

**AGENDA**  
**MEETING OF THE EL CAMINO HOSPITAL BOARD**  
**Wednesday, June 8, 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. <b>CALL TO ORDER / ROLL CALL</b>	Neal Cohen, MD, Board Chair		<b>5:30 – 5:32 pm</b>
2. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Neal Cohen, MD, Board Chair		<b>5:32</b>
3. <b>BOARD RECOGNITION</b> <i>Resolution 2016-07</i> The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. <a href="#">ATTACHMENT 3</a>	Russ Satake, ECH Foundation Board Chair	<i>public comment</i>	<b>motion required</b> <b>5:32 – 5:37</b>
4. <b>FY16 PERIOD 10 FINANCIALS</b> <a href="#">ATTACHMENT 4</a>	Iftikhar Hussian, CFO	<i>public comment</i>	<b>motion required</b> <b>5:37 – 5:47</b>
5. <b>PROPOSED FY17 OPERATIONAL AND CAPITAL BUDGET</b> <a href="#">ATTACHMENT 5</a>	Tomi Ryba, President and CEO; Iftikhar Hussain, CFO	<i>public comment</i>	<b>motion</b> <b>5:47 – 5:57</b>
6. <b>QUALITY COMMITTEE REPORT</b> <a href="#">ATTACHMENT 6</a>	Dave Reeder, Chair, Quality Committee		<b>information</b> <b>5:57 – 6:07</b>
7. <b>iCARE AD HOC COMMITTEE REPORT</b> <a href="#">ATTACHMENT 7</a>	Dave Reeder, Chair, iCare Ad Hoc Committee		<b>information</b> <b>6:07 – 6:12</b>
8. <b>FY17 COMMUNITY BENEFIT PLAN</b> <a href="#">ATTACHMENT 8</a>	Cecile Currier, Corporate and Community Health Services		<b>motion required</b> <b>6:12 – 6:27</b>
9. <b>GUIDELINES FOR DISTRIBUTION OF INFORMATION TO THE MEDIA</b> <a href="#">ATTACHMENT 9</a>	Rich Katzman, CSO		<b>possible motion</b> <b>6:27 – 6:42</b>
10. <b>PUBLIC COMMUNICATION</b> 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		<b>information</b> <b>6:42 – 6:45</b>
11. <b>ADJOURN TO CLOSED SESSION</b>	Neal Cohen, MD, Board Chair		<b>motion required</b> <b>6:45 – 6:46</b>

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at 650-988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>12. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Neal Cohen, MD, Board Chair		<b>6:46 – 6:47</b>
<b>13. CONSENT CALENDAR</b> <i>Any Board Member may remove an item for discussion before a motion is made.</i>  <i>Gov't Code Section 54957.2.</i> a. Minutes of the Closed Session of the Hospital Board Meeting (May 11, 2016) b. Minutes of the Closed Session of the Executive Compensation Committee Meeting (March 24, 2016)	Neal Cohen, MD, Board Chair		<b>motion required</b> <b>6:47 – 6:49</b>
<b>14.</b> 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		<b>motion required</b> <b>6:49 – 6:59</b>
<b>15.</b> 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		<b>discussion</b> <b>6:59 – 7:09</b>
<b>16.</b> <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk. - Labor Relations Update	Kathryn Fisk, CHRO		<b>discussion</b> <b>7:09 – 7:19</b>
<b>17.</b> <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets; <i>Health and Safety Code Section 32155</i> for a report related to Medical Staff quality assurance matters: a. Proposed FY17 Organizational Goals b. CEO Report c. Pacing Plan	Tomi Ryba, President and CEO		<b>discussion</b> <b>7:19 – 7:24</b>
<b>18.</b> Discussion involving <i>Gov't Code Section 54957 and 54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 Executive Incentive Goals	Bob Miller, Executive Compensation Committee Vice Chair		<b>motion required</b> <b>7:24 – 7:34</b>
<b>19.</b> Discussion involving <i>Gov't Code Section 54957 and 54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 Executive Salary Ranges	Bob Miller, Executive Compensation Committee Vice Chair		<b>discussion</b> <b>7:34 – 7:44</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>20.</b> Discussion involving <i>Gov't Code Section 54957 and 54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 Executive Base Pay	Bob Miller, Executive Compensation Committee Vice Chair		<b>discussion</b> <b>7:44 – 7:54</b>
<b>21.</b> Discussion involving <i>Gov't Code Section 54957 and 54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 CEO Salary and Salary Range	Bob Miller, Executive Compensation Committee Vice Chair		<b>discussion</b> <b>7:54 – 8:04</b>
<b>22.</b> Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Executive Session	Neal Cohen, MD, Board Chair		<b>discussion</b> <b>8:04 - 8:12</b>
<b>23. ADJOURN TO OPEN SESSION</b>	Neal Cohen, MD, Board Chair		<b>8:12 – 8:13</b>
<b>24. RECONVENE OPEN SESSION / REPORT OUT</b>	Neal Cohen, MD, Board Chair		<b>8:13 – 8:14</b>
To report any required disclosures regarding permissible actions taken during Closed Session.			
<b>25. CONSENT CALENDAR ITEMS:</b> <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>	<b>motion required</b> <b>8:14 – 8:17</b>
<u><b>Approval</b></u> a. <a href="#">Minutes of the Hospital Board Meeting (May 11, 2016)</a> <i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i> b. <a href="#">Minutes of the Executive Compensation Committee Meeting (March 24, 2016)</a> c. <a href="#">Minutes of the Joint Board and Executive Compensation Committee Meeting (April 13, 2016)</a> <u><i>Items Reviewed by the Finance Committee</i></u> d. <a href="#">FY16 Period 9 Financials</a> e. <a href="#">MV Facilities Funding Requests</a> - Women's Hospital Renovations - Behavioral Health Services - North Parking Garage f. <a href="#">Physician Contracts:</a> - Medical Directorship: Anatomic Pathology & Laboratory Medicine – Enterprise - Medical Directorship: Medical Oncology – Outpatient Department – MV - Neurosurgery ED Call Panel – MV - South Asian Heart Center Directorship – MV - Medical Directorship: Respiratory Care Services – MV			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<ul style="list-style-type: none"> <li>- Medical Directorship: Surgical Quality Improvement – Enterprise</li> <li>- Medical Directorship: Neuro Interventional, Neuro Critical Care &amp; Stroke Programs – Enterprise</li> <li>- Medical Directorship: Vascular Surgery – MV</li> <li>g. <a href="#">Epic Version 2015 &amp; 2016 Upgrades</a></li> <li>h. <a href="#">Proposed Revised Finance Committee Charter</a></li> <li>i. <a href="#">FY17 Finance Committee Goals</a> <i>Reviewed and Recommended for Approval by the Governance Committee</i></li> <li>j. <a href="#">Proposed FY17 Slate of Advisory Committee Chairs and Members</a></li> <li>k. <a href="#">Proposed FY17 Board and Committee Master Calendar</a></li> <li>l. <a href="#">Proposed Revised Executive Compensation Committee Charter</a></li> <li>m. <a href="#">Proposed FY17 Advisory Committee Goals</a></li> <li>n. <a href="#">Proposed FY17 Board Education Plan</a> <i>Reviewed and Recommended for Approval by the Corporate Compliance/Privacy and Internal Audit Committee</i></li> <li>o. <a href="#">Policies:</a> <ul style="list-style-type: none"> <li>- Electronic Signature (<i>New Policy</i>)</li> <li>- HR – Educational Program (<i>Minor Revisions</i>)</li> </ul> <i>Reviewed and Approved by the Medical Executive Committee</i> </li> <li>p. <a href="#">Medical Staff Report</a></li> </ul>			
<b>26. APPROVAL OF PRN CONTRACT</b>	Kathryn Fisk, CHRO	<i>public comment</i>	<b>possible motion</b> <b>8:17 – 8:22</b>
<b>27. PROPOSED FY17 ORGANIZATIONAL GOALS</b>	Mick Zdeblick, COO	<i>public comment</i>	<b>motion required</b> <b>8:22 – 8:25</b>
<b>28. PROPOSED FY17 EXECUTIVE BASE SALARY AND SALARY RANGES</b>	Bob Miller, Executive Compensation Committee Vice Chair	<i>public comment</i>	<b>possible motion(s)</b> <b>8:25 – 8:27</b>
<b>29. PROPOSED FY17 CEO BASE SALARY AND SALARY RANGE</b>	Bob Miller, Executive Compensation Committee Vice Chair	<i>public comment</i>	<b>possible motion</b> <b>8:27 – 8:29</b>
<b>30. INFORMATIONAL ITEMS</b> a. CEO Report <a href="#">ATTACHMENT 31</a>	Tomi Ryba, President and CEO		<b>information</b> <b>8:29 – 8:34</b>
<b>31. BOARD COMMENTS</b>	Neal Cohen, MD, Board Chair		<b>information</b> <b>8:34 – 8:39</b>
<b>32. ADJOURNMENT</b>	Neal Cohen, MD, Board Chair		<b>motion required</b> <b>8:39 – 8:40 pm</b>



## ATTACHMENT 3

# EL CAMINO HOSPITAL BOARD

RESOLUTION 2016 - 07

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

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

**WHEREAS**, the Board wishes to honor and acknowledge El Camino Hospital Foundation's 2016 Sapphire Soirée event chairs Michele Kirsch and Nahid Aliniaze for their generosity, leadership, and vision.

After serving on the gala planning committee for just one year, Michele and Nahid stepped up to captain the Foundation's signature annual fundraiser, committing to increase both sponsorships and attendance in order to maximize proceeds for the Cancer Center. With the help of the gala committee they steered, the duo succeeded beyond every expectation – attracting new sponsorships and donations, filling 48 tables, and securing more than \$1 million in gross revenue, the most ever for this or any other Foundation fundraising event.

Michele and Nahid displayed personal generosity as Sapphire Soirée sponsors, setting an inspirational example for others to follow. They serve as enthusiastic ambassadors for El Camino Hospital and the Foundation, helping to bring in new donors and widen our circle of supporters.

Michele and Nahid's outstanding efforts will help to enhance services and support the programs that provide individualized care to patients battling cancer. These include addressing the psychological distress cancer causes patients and family members; direct, compassionate hospice and palliative care sensitive to each patient's goals; and financial assistance for patients overwhelmed by their health care costs. In addition, they will advance the Cancer Center's cancer prevention and early detection initiative, bolstering education and research efforts to keep our community cancer healthy.

**WHEREAS**, the Board would like to commend Michele Kirsch and Nahid Aliniaze for their dedication to El Camino Hospital's Cancer Center and their selfless work to improve the health of the community.

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

**Michele Kirsch and Nahid Aliniaze**

**FOR THEIR COMMITMENT AND DEDICATION TO ENHANCING PATIENT CARE AND QUALITY FOR  
THE PATIENTS WE SERVE.**

**IN WITNESS THEREOF**, I have here unto set my hand this **8TH DAY OF JUNE, 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

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



## **ATTACHMENT 4**



**El Camino Hospital**

THE HOSPITAL OF SILICON VALLEY

## Summary of Financial Operations

Fiscal Year 2016 – Period 10

7/1/2015 to 4/30/2016

# Dashboard - ECH combined as of April 30, 2016

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Proj.	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
<b>Volume</b>												
<b>Licensed Beds</b>	443	443	443	443	443	443	443	443	443	443	443	443
ADC	220	240	238	246	242	245	255	238	252	242	237	241
Adjusted Discharges	30,558	32,221	32,003	32,507	31,429	32,696	2,671	2,598	2,694	26,798	26,190	27,183
<b>Inpatient Cases</b>												
Total Discharges	18,231	19,220	18,567	19,081	18,609	19,262	1,590	1,527	1,588	15,816	15,507	16,027
Deliveries	4,600	5,227	5,155	5,060	4,691	5,193	392	362	422	4,209	3,909	4,318
BHS	899	851	844	872	796	850	74	55	72	714	663	706
Rehab	447	537	557	563	511	570	50	45	48	479	426	473
<b>Outpatient</b>												
ED	53,686	48,091	49,543	52,487	50,376	52,151	4,565	4,296	4,349	43,480	41,980	43,506
Procedural Cases												
OP Surg	5,318	5,838	6,385	6,474	6,068	6,676	504	442	554	5,306	5,057	5,528
Endo		2,400	2,635	2,829	2,456	2,825	213	199	234	2,369	2,047	2,350
Interventional		1,508	1,705	1,878	1,945	1,901	145	168	147	1,525	1,621	1,543
All Other	186,573	100,871	124,989	133,005	139,766	134,601	11,379	12,753	11,516	110,747	116,472	112,076
<b>Financial Performance (\$000s)</b>												
Net Revenues	629,585	686,327	721,123	746,645	755,550	743,754	71,046	62,699	60,728	609,811	629,625	616,194
Operating Expenses	576,354	632,353	669,680	689,631	735,174	715,481	60,450	59,449	58,743	467,192	613,450	594,888
Operating Income \$	67,276	69,126	70,305	78,120	42,175	50,138	12,423	2,945	3,671	159,526	34,341	38,269
Op Margin	10.5%	9.9%	9.5%	10.2%	5.4%	6.5%	17.0%	4.7%	5.9%	25.5%	5.3%	6.0%
EBITDA \$	124,420	124,722	125,254	128,002	95,816	100,393	16,691	7,769	8,267	198,467	74,571	76,604
EBITDA %	19.3%	17.8%	16.9%	16.7%	12.3%	13.1%	22.9%	12.5%	13.2%	31.7%	11.5%	12.1%
IP Margin	0.4%	-1.1%	-3.2%	-4.5%	-8.1%	-1.0%	0.6%	-10.4%	-1.0%	-3.8%	-8.1%	-1.0%
OP Margin	24.7%	25.9%	25.2%	28.1%	26.9%	25.0%	31.2%	22.4%	25.0%	26.5%	26.9%	25.0%
<b>Payor Mix</b>												
Medicare	46.2%	46.4%	44.7%	46.3%	46.0%	46.4%	47.3%	48.0%	46.4%	42.7%	46.2%	46.4%
Medi-Cal	5.3%	4.9%	6.0%	6.6%	7.4%	6.5%	6.8%	6.3%	6.5%	6.6%	7.3%	6.5%
Commercial	41.5%	42.2%	44.0%	42.8%	42.4%	43.0%	41.7%	40.8%	43.0%	46.3%	42.3%	43.0%
Other	7.0%	6.6%	5.4%	4.3%	4.1%	4.1%	4.2%	4.9%	4.1%	4.4%	4.2%	4.1%
<b>Cost</b>												
Employees	2,156.7	2,289.0	2,435.6	2,452.4	2,544.0	2,450.2	2,492.0	2,512.7	2,453.7	2,446.0	2,544.0	2,450.2
Hrs/APD	29.42	29.66	29.72	29.31	30.88	29.36	29.49	31.18	30.17	29.28	30.88	29.36
<b>Balance Sheet</b>												
Net Days in AR	48.1	47.8	50.9	43.6	53.8	48.0	45.7	53.8	48.0	45.7	53.8	48.0
Days Cash	321	350	382	401	347	262	394	347	262	394	347	262
Debt to Capitalization	15.8%	14.0%	12.6%	13.6%	14.3%	29.0%	11.9%	14.3%	29.0%	11.9%	14.3%	29.0%
MADS	7.2	8.0	9.5	8.9	5.3	1.2	9.9	5.3	1.2	9.9	5.3	1.2
<b>Affiliates - Net Income (\$000s)</b>												
Hosp	71,286	88,820	118,906	94,787	23,284	72,460	18,002	8,679	5,531	78,875	18,644	56,872
Concern	1,472	371	1,862	1,202	2,169	1,751	253	393	376	1,637	1,858	1,008
ECSC			(5)	(41)	(368)	0	2	2	0	(24)	(312)	0
Foundation	138	1,545	3,264	710	636	1,315	264	369	5	1,235	739	1,017
SVMD	(30)	(114)	32	106	205	0	(2)	191	0	115	155	0

Inpatient volume is 2% below budget for the year primarily due lower deliveries

OP procedural volume is lower than prior year

Operating margin for March was \$727k budget due to low volume and higher than budget expenses

Payor mix is unfavorable primarily due to lower deliveries

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

AR days continue to improve after EPIC go-live

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

10 months ending 4/30/2016

PERIOD 10 FY 2015	PERIOD 10 FY 2016	PERIOD 10 Budget 2016	Variance Fav (Unfav)	Var%		YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
211,541	227,364	226,908	456	0.2%	<b>\$000s</b>					
(140,495)	(164,665)	(166,180)	1,516	1.0%	<b>OPERATING REVENUE</b>					
<b>71,046</b>	<b>62,699</b>	<b>60,728</b>	<b>1,972</b>	<b>3.2%</b>	Gross Revenue	2,134,971	2,276,819	2,258,163	18,656	0.8%
1,827	(306)	1,686	(1,992)	-118.1%	Deductions	(1,525,160)	(1,647,193)	(1,641,969)	(5,225)	0.3%
<b>72,873</b>	<b>62,394</b>	<b>62,414</b>	<b>(20)</b>	<b>0.0%</b>	<b>Net Patient Revenue</b>	<b>609,811</b>	<b>629,625</b>	<b>616,194</b>	<b>13,431</b>	<b>2.2%</b>
					Other Operating Revenue	16,907	18,166	16,963	1,203	7.1%
					<b>Total Operating Revenue</b>	<b>626,718</b>	<b>647,791</b>	<b>633,157</b>	<b>14,634</b>	<b>2.3%</b>
					<b>OPERATING EXPENSE</b>					
35,819	35,464	35,259	(206)	-0.6%	Salaries & Wages	340,854	358,067	358,391	324	0.1%
9,100	8,959	9,519	560	5.9%	Supplies	90,650	96,085	93,396	(2,689)	-2.9%
7,877	7,187	6,882	(305)	-4.4%	Fees & Purchased Services	63,678	73,497	69,359	(4,138)	-6.0%
3,378	2,859	2,521	(338)	-13.4%	Other Operating Expense	30,615	40,591	30,845	(9,746)	-31.6%
600	610	448	(162)	-36.1%	Interest	6,011	4,958	4,482	(476)	-10.6%
3,675	4,369	4,114	(255)	-6.2%	Depreciation	37,205	40,252	38,415	(1,836)	-4.8%
<b>60,450</b>	<b>59,449</b>	<b>58,743</b>	<b>(707)</b>	<b>-1.2%</b>	<b>Total Operating Expense</b>	<b>569,013</b>	<b>613,450</b>	<b>594,888</b>	<b>(18,562)</b>	<b>-3.1%</b>
<b>12,423</b>	<b>2,945</b>	<b>3,671</b>	<b>(727)</b>	<b>-19.8%</b>	<b>Net Operating Income/(Loss)</b>	<b>57,705</b>	<b>34,341</b>	<b>38,269</b>	<b>(3,929)</b>	<b>-10.3%</b>
5,579	5,734	1,860	3,874	208.3%	Non Operating Income	21,170	(15,697)	18,602	(34,299)	-184.4%
<b>18,002</b>	<b>8,679</b>	<b>5,531</b>	<b>3,148</b>	<b>56.9%</b>	<b>Net Income(Loss)</b>	<b>78,875</b>	<b>18,644</b>	<b>56,872</b>	<b>(38,228)</b>	<b>-67.2%</b>
22.9%	12.7%	13.2%	-0.5%		<b>EBITDA</b>	16.1%	12.3%	12.8%	-0.5%	
17.0%	4.7%	5.9%	-1.2%		<b>Operating Margin</b>	9.2%	5.3%	6.0%	-0.7%	
24.7%	13.9%	8.9%	5.0%		<b>Net Margin</b>	12.6%	2.9%	9.0%	-6.1%	

**Supplies** – lower than budget for the month. YTD variance due to pharmacy (Infusion) which is offset by revenues.

**Fees and Purchased services** – variance due to IT security, EPIC back-fill, HPO costs

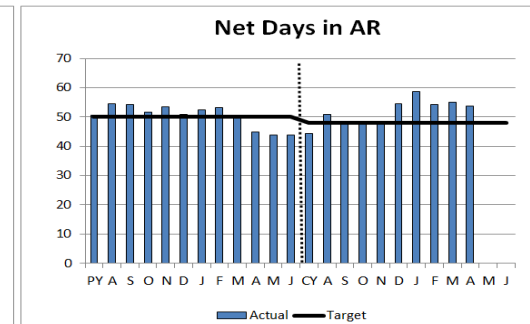
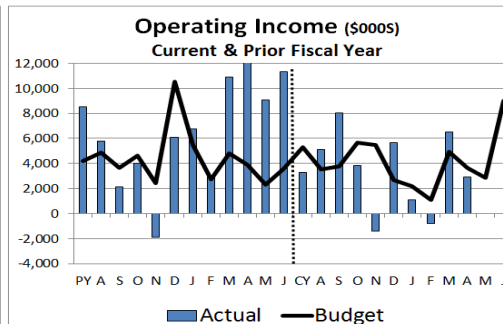
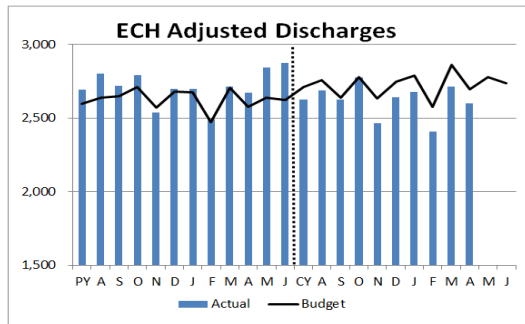
**Other operating expense** – variance due to \$4 million higher EPIC go-live costs and \$6 million expense reduction target that was not achieved

