

**AGENDA**  
**MEETING OF THE EL CAMINO HOSPITAL BOARD**  
**Wednesday, April 13, 2016 - 6:30 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
<b>1. CALL TO ORDER / ROLL CALL</b>	Neal Cohen, MD, Board Chair		<b>6:30 – 6:32 p.m.</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Neal Cohen, MD, Board Chair		<b>6:32</b>
<b>3. BOARD RECOGNITION</b> <i>Resolution 2016-05</i> The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. <a href="#">ATTACHMENT 3</a>	Tomi Ryba, President and CEO; Chris Tarver, RN, Director Medical-Surgical Nursing	<i>motion</i>	<b>motion required</b> <b>6:32 – 6:37</b>
<b>4. FINANCIALS PERIOD 8 FY 16 YTD</b> <a href="#">ATTACHMENT 4</a>	Iftikhar Hussain, Chief Financial Officer	<i>motion</i>	<b>motion required</b> <b>6:37 – 6:47</b>
<b>5. QUALITY COMMITTEE REPORT</b> <a href="#">ATTACHMENT 5</a>	Dave Reeder, Chair, Quality Committee		<b>information</b> <b>6:47 – 6:57</b>
<b>6. GOVERNANCE COMMITTEE REPORT</b> <a href="#">ATTACHMENT 6</a>	Peter Fung, Chair, Governance Committee		<b>possible motion</b> <b>6:57 – 7:02</b>
<b>7. PUBLIC COMMUNICATION</b> 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		<b>information</b> <b>7:02 – 7:05</b>
<b>ADJOURN TO CLOSED SESSION</b>	Neal Cohen, MD, Board Chair		<b>7:05 – 7:06</b>
<b>8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Neal Cohen, MD, Board Chair		<b>7:06 – 7:07</b>
<b>9. CONSENT CALENDAR</b> 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 (3-9-16 and 3-23-16); <i>Gov't Code Section 54957.2.</i>	Neal Cohen, MD, Board Chair		<b>motion required</b> <b>7:07 – 7:09</b>

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
<ul style="list-style-type: none"> <li>- Meeting Minutes of the Closed Executive Compensation Committee (11/17/15 and 1/20/16); <i>Gov't Code Section 54957.2</i></li> <li>- Semi-Annual Physician Contract Report; Conference with legal counsel – pending or threatened litigation <i>Gov't Code Section 54956.9(d)(2)</i></li> </ul>			
<b>10.</b> Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> <ul style="list-style-type: none"> <li>- Deliberations concerning reports on Medical Staff quality assurance matters</li> <li>- Medical Staff Report</li> </ul>	Karen Pike, MD, Los Gatos Chief of Staff; Ramtin Agah, MD, Mountain View Chief of Staff		<b>motion required</b> <b>7:09 – 7:19</b>
<b>11.</b> Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> <ul style="list-style-type: none"> <li>- Deliberations concerning reports on Medical Staff quality assurance matters</li> <li>- Organizational Clinical Risks</li> </ul>	Daniel Shin, MD, Medical Director of Quality; Joy Pao, MD, Senior Director of Quality Improvement and Patient Safety		<b>discussion</b> <b>7:19 7:29</b>
<b>12.</b> <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk. <ul style="list-style-type: none"> <li>- Labor Relations Update</li> </ul>	Kathryn Fisk, Chief Human Resources Officer		<b>discussion</b> <b>7:29 – 7:39</b>
<b>13.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. <ul style="list-style-type: none"> <li>- Finance Committee Report</li> </ul>	Dennis Chiu, Chair, Finance Committee		<b>information</b> <b>7:39 – 7:44</b>
<b>14.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. <ul style="list-style-type: none"> <li>- FY17 Budget Assumptions and Strategic Priorities</li> </ul>	Iftikhar Hussain, Chief Financial Officer		<b>discussion</b> <b>7:44 – 8:04</b>
<b>15.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. <ul style="list-style-type: none"> <li>- Marketing Update</li> </ul>	Richard Katzman, Chief Strategy Officer; Kelsey Martinez, Interim Director of Marketing and Communications		<b>discussion</b> <b>8:04 – 8:34</b>
<b>16.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. <ul style="list-style-type: none"> <li>- Biennial Advisory Committee Self-Assessment</li> </ul>	Neal Cohen, MD, Board Chair		<b>discussion</b> <b>8:34 – 8:54</b>
<b>17.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret. <ul style="list-style-type: none"> <li>- Annual Board Self-Assessment</li> </ul>	David Nygren, PhD, Nygren Consulting, LLC		<b>discussion</b> <b>8:54 – 9:09</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>18. INFORMATIONAL ITEMS:</b> <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		<b>information</b> <b>9:09 – 9:14</b>
<b>19.</b> Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Executive Session	Neal Cohen, MD, Board Chair		<b>discussion</b> <b>9:14 – 9:24</b>
<b>20. RECONVENE OPEN SESSION / ADJOURN TO OPEN</b>	Neal Cohen, MD, Board Chair		<b>9:24 – 9:26</b>
<b>21. PUBLIC COMMUNICATION</b> 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		<b>information</b> <b>9:26 – 9:29</b>
<b>22. CONSENT CALENDAR ITEMS:</b> 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>	<b>motion required</b> <b>9:29 – 9:32</b>
<b><u>Approval:</u></b> a. <a href="#">Minutes of the Hospital Board Meeting (3-9-16 and 3-23-16);</a> <i>Reviewed and Recommended for Approval by the Corporate Compliance Privacy and Internal Audit Committee</i> b. <a href="#">Meal and Rest Break Policy</a> c. <a href="#">Provisional Period Policy</a> <i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i> d. <a href="#">Minutes of the Executive Compensation Committee (11/17/15 and 1/20/16)</a> <i>Reviewed and Recommended for Approval by the Finance Committee</i> e. Physician Contracts 1. <a href="#">Medical Director Renewal for Cancer Center Program</a> 2. <a href="#">Interventional Pulmonology Fellowship Consulting Agreement</a>			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
3. <a href="#">Medical Director Renewal for NICU (Mountain View)</a> 4. <a href="#">Medical Director Renewal for Cardiac Catheterization Laboratory &amp; Chest Pain Center (Mountain View)</a> f. <a href="#">Approval of Hospital Drive Building 15 Purchase</a> g. <a href="#">Mountain View Facilities Project Funding Requests</a> h. <a href="#">Los Gatos Facilities Upgrades Funding Requests</a> <i>Reviewed and Approved by the Medical Executive Committee</i> i. <a href="#">Medical Staff Report</a>			
<b>23. INFORMATIONAL ITEMS</b> a. <a href="#">CEO Report</a> <b>ATTACHMENT 23</b>	Tomi Ryba, President and CEO		<b>information 9:34 – 9:39</b>
<b>24. BOARD COMMENTS</b>	Neal Cohen, MD, Board Chair		<b>information 9:39 – 9:44</b>
<b>25. ADJOURNMENT</b>	Neal Cohen, MD, Board Chair		<b>9:44 - 9:45 p.m.</b>

**\* Strategy or quality-related matters total 1 hour 30 minutes of meeting time.**

Upcoming ECH Board Meetings in FY 2016:

- May 11, 2016
- May 31, 2016 (Joint Meeting with the Finance Committee)
- June 8, 2016



## ATTACHMENT 3

# EL CAMINO HOSPITAL BOARD

## RESOLUTION 2016 - 5

### 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**, as the retirement of Tehila and Saul Eisenstat, MD approaches, the Board wishes to honor them for their exceptional expertise, delivered in the most personal way possible. Each of them used their own unique talents to impact the lives of the patients and employees of El Camino Hospital.

Tehila Eisenstat launched the Creative Expression art class for cancer patients and hospital staff more than 10 years ago. Her training and experience as a professional artist and in art therapy enabled her to share her talents and to teach students how to work with colors and shapes to create depth and movement, evoke emotion, and create vibrant paintings. Each of her students received personalized attention and encouragement to seek their own passion and style. Tehila organized art shows over the years, allowing students to display their work while bringing joy to passers-by. The work of Tehila and her students also grace the walls of many patient and visitor areas throughout the New Main Hospital.

During his 40 year tenure, Dr. Eisenstat has held several leadership roles at the hospital, including Chief of Staff, and left a lasting mark on the organization. Dr. Eisenstat has vast experience in all aspects of general surgery and is known for delivering personalized, patient centered care. The manner in which Saul and Tehila Eisenstat poured themselves into their oncology patients was inspiring. Dr. Eisenstat treated their physical needs and Tehila Eisenstat provided emotional therapy through art. Together their dynamic care was personalized and delivered to each patient helping him or her to survive and adapt to life after cancer.

Saul and Tehila Eisenstat are also long-time supporters of the El Camino Hospital Foundation. Tehila Eisenstat volunteered her time and artistic talents to help the Foundation with special events. Their generosity and partnership with the Foundation have impacted many lives and created memorable experiences for cancer survivors, especially trips to San Francisco Art Exhibits.

**WHEREAS**, the Board would like to publically acknowledge Tehila Eisenstat and Saul Eisenstat, MD, for their passion and dedication to the patients and staff of El Camino Hospital.

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

### **Tehila Eisenstat and Saul Eisenstat, MD**

**FOR THEIR COMMITMENT TO PROVIDING PERSONALIZED CARE TO PATIENTS.**

**IN WITNESS THEREOF**, I have here unto set my hand this **13TH DAY OF APRIL, 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 C. 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 8  
7/1/2015 to 2/29/2016

# EL CAMINO HOSPITAL

(Excludes Affiliates)

## EXECUTIVE FINANCIAL SUMMARY

Period Ending February 29, 2016

YTD STATEMENT OF REVENUE AND EXPENSES (\$000s)					BALANCE SHEET (\$000s)		
	Prior Year	Actual	Budget	Var F(U)		February 29, 2016	Jun 30, 2015
Gross Revenue	\$1,695,461	\$1,805,926	\$1,791,227	\$14,700	Cash and Investments	637,445	707,865
Deductions from Revenue	(1,223,232)	(1,306,320)	(1,299,985)	(6,335)	Non Cash Current Assets	158,776	143,766
Net Patient Revenue	472,230	499,606	491,242	8,364	Property, Plant & Equipment (Net)	721,938	686,537
Other Operating Revenue	13,434	16,073	13,589	2,484	Other Assets	87,755	94,707
<b>Total Operating Revenue</b>	<b>485,664</b>	<b>515,679</b>	<b>504,830</b>	<b>10,848</b>	<b>Total Assets</b>	<b>1,605,915</b>	<b>1,632,874</b>
Salaries & Wages	270,447	287,822	286,534	(1,288)	Current Liabilities	92,318	107,925
Supplies	71,845	75,754	73,888	(1,866)	Long-Term Liabilities	273,697	272,696
Fees & Purchased Services	49,485	57,572	55,346	(2,226)	Fund Balance/Capital Accounts	1,239,900	1,252,254
Other Operating Expense	24,860	34,236	25,671	(8,565)	<b>Total Liabilities &amp; Equity</b>	<b>1,605,915</b>	<b>1,632,874</b>
<b>Total Non Capital Operating Expense</b>	<b>416,636</b>	<b>455,385</b>	<b>441,439</b>	<b>(13,945)</b>	<b>KEY ECH STATISTICS - YTD</b>		
<b>OPERATING EBITDA</b>	<b>69,028</b>	<b>60,294</b>	<b>63,391</b>	<b>(3,097)</b>	<b>Balance Sheet</b>	<b>Actual</b>	<b>Target <sup>(1)</sup></b>
Interest, Depreciation & Amortization	34,673	35,406	33,739	(1,668)	Debt Service Coverage Ratio (MADS)	5.2	1.2
<b>NET OPERATING SURPLUS</b>	<b>34,355</b>	<b>24,888</b>	<b>29,652</b>	<b>(4,765)</b>	Debt to Capitalization	14.4%	29.0%
Non Operating Income	14,361	(37,083)	14,882	(51,965)	Days of Cash	339	262
<b>TOTAL NET SURPLUS</b>	<b>48,716</b>	<b>(12,196)</b>	<b>44,534</b>	<b>(56,730)</b>	Net AR Days	54.4	48.0
EBITDA Margin	14.2%	11.7%	12.6%	-0.9%	<b>Volume</b>	<b>Prior Year</b>	<b>Actual</b>
Operating Margin	7.1%	4.8%	5.9%	-1.0%	Acute Discharges	12,595	12,366
Total Margin	10.0%	-2.4%	8.8%	-11.2%	Acute Average Daily Census	244	240
					Licensed Beds	443	443
					Occupancy (%)	55%	54%
					Deliveries	3,422	3,214
					Emergency Department Visits	40,000	39,127
					Surgical Cases	7,214	7,075
					<b>Productivity</b>		
					Full Time Equivalent Employees	2,435	2,499
					Worked Hrs/Adjusted Patient Day	29.25	30.75

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

<sup>(1)</sup> 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, OB services, and radiation oncology treatments/procedures.

## Operating Margin:

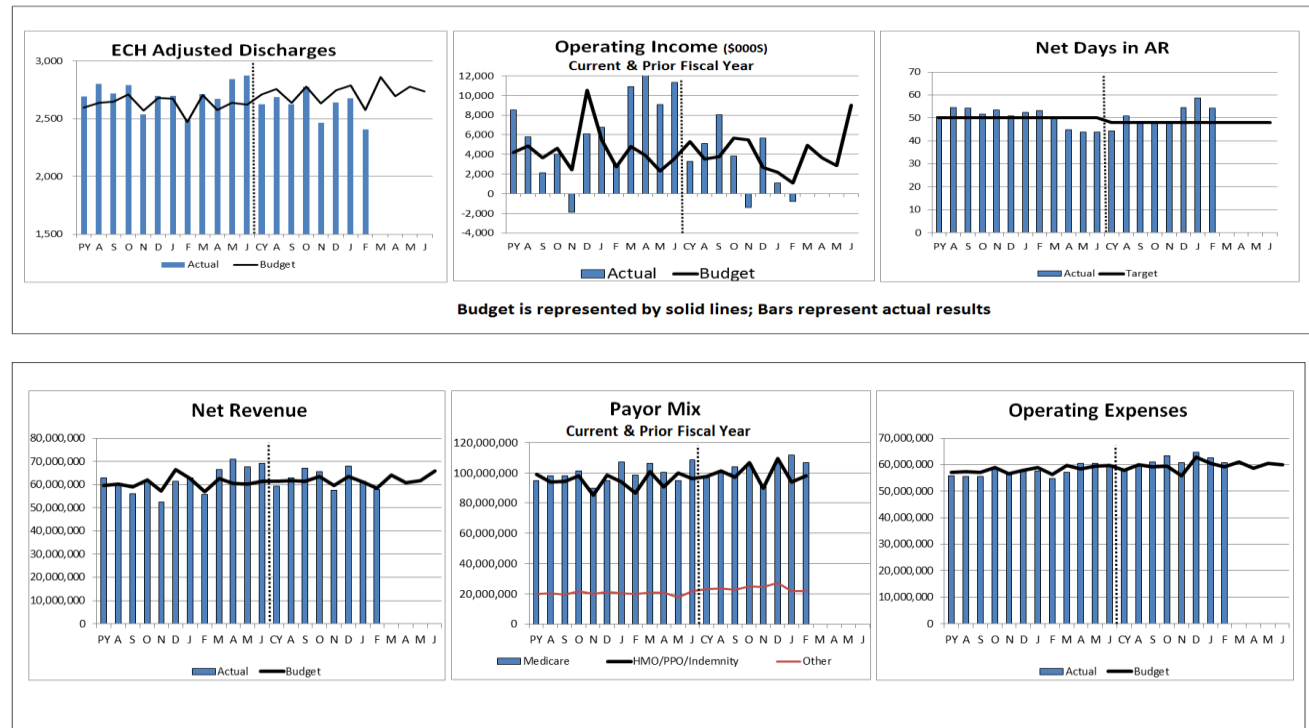
Operating margin is \$1.5 million unfavorable for the month due to low volume and higher Medicare inpatient mix. Margin for the year is \$4.8 million unfavorable primarily due to EPIC related expenses in labor and training, pharmacy and surgical medical supply expenses and not achieving budget cost reduction targets in Other expenses.

## Non-Operating Margin:

Non operating income is \$52.0 million behind target primarily due to \$29.1 million in investment loss. Our cash position remains strong allowing a long term investment strategy. Investment scorecard is included in the financial report on page 13.

## Net Days in AR:

In February, receivables decreased \$8.9 million from January. Net days in A/R decreased to 54.4. The reduction in AR after only two months of increases after go live is outstanding performance



## Other Operating Expense:

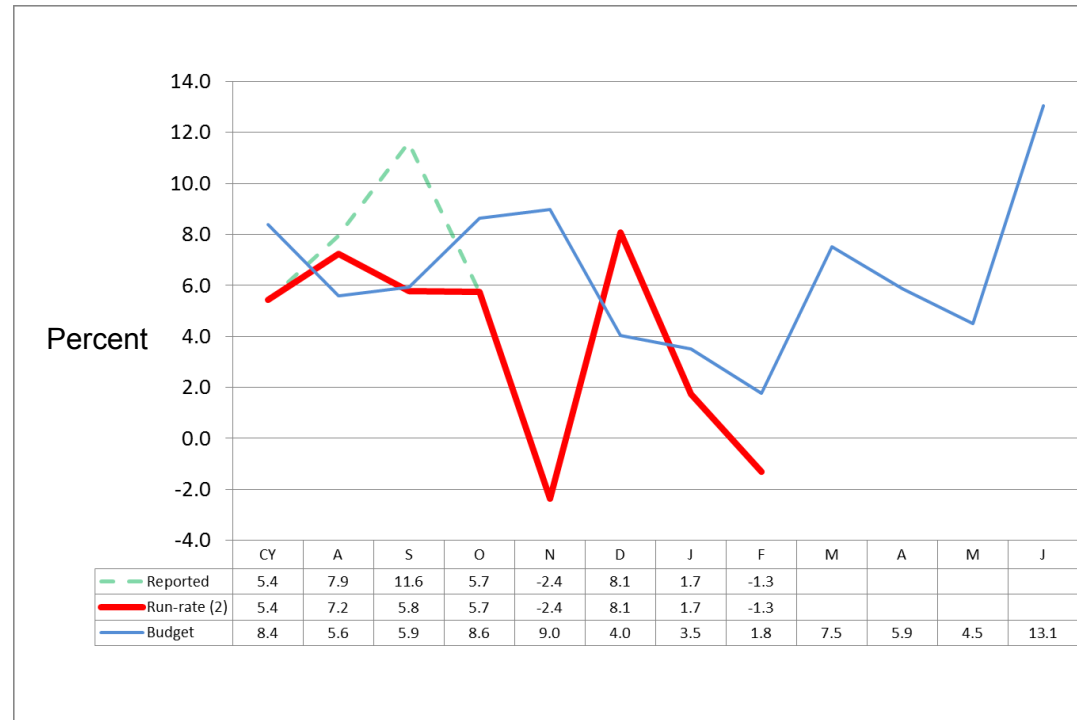
The \$8.6 million variance consists of \$3.2 EPIC go live variance and not achieving \$4.6 of budget cost reduction target.

## Depreciation:

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
<b>Total</b>	<b>-\$49</b>	<b>-\$569</b>	<b>-\$5,530</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Expense Adjustments												
Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$76</b>	<b>\$69</b>	<b>\$1,183</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

- No revenue/expense adjustments for February.

## Summary of Financial Results

### \$ in Thousands

	Period 8 - Month			Period 8 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Income (Loss) from Operations</b>						
Mountain View	104	583	(479)	20,654	24,521	(3,866)
Los Gatos	(898)	482	(1,381)	4,233	5,132	(898)
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>(795)</b>	<b>1,065</b>	<b>(1,860)</b>	<b>24,888</b>	<b>29,652</b>	<b>(4,765)</b>
<b>Operating Margin %</b>	<b>-1.3%</b>	<b>1.8%</b>		<b>4.8%</b>	<b>5.9%</b>	
<b>El Camino Hospital Non Operating Income</b>						
Investments	(2,460)	2,298	(4,758)	(29,142)	18,381	(47,523)
Swap Adjustments	(301)	0	(301)	(2,347)	0	(2,347)
Community Benefit	(923)	(233)	(690)	(2,490)	(1,866)	(624)
Other	(402)	(204)	(198)	(3,104)	(1,633)	(1,471)
<b>Sub Total - Non Operating Income</b>	<b>(4,086)</b>	<b>1,860</b>	<b>(5,946)</b>	<b>(37,083)</b>	<b>14,882</b>	<b>(51,965)</b>
<b>El Camino Hospital Net Income (Loss)</b>	<b>(4,881)</b>	<b>2,925</b>	<b>(7,806)</b>	<b>(12,196)</b>	<b>44,534</b>	<b>(56,730)</b>
<b>ECH Net Margin %</b>	<b>-8.2%</b>	<b>4.9%</b>		<b>-2.4%</b>	<b>8.8%</b>	
Concern	215	229	(14)	1,588	413	1,174
ECSC	(4)	0	(4)	13	0	13
Foundation	14	107	(93)	(320)	871	(1,190)
Silicon Valley Medical Development	(1)	0	(1)	(13)	0	(13)
<b>Net Income Hospital Affiliates</b>	<b>224</b>	<b>336</b>	<b>(112)</b>	<b>1,268</b>	<b>1,284</b>	<b>(16)</b>
<b>Total Net Income Hospital &amp; Affiliates</b>	<b>(4,656)</b>	<b>3,262</b>	<b>(7,918)</b>	<b>(10,927)</b>	<b>45,818</b>	<b>(56,745)</b>

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



# ECH Volume Statistics <sup>(1)</sup>

## ECH COMBINED

	Month of Feb, 2016		
	Act	Bud	Var
Discharges <sup>(2)</sup>	1,505	1,530	-1.6%
Deliveries	437	406	7.8%
ED Visits	4,416	4,943	-10.7%
Surgical Cases	813	865	-6.0%
Licensed Beds	443	443	0.0%
ADC <sup>(2)</sup>	263	241	9.5%
Occupancy %	59.5%	54.3%	9.5%

Year to Date			Prior Year	
Act	Bud	Var	Act	Var%
12,366	12,749	-3.0%	12,595	-1.8%
3,214	3,453	-6.9%	3,422	-6.1%
39,127	40,257	-2.8%	40,000	-2.2%
7,075	7,356	-3.8%	7,214	-1.9%
443	443	0.0%	443	0.0%
240	243	-1.2%	244	-1.4%
54.2%	54.9%	-1.2%	55.0%	-1.4%

## MOUNTAIN VIEW

	Month of Feb, 2016		
	Act	Bud	Var%
Discharges <sup>(2)</sup>	1,247	1,251	-0.3%
Deliveries	389	350	11.0%
ED Visits	3,474	3,949	-12.0%
Surgical Cases	523	537	-2.6%
Licensed Beds	300	300	0.0%
ADC <sup>(2)</sup>	218	197	10.7%
Occupancy %	72.7%	65.7%	10.7%

Year to Date			Prior Year	
Act	Bud	Var%	Act	Var%
10,164	10,430	-2.6%	10,313	-1.4%
2,789	2,984	-6.5%	2,960	-5.8%
31,012	32,164	-3.6%	31,990	-3.1%
4,366	4,568	-4.4%	4,421	-1.2%
300	300	0.0%	300	0.0%
197	198	-0.6%	199	-0.7%
65.7%	66.1%	-0.6%	66.2%	-0.7%

## LOS GATOS

	Month of Feb, 2016		
	Act	Bud	Var
Discharges <sup>(2)</sup>	258	279	-7.5%
Deliveries	48	55	-12.8%
ED Visits	942	994	-5.2%
Surgical Cases	290	328	-11.5%
Licensed Beds	143	143	0.0%
ADC <sup>(2)</sup>	45	44	4.2%
Occupancy %	31.7%	30.4%	4.2%

Year to Date			Prior Year	
Act	Bud	Var	Act	Var%
2,202	2,319	-5.0%	2,282	-3.5%
425	469	-9.3%	462	-8.0%
8,115	8,093	0.3%	8,010	1.3%
2,709	2,788	-2.8%	2,793	-3.0%
143	143	0.0%	143	0.0%
43	45	-3.8%	45	-4.5%
30.1%	31.3%	-3.8%	31.5%	-4.5%

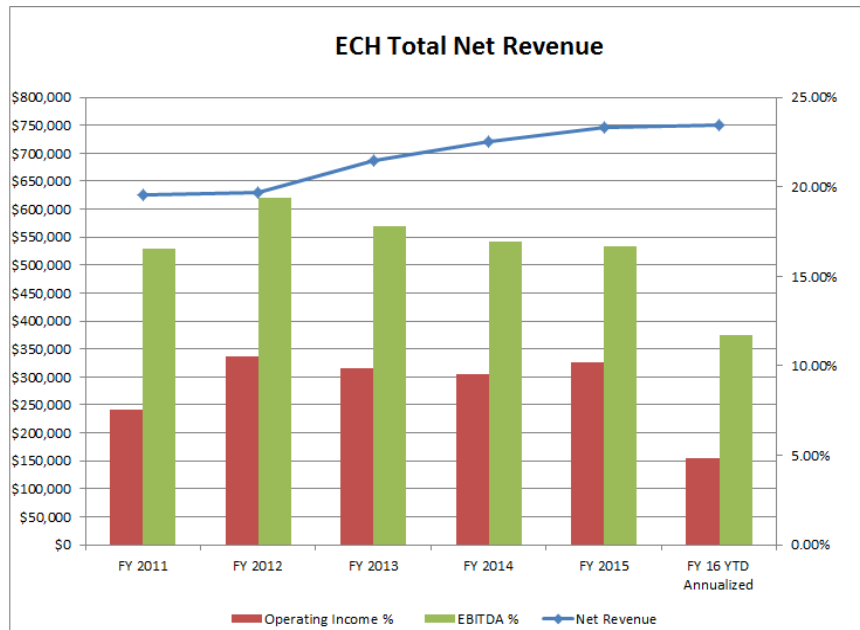
(1) Hospital entity only, excludes controlled affiliates

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

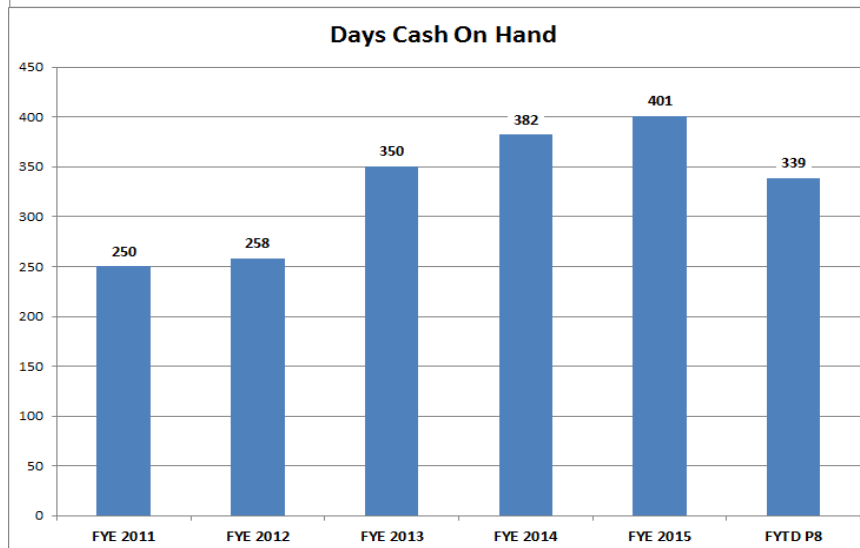
# El Camino Hospital Financial Metrics Trend <sup>(1)</sup>

P  
r  
o  
f  
i  
t  
—  
L  
o  
s  
s

B  
a  
l  
—  
s  
h  
e  
e  
t



Revenue growth is slowing down and margin has declined due to pharmacy, surgical, and EPIC related expenses.



