

AGENDA
MEETING OF THE EL CAMINO HOSPITAL BOARD
Wednesday, May 11, 2016 – 5:30 pm
 Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, CA 94040

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Neal Cohen, MD, Board Chair		5:30 – 5:32 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		5:32
3. BOARD RECOGNITION <i>Resolution 2016-05</i> The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. ATTACHMENT 3	Tomi Ryba, President and CEO; Cheryl Reinking, RN, CNO	<i>public comment</i>	motion required 5:32 – 5:37
4. FINANCIALS PERIOD 9 FY16 ATTACHMENT 4	Iftikhar Hussain, CFO	<i>public comment</i>	motion 5:37 – 5:47
5. MOUNTAIN VIEW MASTER SITE DEVELOPMENT PLAN ATTACHMENT 5	Ken King, Chief Administrative Services Officer		information 5:47 – 6:02
6. QUALITY COMMITTEE REPORT ATTACHMENT 6	Dave Reeder, Chair, Quality Committee		information 6:02 – 6:12
7. PUBLIC COMMUNICATION a. Oral Comments <i>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.</i> b. Written Correspondence	Neal Cohen, MD, Board Chair		information 6:12 – 6:15
8. ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		6:15 – 6:16
9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		6:16 – 6:17

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
10. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> a. Meeting Minutes of the Closed Session of the Hospital Board Meeting (4/13/16); <i>Gov't Code Section 54957.2.</i>	Neal Cohen, MD, Board Chair		motion required 6:17 – 6:19
11. Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> Deliberations concerning reports on Medical Staff quality assurance matters - Medical Staff Report	Karen Pike, MD, Los Gatos Chief of Staff; Ramtin Agah, MD, Mountain View Chief of Staff		motion required 6:19 – 6:29
12. Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> Deliberations concerning reports on Medical Staff quality assurance matters - Organizational Clinical Risks	Daniel Shin, MD, Medical Director of Quality; Joy Pao, MD, Senior Director of Quality Improvement and Patient Safety		discussion 6:29 – 6:39
13. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Annual Board Self-Assessment	Jane Thilo, MD, MS, Nygren Consulting, LLC		discussion 6:39 – 7:09
14. Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Chief of Integrated Care and Population Health	Mitchell J. Olejko, Buchalter Nemer		discussion 7:09 – 7:39
15. <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk. - Labor Relations Update	Kathryn Fisk, Chief Human Resources Officer; Cheryl Reinking, RN, CNO; Christopher Scanlan, Arnold & Porter		discussion 7:39 – 7:49
16. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: - Strategic Priorities Update	Tomi Ryba, President and CEO		discussion 7:49 – 8:54
17. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets; <i>Gov't Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation; and <i>Gov't Code Section 54957</i> for report and discussion on personnel matters. a. CEO Report b. Pacing Plan			discussion 8:54 – 8:59

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
18. Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Executive Session	Neal Cohen, MD, Board Chair		discussion 8:59 – 9:09
19. ADJOURN TO OPEN SESSION	Neal Cohen, MD, Board Chair		9:09 – 9:10
20. RECONVENE OPEN SESSION / REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Neal Cohen, MD, Board Chair		9:10 – 9:11
21. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Neal Cohen, MD, Board Chair	<i>public comment</i>	motion required 9:11 – 9:14
<u>Approval</u> a. Minutes of the Hospital Board Meeting (4/13/16) b. Auxiliary Slate of Officers Reviewed and Approved by the Quality Committee c. Policies Environment of Care Policies i. <i>New Policies (0 Policies)</i> ii. <i>Policies with Major Revisions (1 Policy)</i> - 6.04 Utility Systems-Equipment Inventory iii. <i>Policies with Minor Revisions (8 Policies)</i> iv. <i>Policies with no Revisions – Reviewed (5 Policies)</i> v. <i>Policies to Archive (1 Policy)</i> Reviewed and Approved by the Medical Executive Committee d. Medical Staff Report			
22. RESOLUTION 2016-06 <i>Resolution 2016-06</i> Amendments to the El Camino Hospital Bylaws Article IV, Section 4.3(c) and Article IV, Section 4.7 ATTACHMENT 22	Mary Rotunno, General Counsel	<i>public comment</i>	possible motion 9:14 – 9:19
23. INFORMATIONAL ITEMS a. CEO Report ATTACHMENT 23	Tomi Ryba, President and CEO		information 9:19 – 9:24

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
24. BOARD COMMENTS	Neal Cohen, MD, Board Chair		information 9:24 – 9:29
25. ADJOURNMENT	Neal Cohen, MD, Board Chair		motion required 9:29 – 9:30 pm

Upcoming ECH Board Meetings in FY2016:

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

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 **11TH DAY OF MAY, 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





El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2016 – Period 9
7/1/2015 to 3/31/2016

EL CAMINO HOSPITAL

(Excludes Affiliates)

EXECUTIVE FINANCIAL SUMMARY

Period Ending March 31, 2016

YTD STATEMENT OF REVENUE AND EXPENSES (\$000s)					BALANCE SHEET (\$000s)			
	Prior Year	Actual	Budget	Var F(U)		March 31, 2016	Jun 30, 2015	
Gross Revenue	\$1,923,430	\$2,049,455	\$2,031,255	\$18,200	Cash and Investments	653,496	707,865	
Deductions from Revenue	(1,384,665)	(1,482,529)	(1,475,788)	(6,740)	Non Cash Current Assets	156,760	143,766	
Net Patient Revenue	538,765	566,926	555,466	11,460	Property, Plant & Equipment (Net)	722,625	686,537	
Other Operating Revenue	15,080	18,471	15,277	3,194	Other Assets	87,626	94,707	
Total Operating Revenue	553,845	585,397	570,743	14,654	Total Assets	1,620,506	1,632,874	
Salaries & Wages	305,035	322,603	323,132	529	Current Liabilities	87,616	107,925	
Supplies	81,550	87,126	83,877	(3,249)	Long-Term Liabilities	270,832	272,696	
Fees & Purchased Services	55,801	66,310	62,477	(3,833)	Fund Balance/Capital Accounts	1,262,058	1,252,254	
Other Operating Expense	27,237	37,732	28,324	(9,408)	Total Liabilities & Equity	1,620,506	1,632,874	
Total Non Capital Operating Expense	469,622	513,770	497,810	(15,960)	KEY ECH STATISTICS - YTD			
OPERATING EBITDA	84,223	71,627	72,933	(1,306)	Balance Sheet	Actual	Target ⁽¹⁾	
					Debt Service Coverage Ratio (MADS)	5.8	1.2	
					Debt to Capitalization	14.3%	29.0%	
Interest, Depreciation & Amortization	38,941	40,230	38,335	(1,896)	Days of Cash	347	262	
					Net AR Days	55.1	48.0	
NET OPERATING SURPLUS	45,282	31,396	34,598	(3,202)	Volume	Prior Year	Actual	Budget
Non Operating Income	15,591	(21,431)	16,742	(38,173)	Acute Discharges	14,226	13,980	14,439
					Acute Average Daily Census	246	241	245
					Licensed Beds	443	443	443
TOTAL NET SURPLUS	60,873	9,965	51,340	(41,375)	Occupancy (%)	56%	54%	55%
					Deliveries	3,817	3,547	3,897
					Emergency Department Visits	45,387	44,114	45,605
EBITDA Margin	15.2%	12.2%	12.8%	-0.5%	Surgical Cases	8,178	8,018	8,322
Operating Margin	8.2%	5.4%	6.1%	-0.7%	Productivity			
Total Margin	11.0%	1.7%	9.0%	-7.3%	Full Time Equivalent Employees	2,441	2,506	2,450
					Worked Hrs/Adjusted Patient Day	29.25	30.81	29.41

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

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Financial Trends and Commentary

Volume:

In March, inpatient volume bounced back in Deliveries, General Medicine and General surgery service lines. For the year, IP volume remains 1.7% lower than prior year.

Operating Margin:

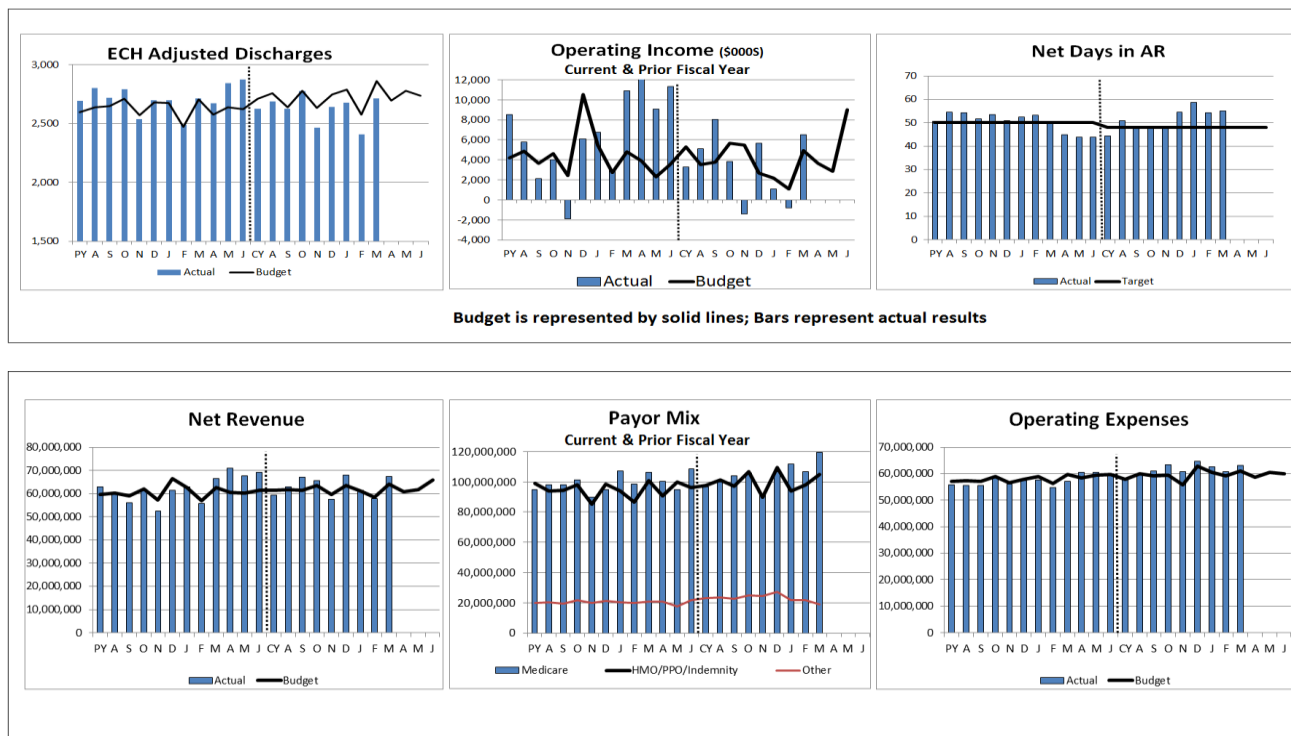
Operating margin is \$1.6 million favorable for the month primarily due to \$3.0M credit for workers compensation. Margin for the year is \$3.2 million unfavorable primarily due to EPIC related expenses in labor and training, pharmacy and surgical medical supply expenses and not achieving budget cost reduction targets in other expenses.

Non-Operating Margin:

Non operating income is \$38.2 million behind target YTD primarily due to \$12.8 million in YTD investment loss. In March we recovered \$16.3 million in investment gain. Our cash position remains strong allowing a long term investment strategy. Investment scorecard is included in the financial report on page 15.

Net Days in AR:

Receivables were flat in March



Other Operating Expense:

The \$8.6 million variance consists of \$3.2 million of EPIC go live expense variances and not achieving \$5.3 million 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
	Total	-\$49	-\$569	-\$5,530	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expense Adjustments	Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Actuarial Exp for Workers Comp	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0
	Total	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0

- Revenue/expense adjustments for March include \$3M credit to workers compensation reserve expenses.

Summary of Financial Results

\$ in Thousands

	Period 9 - Month			Period 9 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	5,837	3,721	2,116	26,491	28,242	(1,751)
Los Gatos	671	1,224	(553)	4,905	6,356	(1,451)
Sub Total - El Camino Hospital, excl. Affiliates	6,508	4,946	1,563	31,396	34,598	(3,202)
Operating Margin %	9.3%	7.5%		5.4%	6.1%	
El Camino Hospital Non Operating Income						
Investments	16,339	2,298	14,041	(12,803)	20,679	(33,481)
Swap Adjustments	32	0	32	(2,315)	0	(2,315)
Community Benefit	(50)	(233)	183	(2,540)	(2,099)	(441)
Other	(669)	(204)	(464)	(3,773)	(1,837)	(1,936)
Sub Total - Non Operating Income	15,652	1,860	13,792	(21,431)	16,742	(38,173)
El Camino Hospital Net Income (Loss)	22,161	6,806	15,355	9,965	51,340	(41,375)
ECH Net Margin %	31.8%	10.3%		1.7%	9.0%	
Concern	(123)	219	(342)	1,465	633	832
ECSC	(327)	0	(327)	(314)	0	(314)
Foundation	690	141	549	371	1,012	(641)
Silicon Valley Medical Development	(23)	0	(23)	(36)	0	(36)
Net Income Hospital Affiliates	217	361	(144)	1,486	1,645	(159)
Total Net Income Hospital & Affiliates	22,378	7,167	15,211	11,451	52,985	(41,534)

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

ECH Volume Statistics ⁽¹⁾

ECH COMBINED

	Month of Mar, 2016			Year to Date			Prior Year	
	Act	Bud	Var	Act	Bud	Var	Act	Var%
Discharges ⁽²⁾	1,614	1,690	-4.5%	13,980	14,439	-3.2%	14,226	-1.7%
Deliveries	333	444	-25.1%	3,547	3,897	-9.0%	3,817	-7.1%
ED Visits	4,987	5,349	-6.8%	44,114	45,605	-3.3%	45,387	-2.8%
Surgical Cases	943	965	-2.3%	8,018	8,322	-3.6%	8,178	-2.0%
Licensed Beds	443	443	0.0%	443	443	0.0%	443	0.0%
ADC ⁽²⁾	248	261	-5.2%	241	245	-1.6%	246	-2.0%
Occupancy %	55.9%	59.0%	-5.2%	54.4%	55.3%	-1.6%	55.5%	-2.0%

MOUNTAIN VIEW

	Month of Mar, 2016			Year to Date			Prior Year	
	Act	Bud	Var%	Act	Bud	Var%	Act	Var%
Discharges ⁽²⁾	1,354	1,381	-2.0%	11,518	11,811	-2.5%	11,652	-1.2%
Deliveries	274	384	-28.7%	3,063	3,368	-9.1%	3,305	-7.3%
ED Visits	3,967	4,274	-7.2%	34,979	36,438	-4.0%	36,307	-3.7%
Surgical Cases	591	600	-1.4%	4,957	5,168	-4.1%	4,996	-0.8%
Licensed Beds	300	300	0.0%	300	300	0.0%	300	0.0%
ADC ⁽²⁾	209	214	-2.3%	198	200	-0.7%	201	-1.3%
Occupancy %	69.6%	71.2%	-2.3%	66.1%	66.6%	-0.7%	67.0%	-1.3%

LOS GATOS

	Month of Mar, 2016			Year to Date			Prior Year	
	Act	Bud	Var	Act	Bud	Var	Act	Var%
Discharges ⁽²⁾	260	309	-15.9%	2,462	2,628	-6.3%	2,574	-4.4%
Deliveries	59	60	-2.2%	484	529	-8.5%	512	-5.5%
ED Visits	1,020	1,075	-5.1%	9,135	9,168	-0.4%	9,080	0.6%
Surgical Cases	352	366	-3.8%	3,061	3,154	-2.9%	3,182	-3.8%
Licensed Beds	143	143	0.0%	143	143	0.0%	143	0.0%
ADC ⁽²⁾	39	48	-18.5%	43	45	-5.5%	45	-5.4%
Occupancy %	27.2%	33.3%	-18.5%	29.8%	31.5%	-5.5%	31.5%	-5.4%

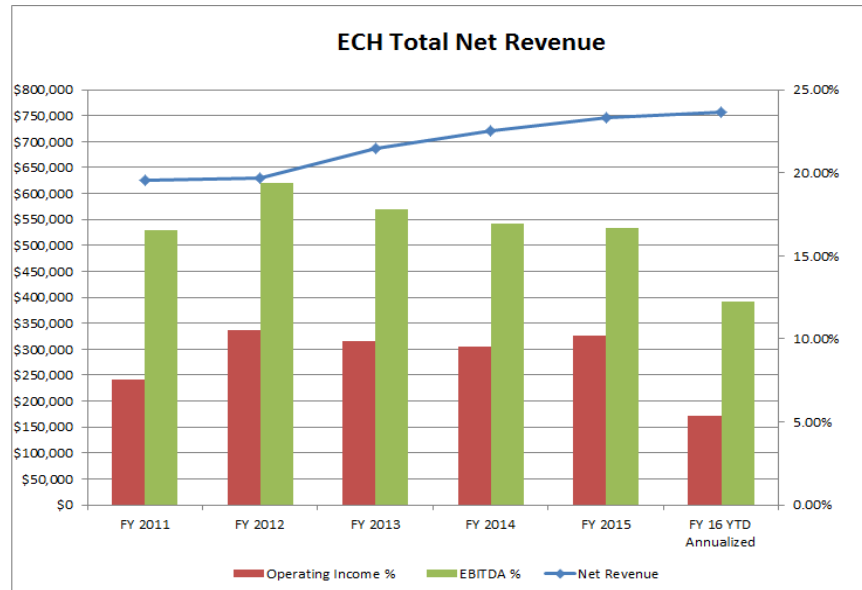
(1) Hospital entity only, excludes controlled affiliates

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

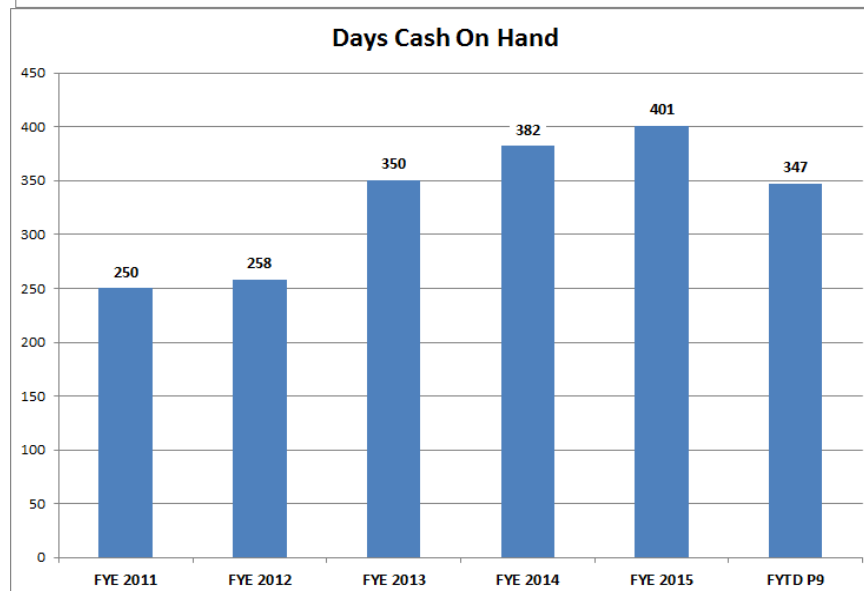
El Camino Hospital Financial Metrics Trend ⁽¹⁾

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



Cash position remains strong. March includes \$16.3 million investment gain.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Key Hospital Indicators⁽¹⁾

Statistic	FYE 2013	FYE 2014	FYE 2015	FYTD 2016	Annual Target (2)	+/-
Operating Margin	9.9%	9.5%	10.2%	5.4%	6.5%	
EBITDA Margin	17.8%	16.9%	16.7%	12.2%	13.3%	
Days of Cash	350	382	401	347	262	
Debt Service Coverage Ratio (MADS)	7.9	9.5	8.9	5.8	4.8	
Debt to Capitalization	14.0%	12.6%	13.6%	14.3%	29.4%	
Net AR Days	48.3	50.9	43.6	55.1	48.0	
In Patient Operating Margin	-1.1%	-3.2%	-4.5%	-8.1%	-1.0%	
Out Patient Operating Margin	25.9%	25.2%	28.1%	26.9%	25.0%	