**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.

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

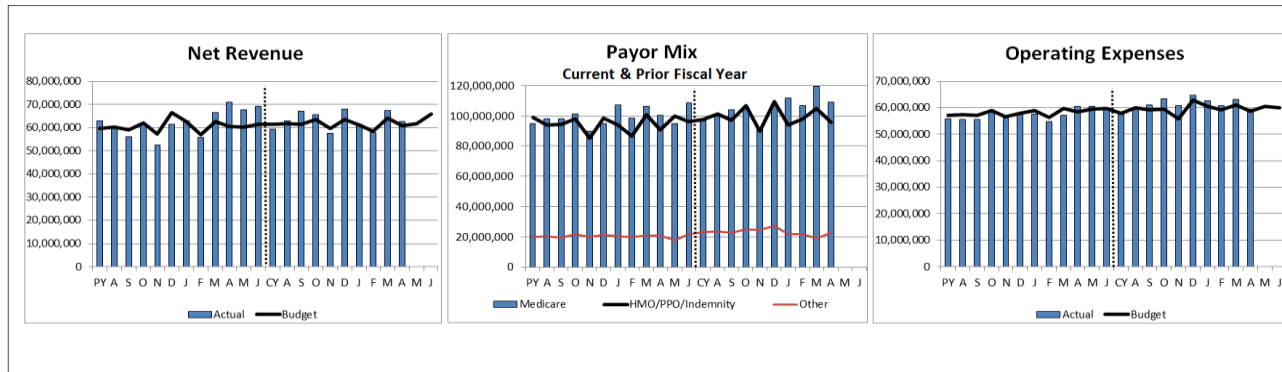


# Monthly Financial Trends



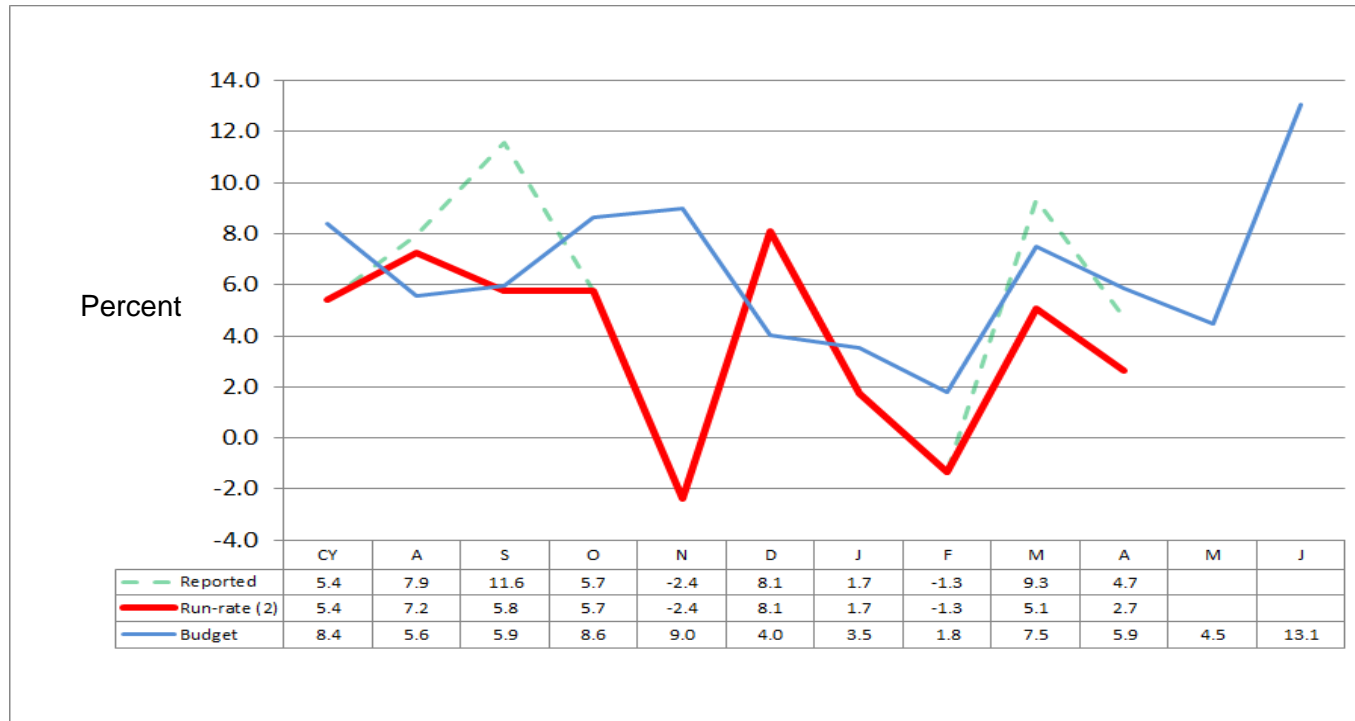
Budget is represented by solid lines; Bars represent actual results

Volume is low mainly in deliveries.  
AR recovery continued in April



# ECH Operating Margin %

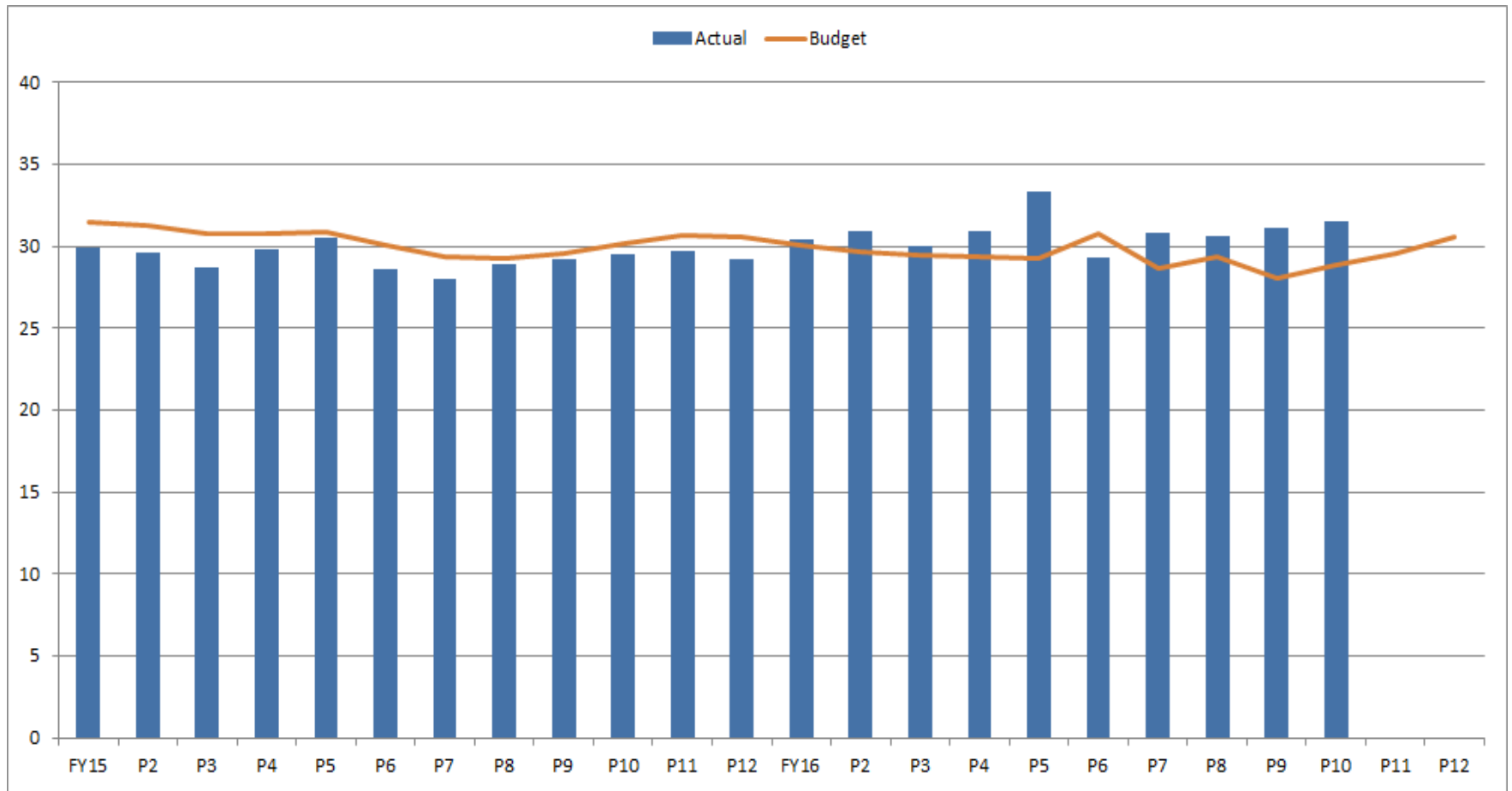
Run rate is booked operating income adjusted for material non-recurring transactions



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
	Cost Reports Settlements	-\$49	-\$569	-\$616	\$0	\$0	\$0	\$0	\$0	-\$1,028	\$0	\$0
	IGT-Inter Government Transfer	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Employee Health Other Op Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,811	\$0	\$0
	Insurance Overpayment Released	\$0	\$0	-\$4,913	\$0	\$0	\$0	\$0	\$0	-\$2,102	\$0	\$0
	<b>Total</b>	<b>-\$49</b>	<b>-\$569</b>	<b>-\$5,530</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$1,320</b>	<b>\$0</b>	<b>\$0</b>
Expense Adjustments	Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Actuarial Exp for Workers Comp	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0
	<b>Total</b>	<b>\$76</b>	<b>\$69</b>	<b>\$1,183</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,979</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

- Unusual items in April has a net favorable impact of \$1.3 million

## Worked Hours per Adjusted Patient Day



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

## Summary of Financial Results

### \$ in Thousands

	Period 10 - Month			Period 10 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Income (Loss) from Operations</b>						
Mountain View	1,192	2,816	(1,624)	27,683	31,058	(3,375)
Los Gatos	1,753	855	898	6,658	7,211	(554)
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>2,945</b>	<b>3,671</b>	<b>(727)</b>	<b>34,341</b>	<b>38,269</b>	<b>(3,929)</b>
<b>Operating Margin %</b>	<b>4.7%</b>	<b>5.9%</b>		<b>5.3%</b>	<b>6.0%</b>	
<b>El Camino Hospital Non Operating Income</b>						
Investments	5,095	2,298	2,797	(7,708)	22,976	(30,684)
Swap Adjustments	190	0	190	(2,125)	0	(2,125)
Community Benefit	(46)	(233)	187	(2,586)	(2,333)	(254)
Other	496	(204)	700	(3,277)	(2,041)	(1,236)
<b>Sub Total - Non Operating Income</b>	<b>5,734</b>	<b>1,860</b>	<b>3,874</b>	<b>(15,697)</b>	<b>18,602</b>	<b>(34,299)</b>
<b>El Camino Hospital Net Income (Loss)</b>	<b>8,679</b>	<b>5,531</b>	<b>3,148</b>	<b>18,644</b>	<b>56,872</b>	<b>(38,228)</b>
<b>ECH Net Margin %</b>	<b>13.9%</b>	<b>8.9%</b>		<b>2.9%</b>	<b>9.0%</b>	
Concern	393	376	17	1,858	1,008	849
ECSC	2	0	2	(312)	0	(312)
Foundation	369	5	364	739	1,017	(278)
Silicon Valley Medical Development	191	0	191	155	0	155
<b>Net Income Hospital Affiliates</b>	<b>954</b>	<b>381</b>	<b>574</b>	<b>2,440</b>	<b>2,025</b>	<b>415</b>
<b>Total Net Income Hospital &amp; Affiliates</b>	<b>9,633</b>	<b>5,912</b>	<b>3,721</b>	<b>21,084</b>	<b>58,897</b>	<b>(37,813)</b>

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

# Tracking Smart Growth

COMBINED CAMPUS						Result Away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	%	Annual Goal	
Inpatient Discharges	15,816	15,507	(309)	-2.0%	300	(609)
Surgical Outpatient Cases (incl Litho)	5,306	5,057	(249)	-4.7%	290	(539)
Endo Outpatient procedures	2,369	2,047	(322)	-13.6%	0	(322)
Outpatient Interventional Cases	1,525	1,621	96	6.3%	10	86
<b>Total Case Volume</b>	<b>25,016</b>	<b>24,232</b>	<b>(784)</b>	<b>-3.1%</b>	<b>600</b>	<b>(1,384)</b>
NEW Physician Total		362	362			
Pre-existing Physician Total	25,016	23,870	(1,146)	-4.6%		
# New Physicians*		8			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	12,954	12,793	(161)
Surgical Outpatient Cases (incl Litho)	2,764	2,685	(79)
Endo Outpatient procedures	2,184	1,954	(230)
Outpatient Interventional Cases	1,506	1,607	101
<b>Total Case Volume</b>	<b>19,408</b>	<b>19,039</b>	<b>(369)</b>

Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	2,862	2,714	(148)
Surgical Outpatient Cases (incl Litho)	2,542	2,372	(170)
Endo Outpatient procedures	185	93	(92)
Outpatient Interventional Cases	19	14	(5)
<b>Total Case Volume</b>	<b>5,608</b>	<b>5,193</b>	<b>(415)</b>

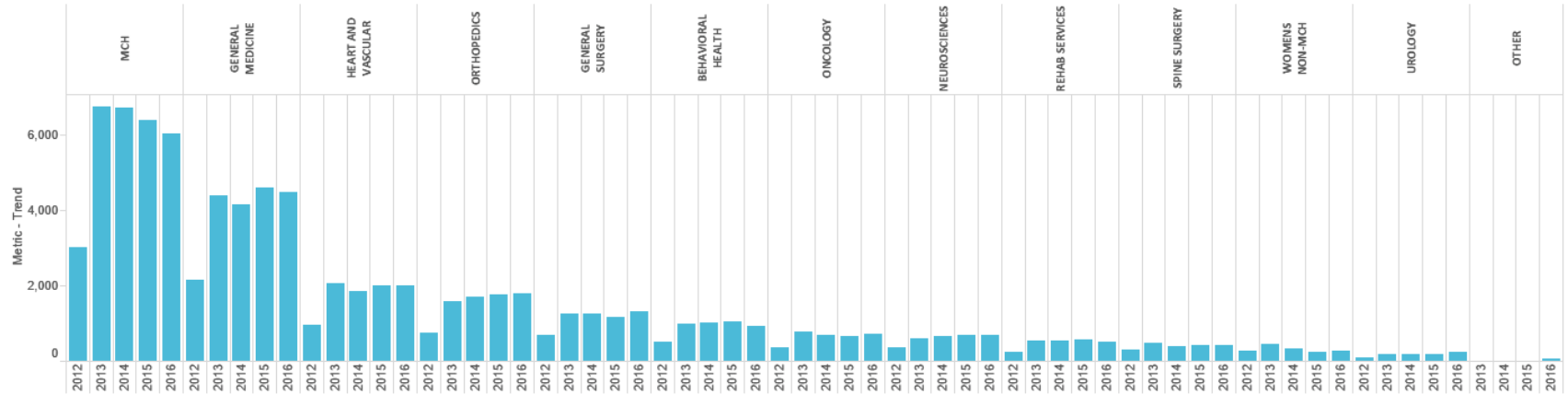
(1) Hospital entity only, excludes controlled affiliates

# El Camino Hospital Volume Annual Trends

## FY 2016 is annualized

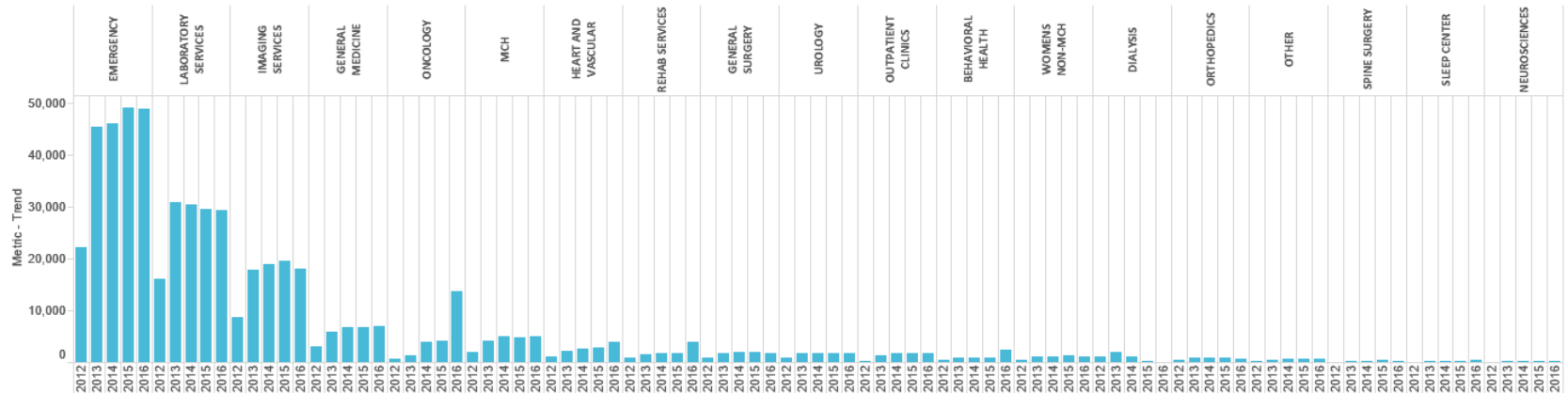
IP

Service Line Trend - clicking on a service line excludes all others. Clicking a second time removes the filter. Filters apply to all graphs below.



OP

Service Line Trend - clicking on a service line excludes all others. Clicking a second time removes the filter. Filters apply to all graphs below.

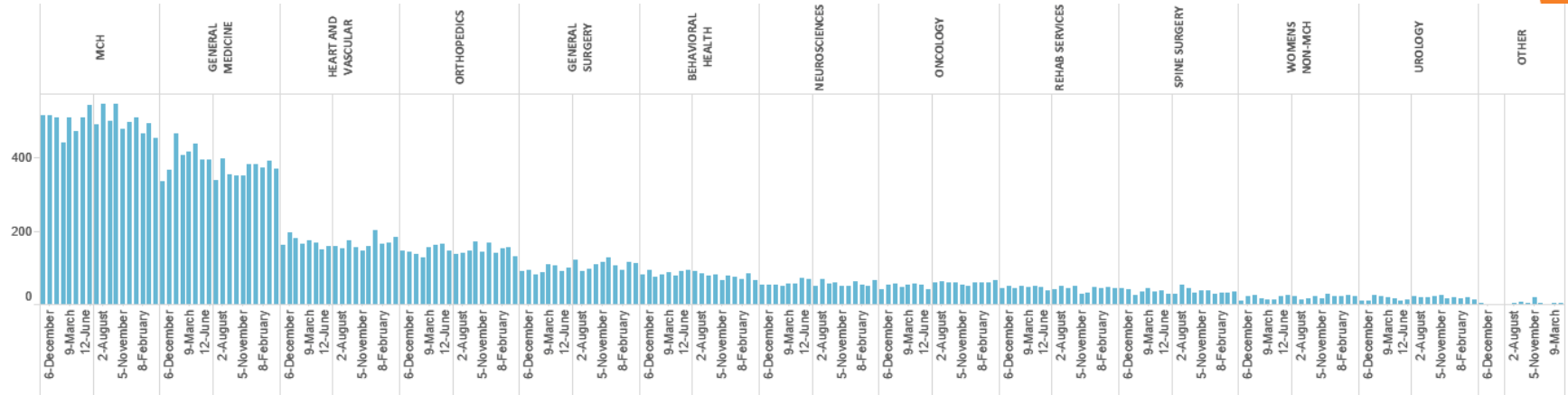


- IP declined in maternal child health service line – 2015 decline was NICU which recovered in 2016; the 2016 decline is in deliveries. Other service lines are stable
- OP – ED has grown due to ACO but plateaued in 2016. Oncology has grown but measure changed with EPIC and is not comparable to legacy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

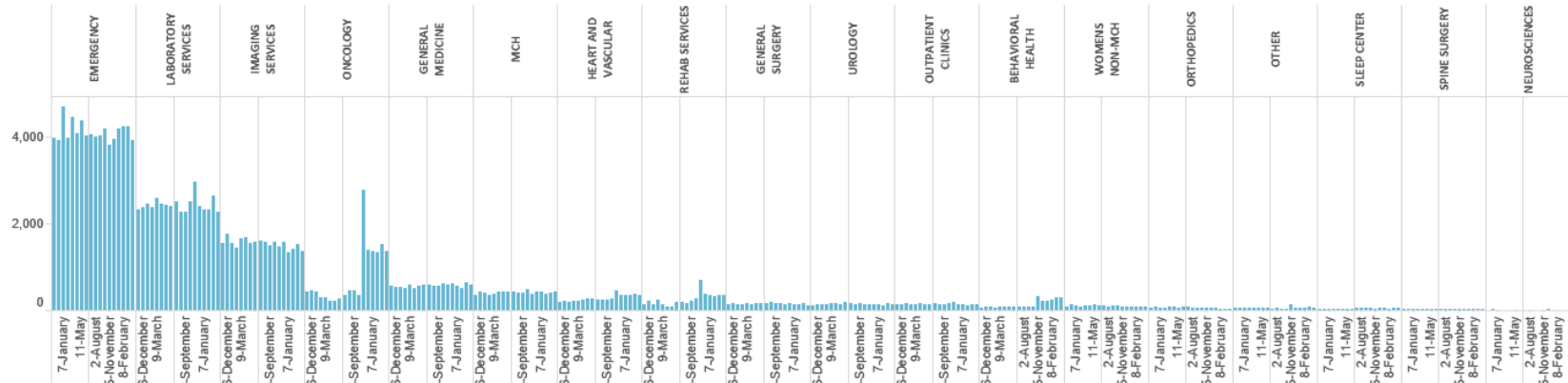


## El Camino Hospital Volume Monthly Trends Prior and Current Fiscal Years

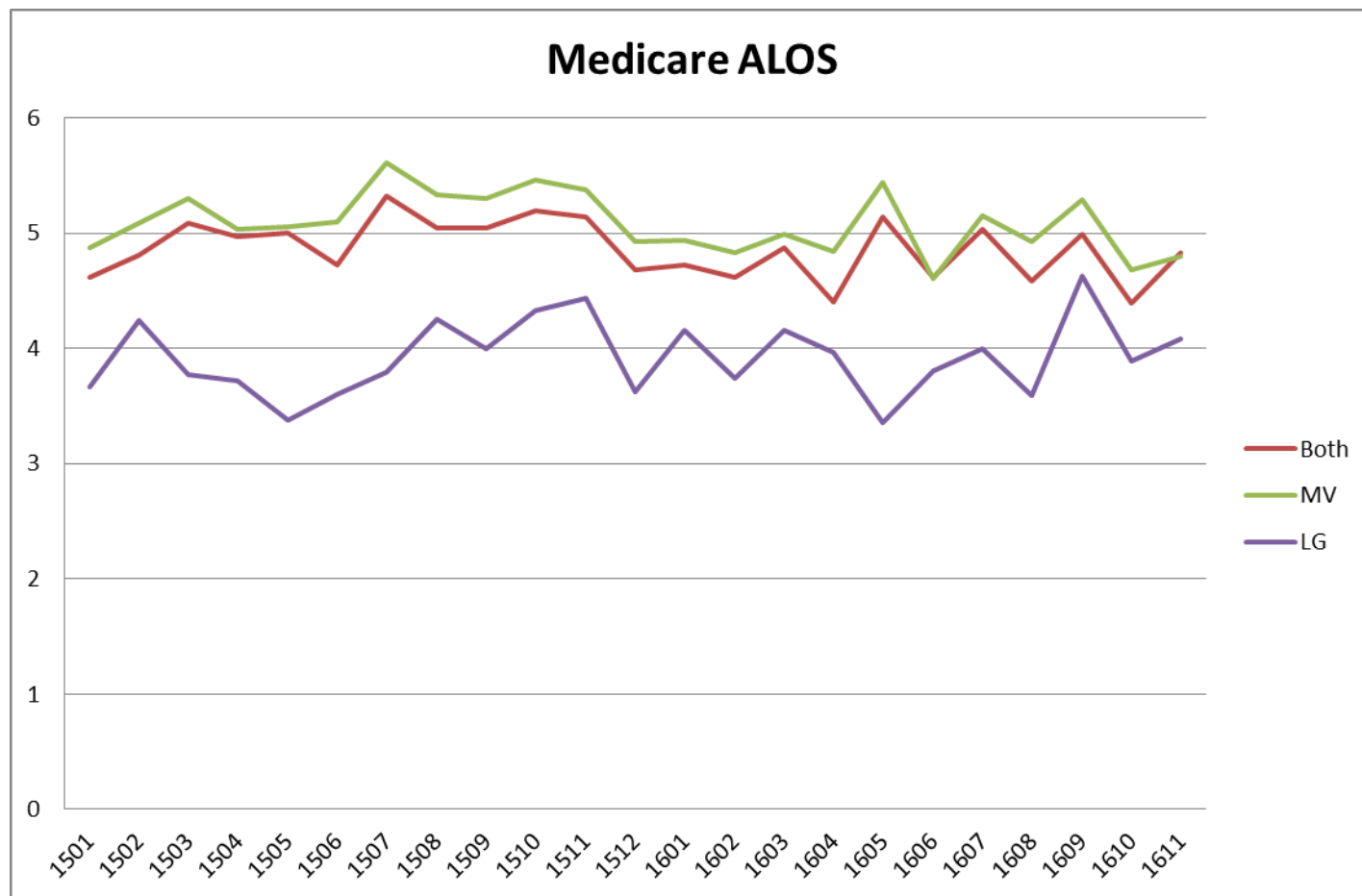
IP



OP



- IP volume declined in deliveries but other service lines are stable
- OP – April shows a decline in ED. Oncology volume has grown but visit count in EPIC is not comparable to legacy count



