number is improved, but this should not give us a false sense of security about medication events and errors. Dr. Pifer suggested that we continue to have a significant number of serious near miss events and that this is the top priority for El Camino right now. Dr. Pifer and Cheryl Reinking continue to chair weekly medication safety meetings with a large multi-disciplinary team of doctors, nurses, pharmacists and IT specialists. This team is working hard to improve several issues that are contributing to the high number of near miss events.</p>	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<p>c. iCare Update: The system is stable from a technical perspective and most of the “broken” items have been addressed. The metrics we tracked throughout implementation such as medicine reconciliation at discharge have performed well. Now the goal is to get back to a stable overall system of care. New metrics will likely need to be produced to capture all of the issues. The committee discussed some of these.</p>
	<p>Suggested discussion questions:</p> <p>None</p>
	<p>Proposed Board motion, if any:</p> <p>None.</p>
	<p>LIST OF ATTACHMENTS:</p> <p>None.</p>

ATTACHMENT 19

Attachment 19

ICARE AD HOC

COMMITTEE REPORT

TO BE SUPPLIED AT A LATER DATE

CEO Report



Date: February 10, 2015
 To: El Camino Hospital Board of Directors
 From: Tomi Ryba, CEO
 Re: CEO Report - Open Session

Performance Measurement

Organizational Goals FY16	Benchmark	2015 ECH Baseline	Minimum	Target	Maximum	Weight	Evaluation Timeframe	FY16 thru Jan
Threshold Goals								
Joint Commission Accreditation	Standard Threshold	Full Accreditation	Full Accreditation			Threshold	FY 16	Met
Budgeted Operating Margin	90% threshold recommended by Exec Comp Consultant	Met	90% of Budgeted			Threshold	FY 16	Met thru Dec
Patient Safety & iCare								
Achieve iCare Tier 1 Metric: Medication Reconciliation at Discharge	Epic Benchmark: 97% accuracy is 90%ile at stable state	May - Jun FY15 Actual	6 Months Post Go-Live: 60%	6 Months Post Go-Live: 75%	6 Months Post Go-Live: 90%	34%	May, 2016	96%
Achieve Medicare Length of Stay Reduction while Maintaining Current Readmission Rates for Same Population (One Month Delay for Readmission)	Internal Improvement	Jan - June FY15 Actual for LOS: 5.17 Readmission: 12.67%	.10 Day Reduction, Readmission at or below FY15	.20 Day Reduction, Readmission at or below FY15	.30 Day Reduction, Readmission at or below FY15	33%	Jan - Jun FY16	LOS Jan only: 5.09 Readmission FY thru Dec: 12.51%
Smart Growth								
Achieve Enterprise Planned Growth (300 Discharges, 300 Outpatient Visits) (One Month Delay)	Internal Goal: 120 net, per each metric, is Threshold	FY15 Actual: 310 Discharges, 145 Procedures	80% 240/240	100%	120% 360/360	33%	FY 16	FYTD thru Dec (207) Discharges, (306) Procedures

Patient Quality and Safety

- The organization continues to keep focus on the length of stay goals as we are in the measurement period. We began the interdisciplinary daily discharge rounds on the med/surg units at the beginning of January with our contracted physician liaisons, Dr. Pezzani and Dr. Agarwal in attendance. Although we have had daily discharge rounds on the nursing units, physician attendance had not been present, which is key to effective rounds. We believe this is a key intervention to help us continue our improvements along with several other interventions that have already been put in place including weekly oncology rounds and outlier rounds.
- We continue to work on readmissions by identifying patients who are at high risk for readmission and scaling our integrated team resources to follow these patients to the next level of care. We have had difficulty with the iCare LACE Readmission Risk tool not behaving properly which is being addressed by the iCare team.
- Infection Control – No CLABSI from July to Dec 2015.
- Medication Safety –
 - Ongoing efforts to address high-risk medication delivery process issues – weekly Medication Safety Committee with active tracking list and reprioritization of resources and efforts – lead by Dr. Eric Pifer and Mick Zdeblick.

Operations

- CONCERN EAP successfully delivered secure video counseling to four organizations.
- Community Benefit grant applications for the FY 17 grant cycle were posted on January 4th with applications due February 11. Completed outreach to current grantees, Silicon Valley Council of Non-Profits listserve, Great Non-Profits listserv and other channels to get the word out.
- CONCERN secured and implemented 16 new accounts since October 2015, including one organization with international services that is considered a premier prestigious account.
- We are deep in the iCare stabilization work, down from 1,142 tickets a few weeks back. There are major themes needing attention, including Meds, Discharges, Blood and Care Plans, to name a few.
- HCAHPS Scores – Q2FY16
 - Nurse Communication: 77.4 vs. FY15 score of 78.51
 - Med Communication: 60.95 vs. FY15 score of 68.31
 - Staff Responsiveness: 65.9 vs. FY15 score of 66.84

Community Outreach

- Pre-Diabetes Awareness Campaign has reached over 300,000 impressions through TV spots, radio ads and the resource website. Over 1,600 individuals have completed the CDC pre-diabetes risk assessment.
- Board and staff attended the Los Altos Chamber of Commerce Annual Dinner and Awards. In February, the Mountain View and Sunnyvale Chambers will hold similar events.

Government and Community Engagement

- The Legislature opened its regular session this month and the Governor released his state budget. MediCal funding remains the dominant issue in state health policy, with intensive efforts underway with the Governor, and through legislation and state ballot measures. Staff is engaged through our work with the California Hospital Association and other public policy coalitions.
- Brenda Taussig was appointed to represent the Northern California Hospital Council as a member of the County's "AED Matching Fund Oversight Committee". This committee will make decisions about the distribution of county funds to help pay for automated external defibrillators in schools and public buildings.

Media Relations

- Mountain View Voice wrote several articles about the future status of the RotaCare Clinic located on our Mountain View campus.
- Local hospitals' scores from the federal Hospital-Acquired Condition (HAC) Reduction Program were included in stories in the Mountain View Voice and Palo Alto Weekly.
- Los Altos Town Crier highlighted the Satake family and their donation \$1M donation to the El Camino Hospital Foundation.
- Tomi Ryba's and El Camino Hospital's resolutions were included in an article in the Los Altos Town Crier which interviewed local CEOs on their resolutions for 2016.
- Mountain View Voice has reported the hospital's intent to purchase land in South San Jose.

Advertising Campaigns:

Television:

- A 30-second spot on KPIX-TV (CBS) featuring the hospital's creative campaign runs nightly at 6 and 11 pm as sponsor for the KPIX Countdown to Super Bowl 50.

Online Media:

- Search engine marketing (SEM) campaigns are currently running for bariatrics, heart valve repair, overall hospital branding, open enrollment, online health risk assessments and bronchial thermoplasty. Addiction Services will be added in February.

Follow Up to Resolution 2016-02

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Follow up on Resolution 2016-02 El Camino Hospital Board of Directors February 10, 2016
Responsible party:	Mary Rotunno, General Counsel
Action requested:	For Information
Background: <p>At the January 13, 2016 ECH Board Meeting, the Board approved Resolution 2016-02 finding that the Stroke and Neurology on-call panel agreement with Dr. Peter Fung is fair and in the best interests of the Hospital subject to confirmation that the potential conflict of interest issues related to the call schedule will be addressed and further information provided by the General Counsel at the February Board meeting. .</p>	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: <p>None</p>	
Summary and session objectives : <ul style="list-style-type: none"> • The Medical Director for the Stroke program has delegated the Mountain View call schedule coordination to two panel physicians, Drs. Greenwald and Hsu, a representative from PAMF and a non-PAMF physician to ensure equity in scheduling among the panel. The Los Gatos call schedule is prepared by Dr. Patel, a non-PAMF physician since there are no PAMF physicians on the Los Gatos panel. • A review of Neurology call payments for the past 4 months confirmed that each of the physicians on the Mountain View call panel, including Dr. Fung, typically take call 3-5 days per month. The Los Gatos call panel is smaller and Dr. Fung takes call 10-11 half days per month, while another physician who is not on the Mountain View panel is assigned more frequently. • Dr. Fung participates on both the Mountain View and Los Gatos call panels and the distribution on the call schedule is fair and equitable based on my review. 	
Suggested discussion questions: <p>None. This is an informational item.</p>	
Proposed board motion, if any: <p>None.</p>	
LIST OF ATTACHMENTS: N/A	

FY 16 Period 6 Financials



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2016 – Period 6
7/1/2015 to 12/31/2015

EL CAMINO HOSPITAL

(Excludes Controlled Affiliates)