⁽¹⁾ Hospital Only - Excludes Affiliates

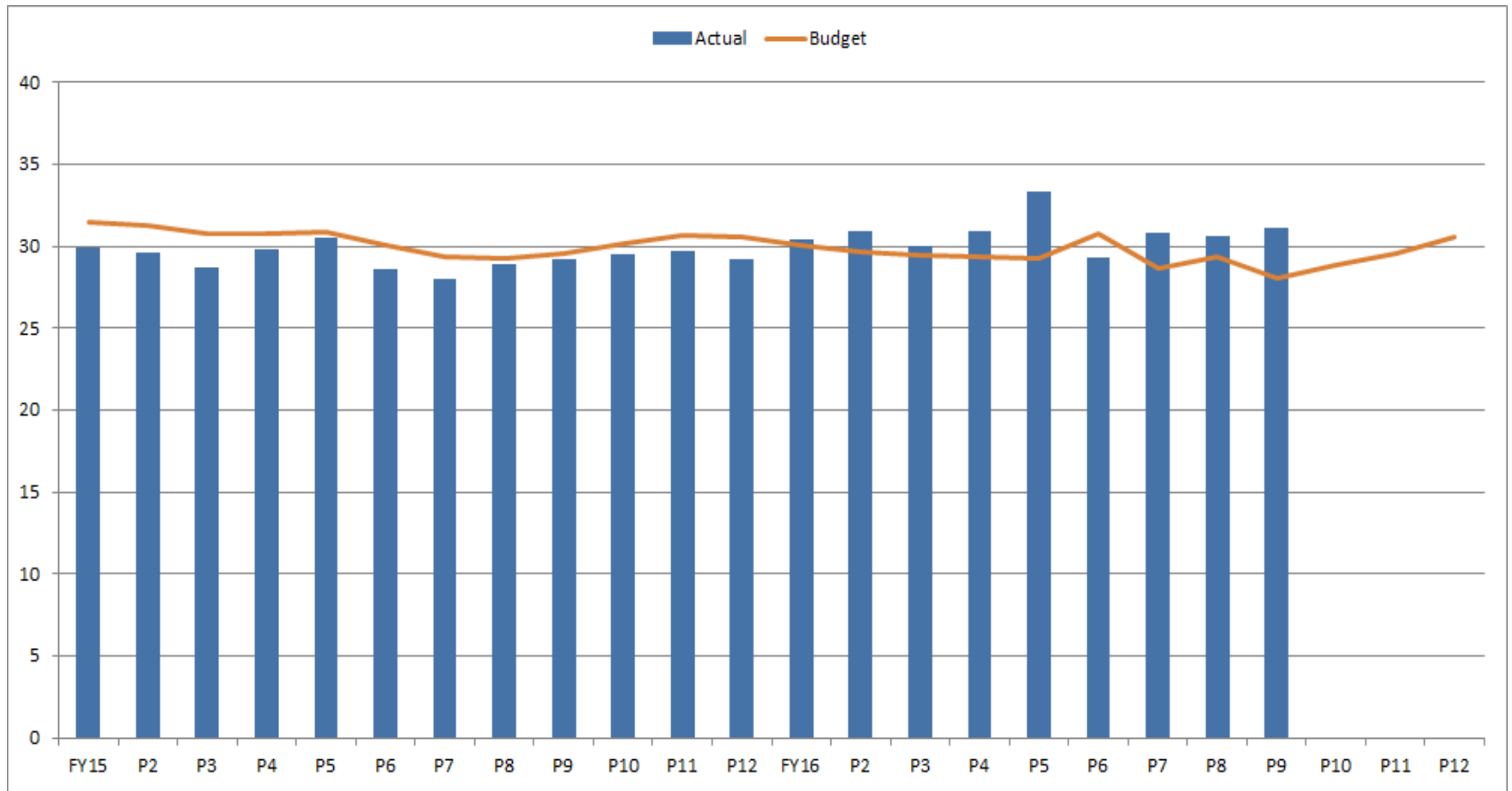
⁽²⁾ Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2016 are one month in arrears

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

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

*Prior Year numbers represent full year

Worked Hours per Adjusted Patient Day



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	14,226	13,980	(246)	-1.7%	300	(546)
Surgical Outpatient Cases (incl Lithc	4,802	4,615	(187)	-3.9%	290	(477)
Endo Outpatient procedures	2,156	1,848	(308)	-14.3%	0	(308)
Outpatient Interventional Cases	1,380	1,444	64	4.6%	10	54
Total Case Volume	22,564	21,887	(677)	-3.0%	600	(1,277)
NEW Physician Total		251	251			
Pre-existing Physician Total	22,564	21,636	(928)	-4.1%		
# New Physicians*		6			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	11,652	11,518	(134)
Surgical Outpatient Cases (incl Lithc	2,493	2,453	(40)
Endo Outpatient procedures	1,990	1,756	(234)
Outpatient Interventional Cases	1,363	1,432	69
Total Case Volume	17,498	17,159	(339)

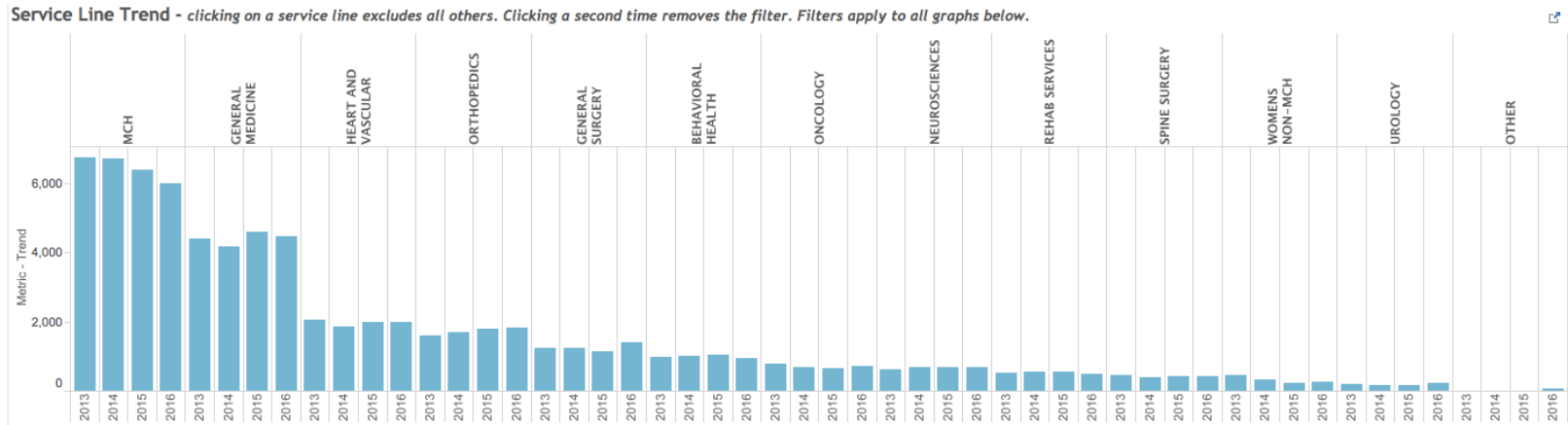
Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	2,574	2,462	(112)
Surgical Outpatient Cases (incl Lithc	2,309	2,162	(147)
Endo Outpatient procedures	166	92	(74)
Outpatient Interventional Cases	17	12	(5)
Total Case Volume	5,066	4,728	(338)

(1) Hospital entity only, excludes controlled affiliates

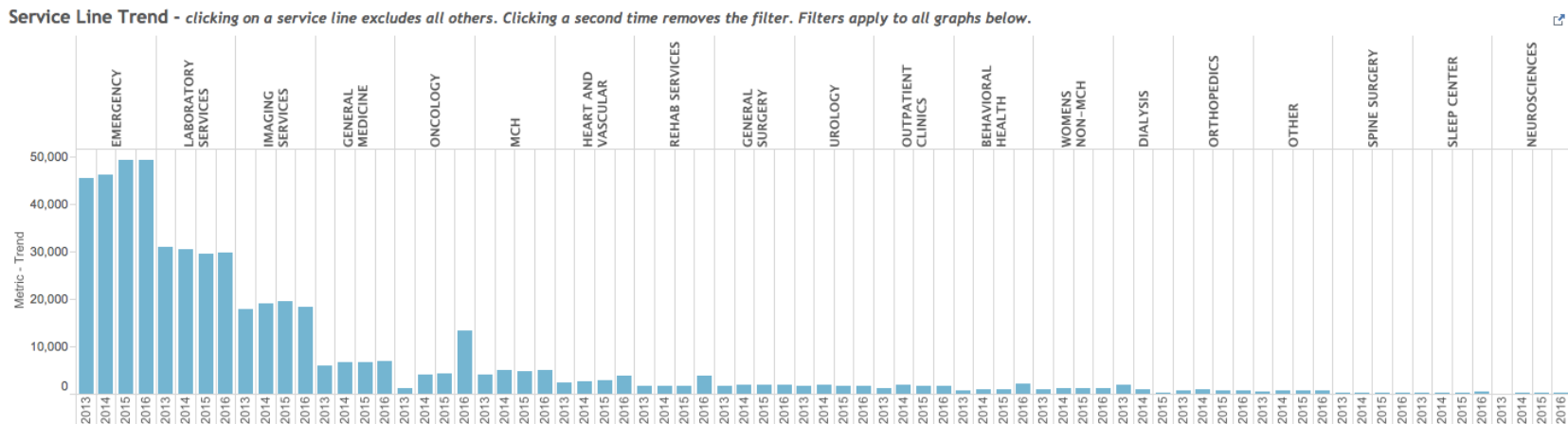
El Camino Hospital Volume Annual Trends

FY 2016 is annualized

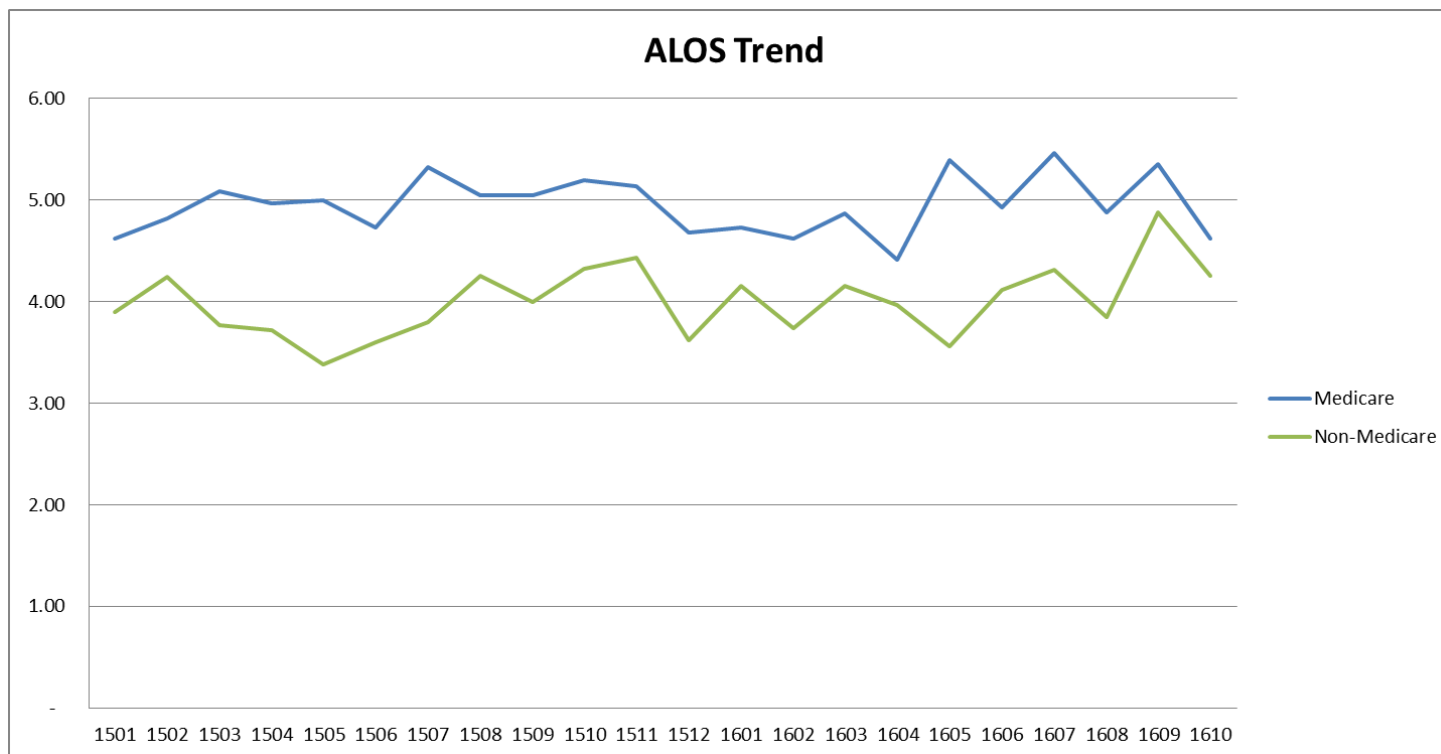
IP



OP



- IP declined in maternal child health service line – 2015 decline was NICU which recovered in 2016; the 2016 decline is in deliveries. Other service lines are stable
- OP – ED has grown due to ACO but plateaued. Oncology has grown but measure changed with EPIC and is not comparable to legacy count



- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 16 Proj Spend**	FY 16 YTD Spent	FY 16 Remaining
CIP	EPIC Installation			73.8	56.0	35.9	19.8	16.1
	IT Hardware, Software, Equipment*			6.9		6.9	5.9	1.0
	Medical & Non Medical Equipment			12.6		12.6	8.8	3.8
	Facility Projects							
	0908 NPCR3 Seismic Upgrades	FY12	6.7	6.7	5.0	0.4	0.2	0.2
	0907 LG Imaging Masterplan	FY12	0.0	3.1	2.8	0.0	0.0	0.0
	0906 Slot Build-Out	FY13	0.0	19.0	18.7	1.6	1.3	0.3
	1307 LG Upgrades	FY13	15.5	13.0	9.8	10.5	3.0	7.5
	1219 LG Spine OR	FY13	4.1	4.1	0.9	0.8	0.4	0.4
	1400 Oak Pavilion Cancer Ctr TI	FY14	0.0	5.9	5.8	0.5	0.4	0.1
	1414 Integrated MOB	FY15	232.0	28.0	9.6	11.8	6.9	4.9
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.3	2.2	1.1	1.1
	1245 Behavioral Health Bldg	FY16	62.5	9.0	6.7	4.5	1.3	3.2
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	6.8	0.0	0.0	0.9	0.0	0.9
	1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	0.9	3.4	0.9	2.5
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.1	2.2	1.1	1.1
	1425 IMOB Preparation Project - Old Main	FY16	2.3	0.5	0.0	2.4	0.0	2.4
	1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	0.0	0.0	0.0
	1422 CUP Upgrade	FY16	4.0	1.5	0.8	0.7	0.7	0.0
	1503 Willow Pavilion Tomosynthesis	FY16	0.3	1.3	0.0	0.3	0.0	0.3
	1519/1314 LG Electrical Systems Upgrade	FY16	1.2	0.0	0.0	0.0	0.0	0.0
	1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.2	0.6	0.0	0.6
	1508 LG NICU 4 Bed Expansion	FY16	7.0	0.0	0.0	0.5	0.0	0.5
	1520 Facilities Planning Allowance	FY16	1.0	0.0	0.0	0.0	0.0	0.0
	Land Acquisition Approved in 12/15	FY16	24.1	24.1	24.1	24.1	24.1	0.0
	All Other Projects under \$1M		9.5	6.0	2.9	7.5	1.1	6.4
			492.9	131.9	90.6	74.9	42.4	32.5
GRAND TOTAL				225.2		130.3	76.9	53.4
	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

El Camino Hospital Investment Committee Scorecard

March 31, 2016

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY16 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		1Q 2016		Fiscal Year-to-date		Since Inception (annualized)		Mar 2014/2012	
Surplus cash balance & op. cash (millions)		\$695.4	--	--	--	--	--	\$699.8	--
Surplus cash return		0.2%	0.9%	-1.8%	-0.9%	4.2%	4.3%	4.0%	5.0%
Cash balance plan balance (millions)		\$216.3	--	--	--	--	--	\$224.2	--
Cash balance plan return		-0.4%	1.0%	-2.1%	-1.0%	6.9%	6.4%	6.0%	6.7%
403(b) plan balance (millions)		\$314.8 ¹	--	--	--	--	--	--	--
Risk vs. Return		3-year				Since Inception (annualized)		Mar 2014/2012	
Surplus cash Sharpe ratio		0.73	0.76	--	--	0.92	0.93	--	0.66
Net of fee return		3.5%	3.7%	--	--	4.2%	4.3%	--	5.0%
Standard deviation		4.7%	4.8%	--	--	4.5%	4.6%	--	7.2%
Cash balance Sharpe ratio		0.88	0.83	--	--	1.11	1.06	--	0.54
Net of fee return		5.7%	5.2%	--	--	6.9%	6.4%	--	6.7%
Standard deviation		6.5%	6.2%	--	--	6.2%	6.0%	--	10.6%
Asset Allocation		1Q 2016							
Surplus cash absolute variances to target		3.9%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		3.0%	< 10%	--	--	--	--	--	--
Manager Compliance		1Q 2016							
Surplus cash manager flags		15	< 18	--	--	--	--	--	--
Cash balance plan manager flags		16	< 18	--	--	--	--	--	--

¹ Data as of 12/31/15 as 3/31/16 data was not yet available.

APPENDIX

El Camino Hospital (\$000s) ⁽¹⁾

9 months ending 3/31/2016

PERIOD 9 FY 2015	PERIOD 9 FY 2016	PERIOD 9 Budget 2016	Variance Fav (Unfav)	Var%		YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
					\$000s					
					OPERATING REVENUE					
227,969	243,528	240,028	3,500	1.5%	Gross Revenue	1,923,430	2,049,455	2,031,255	18,200	0.9%
(161,433)	(176,208)	(175,803)	(405)	1.0%	Deductions	(1,384,665)	(1,482,529)	(1,475,788)	(6,740)	0.5%
66,535	67,320	64,225	3,095	4.8%	Net Patient Revenue	538,765	566,926	555,466	11,460	2.1%
1,646	2,398	1,688	710	42.0%	Other Operating Revenue	15,080	18,471	15,277	3,194	20.9%
68,181	69,718	65,913	3,805	5.8%	Total Operating Revenue	553,845	585,397	570,743	14,654	2.6%
					OPERATING EXPENSE					
34,588	34,781	36,598	1,817	5.0%	Salaries & Wages	305,035	322,603	323,132	529	0.2%
9,705	11,371	9,989	(1,383)	-13.8%	Supplies	81,550	87,126	83,877	(3,249)	-3.9%
6,316	8,738	7,131	(1,607)	-22.5%	Fees & Purchased Services	55,801	66,310	62,477	(3,833)	-6.1%
6,645	8,320	7,250	(1,070)	-14.8%	Other Operating Expense	66,178	77,962	66,659	(11,304)	-17.0%
57,254	63,210	60,967	(2,243)	-3.7%	Total Operating Expense	508,563	554,001	536,145	(17,856)	-3.3%
10,927	6,508	4,946	1,563	31.6%	Net Operating Income/(Loss)	45,282	31,396	34,598	(3,202)	-9.3%
1,230	15,652	1,860	13,792	741.4%	Non Operating Income	15,591	(21,431)	16,742	(38,173)	-228.0%
12,157	22,161	6,806	15,355	225.6%	Net Income(Loss)	60,873	9,965	51,340	(41,375)	-80.6%
22.3%	16.3%	14.5%	1.8%		EBITDA	15.2%	12.2%	12.8%	-0.5%	
16.0%	9.3%	7.5%	1.8%		Operating Margin	8.2%	5.4%	6.1%	-0.7%	
17.8%	31.8%	10.3%	21.5%		Net Margin	11.0%	1.7%	9.0%	-7.3%	

Labor costs for the month include \$3 million workers comp credit due to low claims

Supplies variance for the month is due to pharmacy and start of HVI watchman heart valve procedure

Purchased services variance for the month is due to IT security project, Premier High Performance Organization project and underpayment recovery costs

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Mountain View (\$000s)⁽¹⁾

9 months ending 3/31/2016

PERIOD 9 FY 2015	PERIOD 9 FY 2016	PERIOD 9 Budget 2016	Variance Fav (Unfav)	Var%
185,838	202,098	196,936	5,162	2.6%
(132,039)	(147,149)	(145,044)	(2,106)	1.5%
53,799	54,949	51,892	3,057	5.9%
1,414	2,215	1,497	719	48.0%
55,213	57,164	53,389	3,775	7.1%
28,197	28,700	30,618	1,919	6.3%
7,786	9,341	8,154	(1,187)	-14.6%
5,044	7,276	5,717	(1,559)	-27.3%
5,071	6,010	5,179	(832)	-16.1%
46,097	51,327	49,667	(1,659)	-3.3%
9,116	5,837	3,721	2,116	56.9%
1,230	15,652	1,860	13,792	741.4%
10,346	21,489	5,582	15,908	285.0%
21.8%	15.6%	12.2%	3.4%	
16.5%	10.2%	7.0%	3.2%	
18.7%	37.6%	10.5%	27.1%	

\$000s OPERATING REVENUE

	YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
Gross Revenue	1,571,876	1,677,210	1,664,846	12,365	0.7%
Deductions	(1,137,026)	(1,214,877)	(1,214,836)	(42)	0.0%
Net Patient Revenue	434,850	462,333	450,010	12,323	2.7%
Other Operating Revenue	13,317	16,676	13,554	3,122	23.0%
Total Operating Revenue	448,167	479,009	463,564	15,445	3.3%