Cash position remains strong despite \$29.1 million investment loss

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

## Key Hospital Indicators<sup>(1)</sup>

Statistic	FYE 2013	FYE 2014	FYE 2015	FYTD 2016	Annual Target (2) +/-	
Operating Margin	9.9%	9.5%	10.2%	4.8%	6.5%	
EBITDA Margin	17.8%	16.9%	16.7%	11.7%	13.3%	
Days of Cash	350	382	401	339	262	
Debt Service Coverage Ratio (MADS)	7.9	9.5	8.9	5.2	4.8	
Debt to Capitalization	14.0%	12.6%	13.6%	14.4%	29.4%	
Net AR Days	48.3	50.9	43.6	54.4	48.0	
In Patient Operating Margin	-1.1%	-3.2%	-4.5%	-8.7%	-1.0%	
Out Patient Operating Margin	25.9%	25.2%	28.1%	26.6%	25.0%	

<sup>(1)</sup> Hospital Only - Excludes Affiliates

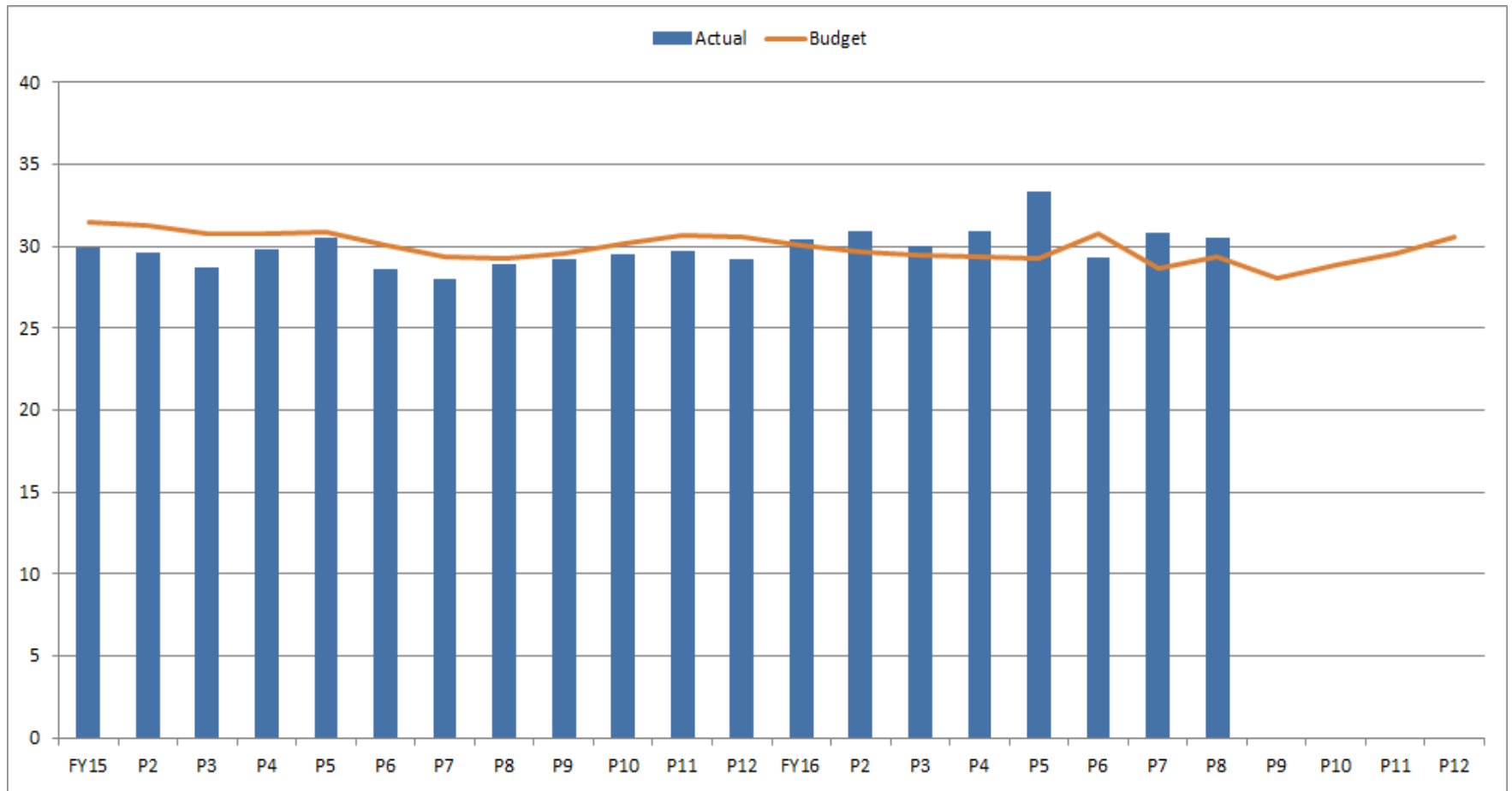
<sup>(2)</sup> Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2016 are one month in arrears

<sup>(3)</sup> 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



Productivity has improved after EPIC go live but remains unfavorable compared to budget .

# Tracking Smart Growth

COMBINED CAMPUS					Result Away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	Annual Goal	
Inpatient Discharges	12,595	12,366	(229)	300	(529)
Surgical Outpatient Cases (incl Litho)	4,244	4,068	(176)	290	(466)
Endo Outpatient procedures	1,927	1,596	(331)	0	(331)
Outpatient Interventional Cases	1,224	1,260	36	10	26
<b>Total Case Volume</b>	<b>19,990</b>	<b>19,290</b>	<b>(700)</b>	<b>600</b>	<b>(1,300)</b>
NEW Physician Total		212	212		
Pre-existing Physician Total	19,990	19,078	(912)		
# New Physicians*		5		15	

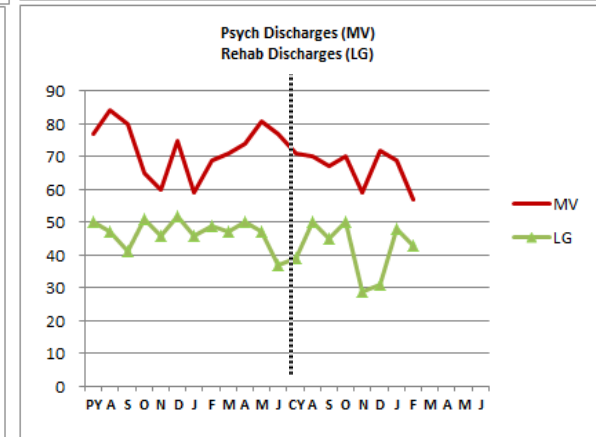
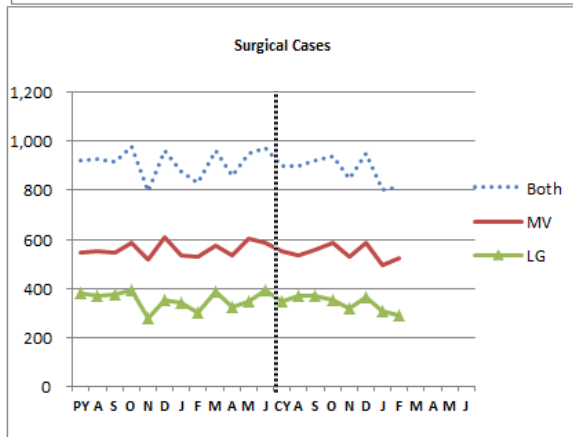
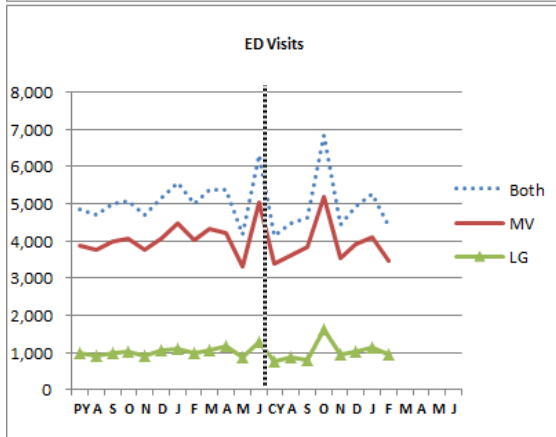
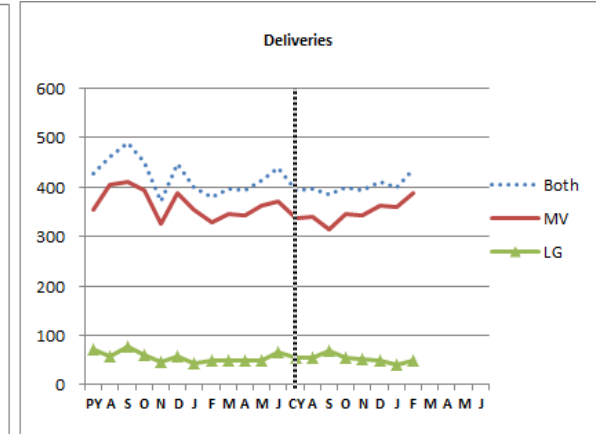
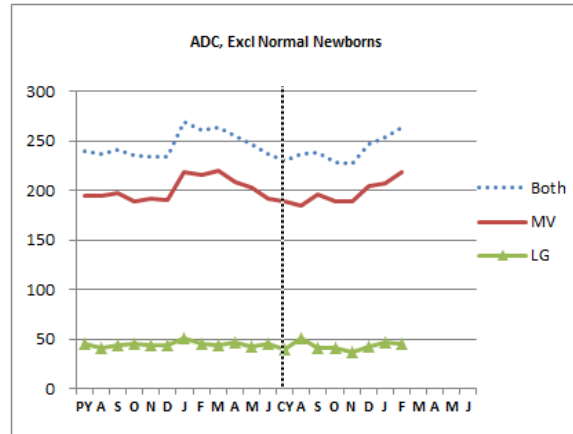
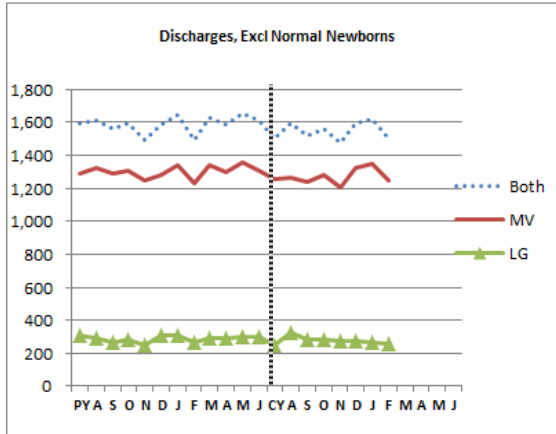
\* New Physicians: MDs with 20% or more inpatient or procedural (above definition) cases (at least 10) and/or New PCP (OB, Internal Med, Fam Prac)

Mountain View Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	10,313	10,164	(149)
Surgical Outpatient Cases (incl Litho)	2,215	2,164	(51)
Endo Outpatient procedures	1,777	1,516	(261)
Outpatient Interventional Cases	1,211	1,250	39
<b>Total Case Volume</b>	<b>15,516</b>	<b>15,094</b>	<b>(422)</b>

Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	2,282	2,202	(80)
Surgical Outpatient Cases (incl Litho)	2,029	1,904	(125)
Endo Outpatient procedures	150	80	(70)
Outpatient Interventional Cases	13	10	(3)
<b>Total Case Volume</b>	<b>4,474</b>	<b>4,196</b>	<b>(278)</b>

(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	Total Spent YTD	Spent from Inception	FY 16 Proj Spend**	FY 16 YTD Spent	FY 16 Remaining
<b>CIP</b>	EPIC Installation			73.8	18.7	54.8	35.9	18.7	17.2
	<b>IT Hardware, Software, Equipment*</b>			6.9	5.9		6.9	5.9	1.0
	<b>Medical &amp; Non Medical Equipment</b>			12.6	8.2		12.6	8.2	4.4
	<b>Facility Projects</b>								
	0908 NPCR3 Seismic Upgrades	FY12	6.7	6.7	0.2	5.0	0.2	0.2	0.0
	0907 LG Imaging Masterplan	FY12	0.0	3.1	0.0	2.8	0.0	0.0	0.0
	0906 Slot Build-Out	FY13	0.0	19.0	1.2	18.7	1.2	1.2	0.0
	1307 LG Upgrades	FY13	15.5	13.0	2.5	9.4	9.5	2.5	7.0
	1219 LG Spine OR	FY13	4.1	4.1	0.3	0.9	4.1	0.3	3.8
	1400 Oak Pavilion Cancer Ctr TI	FY14	0.0	5.9	0.4	5.8	0.4	0.4	0.0
	1414 Integrated MOB	FY15	232.0	28.0	5.6	8.3	13.7	5.6	8.1
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.0	1.3	2.2	1.0	1.2
	1245 Behavioral Health Bldg	FY16	62.5	9.0	1.3	6.7	4.5	1.3	3.2
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	6.8	0.0	0.0	0.0	1.6	0.0	1.6
1313/1224	LG Rehab HVAC System & Structural	FY16	3.7	3.7	0.8	0.8	3.4	0.8	2.6
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.1	1.1	2.2	1.1	1.1
	1425 IMOB Preparation Project - Old Main	FY16	2.3	0.5	0.0	0.0	1.0	0.0	1.0
	1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	0.0	1.5	0.0	1.5
	1422 CUP Upgrade	FY16	4.0	1.5	0.6	0.7	2.9	0.6	2.3
	1503 Willow Pavilion Tomosynthesis	FY16	0.3	1.3	0.0	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	0.0
	1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.0	0.2	1.2	0.0	1.2
	1508 LG NICU 4 Bed Expansion	FY16	7.0	0.0	0.0	0.0	0.5	0.0	0.5
	1520 Facilities Planning Allowance	FY16	1.0	0.0	0.0	0.0	1.0	0.0	1.0
	Land Acquisition Approved in 12/15	FY16	24.1	24.1	24.1	24.1	24.1	24.1	0.0
	All Other Projects under \$1M		9.5	6.0	1.0	2.8	7.5	1.0	6.5
			492.9	131.9	40.3	88.6	83.1	40.3	42.8
<b>GRAND TOTAL</b>				<b>225.2</b>	<b>73.2</b>		<b>138.5</b>	<b>73.2</b>	<b>65.3</b>
	Forecast at start of fiscal year						125.8		

\* Excluding EPIC

\*\* Updated quarterly

2016 projected spend includes items to be presented for approval during the fiscal year

# 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
<b>Investment Performance</b>		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	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		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%
<b>Asset Allocation</b>		4Q 2015							
Surplus cash absolute variances to target		5.4%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		5.4%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		4Q 2015							
Surplus cash manager flags		14	< 18	--	--	--	--	--	--
Cash balance plan manager flags		15	< 18	--	--	--	--	--	--

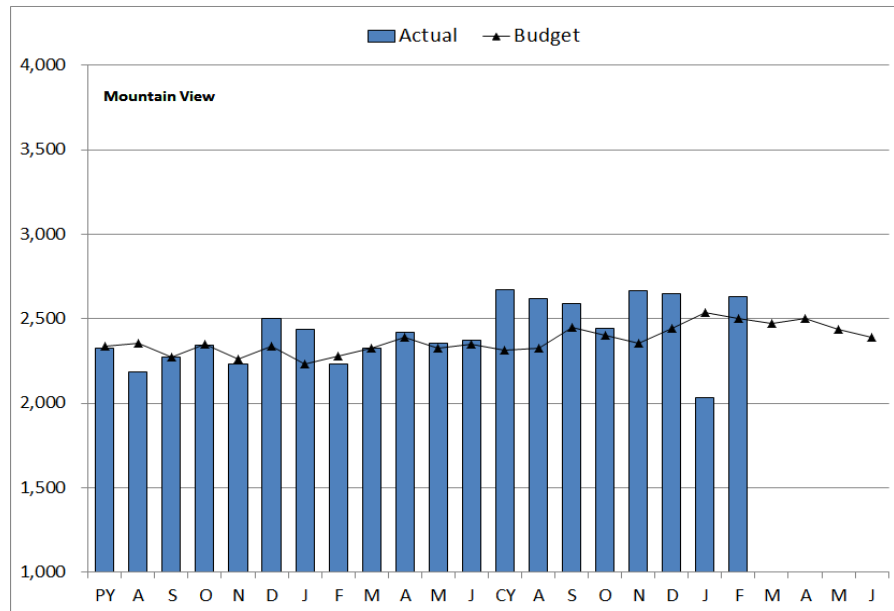


# APPENDIX

# Supply Cost per CMI Adjusted Discharges <sup>(1)</sup>

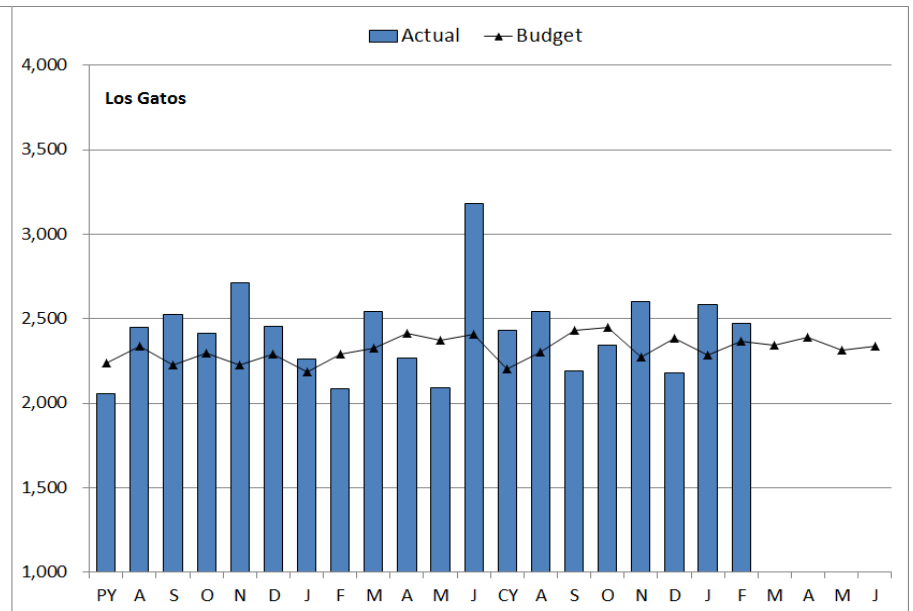
**YTD: 5.0% over budget**

## Mountain View



**YTD: 3.4% over budget**

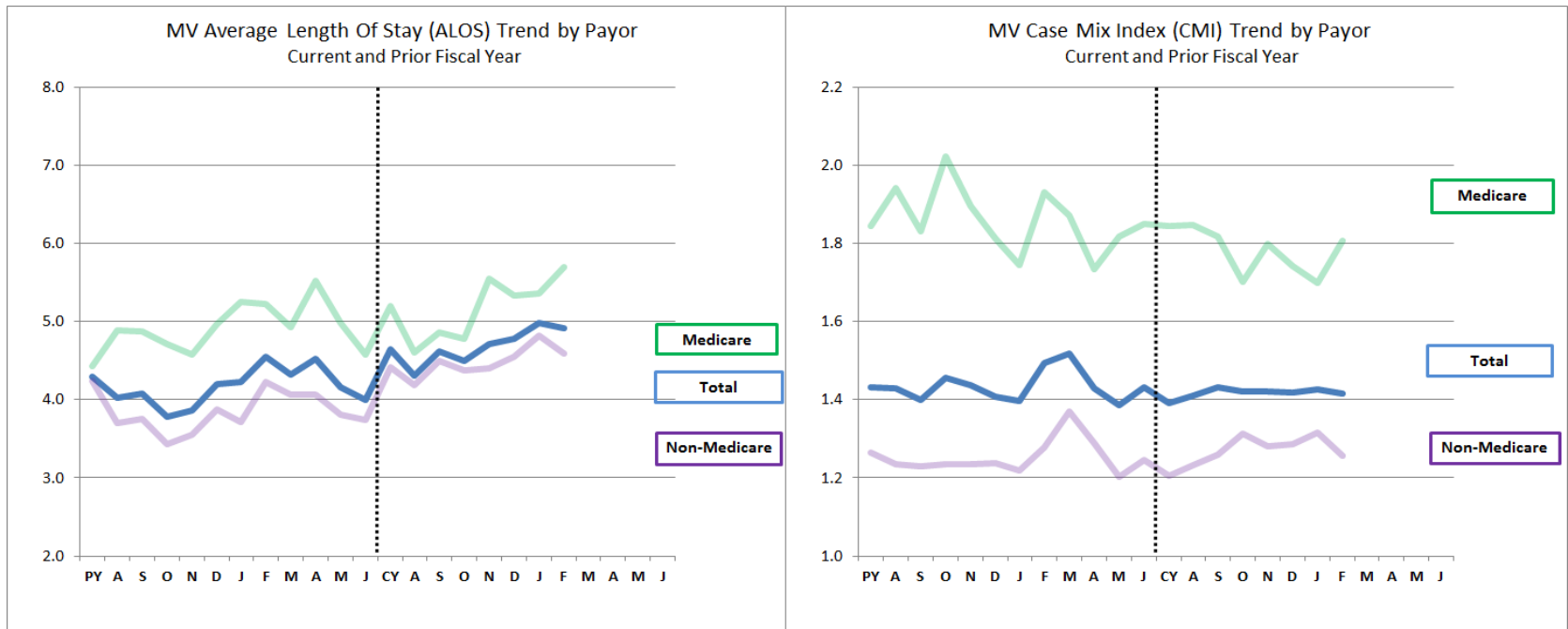
## Los Gatos



Continued high cost in February related to cardiac rhythm management and general surgery supplies.