EXECUTIVE FINANCIAL SUMMARY

Period Ending December 31, 2015

YTD STATEMENT OF REVENUE AND EXPENSES (\$000s)					BALANCE SHEET (\$000s)		
	Prior Year	Actual	Budget	Var F(U)		December 31, 2015	Jun 30, 2015
Gross Revenue	\$1,268,583	\$1,351,701	\$1,343,279	\$8,422	Cash and Investments	693,355	707,865
Deductions from Revenue	(914,831)	(971,430)	(971,807)	378	Non Cash Current Assets	160,468	143,766
Net Patient Revenue	353,752	380,271	371,472	8,800	Property, Plant & Equipment (Net)	692,751	686,537
Other Operating Revenue	9,949	11,927	10,341	1,585	Other Assets	90,883	94,707
Total Operating Revenue	363,702	392,198	381,813	10,385	Total Assets	1,637,458	1,632,874
Salaries & Wages	201,685	213,330	212,895	(435)	Current Liabilities	102,385	107,925
Supplies	54,447	58,356	55,572	(2,784)	Long-Term Liabilities	274,863	272,696
Fees & Purchased Services	37,577	43,106	41,655	(1,451)	Fund Balance/Capital Accounts	1,260,209	1,252,254
Other Operating Expense	19,159	26,915	20,840	(6,075)	Total Liabilities & Equity	1,637,458	1,632,874
Total Non Capital Operating Expense	312,868	341,706	330,963	(10,743)	KEY ECH STATISTICS - YTD		
OPERATING EBITDA	50,834	50,492	50,850	(359)	Balance Sheet	Actual	Target ⁽¹⁾
Interest, Depreciation & Amortization	26,198	25,925	24,467	(1,458)	Debt Service Coverage Ratio (MADS)	7.7	1.2
NET OPERATING SURPLUS	24,636	24,567	26,383	(1,816)	Debt to Capitalization	14.2%	29.0%
Non Operating Income	1,253	(17,162)	11,161	(28,323)	Days of Cash	370	262
TOTAL NET SURPLUS	25,889	7,405	37,544	(30,140)	Net AR Days	54.6	48.0
EBITDA Margin	14.0%	12.9%	13.3%	-0.4%	Other	Prior Year	Actual
Operating Margin	6.8%	6.3%	6.9%	-0.6%	Acute Discharges	9,451	9,244
Total Margin	7.1%	1.9%	9.8%	-7.9%	Acute Average Daily Census	237	234
					Deliveries	2,646	2,377
					Emergency Department Visits	29,455	29,463
					Surgical Cases	5,504	5,459
					Full Time Equivalent Employees	2,424	2,544
					Worked Hrs/Adjusted Patient Day	29.53	30.78
						29.79	

⁽¹⁾ For Debt Service Coverage Ratio and Debt to Capitalization, Target represents Bond Covenants
For Days Cash and Net AR Days, Target represents S&P A Rated Stand-Alone Hospital Medians

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Financial Trends and Commentary

Volume:

Volume rebounded in December after a weak November. For the year, inpatient volume remains 2.2% lower than prior year primarily due to lower deliveries. Outpatient volume remains soft.

Operating Margin:

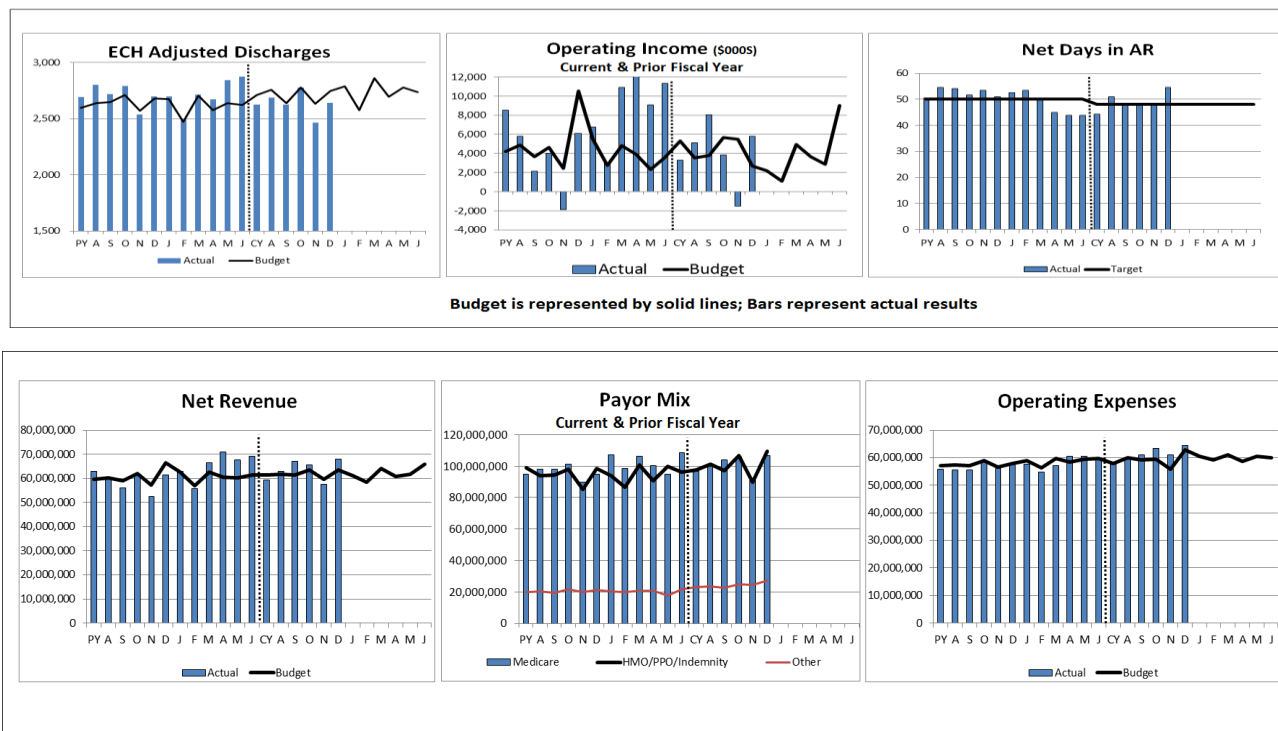
Operating margin is \$3 million favorable for the month due to higher volume and improved productivity. Margin for the year is \$2 million unfavorable primarily due to pharmacy and surgical medical supply expenses, and EPIC related expenses in labor and training.

Non-Operating Margin:

Non operating income is \$28.3 million behind target primarily due to \$12.2 million in investment loss. Our cash position remains strong allowing a long term investment strategy.

Net Days in AR:

In December, receivables increased \$12.3 million from November. Net days in A/R increased to 54.6 due EPIC conversion.

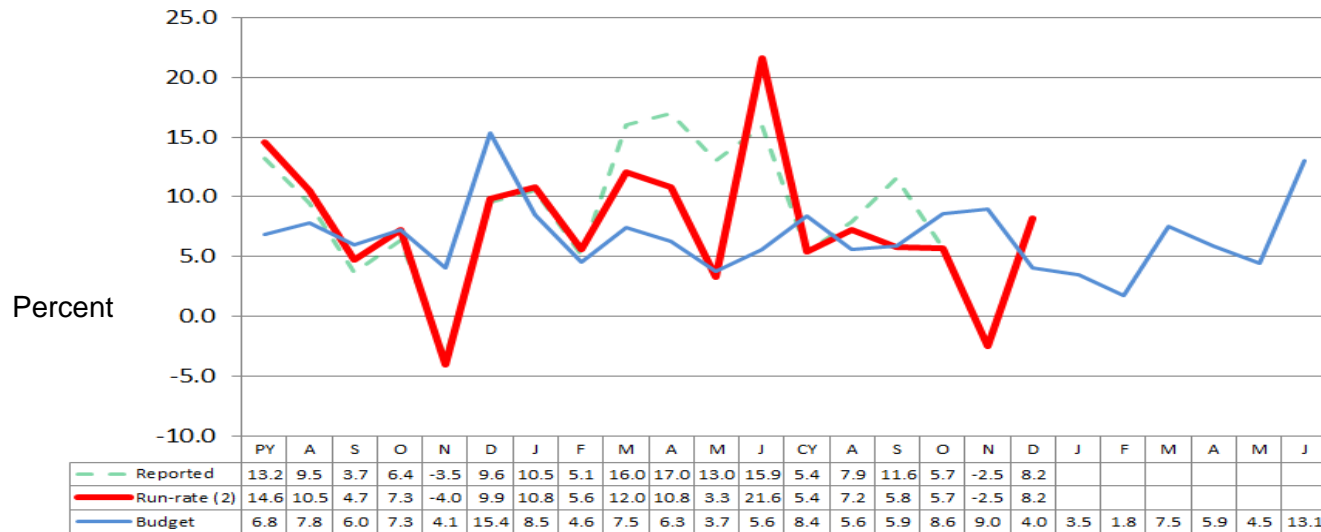


Non-Labor Expenses:

Supplies are high primarily due to pharmacy and surgical supplies. EPIC training makes up -\$3.0 million year to date variance for other general and administrative expenses. Depreciation is higher due to completion of the data center project and accelerated depreciation on the old hospital that will be demolished to build the iMOB.