OPERATING EXPENSE

Salaries & Wages	252,680	268,330	268,873	544	0.2%
Supplies	65,997	71,003	68,312	(2,690)	-3.9%
Fees & Purchased Services	44,482	54,210	50,157	(4,053)	-8.1%
Other Operating Expense	51,142	58,975	47,979	(10,996)	-22.9%
Total Operating Expense	414,301	452,518	435,322	(17,196)	-4.0%
Net Operating Income/(Loss)	33,866	26,491	28,242	(1,751)	-6.2%
Non Operating Income	15,591	(21,405)	16,742	(38,147)	-227.9%
Net Income(Loss)	49,457	5,086	44,984	(39,898)	-88.7%

EBITDA	13.5%	10.6%	10.9%	-0.3%
Operating Margin	7.6%	5.5%	6.1%	-0.6%
Net Margin	11.0%	1.1%	9.7%	-8.6%

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital – Los Gatos(\$000s) ⁽¹⁾

Results from Operations vs. Prior Year
9 months ending 3/31/2016

PERIOD 9 FY 2015	PERIOD 9 FY 2016	PERIOD 9 Budget 2016	Variance Fav (Unfav)	Var%
42,130	41,430	43,092	(1,662)	-3.9%
(29,394)	(29,059)	(30,760)	1,701	-5.5%
12,736	12,371	12,332	39	0.3%
232	183	192	(9)	-4.5%
12,968	12,554	12,524	30	0.2%
6,391	6,081	5,979	(101)	-1.7%
1,920	2,030	1,835	(195)	-10.6%
1,272	1,462	1,414	(48)	-3.4%
1,574	2,310	2,071	(239)	-11.5%
11,157	11,883	11,300	(583)	-5.2%
1,811	671	1,224	(553)	-45.2%
0	0	0	0	0.0%
1,811	671	1,224	(553)	-45.2%
24.5%	19.5%	24.3%	-4.8%	
14.0%	5.3%	9.8%	-4.4%	
14.0%	5.3%	9.8%	-4.4%	

\$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%
351,554	372,244	366,409	5,835	1.6%
(247,639)	(267,651)	(260,952)	(6,699)	2.6%
103,915	104,593	105,457	(864)	-0.8%
1,763	1,795	1,723	72	4.2%
105,678	106,388	107,180	(792)	-0.7%
52,355	54,273	54,259	(14)	0.0%
15,553	16,123	15,565	(558)	-3.6%
11,319	12,100	12,320	220	1.8%
15,035	18,987	18,680	(307)	-1.6%
94,262	101,483	100,823	(660)	-0.7%
11,416	4,905	6,356	(1,451)	-22.8%
0	(26)	0	(26)	0.0%
11,416	4,879	6,356	(1,477)	-23.2%
22.4%	19.4%	20.7%	-1.3%	
10.8%	4.6%	5.9%	-1.3%	
10.8%	4.6%	5.9%	-1.3%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

El Camino Hospital⁽¹⁾

Balance Sheet (\$ Thousands)

ASSETS

	March 31, 2016	Audited June 30, 2015
CURRENT ASSETS		
Cash	41,708	55,224
Short Term Investments	100,278	145,027
Patient Accounts Receivable, net	107,498	95,737
Other Accounts and Notes Receivable	2,909	2,378
Intercompany Receivables	1,297	1,595
Inventories and Prepaids	45,056	44,055
Total Current Assets	298,745	344,016
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	115,583	117,965
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	12,305	2,085
Workers Compensation Reserve Fund	23,552	24,719
Postretirement Health/Life Reserve Fund	18,442	17,197
PTO Liability Fund	23,562	22,212
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	13,696	14,150
Total Board Designated Assets	309,137	300,324
FUNDS HELD BY TRUSTEE	32,616	37,676
LONG TERM INVESTMENTS	202,372	207,290
INVESTMENTS IN AFFILIATES	30,241	31,808
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,171,989	1,077,951
Less: Accumulated Depreciation	(490,905)	(473,920)
Construction in Progress	41,541	82,506
Property, Plant & Equipment - Net	722,625	686,537
DEFERRED OUTFLOWS	24,768	25,218
RESTRICTED ASSETS - CASH	0	5
TOTAL ASSETS	1,620,506	1,632,874

LIABILITIES AND FUND BALANCE

	March 31, 2016	Audited June 30, 2015
CURRENT LIABILITIES		
Accounts Payable	26,911	30,142
Salaries and Related Liabilities	11,655	20,812
Accrued PTO	23,562	22,212
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	12,822	20,253
Intercompany Payables	92	108
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	3,635	5,475
Bond Interest Payable	1,561	1,711
Other Liabilities	3,278	3,111
Total Current Liabilities	87,616	107,925
LONG TERM LIABILITIES		
Post Retirement Benefits	18,442	17,197
Worker's Comp Reserve	21,252	22,419
Other L/T Obligation (Asbestos)	3,611	3,531
Other L/T Liabilities (IT/Medl Leases)	-	7,102
Bond Payable	227,528	222,446
Total Long Term Liabilities	270,832	272,696
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	952,920	951,924
Board Designated	309,137	300,324
Restricted	0	5
Total Fund Bal & Capital Accts	1,262,058	1,252,254
TOTAL LIABILITIES AND FUND BALANCE	1,620,506	1,632,874

⁽¹⁾ Hospital entity only, excludes controlled affiliates

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

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

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



El Camino Hospital[®]
THE HOSPITAL OF SILICON VALLEY

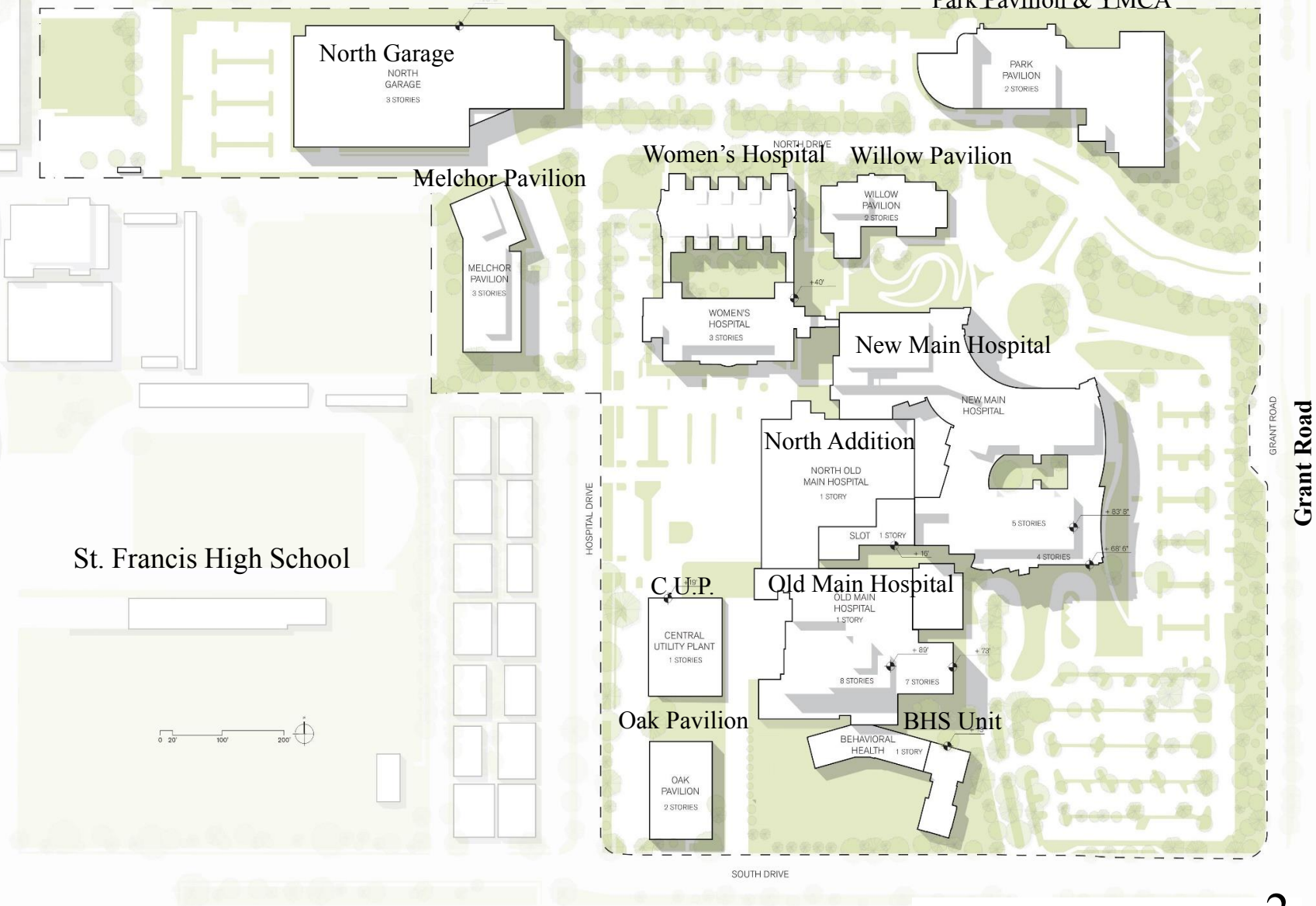
Mountain View Campus
Development Project Update
May 2016

Ken King
Chief Administrative Services Officer

Existing Site Plan

Cuesta Park

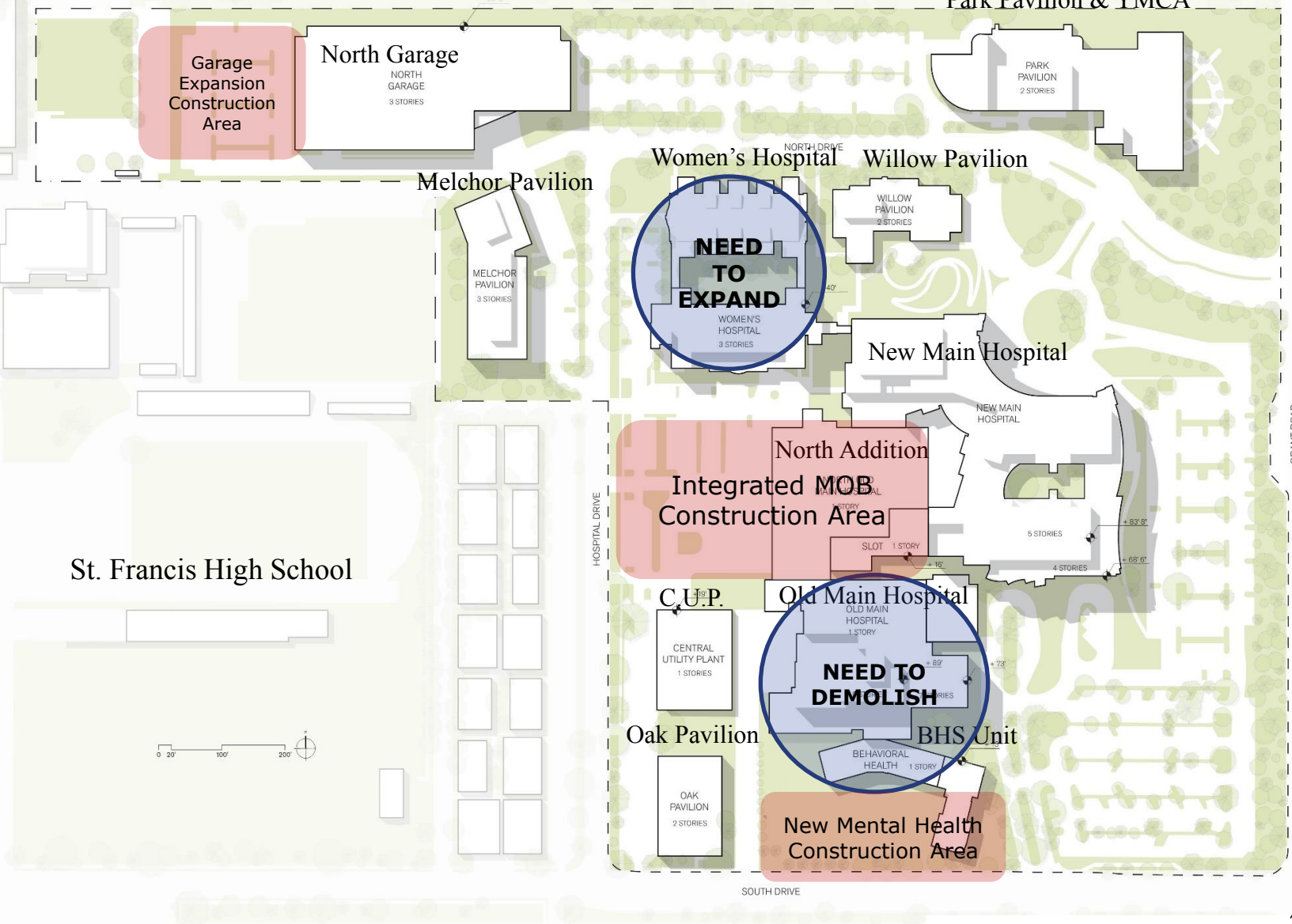
Park Pavilion & YMCA



Existing Site Plan

Cuesta Park

Park Pavilion & YMCA

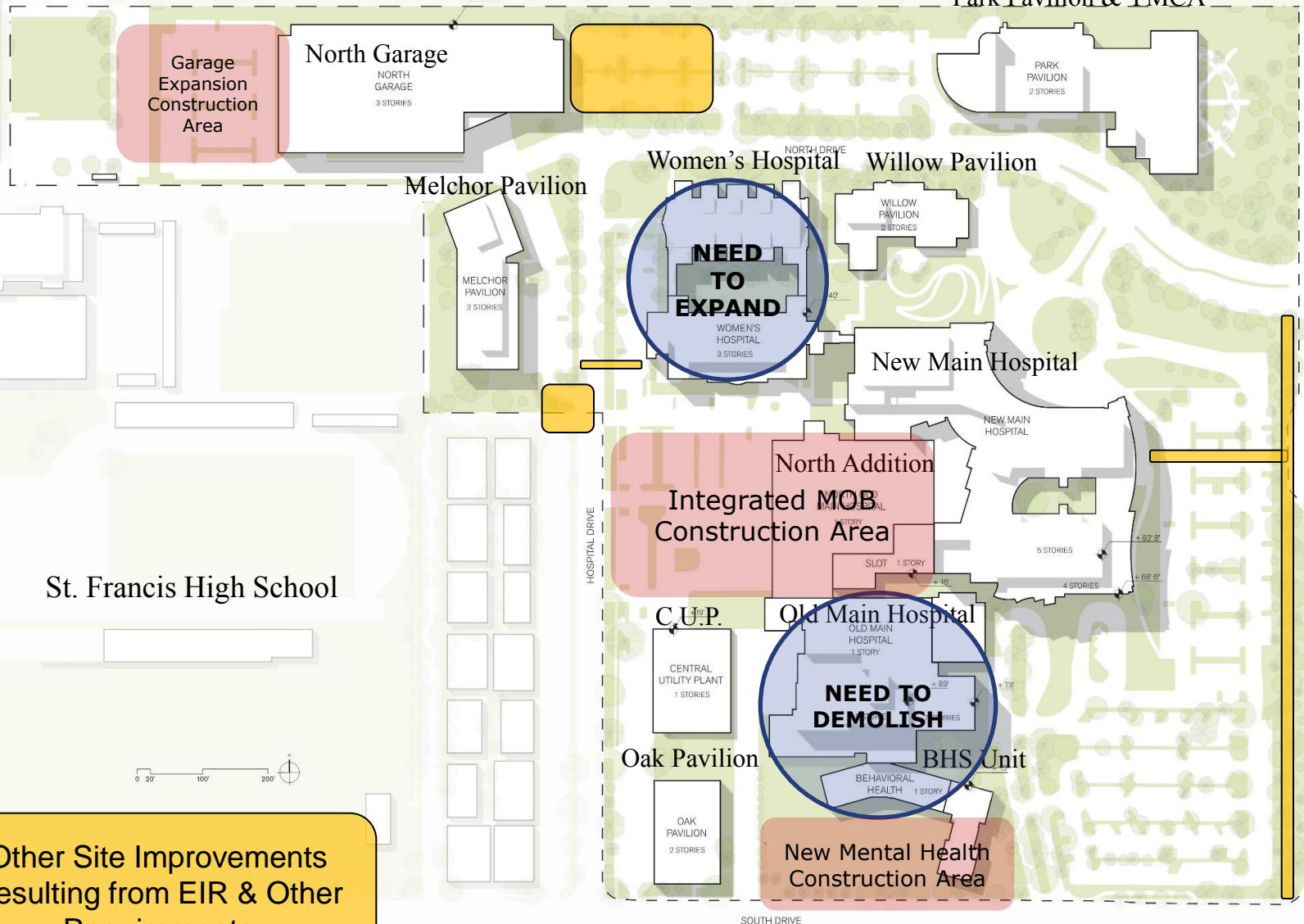


Grant Road

Existing Site Plan

Cuesta Park

Park Pavilion & YMCA



Other Site Improvements
Resulting from EIR & Other
Requirements

Proposed Site Plan

5. Expand to Upper Floors

09/18 to 12/19

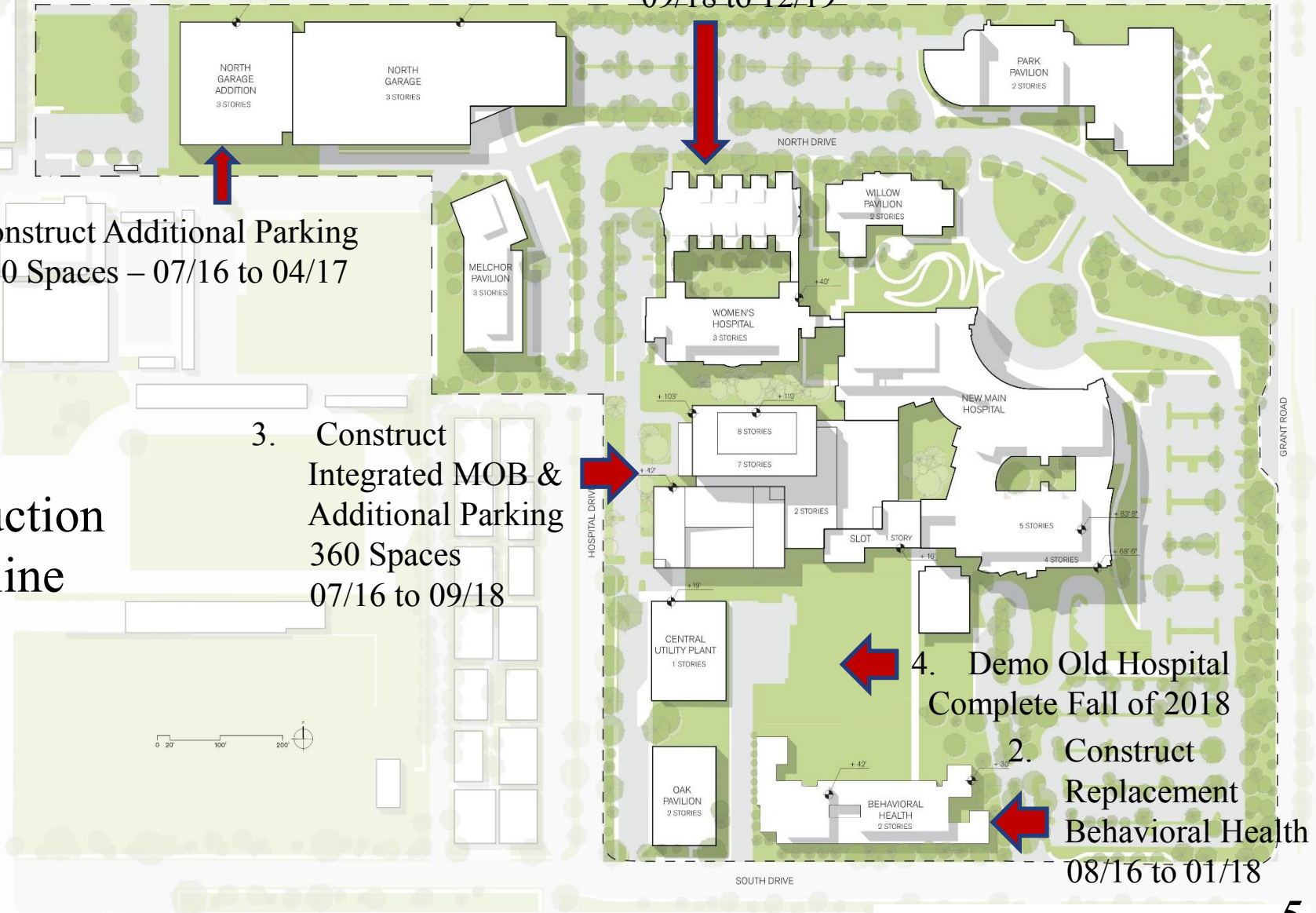
1. Construct Additional Parking
400 Spaces – 07/16 to 04/17