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

# Mountain View LOS & CMI Trend<sup>(1)</sup>



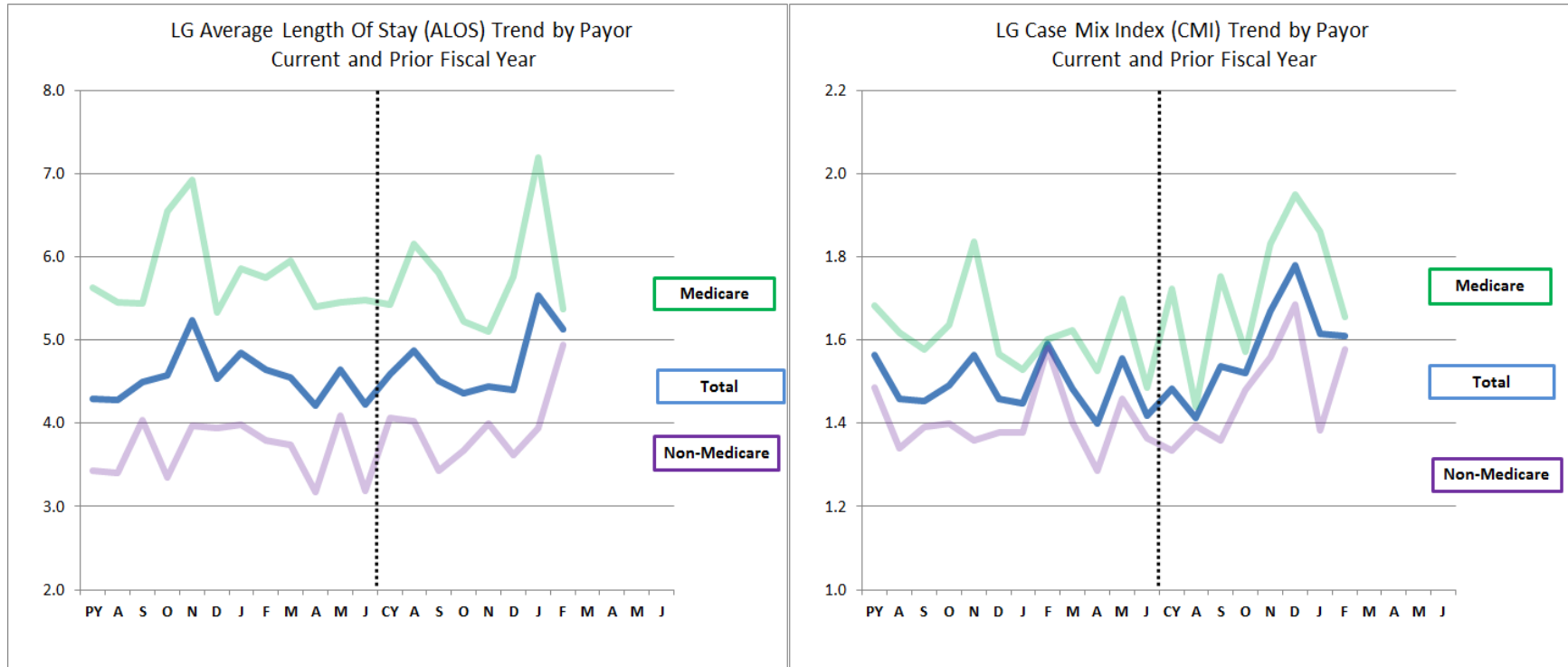
- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS and increased CMI
- Non-Medicare: Reimbursement varies; financial results usually improve when both LOS & CMI increase

Length of stay has a slight downward trend while CMI remains relatively flat .

<sup>(1)</sup> 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<sup>(1)</sup>



- 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 decrease in length of stay and decreasing case complexity. The non-Medicare caseload shows an upward trend in length of stay. The small campus is impacted by relatively slight shifts in surgical volume.

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

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

# El Camino Hospital (\$000s) <sup>(1)</sup>

8 months ending 2/29/2016

PERIOD 8 FY 2015	PERIOD 8 FY 2016	PERIOD 8 Budget 2016	Variance Fav (Unfav)	Var%
205,136	226,918	219,015	7,903	3.6%
(149,457)	(169,118)	(160,505)	(8,613)	5.4%
<b>55,679</b>	<b>57,800</b>	<b>58,510</b>	<b>(710)</b>	<b>-1.2%</b>
1,950	2,073	1,684	389	23.1%
<b>57,629</b>	<b>59,873</b>	<b>60,194</b>	<b>(321)</b>	<b>-0.5%</b>
32,985	35,733	35,828	95	0.3%
8,295	9,063	9,101	38	0.4%
6,088	7,264	7,028	(236)	-3.4%
7,316	8,608	7,172	(1,435)	-20.0%
<b>54,684</b>	<b>60,668</b>	<b>59,129</b>	<b>(1,539)</b>	<b>-2.6%</b>
<b>2,945</b>	<b>(795)</b>	<b>1,065</b>	<b>(1,860)</b>	<b>-174.6%</b>
14,387	(4,086)	1,860	(5,946)	-319.7%
<b>17,332</b>	<b>(4,881)</b>	<b>2,925</b>	<b>(7,806)</b>	<b>-266.8%</b>
12.5%	6.8%	9.5%	-2.7%	
5.1%	-1.3%	1.8%	-3.1%	
30.1%	-8.2%	4.9%	-13.0%	

\$000s	YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
<b>OPERATING REVENUE</b>					
Gross Revenue	1,695,461	1,805,926	1,791,227	14,700	0.8%
Deductions	(1,223,232)	(1,306,320)	(1,299,985)	(6,335)	0.5%
<b>Net Patient Revenue</b>	<b>472,230</b>	<b>499,606</b>	<b>491,242</b>	<b>8,364</b>	<b>1.7%</b>
Other Operating Revenue	13,434	16,073	13,589	2,484	18.3%
<b>Total Operating Revenue</b>	<b>485,664</b>	<b>515,679</b>	<b>504,830</b>	<b>10,848</b>	<b>2.1%</b>
<b>OPERATING EXPENSE</b>					
Salaries & Wages	270,447	287,822	286,534	(1,288)	-0.4%
Supplies	71,845	75,754	73,888	(1,866)	-2.5%
Fees & Purchased Services	49,485	57,572	55,346	(2,226)	-4.0%
Other Operating Expense	59,533	69,642	59,409	(10,233)	-17.2%
<b>Total Operating Expense</b>	<b>451,309</b>	<b>490,791</b>	<b>475,178</b>	<b>(15,613)</b>	<b>-3.3%</b>
<b>Net Operating Income/(Loss)</b>	<b>34,355</b>	<b>24,888</b>	<b>29,652</b>	<b>(4,765)</b>	<b>-16.1%</b>
Non Operating Income	14,361	(37,083)	14,882	(51,965)	-349.2%
<b>Net Income(Loss)</b>	<b>48,716</b>	<b>(12,196)</b>	<b>44,534</b>	<b>(56,730)</b>	<b>-127.4%</b>
<b>EBITDA</b>	<b>14.2%</b>	<b>11.7%</b>	<b>12.6%</b>	<b>-0.9%</b>	
<b>Operating Margin</b>	<b>7.1%</b>	<b>4.8%</b>	<b>5.9%</b>	<b>-1.0%</b>	
<b>Net Margin</b>	<b>10.0%</b>	<b>-2.4%</b>	<b>8.8%</b>	<b>-11.2%</b>	

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

# El Camino Hospital – Mountain View (\$000s)<sup>(1)</sup>

8 months ending 2/29/2016

PERIOD 8 FY 2015	PERIOD 8 FY 2016	PERIOD 8 Budget 2016	Variance Fav (Unfav)	Var%		YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
					<b>\$000s</b>					
					<b>OPERATING REVENUE</b>					
169,572	187,826	179,942	7,884	4.4%	Gross Revenue	1,386,038	1,475,112	1,467,910	7,202	0.5%
(123,459)	(139,774)	(132,613)	(7,161)	5.4%	Deductions	(1,004,987)	(1,067,728)	(1,069,792)	2,064	-0.2%
<b>46,113</b>	<b>48,052</b>	<b>47,328</b>	<b>724</b>	<b>1.5%</b>	<b>Net Patient Revenue</b>	<b>381,051</b>	<b>407,384</b>	<b>398,117</b>	<b>9,266</b>	<b>2.3%</b>
1,724	1,885	1,493	392	26.3%	Other Operating Revenue	11,903	14,461	12,058	2,404	19.9%
<b>47,837</b>	<b>49,937</b>	<b>48,821</b>	<b>1,116</b>	<b>2.3%</b>	<b>Total Operating Revenue</b>	<b>392,954</b>	<b>421,845</b>	<b>410,175</b>	<b>11,670</b>	<b>2.8%</b>
					<b>OPERATING EXPENSE</b>					
27,546	29,867	30,024	157	0.5%	Salaries & Wages	224,483	239,630	238,255	(1,375)	-0.6%
6,825	7,431	7,434	2	0.0%	Supplies	58,211	61,662	60,159	(1,503)	-2.5%
4,871	5,900	5,680	(221)	-3.9%	Fees & Purchased Services	39,438	46,934	44,440	(2,494)	-5.6%
5,608	6,635	5,101	(1,533)	-30.1%	Other Operating Expense	46,071	52,965	42,800	(10,165)	-23.7%
<b>44,851</b>	<b>49,834</b>	<b>48,239</b>	<b>(1,595)</b>	<b>-3.3%</b>	<b>Total Operating Expense</b>	<b>368,204</b>	<b>401,191</b>	<b>385,654</b>	<b>(15,537)</b>	<b>-4.0%</b>
<b>2,986</b>	<b>104</b>	<b>583</b>	<b>(479)</b>	<b>-82.2%</b>	<b>Net Operating Income/(Loss)</b>	<b>24,750</b>	<b>20,654</b>	<b>24,521</b>	<b>(3,866)</b>	<b>-15.8%</b>
14,387	(4,086)	1,860	(5,946)	-319.7%	Non Operating Income	14,361	(37,057)	14,882	(51,939)	-349.0%
<b>17,373</b>	<b>(3,983)</b>	<b>2,443</b>	<b>(6,425)</b>	<b>-263.0%</b>	<b>Net Income(Loss)</b>	<b>39,111</b>	<b>(16,403)</b>	<b>39,402</b>	<b>(55,805)</b>	<b>-141.6%</b>
12.3%	6.4%	7.0%	-0.6%		<b>EBITDA</b>	12.3%	10.0%	10.8%	-0.8%	
6.2%	0.2%	1.2%	-1.0%		<b>Operating Margin</b>	6.3%	4.9%	6.0%	-1.1%	
36.3%	-8.0%	5.0%	-13.0%		<b>Net Margin</b>	10.0%	-3.9%	9.6%	-13.5%	

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

# El Camino Hospital – Los Gatos(\$000s) <sup>(1)</sup>

Results from Operations vs. Prior Year  
8 months ending 2/29/2016

PERIOD 8 FY 2015	PERIOD 8 FY 2016	PERIOD 8 Budget 2016	Variance Fav (Unfav)	Var%
35,564	39,093	39,074	19	0.0%
(25,998)	(29,344)	(27,892)	(1,453)	5.2%
<b>9,566</b>	<b>9,748</b>	<b>11,182</b>	<b>(1,434)</b>	<b>-12.8%</b>
226	188	191	(3)	-1.6%
<b>9,792</b>	<b>9,936</b>	<b>11,373</b>	<b>(1,437)</b>	<b>-12.6%</b>
5,439	5,866	5,804	(62)	-1.1%
1,470	1,632	1,667	35	2.1%
1,217	1,364	1,348	(15)	-1.1%
1,708	1,973	2,071	98	4.7%
<b>9,833</b>	<b>10,834</b>	<b>10,890</b>	<b>56</b>	<b>0.5%</b>
<b>(41)</b>	<b>(898)</b>	<b>482</b>	<b>(1,381)</b>	<b>-286.2%</b>
0	0	0	0	0.0%
<b>(41)</b>	<b>(898)</b>	<b>482</b>	<b>(1,381)</b>	<b>-286.2%</b>
13.6%	8.8%	20.2%	-11.4%	
-0.4%	-9.0%	4.2%	-13.3%	
-0.4%	-9.0%	4.2%	-13.3%	

## \$000s

### OPERATING REVENUE

Gross Revenue

Deductions

**Net Patient Revenue**

Other Operating Revenue

**Total Operating Revenue**

### OPERATING EXPENSE

Salaries & Wages

Supplies

Fees & Purchased Services

Other Operating Expense

**Total Operating Expense**

**Net Operating Income/(Loss)**

Non Operating Income

**Net Income(Loss)**

**EBITDA**

**Operating Margin**

**Net Margin**

YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
309,423	330,814	323,317	7,498	2.3%
(218,245)	(238,592)	(230,192)	(8,400)	3.6%
<b>91,179</b>	<b>92,222</b>	<b>93,124</b>	<b>(902)</b>	<b>-1.0%</b>
1,531	1,611	1,531	80	5.3%
<b>92,710</b>	<b>93,834</b>	<b>94,655</b>	<b>(822)</b>	<b>-0.9%</b>
45,964	48,192	48,279	87	0.2%
13,633	14,093	13,730	(363)	-2.6%
10,046	10,638	10,906	268	2.5%
13,461	16,677	16,609	(68)	-0.4%
<b>83,105</b>	<b>89,600</b>	<b>89,523</b>	<b>(77)</b>	<b>-0.1%</b>
<b>9,605</b>	<b>4,233</b>	<b>5,132</b>	<b>(898)</b>	<b>-17.5%</b>
0	(26)	0	(26)	0.0%
<b>9,605</b>	<b>4,207</b>	<b>5,132</b>	<b>(925)</b>	<b>-18.0%</b>
22.2%	19.4%	20.2%	-0.8%	
10.4%	4.5%	5.4%	-0.9%	
10.4%	4.5%	5.4%	-0.9%	

<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

# El Camino Hospital<sup>(1)</sup>

## Balance Sheet (\$ Thousands)

### ASSETS

	Audited	
	February 29, 2016	June 30, 2015
<b>CURRENT ASSETS</b>		
Cash	42,148	55,224
Short Term Investments	92,306	145,027
Patient Accounts Receivable, net	107,429	95,737
Other Accounts and Notes Receivable	3,268	2,378
Intercompany Receivables	1,210	1,595
Inventories and Prepaids	46,870	44,055
<b>Total Current Assets</b>	<b>293,230</b>	<b>344,016</b>
<b>BOARD DESIGNATED ASSETS</b>		
Plant & Equipment Fund	112,972	117,965
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	12,348	2,085
Workers Compensation Reserve Fund	26,531	24,719
Postretirement Health/Life Reserve Fund	18,304	17,197
PTO Liability Fund	22,903	22,212
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	12,949	14,150
<b>Total Board Designated Assets</b>	<b>308,004</b>	<b>300,324</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>32,653</b>	<b>37,676</b>
<b>LONG TERM INVESTMENTS</b>	<b>194,987</b>	<b>207,290</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>30,282</b>	<b>31,808</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,170,979	1,077,951
Less: Accumulated Depreciation	(486,683)	(473,920)
Construction in Progress	37,643	82,506
<b>Property, Plant &amp; Equipment - Net</b>	<b>721,938</b>	<b>686,537</b>
<b>DEFERRED OUTFLOWS</b>	<b>24,818</b>	<b>25,218</b>
<b>RESTRICTED ASSETS - CASH</b>	<b>3</b>	<b>5</b>
<b>TOTAL ASSETS</b>	<b>1,605,915</b>	<b>1,632,874</b>

### LIABILITIES AND FUND BALANCE

	Audited	
	February 29, 2016	June 30, 2015
<b>CURRENT LIABILITIES</b>		
Accounts Payable	22,508	30,142
Salaries and Related Liabilities	20,558	20,812
Accrued PTO	22,903	22,212
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	14,149	20,253
Intercompany Payables	74	108
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	3,635	5,475
Bond Interest Payable	1,077	1,711
Other Liabilities	3,313	3,111
<b>Total Current Liabilities</b>	<b>92,318</b>	<b>107,925</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	18,304	17,197
Worker's Comp Reserve	24,231	22,419
Other L/T Obligation (Asbestos)	3,602	3,531
Other L/T Liabilities (IT/Medl Leases)	-	7,102
Bond Payable	227,560	222,446
<b>Total Long Term Liabilities</b>	<b>273,697</b>	<b>272,696</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	931,893	951,924
Board Designated	308,004	300,324
Restricted	3	5
<b>Total Fund Bal &amp; Capital Accts</b>	<b>1,239,900</b>	<b>1,252,254</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>1,605,915</b>	<b>1,632,874</b>

<sup>(1)</sup> 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
<b>Facilities Projects CIP</b>					
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
<b>Facilities Projects CIP cont.</b>					
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
<b>Subtotal Facilities Projects CIP</b>	<b>4,674</b>	<b>9,553</b>	<b>9,294</b>	<b>13,753</b>	<b>38,940</b>
<b>Grand Total</b>	<b>17,368</b>	<b>35,357</b>	<b>27,598</b>	<b>51,723</b>	<b>56,940</b>
Forecast at Beginning of year		47,138	49,399	47,300	65,420

# FY 2017 Budget Assumptions

## Revenue

- 5% charge increase. ECH remains at P35 compared to local hospitals
- 3% increase from commercial payors
- No increase from govt. payors

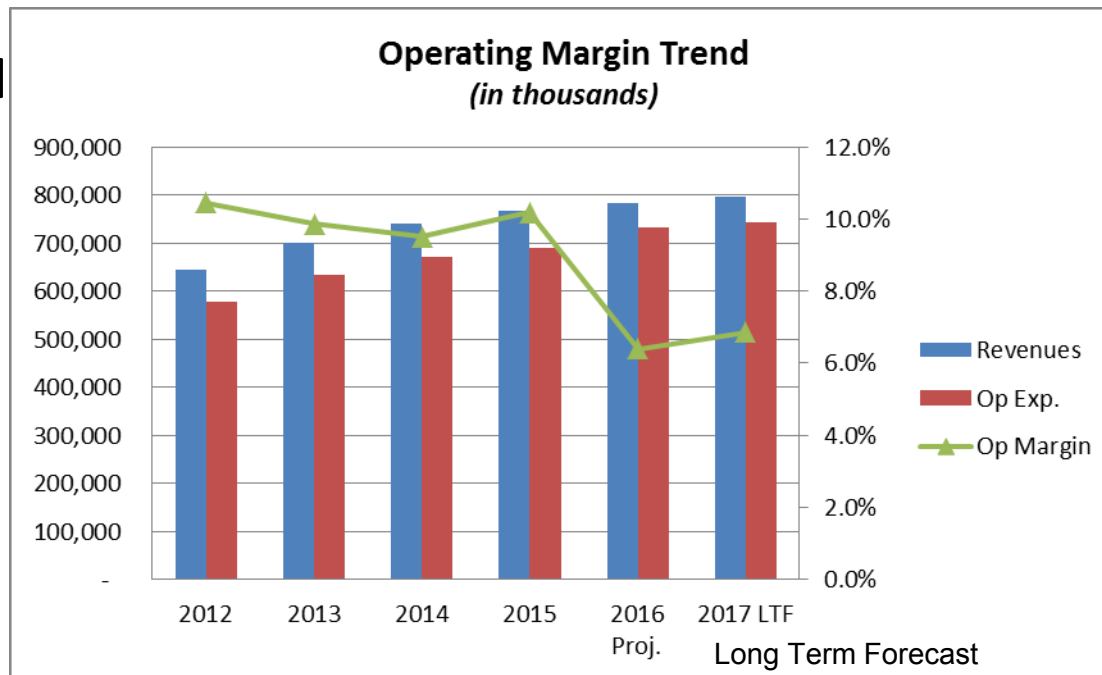
## Growth

- Inpatient 1.3%; outpatient 2.4%

## Expenses

- Inflation at 3%
- \$8.8 million cost reduction from 2015 High Performance Organization (HPO) project

Annu



Margin in FY 2017 recovers to 6.9% after drop in FY 2016 due to EPIC go-live, lower productivity and lower OB volume

2017 long term forecast (LTF) plan includes \$8.8 million in cost savings based on High Performance Organization plan led by COO and CFO

2017 LTF growth target is 1%

## ATTACHMENT 5

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report  El Camino Hospital Board of Directors  April 13, 2016
<b>Responsible party:</b>	David Reeder, Quality Committee Chair
<b>Action requested:</b>	For Discussion
<b>Background:</b>  The Quality Committee meets 10 times per year. The Committee last met on February 29, 2016 and meets next on May 2, 2016.	
<b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b>  None.	
<b>Summary and session objectives:</b> 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 April 4, 2016 Meeting: <ul style="list-style-type: none"> <li>a. Overall Issues: There was not a quorum so voting did not occur. The committee continues to work with management on red and orange alerts. There was discussion regarding implementation of Patient and Family Centered Care (PFCC) by defining Planetree's role during Q4 of FY 2016, facilitating stakeholder conversation in Q1 of FY 2017, building a roadmap with PaCT and Planetree by Q2 FY 2017, aligning current efforts to increase patient-centrism, and incorporate PaCT (Lean). Going forward, PFCC projects include NICU family-centered patient transport, ED experience mapping, family housing, medication administration, and patient transport. There was discussion of FY 17 Committee Goals but no decision reached. The Committee also discussed pain reassessment as a process measure and patient satisfaction scores of pain management as an outcome measure for a quality component of FY 17 Organizational Goals. An assessment of ECH's scope of services and peer review at both campuses will be done by the Greeley Company; requested documents are being submitted for review this month.</li> <li>b. Exception Report: Most metrics are stable. Specimen labeling errors decreased to "zero" in February due to new hand-held technology. Surgical site infections decreased</li> </ul>	

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<p>for two months in November and December and medication errors have stabilized after iCare implementation. Responsiveness of hospital staff still requires improvement.</p> <p>c. Surgical Site Infections: Dr. Carol Kemper, Medical Director for Infection Prevention, and Catherine Nalesnik, RN, Manager for Infection Prevention, attended and reviewed our active surveillance processes for surgical site infections, infection control, reporting requirements, and reporting time frames for 30-day versus 90-day surveillance measures post-operatively. We are achieving a Standardized Infection Ratio of less than 1.0 in 28 of 29 surgeries (goal is less than 1.0) that are reported to the National Healthcare Safety Network.</p>
	<p><b>Suggested discussion questions:</b></p> <p>None.</p>
	<p><b>Proposed Board motion, if any:</b></p> <p>None.</p>
	<p><b>LIST OF ATTACHMENTS:</b></p> <p>None.</p>

## **ATTACHMENT 6**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<p>Governance Committee Report</p> <p>El Camino Hospital Board of Directors</p> <p>April 13, 2016</p>
<b>Responsible party:</b>	Peter C. Fung, MD, Chair, Governance Committee
<b>Action requested:</b>	For Possible Motion
<p><b>Background:</b></p> <p>The Governance Committee discussed the following topics at its March 29, 2016 meeting:</p> <ol style="list-style-type: none"> <li>1. Biennial Review of Governance Committee Charter: No changes recommended.</li> <li>2. FY 17 Meeting Dates and Pacing Plan: The Committee's recommendation that it increase its meeting frequency from 4 meetings per year to 6 meetings per year will be brought forward with the proposed FY 17 Board and Committee Master Calendar in June.</li> <li>3. Non-District Board member Election and Re-Election Process: The El Camino Healthcare District ("District") Board has engaged in the attached Non-District Board member Election and Re-Election Process (the "Process") as described in the attached documents for the last two years. As set forth in Section 8, the District Board has requested that the ECH Governance Committee review and recommend changes to the Process and associated surveys and position descriptions.</li> </ol> <p style="padding-left: 40px;">Article VII, Section 1 of the District By-laws provides in part:</p> <p style="padding-left: 40px;">"Special Committees shall be created as the need may arise. The chairperson of the committee must be a District Director appointed by the Chairperson of the District Board, and all committees shall include one (1) or more District Directors. All members of the committees, other than the chairperson of the committee, are subject to approval by the District Board."</p> <p>Governance Committee member Gary Kalbach has participated in the Ad Hoc Committee meetings and candidate interviews for the past two years, though the District Board technically appointed only District Directors Zoglin and Miller by Resolution in June 2014 and 2015. The District Board Chair did not appoint a Chairperson in 2014 or 2015.</p> <ol style="list-style-type: none"> <li>4. Annual Board and Committee Self Assessments and Promoting Enhanced and Sustained Effective Governance: The Committee discussed the reports in depth and discussed</li> </ol>	



## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	various potential models for restructuring the ECH Board.
	<b>Committees that reviewed the issue and recommendation, if any:</b> At its March 29, 2016 meeting, the Governance Committee voted to recommend that the Process document be revised to call for appointment of a Committee Chair and to clarify that a member of the Governance Committee shall be appointed as a member of the Committee. No other changes to the Process or associated documents were specifically recommended.
	<b>Summary and Session Objectives:</b> To update the Board on the work of the Governance Committee and for the Board to recommend that the District Board approve the Draft Revised Non-District Board Member Election and Re-Election Process and affirm the Competency Matrix, Position Description, Member Evaluation Survey and ECH Board Member Job Description.
	<b>Suggested discussion questions:</b> None.
	<b>Proposed Board motion, if any:</b> To recommend that the District Board adopt the Draft Revised “Process for Re- Election and Election Of Non-District Board Members To The El Camino Hospital Board of Directors” and affirm the ECH Board Competency Matrix, ECH Board Member Position Description, ECH Board Member Evaluation Survey and ECH Board Member Job Description.
	<b>LIST OF ATTACHMENTS:</b> 1. Draft Revised Process for Re-Election and Election Of Non-District Board Members To The El Camino Hospital Board of Directors.