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

# El Camino Hospital Investment Committee Scorecard

Updated Quarterly

March 31, 2016

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY16 Year-end Budget	Expectation Per Asset Allocation
<b>Investment Performance</b>		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 <sup>1</sup>	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		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%
<b>Asset Allocation</b>		1Q 2016							
Surplus cash absolute variances to target		3.9%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		3.0%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		1Q 2016							
Surplus cash manager flags		15	< 18	--	--	--	--	--	--
Cash balance plan manager flags		16	< 18	--	--	--	--	--	--

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

# 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
<b>CIP</b>	EPIC Installation			73.8	56.8	23.7	20.6	3.1
	<b>IT Hardware, Software, Equipment*</b>			6.9		6.9	6.5	0.4
	<b>Medical &amp; Non Medical Equipment</b>			16.5		14.7	13.5	1.2
	<b>Facility Projects</b>							
	1307 LG Upgrades	FY13	15.5	13.0	9.9	4.0	3.1	0.9
	1219 LG Spine OR	FY13	4.1	4.1	0.9	1.0	0.4	0.6
	1414 Integrated MOB	FY15	232.0	28.0	10.5	10.0	7.9	2.1
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.4	2.4	1.1	1.3
	1245 Behavioral Health Bldg	FY16	62.5	9.0	6.8	4.5	1.4	3.1
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	6.8	0.0	0.0	1.0	0.0	1.0
	1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	1.1	3.0	1.1	1.9
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.2	2.4	1.2	1.2
	1425 IMOB Preparation Project - Old Main	FY16	2.3	1.0	0.0	1.2	0.0	1.2
	1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	1.0	0.0	1.0
	1422 CUP Upgrade	FY16	4.0	1.5	0.9	0.8	0.8	0.0
	Willow Pavilion FA Sys and Equip Upgrades	FY16	0.3	1.3	0.0	0.0	0.0	0.0
	1519/1314 LG Electrical Systems Upgrade	FY16	1.2	0.0	0.0	0.5	0.0	0.5
	1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.2	2.0	0.0	2.0
	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	27.1	27.1	27.1	27.1	27.1	0.0
	All Other Projects under \$1M		16.2	40.7	35.4	5.1	3.5	1.6
			495.9	135.4	95.5	66.5	47.5	19.0
<b>GRAND TOTAL</b>				<b>232.6</b>		<b>111.8</b>	<b>88.1</b>	<b>23.7</b>
	Forecast at start of fiscal year					125.8		

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

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

## Balance Sheet (\$ Thousands)

### ASSETS

	April 30, 2016	Audited June 30, 2015
<b>CURRENT ASSETS</b>		
Cash	35,498	55,224
Short Term Investments	101,479	145,027
Patient Accounts Receivable, net	106,151	95,737
Other Accounts and Notes Receivable	3,187	2,378
Intercompany Receivables	1,120	1,595
Inventories and Prepaids	46,715	44,055
<b>Total Current Assets</b>	<b>294,150</b>	<b>344,016</b>
<b>BOARD DESIGNATED ASSETS</b>		
Plant & Equipment Fund	117,114	117,965
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	12,264	2,085
Workers Compensation Reserve Fund	23,552	24,719
Postretirement Health/Life Reserve Fund	18,580	17,197
PTO Liability Fund	23,713	22,212
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	14,072	14,150
<b>Total Board Designated Assets</b>	<b>311,291</b>	<b>300,324</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>31,187</b>	<b>37,676</b>
<b>LONG TERM INVESTMENTS</b>	<b>204,106</b>	<b>207,290</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>30,977</b>	<b>31,808</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,176,834	1,077,951
Less: Accumulated Depreciation	(495,274)	(473,920)
Construction in Progress	40,763	82,506
<b>Property, Plant &amp; Equipment - Net</b>	<b>722,323</b>	<b>686,537</b>
<b>DEFERRED OUTFLOWS</b>	<b>24,718</b>	<b>25,218</b>
<b>RESTRICTED ASSETS - CASH</b>	<b>0</b>	<b>5</b>
<b>TOTAL ASSETS</b>	<b>1,618,752</b>	<b>1,632,874</b>

### LIABILITIES AND FUND BALANCE

	April 30, 2016	Audited June 30, 2015
<b>CURRENT LIABILITIES</b>		
Accounts Payable	21,567	30,142
Salaries and Related Liabilities	7,581	20,812
Accrued PTO	23,713	22,212
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	11,168	20,253
Intercompany Payables	74	108
Malpractice Reserves	1,800	1,800
Bonds Payable - Current	3,635	5,475
Bond Interest Payable	2,044	1,711
Other Liabilities	3,343	3,111
<b>Total Current Liabilities</b>	<b>77,225</b>	<b>107,925</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	18,580	17,197
Worker's Comp Reserve	21,252	22,419
Other L/T Obligation (Asbestos)	3,620	3,531
Other L/T Liabilities (IT/Medl Leases)	-	7,102
Bond Payable	227,337	222,446
<b>Total Long Term Liabilities</b>	<b>270,789</b>	<b>272,696</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	959,446	951,924
Board Designated	311,291	300,324
Restricted	0	5
<b>Total Fund Bal &amp; Capital Accts</b>	<b>1,270,737</b>	<b>1,252,254</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>1,618,752</b>	<b>1,632,874</b>

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

# APPENDIX



# Dashboard - Mountain View

## Volume

	Annual					
	2012	2013	2014	2015	2016 Projection	2016 Bud/Target
Licensed Beds	300	300	300	300	300	300
Acute Patient Days	65,989	72,245	71,084	73,360	72,572	73,061
ADC	181	198	195	201	199	200
Adjusted Acute Discharges	25,420	26,640	26,147	26,627	25,933	26,705
Acute Discharges	15,019	15,876	15,177	15,619	15,352	15,756
<b>Inpatient total</b>						
Acute	15,019	15,876	15,177	15,619	15,352	15,756
Deliveries	3,973	4,480	4,364	4,383	4,073	4,488
BHS	899	851	844	872	796	850
Rehab	0	0	0	0	0	0
<b>OP total</b>						
ED	42,537	37,256	38,502	41,301	39,229	41,187
OP Surg	2,309	2,818	3,278	3,407	3,222	3,600
Endo	1942	2,104	2,405	2,606	2,345	2,607
Interventional		1,497	1,688	1,856	1,928	1,878
All Other	174,541	86,692	109,275	115,671	123,746	117,059

## Financial Performance (\$000s)

Net Revenues	507,128	557,533	589,420	603,788	615,331	602,989
Operating Expenses	470,713	516,892	550,736	562,790	600,387	580,982
Operating Income \$	49,994	55,324	56,518	59,684	34,405	41,574
Op Margin	9.6%	9.7%	9.3%	9.6%	5.4%	6.7%
EBITDA \$	100,790	105,938	105,814	103,637	82,011	87,252
EBITDA %	19.4%	18.5%	17.4%	16.6%	12.9%	14.0%

## Payor Mix

Medicare	41.4%	42.0%	44.0%	42.6%	45.8%	46.4%
Medi-Cal	6.0%	5.4%	6.5%	7.1%	7.8%	7.0%
Commercial	47.7%	47.8%	44.6%	46.4%	42.6%	42.9%
Other	4.9%	4.8%	4.9%	3.9%	3.8%	3.7%

## Cost

Employees	1,793.0	1,901.0	2,027.6	2,029.9	2,174.8	2,029.7
Hrs/APD	29.28	29.58	30.16	29.60	31.10	29.79

Month			YTD		
PY	CY	Bud/Target	PY	CY	Bud/Target
300	300	300	300	300	300
6,271	5,927	6,089	61,317	60,477	61,028
209	198	203	202	198	200
2,183	2,169	2,201	21,957	21,610	22,203
1,302	1,275	1,299	12,954	12,793	13,110
1,302	1,275	1,299	12,954	12,793	13,110
343	331	365	3,648	3,394	3,733
74	55	72	714	663	706
0	0	0	0	0	0
3,506	3,319	3,435	34,244	32,691	34,360
271	233	299	2,764	2,685	2,981
194	198	216	2,184	1,954	2,169
143	167	145	1,506	1,607	1,524
9,949	11,448	10,068	96,427	103,122	97,584
58,388	50,443	49,035	493,238	512,776	499,045
50,035	48,793	47,714	362,515	501,310	483,035
9,995	1,192	2,816	145,682	27,683	31,058
16.7%	2.4%	5.6%	28.7%	5.2%	6.0%
13,773	5,494	6,846	180,199	63,388	64,815
22.9%	11.0%	13.5%	35.5%	12.0%	12.6%
46.4%	47.6%	46.4%	42.6%	45.8%	46.4%
7.3%	6.4%	7.0%	7.1%	7.8%	7.0%
42.2%	42.2%	42.9%	46.4%	42.6%	42.9%
4.1%	3.8%	3.7%	3.9%	3.8%	3.7%
2,067.2	2,101.6	2,038.4	2,024.8	2,124.5	2029.68
29.85	29.06	29.42	29.58	31.10	29.79

### Dashboard - Los Gatos

#### Volume

	Annual					
	2012	2013	2014	2015	2016	2016 Projection Bud/Target
Licensed Beds	143	143	143	143	143	143
ADC	39	42	43	45	43	45
Adjusted Acute Discharges	5,178	5,582	5,856	5,880	5,496	5,992
Acute Discharges	3,212	3,344	3,390	3,462	3,257	3,506
<b>Inpatient total</b>						
Acute	3,212	3,344	3,390	3,462	3,257	3,506
Deliveries	627	747	791	677	618	705
BHS	0	0	0	0	0	0
Rehab	447	537	557	563	511	570
<b>OP total</b>						
ED	11,149	10,835	11,041	11,186	11,147	10,964
OP Surg	3,009	3,020	3,107	3,067	2,846	3,076
Endo	433	296	230	223	112	218
Interventional		11	17	22	17	22
All Other	12,032	14,179	15,714	17,334	16,020	17,542

#### Financial Performance (\$000s)

Net Revenues	122,457	128,794	131,702	142,858	140,220	140,765
Operating Expenses	105,641	115,461	118,944	126,841	134,786	134,499
Operating Income \$	17,282	13,802	13,787	18,436	7,771	8,563
Op Margin	14.1%	10.7%	10.4%	12.7%	5.5%	6.0%
EBITDA \$	23,630	18,784	19,440	24,365	13,805	13,141
EBITDA %	19.2%	14.5%	14.6%	16.8%	9.7%	9.2%

#### Payor Mix

Medicare	44.7%	45.5%	44.0%	43.8%	48.0%	43.1%
Medi-Cal	3.0%	2.9%	3.5%	4.3%	4.7%	3.0%
Commercial	43.3%	42.3%	45.0%	46.1%	41.0%	45.3%
Other	9.0%	9.3%	7.5%	5.8%	6.2%	8.6%

#### Cost

Employees	363.8	388.0	408.1	422.6	421.7	420.6
Hrs/APD	30.10	29.13	27.65	28.00	29.84	27.47

Month			YTD		
PY	CY	Bud/Target	PY	CY	Bud/Target
143	143	143	143	143	143
46	40	49	41	38	41
487	428	494	4,842	4,580	4,980
288	252	289	2,862	2,714	2,917
288	252	289	2,862	2,714	2,917
49	31	57	561	515	585
0	0	0	0	0	0
50	45	48	479	426	473
1,059	977	914	9,236	9,289	9,146
233	209	255	2,542	2,372	2,547
19	1	18	185	93	181
2	1	2	19	14	19
1,430	1,305	1,447	14,320	13,350	14,492
12,658	12,257	11,693	116,573	116,850	117,149
10,414	10,657	11,029	104,676	112,140	111,852
2,428	1,753	855	13,844	6,658	7,211
18.9%	14.1%	7.2%	11.7%	5.6%	6.1%
2,918	2,275	1,422	18,268	11,183	11,789
22.7%	18.3%	12.0%	15.4%	9.4%	9.9%
51.4%	49.8%	43.1%	43.5%	48.0%	43.1%
4.7%	5.8%	3.0%	4.3%	4.7%	3.0%
39.3%	34.1%	45.3%	46.0%	41.0%	45.3%
4.6%	10.3%	8.6%	6.2%	6.2%	8.6%
424.8	411.1	415.3	421.2	421.7	420.6
27.88	32.31	26.68	27.91	29.84	27.47

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

10 months ending 4/30/2016

PERIOD 10 FY 2015	PERIOD 10 FY 2016	PERIOD 10 Budget 2016	Variance Fav (Unfav)	Var%
172,199	189,207	186,047	3,161	1.7%
(113,811)	(138,765)	(137,011)	(1,753)	1.3%
<b>58,388</b>	<b>50,443</b>	<b>49,035</b>	<b>1,408</b>	<b>2.9%</b>
1,643	(459)	1,495	(1,953)	-130.7%
<b>60,031</b>	<b>49,984</b>	<b>50,530</b>	<b>(546)</b>	<b>-1.1%</b>
29,828	29,646	29,427	(219)	-0.7%
7,553	7,465	7,767	302	3.9%
6,613	5,947	5,507	(440)	-8.0%
2,260	1,279	1,017	(262)	-25.7%
600	610	448	(162)	-36.1%
3,181	3,846	3,548	(299)	-8.4%
<b>50,035</b>	<b>48,793</b>	<b>47,714</b>	<b>(1,079)</b>	<b>-2.3%</b>
<b>9,995</b>	<b>1,192</b>	<b>2,816</b>	<b>(1,624)</b>	<b>-57.7%</b>
5,579	5,734	1,860	3,874	208.3%
<b>15,574</b>	<b>6,926</b>	<b>4,676</b>	<b>2,250</b>	<b>48.1%</b>
21.5%	8.8%	11.0%	-2.2%	
16.7%	2.4%	5.6%	-3.2%	
25.9%	13.9%	9.3%	4.6%	

## \$000s OPERATING REVENUE

Gross Revenue
Deductions
<b>Net Patient Revenue</b>
Other Operating Revenue
<b>Total Operating Revenue</b>

## OPERATING EXPENSE

Salaries & Wages
Supplies
Fees & Purchased Services
Other Operating Expense
Interest
Depreciation
<b>Total Operating Expense</b>
<b>Net Operating Income/(Loss)</b>
Non Operating Income
<b>Net Income(Loss)</b>

EBITDA

Operating Margin

Net Margin

YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
1,744,075	1,866,418	1,850,892	15,525	0.8%
(1,250,837)	(1,353,642)	(1,351,847)	(1,795)	0.1%
<b>493,238</b>	<b>512,776</b>	<b>499,045</b>	<b>13,731</b>	<b>2.8%</b>
14,960	16,218	15,049	1,169	7.8%
<b>508,198</b>	<b>528,994</b>	<b>514,094</b>	<b>14,900</b>	<b>2.9%</b>
282,508	297,976	298,301	325	0.1%
73,551	78,467	76,079	(2,388)	-3.1%
51,095	60,157	55,664	(4,493)	-8.1%
18,885	24,549	15,239	(9,310)	-61.1%
6,011	4,958	4,482	(476)	-10.6%
32,286	35,203	33,271	(1,932)	-5.8%
<b>464,337</b>	<b>501,310</b>	<b>483,035</b>	<b>(18,275)</b>	<b>-3.8%</b>
<b>43,861</b>	<b>27,683</b>	<b>31,058</b>	<b>(3,375)</b>	<b>-10.9%</b>
21,170	(15,671)	18,602	(34,273)	-184.2%
<b>65,031</b>	<b>12,012</b>	<b>49,660</b>	<b>(37,648)</b>	<b>-75.8%</b>
14.4%	10.5%	11.0%	-0.5%	
8.6%	5.2%	6.0%	-0.8%	
12.8%	2.3%	9.7%	-7.4%	

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

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

Results from Operations vs. Prior Year  
10 months ending 4/30/2016

PERIOD 10 FY 2015	PERIOD 10 FY 2016	PERIOD 10 Budget 2016	Variance Fav (Unfav)	Var%
39,342	38,157	40,862	(2,705)	-6.6%
(26,684)	(25,900)	(29,169)	3,269	-11.2%
<b>12,658</b>	<b>12,257</b>	<b>11,693</b>	<b>564</b>	<b>4.8%</b>
184	153	191	(38)	-20.1%
<b>12,842</b>	<b>12,409</b>	<b>11,884</b>	<b>526</b>	<b>4.4%</b>
5,991	5,818	5,831	13	0.2%
1,547	1,495	1,752	257	14.7%
1,264	1,241	1,375	134	9.8%
1,118	1,581	1,504	(76)	-5.1%
0	0	0	0	0.0%
494	523	566	44	7.7%
<b>10,414</b>	<b>10,657</b>	<b>11,029</b>	<b>372</b>	<b>3.4%</b>
<b>2,428</b>	<b>1,753</b>	<b>855</b>	<b>898</b>	<b>105.0%</b>
0	0	0	0	0.0%
<b>2,428</b>	<b>1,753</b>	<b>855</b>	<b>898</b>	<b>105.0%</b>
29.6%	28.4%	22.5%	5.9%	
18.9%	14.1%	7.2%	6.9%	
18.9%	14.1%	7.2%	6.9%	

## \$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

Interest

Depreciation

**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%
390,896	410,401	407,271	3,130	0.8%
(274,323)	(293,551)	(290,121)	(3,430)	1.2%
<b>116,573</b>	<b>116,850</b>	<b>117,149</b>	<b>(300)</b>	<b>-0.3%</b>
1,947	1,948	1,914	33	1.7%
<b>118,520</b>	<b>118,797</b>	<b>119,064</b>	<b>(266)</b>	<b>-0.2%</b>
58,346	60,091	60,090	(1)	0.0%
17,099	17,618	17,317	(301)	-1.7%
12,583	13,341	13,695	354	2.6%
11,730	16,042	15,606	(436)	-2.8%
0	0	0	0	0.0%
4,918	5,048	5,144	96	1.9%
<b>104,676</b>	<b>112,140</b>	<b>111,852</b>	<b>(287)</b>	<b>-0.3%</b>
<b>13,844</b>	<b>6,658</b>	<b>7,211</b>	<b>(554)</b>	<b>-7.7%</b>
0	(26)	0	(26)	0.0%
<b>13,844</b>	<b>6,632</b>	<b>7,211</b>	<b>(580)</b>	<b>-8.0%</b>
23.2%	20.4%	20.9%	-0.5%	
11.7%	5.6%	6.1%	-0.5%	
11.7%	5.6%	6.1%	-0.5%	

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

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

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

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

## **ATTACHMENT 5**





**El Camino Hospital<sup>®</sup>**

THE HOSPITAL OF SILICON VALLEY

**Regular Meeting of the El Camino Hospital  
Board of Directors**

**June 8, 2016**

El Camino Hospital and Affiliates  
FY2017 Operating & Capital Budget  
Tomi Ryba, CEO  
Iftikhar Hussain, CFO

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# Strategic Goal

# El Camino Hospital Strategy

## Strategy

El Camino Hospital will be a **locally controlled leader** in **optimizing the health and wellness** of our communities in Silicon Valley, differentiated by **innovative continuum of care** developed in partnership with physicians, businesses, and payers.

## Positioning Statement

El Camino Hospital will first be a **value-based healthcare** provider offering **top decile**, acute care quality at mid-level pricing, moving toward **continuum partnerships** that integrate care coordination and delivery strategies focused on the **Triple Aim of quality, service and affordability**.