3. Construct
Integrated MOB &
Additional Parking
360 Spaces
07/16 to 09/18

4. Demo Old Hospital
Complete Fall of 2018

2. Construct
Replacement
Behavioral Health
08/16 to 01/18

Construction Timeline



Existing Campus – Looking Southwest



OVERVIEW FROM NORTHEAST - EXISTING

6

Proposed Campus – Looking Southwest



OVERVIEW FROM NORTHEAST - PROPOSED

Existing Campus – Looking North



OVERVIEW FROM SOUTH - EXISTING

8

Proposed Campus – Looking North



OVERVIEW FROM SOUTH - PROPOSED

9

Proposed Campus – Looking North



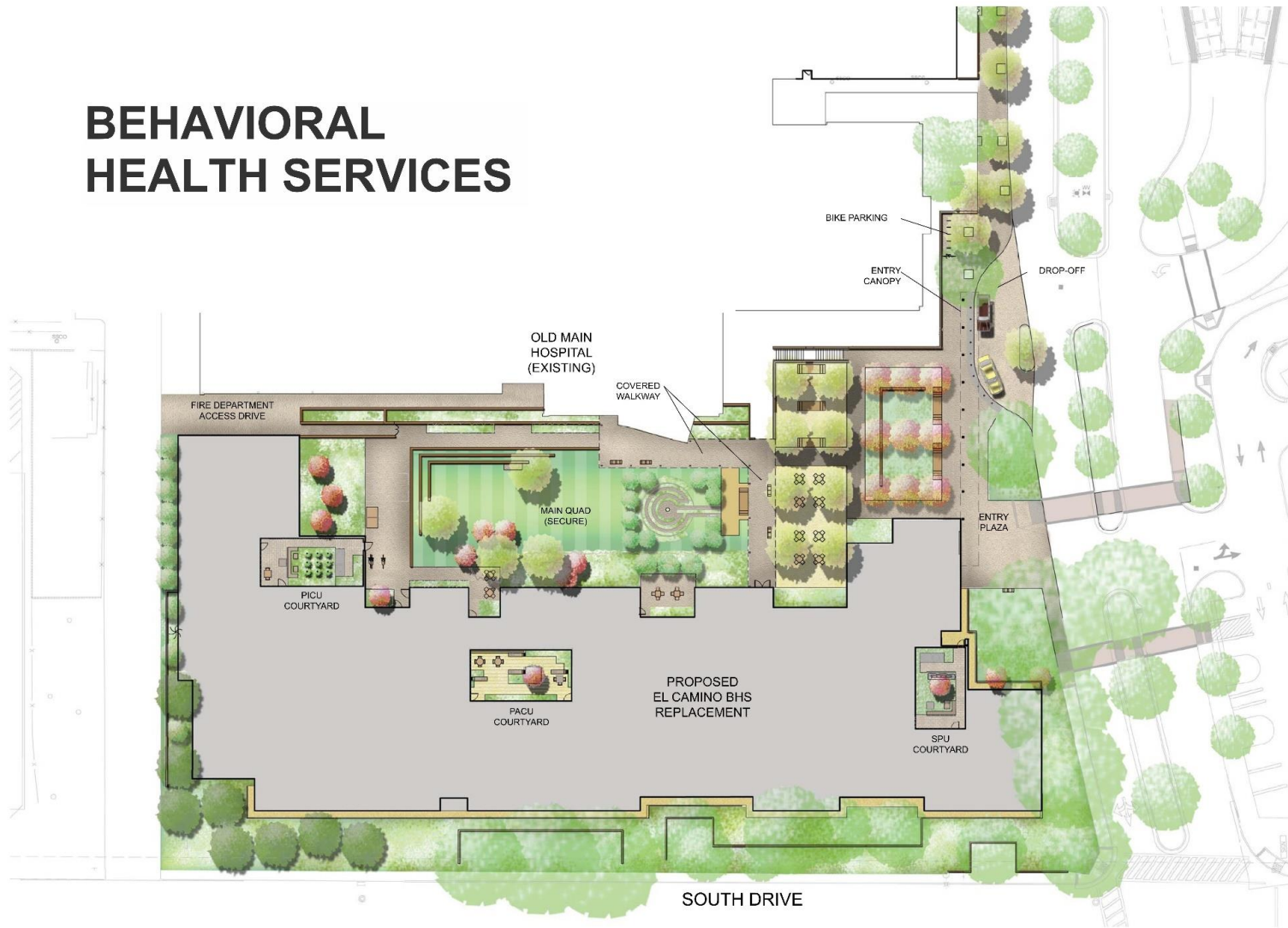
NORTH DRIVE GARAGE EXPANSION

INTEGRATED MEDICAL OFFICE BUILDING

HOSPITAL DRIVE

Behavioral Health Services – Site Plan

BEHAVIORAL HEALTH SERVICES



SITE PLAN - PROPOSED

Behavioral Health Services

Entry Lobby South/West View

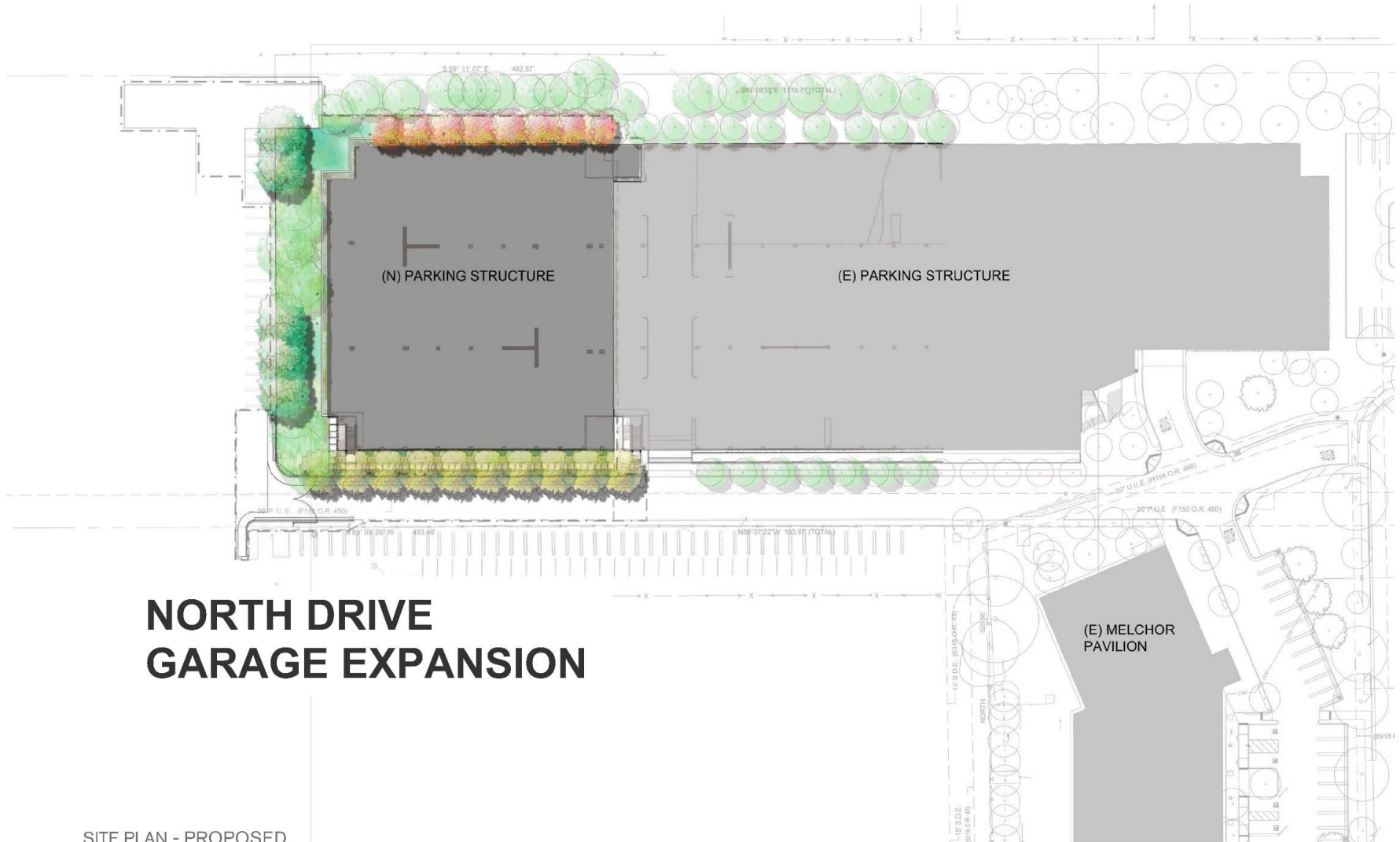


Behavioral Health Services

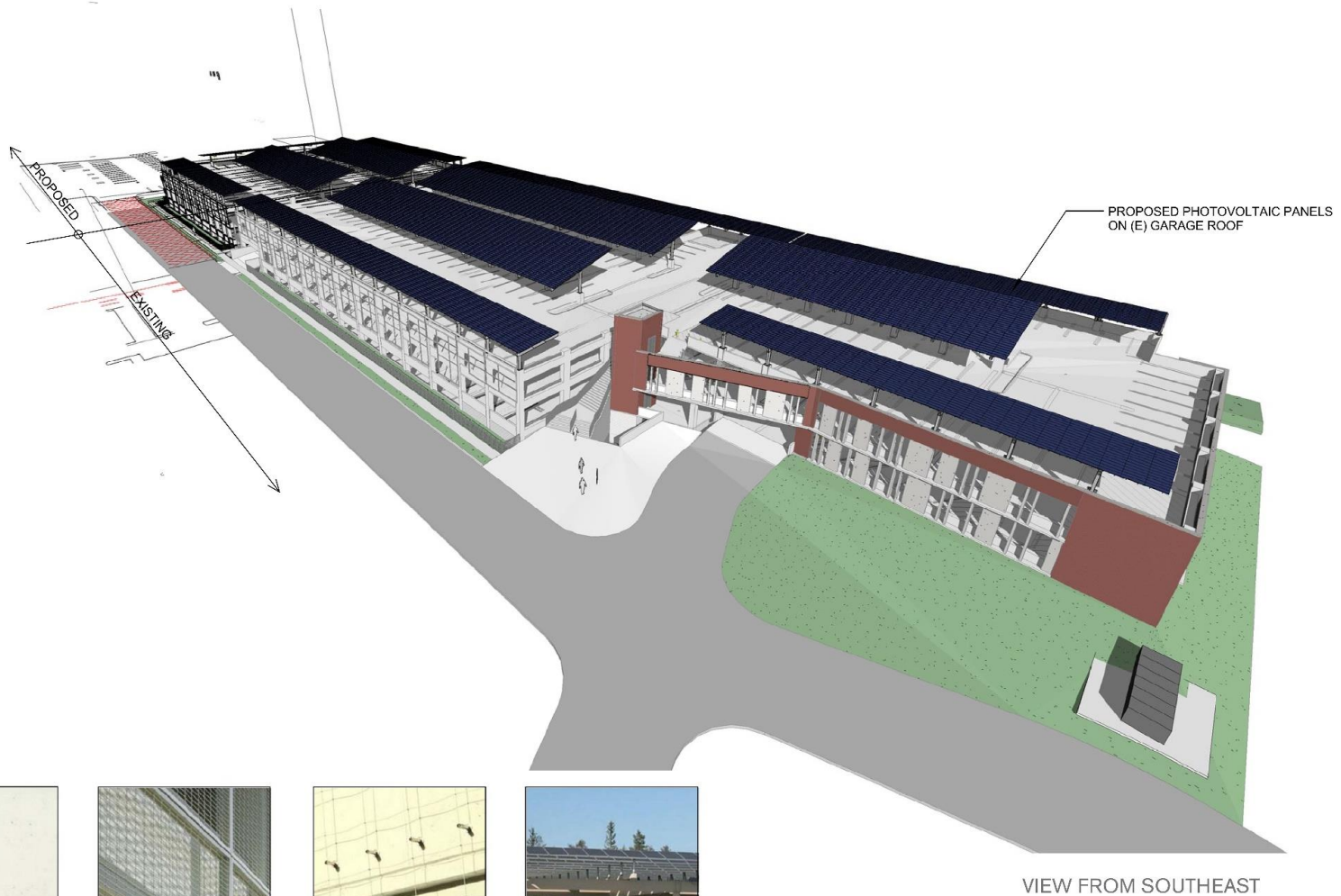
South Elevation View



North Parking Garage Expansion



North Parking Garage - Perspective



CONCRETE, PAINT TO MATCH EXISTING



METAL SCREEN PANEL, TO MATCH EXISTING



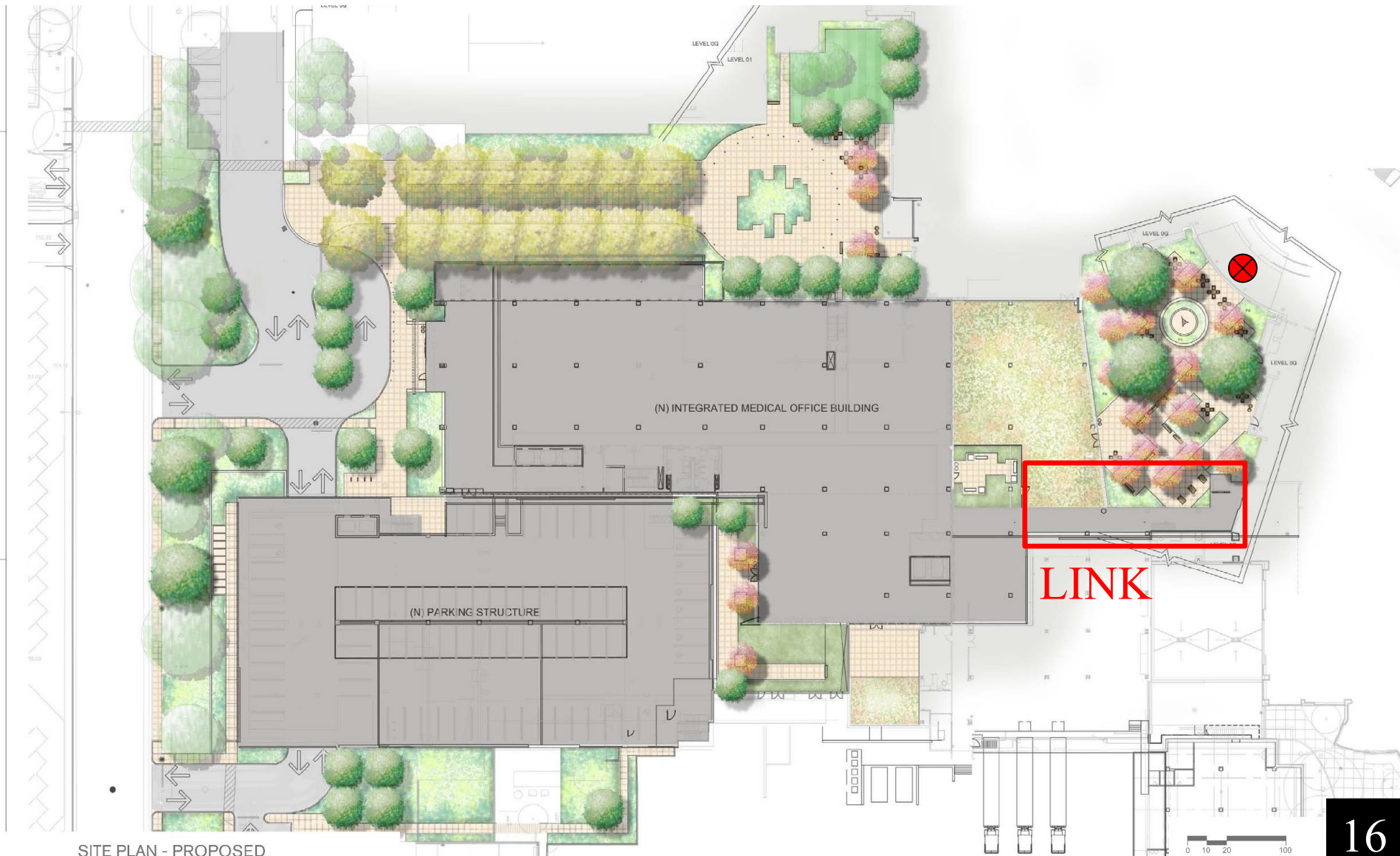
CABLE SCREEN SYSTEM, TO MATCH EXISTING



PHOTOVOLTAIC CANOPY

MATERIAL PALETTE

Proposed IMOB Site Plan



IMOB - Ground Floor Plan

Support Services / Storage / Mechanical Equip.