ECH Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions



FY 2016 Actual Run Rate Adjustments (in thousands)													
		J	A	S	O	N	D	J	F	M	A	M	J
Revenue Adjustments	RAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Cost Reports Settlements	-\$49	-\$569	-\$616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	IGT-Inter Government Transfer	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Insurance Overpayment Released	\$0	\$0	-\$4,913	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total	-\$49	-\$569	-\$5,530	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expense Adjustments	Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

- No revenue/expense adjustments for December.

Summary of Financial Results

\$ in Thousands

	Period 6 - Month			Period 6 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	6,722	2,091	4,631	12,278	22,032	(9,754)
Los Gatos	(953)	554	(1,507)	12,289	4,351	7,938
Sub Total - El Camino Hospital, excl. Affiliates	5,769	2,645	3,124	24,567	26,383	(1,816)
Operating Margin %	8.2%	4.0%		6.3%	6.9%	
El Camino Hospital Non Operating Income						
Investments	(4,475)	2,298	(6,773)	(12,232)	13,786	(26,018)
Swap Adjustments	394	0	394	(753)	0	(753)
Community Benefit	(62)	(233)	172	(1,510)	(1,400)	(110)
Other	(726)	(204)	(522)	(2,667)	(1,225)	(1,442)
Sub Total - Non Operating Income	(4,869)	1,860	(6,729)	(17,162)	11,161	(28,323)
El Camino Hospital Net Income (Loss)	901	4,505	(3,605)	7,405	37,544	(30,140)
ECH Net Margin %	1.3%	6.9%		1.9%	9.8%	
Concern	(8)	(12)	4	1,115	(12)	1,126
ECSC	5	0	5	16	0	16
Foundation	(185)	56	(241)	(66)	724	(790)
Silicon Valley Medical Development	(2)	0	(2)	(10)	0	(10)
Net Income Hospital Affiliates	(190)	44	(234)	1,055	712	343
Total Net Income Hospital & Affiliates	711	4,549	(3,838)	8,459	38,256	(29,797)

Actual to Budget Variance for hospital affiliates primarily due to drug, medical supplies, and EPIC labor/training expenses offset by unrealized gain.

ECH Volume Statistics ⁽¹⁾

ECH COMBINED

Discharges ⁽²⁾

ADC ⁽²⁾

Deliveries

ED Visits

Surgical Cases

Month of Dec, 2015		
Act	Bud	Var
1,594	1,617	-1.4%
246	245	0.1%
410	414	-0.9%
4,927	5,135	-4.1%
948	979	-3.2%

Year to Date			Prior Year	
Act	Bud	Var	Act	Var%
9,244	9,552	-3.2%	9,451	-2.2%
234	238	-1.7%	237	-1.1%
2,377	2,602	-8.6%	2,646	-10.2%
29,463	29,825	-1.2%	29,455	0.0%
5,459	5,607	-2.6%	5,504	-0.8%

Discharges ⁽²⁾

ADC ⁽²⁾

Deliveries

ED Visits

Surgical Cases

Month of Dec, 2015		
Act	Bud	Var%
1,323	1,322	0.1%
204	200	1.8%
361	357	1.0%
3,897	4,103	-5.0%
587	608	-3.4%

MOUNTAIN VIEW

Year to Date			Prior Year	
Act	Bud	Var%	Act	Var%
7,567	7,817	-3.2%	7,743	-2.3%
192	194	-0.9%	193	-0.2%
2,041	2,249	-9.2%	2,276	-10.3%
23,420	23,829	-1.7%	23,520	-0.4%
3,349	3,482	-3.8%	3,356	-0.2%

Discharges ⁽²⁾

ADC ⁽²⁾

Deliveries

ED Visits

Surgical Cases

Month of Dec, 2015		
Act	Bud	Var
271	295	-8.1%
42	45	-7.2%
49	56	-12.7%
1,030	1,032	-0.2%
361	371	-2.7%

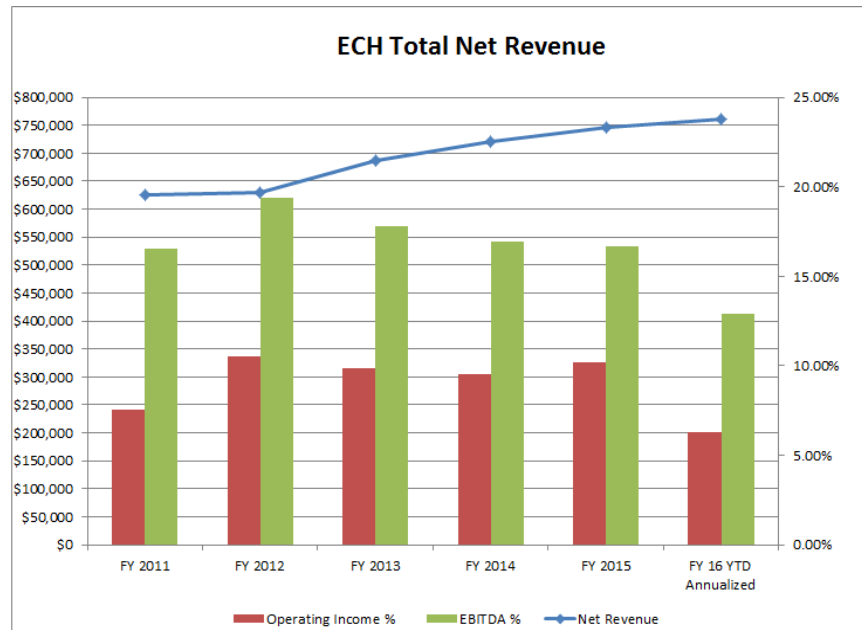
LOS GATOS

Year to Date			Prior Year	
Act	Bud	Var	Act	Var%
1,677	1,735	-3.3%	1,708	-1.8%
42	44	-4.8%	44	-4.7%
336	353	-4.8%	370	-9.2%
6,043	5,995	0.8%	5,935	1.8%
2,110	2,125	-0.7%	2,148	-1.8%

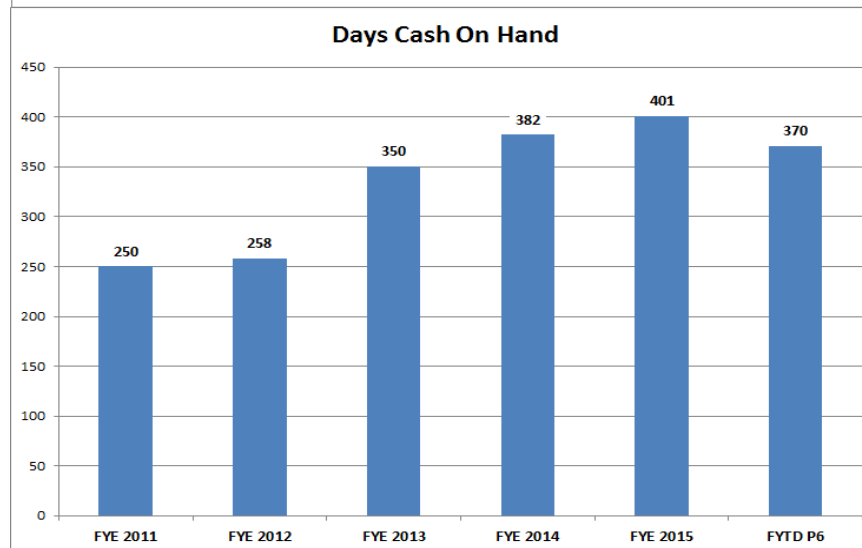
⁽¹⁾ Hospital entity only, excludes controlled affiliates

⁽²⁾ Excludes normal newborns, includes discharges from L&D

El Camino Hospital Financial Metrics Trend ⁽¹⁾



Revenue growth remains strong but pharmacy drug and EPIC related costs are driving down 2016 margin