# Strategic Themes - Proposed for FY17

Quality Aim
Integrated Care
Smart Volume Growth
High Performance Organization

# FY 17 Strategic Priorities

## Strategic Themes

## Priorities

### Quality Aim

- Build Patient & Family Centered Care roadmap with assistance from Planetree
- Leverage iCare to improve our Pain Management, a patient centric quality driver
- Begin process to improve peer review and Medical Staff quality oversight

### Integrated Care

- Continue participation in Bundled Payment Program
- Collaborate with PAMF on quality and cost related to Medicare Advantage
- Actuarial study for Medicare three-year forecast
- Launch Urgent Care
- Develop clinic plan with PMG
- Recruit physicians to PCMH and build Palliative Care

# FY 17 Strategic Priorities

## Strategic Themes

## Priorities

### Smart Growth

- Physician Development
  - Implement primary care center strategy (1 new center, 4 physicians)
  - CIN Development
  - Update physician community needs assessment
  - Identify & implement new recruitment targets
  - Implement Community Connect (10 physicians)
- Program Service Line Development
  - OB – LG expansion
  - Minimally invasive program
  - Wound care
  - Women's CV services
  - Achieve budgeted IP & OP cases for surgeries & Procedures
- Other
  - Santa Teresa development
  - Market partner evaluation

# FY 17 Strategic Priorities

## Strategic Themes

## Priorities

### HPO

- Integrated Performance Improvement (IPI) monthly process focused on the triple aim, specifically:
  - Productivity, HPPD, Labor Management
  - OR, ED efficiencies
  - Revenue Cycle, Clinical Documentation Improvement
  - Quality, Service KPI's
- Achieve LOS reduction of .23 days
- Maintain FY16 Medicare readmissions rates
- Achieve \$6.7M budgeted cost reductions



# Proposed Organizational Goals – FY2017

Organizational Goals FY17: Draft		Benchmark	2016 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Threshold Goals								
Budgeted Operating Margin		90% threshold <i>[Recommended by Exec Comp Consultant (FY16)]</i>	TBD	90% of Budgeted			Threshold	FY 17
Quality, Patient Safety & iCare								
Quality Pain Management	<b>Pain Reassessment</b> (% Pain Reassessment Documented within 60 min on RN Flowsheet)	Internal Improvement	76.19% Nov 2015 (post iCare go-live) to Apr 2016 <i>[6-month measurement]</i>	76.19%	77.71%	79.24%	34%	Q4 FY 2017
	<b>Pain Patient Satisfaction</b> (CMS HCAPHS Pain Management % Scored Top Box)	Internal Improvement	72.9% FY 2016 Q1 - Q3 <i>[9-month measurement]</i>	73%	74%	76%		
LOS & Readmission	Achieve Medicare <b>Length of Stay</b> Reduction while Maintaining Current <b>Readmission Rates</b> for Same Population	Internal Improvement	FY16 Max Goal 4.86 LOS Readmission Target 12.39%	4.81 .05 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.76 .10 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.66 .20 Day Reduction from FY16 Max, Readmission at or below FY16 Target	33%	FY17
Smart Growth								
Achieve budgeted inpatient growth (surgical and procedural cases plus Deliveries and NICU), and budgeted outpatient growth (surgical and procedural cases plus infusion).		Internal Documentation	TBD	99% of Budgeted Volume	100% of budgeted Volume	102% of Budgeted Volume	33%	FY 17

**\*This was revised following the Quality Committee meeting on June 1, 2016 and the ELT Retreat on June 3, 2016.**

# **FY2017 Operating Budget: Summary**

# FY2017 Budget Overview

	FY16 Actual to FY17 Budget	Percent Change
Total Net Revenue	Increase of \$37 M	4.8%
Total Expenses	Increase of \$24 M	3.1%

# FY2017 Budget Overview: Revenue

Category	Budget Assumptions
Pricing	<p>Prices to increase 6.0%</p> <p>* Overall charges based on OSHPD charge per case review, ECH pricing remains at 35th percentile.</p> <p>* inpatient charges were at 25th percentile; and</p> <p>* outpatient charges were at 50th percentile.</p>
Reimbursement	<p>4.9% rate increase in commercial payers which accounts for 72% of the net revenue</p> <p>-9.4% rate decrease in Medicare accounts, which accounts for 45% of our payer mix but 23% of the net revenue</p> <p>Expecting a 22% increase in Medi-Cal (MCAL) reimbursement due to the last transition year of the APR DRG payment method. MCAL payer mix account for 7.4% of ECH patient population</p>
Other Payment	<p>\$2.34M Other Operating Revenue from the PRIME Project</p> <p>\$1.5M net revenue from the HPO CDI initiative</p>
Volume	Inpatient volume increase by 1.3% and Outpatient volume increase by 2.4%

# FY2017 Budget Overview: Revenue

## Key Factors Impacting Net Revenue in FY2017

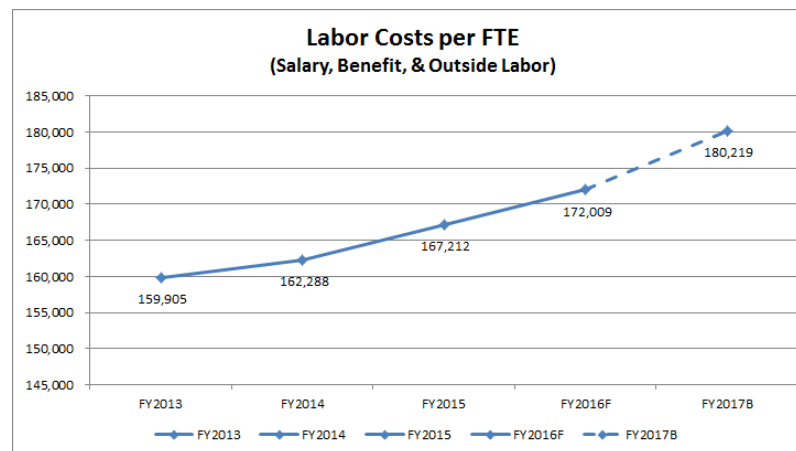
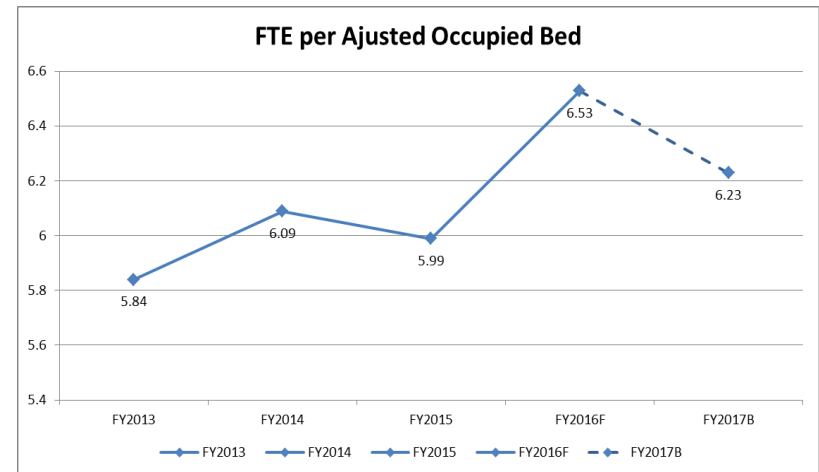
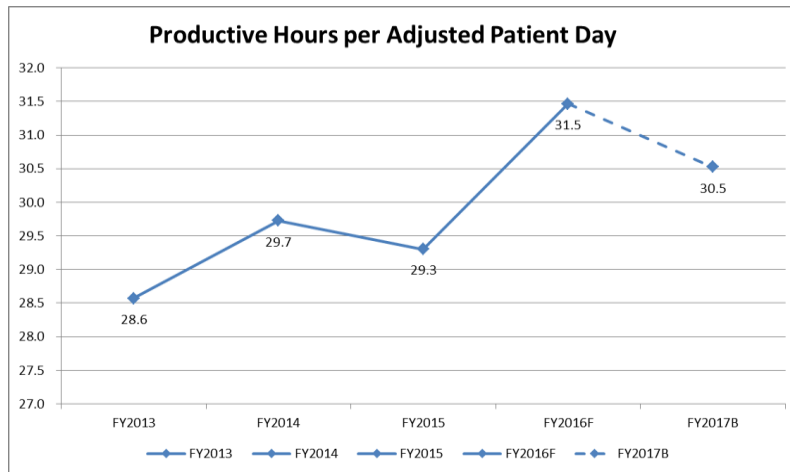
\$ in Thousands (000s)			Detail
<b>Net Revenue</b>			
		Revenue from Growth & Price Changes	22,871
		New PRIME Program Participation	2,341
		Inter-governmental Transfer	6,317
		Medi-CAL additional revenue due to APR DRG transition	4,848
		Other Oper Revenue (Facility Leases \$500K; \$474K Survivorship	974

# FY2017 Budget Overview: Expenses

## Expense Assumptions

Category	Inflation & Other Expense Assumptions
Group Health	6.0% increase for 2nd half of FY17
Dental	3.0% increase for 2nd half of FY17
Pharmaceutical	7.2% inflation on drug cost
Medical Supplies	~3.0% overall inflation
Other	3-5% inflation
New Land	+ \$354K property tax

# FY2017 Budget Overview: Expenses



# **FY2017 Operating Budget Detail**

## **Volume Assumptions**



# Volume Assumptions - Inpatient

## Service Line Inpatient Volume Trend

**Service Line Volume Trend & FY17 Volume Projection**

PT	ServiceLine	FY2013	FY2014	FY2015	FY2016P	FY2017B	FY 2017 Change	Notes
IP	Behavioral Health	987	998	1,030	976	910	-6.8%	Due to construction in FY17 and longer length of stay cases
IP	General Medicine	4,383	4,154	4,581	4,690	4,751	1.3%	Projected 1.3% population growth in nearby county.
IP	General Surgery	1,244	1,243	1,153	1,266	1,270	0.3%	1.9% expected growth in robotic surgery cases
IP	Heart and Vascular	2,054	1,859	1,997	1,948	2,027	4.1%	A 31% volume increase due to additional surgeon recruit and additional EP Ablation cases in FY17. Additional 48 Watchman cases in FY17.
IP	MCH	6,723	6,696	6,380	6,021	6,119	1.6%	Projected a slight increase in IP Antepartum Non-Delivery cases and additional 2 % increase in Vaginal deliveries.
IP	Neurosciences	606	669	672	687	694	1.0%	1% growth in NICU cases with commitment from PAMF.
IP	Oncology	772	692	654	651	651	0.0%	Extending 5 year growth trend
IP	Orthopedics	1,580	1,696	1,774	1,803	1,832	1.6%	Continued recruitment of physician & splitters
IP	Other	3	9	18	61	61	0.0%	
IP	Rehab Services	525	547	555	542	570	5.2%	Rehab Unit close for 6 months in FY16; volume is expected to get back to normal run rate in FY17.
IP	Spine Surgery	471	377	428	425	421	-0.9%	
IP	Urology	180	172	169	225	244	8.4%	Increase in Robotic Surgery from two key physicians.
IP	Womens Non-MCH	444	320	240	236	238	0.8%	
Total Cases		19,972	19,432	19,651	19,531	19,788	1.3%	
% change from PY		5.1%	-2.7%	1.1%	-0.6%	1.3%		

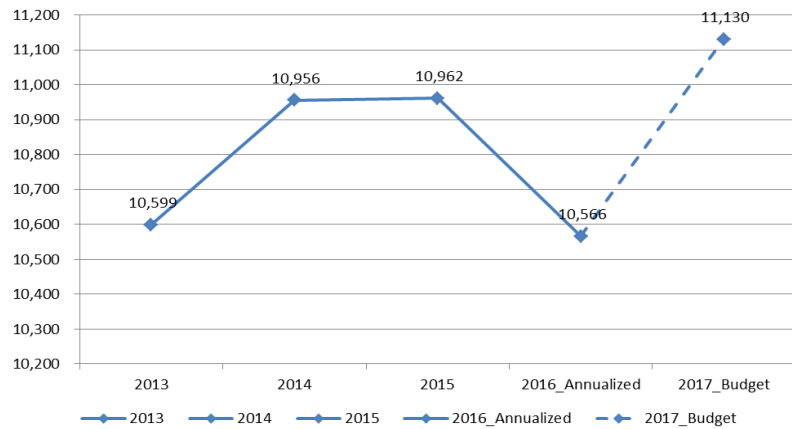
# Volume Assumptions - Outpatient

## Service Line Outpatient Volume Trend

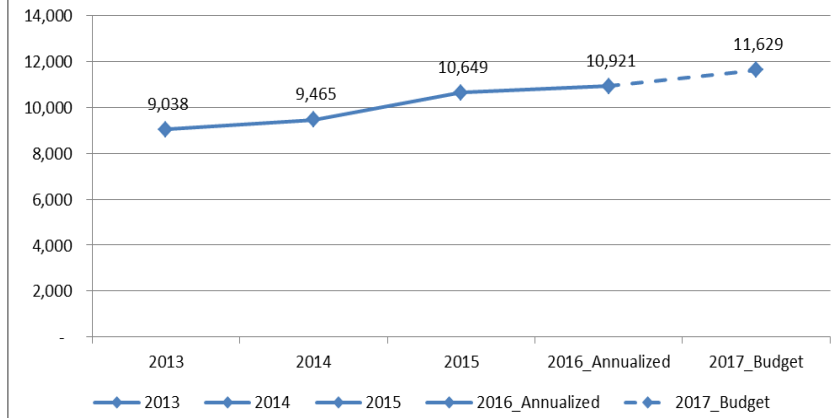
Service Line Volume Trend & FY17 Volume Projection								
PT	ServiceLine	FY2013	FY2014	FY2015	FY2016P	FY2017B	FY 2017 Change	Notes
OP	Behavioral Health	14,697	14,866	16,218	17,451	19,817	13.6%	800 additional OP Adolescent Behavioral Health cases from the new APSIRE program.
OP	Dialysis	2,006	1,059	154	-	-		
OP	Emergency	45,490	46,025	49,106	49,516	50,044	1.1%	Projected 1.3% population growth in nearby county.
OP	General Medicine	5,921	6,684	6,734	6,768	6,807	0.6%	Additional 60 cases (2.5% increase) of OP ENDO procedure at MV and 66 cases (42% increase) at LG due to new physician recruit and the effort of Minimally Invasive Program.
OP	General Surgery	1,317	1,464	1,359	1,342	1,351	0.7%	
OP	Heart and Vascular	8,973	10,427	10,890	11,648	11,715	0.6%	Additional 60 cases of OP EP cases due to the effort of Minimally Invasive Program.
OP	Imaging Services	17,794	19,025	19,480	18,730	18,964	1.2%	3% growth in Pulmonary & Interventional Bronchoscopy cases - effort of the Minimally Invasive Program;
OP	Laboratory Services	30,857	30,411	29,482	29,541	29,541	0.0%	5% growth in OP CT Guided procedures
OP	MCH	4,137	5,042	4,831	5,469	5,436	-0.6%	Based on feedback from PAMF & Independent physicians
OP	Neurosciences	116	131	130	156	156	0.0%	
OP	Oncology	12,729	21,248	23,153	23,386	24,191	3.4%	2% increase in Cancer Center cases and 4% increase in Infusion Center volume
OP	Orthopedics	806	863	791	729	729	0.0%	
OP	Other	467	656	632	640	640	0.0%	
OP	Outpatient Clinics		1,198	1,706	1,749	1,749	0.0%	
OP	Rehab Services	12,006	12,684	13,800	13,626	13,787	1.2%	Additional 410 new OP Rehab visits as a result of the new NICU Therapy program
OP	Sleep Center	132	160	223	377	500	32.6%	Additional room for Sleep Study; expect volume to increase with OSA Perioperative & Employers cases in FY17
OP	Spine Surgery	261	283	330	307	307	0.0%	
OP	Urology	1,821	1,867	1,860	1,907	1,930	1.2%	
OP	Womens Non-MCH	1,327	1,551	1,739	1,656	1,698	2.5%	Commitment from surgeons to bring Robotic Surgery cases back close of FY15 level.
Total OP Cases		160,857	175,644	182,618	184,998	189,362	2.4%	
% change from PY		4.5%	9.2%	4.0%	1.3%	2.4%		

# Volume Assumptions – Ancillary & Procedural

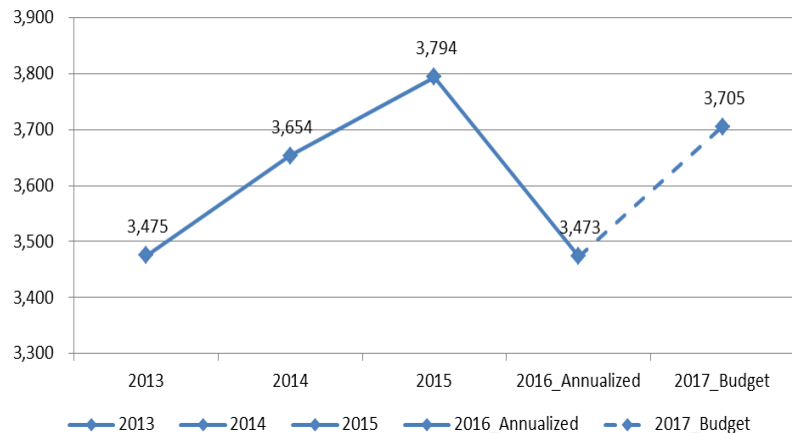
## Surgeries



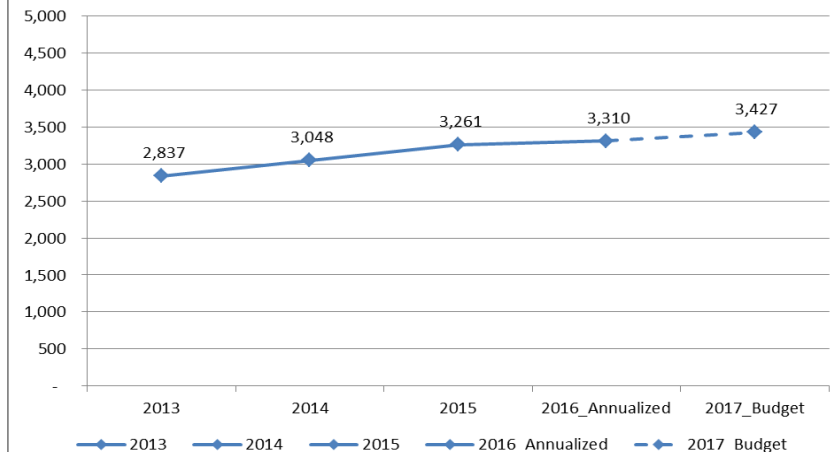
## Infusion Treatments



## Endoscopy Cases



## Interventional Svcs - MV



# **FY2017 Operating Budget Detail**

## **Revenue Assumptions**

# Revenue Assumptions

Category	Budget Assumptions
Pricing	<p>Prices to increase 6.0%</p> <p>* Overall charges based on OSHPD charge per case review, ECH pricing remains at 35th percentile.</p> <p>* inpatient charges were at 25th percentile; and</p> <p>* outpatient charges were at 50th percentile.</p>
Reimbursement	<p>4.9% rate increase in commercial payers which accounts for 72% of the net revenue</p> <p>-9.4% rate decrease in Medicare accounts, which accounts for 45% of our payer mix but 23% of the net revenue</p> <p>Expecting a 22% increase in Medi-Cal (MCAL) reimbursement due to the last transition year of the APR DRG payment method. MCAL payer mix account for 7.4% of ECH patient population</p>
Other Payment	<p>\$2.34M Other Operating Revenue from the PRIME Project</p> <p>\$1.5M net revenue from the HPO CDI initiative</p>
Volume	Inpatient volume increase by 1.3% and Outpatient volume increase by 2.4%

# Pricing Changes with Benchmark Data

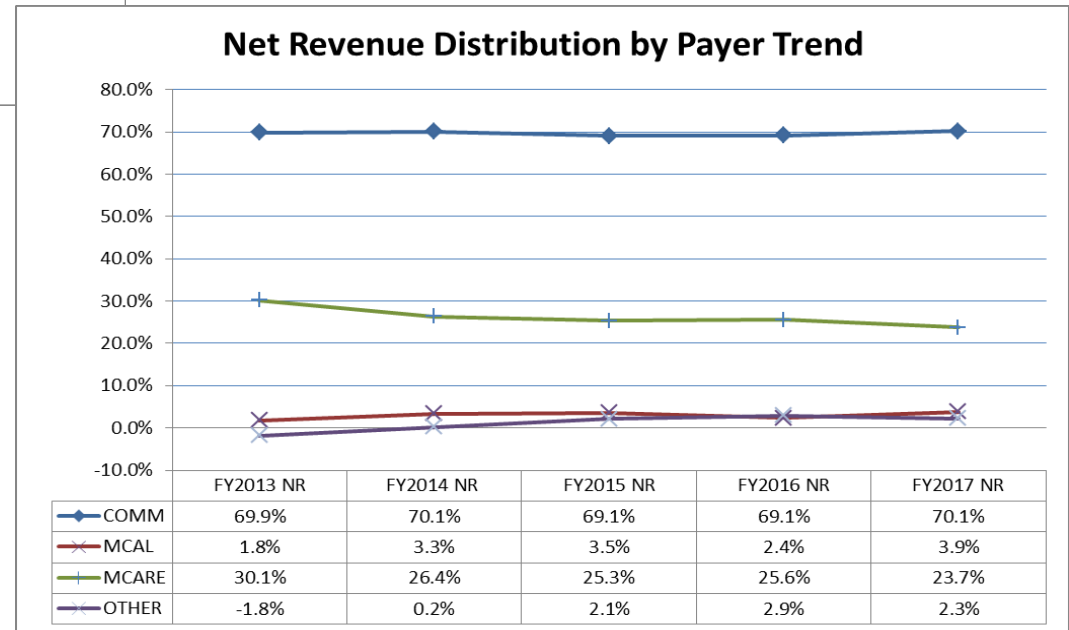
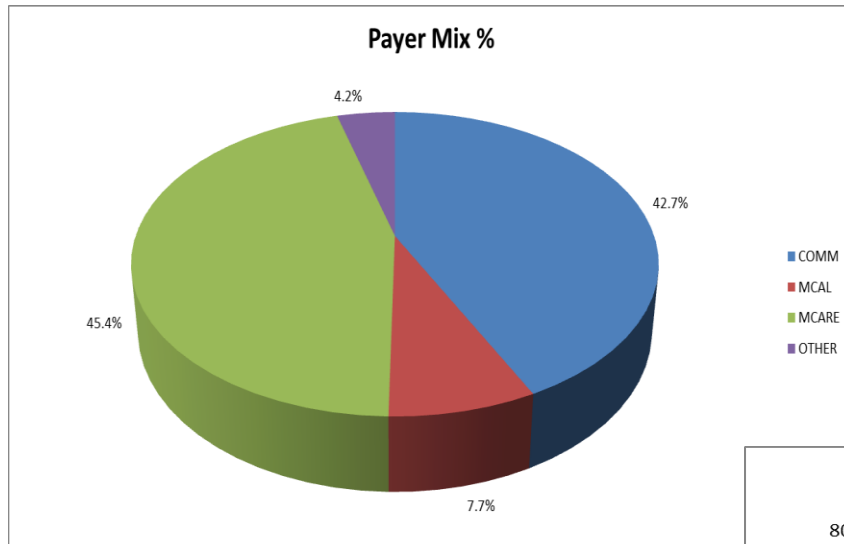
- CMS/OSHPD claim level data shows El Camino Hospital prices below mid-market level compared to the local peer group including Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital and Washington Hospital.
- Even with the 5% price increase in FY16, our overall charges remain at the 35<sup>th</sup> percentile based on OSHPD charge per caser review (inpatient @ 25<sup>th</sup> percentile / outpatient @ 50<sup>th</sup> percentile)
- To catch up with the market pricing, a 6% charge increase is proposed in the FY17 budget

Hospital	2012	2013	2014	2015	4 Yr Average
EL CAMINO HOSPITAL	0.89%	0.06%	0.90%	5.00%	1.71%
STANFORD UNIVERSITY HOSPITAL	9.60%	7.20%	6.90%	6.90%	7.65%
REGIONAL MEDICAL CENTER OF SAN JOSE	10.60%	1.36%	5.28%	-1.32%	3.98%
SEQUOIA HOSPITAL	5.40%	3.10%	0.00%	2.70%	2.80%
WASHINGTON HOSPITAL - FREMONT	0.56%	9.71%	0.97%	2.12%	3.34%
GOOD SAMARITAN HOSPITAL- SAN JOSE	9.90%	12.80%	7.10%	4.70%	8.63%
O'CONNOR HOSPITAL **	0.20%	0.13%	1.02%	NA	0.45%
* Data Source: OSHPD					