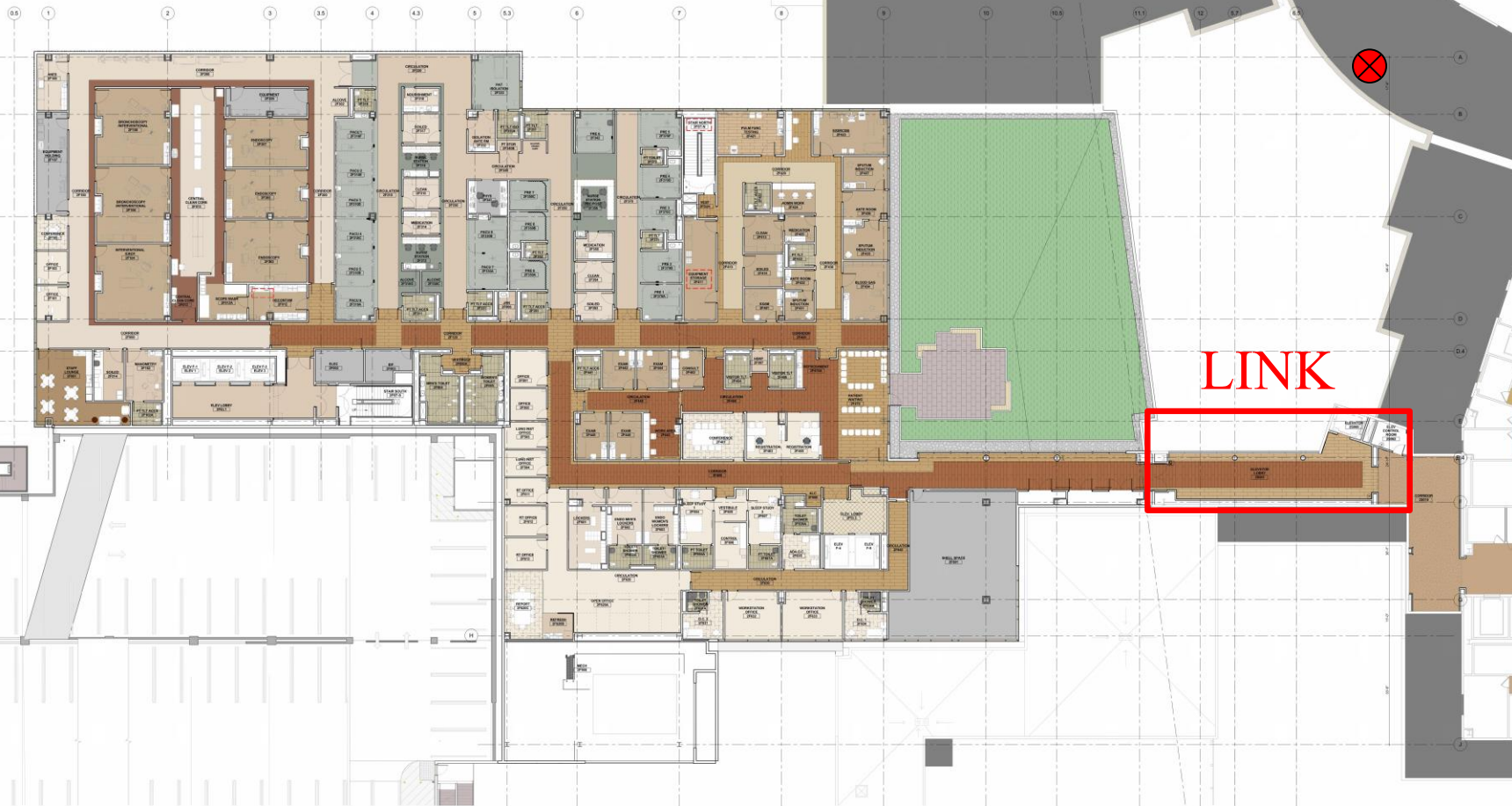
IMOB – 1st Floor Plan

Outpatient Clinics & Services, HIMS, Support

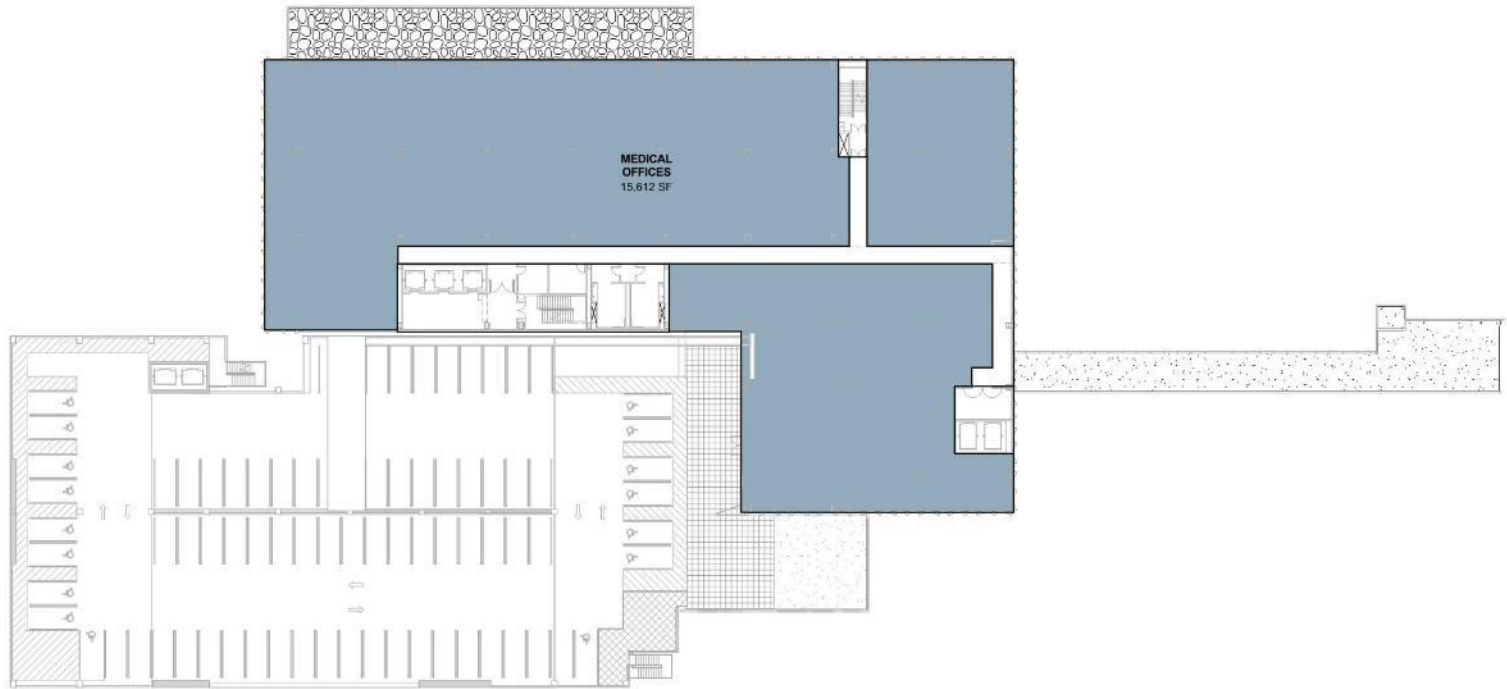


IMOB – 2nd Floor Plan

Procedure Rooms, RT/Pulmonary, Pre-Admit

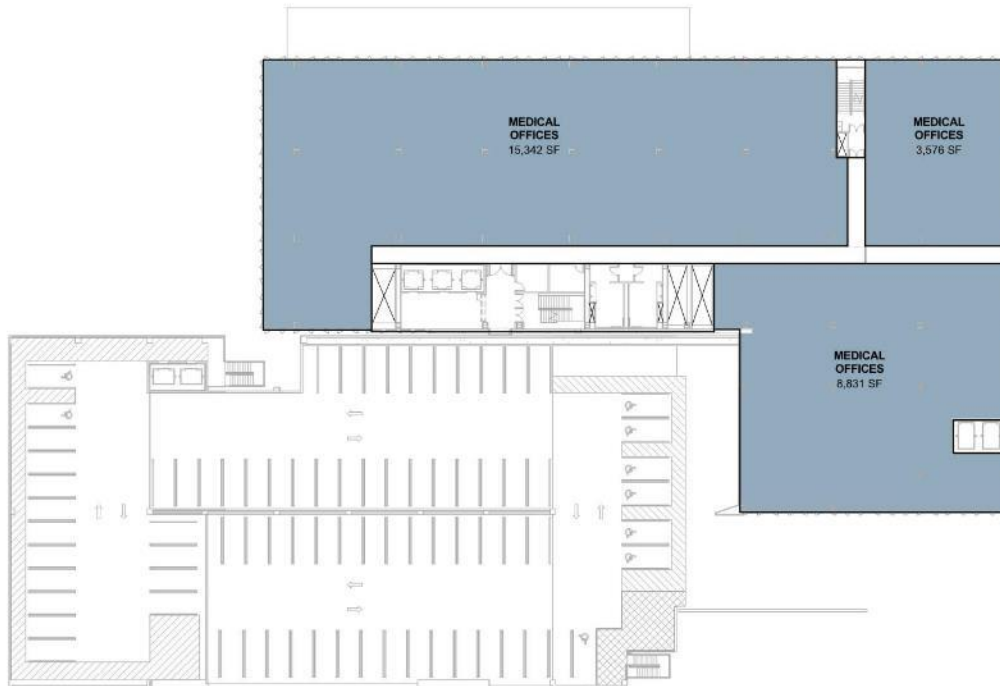


IMOB – 3rd Floor Plan Parkinson's Institute



2 LEVEL 3 DEPARTMENTAL
BOUNDARIES
1/32" = 1'-0"

IMOB – 4th Floor Plan - TBD

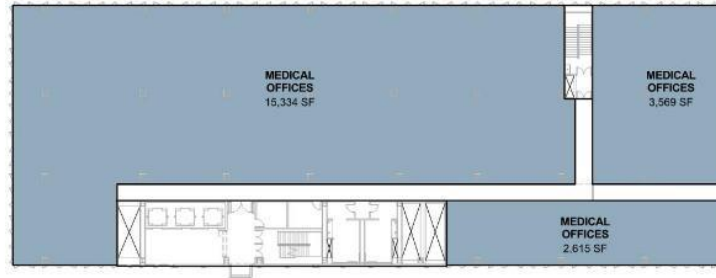


LEVEL 4 DEPARTMENTAL
BOUNDARIES

3

1/32" = 1'-0"

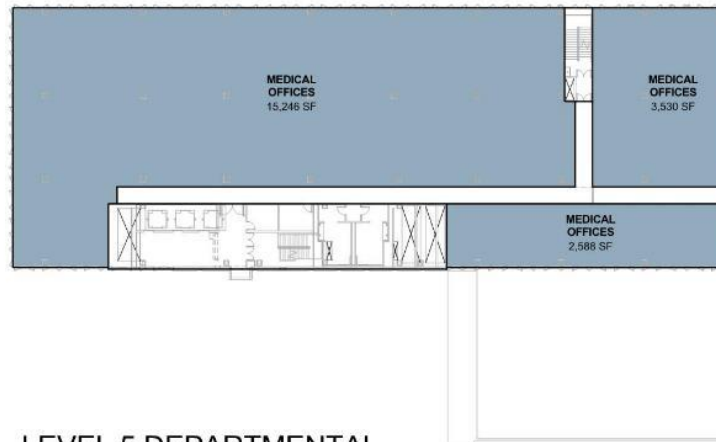
IMOB – 5th & 6th Floor Plans - TBD



LEVEL 6 DEPARTMENTAL BOUNDARIES

5

1/32" = 1'-0"



LEVEL 5 DEPARTMENTAL BOUNDARIES

4

1/32" = 1'-0"

IMOB Rendering – Looking Southeast



INTEGRATED MEDICAL OFFICE BUILDING

23

IMOB Rendering – Looking East



24

Environmental Impact Report - Process

- Draft E.I.R. – Published in Early March 2016
- Public Comment Period 03/09/16 to 04/22/16 – Closed
- Resolution of Outstanding Items 04/29/16 to 05/06/16
- Respond to Comments 05/06/16 to 05/20/16
- Final E.I.R. Published 05/31/16
- Final E.I.R. Circulation 06/02/16 to 06/11/16
- Zoning Administrator Public Hearing 06/22/16
- City Council Public Hearing 06/28/16
- Filing of Final E.I.R. 06/30/16

Environmental Impact Report – DRAFT

Less Than Significant Impacts with required Mitigation and Avoidance Measures

- Air Quality related to Construction Equipment Emissions
- Impact to nesting birds
- Tree Removal
- Abatement of Hazardous Materials
- Noise related to building equipment
- Noise related construction activities
- Cumulative Transportation Impact on Grant Road

Environmental Impact Report – DRAFT

Public Comments / ECH Response

- **Traffic impact on Grant Road**

- ECH Implementing Transportation Demand Management Program to reduce single occupant vehicles coming to the campus

- **Parking on Campus**

- ECH Adding 611 Parking Spaces upon completion

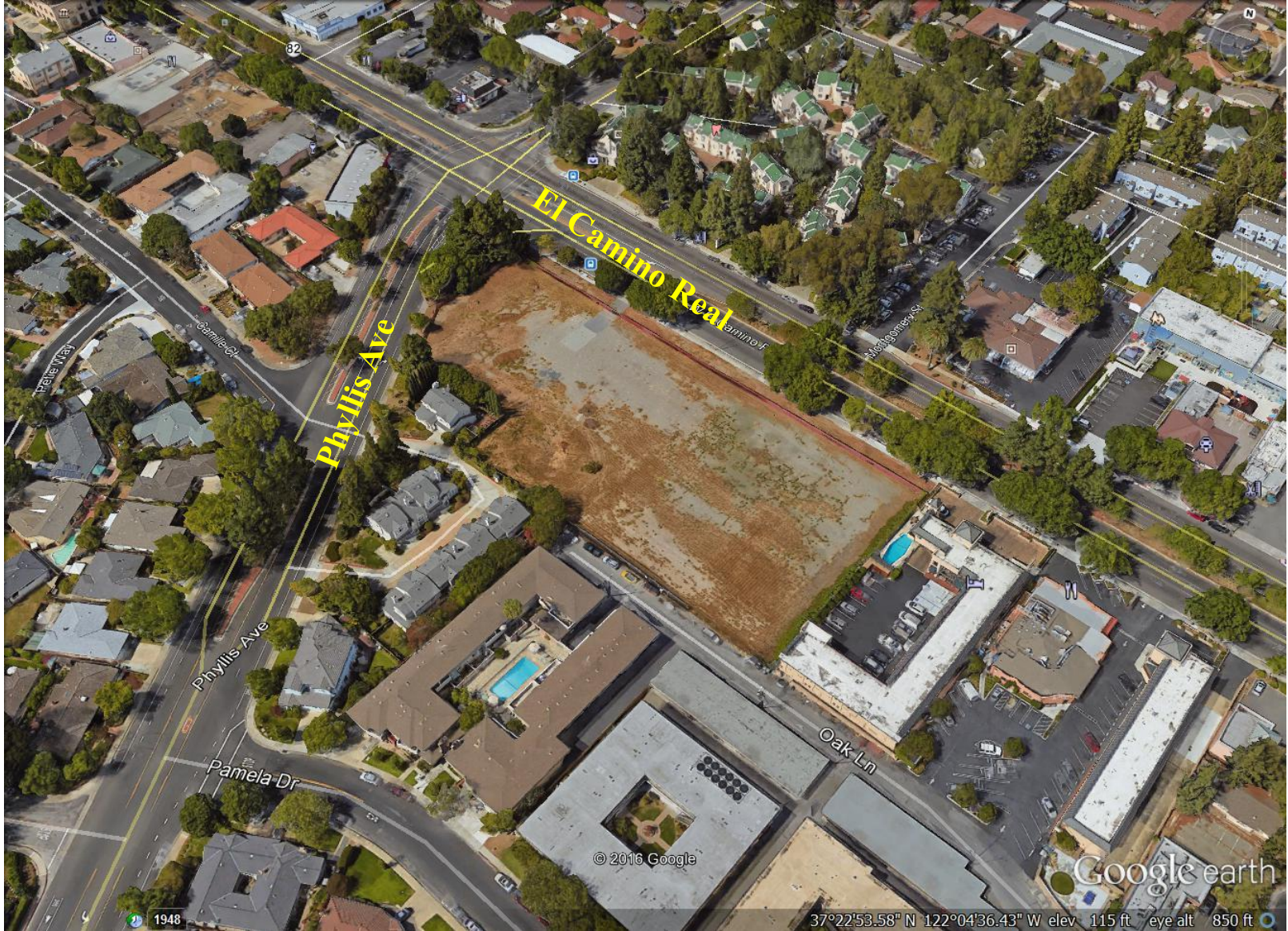
- **Tree Removal Concerns**

- ECH to relocate 20 Trees, Heritage Trees to be replaced 3:1, all other trees replaced with new

- **Construction Staging Area Impact (El Camino Real & Phyllis Ave.)**

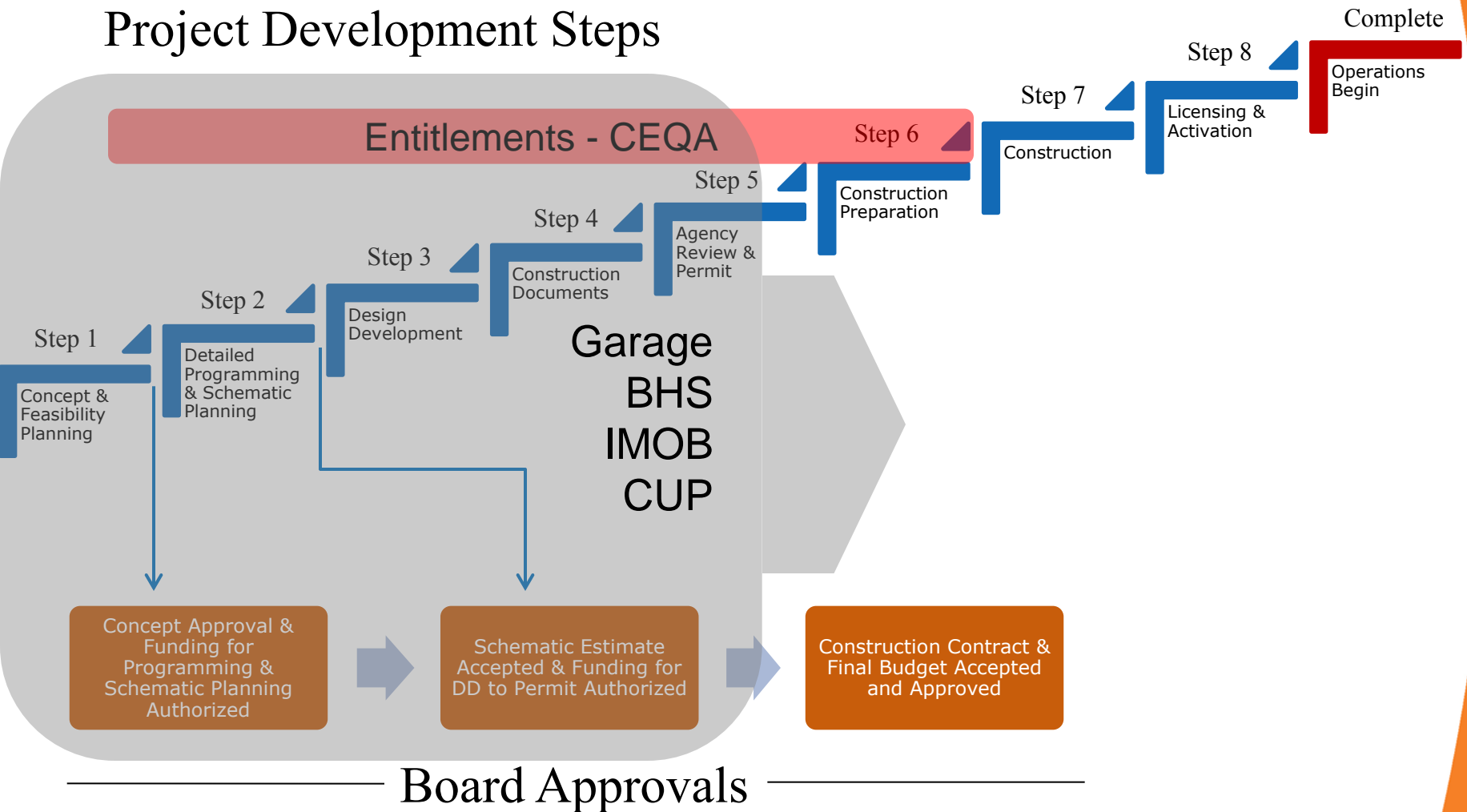
- ECH to address concerns of neighbors with use of vacant land for construction staging on El Camino Real & Phyllis Ave.

Construction Staging Site

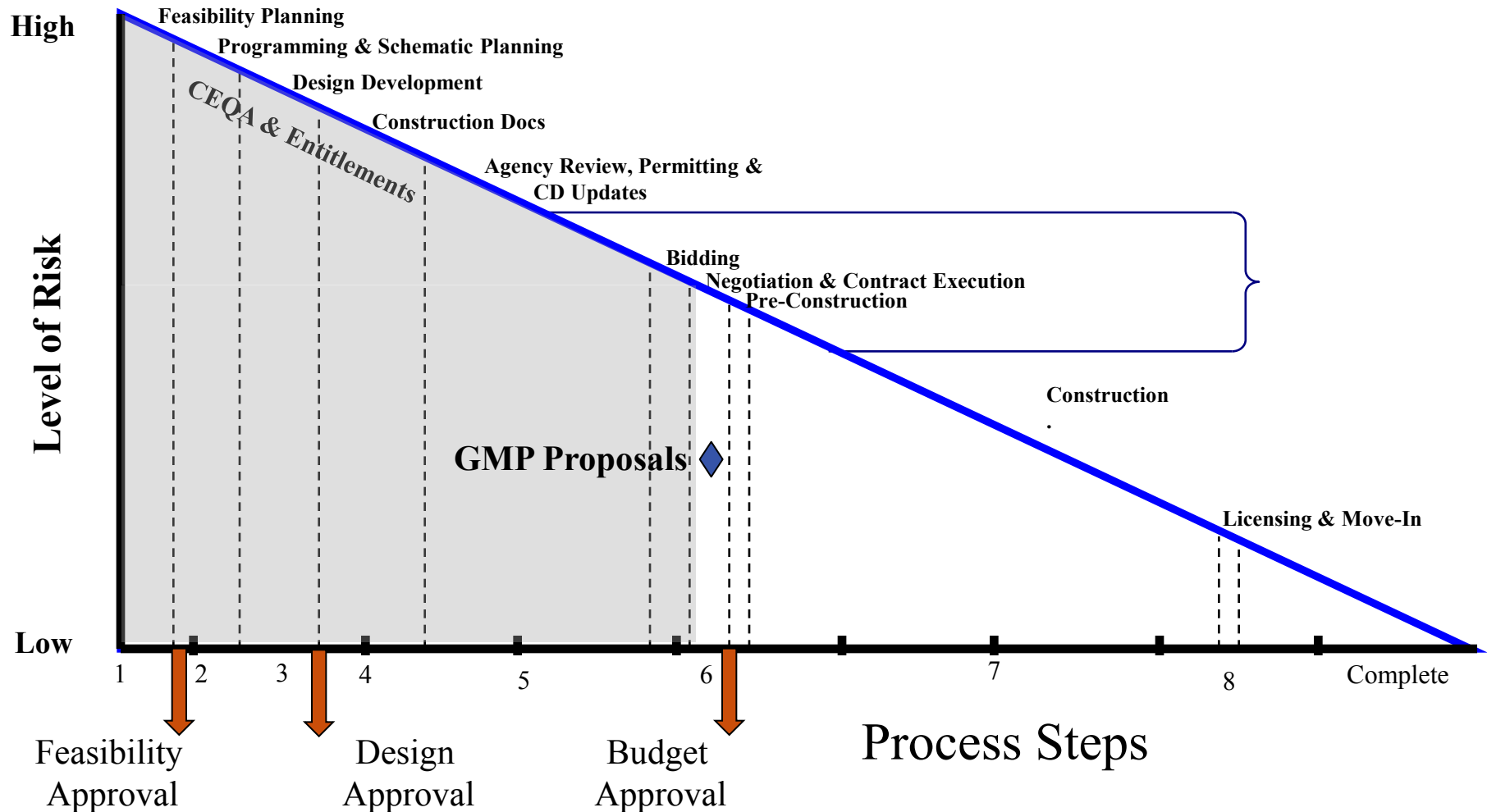


Mountain View Campus Development Projects – Current Status

Project Development Steps



Managing Construction Risk with a Proven Process



Mountain View Campus Development Projects – Timeline Look Ahead

Mountain View Campus Development Projects

Big Picture Look Ahead Schedule

	May-16				Jun-16				Jul-16				Aug-16				Sep-16				Oct-16				Nov-16				Dec-16			
EIR & Planned Community Permit Process	Entitlements																															
Relocation of Departments & Services	Construction Preparation Move Project																															
North Parking Garage Expansion	Plan Approval & Permit (City of MV)								Construction																							
Behavioral Health Services - Building																																
BHS Phase I - Partial Demo & Site Prep	Plan Approval & Permit (OSHDP)								Construction																							
BHS Phase II - New Building Construction	Plan Approval & Permit (OSHDP)																Construction															
Integrated Medical Office Building																																
IMOB Make Ready - Sitework	Plan Approval & Permit (City of MV)								Construction																							
IMOB Make Ready - Demolition of North Addition	Plan Approval & Permit (OSHDP)												Construction																			
IMOB New Main Connector Construction	Plan Approval & Permit (OSHDP)																				Construction											
IMOB New Building & Parking Construction	Plan Approval & Permit (City of MV)																				Construction											
Central Plant Upgrades	Plan Approval & Permit (OSHDP)																												Construction			
Women's Hospital Expansion	Design & Construction Team Selection												Programming & Schematic Design																Design Devel.			
Demo Old Main & Related Sitework	Future Work																															

Mountain View Campus Development Projects – Board Approval Timelines

Wednesday, May 11, 2016	Board Meeting	Provide Update on Mountain View Campus Projects for Information
Tuesday, May 31, 2016	Finance Committee	1. Request Final Budget Approval for North Garage Expansion
Wednesday, June 08, 2016	Board Meeting	2. Request Incremental Funding Approval BHS Phase I
		3. Request Initial Planning Budget Approval - Women's Hospital
Wednesday, July 13, 2016	NO BOARD MEETING	
Tuesday, July 26, 2016	Finance Committee	1. Request Final Budget Approval for IMOB Project
Wednesday, August 10, 2016	Board Meeting	2. Request Final Budget Approval for BHS Project
Future Requests - Dates TBD	Finance Committee	1. Women's Hospital
	Board Meeting	2. Old Main Hospital Demo & Related Site Work

Cost Estimates as of March 2016

		1	2	3	4	5
		Aug-15	Mar-16	To Date	June/Aug 2016	Future
	Mountain View Master Plan Projects	Total Estimated Project Cost	Total Estimated Project Cost	Total Funding Authorized	Anticipated Funding Request	Anticipated Future Funding Request
1245	Behavioral Health Building Replacement	62,500,000	74,667,671	9,000,000	65,667,671	
1414	Integrated Medical Office Building - iMOB	232,000,000	246,499,619	28,000,000	218,499,619	
1413	North Parking Garage Expansion	17,000,000	24,498,824	3,000,000	21,498,824	
1422	Central Utility Plant (CUP) Upgrades	6,000,000	8,491,311	1,500,000	6,991,311	
1430	Women's Hospital Expansion	91,000,000	91,000,000	0	1,500,000	89,500,000
1428	Demo Old Main Hospital & Related Sitework	15,000,000	15,000,000	0		15,000,000
	Totals	423,500,000	460,157,425	41,500,000	314,157,426	104,500,000

Cost Factors

- Value added project scope
 - IMOB Link Structure, Impact on New Main Hospital concourse
- OSHPD Interpretations regarding building separations and structural design elements
- Bay Area Construction Market is very hot, causing significant escalation
- Materials such as concrete, rebar and copper have seen higher than normal escalation
- Environmental mitigation measures increased scope of work, schedule and complexity
- Impact of EIR Process and complexity of multiple projects starting at the same time

QUESTIONS?

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report El Camino Hospital Board of Directors May 11, 2016
Responsible party:	David Reeder, Quality Committee Chair
Action requested:	For Discussion
Background: The Quality Committee meets 10 times per year. The Committee last met on May 2, 2016 and meets next on June 1, 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To update the Board on the work of the Committee. 1. Progress Against Goals: The Committee is on track to complete its FY16 Goals. 2. Summary of May 2, 2016 Meeting: a. Overall Issues: The committee was updated on one red and one orange alert. There was discussion regarding implementation of Patient and Family Centered Care (PFCC) using Planetree's baseline assessment during Q1 of FY 2017 and building a roadmap by Q2 FY 2017, aligning current efforts to increase patient-centrism. There was discussion of FY 17 Committee Goals and they were approved. 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 Patient Safety and iCare FY 17 Organizational Goals. An assessment of ECH's scope of services and peer review at both campuses was done by the Greeley Company; their recommendations are pending. b. Exception Report: Seven metrics are stable, except patient falls and responsiveness of hospital staff requires improvement. c. At a future meeting discuss the Departmental goals of the Medical Staff	
Suggested discussion questions: None.	
Proposed Board motion, if any: None.	
LIST OF ATTACHMENTS: None.	

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

Board Members Present

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

Board Members Absent

None

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ROLL CALL	The Open Session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 6:45 pm by Chair Cohen. A silent roll call was taken.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Cohen asked if any Board members may have a conflict of interest on any of the items on the agenda. No conflicts were noted.	
3. BOARD RECOGNITION	Consideration of Resolution 2016-05 was deferred until the May 11, 2016 Regular Board meeting.	<i>Resolution 2016-05 deferred</i>
4. FINANCIALS PERIOD 8 FY 16 YTD	<p>Iftikhar Hussain, Chief Financial Officer, reported that ECH is behind plan on operating margin by \$5 million. Expenses are higher than budgeted because of various factors including lower volumes, one-time costs like EPIC Go-Live, and not attaining planned efficiencies. He also reported that non-operating investments went down in February, but went back up in March, and the hospital’s cash position and out-patient business remain strong. Productivity remains above target levels since the EPIC Go-Live.</p> <p>He also provided an update on development of the FY17 Budget. Currently, there is an assumption of a 5% increase in charges, which may change. Due to low volume, full recovery of ECH’s budget is not expected, but moderate growth is projected for next year. Long-term forecast plans include \$8.8 million in costs savings</p>	<i>Period 8 FY16 Financials approved</i>

	<p>and initiatives to improve operating margins.</p> <p>In response to the Directors' questions, Director Ryba reported that OB cases have declined because care has been distributed more broadly across the region, with patients receiving care closer to where they live. She is actively discussing this issue with independent physicians and PAMF colleagues to learn how we can increase OB volume.</p> <p>In response to Board members' questions, Mr. Hussain reported that while there was not enough budgeted for EPIC Go-Live operating expenses, ECH is under budget on the capital side, with \$4.5-5 million in contingency that has not been used.</p> <p>Motion: To approve the Period 8 FY16 Financials.</p> <p>Movant: Miller Second: Fung Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None. Abstentions: None. Absent: None. Recused: None.</p>	
5. QUALITY COMMITTEE REPORT	<p>Dave Reeder, Chair of the Quality Committee, reported that generally, quality metrics are very good: the inpatient fall rate has fluctuated, but is on target; medication errors have decreased, continuing to meet goals; surgical site infections have been lower than plan for the last two months. To address the delay in obtaining data on surgical site infections, Director Reeder reported that per California law, a 90-day surveillance period is required for certain types of surgeries. In regards to the planned patient and family-centered care project, the Committee is continuing discussions and formalizing the timeline for stakeholder conversations, priority building, and roadmap development for FY17.</p>	
6. GOVERNANCE COMMITTEE REPORT	<p>Peter Fung, MD, Chair of the Governance Committee, reported a significant improvement in Governance Committee processes, with collaborative attitudes, open discussions, and engagement. He noted that the Committee is prioritizing discussions, and suggests meeting every two months instead of quarterly.</p> <p>He further reported that the Committee reviewed the election processes for Hospital Board members per the</p>	<p><i>Revised election process recommended for approval</i></p>

	<p>District Board's request. The Committee's proposed changes address the Ad Hoc Committee chair appointment and tightened timing of re-election and recruitment of new members.</p> <p>Motion: To recommend that the District Board approve the Revised Process for Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors.</p> <p>Movant: Fung Second: Cohen Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None. Abstentions: None. Absent: None. Recused: None.</p>	
<p>7. PUBLIC COMMUNICATION</p>	<p>Mrs. Sarah Gentile and Mr. Brian Gentile and several other community members relayed their personal and family experiences with the absence of access to dedicated inpatient adolescent psychiatric beds in Santa Clara County. They asked for the Board's support of a proposed partnership between ECH, Kaiser, and Lucille Packard to provide youth and adolescent mental health inpatient care and partial hospitalization services. They thanked the Board for the support ECH has already provided for youth behavioral health, as well as the Santa Clara County Board of Supervisors for recognizing the need for an acute care facility for adolescents in Santa Clara County.</p> <p>Mr. Geoffrey Mangers spoke about his concerns regarding admissions processes and paperwork.</p>	
<p>8. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 7:25 pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Sessions of the Hospital Board Meetings (March 9, 2016 and March 23, 2016), Minutes of the Closed Sessions of the Executive Compensation Committee Meetings (November 17, 2015 and January 20, 2016); pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> for deliberations concerning conference with legal counsel – pending or threatened litigation: Semi-Annual Physician Contract Report; 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</p>	

	<p><i>Health and Safety Code Section 32155</i> for deliberations concerning a report on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk: Labor Relations Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Finance Committee Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: FY17 Budget Assumptions and Strategic Priorities; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Marketing Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Biennial Advisory Committee Self-Assessment; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Annual Board Self-Assessment; 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 a report of Medical Staff quality assurance committee, and <i>Gov't Code Section 54957</i> for report and discussion on personnel matters: CEO Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secret: Pacing Plan; and pursuant to <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p>Movant: Chiu Second: Miller Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None. Abstentions: None. Absent: None. Recused: None.</p>	
<p>9. AGENDA ITEM 20 - RECONVENE OPEN SESSION</p>	<p>Open Session was reconvened at 10:20 pm.</p> <p>During the closed session, the Board approved the Minutes of the Closed Sessions of the Hospital Board Meetings from March 9, 2016 and March 23, 2016, the Minutes of the Executive Compensation Committee Meetings from November 17, 2015 and January 20, 2016, and the Medical Staff Report by a vote in favor of all members present (Directors Chen, Cohen, Chiu, Davis, Fung, Miller, Reeder, Ryba, and Zoglin). The Board also approved the Semi-Annual Physicians Report</p>	

	by a vote of eight board members in favor (Chen, Cohen, Chiu, Davis, Miller, Reeder, Ryba, and Zoglin). Director Fung recused himself.	
10. AGENDA ITEM 21 - PUBLIC COMMUNICATION	None.	
11. AGENDA ITEM 22 – CONSENT CALENDAR	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meetings of March 9, 2016 and March 23, 2016; Minutes of the Executive Compensation Committee Meetings of November 17, 2015 and January 20, 2016; the following policies: Meal and Rest Break and Provisional Period Policy; the following physician contracts: Medical Director Renewal for Cancer Center Program, Interventional Pulmonology Fellowship Consulting Agreement, Medical Director Renewal for NICU (Mountain View), Medical Director Renewal for Cardiac Catheterization Laboratory & Chest Pain Center (Mountain View); Purchase Approval of Hospital Drive Building 15; Mountain View Facilities Project Funding Requests; Los Gatos Facilities Upgrades Funding Requests; and the Medical Staff Report.</p> <p>Movant: Zoglin Second: Davis Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None. Abstentions: None. Absent: None. Recused: None.</p>	<i>Consent Calendar approved</i>
12. AGENDA ITEM 23 – INFORMATIONAL ITEMS	None.	
12 AGENDA ITEM 24 – BOARD COMMENTS	<p>Director Ryba asked the Board to complete the approved survey, evaluating Board meeting processes and efficiency and to direct any comments on the survey to Cindy Murphy, Board Liaison.</p> <p>Director Chiu congratulated Director Miller, who was named by the Silicon Valley Business Journal to its 2016 Women of Influence list.</p> <p>Director Miller described the Auxiliary's display of items made for patients and invited the Board to view</p>	

	<p>the display in the lobby. Director Reeder attended the Heart Forum, and complimented the great work being done at ECH for heart and vascular disease. He also recognized the South Asian Heart Center's Gala and screenings. The ECH Foundation's Sapphire Soiree will be May 21, 2016 at the Menlo Circus Club. Director Fung congratulated Director Chiu for his nomination and selection as the Association of California Healthcare Districts' Trustee of the Year.</p>	
13. AGENDA ITEM 21 – ADJOURNMENT	<p>Motion: To adjourn at 10:29 pm.</p> <p>Movant: Ryba Second: Miller Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None. Abstentions: None. Absent: None. Recused: None.</p>	<p><i>Meeting adjourned at 10:29 pm.</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: Cindy Murphy, Board Liaison

EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

2500 GRANT ROAD
MOUNTAIN VIEW, CA 94040

815 POLLARD ROAD
LOS GATOS, CA 95032

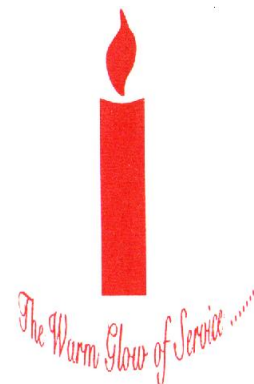
April 12, 2016

The Nominating Committee is pleased to submit for Auxiliary Board approval the following recommendations from the Auxiliary's active membership for the 2016-2017 Board of Directors. Committee members have interviewed each of these candidates. The candidates have agreed to serve on the 2016-2017 Board.

President	Linda Heider
Executive Vice, President Elect	Carol Carey
VP, Director of Services, MV	Judy Van Dyck
VP, Director of Services, LG	Alexis Rubin
VP, Director of Senior Membership, MV	Chuck Hebel
VP, Director of Senior Membership, LG	Linda Johnson
VP, Director of Junior Membership, MV	Janice Smith
VP, Director of Junior Membership, LG	Julie Thomas
Treasurer	Ken Jablinskey
Associate Treasurer	George Ringer
Secretary	Christine Courtoy
Parliamentarian	Corky Kelley

Respectfully submitted by:
The Nominating Committee

Carol Bertram
Chuck Hebel
Linda Johnson
Naomi Takigawa



SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Utility Systems- Equipment Inventory	Utility Management	3/16	Redefining of equipment inventory to high-risk and non-high risk categories
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Fire Safety Management Work Group Responsibilities	Safety Management	3/16	Revised A3
	Employees Responsibility for Fire Prevention	Safety Management	3/16	Included contractors and volunteers to the statement
	Code Red- Fire Response	Safety Management	3/16	Updated locations to include Cedar Pavilion
	Fire Protection Plan	Safety Management	3/16	Wording and location updated to match current building configurations
	Interim Life Safety Measures	Safety Management	3/16	Removed reference to additional fire drills in areas of construction exceeding 3 months
	Fire Drills	Safety Management	3/16	updated language to match current equipment and building configurations
	Reporting Utility Systems or Equipment Failures	Utility Management	3/16	Removal of references to Evergreen and Rose Garden Dialysis
	Utilities Systems or Equipment Failure Response	Utility Management	3/16	Change location where policies are stored to online locations
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
	Fire Safety Management Plan Development	Safety Management	3/16	
	Fire Watch	Safety Management	3/16	
	Utilities Management Plan	Utility Management	3/16	
	Utilities Management Work Group	Utility Management	3/16	
	Employees Responsibilities for Utilities Management	Utility Management	3/16	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	
	Reducing Organizational Acquired Illness	Utility Management	3/16	Necessary sections are covered in another policy under Infection Control

TITLE:	Utility Management - 6.04 Utility Systems - Equipment Inventory
CATEGORY:	Safety – Environment of Care
LAST APPROVAL:	05/2012

TYPE:	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Protocol	<input type="checkbox"/> Scope of Service/ADT
	<input type="checkbox"/> Procedure	<input type="checkbox"/> Standardized Process/Procedure	
SUB-CATEGORY:	Utility Management		
OFFICE OF ORIGIN:	Facilities Services		
ORIGINAL DATE:	06/1998		

I. COVERAGE:

All El Camino Hospital staff, medical staff, and volunteers.

II. PURPOSE:

To ensure utility systems and fixed equipment that have an impact on the care of a patient is included in the inventory and are inspected and maintained in a manner consistent with best practices, organizational experience and applicable codes and standards

III. POLICY STATEMENT:

The inventory of utility systems and equipment is to include all building systems and fixed building equipment that supports the care of the patient.

IV. PROCEDURE:

- A. The following utility system categories are included in the utilities management plan:
1. Domestic Water Systems
 2. Electrical - Emergency Power Systems
 3. Electrical - Normal Power Systems
 4. Elevators, Dumbwaiters and Pneumatic Tube Systems
 5. Fire Detection, Alarm, Control & Communication Systems
 6. Heating, Ventilation and Air Conditioning Systems
 7. Medical Information Data Systems
 8. Medical Gas & Vacuum Systems
 9. Natural Gas Systems
 10. Nurse Call Systems
 11. Sewer Systems
 12. Steam Boiler Systems
 13. Telephone & Paging Systems
- B. The detailed inventory of Utility Systems and Equipment is maintained according to the department specific policies and procedures in the Facilities Services Engineering Management Database Program.

TITLE:	Utility Management - 6.04 Utility Systems - Equipment Inventory
CATEGORY:	Safety – Environment of Care
LAST APPROVAL:	05/2012

C. The hospital establishes and uses risk criteria for identifying, evaluating, and creating an inventory of operating components. These criteria address the following:

- High Risk (including Life Support equipment)

The hospital identifies High Risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. High risk components include life support equipment.

- Infection Control

The hospital identifies Infection Control operating components of utility systems on the inventory for which there is a risk of infection or harm to a patient or staff member should the component fail.

- Non-High Risk Support of the Environment

The hospital identifies Non High Risk operating components of utility systems on the inventory for which there is no risk or harm to a patient or staff member should the component fail.

- ~~Equipment Support~~

- ~~Communication~~

~~D. This Risk Criteria format resides within the TMS Maintenance Management system in Facilities Services. The layout and values are as follows:~~

Utilities Management Asset Risk Criteria

Equipment Support Categories (E)

- ~~– Non-Patient Related (Miscellaneous)(1)~~
- ~~– Communications(2)~~
- ~~– Climate/ Comfort (Support of the Environment)(3)~~
- ~~– Patient Related (Miscellaneous)(4)~~
- ~~– Infection Control(5)~~
- ~~– Fire/ Life Safety(6)~~
- ~~– Life Support(7)~~

Likelihood of Failure (F)

- ~~– Greater Than Five Years(1)~~
- ~~– Approximately Three Years(2)~~
- ~~– Approximately One Year(3)~~
- ~~– Approximately Six Months(4)~~

TITLE:	Utility Management - 6.04 Utility Systems - Equipment Inventory
CATEGORY:	Safety – Environment of Care
LAST APPROVAL:	05/2012

~~– Less Than Three Months (5)~~

~~Impact on the Environment of Care (Failure) (I)~~

~~– Very Low (1)~~

~~– Low (2)~~

~~– Medium (3)~~

~~– High (4)~~

~~– Very High (5)~~

~~Preventive Maintenance Requirement (P)~~

~~– Not Required (1)~~

~~– Annually (2)~~

~~– Semi-Annually (3)~~

~~– Quarterly (4)~~

~~– Monthly (5)~~

~~– Bi-Weekly (6)~~

~~– Weekly (7)~~

~~Environmental Use Classification (U)~~

~~– Non-Patient Care Areas (1)~~

~~– Treatment/ Procedure/ Support/ Exam Areas (2)~~

~~– General Patient Care Areas (3)~~

~~– Critical Care Areas/ Emergency Services (4)~~

~~– Surgical Areas (5)~~

V. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Utility Management Work Group	01/2016
Central Safety Committee:	02/09/2016
ePolicy Committee:	
Operations Committee:	
Board of Directors:	
Historical Approvals:	4/01, 11/03, 8/06, 06/09, 04/12

Board of Directors Open Session – May 11, 2016

To: El Camino Hospital Board of Directors

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

Date: April 29, 2016

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **April 28, 2016**.

Request Approval of the Following:

A. Patient Care Policies & Procedures – Policy Summaries (pp. 2-3)

- **New Policies (attached)**
 - Cancer Survivorship Care Plan (pp. 4-6)
- **Policies with Major Revisions (See summary p. 2)**
 - Healthcare Decisions for Patients who lack Capacity and Lack Surrogates (pp. 7-11)
- **Policies with Minor Revisions (See Summary pp. 2-3)**
 - Standardized Procedure Acetaminophen Pediatrics Patients in ED
 - Standardized Procedure Acetaminophen Adult Patients in ED
 - Standardized Procedure Tetanus Prophylaxis in ED
 - Standardized Procedure Ibuprofen Suspension Pediatric Patients over 6-months in ED
 - Standardized Procedure Ibuprofen Administration to Adult Patients in ED
 - Pain Management Standards and Appendices
 - Anatomical Donation After Cardiac Death
 - RRT
 - Organ, Tissue and Cornea Donation
 - Brain Death
- **Policies with No Revisions (See Summary p. 3)**
 - Seizures Management of Patient

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Cancer Survivorship Care Plan	Cancer Center	4/21	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Healthcare Decisions for Patients who lack Capacity and Lack Surrogates	Patient Care	4/16	New legal requirements regarding identification of process to care for patients who lack capacity and lack surrogates
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Standardized Procedure - Acetaminophen Pediatrics Patients in ED	Patient Care	4/16	Minor Changes
	Standardized Procedure - Acetaminophen Adult Patients in ED	Patient Care	4/16	Minor Changes
	Standardized Procedure - Tetanus Prophylaxis in ED	Patient Care	4/16	Minor Changes
	Standardized Procedure - Ibuprofen Suspension Pediatric Patients over 6 months in ED	Patient Care	4/16	Minor Changes
	Standardized Procedure - Ibuprofen Administration to Adult Patients in ED	Patient Care	4/16	Minor Changes

	Pain Management Standards and Appendices	Pain Management Standards and Appendices		<p>1. Combined the Pain Management Standards – Inpatient and Pain Management Standards – Outpatient into one “Pain Management Standards” Policy. Only a few words were changed to accommodate both areas.</p> <p>2. In the Appendix A, figure one, the “colorful” numeric rating scale has been deleted.</p>
	Anatomical Donation After Cardiac Death	Patient Care	4/16	The California Transplant Donor Network has a new name change to Donor Network – West. All CTDN has been changed to DN-W.
	RRT	Patient Care	4/16	Additional instructions when RRT RN is not available to respond to RRT
	Organ, Tissue and Cornea Donation	Patient Care	4/16	<p>1. Brain Death criteria deleted from policy. There is a separate brain death policy.</p> <p>2. California Transplant Donor Network has changed to Donor Network-West</p>
	Brain Death	Patient Care	4/16	Per Donor Network- West, They do not use confirmatory laboratory study to establish death
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
	Seizures Management of Patient	Patient Care	4/16	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	

TITLE: Cancer Survivorship Care Plan

CATEGORY: Clinical and Support Services

LAST APPROVAL: New September 2015

TYPE:



Policy
Procedure



Protocol
Standardized Process/Procedure



Scope of Service/ADT

SUB-CATEGORY: Outpatient Oncology Services

OFFICE OF ORIGIN: Oncology Service Line

ORIGINAL DATE: September 2015

I. **PURPOSE:**

The cancer Survivorship Care Plan is a written document consisting of a comprehensive treatment summary and post treatment care plan. The care plan provides a comprehensive list of the patient's treatments, including dosages, frequency and procedure performed across the course of care. The care plan outlines the expected side effects and late effects and details when and where to receive follow up tests and screening.