Cash position remains strong with a \$12.2 million investment loss

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Key Hospital Indicators⁽¹⁾

Statistic	FYE 2013	FYE 2014	FYE 2015	FYTD 2016	Annual Target (2)	+/-
Operating Margin	9.9%	9.5%	10.2%	6.3%	6.5%	
EBITDA Margin	17.8%	16.9%	16.7%	12.9%	13.3%	
Days of Cash	350	382	401	370	262	
Debt Service Coverage Ratio (MADS)	7.9	9.5	8.9	7.7	4.8	
Debt to Capitalization	14.0%	12.6%	13.6%	14.2%	29.4%	
Net AR Days	48.3	50.9	43.6	54.6	48.0	
In Patient Operating Margin	-1.1%	-3.2%	-4.5%	-13.6%	-1.0%	
Out Patient Operating Margin	25.9%	25.2%	28.1%	24.4%	25.0%	

⁽¹⁾ Hospital Only - Excludes Affiliates

⁽²⁾ Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2016 are one month in arrears

⁽³⁾ Target source: Annual Budget for Operating Margin and EBITDA Margin

Target source: S&P 2014 A Rated Stand-Alone Hospital Median Ratios (last published 9/9/2015)

*Prior Year numbers represent full year

Tracking Smart Growth

COMBINED CAMPUS					Result away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	Annual Goal	
Inpatient Discharges	9,451	9,244	(207)	300	(507)
Surgical Outpatient Cases (incl Litho)	3,272	3,156	(116)	290	(406)
Endo Outpatient procedures	1,462	1,276	(186)	0	(186)
Outpatient Interventional Cases	941	937	(4)	10	(14)
Total Case Volume	15,126	14,613	(513)	600	(1,113)
NEW Physician Volume		153	153		
Pre-Existing Physician Volume	15,126	14,460	(666)		
# New Physicians*		3		15	

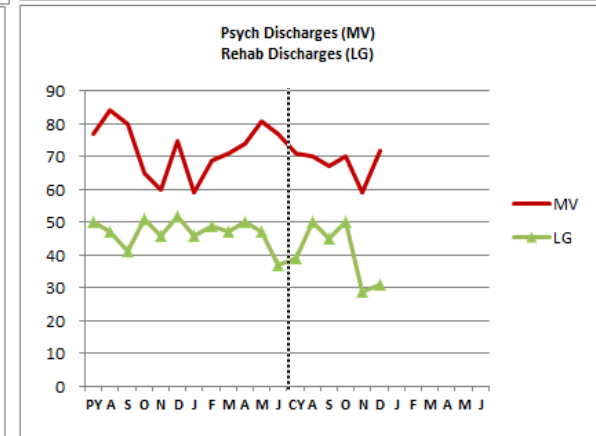
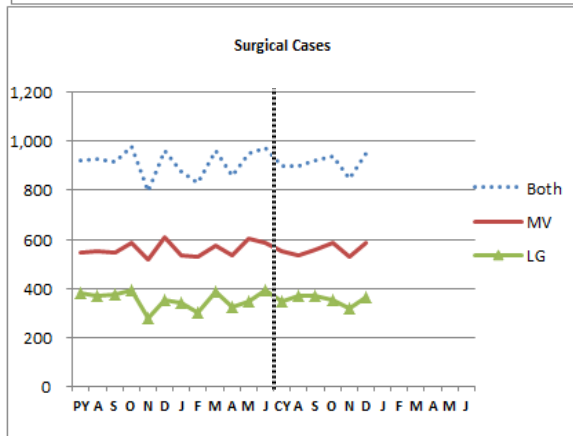
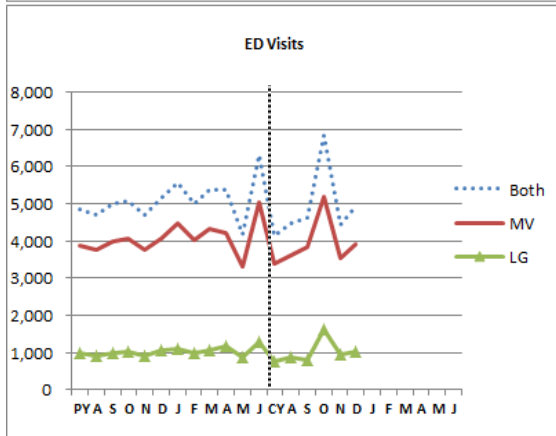
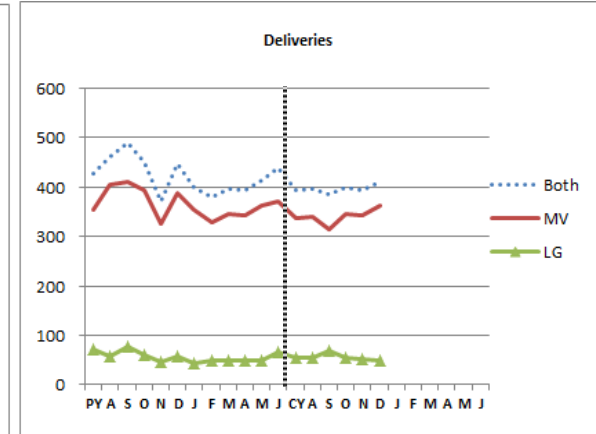
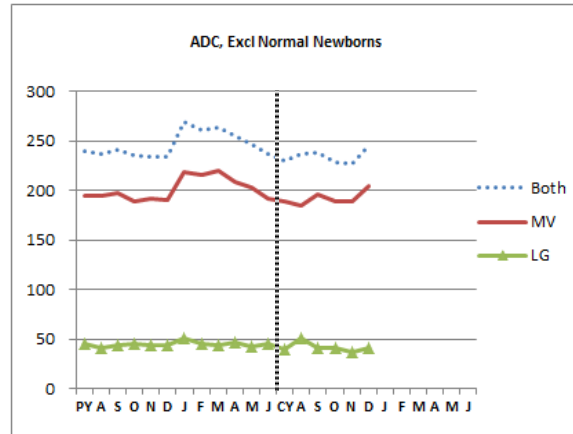
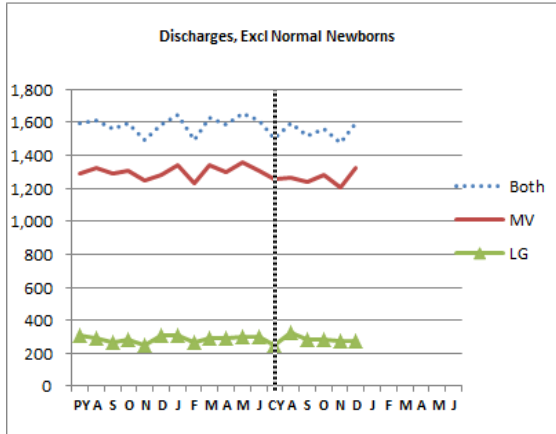
* New Physicians: MDs with 20% or more inpatient or procedural (above definition) cases (at least 10) and/or New PCP (OB, Internal Med, Fam Prac)

Mountain View Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	7,743	7,567	(176)
Surgical Outpatient Cases (incl Litho)	1,702	1,688	(14)
Endo Outpatient procedures	1,352	1,198	(154)
Outpatient Interventional Cases	933	930	(3)
Total Case Volume	11,730	11,383	(347)