# Key Factors impacting Net Revenue in FY17

\$ in Thousands (000s)			Detail
<b>Net Revenue</b>			
		Revenue from Growth & Price Changes	22,871
		New PRIME Program Participation	2,341
		Inter-governmental Transfer	6,317
		Medi-CAL additional revenue due to APR DRG transition	4,848
		Other Oper Revenue (Facility Leases \$500K; \$474K Survivorship	974

# Payer Mix and Net Revenue Distribution by Payer





# **FY2017 Operating Budget Detail**

## **Expense Assumptions**

# Operating Expense - Assumptions

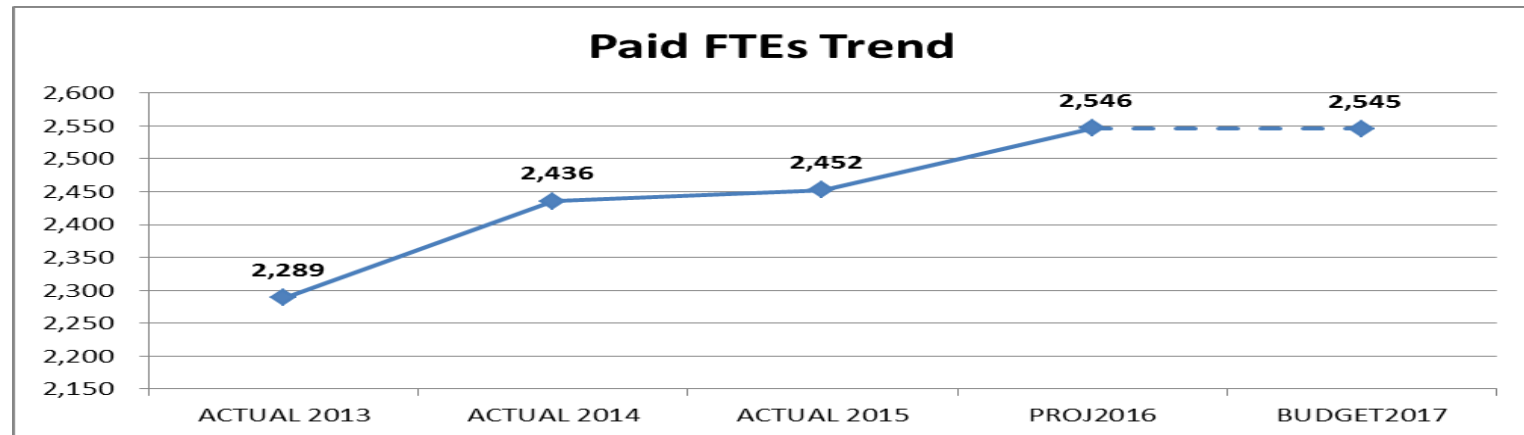
Category	Inflation & Other Expense Assumptions
Group Health	6.0% increase for 2nd half of FY17
Dental	3.0% increase for 2nd half of FY17
Pharmaceutical	7.2% inflation on drug cost
Medical Supplies	~3.0% overall inflation
Other	3-5% inflation
New Land	+ \$354K property tax

# Key Drivers of FY17 Budget Operating Margin

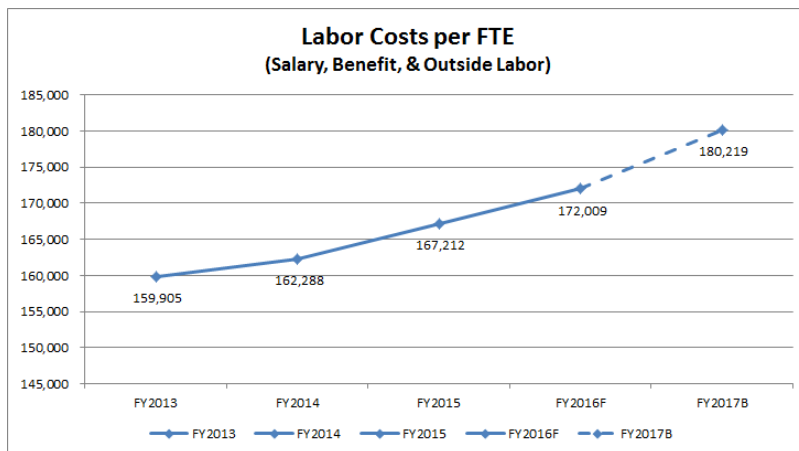
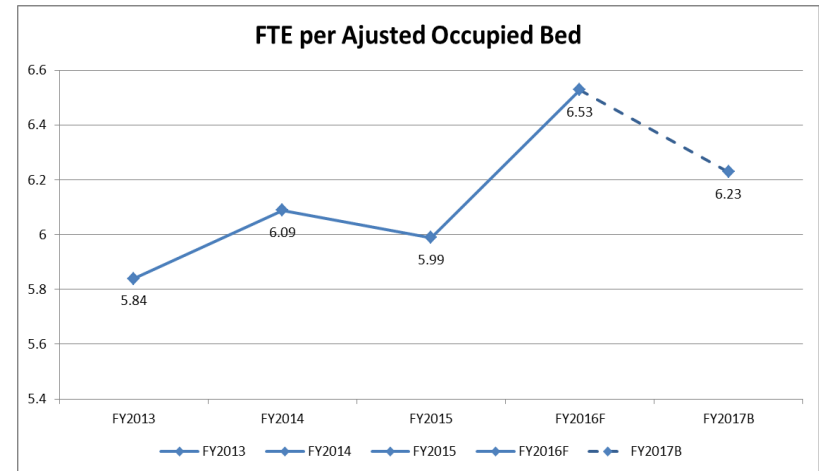
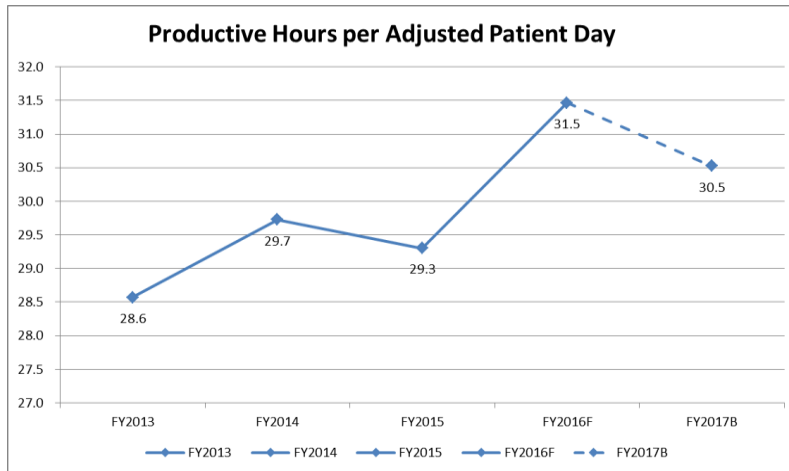
\$ in Thousands (000s)			Detail	Net Income	% Net Revenue
<b>Expected Hospital Operations FY2016</b>				<b>42,120</b>	<b>5.4%</b>
<b>Net Revenue</b>				37,351	4.6%
<b>Labor Expense Change</b>				(27,074)	-3.3%
	*	Salary, Wage Expense Increase (incl HPO reduction)	(7,122)		
	*	1.6% volume increase	(3,476)		
	*	Salary rate increase	(9,493)		
	*	Post EPIC FTE Increase	(1,973)		
	*	Benefit Expense Increase	(9,363)		
	*	Workers Compensation	(3,280)		
	*	Outside Labor Reduction	7,634		
<b>Professional Fees &amp; Purchased Services</b>				5,394	0.7%
	*	Physician Fees: Increase in fees; New Medical Directors	(1,064)		
	*	Marketing	1,611		
	*	Medical Outside Services	454		
	*	Administrative Savings (Premier + Valence)	903		
	*	iCare EPIC Backfill	1,806		
	*	IT Security	993		
	*	Other	691		
<b>Supplies</b>				(3,191)	-0.4%
	*	Central Supply - volumes & Inflation	(3,380)		
	*	New Programs: Minimally Invasive/Wound Care	(823)		
	*	Drugs & Endo Mechanical HPO Reduction	1,012		
<b>Other Expenses</b>				7,061	0.9%
	*	ICARE EPIC Training	8,133		
	*	Coding Support Project	308		
	*	Utilities/Leases	(349)		
	*	Leadership Education/Recognition	(296)		
	*	Insurance/Bond	(502)		
	*	Other	(233)		
<b>Depreciation &amp; Interest</b>				(5,824)	-0.7%
	*	Interest Expense, full year	(1,371)		
	*	EPIC (CC 8486)	(3,143)		
	*	Facilities completed projects	(1,310)		
<b>Expected Hospital Operations FY2017</b>				<b>55,837</b>	<b>6.9%</b>

# FY17 Budgeted Hospital FTE

Hospital Paid FTE						
		Productivity	New Program	EPIC	Volume Increase	Other
Starting FTE based on FY2016 YTD April Actual	2,546					
Improved Productivity in Operational Department after EPIC go-live	(44.49)	(44.49)				
ASPIRE Adolescent Psych Program	2.03		2.03			
Wound Care Clinic	5.00		5.00			
Minimally Invasive Program	2.50		2.50			
PRIME Program	2.30		2.30			
CDI	3.00		3.00			
HPO Resources Utilization Management	1.29					1.29
Projected Volume Increase	16.35				16.35	
EPIC Training	(75.11)			(75.11)		
ISD after EPIC go-live	77.00			77.00		
Budgeted Vacant Position	9.24	9.24				
<b>Ending Budget FY17 Paid FTE</b>	<b>2,545.28</b>	<b>(35.25)</b>	<b>14.83</b>	<b>1.89</b>	<b>16.35</b>	<b>1.29</b>



# Key Operational Metrics



- Productivity improvement in Productive hours per Adjusted Patient Day & FTE per Adjusted Occupied Bed
- Due to operationalized IT EPIC FTE and investment in new programs, higher cost professional staff (ENDO tech, Respiratory tech, RN, PT, OT), total labor cost is budgeted to increase by 4.7% from YTD FY16 actual

# High Performance Organization (HPO) Initiatives

Work Stream	FY2017 Budget
Patient Flow and Capacity Management	\$ 1,665,628
Variation	\$ 2,637,667
Workflow and Workforce Optimization	\$ 1,123,160
Revenue Cycle Enhancement	\$ 308,000
Supply Chain	\$ 1,012,000
<b>Total</b>	<b>\$ 6,746,455</b>

# Impact of iCare (EPIC) FY16 to FY17

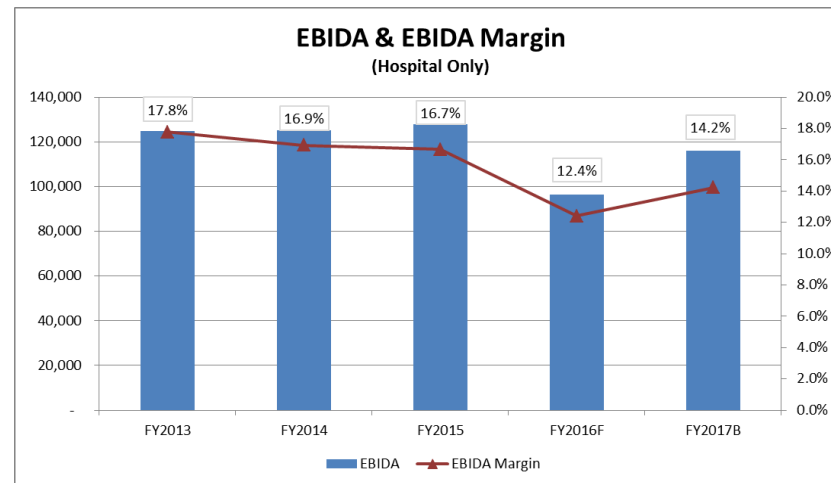
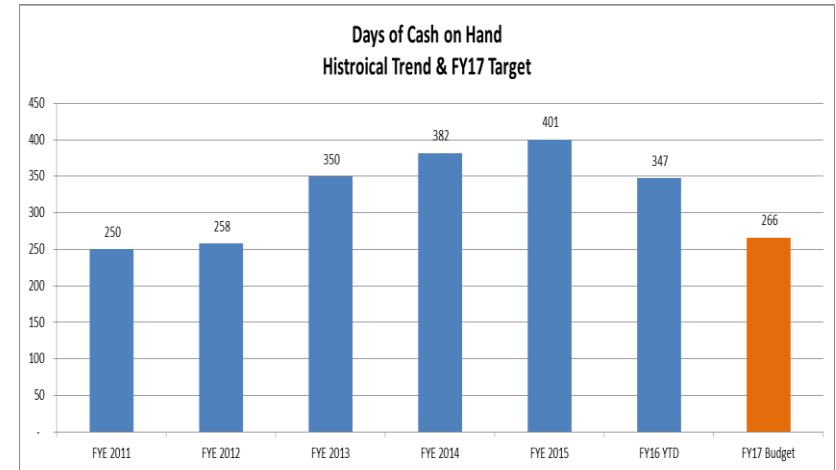
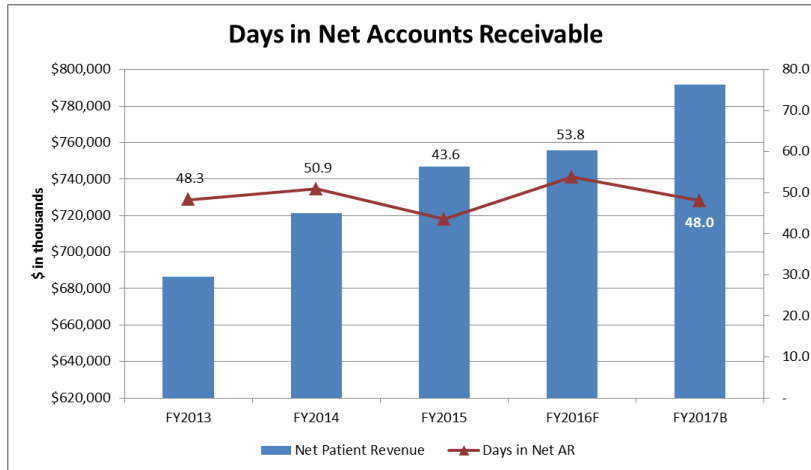
New iCare operational expenses for FY17

Category	Description	Incremental Change
Labor	Capital to Operating expense: ongoing	1,973,039
Depreciation	Depreciation expense: ongoing	1,150,335
	Increased Ongoing Expenses	3,123,374

One time expenses incurred in FY16

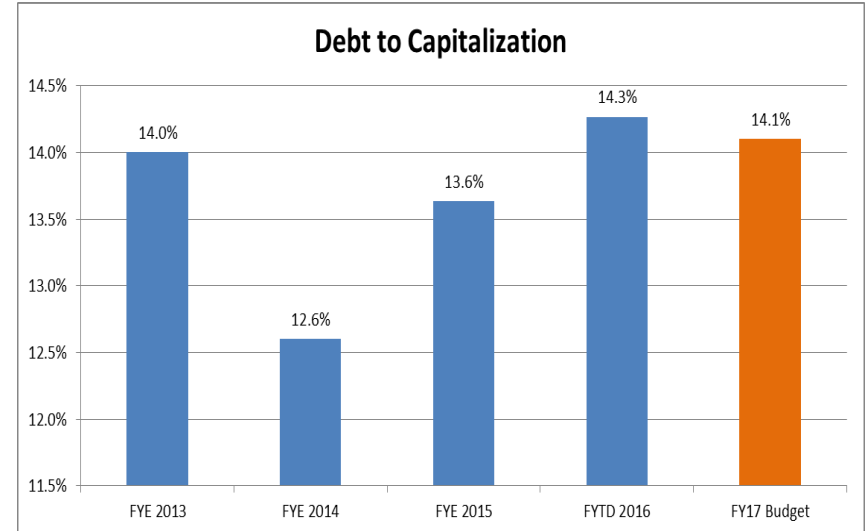
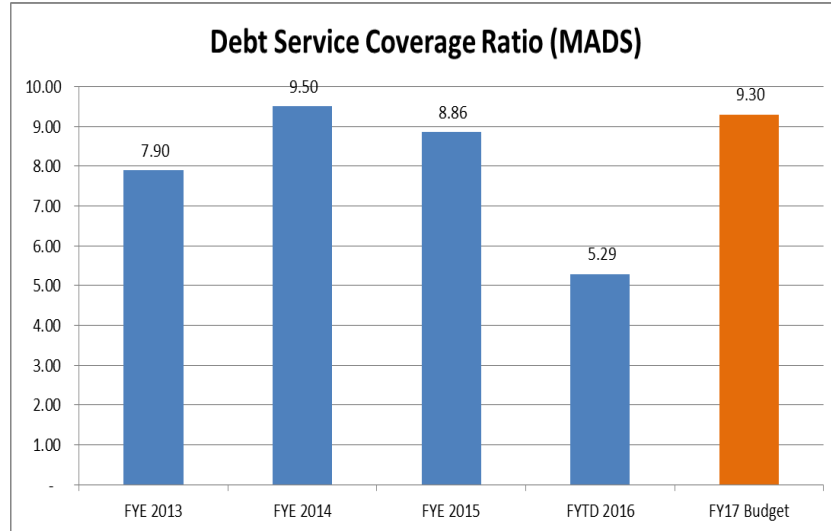
Category	Description	Incremental Change
Consulting	Eliminate one-time consulting expense	3,423,297
EPIC Training	Eliminate one-time training to staff and physicians	8,132,701
	One-Time Expense Reduction	11,555,998

# Key Financial Metrics





# Key Financial Metrics



# **FY2017 Operating Budget Detail**

## **Alignment with Marketing**

# FY17 Marketing & Communications Plan: Strategic Alignment

## Strategic themes

**Integrated  
Care**

**Smart  
Growth**

Quality Aim

High  
Performing  
Organization

Core marketing strategies and  
objectives align with..

**Business  
Priorities**

**Audiences**

Tactical focus

**Metrics**

**Budget/  
Resources**

# FY17 Marketing & Communications Plan: Major Marketing Priorities

FY17 SMART GROWTH ( <u>NEW</u> )	FY17 SMART GROWTH ( <u>M</u> )	FY17 INTEGRATED CARE
BHS – ADDICTION, SENIORS, PERINATAL, YOUTH/YA	MEN'S HEALTH & UROLOGY	URGENT & PRIMARY CARE*
URGENT & PRIMARY CARE	SLEEP DISORDERS	WOUND CARE*
ONCOLOGY	ORTHOPEDICS	REHABILITATION (M)
OUTPATIENT SERVICES	EP & WOMEN'S HEART	OUTPATIENT SERVICES*
WOUND CARE	BREAST HEALTH	
MOTHER-BABY	LUNG	
COMPREHENSIVE SPINE	SAHC/CHI	PATIENT – FAMILY CENTERED CARE

*\*Denotes supports of smart growth and integrated care strategic themes; N = new, M = maintenance*

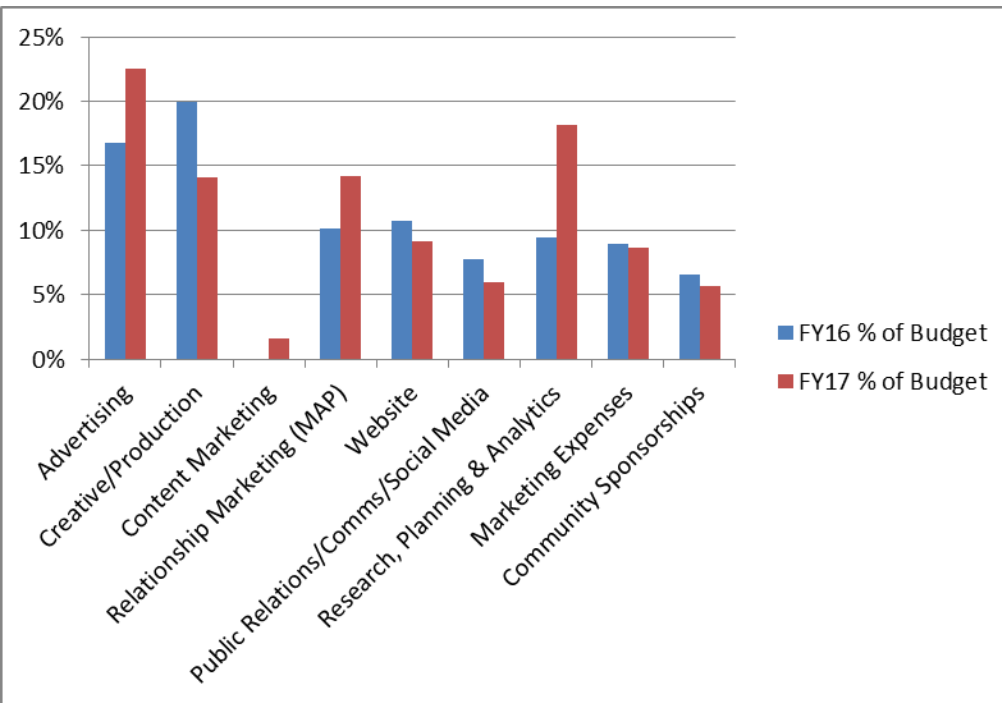
*Source: ECH strategic planning*

# FY17 Marketing & Communications Plan: Major Marketing Priorities Funding

Core Marketing Strategies	Allocation	Strategic Themes		
		Smart Growth	Integrated Care	Quality Aim
<b>POSITIONING + DIFFERENTIATION:</b> Increase awareness and understanding of uniqueness of El Camino Hospital among target audiences across the region	\$2.44M	X		
<b>ELEVATE COMMUNITY PURPOSE &amp; ENGAGEMENT:</b> Engage targets to create loyalty, affinity and relationships that drive positive behaviors	\$1.33M	X	X	
<b>PERSONALIZED MARKETING:</b> Provide value to consumer audiences by maximizing relevant messaging and content across interactions	\$720k	X		X
<b>FACILITATE POSITIVE CULTURE:</b> Increase employee and physician engagement through community building	\$148K	X		X

*\*Does not include Labor Costs*

# FY17 Marketing & Communications Plan: Budget Assumptions & Trends



- Budget aligned with recommendations and efforts are tiered to support “new” versus “maintenance” initiatives
- FY17 budget reduced from FY16 to support reduction in use of outside purchased services
- Increased allocation for content marketing and relationship marketing to support online healthcare consumer experience and personalized communications
- Increased allocation for research, analytics and planning for more consistent tracking and reporting of metrics
- Integrated advertising efforts with increased efficiency through capability to target audiences via digital channels
- Reduced PR social media expenses as tactical work is brought in-house
- Maintain level of community sponsorship spend and refine alignment with clinical and community health priorities
- Digital strategy no longer separate as digital thinking is integrated across marketing efforts

# **Board Designated Community Benefit Endowment**

# Board Designated Community Benefit Endowment Fund

- In FY 2016 the Board established an endowment to provide investment income to fund community benefit.
- We agreed to evaluate whether the fund should be increased during the annual budget cycle.
- Recommendation
  - No increase in endowment fund at this time, due to market losses.
  - Despite market losses, \$3.4 million (\$500k > than FY16) budgeted for Community Benefit Plan for FY17 due to community benefit planning cycle.
  - Evaluate funding from endowment fund earnings in Q2 2017 to coincide with community benefit planning cycle.