2500 Grant Road  
Mountain View, CA 94040  
Phone: 650-940-7300  
www.elcaminohealthcaredistrict.org

**Process for Re- Election and Election  
Of Non-District Board Members  
To The El Camino Hospital Board of Directors.\***  
**DRAFT REVISED 3/29/16**

**BOARD OF DIRECTORS**

*Dennis W. Chiu, JD  
Patricia A. Einarson, MD  
Julia E. Miller  
David Reeder  
John L. Zoglin*

**A. Timeline:**

1. Previous FYQ4 – The District Board Chair shall appoint a District Director as Chair of an Ad Hoc Committee and the Board shall approve the appointment of one additional District Director as a member of the Committee. The Board shall also approve the appointment of a member of the El Camino Hospital Governance Committee (who has been referred by the Chair of the Governance Committee) to the Ad Hoc Committee.

2. FYQ1 - Regular District Board Meeting –

a. Prior to Meeting, District Board Chair (i) asks the El Camino Hospital Director, who is not also a member of the District Board whose term is next to expire (Non District Board Member “NDBM”) to declare interest and (ii) informs the District Board of intent (via Board packet).

~~b. District Board appoints an Ad Hoc Committee composed of two District Board member(s).~~

32. FYQ2 - Regular District Board Meeting

a. Prior to the Meeting, District Board Members:  
i. Complete the ECH Board Competency Matrix and ECH Board Member Re-Election Report Surveys  
ii. Review Position Specification in place at time of election to the Hospital Board and the ECH Board Member NDBM Job Description.

b. At the Meeting – Discuss portfolio of skills needs.

43. FYQ2 – Regular District Board Meeting –

a. Prior to the Meeting:  
i. Ad Hoc committee analyzes evaluations, (32) (a) above, interviews the NDBM, and develops recommendation regarding re-election of NDBM to the Hospital Board.

ii. Hospital Board develops revised recommended Position Description if the District Board requests it to do so.

b. At the Meeting:  
i. District Board considers re-election of NDBM.  
ii. If NDBM is re-elected, the Hospital Board shall be notified.  
iii. If NDBM is not re-elected, the District Board will authorize external recruitment of a new NDBM.

54. FYQ3 - Begin external search if necessary.

| **65.** FYQ3 - Regular District Board Meeting –

- a. Ad Hoc Committee to present an interim update to the District Board.
  - i. Incorporate Board feedback into further recruitment efforts.
  - ii. Plan for interviews – direct staff to schedule.

| **76.** FYQ4 - Regular District Board meeting –

- a. Prior to the Meeting – Ad Hoc Committee to summarize interviews for the Board packet and make a recommendation to the District Board
- b. District Board Considers AD Hoc Committee recommendation and votes to elect new NDBM to the Hospital Board.

| **87.** This process to be confirmed by the District Board annually when the process is complete.

| **98.** The following matters are delegated to the El Camino Hospital Board Governance Committee:

- a. FYQ3 – Review and recommend changes to the survey tools identified in section **32(a)(i)**.
- b. FYQ3 – Review and recommend changes to this process.
- c. FYQ3 – Review and recommend changes to NDBM Position Specification and Job Description.
- d. Participate in the recruitment effort of new NDBM by referring a member to serve on the Ad Hoc Committee as described in #1-as described in item 4 above.

**B. General Competencies:**

1. Understanding of the vital role El Camino Hospital plays in the broader region.
2. Loyalty to El Camino Hospital's charitable purposes.
3. Knowledge of healthcare reform (Affordable Care Act) implications.
4. Ability to understand and monitor the following:
  - a. Diverse portfolio of businesses and programs
  - b. Complex partnerships with clinicians
  - c. Programs to create a continuum of care
  - d. Investment in technology
  - e. Assumption of risk for population health
  - f. Resource allocation
  - g. Quality metrics
5. Commitment to continuing learning.
6. Demonstrated strategic thinking.
7. Efforts to recruit potential Advisory Committee members.
8. Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.

**C. Portfolio Skill Set:**

1. Complimentary to skill sets of other Board members (gap-filling).
2. Applicable to the then current market. (See, Competency Matrix)

**D. Other Criteria:**

1. Positive working relationship with other Board members.
2. Productive working relationship with the El Camino Hospital CEO.

3. Attendance at Board and Committee meetings.
4. See, Competency Matrix

\*Approved 12/9/14; Revised 3/17/15

**a. Minutes of the Hospital Board Meeting (3-9-16 and 3-23-16);**

**Minutes of the Open Session of the**  
**Regular Meeting of the El Camino Hospital Board**  
**Wednesday, March 9, 2016**  
**El Camino Hospital, 2500 Grant Road, Mountain View California**  
**Conference Rooms E, F & G**

**Board Members Present**

Lanhee Chen  
 Dennis Chiu  
 Neal Cohen  
 Jeffrey Davis, MD (arrived at 5:35)  
 Julia Miller  
 David Reeder  
 Tomi Ryba  
 John Zoglin (arrived at 6:06 pm)

**Board Members Absent**

Peter C. Fung, MD

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/Action
<b>1. CALL TO ORDER/ROLL CALL</b>	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, Zoglin and Fung were absent. Director Davis arrived at 5:35pm and Director Zoglin arrived during the closed session at 6:06 pm.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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.	
<b>3. BOARD RECOGNITION</b>	<p> <b>Motion:</b> To Approve Resolution 2016-03  <b>Movant:</b> Chen  <b>Second:</b> Reeder  <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Miller, Reeder, Ryba  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung, Zoglin  <b>Recused:</b> None         </p> <p>           Deb Muro, Associate CIO, presented Resolution 2016-03 to Drs. Vivien D’Andrea, MD; Dave Francisco, MD, PhD; Shreyas Mallur, MD; Michael Podlone, MD; and Philip Strong, MD for their leadership and unwavering support for the Medical Staff and the hospital in their roles as Physician Champions in the design, build, training and implementation of the iCare system.         </p>	<i>Resolution 2016-03 approved</i>

<b>4. FINANCIALS FY 16 YTD</b>	<p>Iftikhar Hussain, Chief Financial Officer, reported that ECH is behind plan on the operating margin by \$2.9 million but is in recovery mode. Revenues are strong even though volume is running lower than budget. Expenses are high due to iCare Go Live expenses and not attaining planned efficiencies. Also contributing is \$1.5 million in accelerated depreciation of the Old Main Hospital so it is fully depreciated by the time of demolition. ECH has 1 year of cash on hand. Deliveries have been low which is partially responsible for the drop in volume. In January there was a redistribution of revenue between Mountain View and Los Gatos to correct an error in the November report.</p> <p><b>Motion:</b> To approve the Period 7 FY 16 Financials.  <b>Movant:</b> Chiu  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Miller, Reeder, Ryba  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung, Zoglin  <b>Recused:</b> None</p>	<p><i>Period 7 FY16 Financials Approved</i></p>
<b>5. QUALITY COMMITTEE REPORT</b>	<p>Dave Reeder, Chair of the Quality Committee reported that the committee is continuing oversight of the exception report. Inpatient falls have decreased. Specimen labeling errors have decreased due to barcoding. Upward trending of surgical site infections will be discussed further at the next Quality Committee meeting. Organizational goals for FY 17 have been discussed. The Committee has continued discussing when to focus on the patient and family centered care project in light of availability of organizational resources.</p>	
<b>6. PUBLIC COMMUNICATION</b>	<p>None.</p>	
<b>7. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:53pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session Hospital Board Meeting (2-10-16), Minutes of the Closed Session of the February 20, 2016 Special Meeting to Conduct a Study Session (Morning Session), Minutes of the Closed Session of the February 20, 2016 Special Meeting to Conduct a Study Session (Afternoon Session); pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning report on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for deliberations</p>	<p><i>Adjourned to Closed Session at 5:53 pm</i></p>

	<p>concerning a report 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: Clinically Integrated Network; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Property Planning; 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 and Pacing Plan; and pursuant to <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Chiu  <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Miller, Reeder, Ryba  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung, Zoglin  <b>Recused:</b> None</p>	
<b>8. AGENDA ITEM 15 - RECONVENE OPEN SESSION</b>	<p>Open Session was reconvened at 8:25 pm.</p> <p>During the closed session, the Board approved the Closed Session Minutes of the Regular Meeting of the Hospital Board of February 10, 2016, as well as the minutes of the Closed Session of the February 20, 2016 Special Meeting to Conduct a Study Session (Morning Session), Minutes of the Closed Session of the February 20, 2016 Special Meeting to Conduct a Study Session (Afternoon Session), by a vote of 7 Board members in favor (Cohen, Chen, Chiu, Davis, Miller, Reeder, Ryba,) and two absent (Zoglin, Fung); and the Medical Staff Report dated March 1, 2016, by a vote of 8 Board members in favor (Cohen, Chen, Chiu, Davis, Miller, Reeder, Ryba, Zoglin) and one absent (Fung).</p>	
<b>9. AGENDA ITEM 16 - PUBLIC COMMUNICATION</b>	<p>Mr. Geoffrey Mangers thanked the Board for allowing two opportunities for Public Communication on the agenda and stated that he hopes that candidates will run in the interest of patients in the upcoming public election.</p>	
<b>10. AGENDA ITEM 17 – CONSENT CALENDAR</b>	<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><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting of</p>	<i>Consent Calendar Approved</i>



	<p>February 10, 2016; Special Meeting to Conduct a Study Session of February 20, 2016 (Morning Session); Special Meeting to Conduct a Study Session of February 20, 2016 (Afternoon Session); The following policies: Temperature and Humidity in Procedure Rooms; Life Safety: Operations Continuity During Construction and Maintenance Projects; Fire Safety Management -1.02 Fire Safety Management Work Group Responsibilities; Fire Safety Management – 1.04 Code Red – Fire Response; Fire Safety Management – 1.05 Fire Protection Plan; Fire Safety Management – 1.06 Interim Life Safety Measures; Fire Safety Management – 1.07 Fire Drills; and Sterile Processing; the Medical Staff Report; and Draft Resolution 2016-04.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Ryba  <b>Ayes:</b> Cohen, Chen, Chiu, Davis, Miller, Reeder, Ryba, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung  <b>Recused:</b> None</p>	
<b>11. AGENDA ITEM 18 – INVESTMENT COMMITTEE REPORT</b>	<p>Director Zoglin, Investment Committee Chair, reported on the Committee’s investment philosophy approach. A review has been performed after 3 years. He reported that he Committee did not recommend any change to the current investment strategy.</p>	
<b>12. AGENDA ITEM 19 – INFORMATIONAL ITEMS</b>	<p>Director Ryba announced that the hospital was recognized by Truven Health Analytics as one of the top 100 hospitals nationwide. ECH had 23% less mortality than expected, and 22% fewer complications. ECH was the only hospital in Northern California to receive this award. She commented that the award reflects ECH’s marked improvement amongst its peers in the country.</p>	
<b>12 AGENDA ITEM 20 – BOARD COMMENTS</b>	<p>Director Reeder commented that this was a good Board meeting, with good conversations about the right topics.</p>	
<b>13. AGENDA ITEM 21 – ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 8:43 pm.  <b>Movant:</b> Zoglin  <b>Second:</b> Chen  <b>Ayes:</b> Cohen, Chen, Chiu, Davis, Miller, Reeder, Ryba, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung  <b>Recused:</b> None</p>	<p><i>Meeting adjourned at 8:43p.m.</i></p>

**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: Renayda DeLaRosa  
Cindy Murphy, Board Liaison

DRAFT

**Minutes of the Open Session of the  
SPECIAL MEETING TO CONDUCT A STUDY SESSION  
EL CAMINO HOSPITAL BOARD  
Wednesday, March 23, 2016**

**5:30 – 7:00 p.m.**

El Camino Hospital, Conference Rooms E, F & G (ground floor)  
2500 Grant Road, Mountain View, California

**Members Present**

Dennis Chiu  
Jeffrey Davis, MD  
Peter C. Fung, MD  
Julia Miller  
David Reeder  
Tomi Ryba  
John Zoglin

**Members Absent**

Lanhee Chen  
Neal Cohen, MD

Agenda Item	Comments/Discussion	Approvals/Action
<b>1. CALL TO ORDER</b>	Vice Chair Dennis Chiu, called the Special Meeting to Conduct a Study Session of El Camino Hospital Board to order at 5:41 p.m. A quorum was present.	
<b>2. ROLL CALL</b>	Roll call was taken. Directors Chen and Cohen were absent. All other Directors were present	
<b>3. ADJOURN TO CLOSED SESSION</b>	Motion: To adjourn to closed session at 5:41 pm Movant: Davis Second: Miller Ayes: Chiu, Davis, Fung, Miller, Reeder, Ryba, Zoglin Nays: None Abstain: None Recused: None Absent: Chen, Cohen	
<b>4. AGENDA ITEM 7 – RECONVENE OPEN SESSION</b>	Open session was reconvened at 7:25 pm. Director Chiu was absent having left the meeting at 6:45 pm. Board Secretary Fung reported that the Board did not take any action in closed session.	
<b>5. AGENDA ITEM 8 – ADJOURNMENT</b>	Motion: To adjourn at 7:27 pm Movant: Miller Second: Davis Ayes: Davis, Fung, Miller, Reeder, Ryba, Zoglin Nays: None Abstain: None Recused: None Absent: Chen, Chiu, Cohen	

**Attest as to the approval of the foregoing minutes of the Special Meeting to Conduct a Study Session by the El Camino Hospital Board of Directors.**

---

Neal Cohen, MD  
ECH Board Chair

---

Peter C. Fung, MD  
ECH Board Secretary

# Meal and Rest Break Policy

## BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Revised Policies: <ol style="list-style-type: none"> <li>1. Meal and Rest Break Policy</li> <li>2. Provisional Period Policy</li> </ol> El Camino Hospital Board of Directors April 13, 2016
<b>Responsible party:</b>	Diane Wigglesworth, Director Corporate Compliance
<b>Action requested:</b>	Approval of Revised Policies
<b>Background:</b>  As required by Title 22 and Joint Commission, the Hospital's governing body must review and approve all organizational policies at least every three years if there are no changes and if a policy is new or revised it must be approved by the Board before the Hospital can adopt. Policies are being brought to the appropriate Board Advisory Committee for review and recommendation before being placed on the Hospital Board consent calendar for approval. All policies have been internally reviewed and have received appropriate approvals before being presented to a Board Committee.	
<b>Committees that reviewed the issue and recommendation, if any:</b>  The Corporate Compliance, Privacy and Internal Audit Committee reviewed the two policies presented and expressed agreement without a formal vote. Staff is recommending that the Board approve.	
<b>Summary and session objectives :</b> <ul style="list-style-type: none"> <li>• Review and approve revised policies</li> </ul>	
<b>Suggested discussion questions:</b> <ol style="list-style-type: none"> <li>1. None - this is a consent item</li> </ol>	
<b>Proposed Board motion, if any:</b>  To approve the Draft Revised Meal and Rest Break Policy and the Draft Revised Provisional Period Policy.	
<b>LIST OF ATTACHMENTS:</b> <ol style="list-style-type: none"> <li>1. Spreadsheet summarizing the policies</li> <li>2. Draft Revised Meal and Rest Break Policy (Redlines)</li> <li>3. Draft Revised Provisional Period Policy</li> </ol>	

## SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Rest and Meal Breaks	HR	12/15	Reviewed and updated by HR and Legal to incorporate required language on when meal or breaks are due to employees and requirements for "major fraction thereof".
	Provisional Period	HR	12/15	Reviewed and updated to provide for new provisional period after returning to employment after a year of longer.
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	



**POLICY/PROCEDURE TITLE:** 3.09 Rest and Meal Breaks

**CATEGORY:** Human Resources  
**LAST APPROVAL DATE:** 06/15

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

**COVERAGE:**

El Camino Hospital non-exempt employees. If there is an applicable MOU with conflicting provisions, if there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail unless this rest and meal break policy provides greater benefits to the employee, in which case the provisions of this policy shall prevail.

**PURPOSE:**

El Camino Hospital provides rest and meal breaks for non-exempt employees, in accordance with applicable provisions of . Non-exempt employees are provided rest and meal breaks according to the current Wage Order 5 issued by the California Industrial Welfare Commission (IWC) and the California Labor Code.

**STATEMENT:**

It is the policy of El Camino Hospital to provide all appropriate ~~comply with all mandatory reporting requirements for meal and rest periods.~~ s and breaks.

**PROCEDURE:**

DA. Rest Breaks:

- Every non-exempt employee is authorized and permitted to take a paid duty-free rest break of fifteen (15) minutes for every four hours of work, or major fraction thereof (i.e., more than two hours). The rest break is to be taken, to the extent practicable, in the middle of each four-hour work period or major fraction thereof.  
El Camino Hospital will provide a rest break of fifteen (15) minutes for every four (4) hours or substantial fraction thereof worked.
- In order to minimize disruption to the department, management may designate ~~scheduled~~ the rest ~~breaks~~ periods.
- The employee may leave the work station but must return to work no later than the end of her/his rest break.
- Rest break time is paid time.

Formatted: Font: (Default) Arial

Formatted: Font: 12 pt

Formatted: Indent: Left: 0.5", Hanging: 0.5"

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

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



**POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks**

5. Failure to provide the non-exempt employee with an opportunity to take a rest break period for every four (4) hours of work or major fraction substantive fraction thereof (i.e., more than two hours) worked will require the employee to be paid one (1) hour of pay at the employee's regular rate of compensation for each work day that the rest period(s) is not provided. The employee must complete a *Notification of Missed Rest Break and/or Meal Break* form (see attached) and submit it to the manager on the day of the occurrence, and indicate the missed rest period on his or her in eTime/electronic time card see Human Resources Policy 2.05 Electronic Time Cards). If the employee does not submit this form, El Camino Hospital will assume that he/she has taken all appropriate and timely rest breaks or has voluntarily chosen not to do so.

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

**Comment [A1]:** Consider using the term "electronic time card" rather than the name of the current system.

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

**B. Meal Breaks:**

Every non-exempt employee An employee is provided an uninterrupted, duty-free unpaid required to take a meal break of at least thirty (30) minutes on any day in which, whenever she/he works more than is assigned a work schedule period of more than five (5) hours, and the meal period must begin before the end of the fifth hour of work. In addition, a second 30-minute meal period is provided if the employee works more than ten (10) hours. The second meal period must begin before the end of the tenth hour of work. Management may designate scheduled meal breaks.

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Indent: Left: 0.5", Line spacing: Multiple 0.98 li, Widow/Orphan control

**Waiver Of Meal Breaks.** All non-exempt employees must take the required full 30-minute unpaid meal period(s). However, if a non-exempt employee works more than five (5) hours but not more than six (6) hours in a day, that employee may voluntarily waive the meal period for that day by signing a written waiver. Similarly, if the non-exempt employee works more than ten (10) hours but not more than twelve (12) hours in a day, that employee may voluntarily waive the second meal period for that day by signing a written waiver, provided the first meal period was taken that day. Employees who work shifts in excess of eight (8) total hours in a workday may voluntarily waive their right to one of their two meal periods by entering into a written agreement that is voluntarily signed by both the employee and the Hospital; the employee may revoke the waiver at any time by providing the Hospital at least one day's written notice. The employee shall be fully compensated for all working time, including any on-the-job meal period, while such a waiver is in effect.

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted: Font: 12 pt

Formatted: Font: (Default) Arial

1. Meal periods are not counted as hours worked if:

- The employee is completely relieved of all duties;

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

**POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks**

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

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

**Comment [A2]:** Consider using the term "electronic time card" rather than the name of the current system.

Formatted: Font: (Default) Arial, Not Bold

Formatted: Font: (Default) Arial

**CF. General Provisions - Rest/Meal Breaks**

1. The following practices are not permitted:
  - Combining rest breaks, or rest and meal breaks;
  - Omitting rest or meal breaks in order to report to work late or to leave work early during a scheduled work day; or
  - Dividing rest or meal breaks into smaller time segments.
2. Time used for smoking, leaving the immediate work area for reasons such as getting food or beverages, personal telephone calls, *etc.*, should be scheduled within and is considered to be included within the employee's part of rest and meal breaks.
3. Rest breaks are to be taken in designated employee break areas only. Break rooms and the cafeteria are acceptable areas for rest breaks. Meal or rest breaks shall not be taken in areas designated as patient or visitor waiting areas, consultation rooms or patient care areas. It is not permissible to take meal or rest breaks in patient or treatment rooms.

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

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

**POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks**

4. Employees who remain on hospital premises while on break must wear his or her badge visibly and identify themselves to management or security personnel if asked.

**D. Extended Rest Breaks for Breastfeeding Mothers**

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

**Formatted:** No bullets or numbering

**Formatted:** Font: (Default) Arial

**Formatted:** Font: (Default) Arial

**Formatted:** Font: (Default) Arial



**POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks**

---

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

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

**ATTACHMENTS:**

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

**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.

# Provisional Period Policy

**POLICY/PROCEDURE TITLE:** 3.07 Provisional Period

**CATEGORY:** Human Resources

**LAST APPROVAL DATE:** 04/2015

---

**SUB-CATEGORY:** Human Resources

**ORIGINAL DATE:** 9/11/94

**COVERAGE:**

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

**PURPOSE:**

The provisional period offers the supervisor the opportunity to assess and evaluate an employee's job performance during their initial employment and upon transfer to a new job or department, and to determine if the employee has demonstrated success during their orientation to the role. An employee may be terminated if they do not meet standards during the provisional period, and the employee may also use this opportunity to assess if she/he desires to continue in the job.

**STATEMENT:**

It is the policy of El Camino Hospital to require employees to complete a provisional period upon initial employment, promotion, transfer, reinstatement and/or rehire to determine suitability for employment or when changing positions within El Camino Hospital.

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

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

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

**POLICY/PROCEDURE TITLE: 3.07 Provisional Period****CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015****DEFINITIONS:**

1. **Reinstatement** - An employee will be considered "reinstated" when she/he previously worked for El Camino Hospital and returns to employment with El Camino Hospital following a break in service of less than one year.
2. **Rehire** - An employee will be considered "rehired" when she/he previously worked for El Camino Hospital and returns to employment with El Camino Hospital following a break in service of one year or more.

**PROCEDURE:**

1. Employees are provided ~~required to complete~~ a one hundred eighty (180) calendar day provisional period to provide an initial opportunity to assess their demonstrated work performance and competency for the position during initial employment regardless of status.
2. Employees who are reinstated, rehired, promoted, transferred, or who undergo a position change are also provided an additional ~~must also complete a new~~ one hundred eighty (180) day provisional period.
3. Failure to Satisfactorily Complete A Provisional Period.
  - a. New Employees. El Camino Hospital reserves the right to terminate employment at any time and for any reason during the one hundred eighty (180) day initial employment provisional period. El Camino Hospital also reserves the right to extend the duration of any initial employment provisional period up to one hundred eighty (180) additional days. El Camino Hospital retains sole and absolute discretion to determine when the above actions are appropriate.
  - b. Current Employees. El Camino Hospital reserves the right to extend the duration of any employment provisional period up to one hundred eighty (180) additional days. If at any time during the one hundred eighty (180) day employment provisional period, or extension, the manager determines the employee has not is failing to demonstrated competency and successful performance of the new position ly complete the new provisional period, the department may choose employee is subject to one of the following actions:
    - i. Management-Initiated Return of the Employee to Her/His Previous Position. If the employee's previous position is still vacant and the

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

**POLICY/PROCEDURE TITLE: 3.07 Provisional Period**

**CATEGORY: Human Resources**

**LAST APPROVAL DATE: 04/2015**

employee's documented performance record in that job reflects a minimum rating of "meets expectations standards" or greater, management may, at their option, return the employee to her/his previous position. This is not intended to restrict the manager from taking action to fill the employee's previous position prior to, or during, the employee's new provisional period. There is no right to be returned to a previous position for an employee who is released from the new position.

- ii. Discipline and Termination. If none of the above options are is determined to not be appropriate or available, an employee who does not successfully demonstrate competency and successful performance during complete the one hundred eight (180) day provisional period may be released from the position and terminated from employment may be terminated.