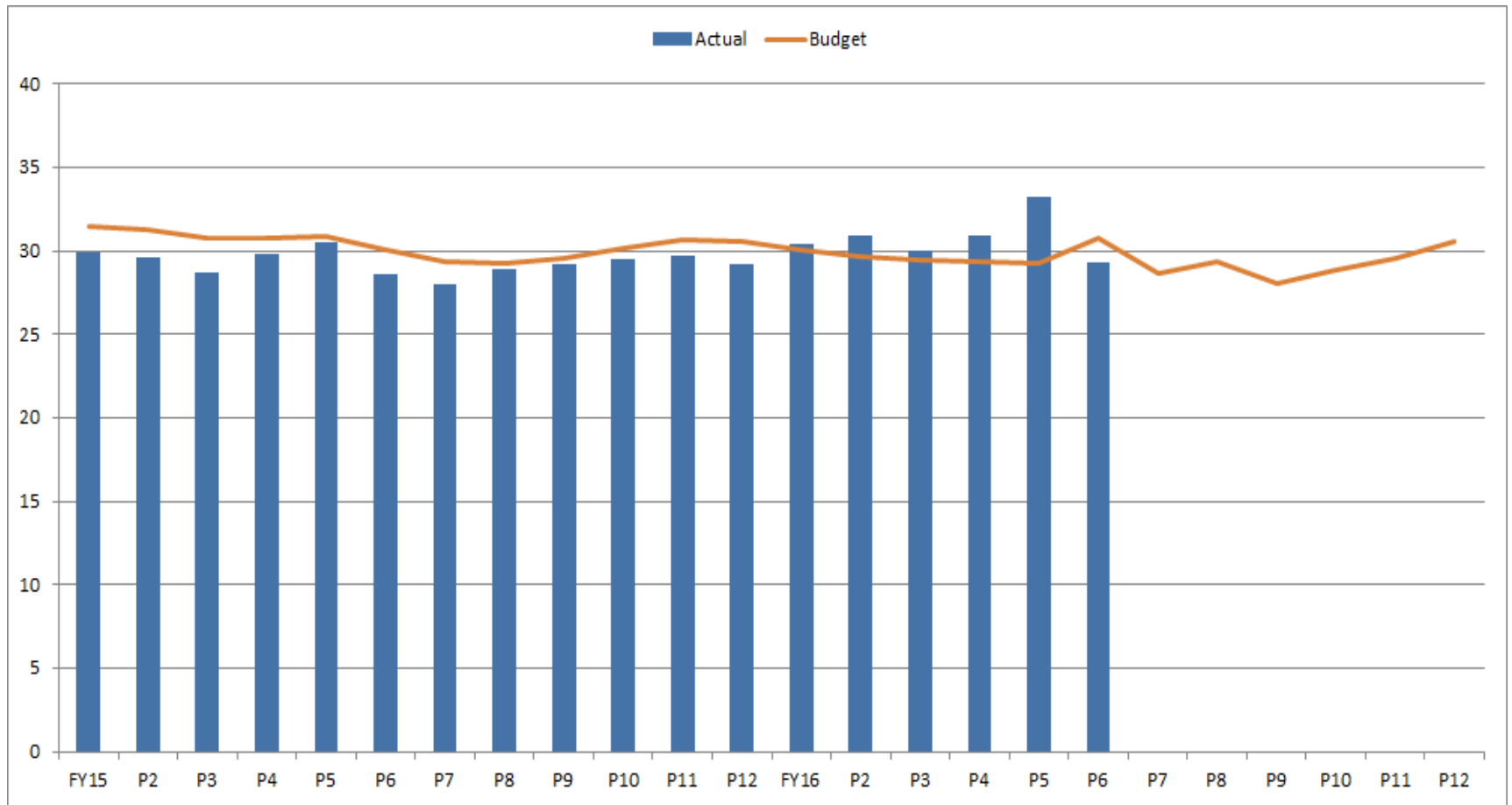
Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	1,708	1,677	(31)
Surgical Outpatient Cases (incl Litho)	1,570	1,468	(102)
Endo Outpatient procedures	110	78	(32)
Outpatient Interventional Cases	8	7	(1)
Total Case Volume	3,396	3,230	(166)

APPENDIX

El Camino Hospital Volume Trends Prior and Current Fiscal Years



Worked Hours per Adjusted Patient Day

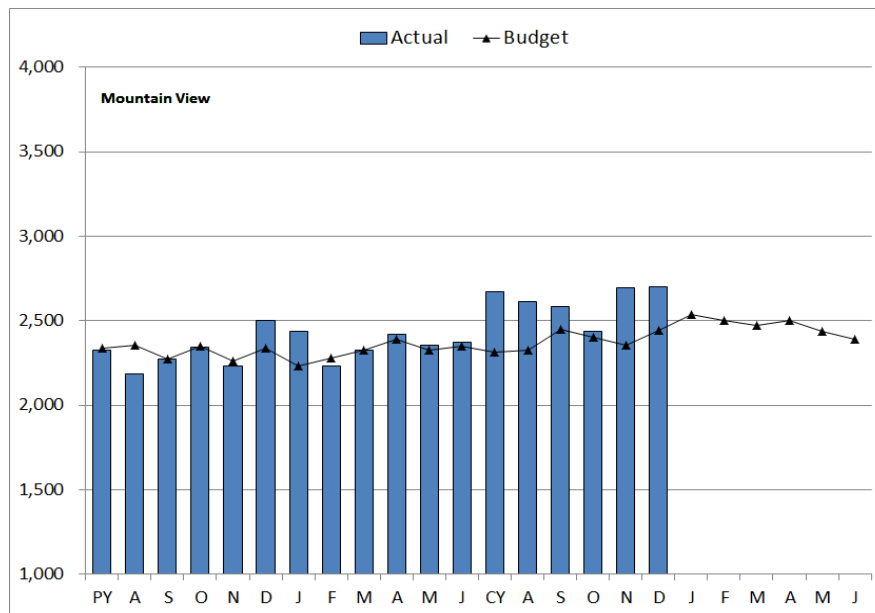


Worked Hours per Adjusted Patient Day: Worked hours are favorable to budget for the new fiscal year.

Supply Cost per CMI Adjusted Discharges ⁽¹⁾

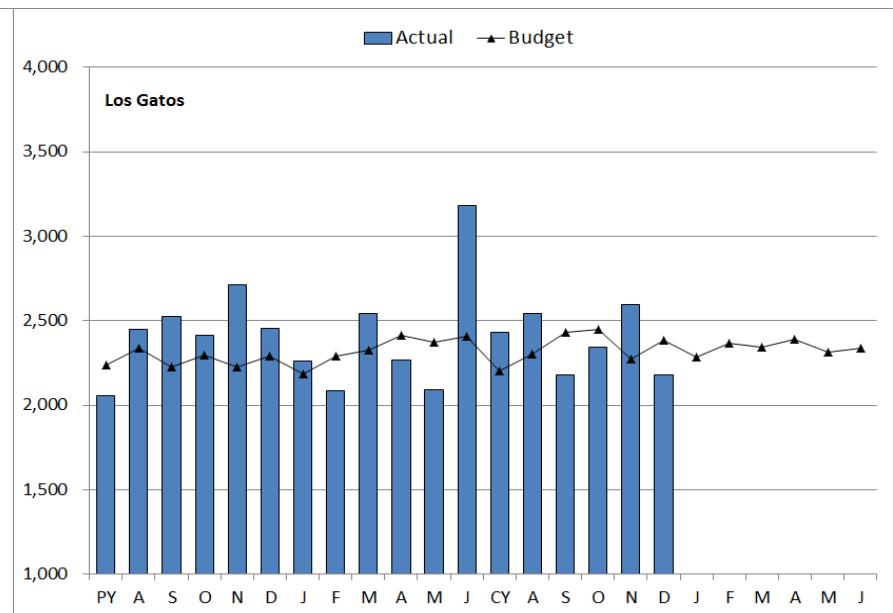
YTD: 9.8% over budget

Mountain View



YTD: 1.6% over budget

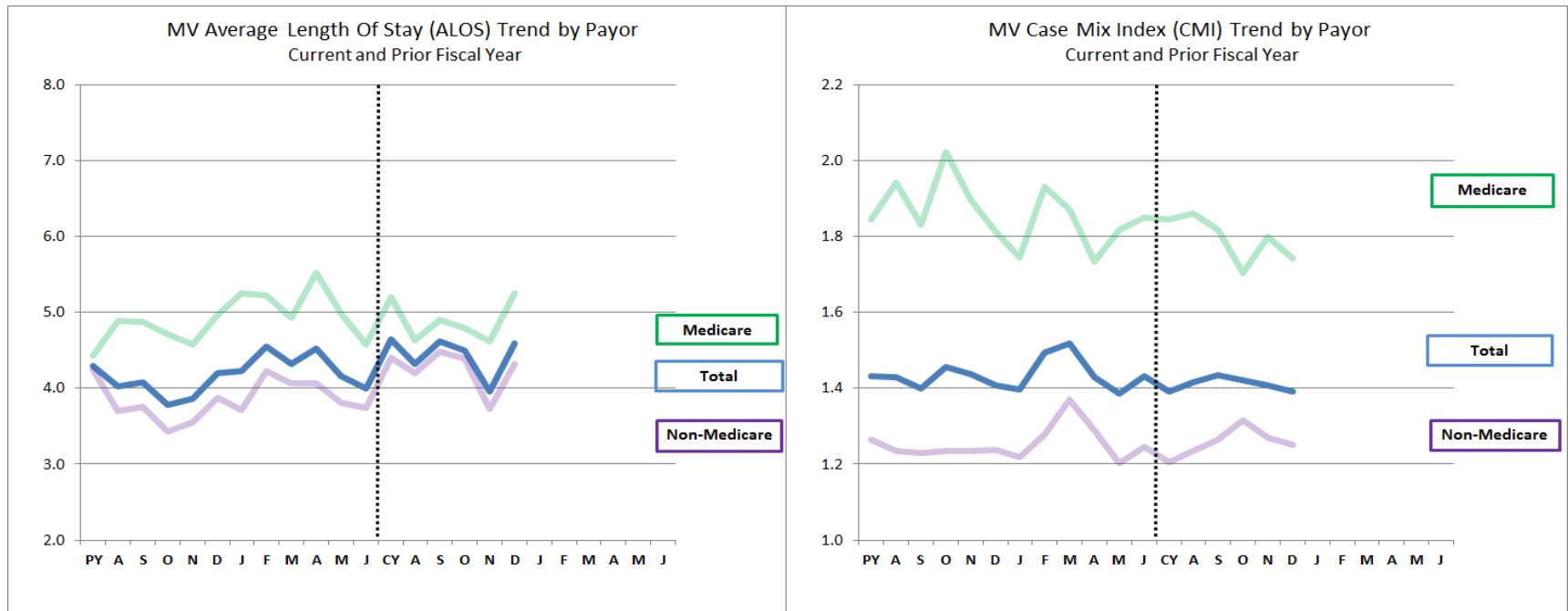
Los Gatos



Continued high cost in December related to pharmacy and general surgery supplies.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Mountain View LOS & CMI Trend⁽¹⁾