II. **DEFINITIONS:**

Eligible patients are those with curative intent who completed treatment at El Camino Hospital. Patients with Stage 0 diagnosis and patients who decline to receive a SCP are counted as ineligible.

III. **POLICY STATEMENT:**

A. An organized plan for cancer survivorship care will be provided to eligible patient at the time primary treatment ends or at the first follow up visit for patients receiving primary care at El Camino Hospital. Primary treatment is the first course of therapy provided with the intention to cure cancer. Eligible patients are those who receive their diagnosis and all of their treatment at El Camino Hospital. Excluded patients include patients diagnosed at El Camino but who receive all their cancer treatment at an outside organization (Palo Alto Medical Foundation(PAMF), Stanford, etc.) Patients who receive their last course of primary treatment will receive their SCP by that following physician/facility. That treating facility will be providing SCP.

—The Survivorship Care Plan will be reviewed with the patient by a member of the patient's oncology care team. The Survivorship Care Plan will be shared with the patient's primary care provider.

B. Patients receiving primary treatment of surgery at El Camino Hospital, will be provided a After Visit Summary at discharge that includes the procedure performed and post-operative follow up care from the treating surgeon. If biopsy results/diagnosis is not available at that time of discharge, the treating surgeon will be provided a template to complete the Survivorship Care Plan with area for diagnosis and future surveillance tracking. This portion of the SCP will be provided to the patient by the treating surgeon.

TITLE: Cancer Survivorship Care Plan

CATEGORY: Clinical and Support Services

LAST APPROVAL: New September 2015

IV. REFERENCES:

1. **Hewitt, M., Greenfield, S., Stovall, E., From Cancer Patient to Cancer Survivor:** Committee on Cancer Survivorship: Improving Care and Quality of Life, Institute of Medicine and National Research Council 2006

V. INPATIENT PROCEDURE:

1. For patients with primary treatment of surgery only, an After Visit Summary is generated by the EHR upon patient discharge. The information includes admitting diagnosis, treatment provided, home medications to take if appropriate, discharge instructions related to the admission and the follow up plan post discharge.
2. The AVS is reviewed with the patient by the discharging nurse. Patient is provided time to ask questions for comprehension of document.
3. Patient is provided the copy of the plan/summary and the admitting/discharging physician is provided an electronic copy via the EHR.
4. Patients who receive surgery at ECH as their primary treatment will receive the AVS upon discharge. Pathology reports, as appropriate, and follow up surveillance recommendations will be provided by the treating physician post discharge.

VI. OUTPATIENT PROCEDURE:

1. The SCP is generated by the Nurse Navigator or Survivorship Coordinator from information in the EHR.
2. At the end of the patient's treatment or at the first follow up visit, the SCP will be reviewed with the patient by the Nurse Navigator or Survivorship Coordinator. The review of the care plan will be done in person or via a method of live communication whereby the patient may ask questions at the time of review.
3. A copy of the Survivorship Care Plan will be forwarded to the patient's Primary Care Provider.
4. For analytic cases receiving completion of care by an independent provider other than El Camino Hospital, the patient will receive their comprehensive treatment summary and follow up plan by that provider/organization.

IV. SURVIVORSHIP FOLLOW UP:

Patients will be followed by the Survivorship Program Coordinator and Nurse Practitioner for Surveillance and long term treatment symptom management.

TITLE:	Cancer Survivorship Care Plan
CATEGORY:	Clinical and Support Services
LAST APPROVAL:	New September 2015

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	September 2015
Cancer Committee:	December 2015
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

TITLE: { Title } who Lack Capacity to Make Health Care Decisions

CATEGORY: Patient Care Services

LAST APPROVAL: 2/12

TYPE:

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

SUB-CATEGORY: *(This is the sub-category, i.e. pharmacy, environmental services, facilities...etc.)*

OFFICE OF ORIGIN: *(please list department or unit)*

ORIGINAL DATE:

I. COVERAGE:

El Camino Hospital Staff and Medical Staff

II. PURPOSE:

This policy establishes uniform procedures to implement appropriate health care decisions for unrepresented patients who lack capacity to make health care decisions and ensures that appropriate medical care is provided to incapacitated patients who lack surrogate decision-makers.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that patients who lack capacity and lack identified surrogate decision makers, receive appropriate medical treatment which is in the patient's best interest, respecting the patient's wishes and values to the extent known.

IV. REFERENCES:

- (1) Veterans Health Administration, Department of Veterans Affairs, Informed Consent, VHA Directive 1004, F, February 21, 1996, pages 5-7
- (2) Kirschner, M. and Michel, V., Guideline Addendum, The April 2, 1990, LACMA Physician guidelines for Foregoing Life-Sustaining Treatment for Adult Patients. Supplement: Patients' without decision-making capacity who lack surrogates, LACMA Physician, July 12, 1993.
- (3) 22 CCR 70707
- (4) (TJC) JOINT COMMISSION Patient Rights and Organizational Ethics, R1.1
- (5) California Probate Code § 3200 et seq
- (6) Health Care Decision Law (California Probate § 4600), specifically, Part 2, Uniform Health Care Decisions Act (California Probate Code § 4670, § 4735)
- (7) Santa Clara County Medical Association, San Jose, California. Recommendation for Establishing Policy on Health Care Decisions for Incapacitated Patients With Surrogates. February 2001.

TITLE: { Title } who Lack Capacity to Make Health Care Decisions

CATEGORY: Patient Care Services

LAST APPROVAL: 2/12

V. PROCEDURE:

1. This policy applies only to patients who meet all of the following criteria:

- a. A patient who has been determined by the primary physician to lack capacity to make health care decisions (with assistance from appropriate consulting physicians if necessary.)
- b. “Unrepresented patient” which means there is no agent identified by the patient in a Durable Power of Attorney For Health Care or in an Advance Directive, the patient has not orally designated a surrogate during hospitalization, and there is no court appointed conservator, or guardian designated to act on behalf of the patient.
- c. No written individual health care instruction or Advanced Directive is in the patient’s medical record.
- d. No surrogate decision-maker can be selected using Patient/Surrogate Decision Maker Consent Policy or the surrogate is not reasonably available.

2. If a patient meets all of the above criteria, medical decisions can be made using the following procedures:

- a. A multi-disciplinary team (MDT) including the attending physician, nurse familiar with the patient, social worker familiar with the patient, available members of the Ethics committee, pastoral staff, consulting clinicians and a patient representative such as a family member or friend who is unable to act as surrogate decision-maker but is willing to be part of team or a community member from the Ethics Committee will be named to the MDT. All members will be asked whether they have any conflict of interest, real or apparent, in the matter and if so, will be excused from the MDT.
- b. The MDT will advocate on behalf of the patient. The MDT will interview the relevant medical treatment providers and anyone else closely involved with the patient. The MDT will inquire about the process to determine the decision-making capacity of the patient, the attempts made to learn about the patient’s medical preferences and to locate a surrogate decision-maker. In addition, the MDT will consider the information below in making its decision.
 1. Review the diagnosis and prognosis of the patient to assure itself of the accuracy thereof and the medical basis for the conclusion for recommended treatments or to forego medical treatment, and about the other available medical options and their likely outcomes
 2. Determine goals of care by weighing the following:
 - Patient’s previously expressed wishes, if any
 - Relief of suffering and pain
 - Preservation or improvement of function
 - Recovery of cognitive functions
 - Quality and extent of life sustained

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TITLE: { Title } who Lack Capacity to Make Health Care Decisions

CATEGORY: Patient Care Services

LAST APPROVAL: 2/12

- Degree of intrusiveness, risk or discomfort of treatment
- Cultural or religious beliefs if known

For medical decisions about whether to forego life-sustaining treatment, the attending physician will obtain a second opinion about the decision from an independent physician with relevant medical qualifications.

- c. Decision-making by MDT: The MDT will assure itself that there were adequate safeguards to confirm the accuracy of the diagnosis and that the medical decision was made in good faith, based on sound medical advice, according to the patient's wishes to the extent known and is in the patient's best interest according to this policy. The MDT can ask for further medical opinions to verify the primary conclusions. The MDT can also ask that further investigations be made about the availability of surrogates, the patient's previously expressed wishes, etc. When the MDT confirms that the investigation is completed, the MDT will then make an independent finding about the proposed decisions. The MDT will weigh and balance all of the above considerations, keeping in mind that the best interests of the patient do not require that life support be continued in all circumstances, such as when the patient is terminally ill and suffering, where there is no hope of recovery of cognitive functions.
- d. Hospital legal counsel should be consulted if a decision to forego treatment is likely to result in the death of the patient and the situation arises in any of the following circumstances:
 1. The patient's condition is a result of any injury that appears to have been inflicted by a criminal act.
 2. The patient's condition was created or aggravated by a medical accident.
 3. The patient is pregnant.
 4. The patient is a parent with sole custody or responsibility for support of a minor child.
- e. The patient's age, sex, religion, ethnic or social status, the ability to pay for healthcare services, or avoidance of burden to family or to society shall not be considerations in determining the appropriateness of any health care decision under this policy.
- f. Final Decision by MDT for Proposed Treatments
 1. If all members of the multi-disciplinary team agree to appropriateness of treatment, such treatment shall be provided. If all members of the team agree to forego treatment, such treatment shall not be provided. Implementation of this decision is the responsibility of the patient's attending physician after notification to the patient.
 2. If the MDT cannot reach a consensus or if it disapproves of the proposed medical decision, the Ethics Committee Chair and Chief of Staff or his/her designee will be included in the decision-making process to assist in resolving any disagreements. In any case where a medical decision to forego life-sustaining treatment will be implemented under this policy, Risk Management should be advised. Irresolvable

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TITLE:	{ Title } who Lack Capacity to Make Health Care Decisions
CATEGORY:	Patient Care Services
LAST APPROVAL:	2/12

conflicts can be referred to court for legal resolution with the understanding that a legal remedy should only be sought in extreme circumstances. Any implementation of a decision to forego life-sustaining medical treatment will be the responsibility of the attending physician. During the period of disagreement, current treatments will continue and any other medically necessary treatments shall be provided until resolution reached.

3. After the MDT has made its decision, the patient must be informed by a MDT member of the following:

- s/he has been determined to lack capacity to make medical decisions
- s/he does not have an available surrogate decision maker
- decision regarding recommended medical decisions and interventions
- s/he has the right to seek judicial review of the above decisions

4. If the patient regains capacity to make medical decisions, the patient must be re-notified of the above decision making.

VI. DOCUMENTATION

Signed and dated medical record progress notes will be written for the following:

1. The findings used to conclude that the patient lacks medical decision-making capacity.
2. The finding that there is no durable power of attorney for healthcare, no conservator or guardian, no identifiable surrogate, and no written medical instructions or Advanced Directive.
3. The attempts made to locate surrogate decision-makers and the results of those attempts.
4. Any interviews of individuals with a close personal relationship to the patient and facts to substantiate their knowledge of the patient's wishes under this policy.
5. The medical bases for the treatment decision or the recommendation to forego life-sustaining treatment and the likely outcome of such decision, and any findings and conclusions by the MDT, Ethics Committee Chair or the Chief of Staff.
6. Patient Notification of information.

VI. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY

APPROVAL DATES

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TITLE: { Title } who Lack Capacity to Make Health Care Decisions

CATEGORY: Patient Care Services

LAST APPROVAL: 2/12

Originating Committee or UPC Committee	11/03, 2/05, 11/06, 01/09, no longer required
(name of) Medical Committee (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	2/02, 11/03, 3/05, 5/07, 2/09, pending
Board of Directors:	12/03, 4/05, 5/07, 3/09, pending
Historical Approvals:	

Marked copy showing proposed revisions to Article IV, Section 3(c) and Section 7 of El Camino Hospital Bylaws

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

4.7 Vacancy.

(a) A vacancy in the Board of Directors shall be deemed to exist on the occurrence of the following: (i) the death, resignation, or removal of any Director; (ii) the declaration by the Board of a vacancy in the office of a Director who has been declared of unsound mind by a final order of court, or has been convicted of a felony, or has been found by a final order or judgment of any court to have breached any duty under Sections 5230 38 of the California Corporations Code dealing with standards of conduct for directors; (iii) an increase in the authorized number of Directors; (iv) the application or other request by a 2012 Director seeking employment with the Corporation or seeking to provide contracted services to the Corporation, except in circumstances when a Director who is also a director of the sole Member may so serve; (v) the failure of the sole Member, at any annual or other regular meeting of Member at which any Director or Directors are elected, to elect the full authorized number of Directors to be voted for at that meeting; or ~~(vi)~~ (v) the affirmative vote of the sole Member to remove a Director in accordance with the voting requirements of Section 5222 of the California Corporations Code as provided in Section 4.9 below.

(b) Vacancies in the Board may be filled only by the sole Member. Each Director appointed or elected to fill a vacancy shall hold office until his or her successor is elected at an annual or other regular meeting of the sole Member.

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Modified Document	[#20685730] [v2] REDLINE 14234236v4 June 18, 2014 (Amended and Restated ECH Bylaws) to 20659374v3 (Resolution regarding Director employment) May 2, 2016.docxDMS information

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Resolution of the Board of Directors of El Camino Hospital Amending Article IV, Section 3(c) and Section 7 of Its Bylaws

WHEREAS, pursuant to Article XVIII, Section 18.1 of the Bylaws of El Camino Hospital, El Camino Hospital may adopt, repeal, amend and restate its Bylaws effective upon approval of the sole voting member, El Camino Healthcare District;

WHEREAS, the Board of Directors of El Camino Hospital believes that it is in the best interests of El Camino Hospital to amend the Bylaws of El Camino Hospital to restrict the number of Directors who may be employed by the Corporation; now therefore be it

RESOLVED, that Article IV, Section 3(c) and Article IV, Section 7 of the amended and restated Bylaws of El Camino Hospital are hereby amended by deleting the current Section 3(c) and Section 7 and adding the following sections:

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

4.7 Vacancy.

(a) A vacancy in the Board of Directors shall be deemed to exist on the occurrence of the following: (i) the death, resignation, or removal of any Director; (ii) the declaration by the Board of a vacancy in the office of a Director who has been declared of unsound mind by a final order of court, or has been convicted of a felony, or has been found by a final order or judgment of any court to have breached any duty under Sections 5230-38 of the California Corporations Code dealing with standards of conduct for directors; (iii) an increase in the authorized number of

Directors; (iv) the application or other request by a 2012 Director seeking employment with the Corporation or seeking to provide contracted services to the Corporation, except in circumstances when a Director who is also a director of the sole Member may so serve; (v) the failure of the sole Member, at any annual or other regular meeting of Member at which any Director or Directors are elected, to elect the full authorized number of Directors to be voted for at that meeting; or (vi) the affirmative vote of the sole Member to remove a Director in accordance with the voting requirements of Section 5222 of the California Corporations Code as provided in Section 4.9 below.

(b) Vacancies in the Board may be filled only by the sole Member. Each Director appointed or elected to fill a vacancy shall hold office until his or her successor is elected at an annual or other regular meeting of the sole Member.

be it further;

RESOLVED, that the Bylaws of El Camino Hospital shall be restated to include the foregoing amendments; be it further,

RESOLVED, that this amendment and restatement shall take effect upon approval of such amendment and restatement of a vote of the sole voting member, El Camino Healthcare District.



Date: May 11, 2015
 To: El Camino Hospital Board of Directors
 From: Tomi Ryba, CEO
 Re: CEO Report - Open Session

Performance Measurement

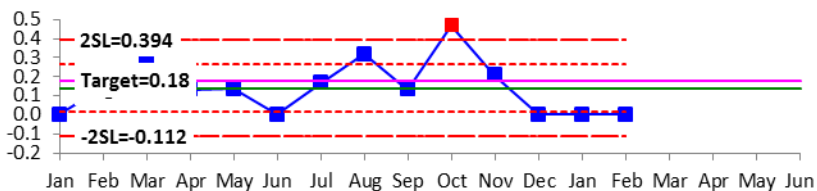
Organizational Goals FY16	Benchmark	2015 ECH Baseline	Minimum	Target	Maximum	Weight	Evaluation Timeframe	FY16 thru Apr
Threshold Goals								
Joint Commission Accreditation	Standard Threshold	Full Accreditation	Full Accreditation			Threshold	FY 16	Met
Budgeted Operating Margin (One Month Delay)	90% threshold recommended by Exec Comp Consultant	Met	90% of Budgeted			Threshold	FY 16	FY thru Mar Met
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	98%
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-Apr: 4.76
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-Mar: 10.90%
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 Apr (246) Discharges, (431) Procedures

Patient Quality and Safety

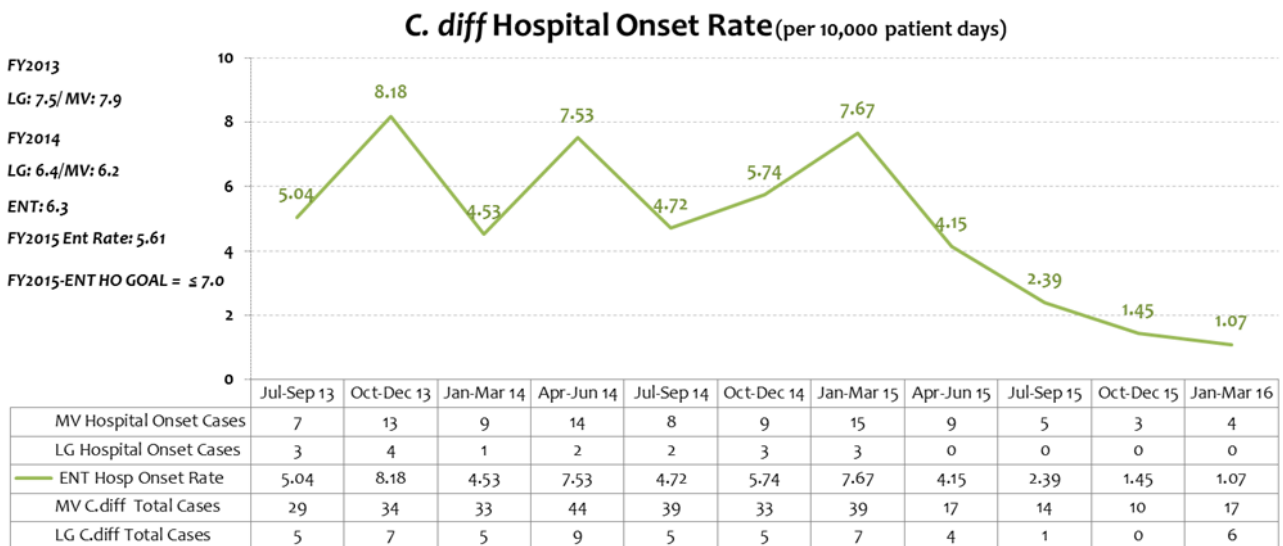
We would like to provide rates for infection under the various categories, so the Board is informed about the progress and opportunities.