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

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.12), 11/4/03, 12/4/06, 03/09, 11/12

**REFERENCES: (as applicable)**

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

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



**POLICY/PROCEDURE TITLE:** 3.07 Provisional Period

**CATEGORY:** Human Resources

**LAST APPROVAL DATE:** 04/2015

in approval

**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.

**d. Minutes of the Executive Compensation Committee  
(11/17/15 and 1/20/16)**



**Minutes of the Open Session of the  
Executive Compensation Committee  
Tuesday, November 17, 2015  
El Camino Hospital, 2500 Grant Road, Mountain View California  
CEO Conference Room  
And  
8500 Pena Boulevard, Denver, Colorado 80249**

---

**Members Present**

Jeffrey Davis, MD (joined via teleconference at 5:40 pm)  
Teri Eyre  
Jing Liao  
Bob Miller  
Prasad Setty

**Members Absent**

Lanhee Chen

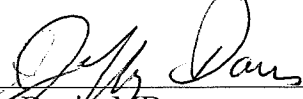
Agenda Item	Comments/Discussion	Approvals/Action
<b>CALL TO ORDER</b>	Vice Chair Bob Miller called the Executive Compensation Committee of El Camino Hospital to order and 4:30 pm.	
<b>2. ROLL CALL</b>	Silent roll call was taken. All members except Lanhee Chen were in attendance. Dr. Davis participated via teleconference	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Vice Chair Miller asked if any Committee member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	
<b>4. PUBLIC COMMUNICATION</b>	None.	
<b>5. CONSENT CALENDAR ITEMS</b>	<b>Motion:</b> To approve the Minutes of the September 17, 2015 Executive Compensation Committee meeting. <b>Movant:</b> Eyre <b>Second:</b> Setty <b>Ayes:</b> Eyre, Liao, Miller, Setty <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> Chen, Davis	<b><i>Consent Calendar Approved</i></b>

	<b>Recused:</b> None	
<b>6. REPORT ON BOARD ACTIONS</b>	<p>Tomi Ryba, CEO advised the Committee that the Board approved the proposed FY16 Organizational Goal Metrics and proposed FY16 Individual Executive Incentive Goals. She noted that the Board approved the FY16 General Counsel's goals although the Committee had not reviewed them due to timing issues. She reported that the Board would like there to be more discussion at the Committee level regarding the goal setting philosophy and specifically whether the goals are stretch enough.</p> <p>Dr. Davis joined the meeting at 5:40 pm.</p> <p>Ms. Ryba also reported that the Board wants further Succession Planning completed and that staff will be bringing that back to the Committee in March.</p>	
<b>LETTERS OF REBUTTABLE PRESUMPTION OF REASONABLENESS</b>	<p>Andrew Lewis of Sullivan Cotter Associates presented the Draft Letters of Reasonableness (CEO and Executives) to the Committee, noting that some revisions were made at the request of Vice Chair Miller to provide for consistent statistical references. Corrected versions of the Draft Letters were provided to each of the Committee members.</p> <p><b>Motion:</b> To Recommend that the Board approve the Draft Revised Letters of Rebuttable Presumption of Reasonableness.</p> <p><b>Movant:</b> Setty</p> <p><b>Second:</b> Eyre</p> <p><b>Ayes:</b> Davis, Eyre, Liao, Miller, Setty</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> None</p> <p><b>Absent:</b> Chen</p> <p><b>Recused:</b> None</p>	
<b>8. EXECUTIVE COMPENSATION CONSULTANT RFP AD HOC COMMITTEE REPORT</b>	<p>Vice Chair Miller reported that he and Ms. Eyre worked with Julie Johnston, Director, Total Rewards, to draft the proposed Consultant RFP and requested comments from the Committee. Mr. Setty commented that the scope of the RFP was clear and included most everything the Committee would need from its Consultant. Mr.</p>	<b>RFP Approved.</b>

	<p>Setty suggested that the Committee could also use executive goal setting support and advice re communicating executive compensation decisions to the community. Committee members noted their agreement with Mr. Setty's suggestion.</p> <p><b>Motion:</b> To approve the draft RFP as presented by the Ad Hoc Committee amended to include experience with executive goal setting and advising the Board and Committee around communicating executive compensation decisions to the community.</p> <p><b>Movant:</b> Liao  <b>Second:</b> Setty  <b>Ayes:</b> Davis, Eyre, Liao, Miller, Setty  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chen  <b>Recused:</b> None</p> <p>Vice Chair Miller commented that, unless there were objections, he and Ms. Eyre would work with Ms. Johnston to revise the RFP in accordance with the Committees action and send it out without further review by the Committee. No objections were noted.</p>	
<b>9. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:05 pm  <b>Movant:</b> Eyre  <b>Second:</b> Setty  <b>Ayes:</b> Davis, Eyre, Liao, Miller, Setty  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chen  <b>Recused:</b> None</p>	
<b>10. AGENDA ITEM 14 - RECONVENE OPEN SESSION/REPORT OUT</b>	<p>Open Session was reconvened at 6:15 pm. The following action was taken in Closed Session: Approval of the Closed Session Minutes of September 17, 2015 (Davis, Eyre, Liao, Miller, Setty in favor; Chen absent).</p>	
<b>11. AGENDA ITEM 15 - FY 16 PACING PLAN</b>	<p>The Committee requested that staff add further discussion regarding executive goal setting philosophy to the January 20<sup>th</sup> Committee meeting, review of the executive performance evaluation process to the March 24<sup>th</sup> meeting and a joint meeting with the Board in February or March.</p>	

<b>12. AGENDA ITEM 16 - CLOSING COMMENTS</b>	Vice Chair Miller thanked everyone for attending.	
<b>13. AGENDA ITEM 17 - ADJOURNMENT</b>	<b>Motion:</b> To adjourn to closed session at 6:17 pm <b>Movant:</b> Setty <b>Second:</b> Eyre <b>Ayes:</b> Davis, Eyre, Liao, Miller, Setty <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> Chen <b>Recused:</b> None	<b>Meeting Adjourned</b>

Attest as to the approval of the foregoing minutes by the Executive Compensation Committee, and the El Camino Hospital Board of Directors;

  
\_\_\_\_\_  
Jeffrey Davis, MD  
Chair, ECH Executive Compensation  
Committee

\_\_\_\_\_  
Peter C. Fung, MD  
Secretary, ECH Board of Directors

Prepared by: Cindy Murphy, Board Liaison

**Minutes of the Open Session of the  
Executive Compensation Committee  
Wednesday, January 20, 2016, 4:30 p.m.  
El Camino Hospital, Medical Staff Conference Room  
2500 Grant Road, Mountain View California**

**Members Present**

Jeffrey Davis, MD  
Lanhee Chen  
Teri Eyre  
Jing Liao (joined at 4:45 pm and  
departed during the closed session)  
Bob Miller  
Julia Miller (joined during closed session  
at 6:00 pm via teleconference)  
Prasad Setty (joined at 4:38 pm)

**Members Absent**

None

**Members Excused**

None

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/Action</b>
<b>1. CALL TO ORDER</b> Committee Chair	Committee Chair Jeff Davis called the Executive Compensation Committee of El Camino Hospital to order at 4:35 pm.	
<b>2. ROLL CALL</b>	Silent roll call was taken. All Committee members except Jing Liao, Prasad Setty and Julia Miller were in attendance.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Davis asked if any Committee member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	
<b>4. PUBLIC COMMUNICATION</b>	None.	
<b>5. CONSENT CALENDAR</b>	<p><b>Motion:</b> To approve the Minutes of the November 17, 2015 Executive Compensation Committee meeting.</p> <p><b>Movant:</b> B. Miller</p> <p><b>Second:</b> Eyre</p> <p><b>Ayes:</b> Chen, Davis, Eyre, B. Miller</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> None</p> <p><b>Absent:</b> Liao, J. Miller, Setty</p>	<b><i>Consent Calendar Approved</i></b>

	<b>Recused:</b> None	
<b>6. EXECUTIVE INCENTIVE GOAL SETTING PHILOSOPHY</b>	<p>Andrew Lewis of Sullivan Cotter directed the Committee's to the presentation materials and suggested that the most critical factor for the Committee to consider is whether it has asked the right questions about the performance measures that it is contemplating putting into an incentive plan. He also suggested that the Committee should spend some time considering individual vs. group goals.</p> <p>Chair Davis commented that the purpose of this agenda item was for the Committee to have a high level philosophical discussion to reach consensus about the goal setting. Kathryn Fisk, CHRO, commented that the Board has questions about the weight of organizational vs. individual goals and whether organizational goals that a particular executive has responsibility for should also be reflected in that executive's individual goals.</p> <p>Mr. Lewis reported that the rapidly growing trend in healthcare is to assess the CEO and his/her direct reports against institutional goals only. He reported this is particularly true in almost all very large multi-state health systems and in about 50% of hospitals the size of ECH. He also reported that organizations are typically using 4-6 organizational goals all weighted equally.</p> <p>The Committee discussed their views on balancing the use of organizational vs. individual goals. Mr. Miller suggested that it is important for the goals to reflect areas that each executive can actually impact so that it directs effort. Ms. Eyre stated that she is inclined to have shared goals for the top level executives and that accountabilities should be divided at the next level. In response to questions, Mr. Lewis reported that some organizations use gateway goals for accreditation and/or financial performance and some may use a quality measure as a gateway goal if the organizations is really striving to improve in a specific area.</p> <p>Chair Davis requested that the staff take two kinds of plans (1) the simplification, team, all executives have the same kinds of goals as opposed to (2) more individual accountability and bring back two specific proposal for the Committee to consider. He suggested that the committee discuss the two proposals and then have the</p>	



	<p>same discussion at a joint meeting with the Board.</p> <p>Mr. Miller commented that he would be comfortable with the CEO at 100% organizational goals and the next level with 3-5 simplified individual goals. Mr. Setty commented that it's important for the executive team to consider whether it's more critical for the team to focus on cohesion building or performance.</p> <p>Chair Davis also requested that the topics of (1) the % of the variable portion of executive compensation and (2) Long Term Incentives be agendaized for the next meeting. The Committee also recommended that the CEO discuss these issues with the executive team prior to the next meeting.</p>	
<b>7. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:18 pm.  <b>Movant:</b> B. Miller  <b>Second:</b> Setty  <b>Ayes:</b> Chen, Davis, Eyre, Liao, B. Miller, Setty  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> J. Miller</p>	
<b>8. AGENDA ITEM 12 – RECONVENE OPEN SESSION / REPORT OUT</b>	<p>Open Session was reconvened at 8:12 pm. The Closed Session Minutes of November 17, 2016 were approved by a vote of six members in favor (Chen, Davis, Eyre, Liao, Bob Miller, Setty), one member absent (J. Miller).</p> <p>Ms. Liao had left the meeting during the closed session.</p>	
<b>9. AGENDA ITEM 13 – EXECUTIVE COMPENSATION CONSULTANT SELECTION</b>	<p><b>Motion:</b> To engage Mercer, LLC as executive compensation consultant and to instruct staff to determine timing and contract details that will promote an efficient and smooth transition.  <b>Movant:</b> B. Miller  <b>Second:</b> Chen  <b>Ayes:</b> Chen, Davis, Eyre, B. Miller, J. Miller, Setty  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Liao</p>	
<b>10. AGENDA ITEM 14 – FY1Y6 COMMITTEE GOALS AND PACING PLAN</b>	<p>Cindy Murphy, Board Liaison, reported that staff would like direction regarding what information the Committee would like brought forward to complete Committee Goal #3: "Evaluate the effectiveness of the executive performance review process and the annual/biannual cycle that includes self-assessment, stakeholder feedback, talent profiling, and executive leadership development."</p>	

	Julie Johnston, Director, Total Rewards, suggested that in the process of their initial interviews with key stakeholders, the new consulting firm gather information about perceptions of the current process. Mr. Miller suggested they also inquire about perceptions of the incentive plan.	
<b>11. AGENDA ITEM 15 – CLOSING COMMENTS</b>	None.	
<b>12. AGENDA ITEM 16 - ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 8:15 pm <b>Movant:</b> B. Miller <b>Second:</b> Chen <b>Ayes:</b> Chen, Davis, Eyre, B. Miller, J. Miller, Setty <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> Liao	

**Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and by the Board of Directors of El Camino Hospital:**

\_\_\_\_\_  
Jeffrey Davis, MD  
Chair, ECH Executive Compensation  
Committee

\_\_\_\_\_  
Peter C. Fung, MD  
ECH Board Secretary

Prepared by: Cindy Murphy, Board Liaison

# **1. Medical Director Renewal for Cancer Center Program**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Director Renewal For Cancer Center Program El Camino Hospital Board of Directors Board Meeting Date: April 13, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Approval for a not to exceed annual amount of \$278,208.00
<b>Background:</b> <p>The current Medical Director of the Cancer Center, Shyamali Singhal, MD, is a specialty trained oncologic surgeon that has served as Medical Director since November 1, 2005, and under her leadership the Cancer Center has grown to serve nearly 1900 new patients per year and moved into the new facility May 2015. The current agreement has an effective date of July 1, 2014, and a termination date of June 30, 2016, consistent with most of the other medical director agreements. Although there will not be an increase in the current compensation, the hourly rate and total compensation exceed the 90<sup>th</sup> percentile of FMV as determined by MD Ranger reports and therefore requires Finance Committee review and Board approval. The current agreement has an effective date of July 1, 2014, and a termination date of June 30, 2016, consistent with most of the other medical director agreements.</p>	
<b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b> <p>Finance Committee on March 28, 2016; reviewed and recommended for board approval.</p>	
<b>Summary and session objectives :</b> <p>It is requested that the Board approve delegating the authority to negotiate a two-year renewal of the Cancer Center Medical Director agreement to the CEO on the financial terms described in the attached 10-step.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed board motion, if any:</b> <p>To approve a two-year renewal of the Cancer Center Medical Director Agreement at a not to exceed annual amount \$278,208.00.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-step</p>	



Date: April 13, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Director Renewal For Cancer Center Program**

1. **Recommendation:** We request that the Board of Directors approve delegating to the CEO the authority to negotiate a renewal of the Cancer Center Program Medical Director agreement.
2. **Problem/Opportunity Definition:** The current Medical Director of the Cancer Center, Shyamali Singhal, MD, is a specialty trained oncologic surgeon that has served as Medical Director since November 1, 2005, and under her leadership the Cancer Center has grown to serve nearly 1900 new patients per year and moved into the new facility May 2015.

The current agreement has an effective date of July 1, 2014, and a termination date of June 30, 2016, consistent with most of the other medical director agreements.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature of physician agreements that exceed \$250,000 threshold and when compensation exceeds the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Cancer Center Medical Directorship will be renewed for an additional two years, effective July 1, 2016.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership. The ECH Cancer Center is a significant clinical resource for the local and regional community, and it contributes significantly to revenues.

6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Chief Operating Officer, Chief Strategy Officer, and the Senior Director of the Cancer Center Service Line.
7. **Outcome Measures and Deadlines:** Proposed quality goals for this Agreement are currently in the process of development and alignment with the strategic goals of the Cancer Center and the Hospital and will be included in the renewal Agreement by July 1, 2016.
8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The currently approved compensation of \$276.00/hour for a total of eighty (84) hours per month results in a total annual cost of \$278,208.00, both of which are over the 90<sup>th</sup> percentile of FMV as determined by MD Ranger reports. We are not recommending an increase either in hours or dollars.

## **2. Interventional Pulmonology Fellowship Consulting Agreement**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Interventional Pulmonology Fellowship Consulting Agreement El Camino Hospital Board of Directors Board Meeting Date: April 13, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Approval for an increase in hourly rate of \$180.00 and a not to exceed annual amount of \$96,600.00
<b>Background:</b>	<p>On July 1, 2015, PAMF, ECH and UCSF entered into a Collaborative Agreement for the Joint Sponsorship of an Interventional Pulmonary Medicine Fellowship Program to define the terms and conditions of the IP Fellowship Program to be jointly sponsored by PAMF, ECH and UCSF. PAMF and ECH memorialized the above arrangement, and ECH compensated PAMF for provision of administrative services by Dr. Krishna who has provided and will continue to provide administrative services at ECH as the Program Director of the IP Fellowship Program. On November 5, 2015, ECH and PAMF entered into an IP Medicine Fellowship Program Consulting agreement for Dr. Krishna to continue providing services as the IP Fellowship Program Director at \$150.00 hour, with the understanding that the hourly rate would be increased, subject to Board approval, to \$180.00, consistent with the base hourly rate of Dr. Krishna's IP Program Medical Directorship.</p>
<b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b>	Finance Committee on March 28, 2016; reviewed and recommended for board approval.
<b>Summary and session objectives :</b>	It is requested that the Board approve delegating the authority to negotiate an amendment to the IP Fellowship Consulting agreement to the CEO on the financial terms described in the attached 10-step.
<b>Suggested discussion questions:</b>	None
<b>Proposed board motion, if any:</b>	To approve an amendment to the Interventional Pulmonology Fellowship Consulting Agreement to increase the hourly rate from \$150.00 to \$180.00 at a not to exceed annual amount of \$96,600.
<b>LIST OF ATTACHMENTS:</b>	10-step



## Memorandum

DATE: April 13, 2016

TO: El Camino Hospital Board of Directors

FROM: Rich Katzman, Chief Strategy Officer

SUBJECT: **Interventional Pulmonology Fellowship Consulting Agreement**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to execute an amendment to the Interventional Pulmonology Fellowship Program Consulting agreement for an increase in hourly rate.
2. **Problem/Opportunity Definition:** The ECH, Palo Alto Medical Foundation (PAMF) and the University of California, San Francisco, School of Medicine (UCSF), entered into a Letter of Intent (LOI) on May 13, 2014 summarizing the principle terms and conditions of a joint sponsored Interventional Pulmonary Medicine Fellowship Program (IP Fellowship Program). The LOI was extended on December 31, 2014 and expired by its terms on June 30, 2015. Pursuant to the LOI, Dr. Ganesh Krishna was to serve as the Program Director of the IP Fellowship Program and take the lead in the development of the curriculum and other activities as would be needed to establish the formal fellowship program. Dr. Krishna commenced to develop the IP Fellowship Program in January 2014.

On May 27, 2014, Dr. Krishna received a formal academic appointment as the Program Director of the IP Fellowship Program within the Division of Pulmonary, Critical Care, Allergy and Sleep Medicine in the UCSF Department of Medicine, to be effective July 1, 2014. Dr. Krishna's compensation, paid by UCSF to PAMF for his role as Program Director was limited to ten percent (10%) of the UCSF designated salary for this position and the ECH agreed to pay for Dr. Krishna's administrative services at the ECH as Program Director.

On July 1, 2015, PAMF, ECH and UCSF entered into a Collaborative Agreement for the Joint Sponsorship of an Interventional Pulmonary Medicine Fellowship Program. PAMF and ECH memorialized the above arrangement, and ECH compensated PAMF for provision of administrative services by Dr. Krishna who has provided and will continue to provide administrative services at ECH as the Program Director of the IP Fellowship Program. On November 5, 2015, ECH and PAMF entered into an IP Medicine Fellowship Program Consulting agreement for Dr. Krishna to continue providing services as the IP Fellowship Program Director at \$150.00 hour, with the understanding that the hourly rate would be increased, subject to Board approval, to \$180.00, consistent with the base hourly rate of Dr. Krishna's IP Program Medical Directorship.

3. **Authority:** According to Board Policy 51.00, Board approval is required prior to execution by the CEO for a greater than 10% increase in compensation and for compensation that exceeds the 75<sup>th</sup> percentile. In this particular case, the proposed hourly rate and maximum annual compensation both exceed the 75<sup>th</sup> percentile as determined by MD Ranger reports.
4. **Process Description:** If approved by the Board, an amendment to the IP Fellowship Consulting agreement will increase the hourly rate to \$180.00.
5. **Alternative Solution that Includes Cost Benefit/SWOT Analysis:** An alternative is to continue to pay Dr. Krishna the current hourly amount, which he will likely not accept.
6. **Concurrence for Recommendation:** This amendment is supported by the Chief Operating Officer and Chief Strategy Officer.
7. **Outcome Measures and Deadlines:** An amendment to this agreement to increase the hourly rate is to be effective April 2016, subject to Board approval.
8. **Legal Review:** Legal counsel will review the final amendment prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed amendment and compensation prior to execution.
10. **Financial Review:** The proposed annual cost of the current agreement is a not to exceed amount of \$96,600, at a rate of \$180.00 per hour, both exceeding the 75<sup>th</sup> percentile according to MD Ranger reports.

### **3. Medical Director Renewal for NICU (Mountain View)**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Director Renewal for NICU (MV) El Camino Hospital Board of Directors Board Meeting Date: April 13, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Approval for a not to exceed annual amount of \$93,750.00
<p><b>Background:</b></p> <p>Dr. Sivakumar has made an invaluable contribution to refinements in NICU work flow, iCare expertise for NICU, staff education, and patient safety to reduce re-admissions for late pre-term infant babies. As the Medical Director of the Mountain View NICU, Dr. Sivakumar has been instrumental in developing collaboration and consensus among medical providers to decrease automatic admissions to the NICU for chorioamnionitis by bringing a neonatologist to L&amp;D for an infant assessment. She has been influential in working with the Pediatric and OB Departments to support our efforts to keep mothers and their infants together.</p> <p>To support her continued efforts, Dr. Sivakumar has requested ten (10) additional hours to allow her to continue current quality projects and the addition of improving the Neurology Program in the NICU. Dr. Sivakumar currently donates many unpaid hours each month to support quality initiatives for the NCIU.</p>	
<p><b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b></p> <p>Finance Committee on March 28, 2016; reviewed and recommended for board approval.</p>	
<p><b>Summary and session objectives :</b></p> <p>It is requested that the Board approve delegating the authority to negotiate an amendment to the NICU Medical Director agreement to the CEO on the financial terms described in the attached 10-step.</p>	
<p><b>Suggested discussion questions:</b></p> <p>None</p>	
<p><b>Proposed board motion, if any:</b></p> <p>To approve an amendment to increase the hours in the NICU Medical Director agreement at a not to exceed annual amount \$93,750.00.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <p>10-step</p>	



**El Camino Hospital®**  
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road  
Mountain View, CA 94040-4378  
Phone: 650-940-7000  
[www.elcaminohospital.org](http://www.elcaminohospital.org)

Date: April 13, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Director Renewal for NICU (MV)**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to negotiate an amendment to the current NICU Medical Director agreement for the Mountain View campus to increase hours and maximum annual compensation.
2. **Problem/Opportunity Definition:** In an effort to reduce NICU babies transported out for neurology services, on February 10, 2016 ECH executed an amendment with LPCH to have remote electroencephalography (EEG) readings upon request for emergent and non-emergent consultative services. These services will allow ECH to keep high risk babies needing neurology support. Last year, ECH transported six (6) babies needing neurology consults. Dr. Sivakumar will help develop and review new policies and staff education to support and improve our program in the NICU.

Dr. Sivakumar has made an invaluable contribution to refinements in NICU work flow, iCare expertise for NICU, staff education, and patient safety to reduce re-admissions for late preterm infant babies. She has been instrumental in developing collaboration and consensus among medical providers to decrease automatic admissions to the NICU for chorioamnionitis by bringing a neonatologist to L&D for an infant assessment. She has been influential in working with the Pediatric and OB Department s to support our efforts to keep mothers and their infants together.

To support her continued efforts, Dr. Sivakumar has requested ten (10) additional hours to be added to her Medical Directorship to permit her to continue current quality projects and the addition of improving the Neurology Program in the NICU. Dr. Sivakumar currently donates many hours each month to support quality initiatives for the NCIU.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the NICU Medical Director agreement will be amended to increase the work hours available to the physician from a total of forty (40) hours per month to fifty (50) hours at the current hourly rate of \$156.25. Dr. Sivakumar consistently works more than fifty (50) hours of administrative time per month.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** The alternatives include making no changes in total hours or making a smaller increase. Dr. Sivakumar typically reports more than the number of work hours per month compared to what the Hospital has contracted to pay her. If her allowable hours are not increased, there may be a delay in implementing quality projects that support our goal of keeping our babies here at ECH.
6. **Concurrence for Recommendation:** The increase in work effort is supported by the Chief Operating Officer, Chief Strategy Officer and Departmental Nursing leadership.
7. **Outcome Measures and Deadlines:** The anticipated outcome will be a continuation of Dr. Sivakumar's efforts to keep our NICU babies at ECH and not need to transfer to LPCH for services that we are not providing. FY17 goals are currently being negotiated for this Medical Directorship and will be included in the amendment to increase the monthly hours, to be effective July 1, 2016, subject to Board approval.
8. **Legal Review:** Legal counsel will review the final agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed agreement and compensation prior to execution.
10. **Financial Review:** The current agreement authorizes up to forty (40) hours per month of administrative work at an hourly rate of \$156.25 for a maximum of \$75,000 per year. We are recommending an increase in hours to fifty (50) per month at the current hourly rate of \$156.25, which is below the 50<sup>th</sup> percentile for FMV, for a maximum of \$93,750 per year, which exceeds the 75<sup>th</sup> percentile of FMV according to MD Ranger reports.

## **4. Medical Director Renewal for Cardiac Catheterization Laboratory & Chest Pain Center (Mountain View)**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Director Renewal For Cardiac Catheterization Laboratory & Chest Pain Center (MV) El Camino Hospital Board of Directors Board Meeting Date: April 13, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Approval for an increase in hours in the Cardiac Catheterization Laboratory & Chest Pain Center Medical Agreement at a not to exceed annual amount \$120,000.00
<p><b>Background:</b></p> <p>During the first fiscal quarter of FY2012, the Hospital took advantage of an opportunity to save money by combining two medical directorships in the Heart and Vascular Institute (HVI), the medical director of the catheterization laboratory and the medical director of the chest pain center (which oversees the accreditation and operation of the STEMI program that provides very rapid interventional response to patients with ST segment myocardial infarction). Dr. Chad Rammohan of PAMF was appointed to that directorship and has performed extremely well in that role. Dr. Rammohan was also appointed as Medical Director of the Transcatheter Aortic Valve Replacement Program (TAVR) on July 1, 2015 with no additional hours or compensation added to his directorship.</p> <p>Because of the number of hours consumed by oversight of both the catheterization laboratory and the STEMI and TAVR programs, we are recommending an increase of ten (10) hours per month.</p>	
<p><b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b></p> <p>Finance Committee on March 28, 2016; reviewed and recommended for board approval.</p>	
<p><b>Summary and session objectives :</b></p> <p>It is requested that the Board approve delegating the authority to negotiate an amendment to the Cardiac Catheterization Laboratory &amp; Chest Pain Center (MV) agreement to the CEO on the financial terms described in the attached 10-step.</p>	
<p><b>Suggested discussion questions:</b></p> <p>None</p>	
<p><b>Proposed board motion, if any:</b></p> <p>To approve a two-year renewal with an increase in hours in the Cardiac Catheterization Lab &amp; Chest Pain Center Medical Agreement at a not to exceed annual amount \$120,000.00.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <p>10-step</p>	



Date: April 13, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Director Renewal For Cardiac Catheterization Laboratory & Chest Pain Center (MV)**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to negotiate a renewal to the current Cardiac Catheterization Laboratory and Chest Pain Center Medical Director agreement with an increase in hours and maximum annual compensation.
2. **Problem Definition.** During the first fiscal quarter of FY2012, the Hospital took advantage of an opportunity to save money by combining two medical directorships in the Heart and Vascular Institute (HVI), the medical director of the catheterization laboratory and the medical director of the chest pain center (which oversees the accreditation and operation of the STEMI program that provides very rapid interventional response to patients with ST segment myocardial infarction). Dr. Chad Rammohan of PAMF was appointed to that directorship and has performed extremely well in that role. Dr. Rammohan was also appointed as Medical Director of the Transcatheter Aortic Valve Replacement Program (TAVR) on July 1, 2015 with no additional hours or compensation added to his directorship.

Because of the number of hours consumed by oversight of both the catheterization laboratory and the STEMI and TAVR programs, we are recommending an increase of ten (10) hours per month.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Approval is requested for negotiation and execution of a two-year renewal agreement for the Medical Director Renewal for Cardiac Catheterization Laboratory & Chest Pain Center (MV) for up to fifty (50) hours per month at the current hourly rate of \$200.00 to be effective July 1, 2016.

5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** The Hospital could return to its former arrangement of compensating three different medical directors over the catheterization laboratory, the STEMI and TAVR programs, which tended to create unproductive and potentially hazardous silos separating three operational activities that need very close coordination.
6. **Concurrence for Recommendation:** As was the case at the time of the original creation of this combined directorship, there is general consensus within the leadership of the HVI, including the Chief Strategy Officer, that the renewal of this directorship at an additional level of compensation is appropriate on clinical and operational grounds.
7. **Outcome Measures and Deadlines:** This agreement should be renewed for two years effective July 1, 2016. The FY 16 goals are currently being negotiated.
8. **Legal Review:** Legal counsel will review the final agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed agreement and compensation prior to execution.
10. **Financial Review:** The current agreement authorizes up to forty (40) hours per month of administrative work at an hourly rate of \$200.00 for a maximum of \$96,000.00 per year. We are recommending an increase in hours to fifty (50) per month at the current hourly rate of \$200.00, which is below the 75<sup>th</sup> percentile for FMV, for a maximum of \$120,000.00 per year, which is over the 90<sup>th</sup> percentile for FMV according to MD Ranger reports.

## **f. Approval of Hospital Drive Building 15 Purchase**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<p>Authorize the Purchase of Real Property  APN's 193-25-014 &amp; 193-25-016  2500 Hospital Dr. Building 15 Mountain View, CA  El Camino Hospital Board of Directors  April 13, 2016</p>
<b>Responsible party:</b>	Ken King, CASO
<b>Action requested:</b>	The Board of Directors is requested to approve the purchase of the medical office property at 2500 Hospital Drive, Building #15, in Mountain View, CA at a cost not to exceed \$3.2 million.
<b>Background:</b>	See Attached Memorandum.
<b>Committees that reviewed the issue and recommendation, if any:</b>	The Finance Committee reviewed this request at their meeting on March 28, 2016 and recommended Board approval
<b>Summary and session objectives :</b>	<ul style="list-style-type: none"> <li>Obtain Approval to Purchase Real Property</li> </ul>
<b>Suggested discussion questions:</b>	None. This is a consent item.
<b>Proposed motion, if any:</b>	To approve the purchase of the medical office property at 2500 Hospital Drive, Building #15, in Mountain View, CA at a cost not to exceed \$3.2 million.
<b>LIST OF ATTACHMENTS:</b>	Memorandum Dated 3.30.16

## Memorandum Administration

Date: March 30, 2016  
To: El Camino Hospital Board of Directors  
From: Ken King, CASO  
Re: Recommendation to Authorize the Purchase of Real Property  
APN's 193-25-014 & 193-25-016

**Recommendation:** The Finance Committee recommends that the Board of Directors approve the purchase of the medical office property at 2500 Hospital Drive, Building #15, in Mountain View, CA at a cost not to exceed \$3.2 million.

**Authority:** As required by policy, real property purchases require approval by the Board of Directors.

**Problem / Opportunity Definition:** El Camino Hospital currently owns seven of the fourteen medical office buildings at 2500 Hospital Drive in Mountain View. These buildings were originally constructed for private practice physicians in the early 1960's. Each building sits on its own parcel of land and there is an association agreement for the shared maintenance and use of the parking and landscaped areas surrounding each property.

We began purchasing buildings at this address in 2008 and only one other sale, to a private physician group has occurred since that time. These properties are of strategic importance to the future of the hospital due to the development limitations of the Mountain View Medical Park Precise Plan restrictions.

We now have the opportunity to purchase Building #15 at a price of \$3.15 million plus incidental closing costs. See diagram on page 3 for subject parcel.

**Process Description:** The property is owned by the heirs of the former physician owner Dr. Keyani and retired Dr. Brownstone. We were approached by the building owners in December who indicated they had an offer from an investor, but desired to sell the building to El Camino Hospital. This particular building is also a corner building and will provide us with the ownership of an entire quadrant.

We evaluated the recent sales, conducted an income analysis and reviewed past appraisals and determined that the property is valued between \$3.3 and \$3.5 million. Because we offered a quick close, all cash transaction accepting the building as is, the owners have agreed to the \$3.15 million offer.

We are finalizing the purchase and sale agreement and anticipate closing escrow by on April 30th, pending the Board's approval.

**Alternative Solutions:** The purchase is ultimately subject to the approval of the Board of Directors. The only alternative to consider, but is not recommended is to not purchase this property.

**Concurrence for Recommendation:** This purchase was recommended by the Board Finance Committee and is supported by the Executive Leadership Team.

**Outcome Measures / Deadlines:** If approved we will complete the transaction and close escrow on or about April 30, 2016.

**Legal Review:** The proposed purchase/sale agreement has been prepared by Real Estate Council, Greg Caligari of Cox, Castle and Nicholson.

**Compliance Review:** The compliance officer has confirmed that there are no issues with this recommendation to purchase this property that is not owned by a practicing physician.

**Financial Review:** The basis of the purchase price is supported by the information below:

<b>2500 Hospital Drive - 6 of 14 Buildings Purchased by ECH</b>								
Parcel #	Bldg. #	Lot Area (SF)	Lot Area (Acre)	Building Area	Purchase Price	\$ per Acre	\$ per SF Building Area	Date of Purchase
193-25-008	1	13,120	0.30	5,609	\$3,100,000	\$10,292,398	\$553	10/31/15
193-25-007	2	13,214	0.30	4,800	\$2,300,000	\$7,582,160	\$479	12/07/10
193-25-009	3	11,843	0.27	3,199	\$2,050,000	\$7,540,316	\$641	03/31/15
193-25-003	10	11,761	0.27	2,855	\$1,250,000	\$4,629,895	\$438	01/27/09
193-25-013	11	11,788	0.27	4,931	\$2,150,000	\$7,944,906	\$436	07/08/11
193-25-002	12	11,761	0.27	3,000	\$1,400,000	\$5,185,483	\$467	11/02/11
193-25-001 193-25-015	14	16,895	0.39	4,554	\$2,080,000	\$5,362,712	\$457	07/14/08
AVERAGES					<b>\$2,047,143</b>	<b>\$6,933,981</b>	<b>\$496</b>	
<b>Current Request</b>								
193-25-014 193-25-016	15	17,042	0.39	5,345	<b>\$3,150,000</b>	\$8,051,736	\$589	04/30/16
<b>Most Recent Sale to a Private MD Group for Comparison</b>								
193-25-011	7	11,816	0.27	5,513	\$2,700,000	\$9,953,784	\$490	9/16/2011

The bottom line is that these properties are very desirable to an owner/occupant physician who can afford the investment; however selling to us is often desirable because of the terms we are able to offer a seller. The cost of this property will have a 70% land value of \$2,205,000 with the improvements valued at \$945,000 reflected on the hospital financial statements.

**Recommendation:** The Finance Committee recommends that the Board of Directors approve the purchase of the medical office property at 2500 Hospital Drive, Building #15, in Mountain View, CA at a cost not to exceed \$3.2 million.



## Mountain View campus and surrounding properties



**g. Mountain View Facilities Project Funding Requests**



## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Mountain View Campus Facility Project Funding Request El Camino Hospital Board of Directors April 13, 2016
<b>Responsible party:</b>	Ken King, CASO
<b>Action requested:</b>	Board of Directors are requested to approve the final funding for the following project:  IMOB Preparation – Old Main Upgrades Not To Exceed \$2,990,000
<b>Background:</b>	In order to demolish portions of the Old Main Hospital for new planned construction we must make improvements necessary to relocate over 280 staff into the Old Main Hospital Bed Tower. See Attached Memorandum for Details.
<b>Committees that reviewed the issue and recommendation, if any:</b>	The Finance Committee reviewed this request at their meeting on March 28, 2016 and recommended Board approval.
<b>Summary and session objectives :</b>	<ul style="list-style-type: none"> <li>• Obtain Budgeted Funding Approval</li> </ul>
<b>Suggested discussion questions:</b>	None. This is a consent item.
<b>Proposed motion, if any:</b>	To approve the funding for the IMOB Preparation – Old Main Upgrades Project Not To Exceed \$2,990,000.
<b>LIST OF ATTACHMENTS:</b>	Memorandum Dated 3.30.16

## Memorandum Administration

Date: March 30, 2016  
To: El Camino Hospital Board of Directors  
From: Ken King, Chief Administrative Services Officer  
Re: ECH Mountain View Campus Facility Project Funding Request

**Recommendation:** The Board Finance Committee recommends that the Board of Directors approve the final funding for the following project:

IMOB Preparation – Old Main Upgrades NTE \$2,990,000

**Authority:** As required by policy capital projects exceeding \$1,000,000 require approval by the Board of Directors.

**Problem / Opportunity Definition:** Before we can begin constructing the new Behavioral Health Services (BHS) and Integrated Medical Office Buildings (IMOB) we must demolish portions of the existing buildings. In order to perform the required demolition of we must relocate services and staff into portions of the Old Main Hospital. In order for us to provide a suitable work and service environment we need to re-activate portions of the building which have not been in service since November 2009. This re-activation requires us to make improvements to the operations of the elevators, HVAC, plumbing and data network services on floors G, 1, 2, & 3. Including accessible bathroom upgrades for Outpatient BHS patient care services in the old portion of the 1<sup>st</sup> Floor Surgery area.

**Process Description:** As we began the development of the Mountain View Campus Development projects we also began preparing for the impact of construction. We explored various alternatives to relocate all the services and staff from the impacted areas and determined that the most cost effective and operationally acceptable solution was to move back into portions of the Old Main Hospital that have been out of service since November 2009. We will be relocating the following patient care and support services:

Respiratory/Pulmonary	Heart & Vascular Institute	Outpatient BHS & Admin
Information Systems	iCare & HIMS	PIO/PACT
Clinical Effectiveness	Clinical Analytics	Hospitalist Space
Care Coordination	Multiple Storage Areas	Misc. Administrative
LPCH Allergy	Palliative Care	Facilities Development
Pathways Office	Copy/Print Services	Cardiac & Bariatric

In total over 280 staff will be required to relocate.

**Alternative Solutions:** The alternative to backfilling into the Old Main Hospital was to consider moving services and support departments off-site into leased buildings. This alternative is not recommended due to the low availability and high cost of office space and the operational inefficiencies associated with off-site relocations.

**Concurrence for Recommendation:** The Board Finance Committee supports the recommendation to make these needed improvements, which is also supported by the effected departments and the Executive Leadership Team.

**Outcome Measures / Deadlines:** While the work will be completed in small phases in time for the construction zones to be vacated by the end of June 2016.

**Legal Review:** All contracts for services and construction will follow organization policies, procedures and protocols. No legal review is required.

**Compliance Review:** Not Applicable

**Financial Review:** The costs for this project breakdowns as follows:

Construction / System Improvements	\$2,000,000
Data Network & FF&E	\$ 400,000
Soft Costs (Design, Permits, Inspection, PM's)	\$ 370,000
<u>Contingency</u>	<u>\$ 220,000</u>
<b>Total</b>	<b>NTE \$2,990,000</b>

The Capital Budget for FY 2016 forecasted a Budget of \$2,250,000 for this work and an additional \$750,000 for Equipment & Infrastructure Upgrades. These two items are combined into one for this requested project. The total expended dollars will be depreciated over the remaining life of the building, which is 30 to 36 months.

**Recommendation:** The Board Finance Committee recommends that the Board of Directors approve the funding for the IMOB Preparation – Old Main Upgrades Project NTE \$2,990,000.

**h. Los Gatos Facilities Upgrades Funding Requests**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	ECH Los Gatos Facility Projects Funding Requests El Camino Hospital Board of Directors April 13, 2016				
<b>Responsible party:</b>	Ken King, CASO				
<b>Action requested:</b>	Board of Directors requested to approve the additional funding for the following projects at ECH Los Gatos.  ECH Los Gatos Facility Improvement Project Phase III, Not To Exceed \$4,300,000  ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades, Not To Exceed \$7,000,000				
<b>Background:</b>	These budgeted projects are elements of the ECH Los Gatos Facility Improvement Plans anticipated when we first acquired the property. See Attached Memorandum for more details.				
<b>Committees that reviewed the issue and recommendation, if any:</b>	The Finance Committee reviewed this request at their meeting on March 28, 2016 and recommends Board Approval.				
<b>Summary and session objectives :</b>	<ul style="list-style-type: none"> <li>• Obtain Budgeted Funding Approval</li> </ul>				
<b>Suggested discussion questions:</b>	<ol style="list-style-type: none"> <li>1. Were these projects part of the plans previously presented to the Board or are they new requested projects?</li> </ol>				
<b>Proposed motion, if any:</b>	<p>To approve the additional funding for the following projects at ECH Los Gatos.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">ECH Los Gatos Facility Improvement Project Phase III</td> <td style="text-align: right;">NTE \$4,300,000</td> </tr> <tr> <td>ECH Los Gatos Imaging Phase II &amp; Sterile Processing Upgrades</td> <td style="text-align: right;">NTE \$7,000,000</td> </tr> </table>	ECH Los Gatos Facility Improvement Project Phase III	NTE \$4,300,000	ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades	NTE \$7,000,000
ECH Los Gatos Facility Improvement Project Phase III	NTE \$4,300,000				
ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades	NTE \$7,000,000				
<b>LIST OF ATTACHMENTS:</b>	<p>Memorandum Dated 3.30.16</p> <p>February 2015 Capital Facilities Spending Report (For Reference Only)</p>				

## Memorandum Administration

Date: March 30, 2016  
To: El Camino Hospital Board of Directors  
From: Ken King, Chief Administrative Services Officer  
Re: ECH Los Gatos Facility Projects Funding Requests

**Recommendation:** The Board Finance Committee recommends that the Board of Directors approve the additional funding for the following projects at ECH Los Gatos.

ECH Los Gatos Facility Improvement Project Phase III NTE \$4,300,000

ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades NTE \$7,000,000

**Authority:** As required by policy capital projects exceeding \$1,000,000 require approval by the Board of Directors.

### **Problem / Opportunity Definition:**

Facility Improvement Project Phase III – We began making improvements to the finishes, furniture, fixtures and mechanical systems at ECH Los Gatos in March 2013. We are close to completing all of the improvements in the Conference & Administrative Areas, the Emergency Department, the Women's Hospital Departments, the Medical/Surgical Unit and the Operating Room Mechanical Systems. We have yet to complete the work in the Lobby, Cafeteria and the Main Street Corridor which has finally (after two years) received OHSPD Plan Approval. This final phase of improvements will complete the improvements envisioned nearly three years ago.

Imaging Phase II & Sterile Processing Upgrades – The purchase of a CT scanner and x-ray room equipment was approved in August 2014. The facility improvements necessary to install the equipment and to reconfigure the Imaging support work area is now ready to proceed. The Sterile Processing Department Upgrades, which will correct work-flow inefficiencies and provide a more compliant space for processing instruments, is also ready to proceed. These two projects have separate OSHPD Permits, but due to the timing and proximity of the two areas in the building we are recommending that the budgets for these two projects be combined into one. Doing so allows us to manage the construction under one General Contractor Agreement, which reduces the overhead expenses and streamlines the contractor's activities.

### **Process Description:**

Facility Improvement Project Phase III – In order to maintain operations in a safe and compliant manner we have executed the work in multiple small phases. This has extended the schedule and increased the costs of the work. The final phase of work will also require multiple small phases in order to maintain acceptable exiting, life safety and infection control. We have also rolled into this project the electrical system upgrades which were originally planned to be a separate project.

Imaging Phase II & Sterile Processing Upgrades – The planning and design work has been completed the major equipment has been ordered, the building permits have been received and the construction is ready to proceed. The target completion date for these areas is January 2017.

**Alternative Solutions:** These projects are necessary to continue providing patient care services, no alternatives have been considered.

**Concurrence for Recommendation:** The Finance Committee supports the recommendation to make these needed improvements, which is also supported by the entire organization as many of these improvements were initially forecasted when the facility was purchased in 2009.

**Outcome Measures / Deadlines:** While the work will be completed in small phases the target completion date for all the project work requested is March 2017.

**Legal Review:** All contracts for services and construction will follow organization policies, procedures and protocols. No legal review is required.

**Compliance Review:** Not Applicable

**Financial Review:** The costs for these projects breakdown as follows:

Current  
Request

ECH Los Gatos Facility Improvement Project (All Phases)	Phase I Approved April 2013	Phase II Approved June 2014	Capital Budget In FY 2016 for Phase III and Electrical Upgrades	Phase III Requested	Total Project Funding
Construction & Building Equipment:	\$5,100,000	\$4,750,000		\$3,400,000	\$13,250,000
Moveable & Fixed Furniture Fixtures & Equipment (FF&E):	\$750,000	\$250,000		\$0	\$1,000,000
Soft Costs (Design, Management, Inspections, Permits, Misc.):	\$650,000	\$1,000,000		\$900,000	\$2,550,000
Contingency:	\$500,000	\$0		\$0	\$500,000
Total Project Budget:	\$7,000,000	\$6,000,000	\$3,500,000	\$4,300,000	\$17,300,000
ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades	Equipment Approved October 2014		Capital Budget In FY 2016 for Imaging Phase II & Sterile Processing	Requested	Total Project Funding
Construction & Building Equipment:				\$4,744,000	\$4,744,000
Moveable & Fixed Furniture Fixtures & Equipment (FF&E):	\$1,750,000			\$400,000	\$2,150,000
Soft Costs (Design, Management, Inspections, Permits, Misc.):				\$1,156,600	\$1,156,600
Contingency:				\$699,400	\$699,400
Total Project Budget:	\$1,750,000		\$8,105,000	\$7,000,000	\$8,750,000
Combined ECH Los Gatos Campus Project Requests			\$11,605,000	\$11,300,000	

Note that due to the nature of planning, permitting and executing the projects the budgets have been spread across several fiscal years. Also note that the combined Funding Requested for the ECH Los Gatos Projects is less than the FY 2016 Capital Budgeted amounts. Also note that the funding for these projects is included in the SERIES 2015 Bond Financing.

**Recommendation:** The Board Finance Committee recommends that the Board of Directors approve the additional funding for the following projects at ECH Los Gatos.

ECH Los Gatos Facility Improvement Project Phase III NTE \$4,300,000

ECH Los Gatos Imaging Phase II & Sterile Processing Upgrades NTE \$7,000,000



**El Camino Hospital**

THE HOSPITAL OF SILICON VALLEY

## Capital Facilities Spending Report - Information Only

Board of Directors

February 11, 2015



# Overview

- Los Gatos Projects from date of purchase. Pages 3 - 8
- Mountain View Projects in process & Budgeted in 15 Page 9
- Construction Cost Escalation Update Page 10

# El Camino Hospital Los Gatos

- Capital Facilities Spending – From Purchase Date
  - Completed Projects

Project #	Project Name	Cost to Complete	Status	Target Completion Date
0904	LG Facilities Upgrades	2,499,591	Complete	December-10
1102	LG Ortho Unit (Joint Hotel)	1,201,919	Complete	August-11
1120	LG Aspire Space @ 825 Pollard	522,998	Complete	March-12
1000	LG Rehab Building Upgrades	426,653	Complete	August-10
1005	LG Surgical Lights OR's 2 & 3	225,417	Complete	July-12
1103	LG OR Floor Replacement	78,899	Complete	June-11
1107	LG Rehab Boiler Replacement	86,817	Complete	September-11
1116	LG Ortho Unit Phase II	239,146	Complete	June-12
1122	LG Sleep Studies Upgrades	154,210	Complete	March-12
1124	LG Rehab Landscape Upgrades	515,451	Complete	September-13
1204	LG Elevator Controls Upgrade	79,735	Complete	April-13
1210	LG VOIP Upgrades - Facilities Infrastructure	226,365	Complete	February-13
1213	LG Washer / Sterilizer Replacement	366,119	Complete	January-13
1221	LG Kitchen Refrigerator Upgrades	107,527	Complete	July-13
1225	LG Rehab Roof Replacement	215,841	Complete	November-13
1247	LG Infant Security System	133,766	Complete	January-13
1249	LG Mobile CT Unit Prep	173,141	Complete	May-13
1304	LG Rehab Wound Management System	86,758	Complete	July-13
1308	LG IT Infrastructure Upgrades	105,896	Complete	November-13
1345	LG Lab HVAC Replacement	250,684	Complete	May-14
<b>Total Completed Projects</b>		<b>7,696,933</b>		

# El Camino Hospital Los Gatos

- Capital Facilities Spending – From Purchase Date
  - Approved Projects In Process

Project #	Project Name	FY 15 Spending Authority Budget	Estimated Cost	Approved Budget	Committed \$	Paid to Date	Cost to Complete	Status	Target Completion Date
0907	LG Imaging Phase I	★ ★	3,100,000	3,100,000	3,211,398	2,405,399	3,011,398	95% Compl	February-15
0908	LG Seismic Upgrades	★ ★	6,670,000	6,670,000	6,048,133	3,962,784	5,048,133	85% Compl	September-15
1248	LG Imaging Phase II (CT & Gen Rad)	4,500,000	4,500,000	2,150,000★	1,878,849	378,167	4,500,000	OSHDP Rev	May-16
1307	LG Upgrades - Major	★ ★	13,000,000	13,000,000	9,405,716	5,148,740	13,000,000	Constructio	June-16
1328	LG Ortho Canopy	★ ★	487,129	487,129	469,023	422,026	450,000	99% Compl	February-15
1346	LG Surgical Lights OR's 5,6 & 7	499,100	499,100	499,100	202,871	37,359	499,100	Pre-Constr	April-15
1421	LG MOB Improvements	1,000,000	400,000	200,000	33,138	7,730	400,000	Various	June-15
<b>Total Approved Projects in Process</b>		<b>5,999,100</b>	<b>28,656,229</b>	<b>26,106,229</b>	<b>21,249,128</b>	<b>12,362,205</b>	<b>26,908,631</b>		

★ Approved Budget for Design & Imaging Equipment Only, Construction portion of Budget not yet Requested

★ ★ Projects Budgeted and Approved in a Prior FY

# El Camino Hospital Los Gatos

- Capital Facilities Spending – From Purchase Date
  - Projects Under Development – Final Budgets not yet Approved

Project #	Project Name	FY 15 Spending Authority Budget	Estimated Cost	Approved Budget	Committed \$	Paid to Date	Cost to Complete	Status	Target Completion Date
1219	LG Spine Room Expansion - OR 4	3,400,000	4,100,000	431,765	451,049	326,273	4,100,000	Hold	October-15
1224	LG Rehab HVAC Upgrades	1,750,000	3,700,000★	235,000	244,392	204,780	3,700,000	Hold	November-15
1314	LG Electrical Systems Upgrade	1,200,000	1,200,000	100,000	80,000	42,345	1,200,000	Design	June-16
1327	LG Rehab Building Upgrades	737,000	737,000	100,000	24,000	19,322	737,000	Design	June-16
1347	LG Central Sterile Upgrades	1,322,780	1,322,780	245,000	63,460	25,537	1,322,780	Design	March-16
		<b>8,409,780</b>	<b>11,059,780</b>	<b>1,111,765</b>	<b>862,901</b>	<b>618,257</b>	<b>11,059,780</b>		

★Spending Authority Budget did not anticipate significant OSHPD required Structural Upgrades or Disruption Impact – (Cost mitigation options under development.)

# El Camino Hospital Los Gatos

- Capital Facilities Spending – From Purchase Date
  - Projects in FY 15 Spending Authority Budget, Not Yet Started

Project #	Project Name	FY 15 Spending Authority Budget	Estimated Cost	Approved Budget	Committed \$	Paid to Date	Cost to Complete	Status	Target Completion Date
1418	LG Distributed Antenna System	750,000	500,000	0	0	0	500,000	Discovery	November-16
1434	LG Rehab Building Upgrades II	800,000	0	0	0	0	0	Future	TBD
		<b>1,550,000</b>	<b>500,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>500,000</b>		

# El Camino Hospital Los Gatos

- Capital Facilities Spending – From Purchase Date
  - Summary - All Los Gatos Projects

	FY 15 Spending Authority Budget	Estimated Cost	Approved Budget	Committed \$	Paid to Date	Cost to Complete
<b>Total Completed Projects</b>		<b>7,989,732</b>	<b>7,989,732</b>	<b>7,696,933</b>	<b>7,696,933</b>	<b>7,696,933</b>
<b>Total Approved Projects in Process</b>	<b>5,999,100</b>	<b>28,656,229</b>	<b>26,106,229</b>	<b>21,249,128</b>	<b>12,362,205</b>	<b>26,908,631</b>
<b>Total Projects Under Development</b>	<b>8,409,780</b>	<b>11,059,780</b>	<b>1,111,765</b>	<b>862,901</b>	<b>618,257</b>	<b>11,059,780</b>
<b>Total Projects Not Yet Started</b>	<b>1,550,000</b>	<b>500,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>500,000</b>
<b>Total Los Gatos Capital Facilities Projects</b>	<b>15,958,880</b>	<b>48,205,741</b>	<b>35,207,726</b>	<b>29,808,962</b>	<b>20,677,395</b>	<b>46,165,344</b>

# Los Gatos Projects Sorted by Type

Project #	Project Name	Cost to Complete	Status	Type
1000	LG Rehab Building Upgrades	426,653	Complete	Infrastructure Improvement
0904	LG Facilities Upgrades	2,499,591	Complete	Infrastructure Improvement
1103	LG OR Floor Replacement	78,899	Complete	Infrastructure Improvement
1102	LG Ortho Unit (Joint Hotel)	1,201,919	Complete	Infrastructure Improvement
1107	LG Rehab Boiler Replacement	86,817	Complete	Infrastructure Improvement
1116	LG Ortho Unit Phase II	239,146	Complete	Infrastructure Improvement
1247	LG Infant Security System	133,766	Complete	Infrastructure Improvement
1204	LG Elevator Controls Upgrade	79,735	Complete	Infrastructure Improvement
1221	LG Kitchen Refrigerator Upgrades	107,527	Complete	Infrastructure Improvement
1304	LG Rehab Wander Management System	86,758	Complete	Infrastructure Improvement
1124	LG Rehab Landscape Upgrades	515,451	Complete	Infrastructure Improvement
1225	LG Rehab Roof Replacement	215,841	Complete	Infrastructure Improvement
1308	LG IT Infrastructure Upgrades	105,896	Complete	Infrastructure Improvement
1328	LG Ortho Canopy	450,000	99% Complete	Infrastructure Improvement
1345	LG Lab HVAC Replacement	250,684	Complete	Infrastructure Improvement
0908	LG Seismic Upgrades	5,048,133	85% Complete	Infrastructure Improvement
1219	LG Spine Room Expansion - OR 4	4,100,000	Hold	Infrastructure Improvement
1224	LG Rehab HVAC Upgrades	3,700,000	Hold	Infrastructure Improvement
1347	LG Central Sterile Upgrades	1,322,780	Design	Infrastructure Improvement
1307	LG Upgrades - Major	13,000,000	Construction	Infrastructure Improvement
1314	LG Electrical Systems Upgrade	1,200,000	Design	Infrastructure Improvement
1327	LG Rehab Building Upgrades	737,000	Design	Infrastructure Improvement
1418	LG Distributed Antenna System	500,000	Discovery	Infrastructure Improvement
<b>Subtotal Infrastructure Improvement</b>		<b>36,086,596</b>		
1005	LG Surgical Lights OR's 2 & 3	225,417	Complete	Equipment Replacement
1213	LG Washer / Sterilizer Replacement	366,119	Complete	Equipment Replacement
1210	LG VOIP Upgrades - Facilities Infrastructure	226,365	Complete	Equipment Replacement
1249	LG Mobile CT Unit Prep	173,141	Complete	Equipment Replacement
0907	LG Imaging Phase I	3,011,398	95% Complete	Equipment Replacement
1346	LG Surgical Lights OR's 5,6 & 7	499,100	Pre-Construction	Equipment Replacement
1248	LG Imaging Phase II (CT & Gen Rad)	4,500,000	OSHPD Review	Equipment Replacement
<b>Subtotal Equipment Replacement</b>		<b>9,001,540</b>		
1120	LG Aspire Space @ 825 Pollard	522,998	Complete	Business Case
1122	LG Sleep Studies Upgrades	154,210	Complete	Business Case
1421	LG MOB Improvements	400,000	Various	Business Case
1434	LG Rehab Building Upgrades II	0	Future	Business Case
<b>Subtotal Business Case</b>		<b>1,077,208</b>		
<b>Total Los Gatos Capital Facilities Projects</b>		<b>46,165,344</b>		

# El Camino Hospital Mountain View

## ➤ Capital Facilities Spending – Mountain View

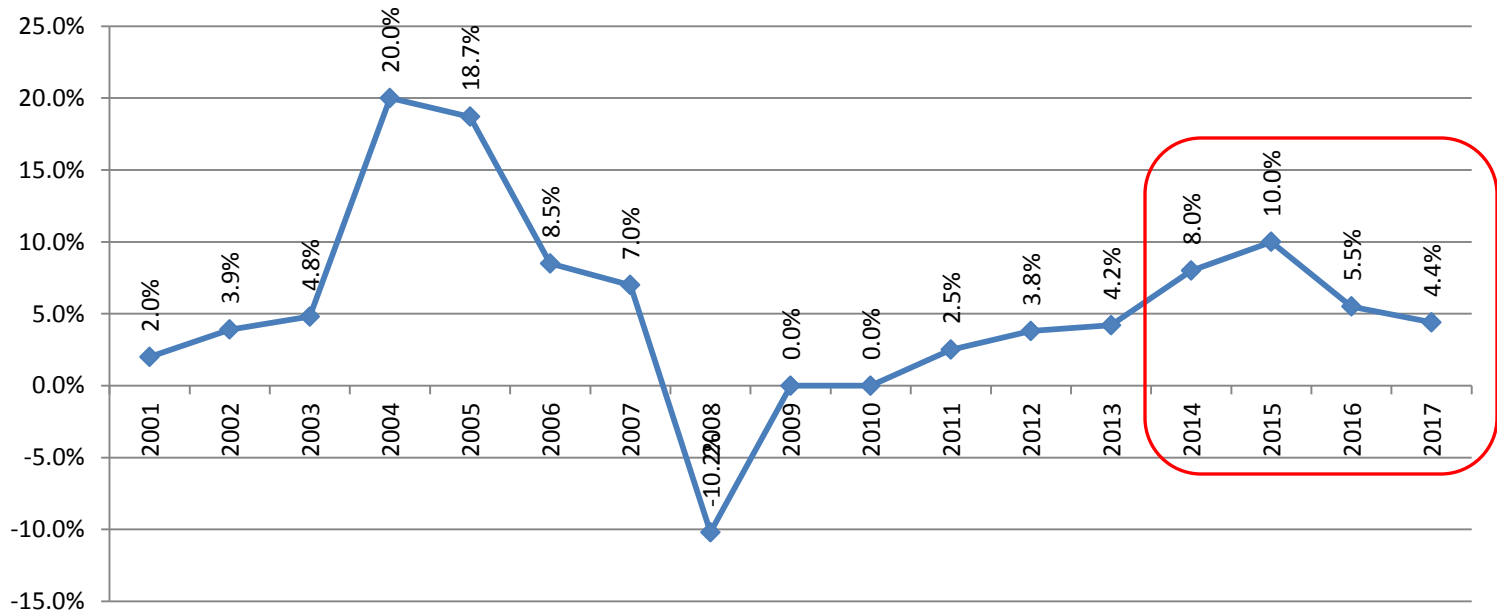
Project #	Project Name	FY 15 Spending Authority Budget	Estimated Cost	Approved Budget	Committed \$	Paid to Date	Estimated Cost to Complete	Status	Actual or Targeted Completion Date
0907	Slot / Data Center		19,000,000	19,000,000	18,814,954	14,671,507	19,439,266	95% Complete	April-15
1400	Oak Cancer Center TI's		5,900,000	5,900,000	5,974,031	931,740	6,174,031	60% Complete	April-15
1245	BHS Building Replacment		53,500,000	9,000,000	5,206,072	4,292,500	53,500,000	OSHPD	November-17
1413	North Drive Parking Garage Expansion	11,650,000	15,150,000	1,000,000	246,000	63,177	15,150,000	Design	March-16
1414	Integrated Medical Office Building (IMOB)	3,000,000	224,000,000	3,000,000	2,464,253	234,890	224,000,000	Design	March-18
1300	Willow Fire Alarm System Replacement	360,000	360,000	0	0	0	360,000	Hold	May-16
1415	MV Signage Upgrades	349,600	349,600					Design	TBD
1416	MV Campus Digital Directories	120,000	120,000					Design	TBD
1419	IR HD Video System Infrastructure	80,000	0					Hold	TBD
1422	CUP Upgrades - BHS, IMOB, Willow	750,000	4,000,000	0	0	0	4,000,000	Feasibility	August-17
1324	Campbell Primary Care Center	4,300,000	0				0	Hold	TBD
0000	Wound Care Center	1,446,125	0				0	Hold	TBD
0000	Contingeny for Equipment Support	480,000	480,000				480,000	Hold	TBD
1417	Facilities Project Planning	1,500,000	500,000				500,000	Hold	TBD
1423	Melchor TI's - Vacated Cancer Center		580,000	0	0	0	580,000	Feasibility	TBD
1432	205 South Dr. TI's for BHS MD's		300,000	0	0	0	300,000	Feasibility	TBD
1430	Women's Hospital Expansion		89,500,000	0	0	0	89,500,000	Future	TBD
<b>Total MV</b>		<b>24,035,725</b>	<b>413,739,600</b>	<b>37,900,000</b>	<b>32,705,310</b>	<b>20,193,814</b>	<b>413,983,297</b>		



# Construction Cost Escalation - FYI

- Cumming reports on construction boom and growth over the next three years, recommending annual escalation rates... *Impact to ECH Projects Anticipated!*

**Northern California Bay Area Escalation Rate 2001 - 2017**



# Medical Staff Report

## **Board of Directors Open Session – April 13, 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 29, 2016

**RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE**

This report is based upon the Medical Staff Executive Committee meeting of **March 24, 2016**.

**Request Approval of the Following:**

**A. Patient Care Policies & Procedures – Policy Summaries (p. 2)**

- **New Policies (attached)**
  - Tracking Quality Metrics in Direct Care (pp. 3-4)
- **Policies with Minor Revisions (See summary p. 2)**
  - Bridge Orders for Admission from the ED
  - Suction and Curettage in the ED

**B. Medical Staff**

- **Privilege Lists**
  - Cardiology (pp. 5-15) – New procedure Left Atrial Appendage Occlusion with WATCHMAN Device
  - Telemedicine (pp. 16-17) – Allows StatRad to perform final reads
- **Policy**
  - Physician Availability and Attendance (pp. 18-19) – Added language for pediatric patients

## SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Tracking Quality Metrics in Direct Care	Admin	3/16	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Bridge Orders for Admission from the ED	Patient Care	3/16	1. Clarified statement 2. Added definition of bridge orders & admission orders 3. Clarified item #3 4. Deleted "critical care" because we do have bridge orders for critical care.
	Suction and Curretage in the ED	Patient Care	3/16	Added Statement #3 The physician may elect to dilate the cervix to facilitate uterine evacuation if the ostium is already partly open. Adequate pain control will be initiated prior to and during the procedure
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:** Tracking Performance Quality Metrics in Direct Care (Contracting Arrangements)

**CATEGORY:** Administrative

**LAST APPROVAL:**

**TYPE:**

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

**SUB-CATEGORY:**

**OFFICE OF ORIGIN:**

**ORIGINAL DATE:** 03/2016

**I. COVERAGE:**

All Direct Care Contracts

**II. PURPOSE:**

To provide a clear process for timely oversight and tracking of Performance Quality metrics in Direct Care Contracting arrangements in order to assure safe and effective services.

**III. POLICY STATEMENT:**

Every Direct Care Contracting arrangement shall have mutually agreed upon Performance Quality Metrics that will assure that the services are safe and effective.

**IV. PROCEDURE:**

1. Hospital Leadership will assign an individual to oversee services and performance of each Direct Care Contracting arrangement.
3. The contractor will submit required Performance Quality Metric outcomes quarterly to the individual assigned by hospital.
4. The individual assigned by hospital will review and assess the Performance Quality Metric results quarterly and document such assessment in writing.
5. The owner assigned to the contract will provide the written assessment of the Performance Quality Metric results quarterly to Quality Improvement/Patient Safety Committee and other clinical committee as appropriate.
6. The owner will submit an annual review of the Quality Metric results and effectiveness of services provided under the contract to the Medical Staff for their approval.

<b>TITLE:</b>	Tracking Performance Quality Metrics in Direct Care (Contracting Arrangements)
<b>CATEGORY:</b>	Administrative
<b>LAST APPROVAL:</b>	

**V. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Clinical Effectiveness	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Historical Approvals:	

**VI. ATTACHMENTS (if applicable):**

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

**Practitioner Name:**

**CRITERIA FOR PRIVILEGES:** Physicians may apply/reapply for core privileges in the Department of Medicine, Cardiology if they are Board Certified or have completed an accredited residency training program in Cardiology.

**CONSULTATIONS:**

Consultation(s) shall be obtained by all Medical Staff members whenever the patient appears to be developing unexpected complications or untoward results which threaten life or serious harm, either from the 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.
  - **For new applicants**, this number needs to reflect your total experience with that procedure.
  - **For current medical staff applying for reappointment**, this will reflect the number performed within the last 24 months.
- Provide documentation where applicable – **see yellow highlighted items**.

**Approvals:**

**CVS/PVI:**

**March 10, 2016**

**Medicine Department Executive Committee:**

**March 11, 2016**

**Medical Executive Committee:**

**Board:**

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

		<b>Core Privileges:</b> Physicians with core privileges may admit, evaluate, diagnose and provide non-surgical treatment, including consultation to patients admitted or in need of care to treat general medical problems. These privileges are considered intrinsic to the practice of Internal Medicine and routinely included in the usual post-graduate training program in the specialty of Internal Medicine. (Includes lumbar puncture, abdominal paracentesis, thoracentesis, aspiration/injection of joints, arterial puncture and/or cannulation and EKG interpretation -adult.)	
Please list here any of the above Internal Medicine Core privileges you do not wish to request:			
		Management of mechanical ventilation Limited (uncomplicated case suitable for 12 hour Ventilator protocol)	
		Use of CPAP (continuous positive airway pressure) and BIPAP (bilevel positive airway pressure)	



Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

		<b>MODERATE (CONSCIOUS) SEDATION</b>	Initial Applicant: Requires passing the Moderate Sedation Examination with 85% or higher. <ul style="list-style-type: none"> <li>Initial applicant must take the exam provided by ECH Medical Staff Office – 650-940-7058.</li> </ul>	
		Placement Swan-Ganz Catheter		
		Placement of Central IV Line		
		Endotracheal Intubation		
		Exercise Tolerance Test		
		EKG Interpretation	These privileges may be limited to physician's own patients. Panel privileges are determined by the EKG Committee.	
		EKG Interpretation-Signal Averaged	These privileges may be limited to physician's own patients. Panel privileges are determined by the EKG Committee.	
		Dipyridamole Thallium Stress Testing		
		Holter Monitor Interpretation		
		Interpretation of Radionuclide Cardiac Imaging Studies		
		Echocardiogram Interpretation		
		Stress Echocardiography		
		Transthoracic Echo Doppler interpretation		
		Elective Direct Current Cardioversion		
		Trans-Esophageal Echocardiography (TEE)	<ul style="list-style-type: none"> <li><b>Initial Applicant:</b> Must be privileged for transthoracic echo Doppler and either #1, #2, or #3 below:</li> </ul> 1) Certificate of competency by the program director of the training program with a minimum volume of 20 TEE cases;	

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

			<b>OR:</b>  2) 20 cases performed with a physician with unrestricted TEE privileges;  <b>OR:</b>  3) 24 hours of Category I CME credit must be obtained including both didactic and lab experience including hands-on experience of 5 cases as primary operator.  <ul style="list-style-type: none"> <li>Initial applicant must provide             <ul style="list-style-type: none"> <li>1) certificate from the training program director &amp; case log showing 20 cases <b>or</b></li> <li>2) letter from physician with unrestricted TEE privileges &amp; case log showing 20 TEE cases <b>or</b></li> <li>3) documentation showing 24 hours CME courses &amp; case log showing 5 cases as primary operator.</li> </ul> </li> </ul> <b>FPPE:</b> 3 cases proctored.	
--	--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**INVASIVE PROCEDURES: Criteria apply to all Invasive procedures listed below:**

**Initial Applicant:** The individual should fulfill requirements for cardiovascular medicine specialty boards with completion of an ACGME-approved residency/fellowship. This should include a minimum of one year of cardiac catheterization lab training with performance as a primary operator of a **minimum of 150** procedures.

- Initial applicant must submit certificate (or letter) from director of training program & case log showing 150 procedures performed as primary operator.**

**FPPE:** Proctoring required on 3 cases for any combination of invasive procedures listed below.

		Pericardiocentesis	
		Insertion Temporary Transvenous Pacemaker	
		Right Heart Catheterization	
		Left Heart Catheterization/Sones	

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

		Left Heart Catheterization/Judkins <b>Brachial</b>	
		Left Heart Catheterization/Judkins <b>Femoral</b>	
		Transeptal Left Heart Catheterization	
		Intracardiac Angiography	
		Selective Coronary Arteriography	
		Aortic Angiography	
		Endomyocardial Biopsy	
		Intra-aortic Balloon Pump	
		Left Atrial Appendage Tissue Closure	<b>Initial Applicant:</b> Must hold privileges in transeptal puncture and cardiac catheterization privileges. <b>Provide evidence of 5 outside procedures as primary operator.</b> <b>Reappointment:</b> Physicians must perform at least 5 cases as primary or secondary operator per year to maintain privileges. <b>FPPE:</b> Initial applicant must be proctored for 5 cases.

**INTERVENTIONAL CARDIOLOGY PROCEDURES: Criteria apply to all Invasive procedures listed below:**

**Initial Applicant:** Individual must fulfill requirements for Interventional Cardiology specialty boards with completion of an ACGME-approved fellowship/residency with an additional 12 months of formal training in interventional procedures (PTCA, stenting, atherectomy), i.e., a fourth year of training. A **minimum of 150** interventions must be performed with at least 100 as a primary operator.

- Initial applicant must submit certificate (or letter) from director of training program & case log showing 100 procedures performed as primary operator.**

Those physicians who are currently experienced in coronary angiography and coronary interventions are exempt from the above requirements of a formal structured fellowship.

**FPPE:**

Proctoring required on 3 cases for any combination of interventional procedures listed below.

		Percutaneous Transluminal Coronary Angioplasty (PTCA)	
--	--	-------------------------------------------------------	--

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

		Directional Coronary Atherectomy		
		Rotational Atherectomy (Rotoblater)		
		Placement Intracoronary or Bypass Graft Stent		
		Intracoronary or Bypass Graft Ultrasound		
		Intracoronary Thrombolysis		
		Balloon Valvuloplasty		
		Mechanical Thrombectomy		
		Laser Atherectomy		
		Percutaneous Mitral Valve Repair	Requires certificate approval by the IRB as a principal investigator for the clinical trial. <ul style="list-style-type: none"> <li>Initial applicant must obtain approval as principal investigator by the IRB Chair – contact Staci Tran, IRB Coordinator (650-940-7042).</li> </ul> <i>FPPE: Monitoring of study, outcomes, complications will be done by the IRB, reports made to medical staff as appropriate.</i>	

**INTERVENTIONAL CARDIOLOGY PROCEDURES - Continued**

		PFO/ASD Closure	<b>Initial Applicant:</b> 15 cases as primary operator. <ul style="list-style-type: none"> <li>Initial applicant must provide documentation of 15 cases performed as primary operator (case log).</li> </ul> <b>FPPE:</b> 1 case proctored.	
		Left Atrial Appendage Closure	<b>Initial Applicant:</b> Requires certificate of training for the CardioSEAL Septal Occluder with documented hands-on training and approval by the IRB as a principal investigator for the clinical trial. <ul style="list-style-type: none"> <li>Initial applicant must provide certificate of training, case log showing hands-on experience, and approval as principal investigator by the IRB Chair – contact Staci</li> </ul>	

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

			Tran, IRB Coordinator (650-940-7042).	
		Percutaneous Aortic Valve Replacement	<p><b>Initial Applicant:</b> Applicant must have temporary pacemaker and valvuloplasty privileges. Requires certificate of training for this device <b>and</b> approval by the IRB as a principal investigator for the clinical trial.</p> <ul style="list-style-type: none"> <li>Initial applicant must provide certificate of training and approval as principal investigator by the IRB Chair – contact Staci Tran, IRB Coordinator (650-940-7042).</li> </ul> <p><b>FPPE: Monitoring of study, outcomes, complications will be done by the IRB, reports made to medical staff as appropriate.</b></p>	
		<b>Left Atrial Appendage Occlusion with WATCHMAN Device</b>	<p><b>Initial Applicant:</b> Applicant must hold transseptal privileges and provide required documentation of training from the WATCHMAN Device company (Boston Scientific) and provide evidence of at least 25 transseptal procedures in a lifetime and 10 transseptal procedures within the last 24 months.</p> <ul style="list-style-type: none"> <li>Initial applicant must provide certificate of training and case log.</li> </ul> <p><b>Reappointment Applicant:</b> Applicant must maintain transseptal privileges and attest to at least 25 transseptal procedures of which 12 must be WATCHMAN.</p> <ul style="list-style-type: none"> <li>Reappointment applicant must provide documentation of at least 25 transseptal procedures of which 12 are WATCHMAN over the last 24 months.</li> </ul>	<b>New Privilege</b>

**PERIPHERAL PROCEDURES: Criteria apply to all Invasive procedures listed below:**
**Initial Applicant: Basic Qualification**

American Board of Internal Medicine certification with either additional completion of fellowship in vascular medicine **or** additional board certification in Cardiovascular Medicine.

**Experience/Apprenticeship – Either #1 or #2:**

- Experience:** Participation in 100 renal and/or peripheral percutaneous interventional procedures.  
**Initial applicant must provide case log showing 100 renal and/or peripheral percutaneous**

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

### interventional procedures

**OR:**

- 2) **Apprenticeship:** Attendance of postgraduate courses on visceral and peripheral vascular interventional techniques totaling 50 Category I CME credits. Applicant should scrub with a qualified interventionalist for 15 cases during this apprenticeship.

**Initial applicant** must provide documentation of apprenticeship (letter/certificate from qualified interventionalist), documentation of 50 CME credits, & case log showing 15 peripheral procedures.

### **FPPE:**

Proctoring required on 3 cases for any combination of peripheral procedures listed below.

### **Reappointment Criteria:**

Performance of a minimum of 10 peripheral interventional procedures every 24 months.