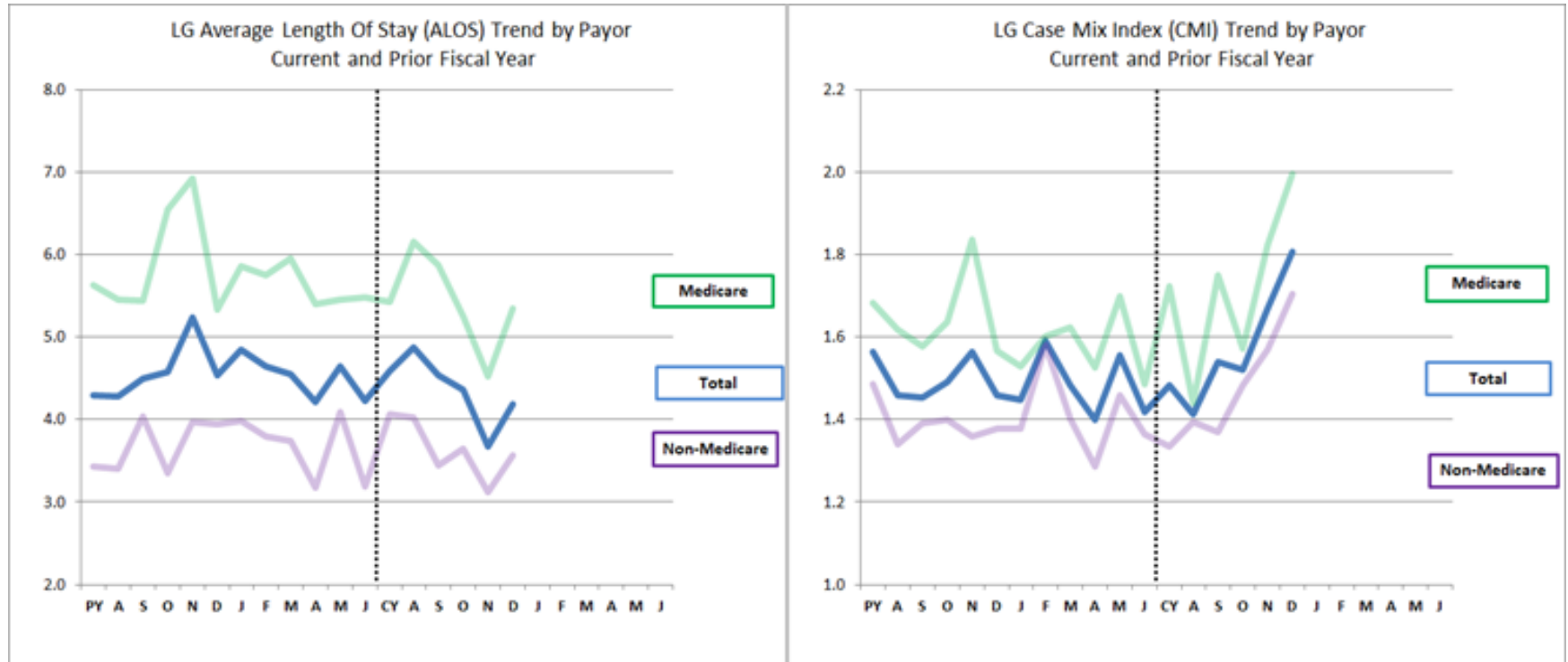
- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS and increased CMI
- Non-Medicare: Reimbursement varies; financial results usually improve when both LOS & CMI increase

Length of stay has a sharp upward trend while CMI remains relatively flat .

⁽¹⁾ Hospital entity only, excludes controlled affiliates

All data excludes normal newborns (MS-DRG=795), Medicare data excludes Medicare HMOs and PPOs

Los Gatos LOS & CMI Trend⁽¹⁾



- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS and increased CMI
- Non-Medicare: Reimbursement varies; financial results usually improve when both LOS & CMI increase

The Los Gatos Medicare caseload shows a sharp increase in length of stay and increasing case complexity. The non-Medicare caseload also shows an upward trend in length of stay. The small campus is impacted by relatively slight shifts in surgical volume.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

All data excludes normal newborns (MS-DRG=795), Medicare data excludes Medicare HMOs and PPOs

El Camino Hospital⁽¹⁾

Results from Operations vs. Prior Year
6 months ending 12/31/2015

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,351,701	1,268,583	83,118	6.6%
Deductions	(971,430)	(914,831)	(56,598)	6.2%
Net Patient Revenue	380,271	353,752	26,519	7.5%
Other Operating Revenue	11,927	9,949	1,977	19.9%
Total Operating Revenue	392,198	363,702	28,496	7.8%
OPERATING EXPENSE:				
Salaries & Wages	213,330	201,685	(11,645)	-5.8%
Supplies	58,356	54,447	(3,909)	-7.2%
Fees & Purchased Services	43,106	37,577	(5,529)	-14.7%
Other Operating Expense	52,840	45,356	(7,483)	-16.5%
Total Operating Expense	367,631	339,066	(28,566)	-8.4%
Net Operating Income/(Loss)	24,567	24,636	(69)	-0.3%
Non Operating Income	(17,162)	1,253	(18,415)	-1469.8%
Net Income(Loss)	7,405	25,889	(18,484)	-71.4%
 Collection Rate	 28.1%	 27.9%	 0.2%	
Operating Margin	6.3%	6.8%	-0.5%	
Net Margin	1.9%	7.1%	-5.2%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Mountain View⁽¹⁾

Results from Operations vs. Prior Year
6 months ending 12/31/2015

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,100,090	1,035,622	64,468	6.2%
Deductions	(797,708)	(750,802)	(46,906)	6.2%
Net Patient Revenue	302,382	284,820	17,562	6.2%
Other Operating Revenue	10,682	8,883	1,799	20.2%
Total Operating Revenue	313,064	293,703	19,361	6.6%
OPERATING EXPENSE:				
Salaries & Wages	177,629	167,350	(10,279)	-6.1%
Supplies	47,830	43,921	(3,909)	-8.9%
Fees & Purchased Services	35,153	30,123	(5,030)	-16.7%
Other Operating Expense	40,175	35,175	(5,000)	-14.2%
Total Operating Expense	300,786	276,568	(24,218)	-8.8%
Net Operating Income/(Loss)	12,278	17,135	(4,857)	-28.3%
Non Operating Income	(17,162)	1,253	(18,415)	-1469.8%
Net Income(Loss)	(4,885)	18,388	(23,273)	-126.6%
 Collection Rate	 27.5%	 27.5%	 0.0%	
Operating Margin	3.9%	5.8%	-1.9%	
Net Margin	-1.6%	6.3%	-7.8%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Los Gatos⁽¹⁾

Results from Operations vs. Prior Year
6 months ending 12/31/2015

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	251,611	232,962	18,650	8.0%
Deductions	(173,722)	(164,029)	(9,693)	5.9%
Net Patient Revenue	77,890	68,933	8,957	13.0%
Other Operating Revenue	1,244	1,066	179	16.8%
Total Operating Revenue	79,134	69,998	9,136	13.1%
OPERATING EXPENSE:				
Salaries & Wages	35,701	34,335	(1,366)	-4.0%
Supplies	10,526	10,526	(0)	0.0%
Fees & Purchased Services	7,953	7,454	(499)	-6.7%
Other Operating Expense	12,664	10,182	(2,483)	-24.4%
Total Operating Expense	66,845	62,497	(4,347)	-7.0%
Net Operating Income/(Loss)	12,289	7,501	4,788	63.8%
Non Operating Income	0	0	0	0.0%
Net Income(Loss)	12,289	7,501	4,788	63.8%
 Collection Rate	 31.0%	 29.6%	 1.4%	
Operating Margin	15.5%	10.7%	4.8%	
Net Margin	15.5%	10.7%	4.8%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital⁽¹⁾

Results from Operations vs. Budget
6 months ending 12/31/2015

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,351,701	1,343,279	8,422	0.6%
Deductions	(971,430)	(971,807)	378	0.0%
Net Patient Revenue	380,271	371,472	8,800	2.4%
Other Operating Revenue	11,927	10,341	1,585	15.3%
Total Operating Revenue	392,198	381,813	10,385	2.7%
OPERATING EXPENSE:				
Salaries & Wages	213,330	212,895	(435)	-0.2%
Supplies	58,356	55,572	(2,784)	-5.0%
Fees & Purchased Services	43,106	41,655	(1,451)	-3.5%
Other Operating Expense	52,840	45,307	(7,532)	-16.6%
Total Operating Expense	367,631	355,430	(12,201)	-3.4%
Net Operating Income/(Loss)	24,567	26,383	(1,816)	-6.9%
Non Operating Income	(17,162)	11,161	(28,323)	-253.8%
Net Income(Loss)	7,405	37,544	(30,140)	-80.3%
Collection Rate	28.1%	27.7%	0.5%	
Operating Margin	6.3%	6.9%	-0.6%	
Net Margin	1.9%	9.8%	-7.9%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Mountain View⁽¹⁾

Results from Operations vs. Budget
6 months ending 12/31/2015

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,100,090	1,099,593	497	0.0%
Deductions	(797,708)	(798,458)	750	-0.1%
Net Patient Revenue	302,382	301,135	1,247	0.4%
Other Operating Revenue	10,682	9,211	1,471	16.0%
Total Operating Revenue	313,064	310,346	2,718	0.9%
OPERATING EXPENSE:				
Salaries & Wages	177,629	176,756	(873)	-0.5%
Supplies	47,830	45,182	(2,647)	-5.9%
Fees & Purchased Services	35,153	33,524	(1,628)	-4.9%
Other Operating Expense	40,175	32,852	(7,323)	-22.3%
Total Operating Expense	300,786	288,314	(12,472)	-4.3%
Net Operating Income/(Loss)	12,278	22,032	(9,754)	-44.3%
Non Operating Income	(17,162)	11,161	(28,323)	-253.8%
Net Income(Loss)	(4,885)	33,193	(38,078)	-114.7%
Collection Rate	27.5%	27.4%	0.1%	
Operating Margin	3.9%	7.1%	-3.2%	
Net Margin	-1.6%	10.7%	-12.3%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Los Gatos⁽¹⁾

Results from Operations vs. Budget
6 months ending 12/31/2015

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	251,611	243,686	7,925	3.3%
Deductions	(173,722)	(173,349)	(372)	0.2%
Net Patient Revenue	77,890	70,337	7,553	10.7%
Other Operating Revenue	1,244	1,130	114	10.1%
Total Operating Revenue	79,134	71,467	7,667	10.7%
OPERATING EXPENSE:				
Salaries & Wages	35,701	36,139	438	1.2%
Supplies	10,526	10,390	(136)	-1.3%
Fees & Purchased Services	7,953	8,131	178	2.2%
Other Operating Expense	12,664	12,455	(209)	-1.7%
Total Operating Expense	66,845	67,116	271	0.4%
Net Operating Income/(Loss)	12,289	4,351	7,938	182.4%
Non Operating Income	0	0	0	0.0%
Net Income(Loss)	12,289	4,351	7,938	182.4%
 Collection Rate	 31.0%	 28.9%	 2.1%	
Operating Margin	15.5%	6.1%	9.4%	
Net Margin	15.5%	6.1%	9.4%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital⁽¹⁾

Balance Sheet (\$ Thousands)

ASSETS

	December 31, 2015	Audited June 30, 2015
CURRENT ASSETS		
Cash	50,682	55,224
Short Term Investments	122,850	145,027
Patient Accounts Receivable, net	110,455	95,737
Other Accounts and Notes Receivable	2,617	2,378
Intercompany Receivables	1,161	1,595
Inventories and Prepaids	46,236	44,055
Total Current Assets	334,001	344,016
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	121,408	117,965
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	13,193	2,085
Workers Compensation Reserve Fund	25,951	24,719
Postretirement Health/Life Reserve Fund	18,027	17,197
PTO Liability Fund	23,577	22,212
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	13,732	14,150
Total Board Designated Assets	317,884	300,324
FUNDS HELD BY TRUSTEE	34,878	37,676
LONG TERM INVESTMENTS	201,938	207,290
INVESTMENTS IN AFFILIATES	31,088	31,808
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,152,850	1,077,951
Less: Accumulated Depreciation	(493,824)	(473,920)
Construction in Progress	33,725	82,506
Property, Plant & Equipment - Net	692,751	686,537
DEFERRED OUTFLOWS	24,918	25,218
RESTRICTED ASSETS - CASH	(1)	5
TOTAL ASSETS	1,637,458	1,632,874

LIABILITIES AND FUND BALANCE

	December 31, 2015	Audited June 30, 2015
CURRENT LIABILITIES		
Accounts Payable	22,870	30,142
Salaries and Related Liabilities	25,144	20,812
Accrued PTO	23,577	22,212
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	14,499	20,253
Intercompany Payables	72	108
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	5,475	5,475
Bond Interest Payable	3,402	1,711
Other Liabilities	3,245	3,111
Total Current Liabilities	102,385	107,925
LONG TERM LIABILITIES		
Post Retirement Benefits	18,027	17,197
Worker's Comp Reserve	23,651	22,419
Other L/T Obligation (Asbestos)	3,584	3,531
Other L/T Liabilities (IT/Medl Leases)	-	7,102
Bond Payable	229,601	222,446
Total Long Term Liabilities	274,863	272,696
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	942,326	951,924
Board Designated	317,884	300,324
Restricted	(1)	5
Total Fund Bal & Capital Accts	1,260,209	1,252,254
TOTAL LIABILITIES AND FUND BALANCE	1,637,458	1,632,874

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total		Spent from Inception	FY 16 Proj		FY 16 Remaining
			Total Estimated Cost of Project	Authorized Active		Spend	FY 16 YTD Spent	
CIP	EPIC Installation			73.8	51.7	35.9	15.5	20.4
	IT Hardware, Software, Equipment*			6.9		6.9	2.2	4.7
	Medical & Non Medical Equipment			12.6		12.6	3.0	9.6
	Facility Projects							
	0908 NPCR3 Seismic Upgrades	FY12	6.7	6.7	5.0	0.2	0.2	0.0
	0907 LG Imaging Masterplan	FY12	0.0	3.1	2.8	0.0	0.0	0.0
	0906 Slot Build-Out	FY13	0.0	19.0	18.7	1.2	1.2	0.0
	1307 LG Upgrades	FY13	15.5	13.0	8.7	9.5	1.9	7.6
	1219 LG Spine OR	FY13	4.1	4.1	0.6	4.1	0.0	4.1
	1400 Oak Pavilion Cancer Ctr TI	FY14	0.0	5.9	5.8	0.4	0.4	0.0
	1414 Integrated MOB	FY15	232.0	28.0	6.4	13.7	3.8	9.9
	1413 North Drive Parking Expansion	FY15	15.0	3.0	0.9	2.2	0.7	1.5
	1245 Behavioral Health Bldg	FY16	62.5	9.0	6.1	4.5	0.7	3.8
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	6.8	0.0	0.0	1.6	0.0	1.6
	1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	0.1	3.4	0.1	3.3
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.0	2.2	1.0	1.2
	1425 IMOB Preparation Project - Old Main	FY16	2.3	0.5	0.0	1.0	0.0	1.0
	1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	1.5	0.0	1.5
	1422 CUP Upgrade	FY16	4.0	1.5	0.5	2.9	0.4	2.5
	1503 Willow Pavilion Tomosynthesis	FY16	0.3	1.3	0.0	0.3	0.0	0.3
	1519/1314 LG Electrical Systems Upgrade	FY16	1.2	0.0	0.0	0.0	0.0	0.0
	1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.2	1.2	0.0	1.2
	1508 LG NICU 4 Bed Expansion	FY16	7.0	0.0	0.0	0.5	0.0	0.5
	1520 Facilities Planning Allowance	FY16	1.0	0.0	0.0	1.0	0.0	1.0
	Land Acquisition Approved in 12/15	FY16	24.1	24.1	0.0	24.1	0.0	24.1
	All Other Projects under \$1M		9.5	5.8	2.4	7.5	0.6	6.9
			492.9	131.7	59.2	83.1	10.9	72.1
GRAND TOTAL				225.0		138.5	31.6	106.9
Forecast at start of fiscal year						125.8		

El Camino Hospital Capital Spending (in thousands) FY 2011 – FY 2015

Category	2011	2012	2013	2014	2015
IT Hardware/Software Equipment	3,544	7,289	8,019	2,788	4,660
Medical/Non Medical Equipment	6,632	11,203	10,284	12,891	13,340
Non CIP Land, Land I, BLDG, Additions	2,518	7,311	0	22,292	0
Facilities Projects CIP					
0101 - Hosp Replace	232	313	0	0	0
0317 - Melchor TI's	925	117	0	0	0
0701 - Cyberknife	735	0	0	0	0
0704 - 1 South Upgrade	0	2	0	0	0
0802 - Willow Pavillion Upgrades	7	0	0	0	0
0805 - Women's Hospital Finishes	51	0	0	0	0
0809 - Hosp Renovations	262	0	0	0	0
0815 - Orc Pav Water Heater	29	0	0	0	0
0816 - Hospital Signage	41	0	0	0	0
0904 - LG Facilities Upgrade	254	41	2	0	0
0907 - LG Imaging Masterplan	0	162	244	774	1,402
1000 - LG Rehab Building	258	0	0	0	0
1104 - New Main CDU TV's	124	0	0	0	0
9900 - Unassigned Costs	921	279	734	470	3,717
0803 - Park Pav Foundation	207	270	0	0	0
1005 - LG OR Light Upgrd	89	108	14	0	0
1101 - Melchor Pavilion - Genomics	15	0	0	0	0
1102 - LG Joint Hotel	359	657	0	0	0
1106 - SHC Project	0	2,245	0	0	0
1108 - Cooling Towers	4	932	450	0	0
1115 - Womens Hosp TI's	0	50	0	0	0
1118 - Park Pav Roto Care	0	119	0	0	0
1120 - BHS Out Patient TI's	0	472	66	0	0
1122 - LG Sleep Studies	0	147	7	0	0
1129 - Old Main Card Rehab	0	400	9	0	0
0817 - Womens Hosp Upgrds	132	1,242	645	1	0
0906 - Slot Build-Out	0	0	1,003	1,576	15,101
1107 - Boiler Replacement	0	49	0	0	0
1109 - New Main Upgrades	0	589	423	393	2
1111 - Mom/Baby Overflow	0	267	212	29	0
1129 - Cardiac Rehab Improv	0	0	0	0	0
1132 - Pneumatic Tube Prj	0	78	0	0	0
1204 - Elevator Upgrades	0	24	25	30	0
1210 - Los Gatos VOIP	0	1	147	89	0
0800 - Womens L&D Expansion	27	129	2,104	1,531	269
1116 - LG Ortho Pavillion	0	44	177	24	21
1124 - LG Rehab BLDG	0	11	49	458	0
1128 - LG Boiler Replacement	0	3	0	0	0
1131 - MV Equipment Replace	0	190	216	0	0
1135 - Park Pavilion HVAC	0	47	0	0	0
1208 - Willow Pav. High Risk	0	0	110	0	0
1213 - LG Sterilizers	0	0	102	0	0
1225 - Rehab BLDG Roofing	0	0	7	241	4
1227 - New Main eICU	0	0	96	21	0
1230 - Fog Shop	0	0	339	80	0
1247 - LG Infant Security	0	0	134	0	0
1307 - LG Upgrades	0	0	376	2,979	3,282
1308 - LG Infrastructure	0	0	0	114	0
1315 - 205 So. Drive TI's	0	0	0	500	2
0908 - NPCR3 Seismic Upgrds	0	554	1,302	1,224	1,328

Category	2011	2012	2013	2014	2015
Facilities Projects CIP cont.					
1125 - Will Pav Fire Sprinkler	0	9	57	39	0
1211 - SIS Monitor Install	0	0	215	0	0
1216 - New Main Process Imp Office	0	0	19	1	16
1217 - MV Campus MEP Upgrades FY13	0	0	0	181	274
1219 - LG Spine OR	0	0	0	214	323
1221 - LG Kitchen Refrig	0	0	0	85	0
1224 - Rehab Bldg HVAC Upgrades	0	0	11	202	81
1245 - Behavioral Health Bldg Replace	0	0	0	1,257	3,775
1248 - LG - CT Upgrades	0	0	0	26	345
1249 - LG Mobile Imaging	0	0	0	146	0
1301 - Desktop Virtual	0	0	0	13	0
1304 - Rehab Wander Mgmt	0	0	0	87	0
1310 - Melchor Cancer Center Expansion	0	0	0	44	13
1318 - Women's Hospital TI	0	0	0	48	48
1327 - Rehab Building Upgrades	0	0	0	0	15
1320 - 2500 Hosp Dr Roofing	0	0	0	75	81
1328 - LG Ortho Canopy FY14	0	0	0	255	209
1340 - New Main ED Exam Room TVs	0	0	0	8	193
1341 - New Main Admin	0	0	0	32	103
1344 - New Main AV Upgrd	0	0	0	243	0
1345 - LG Lab HVAC	0	0	0	112	0
1346 - LG OR 5, 6, and 7 Lights Replace	0	0	0	0	285
1347 - LG Central Sterile Upgrades	0	0	0	0	181
1400 - Oak Pav Cancer Center	0	0	0	0	5,208
1403 - Hosp Drive BLDG 11 TI's	0	0	0	86	103
1404 - Park Pav HVAC	0	0	0	64	7
1408 - New Main Accessibility Upgrades	0	0	0	0	7
1413 - North Drive Parking Structure Exp	0	0	0	0	167
1414 - Integrated MOB	0	0	0	0	2,009
1421 - LG MOB Improvements	0	0	0	0	198
1429 - 2500 Hospital Dr Bldg 8 TI	0	0	0	0	101
1432 - 205 South Dr BHS TI	0	0	0	0	8
1501 - Women's Hospital NPC Comp	0	0	0	0	4
1504 - Equipment Support Infrastructure	0	0	0	0	61
Subtotal Facilities Projects CIP	4,674	9,553	9,294	13,753	38,940
Grand Total	17,368	35,357	27,598	51,723	56,940
Forecast at Beginning of year		47,138	49,399	47,300	65,420

d. Executive Compensation Committee Report

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Executive Compensation Committee Report El Camino Hospital Board of Directors February 10, 2016
Responsible party:	Jeffrey Davis, Executive Comp. Committee Chair
Action requested:	For Information
Background:	<p>The Executive Compensation Committee recently completed an RFP process. After interviewing three candidates the Committee is pleased to report that it has selected Mercer as its consulting firm. The Committee feels that Mercer can provide strategic direction, drive the Committee forward and support the Board's decision making.</p> <p>Stephen Pollack, who is a partner at Mercer, will be the Committee's primary advisor. Stephen has over 20 years of human resources and executive compensation consulting experience, primarily working as the board/compensation committee advisor in the healthcare and other not-for-profit industries. In addition, Stephen has expertise in workforce rewards and performance management.</p> <p>Lisa Stella, who will be partnering with Stephen, is a Senior Associate in the Talent business of Mercer's Los Angeles office. Lisa joined Mercer in 2011. During her time at Mercer, she has worked across numerous practices, including executive rewards and total rewards strategy, organization design, performance management, change management, and communications. Her work focuses primarily in the healthcare space, including executive rewards engagements for a number of high-profile hospitals in California and one of the largest not-for-profit health systems in the United States.</p>
Board Advisory Committee(s) that reviewed the issue and recommendation, if any:	The Executive Compensation Committee voted to direct management to negotiate and enter into a consulting arrangement with Mercer. Board approval is not required per the Committee's Board approved Charter.
Summary and session objectives :	To inform the Board about the Committee's selection. Staff is currently working out the details of the engagement agreement.
Suggested discussion questions:	None. This is an informational item.
Proposed Board motion, if any:	None. This is an informational item.
LIST OF ATTACHMENTS:	None.

Finance Committee Report

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Finance Committee Report El Camino Hospital Board of Directors February 10, 2016
Responsible party:	Dennis Chiu, Finance Committee Chair
Action requested:	For Information
Background: The Committee last met on January 25, 2016. This meeting included a one hour joint meeting with the Investment Committee. The next Finance Committee meeting is on March 28, 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives: To update the Board on the work of the Committee. <u>1. Progress Against Goals:</u> The Committee is on track to complete its FY16 Goals. <u>2. Other FY: 16 Key Accomplishments Since Last Report To The Board:</u> At the joint meeting, the committees reviewed the alignment of investment strategy with the cash flow forecast. The Finance committee also reviewed the FY 2017 budget assumptions and considered a proposal to expand El Camino Hospital's Community Based Care services. <u>3. Important Future Activities</u> KPI's for outpatient services and a report on capital projects over \$250,000 in process to be reviewed at the March meeting	
Suggested discussion questions: None. This is a consent item.	
Proposed board motion, if any: None.	
LIST OF ATTACHMENTS: None.	