Surgical Site Infections

- 4 cases of Surgical Site Infections (SSIs) in FY 2016 Q2, including a fusion/ 1 vaginal hysterectomy in MV, and 1 fusion/1 lami in LG. To date only 1 SSI in Q3. Our SSI rate (per 100 Surgical Procedures) had been below threshold of 0.18 (lower is better) since Dec. SSI Rate Trends:



C.diff Rate

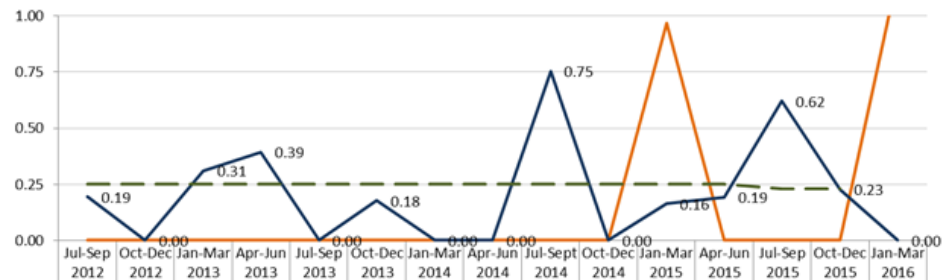


CLABSI/CAUTI

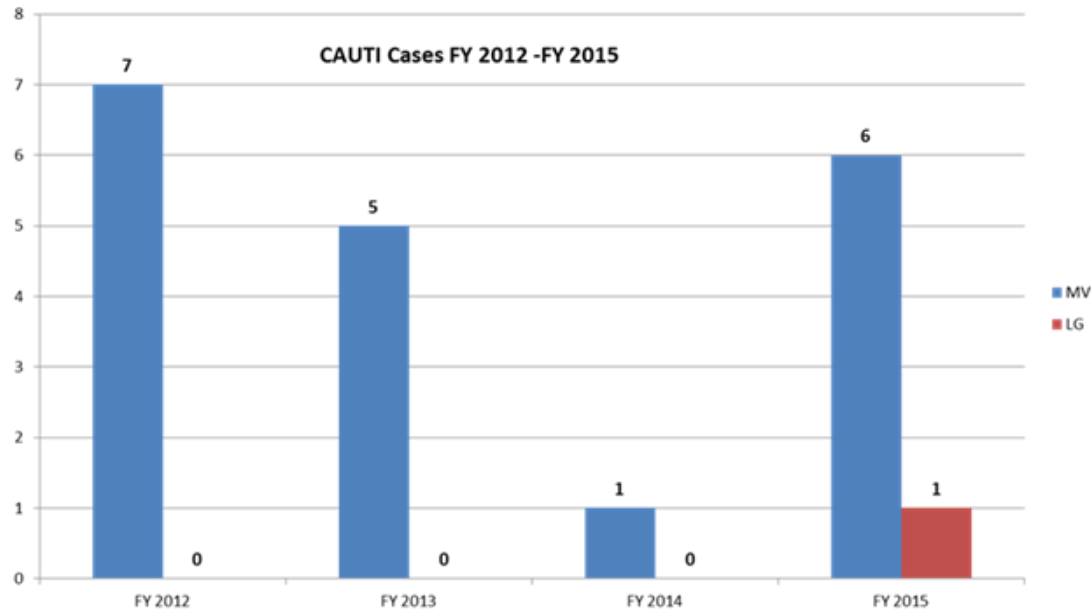
- Because the numbers (rates) are lower, any one case would create a blip. But there are no general trend patterns thru-out the last couple of years.
- We closely follow/investigate each case as they are identified, and conduct root-causes with staff education as required.

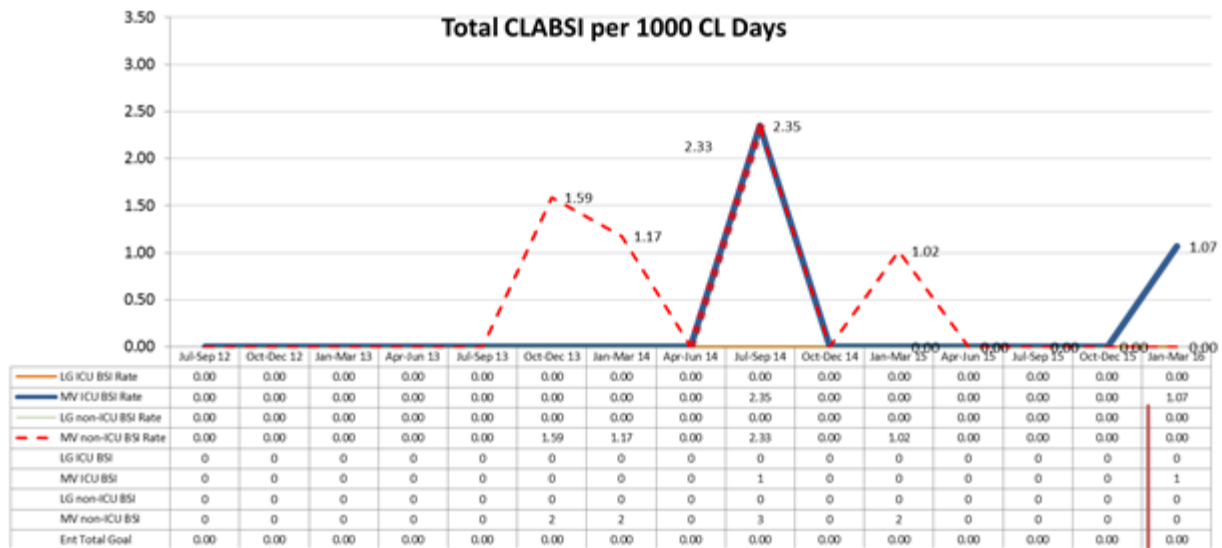
CATHETER ACQUIRED UTIs FY 2015

Enterprise Rate:
FY2012-.265
FY2013-.193
FY2014 -.04
FY2015- 0.23



LG- # Catheter Acquired UTIs	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
MV- # Catheter Acquired UTIs	1	0	2	2	0	1	0	0	0	4	0	1	1	3	1
# Rehab Catheter Acquired UTIs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LG-CAUTIs per 1000 Acute Foley Catheter Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.97	0.00	0.00	0.00	1.18
MV-CAUTIs per 1000 Acute Foley Catheter Days	0.19	0.00	0.31	0.39	0.00	0.18	0.00	0.00	0.75	0.00	0.16	0.19	0.62	0.23	0.00
Ent. CAUTI/1000 Foley Cath Days Goal	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.23	0.23





- No cases of CLABSI in Jan and Feb 2016, one case in March.
- Jan-Mar: 1 case of CAUTI (LG) in Feb
- 2 cases of C diff in (MV) Jan, 1 case in March (MV)
- The CalNOC fall rate is decreasing steadily in fiscal year 2016, with an increase in Nov 2015, which is likely related to the launch of iCare and another bump in March 2016. The Falls Committee analyzed falls data and reviews trends. The Fall Risk Assessment Tool (Hendrich Scale) is being reviewed to see if there is a better approach to identify high risk patients. Two other options - the PEFRAS (Post Epidural Fall Risk Assessment) and the OFRAS (Obstetric Fall Risk Assessment) are also available in EPIC.
- We are due for our TJC disease-specific re-certifications this summer – Stroke, Joint (Hip and Knee), Spinal Fusion. These are 7-day announced surveys, with a 45-day window before the last survey date. The Quality, Risk and Regulatory team is working closely with physician champions, project coordinators, and the staff to ramp up readiness.
- Draft organizations goals and quality goal options were presented and reviewed with the Board Quality Committee Members. The members agreed and endorse the categories of the organizational goals, and had recommended using the “Pain Management”-focused metrics as an Organizational Quality Goal.
- We just received re-Accreditation for the Patient Centered Medical Home.

Integrated Care

Bundled Payments for Care Improvement

- Bundled Payments for Care Improvement (BPCI) program has completed a full year, however Medicare data is only available for the first three quarters.
- Data is divided by bundle condition.
- Nine months of data for Pneumonia and COPD.
- Three months of data for TJR, Hip & Femur Fractures, and Stroke.
- Performance is based on a comparison of our actual operating results to our historical baseline (2009-2012).
- We are also able to compare our performance to the national Medicare FFS database. We have selected the top 10% of performance for comparison.
- We are having an impact, but large improvements are going to be challenging for COPD and Pneumonia because our baseline performance already exceeds the top 10% for many of the measures.
- For the new bundles added October 1, we already showing an impact and performing better than baseline.
- We implement process and performance improvements based on our analysis of the data, which will prepare us well for managing risk and the anticipated growth of value based programs.

Operations

- At the end of April 2016, Phase 1b of the Epic implementation will near completion with the activation of the Beacon solution for Oncology.
- We have completed the successful migration from Allscripts EMR and OR solution. Legacy data is now fully supported from our data center.
- 70 directors and executives attended a leadership development session focusing on “State of the Industry” and “Integrated Care” presented by the Healthcare Advisory Board. This was the first in a series of four leadership development sessions planned for this calendar year.

- Managed the implementation of the TAR- free Pilot program with Medi-Cal. This eliminates the need to obtain a treatment authorization for Medi-Cal patients which has significantly sped up the claims submission and payment process. Historically, we had to wait 2-3 months to obtain a TAR from Medi-Cal before we could even bill, and now we can bill without waiting for a TAR at all.

Community Outreach

- The Chinese Health Initiative hosted its annual health fair featuring blood pressure screening, dietician consultation, osteoporosis screening, Qigong demo, physician consultations, and a workshop titled “Hypertension, Heart & Vascular Disease.” Total attendance was 220 with 742 services.
- Completed workshops at Sunnyvale Temple on nutrition and rest management for stress relief reaching 38 participants.
- This month we hosted health care seminars and hospital tours for three civic leadership group programs representing four cities: Sunnyvale, Los Gatos, Los Altos, and Los Altos Hills. Next month, we will present to Santa Clara Leadership. These programs educate and support active and informed local leaders who make a commitment to give back to the community where they live and work. For the past four years, ECH staff has played prominent roles as hosts, teachers and ambassadors for our hospitals in six city leadership programs—a great venue for outreach to engaged citizens. Nine ECH employees and the Chair of our Hospital Foundation, Russ Satake, will also soon be graduating from this year’s civic leadership academies.
- At the request of the City of Mountain View’s employee wellness program, ECH staff helped design and Dr. Thomas Masri presented the first in a three session program on sleep health.
- Leaders of the California Hospital Association traveled to ECH to meet with our executives to solicit their opinions on how CHA could better serve our needs for information, program support, and state and federal advocacy.
- ECH sponsored and attended the Gardner Community Awards of the Los Altos Community Foundation, as well as the Circle of Support Annual Luncheon for Family & Children’s Services, featuring a nationally renowned physician expert on support for transgender youth and adults. CONCERN staff presented at the Silicon Valley Leadership Group’s Workplace Wellness Summit on utilizing Employee Assistance Programs to improve employee mental health, happiness and productivity.
- It was a busy month in the state legislature, with bills being heard in policy committees. ECH provided information and comment on bills concerning reimbursement for telehealth services, psychiatric bed registries, mental health

“holds” in emergency departments, and the MediCal 2020 Waiver. ECH staff met with San Jose Mayor Sam Liccardo’s health policy director.

- We hosted a Sleep and Heart Health lecture on our Los Gatos campus, with a collaborative presentation by Dr. Masri and Dr. De. The event garnered 50 attendees.
- The first “Healthy Mind” discussion series panel focusing on teen mental health took place at Monta Vista High School. The event, which was a collaborative effort with Fremont Union School District, attracted more than 300 teens and parents in our community.
- Launched Temple “Health Kiosk” at Sunnyvale and Livermore Temples.
- Met with Community Benefit Advisory Council on 4/11 and 4/12 to review and assess FY 17 grant proposals for ECH and ECHD.
- Through ECHD and ECH Community Benefit sponsorships, supported the work of Gardner Family Health Network, City of Sunnyvale, Family & Children’s Services, HomeFirst, Services for Brain Injury, Sunnyvale Senior Center, SkoolCare, Alum Rock Counseling, Aging Services Collaborative and Congregation Shir Hadash Healthy Living Fair.
- Participated in the Aging in the Bay Area Conference in Palo Alto, dealing with legislative and regulatory issues for in-home care agencies in California. ECH Community Benefit was a sponsor.
- Community Health Services Outreach:
 - Fair Oaks Mid-Peninsula Senior Housing
 - Parkinson’s Support Group in San Jose
 - Chinese Health Initiative Health Fair in Campbell
 - Sacroiliac Joint Pain Lecture – ECH LG
 - Sunnyvale Senior Center Volunteer Recognition event
 - Hep B screening and workshop sponsored by Congressman Mike Honda at the Taiwanese Economic and Cultural Center.
 - West Valley Community Service Agency’s health fair.

Marketing

Digital Engagement

- Website: Over 271K page views and 225K unique page views in the month of February; respectively, this is a 2% and 3% increase over the same period in FY15. Compared to last month, page views and uniques are up over 3.5%; this upward performance continues from last month, beating individual traffic totals over the last three fiscal years.

- Social Media: Facebook grew to over 23,180 fans, +54% compared to last year and +2% compared to last month. Twitter grew to over 2,230 fans, +66% over last year and +6% compared to last month. Facebook and Twitter drove 1,800 visits to the ECH website, over 6x compared to last year. YouTube videos had over 13.5k views, with almost 33k minutes watched.
- Pinky Promise Campaign: Campaign encouraging participants to get an annual mammogram, and receive breast health related information from ECH. A follow-up email went out to our 1,000 participants engaging those to click through for breast health articles and a cancer-healthy recipe. The email received an open rate of 47% and click-thru rate of 5.3%, far surpassing industry email standards.

Media Relations

- El Camino Hospital has been mentioned in an article and editorial in the Mountain View Voice and Palo Alto Weekly about the County's Request for Information (RFI) to solicit "suggestions, ideas, and/or potential approaches on a non-competitive and non-binding basis" for a child and adolescent inpatient hospital unit.
- Consumer Reports included El Camino Hospital's C-section rate in an article about having a baby in California and quality information available to moms about cesarean sections, infections, breastfeeding, and more.
- A two page spread "Women and heart disease: Reducing risk" appeared in the Silicon Valley Business Journal which adapted content from the Women and Heart Health panel discussion we held in February and featured six of El Camino Hospital's health experts.
- *Los Altos Town Crier* highlighted the South Asian Heart Center's 10 years of work to support a healthy lifestyle in the South Asian population.
- Bay Area News Group's papers shared information about "A Healthy Mind: A Discussion with Teens and Parents on Managing Mental Health" in their school scene section.
- The District's expanded partnership with MayView was a featured article in the *Mountain View Voice* which highlighted the work being done to transition patients appropriately as well as addressing concerns brought up by some community members.

Relationship Marketing

Advertising Campaigns

Online Media:

- YouTube search marketing campaign for valve repair finished running with 589 views.
- Facebook advertising for Scrivner Challenge continued this month. In its first month, this campaign received over 145,000 impressions and 2,588 clicks for a 1.78% click-through-rate. The highest engagement was seen among those interested in higher education.

Print/Radio:

- Sleep Heart Health lecture ads ran in *Mercury News*.
- Volunteer Week recognition ad ran in *Mountain View Voice*, *Los Altos Town Crier*, *Sunnyvale Sun* and *Cupertino Courier*.
- A two-page spread on ECH's women and heart health panel event published in the *Silicon Valley Business Journal*.
- Ortho lecture and Healthy Mind lecture ads published in *Mercury News*.
- Stroke month awareness ads ran in *Mercury News* and *Silicon Valley Business Journal*.
- The Chinese Health Initiative hypertension campaign ads continue to run in the *World Journal*, *News for Chinese*, and *Sing Tao*.
- The South Asian Heart Center new ad campaign launched in *India West*, *India Currents*, Times Media *Almaden* and Radio Zindagi.

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

April Highlights:

- The Auxiliary commenced its “Celebrate Each Other” campaign at the Friendship Luncheons and In-service meetings. This campaign was proposed by the Communication Committee in efforts to promote retention.
- On April 11, the beginning of Healthcare Volunteer Week, the Auxiliary unveiled its handcrafted items display case, located in the main lobby. This display showcases the 13 various items made by volunteers for the comfort and safety of the patients and for the staff (medication safety sash)
- With the help of the Marketing Department, the Auxiliary launched a comprehensive survey of its membership. The intent of the survey was to help promote better communication, set future goals, and provide us with the tools need to make the volunteer experience more meaningful. We are currently in the process of evaluating the responses.

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of May 11, 2016

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

Membership Data:

Senior Members

Active Members	447	-10 mid-year membership adjustment
Dues Paid Inactive	104	(Includes Associates & Patrons)
Leave of Absence	21	
Subtotal	572	

Resigned in Month 12
Deceased in Month 0

Junior Members

Active Members	212	-36 mid-year membership adjustment
Dues Paid Inactive	0	
Leave of Absence	0	
Subtotal	212	

Total Active Members 659

Total Membership 784

Combined Auxiliary Hours from Inception (to March 31, 2016): 5,617,865
Combined Auxiliary Hours for FY2016 (to March 31, 2016): 88,967
Combined Auxiliary Hours for March 2016): 10,337

Memorandum

DATE: April 27, 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 9

ACTION: For Information

During the month of March, the Foundation raised \$405,000 toward an annual goal of \$7.3 million. This brings the Foundation to 62% of goal. With the onset of the Foundation's "event season," significant major gift officer time has been redirected to securing event sponsorships, live auction packages and tables for both Scarlet Night and Sapphire Soirée. The Foundation remains on track to exceed our three-year goal of \$21 million.

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 were mailed to District and Hospital Board member that included the follow personalized message regarding tickets:

For Hospital and District Board Members

The Foundation will provide two complimentary tickets to the event. Event tickets are not reportable and are not subject to the annual gift limit of \$440. Additional tickets can be purchased at the value of the ticket price.

Please email Kirsten Krimsley about your plans to attend or if you'd like to register online, document that you are a Hospital Board member; event website is www.elcaminohospital.org/sapphiresoiree.

Memorandum

DATE: April 27, 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 9

ACTION: For Information

During the month of March, the Foundation raised more than \$405,000, bringing the year-to-date total to \$4,491,489, 62% of our \$7.3 million overall goal for FY16. The Foundation remains on track to exceed our three-year goal of \$21 million.

Planned Gifts

In March, the Foundation received an unexpected, final distribution of \$5,688 from a legacy donor's trust. This is in addition to more than \$271,000 already received from that estate in fiscal year 2014.

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. Invitations were mailed and online registration is now open and can be accessed through the event website, www.elcaminohospital.org/sapphiresoiree. In period 9, the Foundation raised \$41,500 in sponsorships and ticket sales, bringing the total raised to date to \$143,700. Major gift staff has spent significant time securing table sponsors and, as of month end, more than 34 tables have been reserved toward a goal of 450 attendees.
- ***Scarlet Night*** – The South Asian Heart Center's annual gala benefit achieved 110% of its FY16 goal. The Foundation received \$164,452 in March, bringing total income raised thus far to \$274,593. At month end, the Foundation expected to receive an additional \$15,000 in donations and sponsorship payments, and for total proceeds to exceed last year's by \$5,000.
- **Norma's Literary Luncheon** – In period 9, the Foundation received an additional \$29,283 for Norma's Literary Luncheon. This includes the first \$25,000 installment of a \$75,000 commitment from the Melchor family to fully sponsor next year's luncheon, which brings the event to 144% of goal for FY16. Pulitzer Prize winning journalist and

novelist Anna Quindlen will be the featured speaker at the 2017, 5th annual benefit luncheon, which will be held at Sharon Heights Golf & Country Club on February 2.

Annual Giving

Annual giving increased \$18,722 in March, bringing the total to \$461,561. Gifts included Circle of Caring donations from grateful patients, online donations, and additional gifts made in response to fall direct mail efforts.

Grants

In period 9, the Foundation received \$6,250 in grants. This included a payment from the Michael J. Fox Foundation for the Parkinsons clinical trial and a grant from the Los Altos Town Crier Holiday Fund at the Silicon Valley Community Foundation for the RotaCare Clinic.

Investment Income

Investment income increased \$139,253 in March, bringing the year-to-date total to just over \$666,579.

ECH Foundation Fundraising Report

FY16 Income figures through March 31, 2016 (Period 9)

ACTIVITY		FY16 YTD (7/1/15 - 3/31/16)	FY16 Goals	FY16 % of Goal	Difference Period 8 & 9	FY15 YTD (7/1/14 - 3/31/15)	FY14 YTD (7/1/13 - 3/31/14)
Major Gifts		\$ 1,687,737	\$ 3,735,000	45%	\$ -	\$ 3,951,200	\$ 240,000
Planned Gifts		\$ 678,804	\$ 1,200,000	57%	\$ 5,688	\$ 1,980,717	\$ 834,737
Special Events	Sapphire Soirée	\$ 143,700	\$ 600,000	24%	\$ 41,500	\$ 86,600	\$ 451,750
	Golf	\$ 326,205	\$ 280,000	117%	\$ -	\$ 326,650	\$ 279,825
	Scarlet Night	\$ 274,593	\$ 250,000	110%	\$ 164,452	\$ 238,321	
	Norma's Literary Luncheon	\$ 193,977	\$ 135,000	144%	\$ 29,283	\$ 126,527	
Annual Giving		\$ 461,561	\$ 400,000	115%	\$ 18,722	\$ 496,105	\$ 683,427
Grants		\$ 58,333	\$ 200,000	29%	\$ 6,250	\$ 373,100	\$ 308,825
Investment Income		\$ 666,579	\$ 500,000	133%	\$ 139,253	\$ 940,707	\$ 776,734
TOTALS		\$ 4,491,489	\$ 7,300,000	62%	\$ 405,148	\$ 8,519,927	\$ 3,575,298