Requested	#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
		Peripheral Angiography		
		Visceral or Peripheral Angioplasty		
		Visceral or Peripheral Stent Placement		
		Intraarterial Thrombolysis		
		Venogram, Angioplasty and Thrombectomy of AV Dialysis Access	<b>FPPE:</b> Proctoring required for 3 cases if new request by established physician; if new physician, proctoring of this privilege will be included in the overall proctoring for peripheral privileges.	
		Endovascular Repair of Aortic Aneurysms	Initial applicant must hold privileges in peripheral vascular interventions at El Camino Hospital.  <b>And;</b>  Mandatory attendance at an aortic stent graft training course or program provided by a specific FDA-approved device company (e.g. Medtronic, Guidant). <ul style="list-style-type: none"> <li>Initial applicant must provide certificate of training.</li> </ul> <b>And either #1 or #2 below;</b>	

Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

			<p><b>#1. Training</b> Completion of a recognized fellowship or training program which includes performance of at least five (5) aortic stent graft cases under the supervision of a qualified endovascular graft physician.</p> <ul style="list-style-type: none"> <li>Initial applicant must provide documentation of procedures (case log).</li> </ul> <p><b>OR</b></p> <p><b>#2. Apprenticeship</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 five (5) "apprenticed" cases.</p> <ul style="list-style-type: none"> <li>Initial applicant must provide certificate of training program.</li> </ul> <p><b>FPPE:</b> 3 cases proctored.</p> <p><b>Reappointment Criteria:</b> Performance of a minimum of 10 peripheral interventional procedures every 24 months.</p> <ul style="list-style-type: none"> <li>Applicant for reappointment attests to the number performed in the left-hand column marked "#Done".</li> </ul>	
--	--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		Carotid Angioplasty/Stenting	<p>Initial applicant must hold privileges in peripheral vascular interventions at El Camino Hospital.</p> <p><b>And either #1, #2, or #3 below:</b></p> <p><b>#1. Training:</b></p> <ul style="list-style-type: none"> <li>Completion of a dedicated peripheral vascular training program with participation in a minimum of 25 carotid interventions.</li> <li>Initial applicant must provide certificate of training program.</li> </ul> <p><b>OR;</b></p>	
--	--	------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

			<p><b>#2. Experience:</b></p> <ul style="list-style-type: none"> <li>Participation in a minimum of 10 carotid interventions.</li> <li>Attendance at two live-case demonstration CME courses on peripheral vascular techniques with clear emphasis on carotid therapy.</li> <li>Initial applicant must provide case log for 10 carotid interventions and certificate of attendance at CME courses.</li> </ul> <p><b>OR:</b></p> <p><b>#3. Apprenticeship:</b></p> <ul style="list-style-type: none"> <li>Apprenticeship under a certified proctor consisting of joint performance of 10 carotid interventions.</li> <li>Attendance at two live-case demonstrated CME courses on peripheral vascular techniques with clear emphasis on carotid therapy.</li> <li>Initial applicant must provide case log for 10 carotid interventions and certificate of attendance at CME courses.</li> </ul> <p><b>FPPE:</b> 3 cases proctored.</p> <p><b>Reappointment Criteria:</b> Operator must perform a minimum of 20 carotid interventions every 24 months.</p> <ul style="list-style-type: none"> <li>Applicant for reappointment attests to the number performed in the left-hand column marked “#Done”.</li> </ul>	
--	--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**ELECTROPHYSIOLOGY STUDIES: Criteria apply to all Invasive procedures listed below:**

**Initial Applicant:** An individual must fulfill requirements for cardiovascular medicine specialty boards and completion of an ACGME-approved fellowship/residency. Twelve additional months of formal training in electrophysiologic studies must be performed.

**Initial applicant** must provide documentation of training from program director.

**FPPE:**

Proctoring required on 3 cases for any combination of electrophysiology studies listed below.

Requested	#Done	Privilege Description	Additional/Special	Dept
-----------	-------	-----------------------	--------------------	------



Requested	**#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
<ul style="list-style-type: none"> <li><b>**For new applicants</b>, this number needs to reflect your total experience with that procedure.</li> <li><b>**For current medical staff applying for reappointment</b>, this will reflect the number performed within the last 24 months.</li> </ul>				

	New App: Total # Reapp: # Last 2 yrs		Criteria (if applicable) Highlighted areas show required documentation	Chief Approved
		Complete intracardiac electrophysiology evaluation		
		Insertion of permanent transvenous pacemaker	Initial Applicant: Submit documentation of a CME course with hands-on experience as primary operator for 10 pacemaker cases.	
		Insertion of Implantable Defibrillator	Requires pacemaker privileges	

**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

**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).

**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:**

**March 9, 2016**

**Medicine Department Executive Committee:**

**March 11, 2016**

**Medical Executive Committee:**

**Board:**

Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
-----------	-----------	------------------------------------------------------------------------------	---------------------------

## RADIOLOGY - TELEMEDICINE

### Core Privileges in Radiology – Telemedicine

	<p>Core privileges for radiology-telemedicine include perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and electromagnetic radiation) to diagnose diseases of patients of all ages via a teleradiography link. Responsible for communicating critical values and critical findings consistent with medical staff policy.</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"> <li>• CT of the head, neck, spine, body, chest including cardiac, abdomen, pelvis, and extremities and their associated vasculatures</li> <li>• Diagnostic nuclear radiology of the head, neck, spine, body, chest (including the heart), abdomen, pelvis, and extremities and their associated vasculatures</li> <li>• Mammography (in accordance with MQSA required qualifications)</li> <li>• MRI of the head, neck, spine, body, chest including cardiac, abdomen, pelvis, extremities and their associated vasculatures, and muscular skeletal structures, etc.</li> <li>• PET</li> <li>• Routine imaging (e.g., interpretation of plain films)</li> </ul>	<p><b>New applicant applying for privilege:</b> Provide documentation of at least 25 general diagnostic radiology.</p>	<p><b>Current medical staff applying for reappointment:</b> Attest to at least 25 general diagnostic radiology in the last 24 months.</p> <p><b>For reappointment applicant,</b> the number below needs to reflect the number performed within the last 24 months as noted above.</p>	
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**TITLE:** Medical Staff- Physician Availability and Attendance

**CATEGORY:** Administration

**LAST APPROVAL:** ~~09/2014~~ 04/2016

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

**SUB-CATEGORY:** Medical Staff

**OFFICE OF ORIGIN:** Medical Staff Services

**ORIGINAL DATE:** April 1, 2004

**I. COVERAGE:**

El Camino Hospital Medical Staff – MV & LG Campuses \*\*

**\*\* Emergency Service and backup function – practitioners will be responsible for providing continuous care for his/her patients at the facility they have designated as their “primary” facility (either MV or LG). If the practitioner wishes to provide emergency coverage at the facility where he/she is not designated as “primary” he/she may contact the emergency room and indicate that he/she is available for such call.**

**II. PURPOSE:**

To provide prompt medical attention to acute care patients requiring physician attendance or orders.

**III. POLICY STATEMENT:**

Physicians will respond to calls regarding Emergency Department patients, internal transfers, and telephone calls regarding hospitalized patients by telephone within 30 minutes. With respect to new admissions, within 60 minutes ~~will call admission~~ orders ~~will be placed to the floor~~ or be physically present to see the patient.

If the call is identified as a “stat” call, the physician must return the call immediately.

Individual departments may choose to have more stringent requirements supported by department policy.

**IV. PROCEDURE:**

A. Admissions:

1. Upon admission of new patients, the attending physician will be identified.
2. New admissions to the hospital will be seen by a physician in a timely fashion to meet the needs of patient and staff.
3. Nursing staff will notify the physician office or exchange immediately on admission, when no orders exist.
4. On hospitalized patients telephone calls will be returned as noted under policy summary.
5. The attending physician will be responsible to arrange for continuous care/coverage for the patient.

B. Internal Transfers:

**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:** Medical Staff- Physician Availability and Attendance

**CATEGORY:** Administration

**LAST APPROVAL:** ~~09/2014~~04/2016

1. When a patient is admitted or transferred to Critical Care or PCU, the physician or the CCU consultant/intensivist must be in attendance within one hour to discuss a plan of care and to enter/modify orders. Exceptions to this requirement include:
  - a) The patient was seen by the physician just prior to transfer.
  - b) The transfer was due to increased requirement for nursing hours of care, unrelated to change in the patient's condition.
  - c) Scheduled cardioversion or angioplasty.
- C. Emergency Department:
  1. When called by the Emergency Department, the physician will respond to the call within 30 minutes by phone and will see the patient or call orders within 60 minutes. If the call is identified as a "stat" call, the physician must return the call immediately.
  2. "Bridge Orders" may be used to facilitate patient throughput – See Patient Care Policy 05.08 for details.

D. Pediatric Patients Less than 13 years of Age:

1. New admissions to the hospital will be seen at the patient's bedside by the admitting physician and/or consulting pediatrician within 8 hours to discuss a plan of care and to enter/modify orders.

**V. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Medical Staff Planning Committee	<del>July 15, 2014</del> March 15, 2016
ePolicy Committee:	
Medical Executive Committee:	<del>July 24, 2014</del>
Board of Directors:	<del>September 10, 2014</del>
Historical Approvals:	April 2004, June 2004, November 2009, September 2012, September 2014

**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.

# CEO Report

Date: April 13, 2016  
 To: El Camino Hospital Board of Directors  
 From: Tomi Ryba, CEO  
 Re: CEO Report - Open Session

### FY16 ORGANIZATIONAL GOAL PERFORMANCE THROUGH MARCH:

#### Performance Measurement

Organizational Goals FY16	Benchmark	2015 ECH Baseline	Minimum	Target	Maximum	Weight	Evaluation Timeframe	FY16 thru Mar
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 Feb Not met (82.54%)
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	97%
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-Mar: 4.92
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)	Jan-Feb: 10.91%
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 Feb (229) Discharges, (471) Procedures

#### Smart Growth

- For FYTD 2016, ECH has experienced some softness in its patient volumes and to date we have failed to meet our Smart Growth targets. Those targets called for 300 additional inpatient discharges and 290 additional outpatient procedures, specifically endoscopy, cath. lab and outpatient surgery. Below is a summary February YTD for our combined inpatient plus outpatient performance.

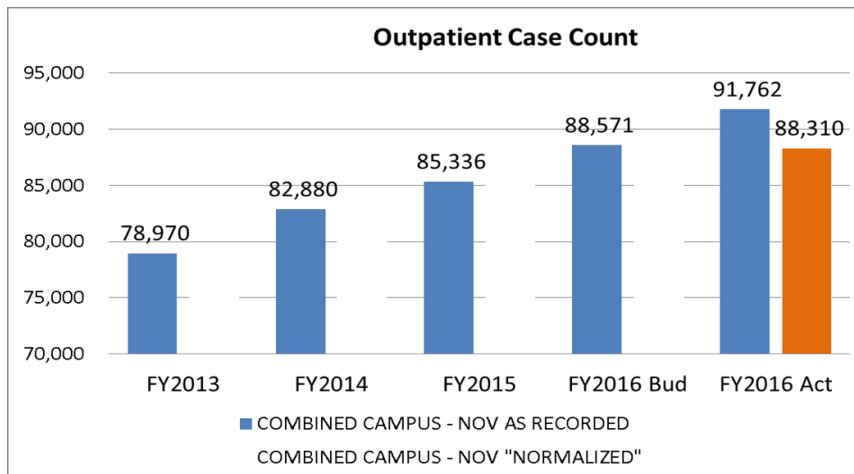
COMBINED CAMPUS					Result Away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	Annual Goal	
Inpatient Discharges	12,595	12,366	(229)	300	(529)
Surgical Outpatient Cases (incl Lithc	4,244	4,068	(176)	290	(466)
Endo Outpatient procedures	1,927	1,596	(331)	0	(331)
Outpatient Interventional Cases	1,224	1,260	36	10	26
Total Case Volume	19,990	19,290	(700)	600	(1,300)
NEW Physician Total		212	212		
Pre-existing Physician Total	19,990	19,078	(912)		
# New Physicians*		5		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)

- The summary illustrates that overall we appear to be well behind our combined IP/OP target. However, looking closer, if maternal child health is removed we are essentially on budget (-27 discharges) for in patient YTD February.

		FY2015 YTD	FY2016 Bud YTD	FY2016 Actual YTD	Budget Variance
Inpatient Non MCH		8,677	8,871	8,844	(27)
Inpatient MCH (Excl Normal Newborn/Non Nursery)		3,918	3,924	3,522	(402)
Total		12,595	12,795	12,366	(429)

- At both Mountain View and Los Gatos, our deliveries are significantly below budget but all other IP areas combined have achieved their budget target which includes the incremental smart growth goal.
- Regarding OP volumes, we have had growth in several areas but not among the areas identified for the target. For example, Endoscopy and outpatient surgery were identified as targets for smart growth. These areas, along with Emergency visits, are historically strong contributors but in FY16 this has not occurred. OP oncology was not identified as a target for FY16 but has demonstrated significant growth.



## Operations

- As it relates to labor cost management, we are negative year to date. Overall Labor is worse than budget \$3.8M, this is mainly due to outside labor (registry RNs) being much higher than budget the first half of the year due to iCare. Our plan is to continue to manage productivity tightly via tools we have developed with Premier's assistance. As we



forecast the remainder of the year we anticipate that labor performance will be on budget, but will not offset the early deficits.

- March 2016 and the Epic Platform wins honor roll recognition as one of the top most stable, responsive Epic platforms among their entire client base. The application view of Epic shows closed trouble tickets within expected volumes. Task forces remain focused on workflows such as discharge and medication safety. We remain on target to close out the iCare project in March. All management positions are filled and all staff will be either in their new operational role or IT job before month end. We are in the middle of the Epic Post Live Visit # 2 and expect to see both benefits of earlier work and frustration with our current pace of change.
- The South Asian Heart Center held its annual Scarlet Night Gala and celebrated the Center's 10th Anniversary. Attendance for the event was 560 and \$275,000 was raised for the Center. Net proceeds - \$155K.
- HCAHPS Scores – Q2FY16: Increases seen in Nurse Com and Med Com for Jan and Feb to date, but not at FY15 levels yet.
  - Nurse Communication: 77.3 vs. FY15 score of 78.51
  - Med Communication: 66.3 vs. FY15 score of 68.31
  - Staff Responsiveness: 64.2 vs. FY15 score of 66.84

We have worsened our position year over year:  
FY16 to date:

- Nurse Communication: 26<sup>th</sup> percentile
- Med Communication: 44<sup>th</sup> percentile
- Staff Responsiveness: 46<sup>th</sup> percentile
- Three executive assistants were recognized with a nomination for the Silicon Valley Admin Awards. Terry Christiansen is named as a finalist. Winners will be announced in May.

## **Community Outreach**

- ECH board members Fung, Ryba, Miller and Zoglin and staff attended a reception at ECH/MV honoring Assemblymember Rich Gordon, who was chosen by the California Special District Association as their "Legislator of the Year". Director Fung and Tomi Ryba praised Assemblymember Gordon's integrity and responsiveness to his constituents, and his understanding of local government and healthcare.
- Brenda Taussig and Michael Fitzgerald participated in the annual California Hospital Association Legislative Conference in Sacramento, and visited Assemblymembers Low, Gordon and Stone and Senator Hill to discuss health legislation, including AB 1300, a bill which would expedite care for patients with behavioral health needs who present in hospital emergency departments. Brenda attended a meeting of the statewide CHA Advocacy Communications Committee.
- ECH sponsored the Mountain View 2016 "State of the City" event, Silicon Valley Leadership Group's Workplace Wellness Summit, the Cupertino Chamber of Commerce

Annual “Star Awards”, and the Campbell Chamber of Commerce “Celebrate Campbell” annual gala. Staff, board and donors attended the EMQ Families First Luncheon, where Tomi Ryba accepted an award ECH was given as an “outstanding community leader” in mental health.

- Staff met with the Town Manager of Los Gatos, and members of the Santa Clara Special Districts Association. Staff also met with and provided hospital tours for the CEO of the Santa Clara County Family Health Plan, and the new CEO and Government Relations Director of the Mountain View Chamber of Commerce.
- Heart Forum was held at the Mountain View campus garnering 125 attendees.
- Hosted Taipei Mayor Ko of Taiwan, and a group of 60 delegates from Taiwanese Medical, Pharmaceutical and Technology companies on our MV campus.
- El Camino Hospital was recognized by EMQ FamiliesFirst for our commitment to the community. At the event, the hospital also received a Certificate of Special Congressional Recognition from Congressman Mike Honda and a Commendation from the Santa Clara County Board of Supervisors. Our partnership provides mental health services to at risk youth in all five schools in the Campbell Union High School District.
- Outreach at several events:
  - Partnered with AACI to conduct a low-sodium diet workshop at their Asian Senior Wellness Center.
  - Hosted a community wellness workshop on “Intro to Nutrition and Food Therapy in Traditional Chinese Medicine” with 80 participants.
  - Partnered with the ECH Cancer Center in organizing a workshop on “Cancer Immunology and Immune Therapy”, held in Mandarin with 80 participants.

## **Digital Engagement**

- Website: Over 262K page views and 217K unique page views in the month of February; respectively, this is a +7% and 9% increase over the same period in FY15. Compared to last month, page views and uniques are up 6%; this upward performance beats historical downward trends during this season.
- Social Media: Facebook grew to over 22,750 fans, +52% compared to last year and +3% compared to last month. Average Facebook growth is about 2.5% per month. Twitter grew to over 2,230 fans, +7% over last month and +54% compared to last year. Facebook and Twitter drove 540 clicks to the ECH website which resulted in over 980 page views. YouTube videos had over 18k views, with almost 40k minutes watched.
- Love Your Heart Campaign: Campaign encouraging participants to take a healthy step towards better heart health has 469 completions as of March 24. The campaign is being promoted on Pandora, ECH website home page, email marketing and Facebook ads.

## Media Relations

- News of our ASPIRE program's middle school expansion was featured in the *Mountain View Voice*
- The South Asian Heart Center's work to prevent heart disease and diabetes and their Scarlet Night gala were highlighted on *NBC Bay Area's Asian Pacific America, Women Now TV, Diya TV and India Currents*.
- El Camino Hospital's Mountain View Campus development plans made headlines in the *Mountain View Voice* and on *NBC Bay Area*, as well as other media outlets.
- Taipei mayor Ko Wen-Je's visit to El Camino Hospital was covered extensively by Chinese media outlets.
- Press releases and news briefs distributed for Truven Top 100, Gut-Check clinical trial and South Asian Heart Center 10-year anniversary.

## Relationship Marketing

- Email Engagement: Sent over 16K targeted emails to community members inviting them to Heart Forum. Newsletters (HealthPerks and Cancer Center Connections) were sent to 6,772 total subscribers/members. Additional emails included heart month event follow-ups, sleep heart lecture, and Love Your Heart invites. Overall average click-through-rate (CTR) was 12% - anything greater than 10% is considered very successful.
- Risk assessments: Risk assessments for cardiovascular disease, PAD, stroke, and colon, breast, lung and prostate cancer continue to be promoted through email marketing, digital campaigns and social media channels. During March, 178 people completed an assessment, with the current completion total at 1,963.
- Direct mail: The latest *Health Beat* newsletter edition, focusing on healthy aging for older adults, was distributed to 115K homes within the hospital's PSA.

## Advertising Campaigns

### Online Media:

- Search engine marketing (SEM) campaigns are currently running for bariatrics, heart valve repair, overall hospital branding, bronchial thermoplasty, and online health risk assessments.
- YouTube pre-roll advertising is running with the dynamic healthcare TV spot. Through February there have been over 7,570 views.
- Facebook advertising for the Scrivner Challenge launched the first week of March.
- All ads are optimized and reviewed monthly. Overall, all the campaigns combined drove in 196 calls with 108 being over 1 minute in length (the standard to which a lead is considered genuine).

**Print/Radio:**

- Sleep Heart Health lecture ads ran in *Mercury News*.
- Doctor's Day recognition ad ran in local weekly papers.
- Mother-baby ad included in *Bay Area Parent* baby issue.
- The Chinese Health Initiative Hypertension Campaign ads continue to run in the *World Journal*, *News for Chinese*, and *Sing Tao*.
- SAHC new ad campaign launched in *India West*, Times Media *Almaden* and Radio Zindagi.

## Memorandum

DATE: March 30, 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 8

ACTION: For Information

During the month of February, the Foundation raised \$778,489 toward an annual goal of \$7.3 million, bringing total gifts received in FY16 to more than \$4 million. The Foundation is in the second year of executing a three-year strategic plan to raise \$21 million for the Hospital. It is two thirds of the way toward meeting that goal.

### Upcoming Events

- *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. Invitations will be mailed in early April.

## ECH Foundation Fundraising Report

FY16 Income figures through February 29, 2016 (Period 8)

ACTIVITY		FY16 YTD (7/1/15 - 2/29/16)	FY16 Goals	FY16 % of Goal	Difference Period 7 & 8	FY15 YTD (7/1/14 - 2/28/15)	FY14 YTD (7/1/13 - 2/28/14)
Major Gifts		\$ 1,687,737	\$ 3,735,000	45%	\$ 55,000	\$ 3,636,200	\$ 210,000
Planned Gifts		\$ 673,116	\$ 1,200,000	56%	\$ 504,190	\$ 1,478,217	\$ 833,871
Special Events	Sapphire Soirée	\$ 102,200	\$ 600,000	17%	\$ 61,500	\$ 38,100	\$ 300,250
	Golf	\$ 326,205	\$ 280,000	117%	\$ -	\$ 326,650	\$ 273,825
	Scarlet Night	\$ 110,141	\$ 250,000	44%	\$ 41,150	\$ 73,195	
	Norma's Literary Luncheon	\$ 164,694	\$ 135,000	122%	\$ 32,435	\$ 117,691	
Annual Giving		\$ 442,839	\$ 400,000	111%	\$ 13,834	\$ 489,931	\$ 535,063
Grants		\$ 52,083	\$ 200,000	26%	\$ -	\$ 339,350	\$ 163,700
Investment Income		\$ 527,326	\$ 500,000	105%	\$ 70,380	\$ 542,765	\$ 657,592
<b>TOTALS</b>		<b>\$ 4,086,339</b>	<b>\$ 7,300,000</b>	<b>56%</b>	<b>\$ 778,489</b>	<b>\$ 7,042,099</b>	<b>\$ 2,974,301</b>

## Memorandum

DATE: March 30, 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 8

ACTION: For Information

During the month of February, the Foundation raised \$778,489 toward our annual goal of \$7.3 million. This brings the total gifts received in FY16 to more than \$4 million as of February 29. The Foundation is in the second year of executing a three-year strategic plan to raise a minimum of \$21 million for the Hospital by June 30, 2017. We are on track to exceed this goal with more than \$14 million raised since the start of FY2015.

### **Major Gifts**

Major gifts increased by \$55,000 during the month of February. The Foundation received a \$15,000 donation to the South Asian Heart Center for the expansion. We also received a \$40,000 gift from Santa Clara Sporting Club for the Breast Center Mammogram Fund, which supports free and low cost screenings for women who could not otherwise afford them.

### **Planned Gifts**

In February, the Foundation received an irrevocable planned gift commitment of \$500,000, designated for the *Fulfilling the Promise* fundraising initiative for mental health and addiction services. Additional revenue came from sponsorships and ticket sales for the Allied Professionals Seminar, which was held on February 11, 2016.

### **Special Events**

- ***Sapphire Soirée*** – Sapphire Soirée, a gala benefit for the Cancer Center at El Camino Hospital, will take place on May 21, 2016 at the Menlo Circus Club in Atherton. The B-52s, known as the world's greatest party band, will provide the headline entertainment. In February, the Foundation received \$61,500 from sponsorships and ticket sales. To date, 33 tables are confirmed - one at the \$50,000 sponsorship level, three at the \$25,000 sponsorship level, one at the \$15,000 level, six at the \$10,000 level and 22 at the \$5,000 level. As of month end, the Foundation has secured more than \$100,000 toward a revenue goal of \$600,000, which we are confident we will reach.

- ***Scarlet Night*** – In February, the Foundation continued to receive table sponsorships and ticket sales for the South Asian Heart Center’s annual gala benefit. By month end, the event had brought in nearly \$37,000 more than it had by the same time last year. Scarlet Night took place on March 19 with more than 575 guests celebrating the Center’s 10<sup>th</sup> anniversary and pioneering, life-saving work. Gross proceeds exceeded \$288,000, with \$120,000 in expenses.
- **Norma’s Literary Luncheon** – The 4th annual Norma’s Literary Luncheon was held on February 4, 2016 and featured author Mireille Guiliano. As of February 29, the event had brought in \$164,694, 122% of goal. Proceeds will be used to establish a women’s heart program at the Norma Melchor Heart & Vascular Institute.

#### **Annual Giving**

The Foundation received \$13,834 in annual donations during the month of February, bringing the total by close of period 8 to more than \$442,000. Donations came from a variety of sources, including the Circle of Caring grateful patient program, online giving, memorial gifts and other unsolicited gifts. In addition, the Foundation was the beneficiary of the Pink Ribbon Charity Drive, an independent golf tournament fundraiser run by the 9-Hole and 18-Hole groups at Los Altos Golf & Country Club. This donation is earmarked for El Camino Hospital’s breast health program.

#### **Investment Income**

Investment income increased \$70,380 in February, bringing the year-to-date income number to just over \$527,000. While investment income has been lower compared to previous years, it has surpassed the goal by 5% as of month-end.



**El Camino Hospital Auxiliary  
Activity Report to the Hospital Board  
April 1, 2016**

March Highlights:

- The Auxiliary participated in a NICHE video, to be shown at the Elder Summit in June and also at the convention in Chicago, to demonstrate the collaborative interaction between staff and volunteers to produce items for the comfort of the patients suffering from dementia and delirium.
- Annual in-service meetings were held all month long and will continue into April. Approximately 40 services participate in these meetings and some of the services require multiple meetings.
- The Scholarship Committee met and selected 15 students to receive funding from the Auxiliary and the Foundation for their tuition and books. This year's awards totaled \$24,400.

**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of April 13, 2016**

Combined Data as of February 29, 2016 for Mountain View and Los Gatos Campuses

**Membership Data:**

**Senior Members**

Active Members	452	+8 relative to previous month
Dues Paid Inactive	103	(Includes Associates & Patrons)
Leave of Absence	20	
<b>Subtotal</b>	<b>575</b>	

-----  
Resigned in Month      0  
Deceased in Month      0  
-----

**Junior Members**

Active Members	221	-1 relative to previous month
Dues Paid Inactive	0	
Leave of Absence	2	
<b>Subtotal</b>	<b>223</b>	

-----  
**Total Active Members      673**

**Total Membership          798**

**Combined Auxiliary Hours from Inception (to February 29, 2016):    5,607,452**  
**Combined Auxiliary Hours for FY2016 (to February 29, 2016): 78,554**  
**Combined Auxiliary Hours for February 2016):    9,875**