# El Camino Hospital & Affiliates

# El Camino Hospital & Affiliates FY17 Budget

Consolidated Revenue and Expense Budget (\$ in thousands)					
	El Camino Hospital	Concern	Foundation	SVMD	Total
<b>REVENUES</b>					
Net Patient Service Revenue	\$789,585	\$0	\$0	\$2,871	\$792,457
Other Operating Revenue	25,059	17,077	0	0	42,136
Total Net Revenue	814,645	17,077	0	2,871	834,593
<b>EXPENSES</b>					
Salaries & Benefits	458,713	5,474	1,553	1,066	466,805
Supplies & Other Expenses	240,022	9,466	1,660	3,451	254,599
Interest	7,225	0	0	0	7,225
Depreciation/Amortization	52,848	29	13	0	52,890
TOTAL EXPENSES	758,807	14,969	3,227	4,516	781,520
<b>OPERATING INCOME</b>	<b>\$55,837</b>	<b>\$2,108</b>	<b>(\$3,227)</b>	<b>(\$1,645)</b>	<b>\$53,073</b>
Non Operating Income	11,194	497	2,777	1,645	16,113
<b>NET INCOME</b>	<b>\$67,032</b>	<b>\$2,604</b>	<b>(\$450)</b>	<b>(\$0)</b>	<b>\$69,186</b>
Operating EBIDA	\$115,910	\$2,137	(\$3,214)	(\$1,645)	\$113,188
Operating Margin Percentage	6.9%	12.3%	0.0%	-57.3%	6.4%

# El Camino Hospital & Affiliates

El Camino Hospital & Affiliates (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	\$746,645	\$755,550	\$792,457	\$36,906	4.9%
Other Operating Revenue	34,805	37,450	42,136	4,686	12.5%
Total Net Revenue	781,451	793,001	834,593	41,592	5.2%
<b>EXPENSES</b>					
Salaries & Benefits	417,058	439,003	466,805	(27,802)	-6.0%
Supplies & Other Expenses	238,649	258,657	254,599	4,058	1.6%
Interest	5,256	5,855	7,225	(1,371)	-19.0%
Depreciation/Amortization	44,707	48,451	52,890	(4,439)	-8.4%
TOTAL EXPENSES	705,670	751,966	781,520	(29,554)	-3.8%
<b>OPERATING INCOME</b>	<b>\$75,780</b>	<b>\$41,035</b>	<b>\$53,073</b>	<b>\$12,038</b>	<b>-22.7%</b>
Non Operating Income	20,984	(15,109)	16,113	(31,223)	
<b>NET INCOME</b>	<b>\$96,764</b>	<b>\$25,926</b>	<b>\$69,186</b>	<b>\$43,261</b>	<b>166.9%</b>
Operating EBIDA	\$125,743	\$95,341	\$113,188	\$17,848	18.7%
Operating Margin Percentage	9.7%	5.2%	6.4%		

# Capital Budget

## FY 2017 Capital Spending Trend

	Actual	Actual	Actual	Proj	Budget
Capital Spending	FY2013	FY2014	FY2015	FY2016	FY2017
EPIC			\$36,187	\$23,743	\$6,137
IT Hardware/Software Equipment	\$8,019	\$2,788	\$4,660	\$6,850	\$5,391
Medical/Non Medical Equipment	\$10,284	\$12,891	\$13,340	\$14,700	\$10,254
Facilities	\$9,294	\$36,045	\$38,940	\$66,543	\$204,477
<b>Grand Total</b>	<b>\$27,597</b>	<b>\$51,724</b>	<b>\$93,127</b>	<b>\$111,836</b>	<b>\$226,259</b>

# FY17 Facility Project Request with Details

(in 000s)

		Budgeted Commitment		Budgeted Spend
<b>Mountain View Campus Master Plan Projects</b>				
BHS Replacement	MV	\$55,500	**	\$30,000
North Dr Parking Structure Expansion	MV	\$0	*	\$20,500
Integrated Medical Office Building	MV	\$220,500	**	\$101,500
CUP Upgrades	MV	\$7,000	**	\$5,000
Womens Hosp Expansion	MV	\$10,000		\$5,500
<b>Sub-Total Mountain View Campus Master Plan</b>		<b>\$293,000</b>		<b>\$162,500</b>
<b>Mountain View Capital Projects</b>				
Womens Hosp NPC Closeout	MV	\$0	*	\$327
IMOB Preparation Project - Old Main	MV	\$0	*	\$1,000
Cabling and Wireless upgrades	MV	\$0	*	\$400
Histology Fume Hood Upgrades	MV	\$1,200		\$1,200
ED Remodel Triage / Psych Observation	MV	\$1,600		\$1,400
Signage & Wayfinding	MV	\$0	*	\$300
Breast Imaging Tomography	MV	\$0	*	\$300
Willow Pavilion FA Sys and Equip Upgrades	MV	\$800		\$800
Furniture Systems Inventory	MV	\$500		\$250
Site Signage & Other Improvements	MV	\$1,000		\$200
MV Equipment & Infrastructure Upgrades	MV	\$600		\$300
IR Room #6 Development	MV	\$2,600		\$500
JW House (Patient Family Residence)	MV	\$2,500		\$500
Facilities Planning Allowance	MV	\$600		\$300
<b>Sub-Total Mountain View Projects</b>		<b>\$11,400</b>		<b>\$7,777</b>

\*Board approved from prior years

\*\*Board approved; partially funded from prior years

# FY17 Facility Project Request with Details

(in 000s)

		Budgeted Commitment	Budgeted Spend
<b>Los Gatos Capital Projects</b>			
LG Spine Room Expansion - OR 4	LG	\$0 *	\$3,100
LG Rehab HVAC Upgrades	LG	\$0 *	\$400
LG Imaging Phase II (CT & Gen Rad)	LG	\$0 *	\$7,250
LG Upgrades - Major	LG	\$0 *	\$7,300
LG Rehab Building Upgrades	LG	\$600	\$500
LG IR Upgrades	LG	\$1,100	\$800
LG NICU 4 Bed Expansion	LG	\$6,500	\$5,000
LG Building Infrastructure Improvements	LG	\$1,500	\$1,200
LG MOB Improvements (17)	LG	\$5,000	\$4,000
LG Facilities Planning	LG	\$800	\$500
LG MOB Improvements	LG	\$0 *	\$150
<b>Sub-Total Los Gatos Projects</b>		<b>\$15,500</b>	<b>\$30,200</b>
<b>Other Strategic Capital Projects</b>			
Primary Care Clinic (TI's Only)		\$1,600	\$1,600
Urgent Care Clinics (Tis Only)		\$2,400	\$2,400
<b>Sub-Total Other Strategic Capital Projects</b>		<b>\$4,000</b>	<b>\$4,000</b>
<b>Grand Total Facilities Projects</b>		<b>\$323,900</b>	<b>\$204,477</b>

\*Board approved from prior years

\*\*Board approved; partially funded from prior years

# FY 2017 IT Capital Request

(in 000s)

Capital Project Description	Budgeted Commitment	Budgeted Spend
iCare Program/Annual Upgrade	\$8,016	\$6,137
<b>EPIC Total</b>	<b>\$8,016</b>	<b>\$6,137</b>
RSA 2-Factor Authentication	\$1,250	\$1,250
IS Baseline-Storage Primary/Backup	\$790	\$790
IS Baseline-Server Replacement/Maint	\$706	\$706
IS Baseline-Network Replacement/Maint	\$675	\$675
Secure Texting Solution	\$400	\$400
Soft Bank Software	\$300	\$300
IS Baseline-Devices Cart Replacement/Growth	\$250	\$250
IS Baseline-Software Upgrades	\$250	\$250
All Other*	\$770	\$770
<b>IT Hardware/Software Equipment</b>	<b>\$5,391</b>	<b>\$5,391</b>

Capital over \$250k itemized

\*All Other includes all items less than \$250k



# FY17 Equipment Capital Request

(in 000s)

FY17 Equipment Requested Capital		Budgeted Spend
PB840 Ventilators - 28		\$1,394
IR Room Replacement (LG)		\$1,250
Stryker 1588 AIM CCU and Laparoscopes		\$871
Intra-Vascular Ultrasound Replacement (Cath Lab)		\$700
C-Arm Replacement (2 at LG)		\$531
Electrosurgical Units Forcetriad 2/FT10		\$460
OH6 Microscope (Spine, LG)		\$427
Bed Mattresses		\$380
Alaris Infusion Pump/Modules (MV)		\$250
Alaris Infusion Pump/Modules (LG)		\$250
All Other*		\$3,741
Total		\$10,254

Capital over \$250k itemized

\*All Other includes all items less than \$250k

# Appendix

# El Camino Hospital – FY17 Budget Financial

## El Camino Hospital (\$ in thousands)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	\$746,645	\$755,550	\$789,585	\$34,035	4.5%
Other Operating Revenue	21,105	21,743	25,059	3,316	15.3%
Total Net Revenue	767,751	777,294	814,645	37,351	4.8%
<b>EXPENSES</b>					
Salaries & Benefits	410,072	431,639	458,713	(27,074)	-5.9%
Supplies & Other Expenses	229,677	249,286	240,022	9,264	3.9%
Interest	5,256	5,855	7,225	(1,371)	-19.0%
Depreciation/Amortization	44,627	48,395	52,848	(4,453)	-8.4%
TOTAL EXPENSES	689,631	735,174	758,807	(23,634)	-3.1%
<b>OPERATING INCOME</b>	<b>\$78,120</b>	<b>\$42,120</b>	<b>\$55,837</b>	<b>\$13,717</b>	<b>-24.6%</b>
Non Operating Income	16,668	(18,836)	11,194	(30,030)	
<b>NET INCOME</b>	<b>\$94,787</b>	<b>\$23,284</b>	<b>\$67,032</b>	<b>\$43,748</b>	<b>187.9%</b>
Operating EBIDA	\$128,002	\$96,369	\$115,910	\$19,541	20.3%
Operating Margin Percentage	10.2%	5.4%	6.9%		
<b>KEY HOSPITAL INDICATORS</b>					
Hospital Discharges, excl normal newborns	19,081	18,608	19,271	663	3.6%
Total Hospital Patient Days	89,787	87,985	89,574	1,589	1.8%
Acute Length of Stay	4.71	4.73	4.65	(0.08)	-1.7%
Hospital Average Daily Census	246	240	245	5	2.1%

# Non-Operating Revenue Detail

## Non-Operating Revenue/<Expense> Detail (\$ in thousands)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>Non Operating Revenue Detail</b>					
Investments	\$17,955	(\$10,785)	\$18,100	\$28,885	-267.8%
Swap Adjustments	(1,009)	(2,550)	0	2,550	-100.0%
Bond Amortization	360	1,604	1,871	266	16.6%
Community Benefit	(2,397)	(3,104)	(3,400)	(296)	9.5%
Support for Foundation	(1,783)	(1,783)	(1,783)	0	0.0%
Support for SVMD	(286)	(25)	(1,645)	(1,620)	6475.9%
Investment in Satellite Dialysis	4,809	(457)	152	609	-133.2%
Gain/<Loss> on Pathways	2,513	(191)	500	691	-361.2%
Other	(3,493)	(1,545)	(2,599)	(1,055)	68.3%

<b>\$16,668</b>	<b>(\$18,836)</b>	<b>\$11,194</b>	<b>\$30,030</b>	<b>-159.4%</b>
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# CONCERN – FY17 Budget Financial

CONCERN (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Other Operating Revenue	\$13,690	\$15,689	\$17,077	\$1,387	8.8%
Total Net Revenue	13,690	15,689	17,077	1,387	8.8%
<b>EXPENSES</b>					
Salaries & Benefits	5,336	5,884	5,474	410	7.5%
Supplies & Other Expenses	7,332	8,057	9,466	(1,409)	-14.9%
Interest	0	0	0	0	0.0%
Depreciation/Amortization	67	43	29	14	48.7%
TOTAL EXPENSES	12,735	13,984	14,969	(985)	-6.6%
<b>OPERATING INCOME</b>	<b>\$955</b>	<b>\$1,706</b>	<b>\$2,108</b>	<b>\$402</b>	<b>-19.1%</b>
Non Operating Income	247	463	497	(33)	
<b>NET INCOME</b>	<b>\$1,202</b>	<b>\$2,169</b>	<b>\$2,604</b>	<b>\$435</b>	<b>20.1%</b>
Operating EBIDA	\$1,022	\$1,749	\$2,137	\$388	22.2%
Operating Margin Percentage	7.0%	10.9%	12.3%		

# Foundation - FY17 Budget Financial

FOUNDATION (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Other Operating Revenue	\$0	\$0	\$0	\$0	\$0
Total Net Revenue	0	0	0	0	0%
<b>EXPENSES</b>					
Salaries & Benefits	1,418	1,453	1,553	(100)	-6%
Supplies & Other Expenses	1,508	1,216	1,660	(445)	-27%
Interest	0	0	0	0	0%
Depreciation/Amortization	13	13	13	(0)	0%
TOTAL EXPENSES	2,939	2,682	3,227	(545)	-17%
<b>OPERATING INCOME</b>	<b>(\$2,939)</b>	<b>(\$2,682)</b>	<b>(\$3,227)</b>	<b>(\$545)</b>	<b>-17%</b>
Non Operating Income	3,650	3,319	2,777	541	
<b>NET INCOME</b>	<b>\$710</b>	<b>\$636</b>	<b>(\$450)</b>	<b>(\$1,086)</b>	<b>-171%</b>
Operating EBIDA	(\$2,926)	(\$2,669)	(\$3,214)	(\$545)	20%

# SVMD – FY17 Budget Financial

SVMD (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	\$0	\$0	\$2,871	\$2,871	100%
Total Net Revenue	0	0	2,871	2,871	0%
<b>EXPENSES</b>					
Salaries & Benefits	227	27	1,066	(1,039)	-97%
Supplies & Other Expenses	67	69	3,451	(3,382)	-98%
Interest	0	0	0	0	0%
Depreciation/Amortization	0	0	0	0	0%
TOTAL EXPENSES	294	95	4,516	(4,421)	-98%
<b>OPERATING INCOME</b>	<b>(\$294)</b>	<b>(\$95)</b>	<b>(\$1,645)</b>	<b>(\$1,550)</b>	<b>-94%</b>
Non Operating Income	400	300	1,645	(1,345)	
<b>NET INCOME</b>	<b>\$106</b>	<b>\$205</b>	<b>(\$0)</b>	<b>(\$205)</b>	<b>-100%</b>
Operating EBIDA	(\$294)	(\$95)	(\$1,645)	(\$1,550)	1624%
Operating Margin Percentage	0.0%	0.0%	-57.3%		

# SVMD New Programs

New Program	Description
1. Primary Care Clinic	- Recruit 4 primary care physicians for the first year of operations
2. Urgent Care Clinic	- Target to have ~10,000 visits in the first year of operation.
3. Women's Cardiovascular Health Clinic	<ul style="list-style-type: none"> <li>- Clinic will begin operation 2.5 days/week: 1 day a week operation at LG and 1.5 days a week at MV.</li> <li>- It is budgeted with ~1300 visits in first year of operation.</li> </ul>



## ATTACHMENT 6

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<p>Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report</p> <p>El Camino Hospital Board of Directors</p> <p>June 1, 2016</p>
<b>Responsible party:</b>	David Reeder, Quality Committee Chair
<b>Action requested:</b>	For Discussion
<b>Background:</b>	<p>The Quality Committee meets 10 times per year. The Committee last met on June 1, 2016 and meets next on August 1, 2016.</p>
<b>Board Advisory Committee(s) that reviewed the issue and recommendation, if any:</b>	None.
<b>Summary and session objectives:</b>	<p>To update the Board on the work of the Committee.</p> <p>1. Progress Against Goals: The Committee is on track to complete its FY16 Goals.</p> <p>2. Summary of May 31, 2016 Meeting:</p> <ul style="list-style-type: none"> <li>a. Overall Issues: The committee had no red or orange alert updates. The Committee approved 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. They also proposed a countermeasure for pain to assure narcotic safety. Another goal approved was maintaining current readmission rates and achieving length of stay reductions in Medicare patients. The committee discussed increasing the percentage of time, to 10%, that the Board spends on quality-related topics. One suggestion was a monthly guest for 20 minutes (starting in August) to highlight achievements and gaps in care. The suggestions included service line leaders and committee champions in sepsis and transitions of care. A sample of major quality, safety and risk measures across the hospital was reviewed. There was an update regarding the Patient and Family Advisory Council's (PFAC) timeline, recruitment, vision and charter, and increasing the patient voice.</li> <li>b. Exception Report: Seven metrics are stable, except responsiveness of hospital staff remains below average. Specimen labeling errors was proposed to be replaced with a new sepsis metric since this problem has resolved.</li> </ul>
<b>Suggested discussion questions:</b>	None.
<b>Proposed Board motion, if any:</b>	None.
<b>LIST OF ATTACHMENTS:</b>	None.

# ATTACHMENT 7



**El Camino Hospital<sup>®</sup>**

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**iCare Ad Hoc Committee Board Update  
June 8, 2016**

**Mick Zdeblick, COO  
Madeleine Fackler, IT Advisor**

# Agenda

- Highlights since last formal update (March 9, 2016)
- Key Issues being worked
- Key Metrics
- Update on Beacon Go-live in April (Oncology and Chemotherapy Module in Epic)
- Update on Pathways Implementation (for Home Care, Hospice & Palliative Care Services)
- Budget Close-out for base project
- Planned Upgrade to v 2015 & 2016 from Epic
- IT Governance going forward
- Formal close out of the iCare Ad Hoc Committee on June 24<sup>th</sup>

# Highlights since the last formal Board Update (March 9, 2016)

- Technical system for iCare continues to run smoothly
- # of tickets opened against the system is declining
- KPI's are stable with opportunities for improvement in a few areas
- Overall El Camino Hospital remains in the stabilization stage of the project
- Total Project Cost remains within Budget (but making use of planned contingency spend)
- Revenue Cycle Issues experienced earlier in the project are now under control
- Beacon Implementation (for Oncology) went live at the end of April without issues
- Pathways Home Care and Hospice is on track for November 1, 2016 go-live
- e-Prescribing continues to require focused attention to address ongoing physician workflow challenges
- New approach is being implemented for broader physician engagement and recruitment of Physician Champions. Current areas of focus include:
  - Order Set & Order Maintenance/Improvement/Creation
  - Prioritization of Physician Requests & improved Communication on Request Status
- Epic returns for their third and final Post-Live Visit & Review in July
- iCare Ad Hoc Committee will formally close down in June

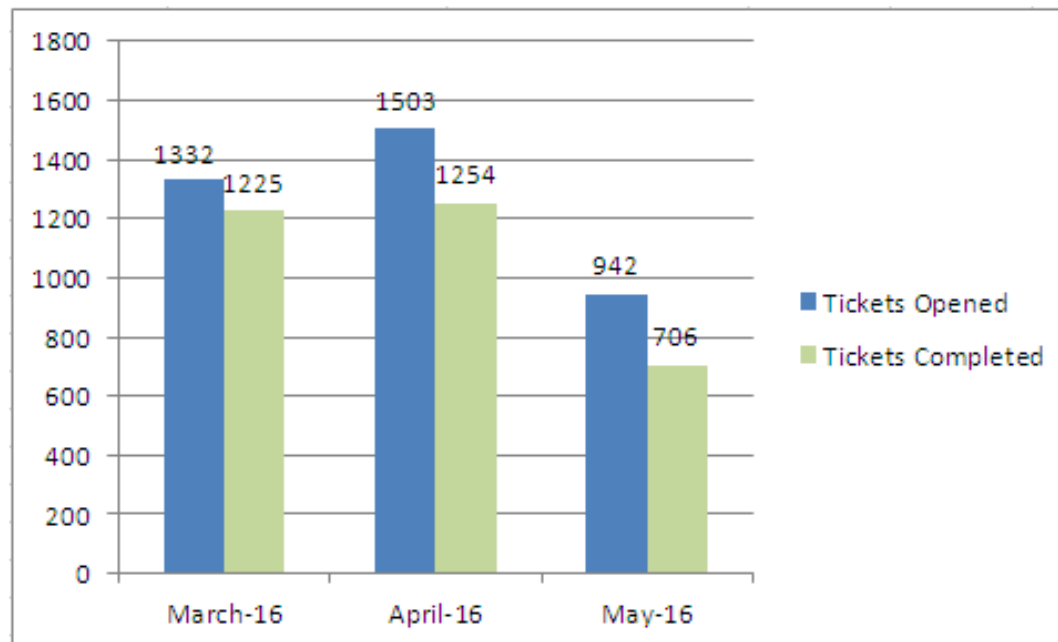
# iCare Focus Areas

**Current focus is Break/Fix items and prioritized improvements as below:**

- Restraint Documentation
- Delivery Summary
- AVS
- SNF Discharge
- Anti embolism Flow sheet Row
- Nursing Care Plan for Hypertension
- Advance Directives
- I/O Flow sheet modifications
- Care Everywhere able to reconcile immunizations into the current record

# Issues Logged to Date

*As of March 1, 2016*



	March	April	May	Total	% of Total Tickets opened
Tickets Opened	1332	1503	942	3777	
Break-Fix Category Opened	216	216	138	570	15.1
Break-Fix Category Closed	168	174	95	437	11.6
Other Catagories Close	1057	1080	611	2748	72.8
Total Tickets Closed	1225	1254	706	3185	84.3



# Beacon is Live!



Leading the way



On the same page



Working out the kinks



Implementation and Support team



Daily Touchbase

Go-Live:  
4/25/16 -4B  
4/26/16 -IFC

*With our Beacon go-live, nurses had more time to talk to their patients at the bedside.*

*Anna Aquino, 4B Manager*

# Beacon Update

- No critical issues, small number of tickets since go-live
- Both 4B and the IFC have adjusted well
- Command Center ended on 5/3/16 with floor support continued through the end of the second week of activation.
- Have moved to post live support model with help requested using Vocera and the Help Desk standard process
- Metrics are monitored on an ongoing basis
- Post Live Visit is planned for June 1-2

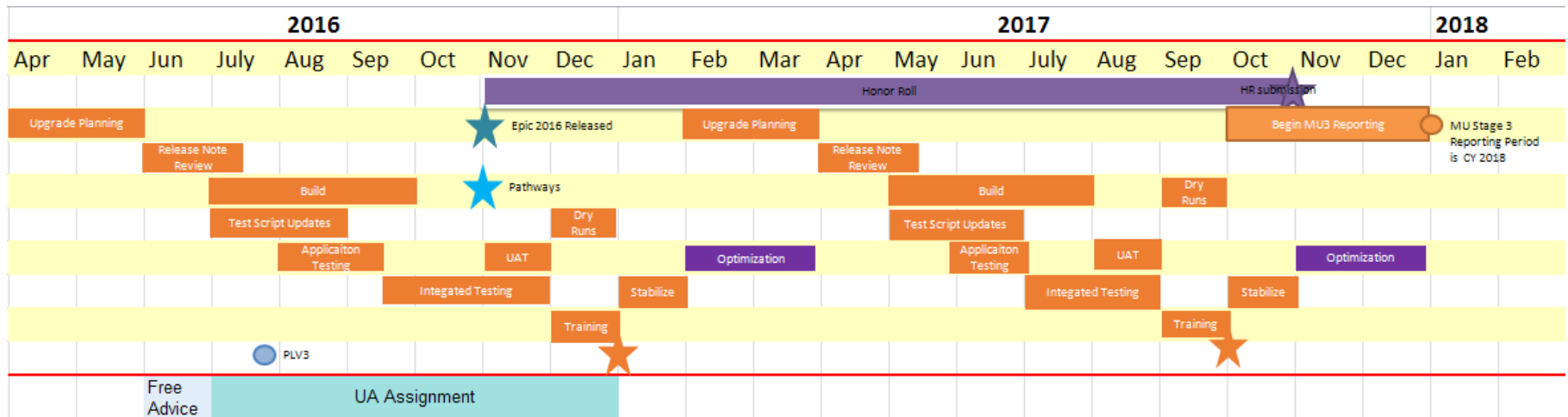
## Budget Summary

- The Phase 1 Project Budget will close as of June 30, 2016
- Current estimates for Project Budget:
  - Project will end under budget for capital expenditures (and with no use of contingency dollars)
  - Project will end under budget for operating expenditures (with use of contingency dollars)
  - Contingency dollars were used for user training & additional support
- Operating Expenses post go-live are also expected to be within budget estimates although higher than expected expenses were needed for staff training and certification requirements.

# Epic Upgrade Recommendation

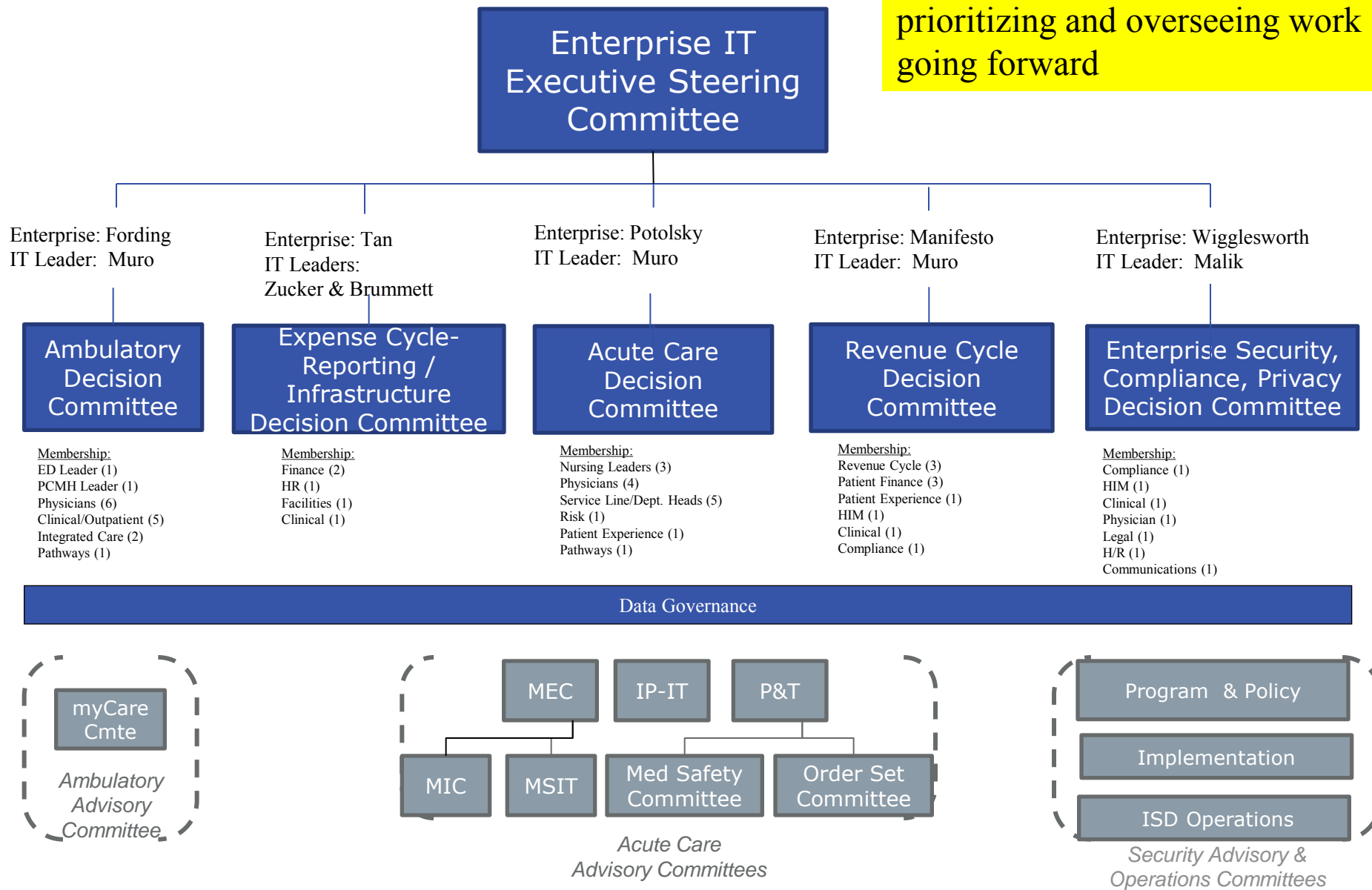
- Recommendation reviewed by Finance Committee to do two Epic version upgrades simultaneously (version 2015 & version 2016)
- Upgrade is required to meet Meaningful use Stage 3 requirements by the January 2018 deadline to avoid significant (estimated \$12mm) reimbursement penalties
- A ten step document highlighting the recommendation, including alternative options considered, implications, benefits and costs was reviewed without revision by the Finance Committee on May 31, 2016, and is on the Board's consent calendar for approval.
- The sequential upgrade option provides a single capitalization opportunity with the first stage of the project completed in January 2017 and final completion scheduled for October 2017.

# Upgrade Timeline (Proposed)



# ECH IT Governance

IT Governance will be key in prioritizing and overseeing work going forward

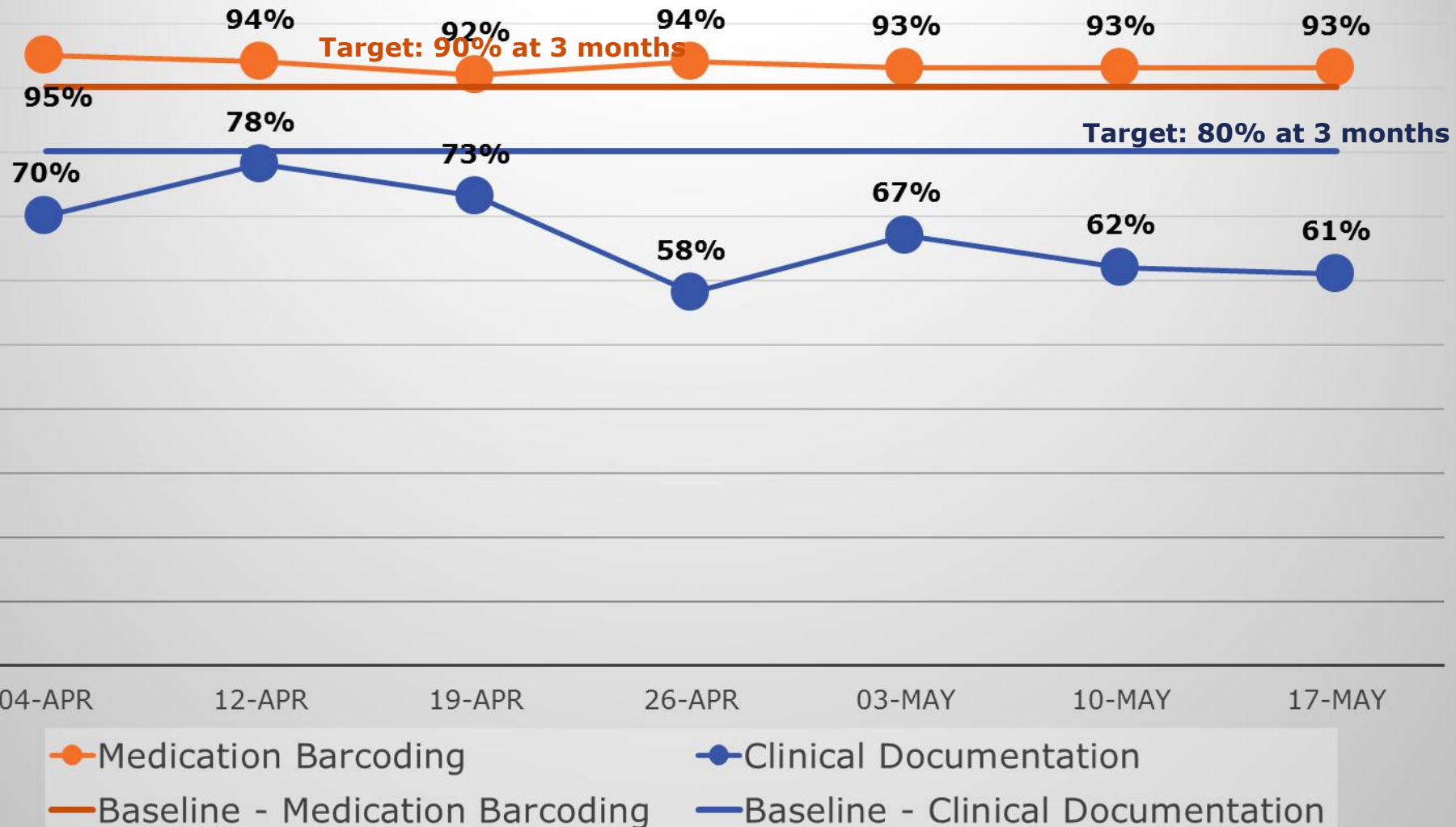


- IT Staff and PMs to support each group.
- A communication liaison will work with the committees as required

# Appendix: KPI's

# Excellence in Patient Care

Medication Barcoding continues to exceed targets with continued focus upon completing clinical documentation within agreed upon time windows

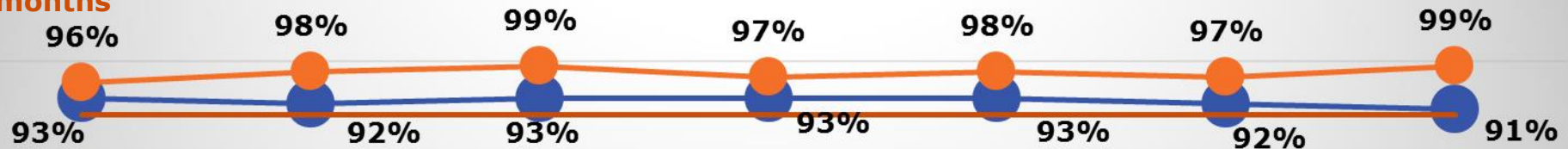




# Physician Adoption CPOE & Medication Reconciliation at Discharge

These areas have  
exceeded targets  
since go-live

Target: 90% at  
3 months



Target: 80% at  
3 months

04-APR 12-APR 19-APR 26-APR 03-MAY 10-MAY 17-MAY

● CPOE

● Med reconciliation @ d/c

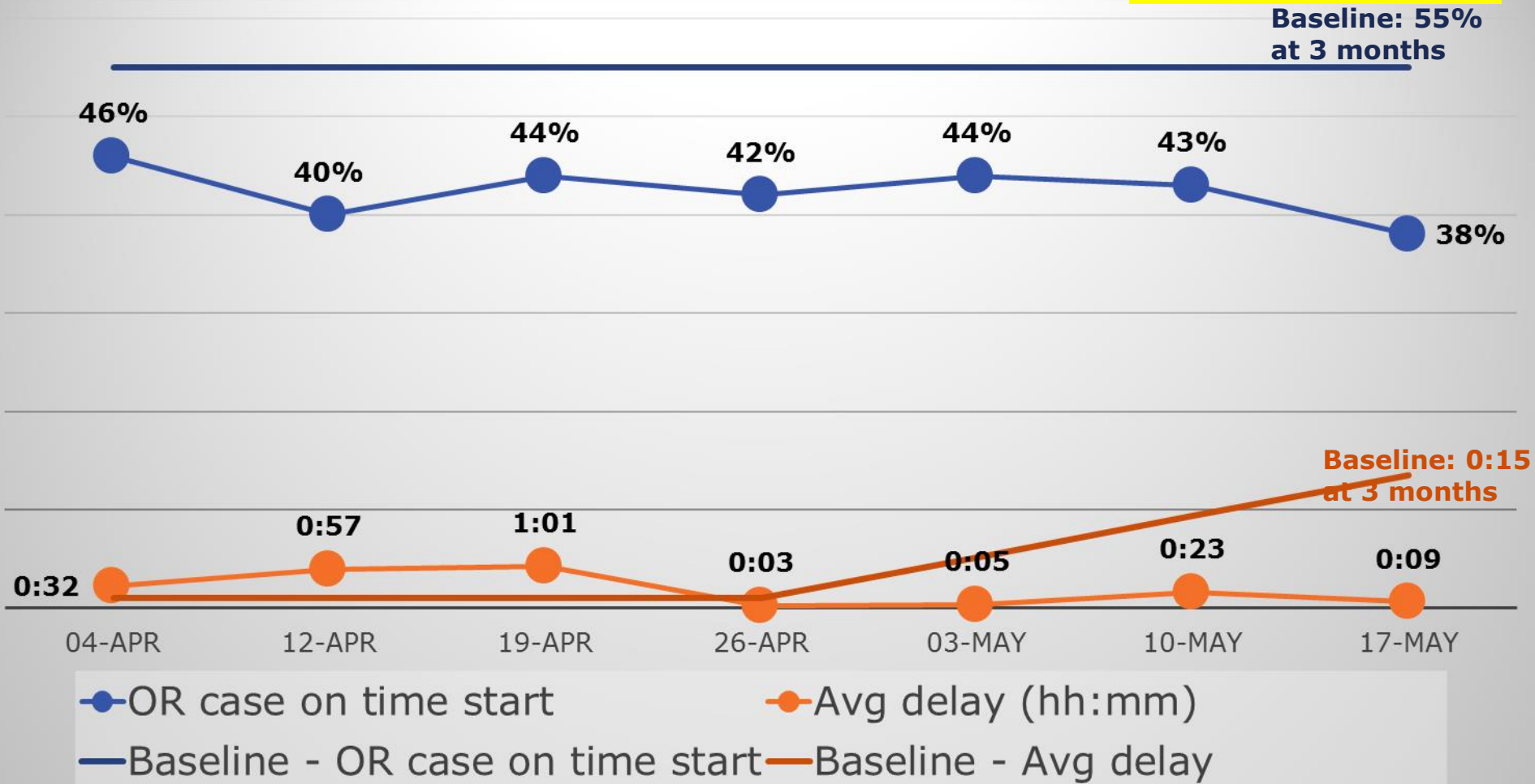
— Baseline - CPOE

— Baseline - Med Rec @ d/c

# Efficiency

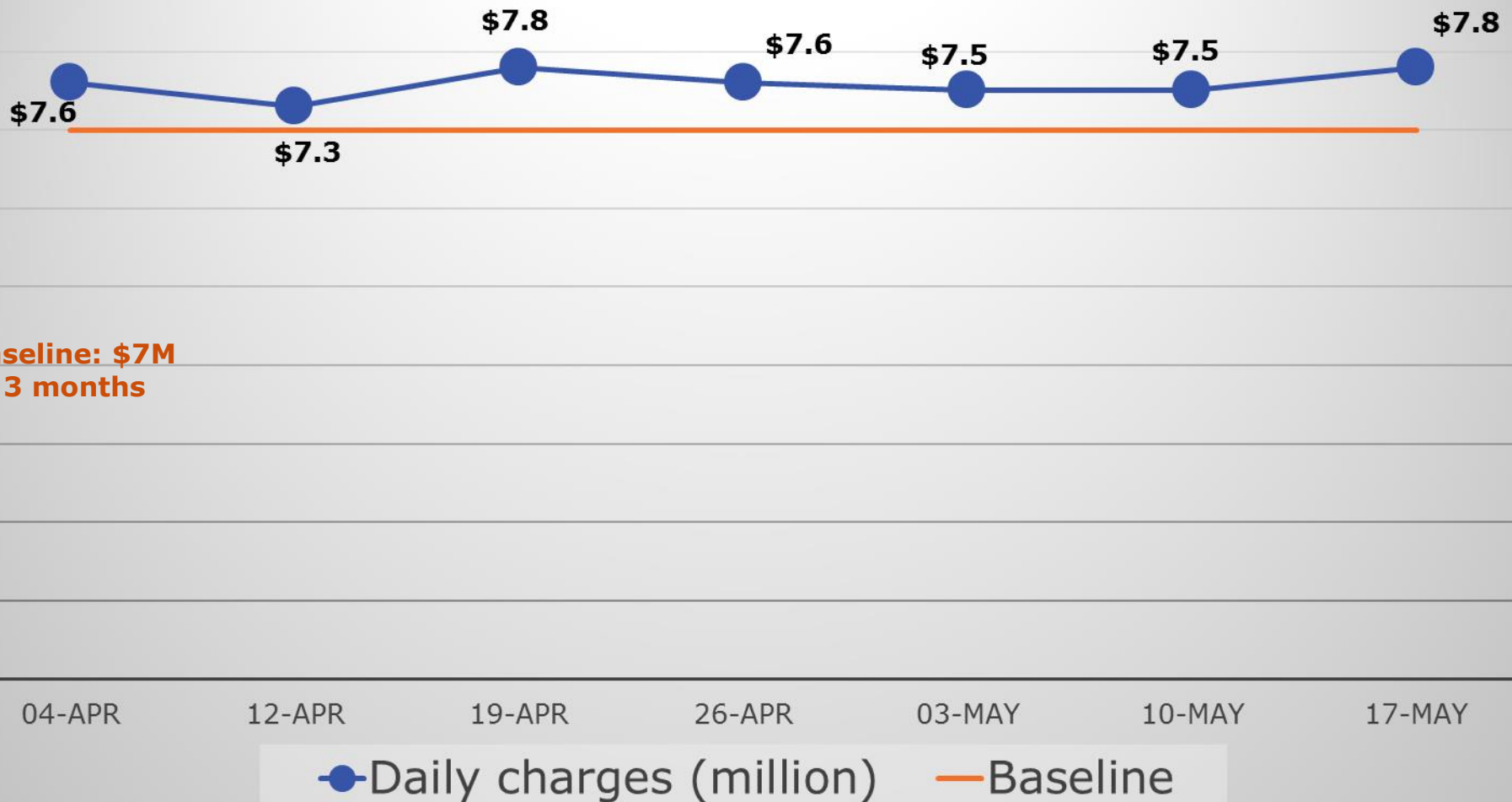
## OR Case Start & Average Delay

OR Case Start is not meeting target but average delay time is under baseline target



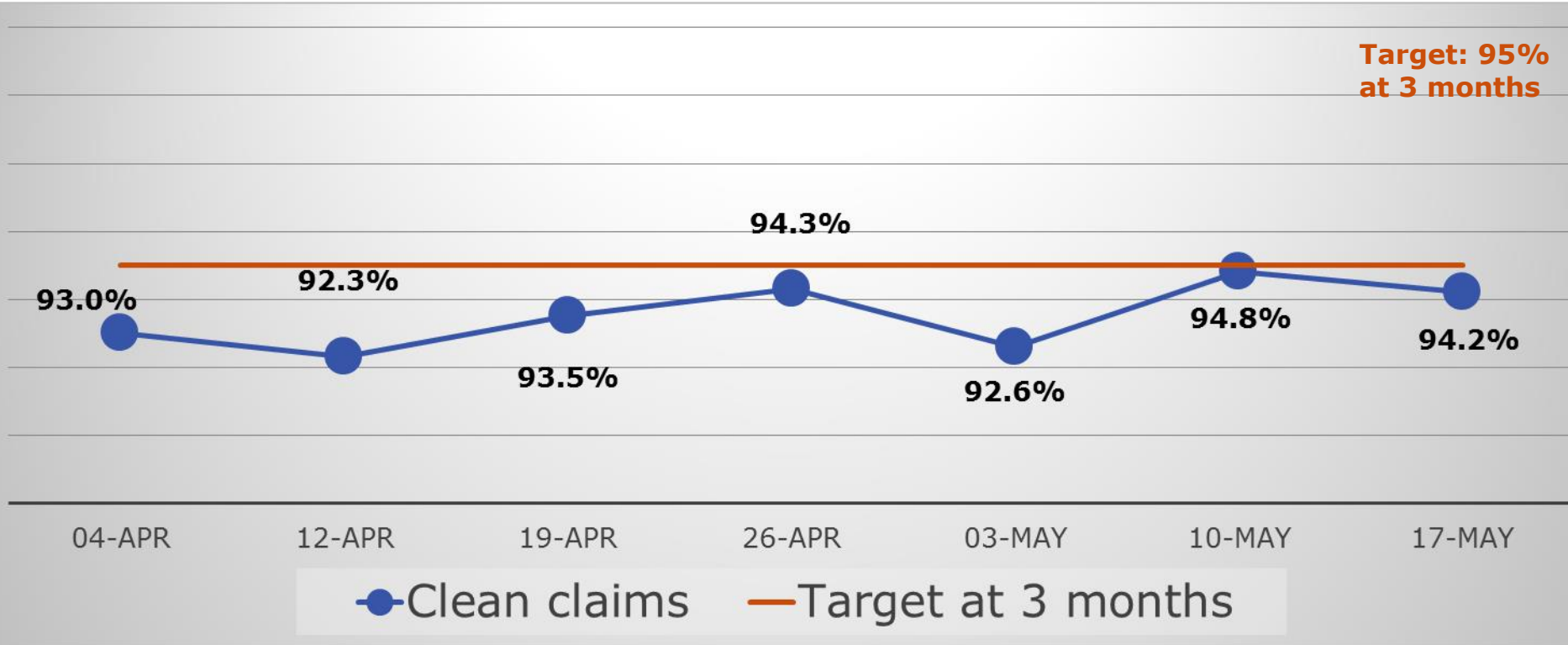
# Revenue Cycle Daily Charges

Charge capture is  
exceeding baseline



# Revenue Cycle Clean Claims

Very close to meeting goal of reaching 95% by end of May



## ATTACHMENT 8

## ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<ul style="list-style-type: none"> <li>• FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy</li> <li>• 2016 El Camino Hospital Community Health Needs Assessment</li> </ul> <p>Board Meeting Date: June 8, 2016</p>
<b>Responsible party:</b>	<p>Cecile Currier, VP of Corporate &amp; Community Health Services</p>
<b>Action requested:</b>	<p>For approval</p>
<p><b>Background:</b></p> <p><b><u>2016 El Camino Hospital Community Health Needs Assessment</u></b></p> <p>Per the Affordable Care Act, El Camino Hospital conducted a community health needs assessment from Spring 2015 through Spring 2016. The assessment was developed in collaboration with six other non-profit hospitals, Santa Clara County Public Health Department, the Hospital Council of Northern and Central California, and Palo Alto Medical Foundation. The documented health needs identified in the triennial assessment serve to inform the development of the hospital's annual Community Benefit Plan.</p> <p>The needs assessment process benefitted from the involvement of the Community Benefit Advisory Council (CBAC). Primary and secondary data collected in the assessment were presented to the CBAC. The Council participated in a formal prioritization and selection process to help determine which health needs the hospital would address in the next three years. Twelve health needs were identified and mapped to three priority areas: Healthy Body, Healthy Mind, and Healthy Community.</p> <p><b><u>FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy</u></b></p> <p>The CBAC was actively engaged in determining the recommendations for the FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy.</p> <p>The Plan contains the following components:</p> <ul style="list-style-type: none"> <li>• Overview of CHNA process</li> <li>• Grant proposals, organized by the three health priority areas, which include information on services, metrics, and funding</li> <li>• Financial Summary</li> </ul>	
<p><b>Committees that reviewed the issue and recommendation, if any:</b></p> <p>Community Benefit Advisory Council (CBAC)</p> <ul style="list-style-type: none"> <li>• The Council reviewed all grant proposals received for FY17.</li> </ul>	

## ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

	<ul style="list-style-type: none"><li>The Council provided guidance and grant funding recommendations for the FY17 Plan.</li></ul>
	<p><b>Summary and session objectives:</b></p> <ul style="list-style-type: none"><li>Provide an overview of the FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy, as informed by the 2016 El Camino Hospital Community Health Needs Assessment</li><li>Plan proposes to fund 37 grants for a total of \$3,060,697. The total plan, which includes the placeholder and sponsorships, is for \$3,310,697.</li></ul>
	<p><b>Suggested discussion questions:</b></p>
	<p><b>Proposed board motion, if any:</b></p> <p>To approve the FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy.</p>
	<p><b>LIST OF ATTACHMENTS:</b></p> <p>2016 El Camino Hospital Community Health Needs Assessment (8 attachments not included, available upon request)</p> <p>FY17 El Camino Hospital Community Benefit Plan &amp; Implementation Strategy</p>



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# 2016 Community Health Needs Assessment

March 2016





## Acknowledgments

El Camino Hospital gratefully acknowledges the contributions of the Santa Clara County Community Benefit Coalition for its work on this project. The Coalition members include:

- **El Camino Hospital**, Barbara Avery, Director of Community Benefit
- **Hospital Council of Northern & Central California**, Jeanette Murphy, Regional Office Coordinator
- **Hospital Council of Northern & Central California**, Jo Coffaro, Regional Vice President
- **Kaiser Permanente**, Amy Aken, Sr. Public Affairs Specialist
- **Kaiser Permanente**, Stephan Wahl, Community Health and Benefit Manager
- **Lucile Packard Children's Hospital Stanford**, Joseph Vaughan, Manager of Community Benefits
- **O'Connor Hospital & Saint Louise Regional Hospital**, Kel Kanady, Community Relations, Marketing Manager, Public Relations
- **Saint Louise Regional Hospital**, Sister Rachela Silvestri, D.C., R.N., Director of Community Health
- **Santa Clara County Public Health Department**, Anandi Sujeer, Manager Epidemiology and Vital Records
- **Stanford Health Care**, Sharon Keating Beauregard, Executive Director, Community Partnership Program
- **Sutter Health**, Janet Lederer, Vice President, Education Division, Sutter Health Regional Community Benefit



Applied Survey Research is a social research firm dedicated to helping people build better communities.

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El Camino Hospital would also like to recognize the following individuals for their tremendous effort on this project:

- **Applied Survey Research** - Lisa Colvig-Niclai
- **Applied Survey Research** - Melanie Espino
- **Applied Survey Research** - Jennifer van Stelle, Ph.D.
- **Applied Survey Research** - Angie Aguirre

El Camino Hospital especially recognizes the critical contribution of the Community Benefit Advisory Council for its guidance with this project:

**Community Benefit Advisory Council Members:**

- Barbara Avery (Chair), Director of Community Benefit, El Camino Hospital Mountain View and El Camino Hospital Los Gatos
- Bonnie Broderick, Director of Chronic Disease and Injury Prevention, Santa Clara County Public Health Department
- Cecile Currier, President, CONCERN-EAP; Vice President, Corporate & Community Health Services, El Camino Hospital
- Dr. Rhonda Farber, Past Superintendent, Campbell Union High School District
- Laura Macias, Past Councilmember and Mayor, City of Mountain View
- Dr. Cesar Molina, M.D., Physician and Medical Director of South Asian Heart Center, El Camino Hospital
- Naomi Nakano-Matsumoto, Past Executive Director, Community Health Awareness Council
- Dr. Anil Singhal, M.D., Physician, RotaCare Clinic Volunteer Physician and El Camino Hospital Foundation Board of Directors
- Marilyn Winkleby, Ph.D., M.P.H., Professor of Medicine and Director of the Office of Community Health, Stanford University School of Medicine

**Community Benefit Advisory Council Board Liaisons:**

- Peter Fung, M.D., F.A.C.P., F.A.A.N., F.A.H.A., El Camino Hospital Board Liaison, El Camino Hospital Board of Directors; El Camino Healthcare District Board of Directors
- Julia E. Miller, El Camino Healthcare District Board Liaison, El Camino Hospital Board of Directors; El Camino Healthcare District Board of Directors

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## EXECUTIVE SUMMARY

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### Overview of the Community Health Needs Assessment (CHNA)

The Santa Clara County Community Benefit Coalition (“the Coalition”) is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. It was formed in 1995 for the purpose of identifying and addressing critical health needs of the community. Every three years since 1995, the Coalition has worked together to conduct an extensive Community Health Needs Assessment (CHNA). This 2016 CHNA builds upon those earlier assessments.

Through this process, the Coalition uses data to identify health trends and to continue to address critical health needs. With this assessment, Coalition members, individually and collectively, will develop strategies to tackle these needs and improve the health and well-being of community members. As with prior CHNAs, this assessment highlights Santa Clara County’s strengths, assets, and resources.

The 2016 CHNA should serve as a tool for guiding policy and program planning efforts and is available to the public. For Coalition member hospitals, it serves to assist in developing Community Benefit Plans pursuant to California State Senate Bill 697, as well as assist in meeting Internal Revenue Service (IRS) requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the Affordable Care Act of 2010.<sup>1</sup>

### About El Camino Hospital & Its Community

El Camino Hospital (ECH) is an independent, nonprofit hospital with two campuses located in Mountain View and Los Gatos, California. El Camino Hospital’s patients come from most of the cities in Santa Clara County, but primarily, Mountain View, Sunnyvale, Los Altos, Los Altos Hills, Santa Clara, Los Gatos, Cupertino, Campbell, Saratoga, and San Jose.

### How Was El Camino Hospital’s Assessment Conducted?

The Coalition began the 2016 CHNA planning process in Fall 2014. The Coalition’s goal for the CHNA was to collectively gather community feedback and existing data about health status to inform the member hospitals’ respective needs prioritization and selection. The Coalition obtained community input during the winter and spring of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. The Coalition obtained secondary data from a variety of sources, including the public Community Commons data platform and the Santa Clara County Public Health Department. (See Attachment 3 for a complete list.)

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<sup>1</sup> For a copy of the full CHNA, see [www.elcaminohospital.org/CommunityBenefit](http://www.elcaminohospital.org/CommunityBenefit).

The health needs described in this report fall into one or more of the four categories described below:

- Health conditions: Diseases, impairments, or other states of ill health (physical or mental) that contribute to a poor health outcome.
- Health drivers: Behavioral, environmental, or clinical care factors that impact health. May be social determinants of health.
- Health outcomes: A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality.
- Social determinants of health: Conditions in which people are born, grow, live, work, and age. The distribution of money, power, and resources at global, national, and local levels shape these circumstances.

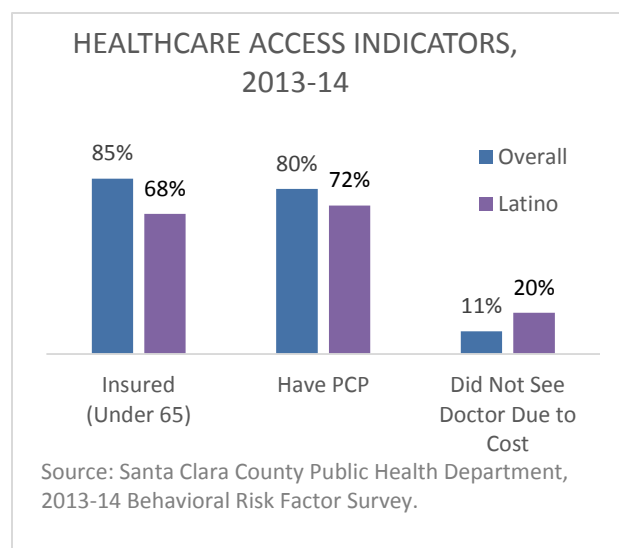
In September 2015, the Coalition identified health needs by synthesizing primary qualitative research and secondary data, and then filtering those needs against the following progressive criteria:

1. The issue fits the definition of a health need: A poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
2. More than one source of secondary and/or primary data suggests or confirms the issue.
3. It meets either qualitative or quantitative data criteria:
  - At least one related indicator performed poorly against the Healthy People 2020 (“HP2020”) benchmark or, if there was no HP2020 benchmark, against the state average.
  - The community prioritized it in three of the ten focus groups or it was mentioned by a key informant. To obtain information on community priorities for this assessment, the Coalition asked professionals and residents who participated in focus groups and key informant interviews to identify the top health needs of their clients and/or communities drawing on their own perceptions and experiences.

Based on community input and secondary data, the Coalition generated a list of health needs that reflect the community’s priorities.

## What Are the Priority Health Needs?

**1 Access to Healthcare & Healthcare Delivery** is a health need in Santa Clara County as demonstrated by the proportion of Latinos who are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost. For example, 68% of Latinos are insured compared to 85% of residents countywide. The need is a top priority for the community because of persistent barriers, such as lack of affordability (of insurance and services), linguistic isolation, and a perceived lack of both medical providers and culturally competent care.

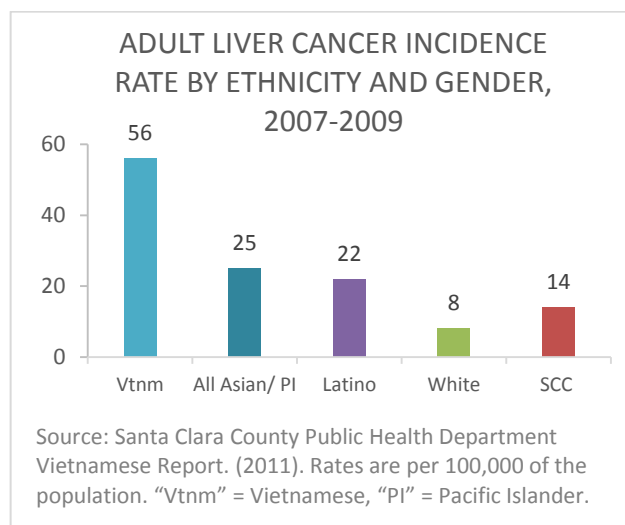


**2 Alzheimer’s Disease & Dementia** impact older adults, and the rates of these conditions are expected to rise along with the aging population. The age-adjusted death rate of Alzheimer’s disease in Santa Clara County in 2011 was 35.9 per 100,000, which was higher than the state overall in 2010 (30.1 per 100,000).<sup>2</sup>

**3 Behavioral Health** includes mental health, well-being, and substance use/abuse. Close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days. Six in ten county residents report being somewhat or very stressed about financial concerns. The community discussed the stigma that persists for those who experience mental illness. With regard to alcohol and substance abuse, the community expressed concern with the documented high rates of youth marijuana use and rising youth methamphetamine use.

**4 Birth Outcomes** are a health need in Santa Clara County as evidenced by stark racial and ethnic disparities. For instance, the mortality rate of Black infants (7.8 per 1,000) is higher than the HP2020 target (6.0 per 1,000).<sup>3</sup> Moreover, over a quarter of Blacks (29%) and Latinos (26%) experience inadequate prenatal care.<sup>4</sup>

**5 Cancer** was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths. Data show that colorectal and prostate cancer prevalence rates are higher than both the HP2020 target and the state average. Breast and cervical cancers disproportionately affect Whites; lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer as shown in the figure below.



<sup>2</sup> Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.

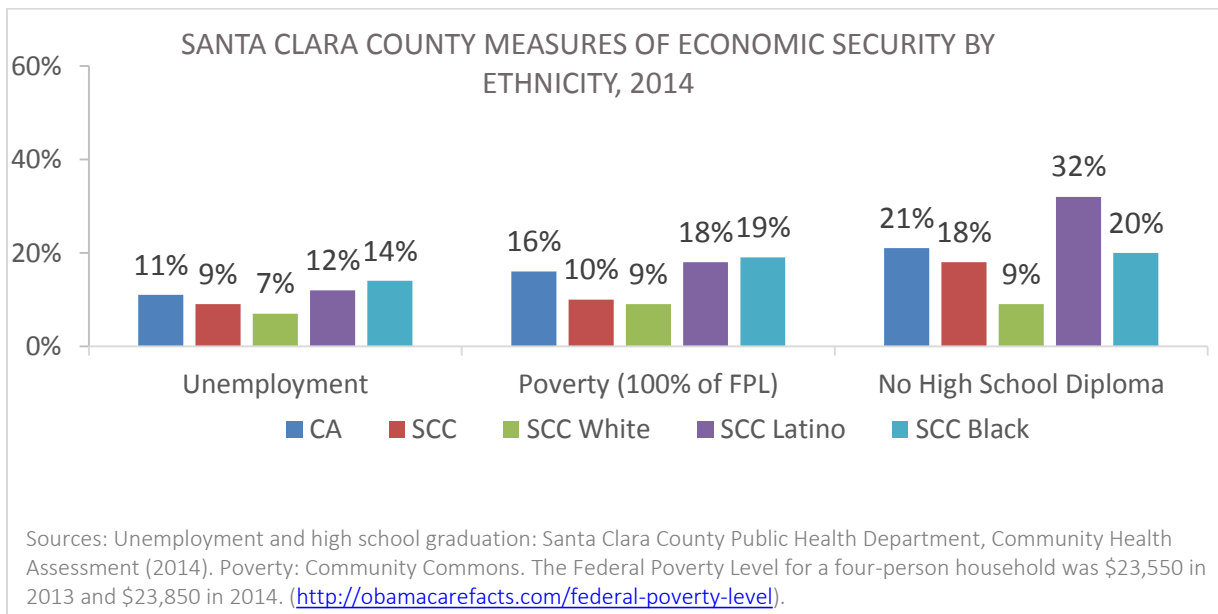
<sup>3</sup> California Department of Public Health, *Birth Profiles by Zip Code*, 2011.

<sup>4</sup> Ibid.

**6 Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of all deaths in the county. In addition, ethnic disparities exist in mortality rates of heart disease and stroke. Poor nutrition is a driver of cardiovascular diseases. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California overall, Santa Clara County has more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per capita.

**7 Communicable Diseases** are a health need in Santa Clara County as evidenced by high rates of tuberculosis (TB) and hepatitis B, which greatly exceed HP2020 targets, and the fact that influenza was the eighth leading cause of death in the county in 2013 accounting for 244 or 3% of deaths.

**8 Economic Security** is a need in Santa Clara County because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. As seen in the graph below, in 2014, 32% of Latinos did not graduate from high school, compared to 18% of residents countywide. In terms of poverty, the graph shows that 10% of Santa Clara County residents live below the Federal Poverty Level. However, the percentage living below the self-sufficiency standard, which is a more comprehensive measure of poverty, is higher (23%). The community expressed concern that income inequality and the wage gap contribute to poor health outcomes.



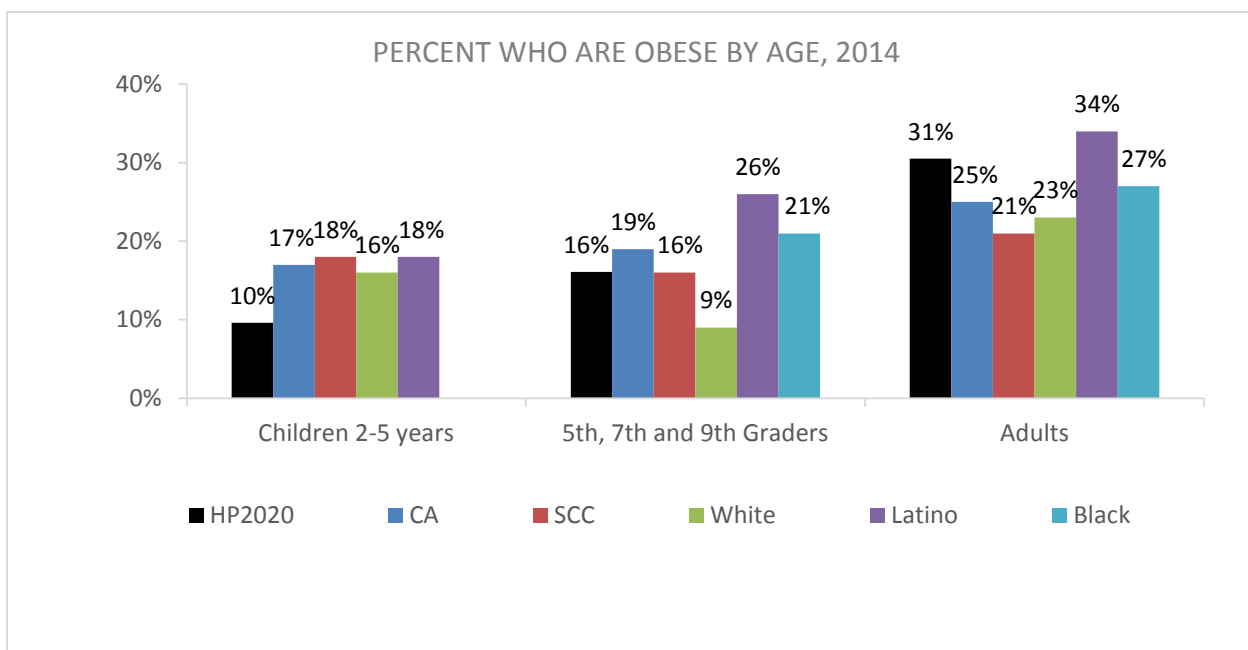
**9 Housing** is a health need because Santa Clara County is one of the most expensive places to live in California, and a lack of safe, stable housing contributes to poor physical and mental health outcomes. Rents increased significantly in the past five years in the San Jose-Sunnyvale-Santa Clara metropolitan area. Rents for a two-bedroom residence averaged \$1,994 in 2015, a 21% increase when compared to rents from 2013. Of mortgage-holders, a higher proportion of Blacks and Latinos spend 30% or more of household income on housing (52% and 59% respectively) compared to Santa Clara County overall (45%) and California (46%). Community focus group participants expressed housing and homelessness as a top concern.



**10 Hypertension** (abnormally high blood pressure) can lead to heart disease and stroke, which are the leading causes of death in the United States. More than a quarter (27%) of Santa Clara County residents have been diagnosed with high blood pressure. Blacks, men, and older adults are more likely to be diagnosed with high blood pressure than county residents overall.

**11 Learning Disabilities** are a health need because of the increasing proportion of county public school children who receive special education services, which is slightly greater than the state proportion. The percentage of Santa Clara County children enrolled in special education classes increased slightly between 2011 and 2015 from 9% to 10%.

**12 Obesity & Diabetes** and related health conditions are health needs because of the proportion of children and adolescents who are overweight and/or obese. Moreover, one in five adults are obese and the proportion is higher in the LGBTQ, Latino, and Black populations. As illustrated in the figure below, racial and ethnic disparities exist across all age groups in rates of overweight and obesity. Rates among Latinos and Blacks more often fail Healthy People 2020 targets.



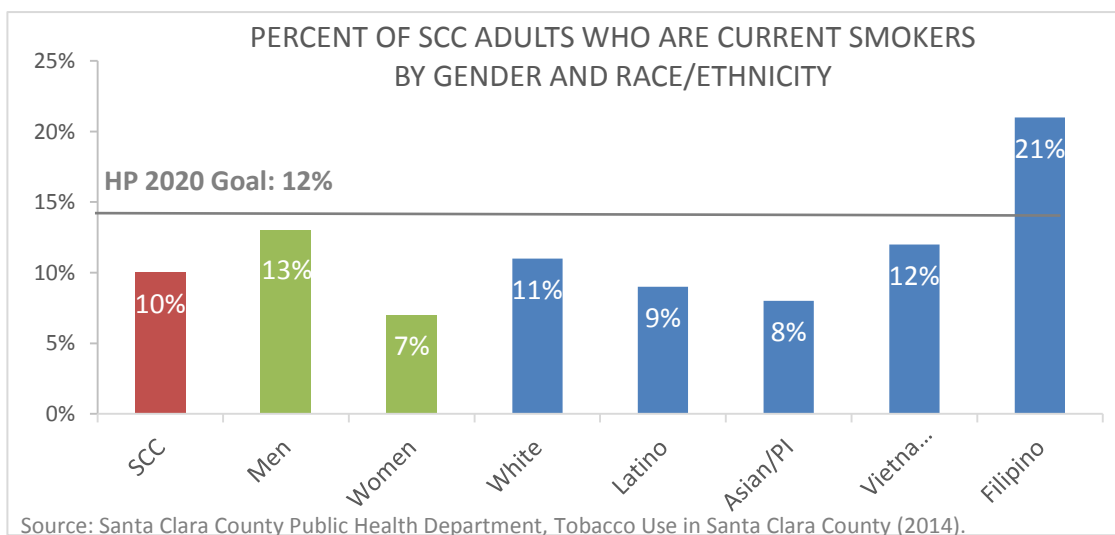
Source: CA Department of Health Care Services, Child Health and Disability Prevention Program, Pediatric Nutrition Surveillance 2010 Data (Kids); BRFS (5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> graders) