

AGENDA
MEETING OF THE EL CAMINO HOSPITAL BOARD
Wednesday, March 9, 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 2016-03</i> The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. ATTACHMENT 3	Deb Muro, Associate Chief Information Officer	<i>motion</i>	motion required 5:32 – 5:37
4. FINANCIALS FY 16 YTD ATTACHMENT 4	Iftikhar Hussain, Chief Financial Officer	<i>motion</i>	motion required 5:37 – 5:47
5. QUALITY COMMITTEE REPORT ATTACHMENT 5	Dave Reeder, Chair, Quality Committee		information 5:47 – 5:57
6. 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 5:57 – 6:00
ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		6:00 – 6:01
7. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		6:01 – 6:02
8. 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 (2-10-16); - Meeting minutes of the Closed Morning Session of the Hospital Board Meeting (2-10-16); - Meeting minutes of the Closed Afternoon Session of the Hospital Board Meeting (2-10-16) . <i>Gov't Code Section 54957.2.</i>	Neal Cohen, MD, Board Chair		motion required 6:02 – 6:04

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. 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, Los Gatos Chief of Staff Ramtin Agah, MD, Mountain View Chief of Staff		motion required 6:04 – 6:14
10. 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	Daniel Shin, MD, Medical Director of Quality Joy Pao, Senior Director of Quality Improvement and Patient Safety		discussion 6:14 – 6:29
11. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. - Clinically Integrated Network	Richard Katzman, Chief Strategy Officer; William Wachs, Managing Director, Advisory Services Valence Health; Carole Black MD, CMO Emeritus, Valence		discussion 6:29 – 6:59
12. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. - Property Planning	Iftikhar Hussain, Chief Financial Officer; Michelle McGowen, Senior Director of Strategic Planning		discussion 6:59 – 7:19
13. INFORMATIONAL ITEMS: CEO Report. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret; <i>Health and Safety Code Section 32155</i> for report of medical staff quality assurance committee; and <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters. a. CEO Report b. Pacing Plan	Tomi Ryba, President and CEO		information 7:19 – 7:24
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 7:24 – 7:29
15. RECONVENE OPEN SESSION / ADJOURN TO OPEN	Neal Cohen, MD, Board Chair		7:29 – 7:34
16. 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 7:34 – 7:37

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
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 7:37 – 7:42
Approval: a. Minutes of the Hospital Board Meeting (2-10-16); Minutes of the Morning Session of the Hospital Board Meeting (2-20-16); Minutes of the Afternoon Session of the Hospital Board Meeting (2-20-16). <i>Reviewed and Approved by the Medical Executive Committee</i> b. Medical Staff Report <i>Reviewed and Approved by the Quality Committee</i> c. Policies i. New Policies 1. Temperature and humidity in procedure rooms ii. No policies with Major Revisions iii. Policies with Minor Revisions 1. Life Safety: Operations Continuity During Construction and Maintenance Projects 2. Fire Safety Management – 1.02 Fire Safety Management Work Group Responsibilities 3. Fire Safety Management – 1.04 Code Red – Fire Response 4. Fire Safety Management – 1.05 Fire Protection Plan 5. Fire Safety Management – 1.06 Interim Life Safety Measures 6. Fire Safety Management – 1.07 Fire Drills 7. Sterile Processing d. Draft Resolution 2016-04 ATTACHMENT 17			
18. INVESTMENT COMMITTEE REPORT ATTACHMENT 18	John Zoglin, Investment Committee Chair		information 7:42 – 7:52
19. INFORMATIONAL ITEMS a. CEO Report b. iCare Ad Hoc Committee Report c. Community Benefit Plan Mid – Year Metrics ATTACHMENT 19	Tomi Ryba, President and CEO		information 7:52 – 7:57

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
20. BOARD COMMENTS	Neal Cohen, MD, Board Chair		information 7:57 – 8:00
21. ADJOURNMENT	Neal Cohen, MD, Board Chair		8:00 p.m.

*** Strategy or quality-related matters total 1.5 hours of meeting time.**

Upcoming ECH Board Meetings in FY 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 - 3

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 physicians Vivien D'Andrea, Dave Francisco, Shreyas Mallur, Michael Podlone and Philip Strong for their leadership roles and unwavering support for the medical staff and the hospital for their role in the design, build, training and implementation of the iCare system.

Over the past two years, doctors D'Andrea, Francisco, Mallur, Podlone and Strong acted as the physician champions for the iCare implementation. Truly champions in all that they do, they balanced day-to-day clinical activities with steadfast support and commitment to the iCare project. Between late-night order set meetings with physician subject matter experts or fingers-to-keyboard collaboration with iCare analysts, the champions were present to ensure the physician voice was heard.

As advocates for the iCare project, the champions approached physicians in the community to communicate project status and gain feedback on how we could best serve them. They also provided at-the-elbow support to physicians during iCare Go-Live, taking note of physician challenges and continuing to work with the iCare team to find solutions.

The physician champions truly paved the way for physician input and involvement in IT projects at El Camino Hospital.

WHEREAS, the Board would like to publically acknowledge the physician champions for their leadership and commitment during all phases of the iCare project.

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

Vivien D'Andrea, MD
Dave Francisco, MD, PhD
Shreyas Mallur, MD
Michael Podlone MD
Philip Strong, MD

FOR THIER LEADERSHIP ON THE ICARE PROJECT.

IN WITNESS THEREOF, I have here unto set my hand this **9TH DAY OF MARCH, 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



ATTACHMENT 4



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

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

EL CAMINO HOSPITAL

(Excludes Affiliates)

EXECUTIVE FINANCIAL SUMMARY

Period Ending January 31, 2016

YTD STATEMENT OF REVENUE AND EXPENSES (\$000s)					BALANCE SHEET (\$000s)		
	Prior Year	Actual	Budget	Var F(U)		January 31, 2016	Jun 30, 2015
Gross Revenue	\$1,490,325	\$1,579,008	\$1,572,211	\$6,796	Cash and Investments	653,537	707,865
Deductions from Revenue	(1,073,775)	(1,137,202)	(1,139,480)	2,278	Non Cash Current Assets	169,327	143,766
Net Patient Revenue	416,550	441,806	432,731	9,074	Property, Plant & Equipment (Net)	696,848	686,537
Other Operating Revenue	11,484	14,000	11,905	2,095	Other Assets	90,076	94,707
Total Operating Revenue	428,035	455,805	444,636	11,169	Total Assets	1,609,788	1,632,874
Salaries & Wages	237,462	252,089	250,707	(1,383)	Current Liabilities	91,508	107,925
Supplies	63,550	66,691	64,787	(1,904)	Long-Term Liabilities	272,789	272,696
Fees & Purchased Services	43,396	50,308	48,318	(1,990)	Fund Balance/Capital Accounts	1,245,491	1,252,254
Other Operating Expense	21,791	30,469	23,126	(7,343)	Total Liabilities & Equity	1,609,788	1,632,874
Total Non Capital Operating Expense	366,198	399,558	386,938	(12,620)	KEY ECH STATISTICS - YTD		
OPERATING EBITDA	61,836	56,248	57,698	(1,451)	Balance Sheet	Actual	Target ⁽¹⁾
Interest, Depreciation & Amortization	30,427	30,565	29,111	(1,454)	Debt Service Coverage Ratio (MADS)	6.5	1.2
NET OPERATING SURPLUS	31,410	25,682	28,587	(2,905)	Debt to Capitalization	14.3%	29.0%
Non Operating Income	(25)	(32,997)	13,022	(46,019)	Days of Cash	349	262
TOTAL NET SURPLUS	31,384	(7,315)	41,609	(48,924)	Net AR Days	58.7	48.0
EBITDA Margin	14.4%	12.3%	13.0%	-0.6%	Volume	Prior Year	Actual
Operating Margin	7.3%	5.6%	6.4%	-0.8%	Acute Discharges	11,098	10,861
Total Margin	7.3%	-1.6%	9.4%	-11.0%	Acute Average Daily Census	241	237
					Licensed Beds	443	443
					Occupancy (%)	54%	53%
					Deliveries	3,044	2,777
					Emergency Department Visits	35,018	34,711
					Surgical Cases	6,381	6,262
					Productivity		
					Full Time Equivalent Employees	2,429	2,549
					Worked Hrs/Adjusted Patient Day	29.30	30.79

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Financial Trends and Commentary

Volume:

For the year, inpatient volume remains 1.8 lower than prior year primarily due to lower deliveries.

Operating Margin:

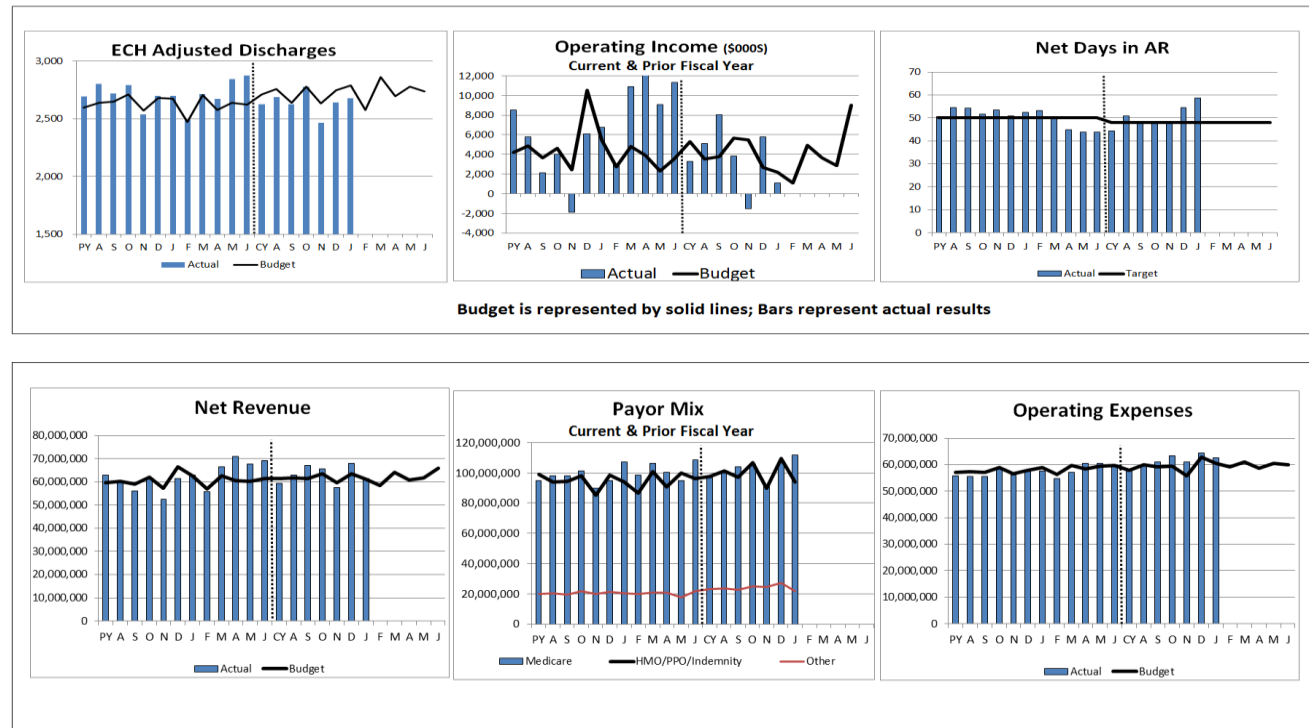
Operating margin is \$1.1 million unfavorable for the month due to lower commercial volume. Margin for the year is \$2.9 million unfavorable primarily due to EPIC related expenses in labor and training and pharmacy and surgical medical supply expenses.

Non-Operating Margin:

Non operating income is \$46.0 million behind target primarily due to \$26.7 million in investment loss. Our cash position remains strong allowing a long term investment strategy.

Net Days in AR:

Net days in A/R increased to 58.9 due EPIC conversion. Candidate for billing has improved beginning in January which will lead to reduction in AR around March.

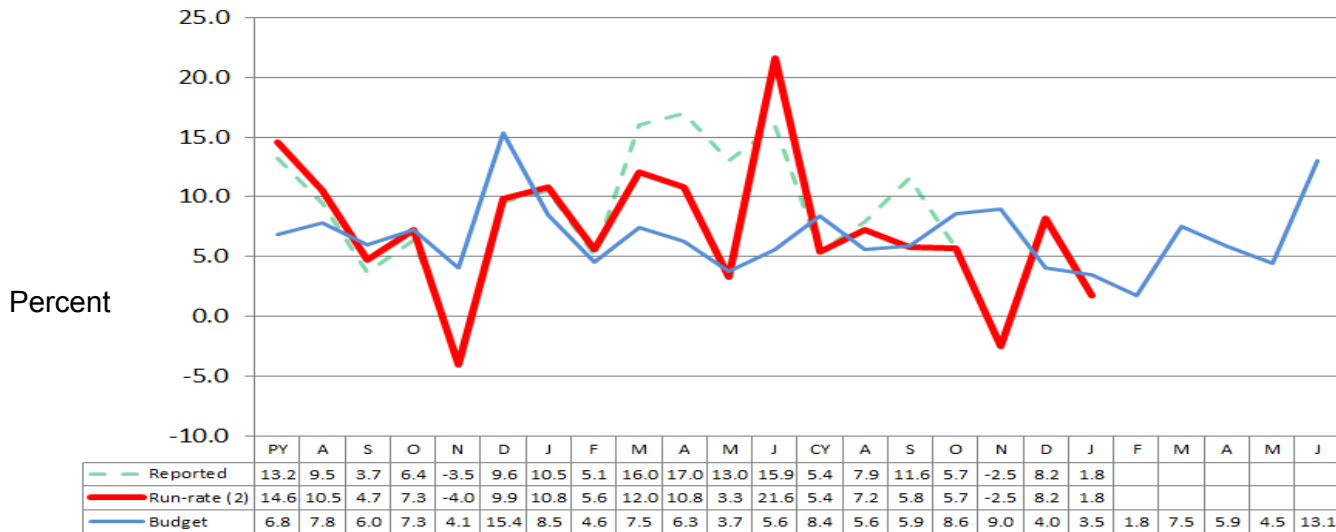


Non-Labor Expenses:

EPIC training makes up -\$3.1 million year to date variance for other general and administrative expenses. In addition, the budget has a cost reduction target placeholder that was not achieved due go live. 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 January.

Summary of Financial Results

\$ in Thousands

	Period 7 - Month			Period 7 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	8,280	1,906	6,374	20,557	23,938	(3,381)
Los Gatos	(7,164)	298	(7,462)	5,125	4,650	475
Sub Total - El Camino Hospital, excl. Affiliates	1,116	2,204	(1,089)	25,682	28,587	(2,905)
Operating Margin %	1.8%	3.5%		5.6%	6.4%	
El Camino Hospital Non Operating Income						
Investments	(14,449)	2,298	(16,747)	(26,681)	16,083	(42,765)
Swap Adjustments	(1,293)	0	(1,293)	(2,046)	0	(2,046)
Community Benefit	(58)	(233)	175	(1,567)	(1,633)	65
Other	(35)	(204)	169	(2,702)	(1,429)	(1,273)
Sub Total - Non Operating Income	(15,835)	1,860	(17,695)	(32,997)	13,022	(46,019)
El Camino Hospital Net Income (Loss)	(14,719)	4,065	(18,784)	(7,315)	41,609	(48,924)
ECH Net Margin %	-23.1%	6.5%		-1.6%	9.4%	
Concern	258	196	62	1,372	184	1,188
ECSC	1	0	1	17	0	17
Foundation	(268)	39	(307)	(334)	763	(1,097)
Silicon Valley Medical Development	(2)	0	(2)	(12)	0	(12)
Net Income Hospital Affiliates	(11)	236	(246)	1,044	948	96
Total Net Income Hospital & Affiliates	(14,730)	4,300	(19,030)	(6,271)	42,557	(48,828)

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

	Month of Jan, 2016			Year to Date			Prior Year	
	Act	Bud	Var	Act	Bud	Var	Act	Var%
Discharges ⁽²⁾	1,617	1,667	-3.0%	10,861	11,219	-3.2%	11,098	-2.1%
Deliveries	400	445	-10.2%	2,777	3,047	-8.9%	3,044	-8.8%
ED Visits	5,248	5,489	-4.4%	34,711	35,314	-1.7%	35,018	-0.9%
Surgical Cases	803	884	-9.1%	6,262	6,491	-3.5%	6,381	-1.9%
Licensed Beds	443	443	0.0%	443	443	0.0%	443	0.0%
ADC ⁽²⁾	253	261	-3.1%	237	241	-1.9%	241	-1.8%
Occupancy %	57.2%	59.0%	-3.1%	53.5%	54.5%	-1.9%	54.5%	-1.8%

MOUNTAIN VIEW

	Month of Jan, 2016			Year to Date			Prior Year	
	Act	Bud	Var%	Act	Bud	Var%	Act	Var%
Discharges ⁽²⁾	1,350	1,362	-0.9%	8,917	9,179	-2.9%	9,080	-1.8%
Deliveries	359	385	-6.7%	2,400	2,634	-8.9%	2,631	-8.8%
ED Visits	4,118	4,386	-6.1%	27,538	28,215	-2.4%	27,980	-1.6%
Surgical Cases	494	549	-10.0%	3,843	4,031	-4.7%	3,890	-1.2%
Licensed Beds	300	300	0.0%	300	300	0.0%	300	0.0%
ADC ⁽²⁾	206	214	-3.7%	194	197	-1.4%	196	-1.1%
Occupancy %	68.8%	71.5%	-3.7%	64.7%	65.6%	-1.4%	65.4%	-1.1%

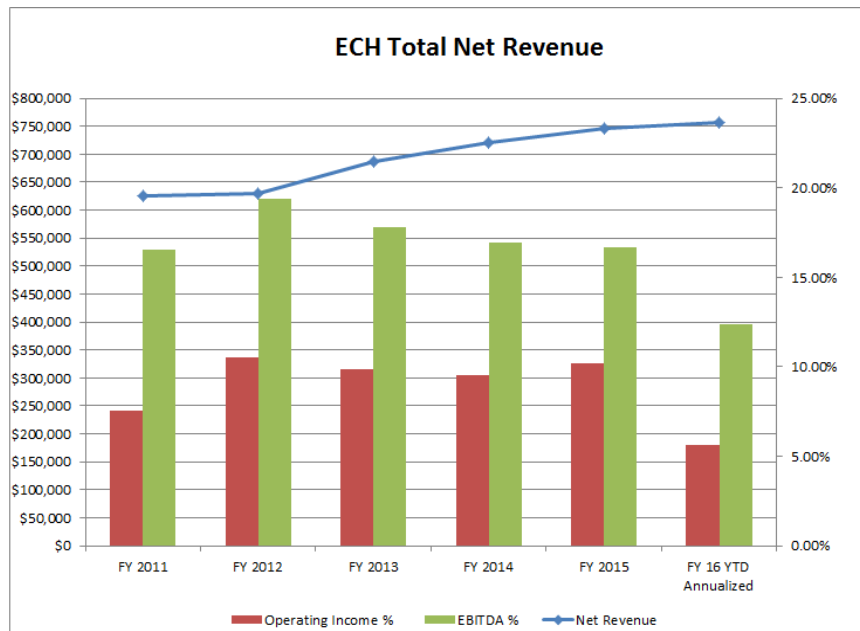
LOS GATOS

	Month of Jan, 2016			Year to Date			Prior Year	
	Act	Bud	Var	Act	Bud	Var	Act	Var%
Discharges ⁽²⁾	267	305	-12.5%	1,944	2,040	-4.7%	2,018	-3.7%
Deliveries	41	60	-32.2%	377	414	-8.8%	413	-8.7%
ED Visits	1,130	1,103	2.4%	7,173	7,099	1.0%	7,038	1.9%
Surgical Cases	309	335	-7.7%	2,419	2,460	-1.7%	2,491	-2.9%
Licensed Beds	143	143	0.0%	143	143	0.0%	143	0.0%
ADC ⁽²⁾	47	47	-0.3%	43	45	-4.1%	45	-5.1%
Occupancy %	32.8%	32.9%	-0.3%	29.9%	31.2%	-4.1%	31.5%	-5.1%

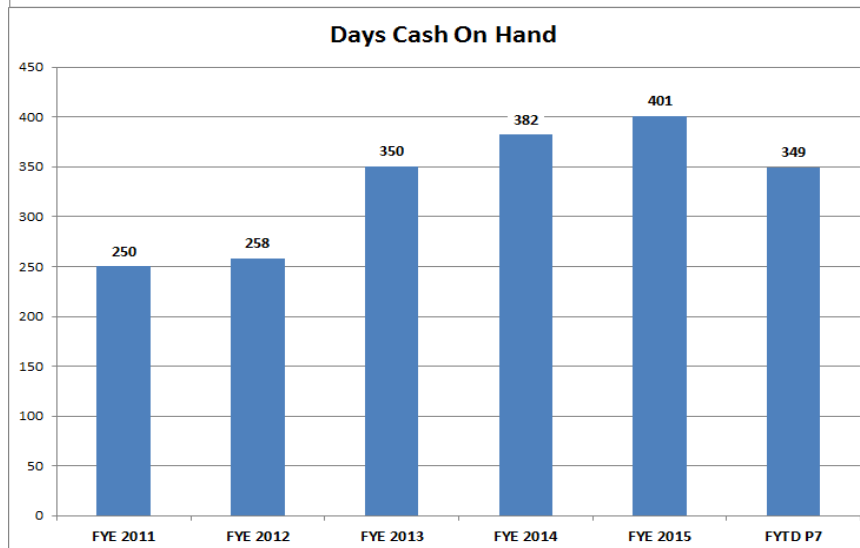
(1) Hospital entity only, excludes controlled affiliates

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

El Camino Hospital Financial Metrics Trend ⁽¹⁾



Revenue growth is slowing down and margin has declined due to EPIC go live



Cash position remains strong despite \$26.7 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%	5.6%	6.5%	
EBITDA Margin	17.8%	16.9%	16.7%	12.3%	13.3%	
Days of Cash	350	382	401	349	262	
Debt Service Coverage Ratio (MADS)	7.9	9.5	8.9	6.5	4.8	
Debt to Capitalization	14.0%	12.6%	13.6%	14.3%	29.4%	
Net AR Days	48.3	50.9	43.6	58.7	48.0	
In Patient Operating Margin	-1.1%	-3.2%	-4.5%	-7.8%	-1.0%	
Out Patient Operating Margin	25.9%	25.2%	28.1%	27.1%	25.0%	

⁽¹⁾ Hospital Only - Excludes Affiliates

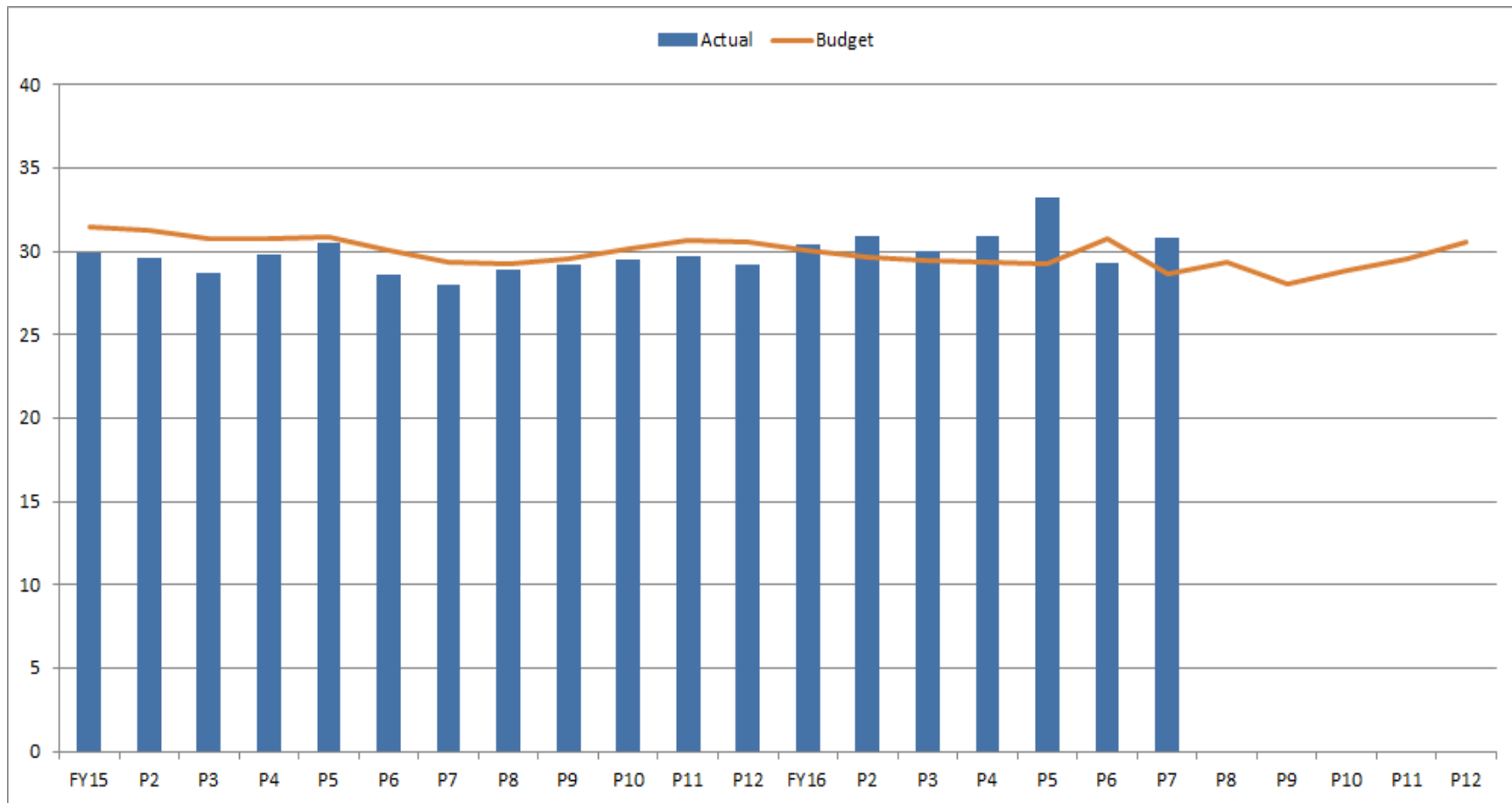
⁽²⁾ Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2016 are one month in arrears

⁽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

Worked Hours per Adjusted Patient Day



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

Tracking Smart Growth

COMBINED CAMPUS					Result Away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	Annual Goal	
Inpatient Discharges	11,098	10,861	(237)	300	(537)
Surgical Outpatient Cases (incl Litho)	3,783	3,624	(159)	290	(449)
Endo Outpatient procedures	1,710	1,439	(271)	0	(271)
Outpatient Interventional Cases	1,069	1,117	48	10	38
Total Case Volume	17,660	17,041	(619)	600	(1,219)
NEW Physician Total		186	186		
Pre-existing Physician Total	17,660	16,855	(805)		
# New Physicians*		3		15	

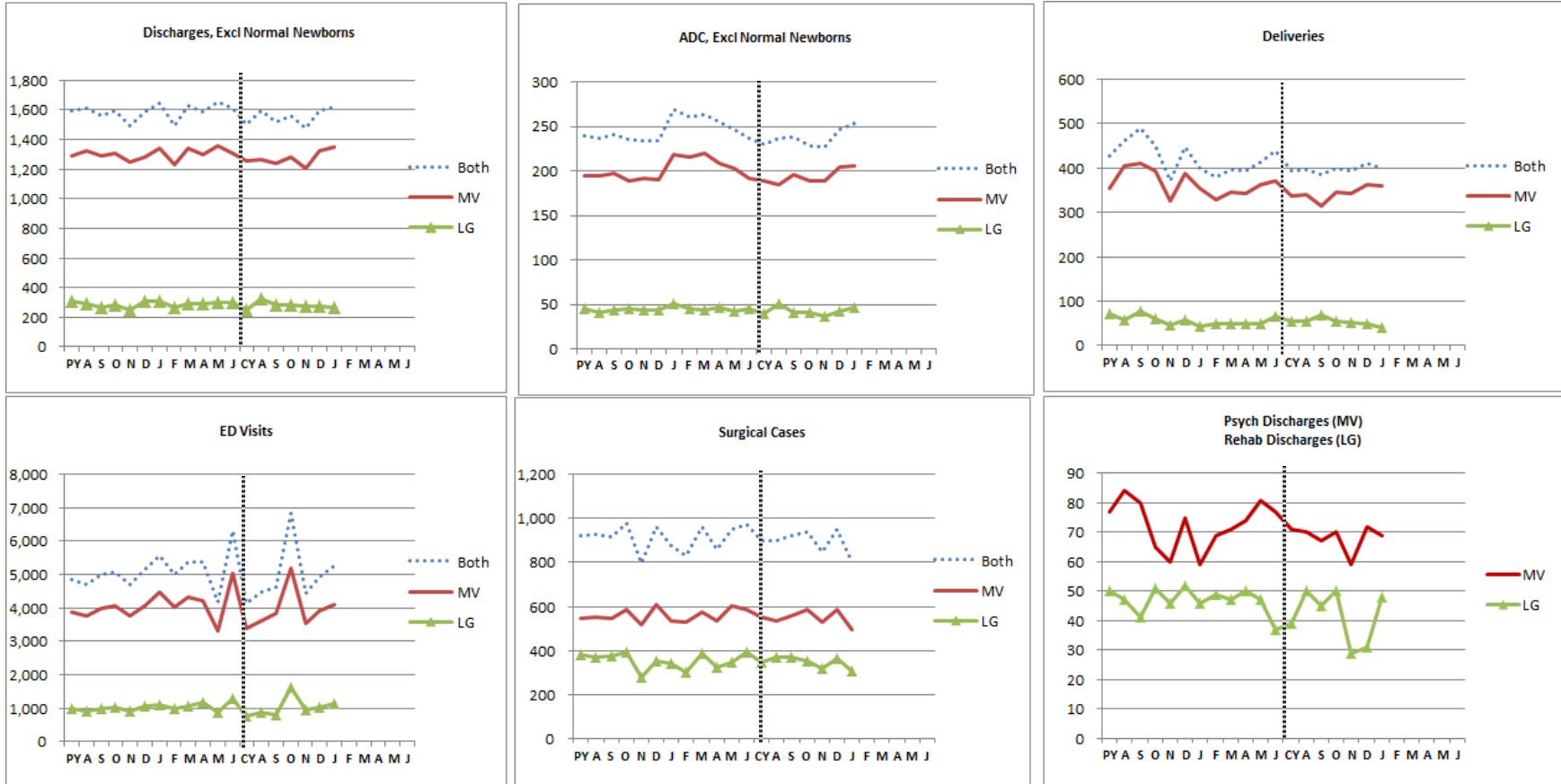
* New Physicians: MDs with 20% or more inpatient or procedural (above definition) cases (at least 10) and/or New PCP (OB, Internal Med, Fam Prac)

Mountain View Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	9,080	8,917	(163)
Surgical Outpatient Cases (incl Litho)	1,967	1,925	(42)
Endo Outpatient procedures	1,583	1,359	(224)
Outpatient Interventional Cases	1,059	1,109	50
Total Case Volume	13,689	13,310	(379)

Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	2,018	1,944	(74)
Surgical Outpatient Cases (incl Litho)	1,816	1,699	(117)
Endo Outpatient procedures	127	80	(47)
Outpatient Interventional Cases	10	8	(2)
Total Case Volume	3,971	3,731	(240)

(1) Hospital entity only, excludes controlled affiliates

El Camino Hospital Volume Trends Prior and Current Fiscal Years



El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 16 Proj Spend	FY 16 YTD Spent	FY 16 Remaining
CIP	EPIC Installation			73.8	52.9	35.9	16.7	19.2
	IT Hardware, Software, Equipment*			6.9		6.9	5.9	1.0
	Medical & Non Medical Equipment			12.6		12.6	7.4	5.2
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	9.2	9.5	2.3	7.2
	1219 LG Spine OR	FY13	4.1	4.1	0.7	4.1	0.2	3.9
	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	8.0	13.7	5.3	8.4
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.3	2.2	1.0	1.2
	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	0.3	3.4	0.3	3.1
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.1	2.2	1.1	1.1
	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	0.7	2.9	0.6	2.3
	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	2.7	7.5	0.9	6.6
			492.9	131.7	62.5	83.1	14.3	68.8

GRAND TOTAL

225.0

138.5

44.3

94.2

Forecast at start of fiscal year

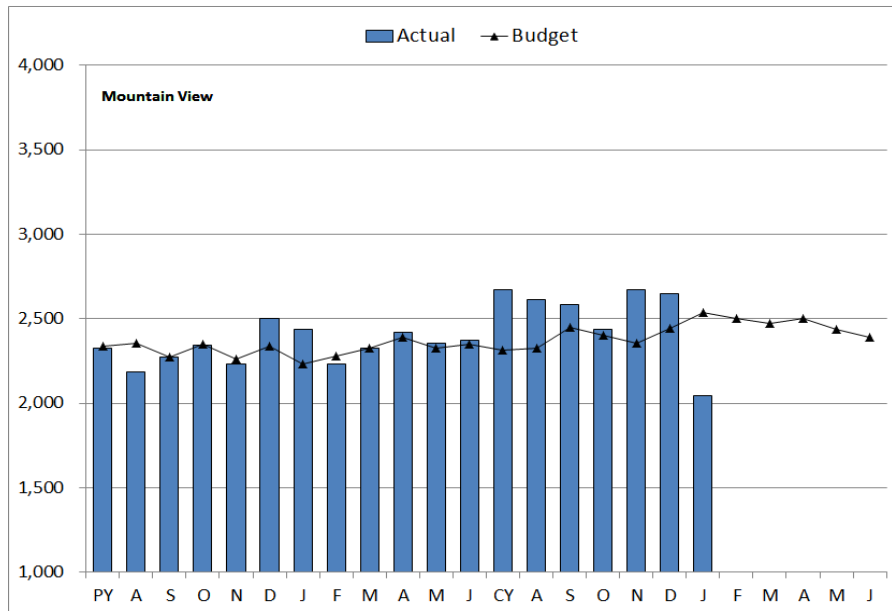
125.8

APPENDIX

Supply Cost per CMI Adjusted Discharges ⁽¹⁾

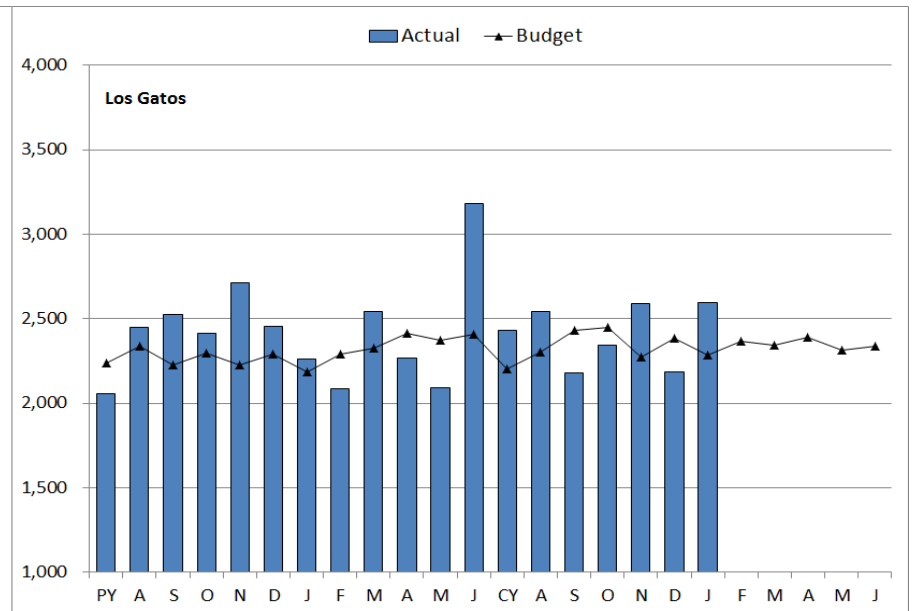
YTD: 5.0% over budget

Mountain View



YTD: 3.3% over budget

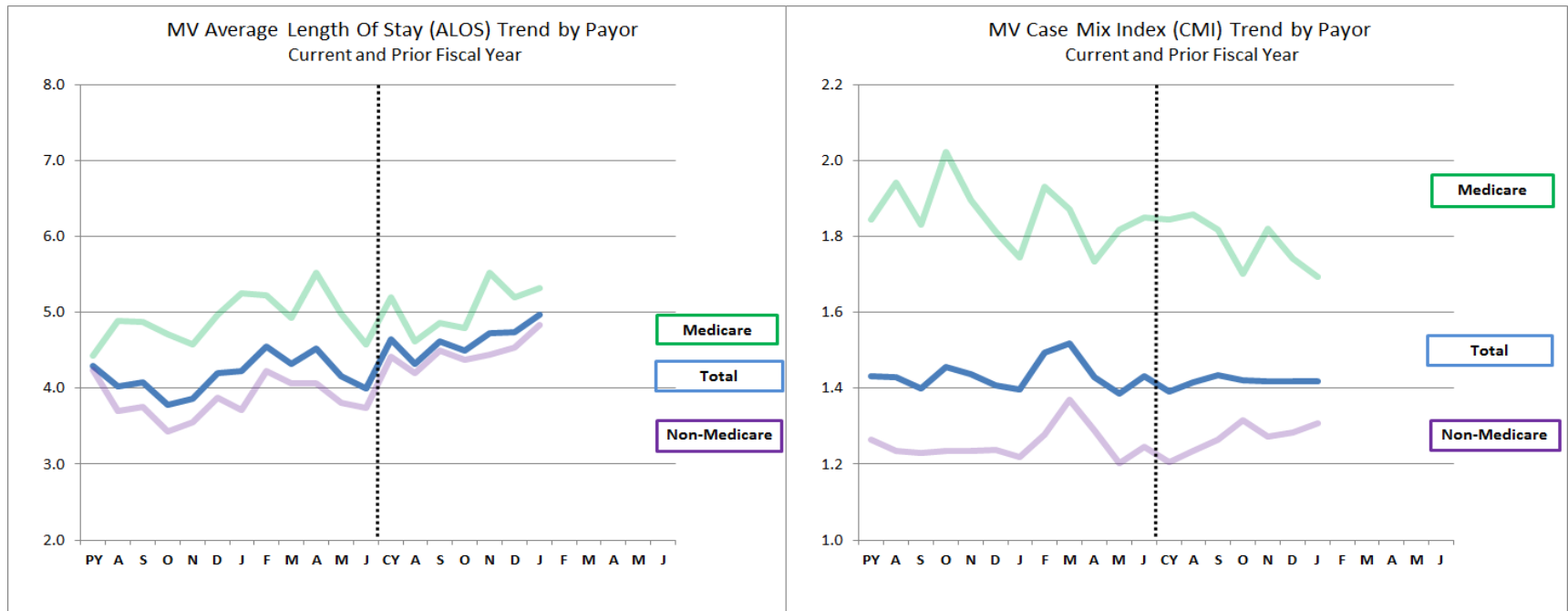
Los Gatos



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⁾



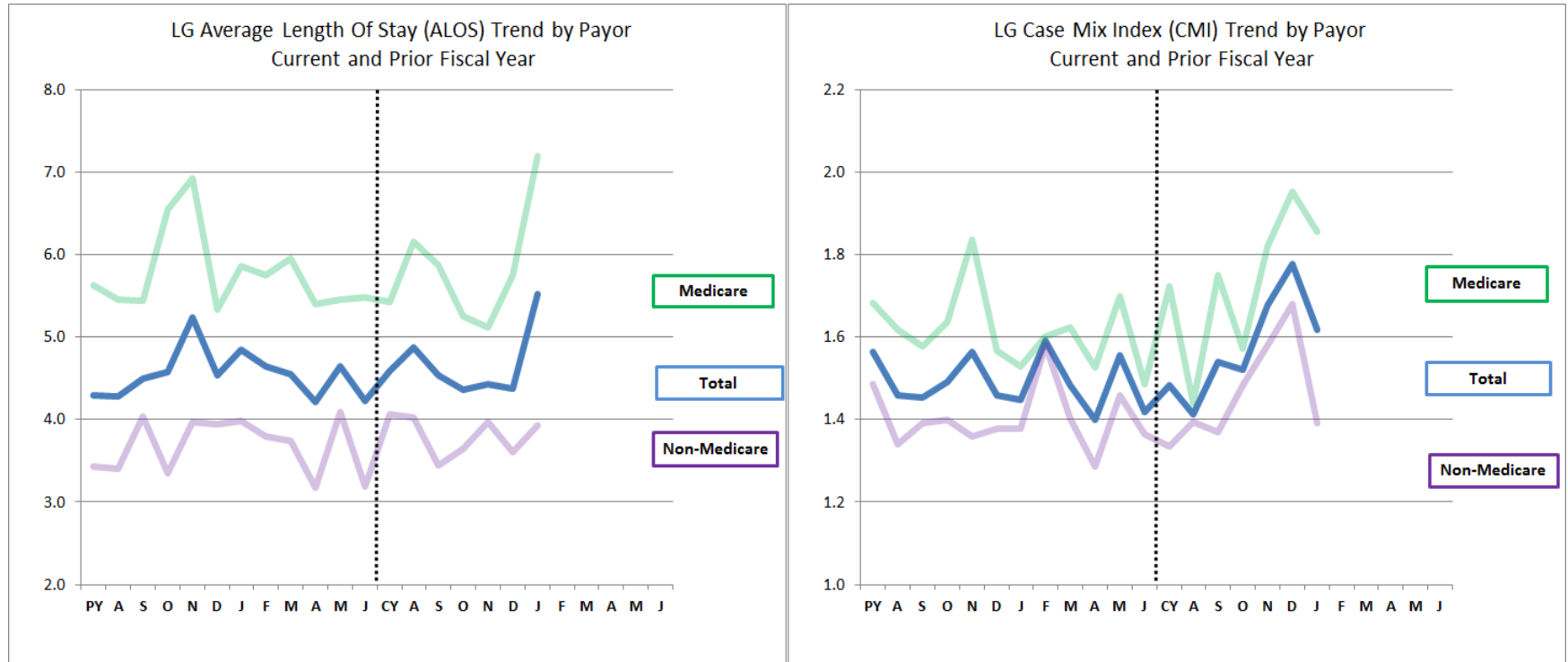
- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS and increased CMI
- Non-Medicare: Reimbursement varies; financial results usually improve when both LOS & CMI increase

Length of stay continues an 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
7 months ending 1/31/2016

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,579,008	1,490,325	88,683	6.0%
Deductions	(1,137,202)	(1,073,775)	(63,427)	5.9%
Net Patient Revenue	441,806	416,550	25,255	6.1%
Other Operating Revenue	14,000	11,484	2,515	21.9%
Total Operating Revenue	455,805	428,035	27,771	6.5%
OPERATING EXPENSE:				
Salaries & Wages	252,089	237,462	(14,628)	-6.2%
Supplies	66,691	63,550	(3,141)	-4.9%
Fees & Purchased Services	50,308	43,396	(6,912)	-15.9%
Other Operating Expense	61,034	52,217	(8,817)	-16.9%
Total Operating Expense	430,123	396,625	(33,498)	-8.4%
Net Operating Income/(Loss)	25,682	31,410	(5,727)	-18.2%
Non Operating Income	(32,997)	(25)	(32,972)	130005.0%
Net Income(Loss)	(7,315)	31,384	(38,699)	-123.3%
Collection Rate	28.0%	28.0%	0.0%	
Operating Margin	5.6%	7.3%	-1.7%	
Net Margin	-1.6%	7.3%	-8.9%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Mountain View⁽¹⁾

Results from Operations vs. Prior Year
7 months ending 1/31/2016

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,287,293	1,216,466	70,827	5.8%
Deductions	(927,954)	(881,528)	(46,426)	5.3%
Net Patient Revenue	359,338	334,938	24,400	7.3%
Other Operating Revenue	12,576	10,179	2,397	23.5%
Total Operating Revenue	371,915	345,117	26,797	7.8%
OPERATING EXPENSE:				
Salaries & Wages	209,763	196,937	(12,826)	-6.5%
Supplies	54,230	51,386	(2,844)	-5.5%
Fees & Purchased Services	41,034	34,567	(6,467)	-18.7%
Other Operating Expense	46,330	40,463	(5,867)	-14.5%
Total Operating Expense	351,357	323,353	(28,004)	-8.7%
Net Operating Income/(Loss)	20,557	21,764	(1,206)	-5.5%
Non Operating Income	(32,971)	(25)	(32,946)	129902.2%
Net Income(Loss)	(12,414)	21,738	(34,152)	-157.1%
 Collection Rate	 27.9%	 27.5%	 0.4%	
Operating Margin	5.5%	6.3%	-0.8%	
Net Margin	-3.3%	6.3%	-9.6%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Los Gatos⁽¹⁾

Results from Operations vs. Prior Year
7 months ending 1/31/2016

\$000s	FY 2016	FY 2015	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	291,715	273,859	17,856	6.5%
Deductions	(209,248)	(192,247)	(17,001)	8.8%
Net Patient Revenue	82,467	81,612	855	1.0%
Other Operating Revenue	1,424	1,305	118	9.1%
Total Operating Revenue	83,891	82,918	973	1.2%
OPERATING EXPENSE:				
Salaries & Wages	42,327	40,525	(1,801)	-4.4%
Supplies	12,461	12,163	(297)	-2.4%
Fees & Purchased Services	9,274	8,829	(445)	-5.0%
Other Operating Expense	14,704	11,754	(2,950)	-25.1%
Total Operating Expense	78,766	73,272	(5,494)	-7.5%
Net Operating Income/(Loss)	5,125	9,646	(4,521)	-46.9%
Non Operating Income	(26)	0	(26)	0.0%
Net Income(Loss)	5,099	9,646	(4,547)	-47.1%
Collection Rate	28.3%	29.8%	-1.5%	
Operating Margin	6.1%	11.6%	-5.5%	
Net Margin	6.1%	11.6%	-5.6%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital⁽¹⁾

Results from Operations vs. Budget
7 months ending 1/31/2016

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,579,008	1,572,211	6,796	0.4%
Deductions	(1,137,202)	(1,139,480)	2,278	-0.2%
Net Patient Revenue	441,806	432,731	9,074	2.1%
Other Operating Revenue	14,000	11,905	2,095	17.6%
Total Operating Revenue	455,805	444,636	11,169	2.5%
OPERATING EXPENSE:				
Salaries & Wages	252,089	250,707	(1,383)	-0.6%
Supplies	66,691	64,787	(1,904)	-2.9%
Fees & Purchased Services	50,308	48,318	(1,990)	-4.1%
Other Operating Expense	61,034	52,237	(8,798)	-16.8%
Total Operating Expense	430,123	416,049	(14,075)	-3.4%
Net Operating Income/(Loss)	25,682	28,587	(2,905)	-10.2%
Non Operating Income	(32,997)	13,022	(46,019)	-353.4%
Net Income(Loss)	(7,315)	41,609	(48,924)	-117.6%
Collection Rate	28.0%	27.5%	0.5%	
Operating Margin	5.6%	6.4%	-0.8%	
Net Margin	-1.6%	9.4%	-11.0%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Mountain View⁽¹⁾

Results from Operations vs. Budget
7 months ending 1/31/2016

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	1,287,293	1,287,968	(675)	-0.1%
Deductions	(927,954)	(937,179)	9,225	-1.0%
Net Patient Revenue	359,338	350,789	8,549	2.4%
Other Operating Revenue	12,576	10,564	2,012	19.0%
Total Operating Revenue	371,915	361,353	10,561	2.9%
OPERATING EXPENSE:				
Salaries & Wages	209,763	208,231	(1,532)	-0.7%
Supplies	54,230	52,725	(1,505)	-2.9%
Fees & Purchased Services	41,034	38,761	(2,273)	-5.9%
Other Operating Expense	46,330	37,699	(8,631)	-22.9%
Total Operating Expense	351,357	337,416	(13,942)	-4.1%
Net Operating Income/(Loss)	20,557	23,938	(3,381)	-14.1%
Non Operating Income	(32,971)	13,022	(45,993)	-353.2%
Net Income(Loss)	(12,414)	36,959	(49,373)	-133.6%
Collection Rate	27.9%	27.2%	0.7%	
Operating Margin	5.5%	6.6%	-1.1%	
Net Margin	-3.3%	10.2%	-13.6%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Los Gatos⁽¹⁾

Results from Operations vs. Budget
7 months ending 1/31/2016

\$000s	FY 2016	Budget 2016	Variance Fav (Unfav)	Var%
OPERATING REVENUE:				
Gross Revenue	291,715	284,243	7,472	2.6%
Deductions	(209,248)	(202,301)	(6,947)	3.4%
Net Patient Revenue	82,467	81,942	525	0.6%
Other Operating Revenue	1,424	1,340	84	6.2%
Total Operating Revenue	83,891	83,283	608	0.7%
OPERATING EXPENSE:				
Salaries & Wages	42,327	42,476	149	0.4%
Supplies	12,461	12,062	(398)	-3.3%
Fees & Purchased Services	9,274	9,557	283	3.0%
Other Operating Expense	14,704	14,538	(166)	-1.1%
Total Operating Expense	78,766	78,633	(133)	-0.2%
Net Operating Income/(Loss)	5,125	4,650	475	10.2%
Non Operating Income	(26)	0	(26)	0.0%
Net Income(Loss)	5,099	4,650	449	9.7%
 Collection Rate	 28.3%	 28.8%	 -0.6%	
Operating Margin	6.1%	5.6%	0.5%	
Net Margin	6.1%	5.6%	0.5%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital⁽¹⁾

Balance Sheet (\$ Thousands)

ASSETS

	Audited	
	January 31, 2016	June 30, 2015
CURRENT ASSETS		
Cash	55,151	55,224
Short Term Investments	92,465	145,027
Patient Accounts Receivable, net	116,286	95,737
Other Accounts and Notes Receivable	2,899	2,378
Intercompany Receivables	1,137	1,595
Inventories and Prepaids	49,004	44,055
Total Current Assets	316,943	344,016
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	113,920	117,965
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	13,197	2,085
Workers Compensation Reserve Fund	26,072	24,719
Postretirement Health/Life Reserve Fund	18,165	17,197
PTO Liability Fund	22,459	22,212
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	13,053	14,150
Total Board Designated Assets	308,863	300,324
FUNDS HELD BY TRUSTEE	34,340	37,676
LONG TERM INVESTMENTS	197,057	207,290
INVESTMENTS IN AFFILIATES	30,868	31,808
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,145,722	1,077,951
Less: Accumulated Depreciation	(482,466)	(473,920)
Construction in Progress	33,593	82,506
Property, Plant & Equipment - Net	696,848	686,537
DEFERRED OUTFLOWS	24,868	25,218
RESTRICTED ASSETS - CASH	0	5
TOTAL ASSETS	1,609,788	1,632,874

LIABILITIES AND FUND BALANCE

	Audited	
	January 31, 2016	June 30, 2015
CURRENT LIABILITIES		
Accounts Payable	24,520	30,142
Salaries and Related Liabilities	18,730	20,812
Accrued PTO	22,459	22,212
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	14,143	20,253
Intercompany Payables	80	108
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	3,635	5,475
Bond Interest Payable	594	1,711
Other Liabilities	3,247	3,111
Total Current Liabilities	91,508	107,925
LONG TERM LIABILITIES		
Post Retirement Benefits	18,165	17,197
Worker's Comp Reserve	23,772	22,419
Other L/T Obligation (Asbestos)	3,593	3,531
Other L/T Liabilities (IT/Medl Leases)	-	7,102
Bond Payable	227,259	222,446
Total Long Term Liabilities	272,789	272,696
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	936,628	951,924
Board Designated	308,863	300,324
Restricted	0	5
Total Fund Bal & Capital Accts	1,245,491	1,252,254
TOTAL LIABILITIES AND FUND BALANCE	1,609,788	1,632,874

⁽¹⁾ Hospital entity only, excludes controlled affiliates

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 Pavillion - 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 - Pheumatic 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 Pavillion 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 Expansio	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

ATTACHMENT 5

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Quality, Patient Care and Patient Experience Committee (“Quality Committee”) Report El Camino Hospital Board of Directors March 9 th , 2016
Responsible party:	David Reeder, Quality Committee Chair
Action requested:	For Discussion
Background: The Quality Committee meets 10 times per year. The Committee last met on February 29 th , 2016 and meets next on April 4 th , 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To update the Board on the work of the Committee. 1. Progress Against Goals: The Committee is on track to complete its FY16 Goals. 2. Summary of February, 2016 Meeting: <ul style="list-style-type: none"> a. Overall Issues: The committee continues to work with management on a detailed recap of all of the issues surrounding red and orange alerts. There was discussion to develop three to four FY 2017 Committee Goals and refocus on Patient and Family Centered Care when iCare is stable and optimized. An assessment of our scope of services and peer review will be done by the Greeley Company. b. Exception Report: Most metrics have remained stable or improved. Falls, for example, improved in December and January and specimen labeling errors remain low. However, surgical site infections increased in November and the metric that remains a priority is medication errors. The exception report shows December is improved, but medication errors should remain a top priority. Dr. Pifer and Cheryl Reinking continue to chair weekly medication safety meetings with a large multi-disciplinary team. This team is working on system improvements with medication workflow. c. iCare Update: Patient Movement and workflow are being clarified within each hospital area. The After Visit Summary is being reformatted and improved to be patient-friendly. 	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Improvements in medication safety, documentation, and physician and discharge workflow were made.
	Suggested discussion questions: Next meeting invite Dr. Kemper and Catherine Nalesnik, RN, to discuss surgical site infections.
	Proposed Board motion, if any: None.
	LIST OF ATTACHMENTS: None.

a. Minutes of the Hospital Board Meeting (2-10-16);

**Minutes of the Open Session of the
Regular Meeting of the El Camino Hospital Board
Wednesday, February 10, 2016
El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms E, F & G**

Board Members Present

Lanhee Chen (joined at 5:32 pm)
Dennis Chiu
Neal Cohen
Peter Fung, MD
Julia Miller
David Reeder
Tomi Ryba
John Zoglin

Board Members Absent

Jeffrey Davis, MD

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 Chair Cohen. A silent roll call was taken. Directors Davis and Chen were absent. Director Chen arrived at 5:32 pm.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Cohen 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	<p>Motion: To Approve Resolution 2016-01 Movant: Zoglin Second: Miller Ayes: Cohen, Chiu Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Davis, Chen Recused: None</p> <p>Director Miller and Director Zoglin presented Resolution 2016-01 to Wes Alles, PhD for his commitment to the El Camino Hospital and El Camino Healthcare District and his longstanding service on the District Board, the Hospital Board, the Corporate Compliance, Privacy and Internal Audit Committee, and the Community Benefit Advisory Council.</p>	<i>Resolution 2016-01 approved</i>
4. PUBLIC COMMUNICATION	None.	
5. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 5:37pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of</p>	

	<p>the Minutes of the Closed Session Hospital Board Meeting (1-13-16); 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 32106(b)</i> for a report involving health care facility trade secret: Community Based Care; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Physician Strategy Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Marketing Assessment; 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>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret, <i>Health and Safety Code Section 32155</i> for report of medical staff quality assurance committee, and <i>Gov't Code Section 54957</i> for report and discussion on personnel matters: CEO Report; pursuant to <i>Health and 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: Reeder Ayes: Chen, Chiu, Cohen, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Davis Recused: None</p>	
<p>6. AGENDA ITEM 16 - RECONVENE OPEN SESSION</p>	<p>Open Session was reconvened at 7:50 pm. Directors Chen, Davis and Ryba were absent when the meeting reconvened.</p> <p>During the closed session, the Board approved the Closed Session Minutes of the Regular Meeting of the Hospital Board of January 13, 2016 by a vote of 8 Board members in favor (Cohen, Chen, Chiu, Fung, Miller, Reeder, Ryba, Zoglin) and one absent (Davis); and the Medical Staff Report dated January 31, 2016, by a vote of 7 Board members in favor (Cohen, Chen, Chiu, Fung, Miller, Reeder, Zoglin) and two absent (Ryba and Davis).</p>	

<p>7. AGENDA ITEM 17 – CONSENT CALENDAR</p>	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting of January 13, 2016, Fiscal Year 17 Hospital Board Meeting Dates, The following policies: PTO – Rehab Services; Certified, Licensed and Registered Employees; 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; Outside Labor Personnel; Employee Assistance Fund; and Physician Recruitment Program Policy; and the Medical Staff Report.</p> <p>Movant: Chiu Second: Fung Ayes: Chiu, Fung, Cohen, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Davis, Chen, Ryba Recused: None</p>	<p><i>Consent Calendar Approved</i></p>
<p>8. AGENDA ITEM 18 – QUALITY COMMITTEE REPORT</p>	<p>Director Reeder, Quality Committee Chair, reported that the Committee is monitoring red and orange alerts and ensuring that corrective action plans are sustained. He also reported that patient falls worsened but are improving, and that “near-miss” medication errors are a major concern. He noted that a staff medication safety committee is meeting regularly to delve into this area and the Committee receives regular reports on this topic.</p> <p>Director Reeder also reported that at the next meeting the Committee will discuss timing of the Patient and Family Centered Care initiative that has been under discussion for some time, but delayed due to iCare implementation. He expressed concern that the organization may not have the bandwidth to undertake the project at this time due to other organizational priorities, including stabilization of the iCare project. He will bring back a report to the Board in March.</p>	

<p>9. AGENDA ITEM 19 – ICARE AD HOC COMMITTEE REPORT</p>	<p>Director Reeder, iCare Ad Hoc Committee Chair, reported that there is still some physician frustration with workflow issues and Michael West, MD, has been brought on as interim Chief Medical Information Officer to help the Medical Staff address these issues. He also reported that there has been a lot of progress on revenue recognition. 92% of “tickets” have been closed and the remaining are primarily for optimization with a few low severity “break fixes.” Optimization will begin to be addressed when stabilization is reached. More training is being scheduled for both physicians and staff. He commented that the project is progressing as expected.</p>	
<p>10. AGENDA ITEM 20 – Community BASED CARE</p>	<p>Richard Katzman, Chief Strategy Officer, presented a proposal for development of 3 urgent care centers over the next 2-3 years with locations to be determined. Each of the centers will require start-up funds of approximately \$1.5 million. He explained that the centers will be structured under the California Health and Safety Code Section 1206(g) which allows flexibility to engage physicians in a combined venture with California Emergency Physicians. Mr. Katzman explained that at least part of the reason to develop these centers will be to benefit the residents of the El Camino Healthcare District, but that no District tax revenues will be used to develop or support them. All funding will come from hospital operations.</p> <p>Motion: To approve funding not to exceed \$4.5 million to open three urgent care centers by the end of FY17, with each center to be opened as soon as location can be determined and staffing and operating infrastructure are in place.</p> <p>Movant: Cohen Second: Miller Ayes: Cohen, Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Davis, Chen, Ryba Recused: None</p>	<p><i>Community Based Care funding approved</i></p>
<p>11. AGENDA ITEM 21 – INFORMATIONAL ITEMS</p>	<p>There were no questions posed about the Informational Items.</p>	
<p>12 AGENDA ITEM 22 – BOARD COMMENTS</p>	<p>None.</p>	
<p>13. AGENDA ITEM 23 – ADJOURNMENT</p>	<p>Motion: To adjourn at 8:03 pm. Movant: Miller Second: Fung Ayes: Cohen, Chiu, Fung, Miller, Reeder, Zoglin Noes: None</p>	<p><i>Meeting adjourned at 8:03p.m.</i></p>

	Abstentions: None Absent: Davis, Chen, Ryba Recused: None	
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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

Minutes of the Morning Session of the Hospital Board Meeting (2-20-16);

**Minutes of the Open Session
Of the El Camino Hospital Board of Directors
Special Meeting to Conduct a Study Session
Saturday, February 20, 2016**

Morning Session

**El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms F and G**

Members Present

Neal Cohen, MD
Dennis Chiu
Lanhee Chen
Jeffrey Davis, MD
Peter Fung, MD
Julia Miller
David Reeder
Tomi Ryba
John Zoglin

Members Absent

Others Present

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The Open Session meeting of the El Camino Hospital Board of Directors Special Meeting to Conduct a Study Session – Morning Session was called to order at 8:30 am. All Board members were present.	
2. ADJOURN TO CLOSED SESSION	<p>Motion: To Adjourn to Closed Session at 8:31 am pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving healthcare facility trade secrets: Strategy Planning Session.</p> <p>Movant: Fung</p> <p>Second: Miller</p> <p>Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin</p> <p>Noes: None.</p> <p>Abstain: None.</p> <p>Absent: None.</p> <p>Recused: None.</p>	
3. RECONVENE OPEN SESSION	Open Session was reconvened at 12:29 pm. No action was taken during the closed session.	
4. ADJOURNMENT	<p>Motion: To Adjourn at 12:30 pm.</p> <p>Movant: Chiu</p> <p>Second: Miller</p> <p>Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba,</p>	

	Zoglin Noes: None. Abstain: None. Absent: None. Recused: None.	
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Attest as to the approval of the foregoing minutes by Board of Directors of El Camino Hospital:

Neal Cohen, MD
Chair, ECH Board of Directors

Peter C. Fung, MD
ECH Board Secretary

Prepared by: Cindy Murphy, Board Liaison

Minutes of the Afternoon Session of the Hospital Board Meeting (2-20-16).

**Minutes of the Open Session
Of the El Camino Hospital Board of Directors
Special Meeting to Conduct a Study Session
Saturday, February 20, 2016**

Afternoon Session

**El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms F and G**

Members Present

Neal Cohen, MD
Dennis Chiu
Lanhee Chen
Jeffrey Davis, MD
Peter Fung, MD
Julia Miller
David Reeder
Tomi Ryba
John Zoglin

Members Absent

Others Present

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The Open Session meeting of the El Camino Hospital Board of Directors Special Meeting to Conduct a Study Session – Afternoon Session was called to order at 1:00 pm. All Board members were present.	
2. ADJOURN TO CLOSED SESSION	<p>Motion: To Adjourn to Closed Session at 1:01 pm pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving healthcare facility trade secrets: Annual Board Self – Assessment.</p> <p>Movant: Davis</p> <p>Second: Chen</p> <p>Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin</p> <p>Noes: None.</p> <p>Abstain: None.</p> <p>Absent: None.</p> <p>Recused: None.</p>	
3. RECONVENE OPEN SESSION	Open Session was reconvened at 3:59 pm. No action was taken during the closed session.	
4. ADJOURNMENT	<p>Motion: To Adjourn at 4:00 pm.</p> <p>Movant: Chiu</p> <p>Second: Davis</p> <p>Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba,</p>	

	Zoglin Noes: None. Abstain: None. Absent: None. Recused: None.	
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Attest as to the approval of the foregoing minutes by Board of Directors of El Camino Hospital:

Neal Cohen, MD
Chair, ECH Board of Directors

Peter C. Fung, MD
ECH Board Secretary

Prepared by: Tomi Ryba, CEO

Medical Staff Report



Board of Directors Open Session – March 9, 2016

To: El Camino Hospital Board of Directors

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

Date: March 1, 2016

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **February 25, 2016**.

Request Approval of the Following:

- A. Patient Care Policies & Procedures – Policy Summaries (p. 2)**
 - **New Policies (attached)**
 - Pharmacy- Reporting by Pharmacy Personnel of Theft of Controlled Substances or Impairment (pp. 3-4)
 - **Policies with Major Revisions (attached)**
 - Massive Transfusion Protocol (pp. 5-14)
 - Telemetry Cardiac Monitoring (pp. 15-20)
 - **Policies with Minor Revisions (See summary p. 2)**
 - Guideline for Inhaled Nitric Oxide
 - Crash Cart and Anaphylaxis Kit Checks
- B. Medical Staff**
 - **Privilege Lists**
 - Dermatology Privilege List (pp. 21-22) – Revised core privileging
 - Radiology – Diagnostic & Interventional (pp. 23-29) – Revised Interventional core privileging to be more descriptive as well as revised criteria for new and reappointment for all non-core Interventional procedures
 - **Guideline**
 - Transfusion Guidelines (pp. 30-31) – New Guideline

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Pharmacy- Reporting by Pharmacy Personnel of Theft of Controlled Substances or	Pharmacy	2/16	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Massive Transfusion Protocol	Patient Care	2/16	Combined Los Gatos and Mountain View MTP Policies.
	Telemetry Cardiac Monitoring Policy	Patient Care	2/16	new standard work and requirement for transports to tele/CCU to be monitored from ED
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Guideline for Inhaled Nitric Oxide	NICU	2/16	NICU needed a guideline for care of this type of infant
	Crash Cart and analphalaxis kit checks	Patient Care	2/16	1. Changed to Zoll instructions for checking new defibrillators 2. Added "Pacer Printer and Alarm" check.
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	

TITLE:	Pharmacy- Reporting by Pharmacy Personnel of Theft of Controlled Substances or Impairment
CATEGORY:	Patient Care Services
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input type="checkbox"/> Standardized Process/Procedure <input type="checkbox"/> Scope of Service/ADT
SUB-CATEGORY:	Pharmacy
OFFICE OF ORIGIN:	Pharmacy
ORIGINAL DATE:	02/16/2016

I. COVERAGE:

All Hospital Employees

II. PURPOSE:

- To protect the public and provide a consistent process for reporting and taking action when a licensed individual employed by hospital is discovered or known to be chemically, mentally, or physically impaired to the extent it affects his or her ability to practice the profession or occupation authorized by his or her license, or is discovered or know to have engaged in the theft, diversion, or self-use of dangerous drugs.

III. POLICY STATEMENT:

- It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for the California Board of Pharmacy and U.S. Drug Enforcement Administration

IV. REFERENCES:

1. Department of Justice, Drug Enforcement Administration, FR Doc 05-15969 [Federal Register: August 12, 2005 (Volume 70, Number 155)] [Rules and Regulations] [Page 47094-47097] From the Federal Register Online via GPO Access [wais.access.gpo.gov] [DOCID:fr12au05-9]; http://www.deadiversion.usdoj.gov/fed_regs/rules/2005/fr0812.htm
2. California Board of Pharmacy, 2016 Law Book for Pharmacy, Rule 4104. http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

V. PROCEDURE:

If any hospital employee is discovered or known to be chemically, mentally, or physically impaired to the extent it affects his or her ability to practice the profession, or is discovered or know to have engaged in the theft, diversion or self-use of dangerous drugs, you are required to:

- Immediately contact your supervisor

TITLE:

Pharmacy- Reporting by Pharmacy Personnel of Theft of Controlled Substances or Impairment

CATEGORY:

Patient Care Services

LAST APPROVAL:

- Follow all El Camino Hospital policies and procedures for investigation and corrective action.
- Follow all El Camino Hospital policies and procedures for Theft and Loss.
- The Director of Pharmacy and/or designee will report to the board, within **14 days**, any admissions, evidence, or terminations of licensed employee involving chemical, mental, or physical impairment and theft, diversion or self-use of dangerous drugs.
- The Director of Pharmacy and/or designee will report to the DEA all controlled substances thefts and significant losses within **one business day**. He/she must also complete DEA 106 form and forward to the local DEA office once the circumstances surrounding the theft or significant loss are clear, but updates should be provided to the DEA if the investigation take more than two months.

VI. 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:	

VII. ATTACHMENTS (if applicable):

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



POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

SUB-CATEGORY:
ORIGINAL DATE: June 2013

COVERAGE:

El Camino Hospital Staff and Medical Staff

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PURPOSE:

To provide a standard, efficient, effective means for delivering blood products to patients who meet criteria for a massive transfusion.

STATEMENT:

1. Massive hemorrhage can be a life threatening complication of a number of medical and surgical conditions.
2. Activation ~~of~~ alerts the Clinical Unit and the Transfusion Service to provide extraordinary support for hemorrhagic emergency. Use of a massive transfusion protocol ensures efficient and prompt receipt of blood products during a hemorrhagic crisis by standardizing blood transfusion orders and laboratory monitoring to aid the clinician.
3. Studies indicate improved outcomes and survivability when ratios of Plasma and Platelets to PRBCs more closely approximate that of whole blood.
4. Delivery of large quantities of blood products requires the coordination of many different hospital departments and the associated blood supplier, necessitating the development of a universal massive transfusion protocol (MTP).

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Definitions:

Massive Transfusion: the replacement of at least the entire patient's blood volume within the first 12 hours of resuscitation

- 1.
2. MTP Pack: collection group of blood products for patients weighing greater than 20 kg. MTP pack consists of 3 units PRBC (packed RBC), 2 units FP (Frozen Plasma), and 1 platelet pheresis unit.



POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

PROCEDURE:

I. Identification and Notifications

A. The attending physician/surgeon or attending anesthesiologist is responsible for identifying eligible patients and for activating the MTP.

B. Criteria for Activation

1. Patients presenting with massive hemorrhage or requiring massive transfusion (greater than 4 units of PRBC) during the active phase of blood loss.
2. Pediatric patient requiring greater than 20 ml/Kg of PRBCs in the first hour of resuscitation.
3. Pediatric patient with a high likelihood of requiring transfusion of greater than 0.1 units/Kg of PRBCs within the first 12 hours of resuscitation.

C. After the physician has indicated need for MTP, Any available member of the care team may initiate the MTP on behalf of the physician by dialing "55" and asking for a Massive Transfusion Protocol.

1. The operator will announce all the MTP Massive Transfusion Alert overhead with the location and unit location of the MTP.

2. The operator will then announce over Vocera to Everyone through an Urgent Broadcast the MTP Massive Transfusion Alert with the unit and the room location.

the group below and contact the Hospital Supervisor The individuals designated to receive the Vocera alert are:

Transfusion Services

- Flex RN*
- Hospital Supervisor*
- Phlebotomy Supervisor
- Phlebotomist*
- Respiratory Therapy*
- CCU Charge Nurse
- EVS Supervisor*
- Hematology
- Chemistry

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POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

The MTP Alert Team (designated with *) will convene at the affected department and follow the guidelines below.

D. 2. Roles and Responsibilities of MTP Response Team

The following individuals are designated as the MTP Alert Team.

Those with * will convene at the affected department and carry out responsibilities identified below.

2.1. a. Mountain View:

- Transfusion Services
- Flex RN*
- Hospital Supervisor*
- Phlebotomy Supervisor
- Phlebotomist*
- Respiratory Therapy*
- CCU Charge Nurse*
- EVS Supervisor*

Transfusion Service

- Hematology
- Chemistry

b. 2. Los Gatos:

- Hospital Supervisor*
- Phlebotomist*
- ICCU Charge Nurse*
- EVS Supervisor*
- Transfusion Service

3. 3. Roles and Responsibilities of MTP Alert Team

A. The MTP team leader is the physician managing the patient.

a.

B.b. The **Hospital Supervisor** is responsible for coordination of resources needed to manage the MTP including the following:

- Identification of couriers to obtain blood products. The courier shall be a transporter if a transporter is available. Other available personnel will be identified by hospital supervisor.

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POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

2. Notification to Operating Room that an MTP has been called.
3. OR responsibilities delineated below.
- C. Clinical managers/charge RNs for the remainder of the hospital will be notified by the overhead page of the Massive Transfusion. Other units that are not involved in the MTP should be aware that there will may be delays in obtaining lab resultss and blood products will occur due to MTP. However, routine blood cards should still be sent to the Blood Bank Transfusion Service.
- D.
- d. The **Charge RN** of the affected unit or his/her designee is responsible for the following:
- E.
- i. Entering the verbal order in ~~ECHO~~the EMR for MTP. Search Acronyms in the EMR, are "MTP, Blood, Massive, and Hemorrhage". The entire order MTP set must be submitted.
- ii. Identification of one person on the care team to communicate with Blood Bank Transfusion Service to avoid duplicate phone calls. Specific guidance regarding this communication is below (See section IIA below#34).
- iii. Obtaining Level 1 rapid infuser if needed from the following locations: Mountain View (CCU, L&D or ED) and Los Gatos (Operating Room).
- d.
- e. Phlebotomy Supervisor shall send a pPhlebotomist arrives at the to the affected nursing unit to obtain required lab specimens as designated in MTP order set. Additional laboratory procedures are identified below.
- fe. Respiratory Therapy (Mountain View Location only:)
Respiratory Therapy
- i. 1) Perform "STAT" blood gases as ordered by physician.

3II. 45-MTP Procedure

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POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

A. ~~a.~~ Communication to Transfusion Services/Blood Bank.

Designated person on ~~the~~ care team must call the ~~Blood Bank Transfusion Service~~ directly (~~Mountain View: xX 7132, Los Gatos x4444~~) to inform them of the MTP (~~Note: enter order should be entered into ECHOEMR prior to making phoning the Transfusion Service phone call~~).

Information given to the ~~Blood Bank Transfusion Service~~ for MTP activation includes:

- ~~1. i. Responsible physician/surgeon~~
- ~~1. Responsible physician/surgeon~~
- ~~1-2. ii. Patient name, medical record number, gender, and date of birth.~~
- ~~2-3. iii. Location of the MTP alert~~
- ~~3-4. iv. Contact person and contact number~~
- ~~4-5. v. Status of blood specimen for type and cross.~~

B. ~~b.~~ MTP Pack pick-up

- ~~1. i. The identified courier is to go to the unit to obtain the appropriate blood card before going to the Blood Bank Transfusion Service to retrieve the MTP pack.~~
- ~~2. ii. The courier will bring proper patient identification (patient sticker or hand written name/DOB/MR number) on a white blood card to pick up blood products (products do not need to be specified on the card during an MTP).~~
- ~~3. iii. The Blood Bank Transfusion Service will be issuing partial MTP packs while frozen products thaw.~~

C. ~~c.~~ Role of Transfusion Services

- ~~1. i. Automatically supply an initial MTP pack or partial pack if thawing required after the MTP alert is activated.~~
- ~~2. ii. Ensure immediate and continuous availability of MTP pack in anticipation of~~
- ~~2. subsequent Subsequent requests.~~
- ~~3. iii. Assess on hand blood supply and anticipate ordering additional products.~~
- ~~4. iv. Promptly communicate anticipated delays to the clinical team~~

~~d.~~ Role of the Clinical Laboratory

- ~~1. i. Lab specimens are to be sent "STAT" with orders entered in ECHO the EMR if they are not already included in the Massive Transfusion order set.~~
- ~~2. ii. Three lavender top tubes and one blue top tube will be drawn for~~

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POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

baseline laboratory studies. (These will be obtained either by the phlebotomist responding or the patient's direct care providers.)

3. ~~iii.~~ Expedite all requests for lab tests

- ~~a.~~ CBC with differential
- ~~b.~~ PT/INR
- ~~c.~~ PTT
- ~~d.~~ Fibrinogen
- ~~e.~~ D-Dimer
- ~~f.~~ Two Blood Bank tubes

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~~f.~~ Two Blood Bank tubes.

4. ~~5.~~ ~~iv.~~ All received specimens will be run and reported with any minor deficient documentation (e.g. specimen not initialed, dated, timed) reconciled after the MTP is over except for deficiencies associated with ~~blood bank~~ Blood Bank Transfusion Service tubes which must be corrected immediately.

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e. Role of the **Operating Room** ~~(when there is a high probability that the patient will go to OR)~~

1. ~~i.~~ The OR will be notified by the Hospital Supervisor ~~when an MTP is called~~ if there is a high probability that the patient will go to OR.
2. ~~OR is responsible for notifying anesthesiologists, anesthesia techs, nurses and assigning a runner.~~
3. ~~An OR room should be immediately set up with all equipment required to potentially treat the emergency.~~
4. ~~ii.~~ OR and anesthesia techs should stand by to act as runners or other help staff will plan for the emergency case by setting up the room and notifying the appropriate staff of potential.

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f. **Documentation** of administered blood products must be done during or immediately after the crisis.

1. ~~i.~~ Blood administration will be documented on the MTP blood administration form (#6842-attached below). This form will be filed with the patient's permanent medical record.

g. **Deactivation** of the MTP

1. ~~Ti.~~ The responsible physician or designee will notify the ~~Blood Bank~~ Blood Bank Transfusion Service immediately when the alert has been deactivated and inform the Blood Bank Transfusion Service of continued need for blood products.
2. ~~ii.~~ Designee will dial 55 and notify the operator that ~~MTP Massive Transfusion~~ Alert is "all clear". Operator shall call All Clear overhead.

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POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

3. ^{2.} iii. Operator shall Urgently Broadcast over Vocera to Everyone: Massive Transfusion Alert All Clear.
- ^{3.}
- ^{4.}
- ^{5.4.} Designee from nursing unit will discontinue MTP order in ECHOEMR.

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APPROVAL DATES	APPROVAL
Labor & Delivery Partnership Council: <u>6/13</u>	
ePolicy Committee: N/A	
Pharmacy and Therapeutics (if applicable): N/A	Laboratory Medical Director: <u>9/2015</u>
Medical Executive Committee: <u>7/13</u>	
Board of Directors: Pending	

Historical Approvals:

Labor & Delivery Partnership Council: 6/13
Patient Care Management Council: 6/13, 12/14
OB Executive Committee: 6/13
Emergency Department Committee: 6/13
Surgery Executive Committee: 6/13
Medical Executive Committee: 7/13

REFERENCES:

1. Cotton, B., Au, B., Nunez, T., Gunter, O., Robertson, A., Young, P. Predefined massive transfusion protocols are associated with a reduction in organ failure and post injury complications. *J Trauma* 2009; 66: 41-49.
2. Schuster, K., Davis, K., Lui, F., Maerz, L., Kaplan, L., The status of massive transfusion protocols in United States trauma centers: massive transfusion or massive confusion? *Transfusion*, July 2010; 50: 1545-1551.
3. Zink, K., Sambasivan, C., Holcomb J., Chisholm, G., Schreiber, M. A high ratio of plasma and platelets to packed red blood cells in the first 6 hours of massive transfusion improves outcomes in a large multicenter study. *Am J Surg* 2009; 197: 565-570.

CROSS REFERENCE(S):

1. Lab Q Pulse Doc #4043, Massive Transfusion Protocol (MTP), Transfusion Service



POLICY/PROCEDURE TITLE: Massive Transfusion Procedure

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

 **El Camino Hospital**
THE HOSPITAL OF SILICON VALLEY
2500 Grant Road, Mountain View, CA 94040-4378

Patient Label

Massive Transfusion Protocol Infusion Record

Blood Product Given	Administered by:	Start Time	Stop Time
PRBC	Initials _____	_____	_____
PRBC	Initials _____	_____	_____
PRBC	Initials _____	_____	_____
FFP	Initials _____	_____	_____
FFP	Initials _____	_____	_____
Platelets	Initials _____	_____	_____
Cryoprecipitate	Initials _____	_____	_____
Cryoprecipitate	Initials _____	_____	_____
Cryoprecipitate	Initials _____	_____	_____
Cryoprecipitate	Initials _____	_____	_____
Cryoprecipitate	Initials _____	_____	_____

Print Name Legibly	Signature	Initials	Date	Time
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POLICY/PROCEDURE TITLE: Telemetry Cardiac Monitoring

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

SUB-CATEGORY: Patient Care Services

ORIGINAL DATE: 05/1995

COVERAGE:

All Inpatient clinical areas providing telemetry cardiac monitoring.

PURPOSE:

- *To provide continuous cardiac monitoring to be used to detect alterations in heart rate and rhythm, to determine origin and conduction of ectopic impulses, as well as manifest changes due to myocardial irritability, ischemia and metabolic derangements. Patients with known and/or potential dysrhythmias are monitored for the purpose of early recognition and treatment. Continued cardiac monitoring is provided as the patient's activity is progressed.*
- *To provide guidelines for transport of patients requiring off unit procedures.*

STATEMENT:

- *Patients cared for on the telemetry units will be provided continuous cardiac monitoring by trained monitor technicians and registered nurses.*

SCOPE AND COVERAGE

1. Registered nurses and certified nursing assistants may place initial ECG electrodes on the patient and initiate continuous cardiac monitoring based on the physician's order.
2. The goals of monitoring and appropriate lead selection shall be determined according to patient clinical needs.
3. Patients requiring continuous telemetry monitoring are cared for on Los Gatos Medical Surgical, Ortho Pavilion, Labor and Delivery and Mother Baby units, and Mountain View 3B Telemetry and 3C Telemetry/Stroke units.
4. Patients will be monitored via wireless telemetry transmitters. RNs or monitor technicians will continuously monitor patients from central location. Portable monitors at bedside may be utilized based on patient condition.

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POLICY/PROCEDURE TITLE: Telemetry Cardiac Monitoring

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

PROCEDURE:

1. Standard Work for Admission to Telemetry
 - a. Verify physician order for telemetry. If no order entered in electronic medical record, contact MD for order if telemetry service requested.
 - b. Notify monitor technician of pending patient admission. Obtain telemetry box of room assigned and verify room assignment and name of patient with monitor technician or RN. Only prepare one telemetry box at a time.
 - c. Place telemetry box in room in preparation for patient's arrival
 - d. When patient arrives, prepare skin for electrode placement and attach telemetry.
 - e. Call monitor technician or RN from bedside and verify patient name, read room number from telemetry box and verify rhythm.
 - f. Monitor technician or RN initials on monitor tech report sheet that new admission was verified.
 - g. If rhythm change from information given in handoff, double check correct box was placed on patient, assess patient, check most recent 12 lead EKG and notify physician of changes.
 - h. Verify interpretation of rhythm done by monitor technician. Sign strip and document rhythm in electronic health record.
2. Lead Placement and Skin Prep
 - a. Monitor technician or RN should select a monitoring lead that has the greatest sensitivity and diagnostic accuracy. For routine monitoring, V1 will be used with a 5 lead system. V6 may be used as alternate lead choice when V1 is impractical due to dressings, incisions, etc. An exception is lead specific ST segment monitoring.
 - b. Prepare skin for electrode application.
 - c. If necessary shave area or cut hair close to skin where electrodes will be placed.
 - d. Clean skin with an alcohol pad to remove oils then briskly dry with dry gauze which helps remove dead skin cells and improve impulse transmission.
 - e. Apply only electrodes with center gel pad that is still moist.
 - f. Place pads on chest by pressing center outward.
 - g. Electrodes will be changed daily and as needed.

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POLICY/PROCEDURE TITLE: Telemetry Cardiac Monitoring

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

3. Alarm Parameter Setting
 - a. RNs or monitor technicians review all alarm settings at the start of each shift.
 - b. Alarms for heart rate limits are adjusted from default settings based on the individual patient's condition and in consultation with the RN.
 - c. Arrhythmia alarms may be adjusted or disabled based on patient condition and in consultation with the RN.
4. Alarm Notification-Monitor Technician responsibilities
 - a. Monitor technician must notify RN of all changes in rhythm
 - b. If monitor technician unable to notify primary RN, they must escalate to another RN, charge nurse or manager.
 - c. Documentation of all notifications will be done on the rhythm strip sheet.
5. Documentation
 - a. Rhythm strip will be documented in medical record every 4 hours.
 - b. PR, QRS, QT, rate and rhythm should be indicated on strip.
 - c. All strips interpretation should be verified by a registered nurse.
6. Transport of new admissions from Emergency Department to Telemetry
 - a. All patients will be transported on a portable cardiac monitor accompanied by a RN or MD.
7. Transport and Care of patients for off unit procedures
 - a. Patients will be transported off unit based on Level I and Level II criteria.
 - b. With a physician order, patient may be off unit without continuous telemetry monitoring.

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POLICY/PROCEDURE TITLE: Telemetry Cardiac Monitoring

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

	LEVEL I Remote ECG monitoring	LEVEL II RN & ECG monitoring
Locations of Remote Monitoring	All areas except MV endoscopy and bronchoscopy	N/A
Vital Signs	stable, normal routine Q4 hr or >	<ul style="list-style-type: none"> • unstable, requiring assessment every 2 hours or more frequently OR • vital signs within previous shift requiring nursing intervention
Neurological Status	oriented x3 (person, place, time), can follow commands, no acute change	<ul style="list-style-type: none"> • Altered level of consciousness within last 12 hours OR • Patient cannot follow commands and requires frequent observation to prevent harm
Respiratory Status	no potential for aspiration	<ul style="list-style-type: none"> • Respiratory rate less than 8 or greater than 25/minute OR • Oxygen saturation less than 90% on O2 OR • Oxygen therapy greater than or equal to 6 Liters per nasal cannula OR • continuous respiratory monitoring required
Cardiovascular Status	Stable ECG rhythm not requiring interventions	Within last 24 hours, has patient experienced any of the following: <ul style="list-style-type: none"> • hemodynamically unstable arrhythmia • systolic BP greater than 160 or less than 90 (if not patient's baseline blood pressure) • chest pain • symptoms of acute heart failure
IV	IV does not require constant monitoring (IV fluids only)	<ul style="list-style-type: none"> • IV drips or med requiring constant monitoring (including vasoactive drips)
Sedation	none	<ul style="list-style-type: none"> • sedation given on floor for procedure which requires oximetry and someone to monitor • RN must report to RN/MD
Equipment	none requiring immediate interventions by RN	If patient has any of the following: <ul style="list-style-type: none"> • external pacemakers • chest tubes • restraints
Transport Personnel	Transporter	Nurse or MD with unlicensed assistant for escort
On-going care during procedure	Tech OK	RN/MD with tech

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POLICY/PROCEDURE TITLE: Telemetry Cardiac Monitoring

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

8. Discharge Process
 - a. A physician's order is required to discontinue telemetry.
 - b. RN should verify there are no rhythm changes prior to discontinuing telemetry.
 - c. If any changes in rhythm, the physician must be notified.
 - d. RN or Nursing assistant returns telemetry equipment to monitor technician for cleaning.
9. Telemetry Equipment Cleaning Guidelines
 - a. Telemetry equipment must be cleaned according to manufacturer's guidelines and infection control policy.

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POLICY/PROCEDURE TITLE: (Inserted PolicyTech field)

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee: Cardiovascular Services Committee:	12/97, 2/01, 09/03, 12/06, 02/09
Critical Care Committee (Special Services Committee):	6/00, 08/03, 12/06, 07/07, 02/09, 01/12
Patient Care Management Council:	10/03, 02/05, 11/06, 06/07, 03/09, 03/12
Medical Executive Committee:	1/96, 4/98, 3/01, 11/06/03, 03/05, 11/06, 03/09, 04/26/2012
Board of Directors:	12/03/03, 04/05, 12/06, 04/09, 05/09/2012
_____ Medical Committee (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 5/95, 8/03, 3/05, 10/06, 6/07, 2/09, 3/12

REFERENCES: (as applicable)

Drew BJ, Califf RM, Funk M, Kaufman ES, Krucoff MW, Laks MM, Macfarlane PW, Sommargren C, Swiryn S & Van Hare GF. Practice Standards for Electrocardiographic Monitoring in Hospital Settings: An American Heart Association Scientific Statement From the Councils on Cardiovascular Nursing, Clinical Cardiology, and Cardiovascular Disease in the Young: Endorsed by the International Society of Computerized Electrocardiology and the American Association of Critical-Care Nurses. *Circulation*. 2004;110:2721-2746. <http://www.circulationaha.org>

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Practitioner Name:

CRITERIA FOR PRIVILEGES:

Physicians must demonstrate successful completion of an Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in dermatology, and/or current board certification in dermatology by the American Board of Dermatology (ABD) or the American Osteopathic Board of Dermatology (AOBD).

CORE PRIVILEGES:

Physicians with core privileges may admit patients to the hospital. These privileges are considered intrinsic to the practice of dermatology and routinely include the usual post-graduate training program in the specialty of dermatology.

CONSULTATIONS:

Consultation(s) shall be obtained by all medical staff members whenever the patient appears to be developing unexpected complication or untoward results which threaten life or serious harm, either from failure of the patient to appropriately respond to the therapy being given and/or substantial medical uncertainty in diagnosis and management.

INSTRUCTIONS:

- Please check the box in the “Requested” column for each privilege requested.
- Indicated the number you have performed in the “#Done” column, if applicable:
 - **For new applicant**, this number needs to reflect your total experience with that procedure.
 - **For current medical staff applying for reappointment**, this number needs to reflect the number performed within the last 24 months.
- Provide documentation where applicable – **see yellow highlighted items**.

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Core Privileges in Dermatology

	Core privileges for dermatology include the ability to admit, evaluate, diagnose, treat and provide consultations for patients of all ages for dermatological conditions. These include but are not limited to benign and malignant neoplasms of the skin and limited mucous membrane disorders, infectious, inflammatory, allergic, non-allergic, and autoimmune conditions. The practitioner must be able to diagnose and treat cutaneous manifestations of underlying systemic disease. All areas of skin, hair, nails and some mucous membrane diseases, conditions of the external genitalia, scarring, problems of aging skin and some cosmetic disorders are included.	New applicant applying for core privileges: For initial applicant, no additional/ special criteria needed for core privileges in dermatology.	Current medical staff applying for reappointment: For reappointment applicant, no additional/ special criteria needed for core privileges in dermatology	
Please list any of the above core privileges you do not wish to request:				

Acknowledgement of Practitioner: I attest that I am competent to perform the procedures as requested and have attached supporting documentation where needed and agree to provide additional documentation, if requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

Practitioner Name:

Practitioner Name:

CRITERIA FOR PRIVILEGES:

Physicians must demonstrate successful completion of an Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in Radiology, and/or current board certification in radiology by the American Board of Radiology (ABR) or the American Osteopathic Board of Radiology (AOBR).

CONSULTATIONS:

Consultation(s) shall be obtained by all medical staff members whenever the patient appears to be developing unexpected complication or untoward results which threaten life or serious harm, either from failure of the patient to appropriately respond to the therapy being given and/or substantial medical uncertainty in diagnosis and management.

INSTRUCTIONS:

- Please check the box in the “Requested” column for each privilege requested.
- Indicate the number you have performed in the “#Done” column, if applicable:
 - **For new applicant**, this number needs to reflect your total experience with that procedure.
 - **For current medical staff applying for reappointment**, this number needs to reflect the number performed within the last 24 months.
- Provide documentation where applicable – **see yellow highlighted items**.

Approvals:**Radiology Division:****February 4, 2016****Medicine Department:****February 12, 2016****Medical Executive Committee:****Board of Directors:**

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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RADIOLOGY – DIAGNOSTIC

Core Privileges in Radiology – Diagnostic

	<p>Core privileges for radiology-diagnostic include supervision and interpretation, including telemedicine, of general diagnostic radiology, diagnostic ultrasound, diagnostic nuclear medicine studies, diagnostic neuroradiology, diagnostic invasive procedures and diagnostic body imaging. May perform medical history and physical examination and required updates.</p> <p>The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> Diagnostic Arteriography 	<p>New applicant applying for core privileges:</p> <p>For initial applicant, no additional/ special criteria needed for core privileges in radiology-diagnostic.</p>	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/ special criteria needed for core privileges in radiology-diagnostic.</p>	
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Please list any of the above core privileges you do not wish to request:

Special Noncore Privileges in Radiology – Diagnostic

	Moderate (Conscious) sedation	<p>New applicant applying for privilege:</p> <ul style="list-style-type: none"> Pass the moderate sedation examination provided by ECH Medical Staff Office with 85% or higher Current ACLS certification Provide evidence of at least 4 in the last 24 months. 	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/ special criteria needed for moderate sedation privileges.</p>	
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RADIOLOGY – NON-VASCULAR INTERVENTIONAL PROCEDURES

Core Privileges in Radiology – Non-Vascular Interventional Procedures

	<p>The core privileges in radiology – non-vascular interventional procedures include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> Biopsies Drainage 	<p>New applicant applying for core privileges:</p> <p>For initial applicant, no additional/ special criteria needed for core privileges in radiology-non-vascular interventional procedures.</p>	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/ special criteria needed for core privileges in non-vascular interventional procedures.</p>	
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Please list any of the above core privileges you do not wish to request:

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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RADIOLOGY – INTERVENTIONAL PROCEDURES

Core Privileges in Radiology – Interventional Procedures

	<p>Core privileges for Interventional Radiology include the ability to admit, workup, diagnose and provide treatment and consultative services to patients with a variety of conditions who may require therapeutic vascular interventions. May perform medical history and physical examination and required updates.</p> <p>The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Adrenal vein sampling • Angiography/arteriography; all anatomic areas except cerebral • Arthrography • Coil occlusions of aneurysms • Endovenous laser therapy • Insertion and management of central venous and dialysis access line • Lymphography • Myelography and cisternography • Nonvascular interventional procedure, including soft-tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, ablation of neoplasms and cysts, and ureteral stents • Noninvasive diagnostic vascular radiology, including ultrasonography, pulse volume recordings, CT, and MRI • Occlusion/thrombolysis • Percutaneous vertebroplasty/Kyphoplasty, visceral tunneled catheter placement • Placement of catheter for tumor treatment, radioembolization • Placement of inferior vena cava filter • Procedures for pain, including epidural steroid injection, nerve blocks, and discography • Recanalization • Therapeutic infusion of vasoactive agents • Therapeutic vascular radiology, including balloon angioplasty, stent placement, atherectomy, intra-arterial and IV thrombolytic therapy, and embolization/ablation, including transarterial chemoembolization (excluding carotid and intracranial intervention), and other similar techniques • Transjugular intrahepatic portosystemic shunt (tips) • Uterine artery embolization for leiomyoma • Venography and venous sampling 	<p>New applicant applying for core privileges:</p> <p>a) Successful completion of a one-year accredited fellowship in vascular interventional radiology Provide documentation of training/competence, verification from program director. and/or</p> <p>b) Subspecialty certification or board eligible (with achievement of certification within 5 years of completion of training) leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or completion of a certificate of added qualifications in vascular and interventional radiology by the American Osteopathic Board of Radiology and</p> <p>c) Documentation to at least 10 over the past 24 months Provide documentation of at least 10 in the last 24 months.</p>	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/special criteria needed for core privileges in interventional radiology.</p>	
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Please list any of the above core privileges you do not wish to request:

Special Noncore Privileges in Radiology – Interventional Procedures

	Cerebral Angiogram	New applicant applying for privilege: Documentation to at least 5 over the past 24 months Provide documentation of at least 5 in the last 24 months.	Current medical staff applying for reappointment: Attest to at least 5 over the last 24 months. For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 5.	
	Endovascular repair of aortic aneurysm	New applicant applying for privilege: Mandatory attendance at an aortic stent graft training course or program provided by a specific FDA-approved device company (i.e., Medtronic, Guidant). And either a or b and c below: a) Completion of a recognized fellowship or training program which includes performance of at least 5 aortic stent graft cases under the supervision or a qualified endovascular graft physician. Or b) Attendance at a detailed postgraduate course specifically about aortic stent grafting which would include live case presentations and hands-on sessions. The applicant will be supervised by a qualified endovascular interventionalist for 5 “apprenticed” cases. Provide certificate of training program and evidence of at least 5 in the last 24 months. c) Follow Large Bore policy	Current medical staff applying for reappointment: Attest to at least 5 over the last 24 months. For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 5.	

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Carotid angioplasty/stenting	<p>New applicant applying for privilege: Either a, b, or c below: a) Completion of a dedicated peripheral vascular training program with participation in a minimum of 25 carotid interventions. Or b) Participation in a minimum of 10 carotid interventions and attendance at two live-case demonstration CME courses on peripheral vascular techniques with clear emphasis on carotid therapy. Or c) Apprenticeship under a certified proctor consisting of joint performance of 10 carotid interventions and attendance at two live-case demonstration CME courses on peripheral vascular techniques with clear emphasis on carotid therapy. Provide certificate of training program or evidence of at least 10 in the last 24 months and certificate of attendance at CME courses.</p>	<p>Current medical staff applying for reappointment: Attest to at least 20 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 20.</p>

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Interventional Neuroradiology Diagnostic	<p>New applicant applying for privilege: Either a, b, or c below: a) Successful completion of an accredited residency (Board Eligible [BE] or Board Certified [BC] in Diagnostic Radiology which includes experience, training and supervision is diagnostic neuro-imaging and completion of a one year post-graduate fellowship in Neuroradiology or interventional radiology in an accredited program, or an equivalent. Or b) Successful completion of an accredited residency (BE or BC) in Neurosurgery which includes five years of experience, training and supervision in diagnostic neuro-imaging. Or c) Successful completion of an accredited residency (BE or BC) in Neurology which includes three years of experience, training and supervision in diagnostic neuro-imaging and completion of a one year post-graduate fellowship in Vascular Neurology. And d) Experience and training in the above programs should include performance and interpretation of 100 cerebral angiogram procedures as primary operator, with indications, success, and complications detailed according to published Quality Improvement Guidelines under direct supervision of a Neurointerventionalist. Provide certificate of training program or evidence of at least 100 in the last 24 months.</p>	<p>Current medical staff applying for reappointment: Applicant must have at least 15 hours of stroke specific CME. Provide certificate of at least 15 hours of stroke specific CME.</p>

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Interventional Neuroradiology Therapeutic	New applicant applying for privilege: Minimum one year fellowship in Interventional Neuroradiology/ Endovascular Surgical Neuroradiology under supervision of a director who is a senior member of American Society of Neurointerventional Surgery and performance of 50 endovascular surgical neuroradiologic procedures with at least 30 as the primary operator, with a record of indications, success, complications, according to the published Standards of Practice in the (SNIS), including at least 10 intra-arterial thrombolysis and/or mechanical intracranial thrombectomy procedures. Provide certificate of training program and evidence of at least 50 in the last 24 months.	Current medical staff applying for reappointment: Applicant must have at least 15 hours of stroke specific CME. Provide certificate of at least 15 hours of stroke specific CME.

Acknowledgement of Practitioner: I attest that I am competent to perform the procedures as requested and have attached supporting documentation where needed and agree to provide additional documentation, if requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

 Applicant Signature

 Date

TITLE: El Camino Adult Transfusion Guidelines

CATEGORY: Patient Care Services

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY:

Medical Staff

OFFICE OF ORIGIN:

Quality, Laboratory

ORIGINAL DATE:

August 19, 2015

I. COVERAGE:

All members of the medical staff

II. PURPOSE:

- To ensure patient safety related to current, evidence-based indications for transfusion of blood products
- To provide guidelines for evaluation of appropriateness of transfusion

III. POLICY-GUIDELINE STATEMENT:

- ~~It is the policy of El Camino Hospital to~~ comply with the transfusion guidelines when assessing a patient's need for transfusion.
- The adult transfusion guidelines provide a basis for evidence-based transfusion practice and are not intended to replace the physician's clinical judgement.
- The adult transfusion guidelines do not apply to pediatrics, neonates, and patients experiencing massive blood loss (i.e. Massive Transfusion Protocol, Code White)

IV. REFERENCES:

1. Carson et al. Red Blood Cell Transfusion: A Clinical Practice Guideline From AABB. Ann Intern Med. 2012; 157:49-58
2. Kauffman et al. Platelet Transfusion: A Clinical Practice Guideline From the AABB. Ann Intern Med. 2015;162(3):205-213.
3. Roback et al. Evidence-based practice guidelines for plasma transfusion. TRANSFUSION 2010;50:1227-39

V. Adult Transfusion Guidelines:

- A. Red Blood Cells (Minimal effective dose: 1 unit)
Note: Hemoglobin and hematocrit should be checked after each unit of transfusion for stable, non-bleeding patients
 1. Hematocrit \leq 21% or Hemoglobin \leq 7 g/dL
 2. Hematocrit \leq 24% or Hemoglobin \leq 8 g/dL in a post-operative patient.
 3. Hematocrit \leq 24% or Hemoglobin \leq 8 g/dL in a patient with cardiovascular disease
 4. One of the following symptoms in a post-operative patient or a patient with cardiovascular disease: chest pain, tachycardia or hypotension unresponsive to fluids, or congestive heart failure
 5. Acute blood loss not responding to volume resuscitation
 6. Other (must be specified in the transfusion order or progress notes)

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: El Camino Adult Transfusion Guidelines

CATEGORY: Patient Care Services

LAST APPROVAL:

- B. Platelets (Minimal effective dose: 1 unit)
 - 1. Platelet count $\leq 10,000/\mu\text{L}$
 - 2. Platelet count $\leq 20,000/\mu\text{L}$ and signs of fever or hemorrhagic diathesis (petechiae, mucosal bleeding)
 - 3. Platelet count $\leq 50,000/\mu\text{L}$ and active hemorrhage
 - 4. Platelet count $\leq 50,000/\mu\text{L}$ with invasive procedure (recent, in progress, planned)
 - 5. Platelet count $\leq 100,000/\mu\text{L}$ with bleeding in a closed anatomical space (e.g. CNS, eye, etc)
 - 6. Platelet dysfunction with active or anticipated hemorrhage
 - 7. Other (must be specified in the transfusion order or progress notes)

- C. Plasma (Minimal effective dose: 2 units)
 - 1. Treatment of a bleeding patient with coagulation factor deficiencies (INR > 1.7 or PT > 1.7 times the mean reference range)
 - 2. Prophylaxis for a planned procedure in a patient with coagulation factor deficiencies (INR > 1.7 or PT > 1.7 times the mean reference range)
 - 3. Emergent reversal of Warfarin
 - 4. TTP
 - 5. Transfusion when factor concentrate is not available (e.g. Factor XI)
 - 6. Other (must be specified in the transfusion order or progress notes)

- D. Cryoprecipitate
 - 1. Fibrinogen $\leq 100 \text{ mg/dL}$ in a bleeding patient
 - 2. Fibrinogen $\leq 100 \text{ mg/dL}$ for prophylactic transfusion in a patient with risk of bleeding
 - 3. Dysfibrinogenemia
 - 4. Other (must be specified in the transfusion order or progress notes)

VI. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Transfusion Safety Committee	September 1, 2015
Medical Executive Committee:	
ePolicy Committee:	
Board of Directors:	
Historical Approvals:	

1. Temperature and humidity in procedure rooms

TITLE: 6.08 Temperature and humidity in procedure rooms**CATEGORY:** Safety - Environment of Care**LAST APPROVAL:****TYPE:**

Policy



Protocol



Scope of Service/ADT



Procedure



Standardized Process/Procedure

SUB-CATEGORY:**Utilities Management****OFFICE OF ORIGIN:*****Safety Officer*****ORIGINAL DATE:**

February, 2016

I. COVERAGE:

Procedure rooms such as operating rooms, interventional rooms and delivery rooms.

II. PURPOSE:

- To establish the guidelines for optimal humidity and temperature in procedural rooms ensuring patient safety, compliance with regulations and comfort of staff and physicians.

III. POLICY STATEMENTS:

The HVAC mechanical systems that serve procedure rooms shall be maintained to provide acceptable and appropriate temperatures and relative humidity. The temperature in a procedure room is determined by the clinical requirements of the procedure. During the course of normal activities in a procedure room, the temperature and relative humidity can vary and staff may get “warm” due to protective clothing, surgical lighting and equipment loads. Temperature and humidity are inter-related, so a change in temperature may affect relative humidity levels which must stay between 20% and 60%. Temperatures may be adjusted in 1 to 2 degree increments allowing sufficient time for the room to respond to these changes before other changes are made, but under no circumstance should the temperature go below 62 degrees Fahrenheit (F) or exceed 75 degrees (F), while maintaining the relative humidity in the prescribed range.

IV. PROCEDURE:

The staff in the procedure rooms has control over the temperature by adjusting the thermostat in the room. In addition to the in room display the actual temperature and humidity in the procedure rooms is monitored by the Building Automation System (BAS) in Facilities Engineering Central Utility Plant at the Mountain View Campus and in the Engineering Services Office at Los Gatos Campus. In the event that the temperature or relative humidity falls outside the desired or established ranges for a prolonged time period (more than 60 minutes) the conditions are to be reported to the area charge nurse and the Engineering Department for corrective actions.

V. DEFINITIONS (if applicable):

1. Relative Humidity (RH)- the ratio of the amount of water vapor in the air at a given temperature to the maximum amount air can hold at the same temperature, expressed as a percentage.

VI. REFERENCES:

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: 6.08 Temperature and humidity in procedure rooms

CATEGORY: Safety - Environment of Care

LAST APPROVAL:

1. ASHRAE/ASHE Standard 170-2008- Ventilation of Healthcare Facilities
2. Guidelines for Design and Construction of Healthcare Facilities, FGI, 2010.

APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Perioperative Committee	
Central Safety Committee	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee: (NA)	
Board of Directors:	
Historical Approvals:	

ATTACHMENT 17

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Draft Resolution 2016-04 to Recognize Silicon Valley Medical Development, LLC (SVMD) as an Affiliate</p> <p>El Camino Hospital Board of Directors</p> <p>March 9, 2016</p>
Responsible party:	<p>Julie Johnston, Director Total Rewards</p> <p>As Plan Administrator for El Camino Hospital's Cash Balance Plan, 403(b) Retirement Plan, and Group Insurance Plans</p>
Action requested:	Motion Required: To Approve Resolution 2016-04
<p>Background:</p> <p>El Camino Hospital sponsors retirement plans and group insurance benefits under ERISA. The Hospital may administer benefits on behalf of affiliate organizations. Benefit consultants have recommended a formal resolution to recognize SVMD as an affiliate organization. Benefit expenses will be charged to the SVMD corporation.</p>	
<p>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</p> <p>None. Recommendation was reviewed by the Retirement Plan Administration Committee appointed by the Board.</p>	
<p>Summary and session objectives :</p> <p>The action is administrative in nature and documents SVMD as an affiliate organization for purposes of benefits administration</p>	
<p>Proposed board motion</p> <p>To Approve Resolution 2016 - 04</p>	
<p>LIST OF ATTACHMENTS:</p> <p>Draft Resolution 2016 - 04</p>	

**RESOLUTION OF THE
BOARD OF DIRECTORS OF
EL CAMINO HOSPITAL**

Resolution 2016 - 04

WHEREAS, El Camino Hospital (the "Hospital") sponsors the El Camino Hospital Cash Balance Plan, 403(b) Retirement Plan, and Group Insurance (the "Plans") for the benefit of its eligible employees and the eligible employees of affiliated employers that may adopt the Plan as participating employers in accordance with Article 12 of the Plan.

WHEREAS, El Camino Hospital (the "Hospital") is the sole corporate member of Silicon Valley Medical Development, LLC (SVMD), and the Hospital would like to provide comprehensive benefits to the employees of SVMD and the employees' dependents and beneficiaries, and the Hospital would like to administer the Plans for SVMD.

WHEREAS, the employees of SVMD can be offered the Plans as an affiliate of the Hospital,

WHEREAS, El Camino Hospital administered the Plans on behalf of former SVMD employees in prior years and wishes to document reinstatement of SVMD as a recognized affiliate.

The Hospital hereby approves providing the same Cash Balance and 403(b) Retirement Plans, and health and welfare benefit programs to the employees of SVMD and their dependents and beneficiaries as are offered to the Hospital's active employees.

AYES:

NOES:

ABSTAIN:

ABSENT:

CERTIFICATE

I, _____, the Secretary of El Camino Hospital, hereby certify that the foregoing Resolutions were adopted by the Board of Directors at a meeting held on March 9, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand this 9th day of March, 2016.

By: _____

Title: _____

ATTACHMENT 18

El Camino Hospital

Investment Performance Review

Pavilion Advisory Group®



February 2016

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PAVILION

Results

- Since 2012 the Surplus Cash portfolio has outgained the previous benchmark by 1.4% on an annualized basis net of fees.
- Since 2012 the Cash Balance Plan has lagged the previous benchmark by 0.8% on an annualized basis net of fees.



Investment Scorecard

As of December 31, 2015

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY16 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		4Q 2015		Fiscal Year-to-date		Since Inception (annualized)		Mar 2014/2012	
Surplus cash balance & op. cash (millions)		\$735.8	--	--	--	--	--	\$699.8	--
Surplus cash return		1.9%	2.1%	-2.1%	-1.8%	4.4%	4.3%	4.0%	5.0%
Cash balance plan balance (millions)		\$216.5	--	--	--	--	--	\$224.2	--
Cash balance plan return		3.1%	2.7%	-1.8%	-2.0%	7.6%	6.6%	6.0%	6.7%
403(b) plan balance (millions)		\$314.8	--	--	--	--	--	--	--
Risk vs. Return		3-year				Since Inception (annualized)		Mar 2014/2012	
Surplus cash Sharpe ratio		1.00	0.98	--	--	1.06	1.03	--	0.66
Net of fee return		4.2%	4.2%	--	--	4.4%	4.3%	--	5.0%
Standard deviation		4.2%	4.2%	--	--	4.1%	4.1%	--	7.2%
Cash balance Sharpe ratio		1.21	1.11	--	--	1.29	1.17	--	0.54
Net of fee return		7.3%	6.4%	--	--	7.6%	6.6%	--	6.7%
Standard deviation		5.9%	5.7%	--	--	5.8%	5.6%	--	10.6%
Asset Allocation		4Q 2015							
Surplus cash absolute variances to target		5.4%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		5.4%	< 10%	--	--	--	--	--	--
Manager Compliance		4Q 2015							
Surplus cash manager flags		14	< 18	--	--	--	--	--	--
Cash balance plan manager flags		15	< 18	--	--	--	--	--	--



Scorecard - Glossary of Terms

Key Performance Indicator	Definition / Explanation
Investment Performance	
Surplus cash balance (millions)	Investment performance for the Surplus Cash portfolio was 20 basis points lower than the benchmark for the quarter with a return of +1.9%. The portfolio remains ahead of the benchmark since inception (Nov. 1, 2012) with a return of +4.4% annualized versus +4.3% % for the benchmark. The assets within the Surplus Cash account ended the quarter at \$735.8 million, well ahead of the budgeted amount for June 30, 2016.
Surplus cash return	
Cash balance plan balance (millions)	The Cash Balance Plan's performance outperformed its benchmark for the quarter by 50 basis points with a return of +3.1% and has outperformed its benchmark since inception. The since inception annualized return stands at 7.6%, 1% ahead of its benchmark per year. The assets within the Cash Balance Plan ended the quarter at \$216.5 million, \$7.7 million below the budgeted amount for June 30, 2016.
Cash balance plan return	
403(b) plan balance (millions)	The 403(b) balance increased \$13.9 million during the quarter, roughly 5%.
Risk vs. Return	
Surplus cash 3-year Sharpe ratio	The Sharpe ratio is the excess return of an investment over the risk free rate (US Treasuries) generated per unit of risk (standard deviation) taken to obtain that return. The higher the value, the better the risk-adjusted return. It is important to view returns in this context because it takes into account the risk associated with a particular return rather than simply focusing on the absolute level of return.
3-year return	
3-year standard deviation	
Cash balance 3-year Sharpe ratio	Sharpe ratio = (actual return - risk free rate) / standard deviation
3-year return	The Surplus Cash portfolio's 3-year Sharpe ratio was above that of its benchmark and well above the expected Sharpe ratio modeled. This was more so due to very little volatility over the period with adequate returns. The Cash Balance Plan's 3-year Sharpe ratio exceeded modeling expectations and its benchmark as the Plan took on slightly more risk (standard deviation) than the benchmark, but with greater success. Both accounts have demonstrated strong risk-adjusted returns since inception.
3-year standard deviation	
Asset Allocation	
Surplus cash absolute variances to target	This represents the sum of the absolute differences between the portfolio's allocations to various asset classes and the target benchmark's allocations to those asset classes. The higher the number, the greater the portfolio's allocations deviate from the target benchmark's allocations, indicating a higher possibility for the portfolio's risk and return characteristics to differ from the Board's expectations.
Cash balance absolute variances to target	The threshold for an alert "yellow" status is set at 10% and the threshold for more severe "red" status is set at 20%. Both portfolios are well below the 10% threshold as the private real estate managers have continued to call capital and are nearly fully invested.
Manager Compliance	
Surplus cash manager flags	This section represents how individual investment managers have fared and draws attention to elevated concerns regarding performance, organizational stability, investment personnel, accounting and regulatory issues, and portfolio characteristics all at the individual manager level. The number of flags are aggregated and a percentage of the total is used to highlight an alert "yellow" status (40% of the performance flags) and a more severe "red" status (50%). In total there are 99 potential flags for the Surplus Cash account (44 performance based) and 108 for the Cash Balance Plan (48 performance based).
Cash balance plan manager flags	
	Currently, both accounts are within the threshold.



Investment Strategy - Surplus Cash Asset Allocation

Since 2012 changes have been implemented within the Surplus Cash portfolio to create a diversified, long-term oriented institutional grade investment portfolio.

In 2012, the U.S. Fixed Income allocation accounted for 87% of the portfolio, that has been reduced by 45% and reallocated to U.S. Equity (12%), International/Emerging Equity (14%), Hedge Funds (15%), and Real Estate (4%). This allocation is consistent with benchmarks of other hospitals.

Over that time period these asset classes have added 9.5%, 1.1%, 1.2%, and 12.1%, respectively over the U.S. Fixed income strategy on an annualized basis. In total this accounts for 1.4% annualized excess return for the entire portfolio on an asset base of \$677.1 million.

As of 9/30/2012	As of 12/31/2015
2 Distinct Asset Classes	6 Distinct Asset Classes
- U.S. Equities (13%)	- U.S. Equities (25%)
- U.S. Fixed Income (87%)	- International Equity (13%)
	- Emerging Markets Equity (1%)
	- U.S. Fixed Income (42%)
	- Hedge Funds (15%)
	- Real Estate (4%)
4 Distinct Strategies (42% max)	32 Distinct Strategies (16% max)
2 Distinct Asset Management Firms (80% max)	29 Distinct Asset Management Firms (16% max)
- 100% actively managed	- 87% actively managed
	- 17 of which are hedge funds
\$458.0 million in AUM	\$677.1 million in AUM

Investment Strategy - Cash Balance Asset Allocation

Since 2012 changes have been implemented within the Cash Balance Plan to create a diversified, long-term oriented institutional grade investment portfolio.

In 2012, the U.S. Equity allocation accounted for 62% of the portfolio (entirely large-cap value), that has been reduced by 28% and U.S. Fixed Income reduced by 10% and the proceeds reallocated to International Equity (17%), Hedge Funds (13%), and Real Estate (8%).

Over that time period International Equity has lagged by 5.0%, while Hedge Funds and Real Estate have outgained the prior allocation by 0.4% and 5.1% on an annualized basis, respectively. In total this accounts for an annualized shortfall to the previous benchmark of 0.8% for the entire portfolio.

As of 9/30/2012	As of 12/31/2015
2 Distinct Asset Classes	5 Distinct Asset Classes
- U.S. Equities (62%)	- U.S. Equities (34%)
- U.S. Fixed Income (38%)	- International Equity (17%)
	- U.S. Fixed Income (28%)
	- Hedge Funds (13%)
	- Real Estate (8%)
2 Distinct Strategies (66% max)	14 Distinct Strategies (15% max)
1 Distinct Asset Management Firm (100% max)	13 Distinct Asset Management Firms (15% max)
- 100% actively managed	- 85% actively managed
\$164.9 million in AUM	\$216.4 million in AUM

El Camino Hospital - Active Manager Performance Results

- The Surplus Cash and Cash Balance Plan portfolios include both actively managed (85-87%) and passively managed strategies (13-15%).
- Prior to November of 2012, both portfolios were 100% actively managed.
- We've chosen to utilize a passive manager to gain S&P 500 Index exposure as large-cap core managers have experienced difficulty consistently outperforming the benchmark.
- Most of El Camino's active managers have added value since being added to the portfolio, with the exception of small-cap growth manager, Cortina, and two other managers who have lagged by a modest amount.
- Cortina was also the only manager to lag their benchmark since they started managing the strategy, which is all a result of recent performance headwinds.



CEO Report



Date: March 9, 2016
 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 Feb
Threshold Goals								
Joint Commission Accreditation	Standard Threshold	Full Accreditation	Full Accreditation			Threshold	FY 16	Met
Budgeted Operating Margin (One Month Delay)	90% threshold recommended by Exec Comp Consultant	Met	90% of Budgeted			Threshold	FY 16	FY thru Jan Not Met (88%)
Patient Safety & iCare								
Achieve iCare Tier 1 Metric: Medication Reconciliation at Discharge	Epic Benchmark: 97%	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	Internal Improvement	Jan - June FY15 Actual for LOS: 5.17	.10 Day Reduction	.20 Day Reduction,	.30 Day Reduction	17%	Jan - Jun FY16	Jan-Feb 2016: 4.86
Maintain Current Readmission Rates for Same Population (One Month Delay for Readmission-Based on Index Admit Date)	Internal Improvement	Jan - June FY15 Actual for Readmission: 12.67%	Readmission at or below FY15	Readmission at or below FY15	Readmission at or below FY15	17%	Jan - Jun FY16 (based on Index admit)	FY thru Dec: 12.75%
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	FY thru Jan (237) Discharges, (382) Procedures

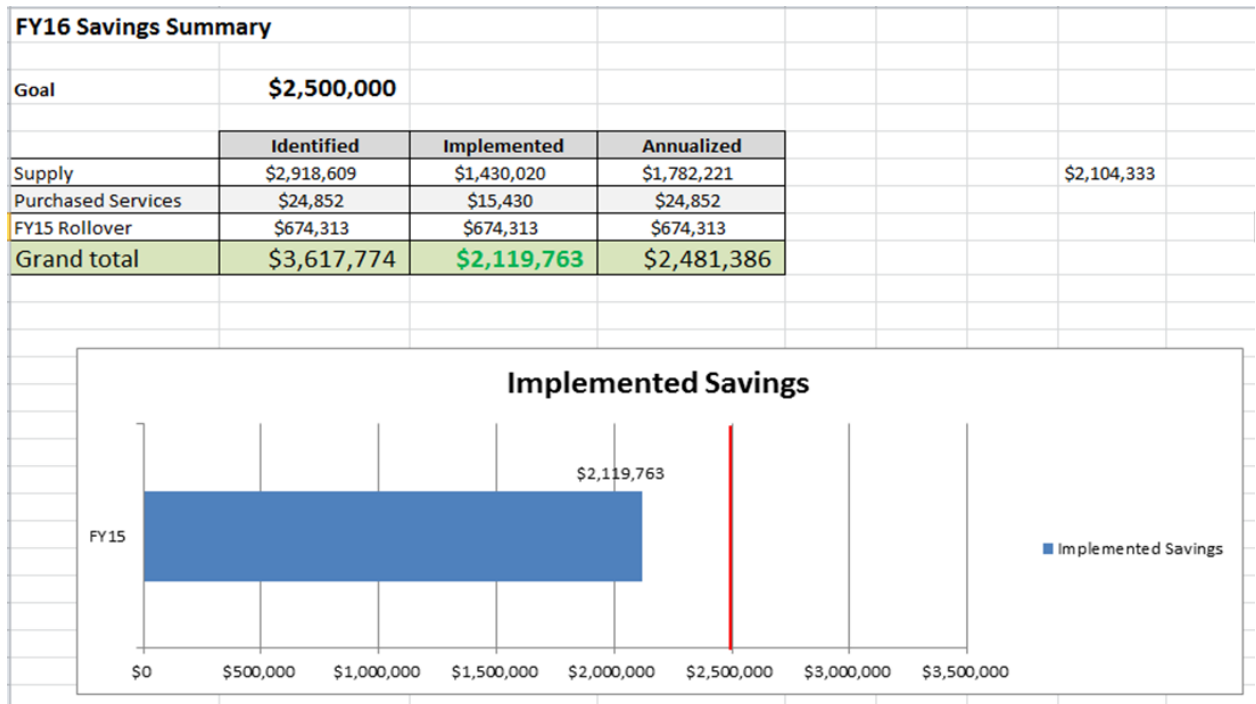
Patient Safety and Quality

- Medical Directorships: Fiscal Year 2016/Fiscal Year 2017 Medical Director Quality Goals: Medical Directors and their responsible clinical managers, (with the exception of two) have met to: 1) track the progress of FY16 goals, 2) set FY17 goals and, 3) confirm that the duties in the current directorships are appropriate for contract renewals effective 7/1/16.

Operations

- El Camino Hospital and El Camino Healthcare District Community Benefit have received a record number of grant applications for FY 17. A total of 84 applications have been received.
- On 1/30, we achieved Candidate For Billing (CFB) result of \$59,601,613 and 8.1 days. (Services have been completed but the bill has not gone out.) This means that we decreased CFB by \$65,393,707 and 9.5 days in the month of January. Everyone is very proud of this accomplishment.
- A new IT Governance structure is in the early stages of development and roll-out. The structure is composed of an Executive Steering Committee and 5 Decision Support Committees. Each of the Decision Committees is co-chaired by an Enterprise Operational Director and IT Leader.
- El Camino has appointed Dr. Michael West as Interim Chief Medical Information Officer (CMIO). This six-month appointment stems from the desire to be more helpful for physicians by providing a physician leader whose singular focus is the physician community's use of IT. Dr. West has jumped in by helping organize and focus the energy of the physician champions while reaching out to the Independent and PAMF docs. He is learning from them what barriers need to be pulled down and what their most pressing needs are. Dr. West has been given a budget of 3.0 FTEs to allocate to other physicians for IT work during the remainder of FY 2016.
- Recognized by Global Healthcare Exchange (GHX) as a Top 50 performing hospital for contract management excellence with over 4000 hospitals connected to the "exchange." Contract management and data accuracy are 2 key metrics.

- FY16 Savings Progress:



- Cancer Center Beacon Go-Live date is scheduled for April 25.
 - Weekly workflow meetings with Beacon team are ongoing.
 - Physician training has been scheduled.
 - Conversion dates have been set and blocked off on provider calendars.
 - Providers will have a reduced clinic schedule the first week of go live.
- Dr. Rammohan named Vice Chair of the Santa Clara County STEMI Cardiac Care System Quality Improvement Committee and will be appointed Chair next year
- Dr. Tej Singh named as Northern California Region Vascular Quality Initiative Quality Director
- RotaCare patient transition to MayView Community Health Center is progressing in a safe, steady and compassionate manner:
 - Patients are receiving letters describing the transition to MayView, complete with information about their new provider and a photo
 - Patients have access to a designated MayView staff member to assist them with all their transition needs
 - Patients are receiving copies of their full medical record (over 200 provided to date)
 - Bilingual/bicultural community workers are at RotaCare to help patients understand the transition and help orient them to their new medical home

- RotaCare volunteers are generously helping to assist with many aspects of the transition

Outreach

- Health Resource Center staff attended the “Seniors Agenda Network Summit” hosted by Santa Clara County to identify opportunities for working together on common solutions for the county’s older adults.
- The Chinese Health Initiative began the 7th series of the popular qigong classes with 70 students.
- The South Asian Heart Center has signed a lease for a new center in Fremont.
- Hosted a community wellness talk “Hand Reflexology for Health & Wellness” at ECH MV with 50 in attendance.
- Chinese Community outreach at several events:
 - South Bay Chinese Christian Gospel Center in Cupertino and Home of Christ Church in Saratoga
 - Sunnyvale Community Services to provide interpretation at an educational event
 - Partnered with ECH Cancer Center with qigong demo classes and translation of workshop flyers
 - Community Screening event at Evergreen Valley High School hosted by Congressman Mike Honda
 - Hepatitis B Education workshop at Lynbrook High School in San Jose
- Cupertino Leadership was hosted at ECH/Mountain View this month, including a tour and presentations on our services, adolescent mental health and the ASPIRE program, and ECH’s use of technology.
- Staff provided hospital tours for Congressman Honda and Assembly member Gordon’s new staff members.
- ECH sponsored, and board and staff attended, the Cupertino Chamber Lunar New Year Luncheon, the Mountain View Chamber of Commerce Annual Awards Dinner, the Sunnyvale Chamber of Commerce Annual “Murphy Awards”, and the Mountain View Firefighters “Fire Drill” 5k/10k Run for local victims of house fires.
- Two heart health events were held at the Mountain View campus garnering about 200 attendees.
- Love Your Heart Campaign: Launched an online campaign encouraging participants to take a healthy step towards better heart health. Participants have the option of completing one of four healthy actions to be entered into a drawing. There have

been 210 completions within the first two weeks and the campaign will continue to run until March 31.

Marketing

Digital Engagement

- Website: Over 247K page views and 204K unique page views in the month of January; respectively; this is a -6% and -4% decrease over the same period in FY15. Preliminary data shows that the decreased use of the homepage is offset by a near double increase of the service pages. Finally, compared to last month, page views and uniques are up 7% and 8%, which is in line with seasonal increases.
- Social Media: Facebook grew to almost 22,100 fans, +52% compared to last year and +3.6% compared to last month. Twitter grew to over 2,080 fans, +5% over last month and +53% compared to last year. YouTube videos had over 19k views, with almost 43k minutes watched. We measure success based on content consumption, rather than subscribers, since content is available to all viewers, including those from the website, social media, and YouTube (direct).

Media Relations

- *Los Altos Town Crier* and *Mountain View Voice* highlighted El Camino Healthcare District's partnership with MayView Community Health Center and mentioned noted the planned upcoming closure of the RotaCare Clinic.
- El Camino Hospital's South San Jose land purchase made headlines in *Los Altos Town Crier*, *Silicon Valley Business Journal* and *Mountain View Voice*.
- Additional media coverage included Super Bowl planning preparation, recognition as one of America's Best Hospitals for Obstetrics by Women's Choice Awards, and the use of technology to capture and improve patient satisfaction.

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. Ads are optimized and reviewed monthly.
- YouTube pre-roll advertising is running with the dynamic healthcare TV spot. Through January there have been over 5660 views. YouTube pre-roll advertising is also running for heart and vascular care. Over 6500 views of the CoreValve video have occurred.

Print:

- *Silicon Valley Business Journal* cover wrap focused on older adults and heart health. Distribution reaches 14,000 subscribers plus newsstand.
- The Chinese Health Initiative Hypertension Campaign ads continue to run in the *World Journal*, *News for Chinese*, and *Sing Tao*.

CMO Role

- Drs. Francisco, Agah, Pike, West, Shin, and Mallur have all stepped into lead roles, some on an interim basis while CMO recruitment is underway. We will vet the resumes of the initial candidates for CMO at the end of March.

Dr. Shin: Dr. Shin has expanded his role to lead quality and will continue to attend the Board Quality Committee. He is also undertaking the ED on-call arrangements for Mountain View.

Dr. Francisco: Dr. Francisco has agreed to oversee Medical Staff issues.

Dr. Agah: Dr. Agah is on point to work with the Medical Directors of Mountain View for the purpose of their progress against goals and establishing the goals for FY17. If there are medical staff programmatic issues within those areas, he will be the go to person.

Dr. Pike: Dr. Pike will do the same scope for the respective Medical Directors at Los Gatos, in partnership with Dr. Shreyas Mallur.

Dr. Mallur: Dr. Mallur was appointed ACMO for Los Gatos and has an expanded role which has already been discussed with the Board, largely Quality and Program Development.

Dr. Michael West: Dr. West is a consultant to fulfill the role of CMIO, while we recruit for a CMO, and then we will determine the skill set, level of time needed, and the plan for the future.

Memorandum

DATE: February 24, 2016

TO: El Camino Hospital Board of Directors

FROM: David Reeder, Hospital Board Liaison to the Foundation Board of Directors

SUBJECT: Report on Foundation Activities FY 2016 – Period 6

ACTION: For Information

During the month of January, the Foundation raised \$277,184, bringing the total raised by the end of period 7 to more than \$3.3 million.

Upcoming Events

- *Scarlet Night* – March 19, 2016 at Santa Clara Convention Center, celebrating the South Asian Heart Center's 10th anniversary and benefiting its expansion to more sites in the Bay Area
- *Sapphire Soirée* – May 21, 2016 at the Menlo Circus Club, benefiting ongoing patient-centered programs at the Cancer Center and featuring celebrity musical entertainment by The B-52s.

Memorandum

DATE: February 24, 2016

TO: El Camino Hospital Board of Directors

FROM: Russ Satake, Chair, El Camino Hospital Foundation Board of Directors
Jodi Barnard, President, El Camino Hospital Foundation

SUBJECT: Report on Foundation Activities FY 2016 – Period 7

ACTION: For Information

During the month of January, the Foundation raised \$277,184, resulting in a total of \$3,307,851 raised through period 7 (July 1, 2015-January 31, 2016).

Major Gifts

Major gifts increased by \$70,000 during the month of January. This includes two gifts totaling \$50,000 to support the South Asian Heart Center expansion and a \$20,000 donation to the El Camino Fund for use where the need is greatest. As of January 31, the Foundation has received \$1.6 million toward our FY16 major gift goal of \$3.7 million.

Planned Gifts

The 24th annual Allied Professionals Seminar was held on February 11, 2016 and 80 estate planning professionals heard from Sam Donaldson. The Foundation received registration payments and sponsorships for this event in January that totaled \$5,748. A six-figure irrevocable planned gift to support the mental health initiative will be reflected in the period 8 report.

Special Events

- ***Sapphire Soirée*** – In January the Foundation received \$9,000 from ticket purchases and outright gifts to the gala. Sapphire Soirée will be held on May 21, 2016 at the Menlo Circus Club and will feature performance by The B-52s. Proceeds will benefit the Cancer Center.
- ***Scarlet Night*** – Scarlet Night, the South Asian Heart Center's annual gala benefit, received \$21,500 in table sponsorships and ticket purchases in January. Another \$21,000 is in the pipeline to close by the event. Scarlet Night will be held on March 19, 2016 at the Santa Clara Convention Center. Proceeds will support the Center's expansion to more sites in the Bay Area and this year's fete will also celebrate the Center's 10th anniversary.

- **Norma's Literary Luncheon** – The 4th annual Norma's Literary Luncheon was held on February 4, 2016 and featured author Mireille Guiliano. In January, the Foundation received table sponsorships and individual ticket sales totaling \$45,359, bringing the amount raised for the event by the end of period 7 to \$132,259. The additional donations received in February will be reflected in next month's fundraising report. Proceeds are benefiting the establishment of a women's heart program at the Norma Melchor Heart & Vascular Institute.

Annual Giving

The Foundation received \$26,840 in annual donations during the month of January, bringing the total by close of period 7 to \$429,005. Donations came from a variety of sources, including the Circle of Caring grateful patient program, direct mail and online giving.

Grants

The Foundation received a small grant of \$500 for the RotaCare Clinic in January. Although the clinic is currently under transition, donations will continue to support operations until all patients are helped to find a new medical home.

Investment Income

The investment income of \$456,946 is the year-to-date realized gains of interest and dividends. It does not include unrealized losses. Despite market volatility, investment income increased \$98,237 in January due to the unloading of bonds and notes that created realized gains and interest.

ECH Foundation Fundraising Report

FY16 Income figures through January 31, 2016 (Period 7)

ACTIVITY		FY16 YTD (7/1/15 - 1/31/16)	FY16 Goals	FY16 % of Goal	Difference Period 6 & 7	FY15 YTD (7/1/14 - 1/31/15)	FY14 YTD (7/1/13 - 1/31/14)
Major Gifts		\$ 1,632,737	\$ 3,735,000	44%	\$ 70,000	\$ 2,080,200	\$ 210,000
Planned Gifts		\$ 168,926	\$ 1,200,000	14%	\$ 5,748	\$ 1,476,417	\$ 817,822
Special Events	Sapphire Soirée	\$ 40,700	\$ 600,000	7%	\$ 9,000	\$ 32,600	\$ 282,650
	Golf	\$ 326,205	\$ 280,000	117%		\$ 326,650	\$ 271,325
	Scarlet Night	\$ 68,991	\$ 250,000	28%	\$ 21,500	\$ 21,745	
	Norma's Literary Luncheon	\$ 132,259	\$ 135,000	98%	\$ 45,359	\$ 97,350	
Annual Giving		\$ 429,005	\$ 400,000	107%	\$ 26,840	\$ 459,884	\$ 454,011
Grants		\$ 52,083	\$ 200,000	26%	\$ 500	\$ 334,350	\$ 152,450
Investment Income		\$ 456,946	\$ 500,000	91%	\$ 98,237	\$ 441,366	\$ 548,075
TOTALS		\$ 3,307,851	\$ 7,300,000	45%	\$ 277,184	\$ 5,270,562	\$ 2,736,333

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of March 9, 2016

Combined Data as of January 31, 2016 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	444	+5 relative to previous month
Dues Paid Inactive	103	(Includes Associates & Patrons)
Leave of Absence	21	
Subtotal	568	

Resigned in Month 6
Deceased in Month 0

Junior Members

Active Members	222	+1 relative to previous month
Dues Paid Inactive	0	
Leave of Absence	2	
Subtotal	224	

Total Active Members 666

Total Membership 792

Combined Auxiliary Hours from Inception (to January 31, 2016): 5,597,440
Combined Auxiliary Hours for FY2016 (to January 31, 2016): 68,542
Combined Auxiliary Hours for January 2016: 9,485

iCare Ad Hoc Committee Report

iCare Ad Hoc
Committee
Report will be
supplied at a
later date

c. Community Benefit Plan Mid – Year Metrics

BOARD MEETING AGENDA ITEM COVER SHEET

Item:	FY16 ECH Community Benefit Midterm Report Dashboard El Camino Hospital Board of Directors Date: March 9, 2016
Responsible party:	Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP Barbara Avery, Director, Community Benefit
Action requested:	None – For Information Only
Background:	As part of the application process, prospective grantees are required to establish relevant metrics that speak to the quality and quantity of services being provided. It is the role of Community Benefit staff to hold grantees accountable to these metrics and provide assistance wherever possible. We are pleased to present the midterm metric dashboards for our hospital grantees in FY16. Overall, grantees performed well against established metric targets. Of the 123 midterm metrics, 85% were either met or exceeded. 23 out of 28 grantees met at least 80% of their established metrics. Community Benefit staff will continue to monitor and work with underperforming grantees.
Committees that reviewed the issue and recommendation, if any:	None
Summary and session objectives:	To update the Board on Community Benefit Grantees' Mid-Term Metrics
Suggested discussion questions:	<ul style="list-style-type: none"> N/A
Proposed board motion, if any:	N/A
LIST OF ATTACHMENTS:	FY16 ECH Midterm Report Dashboard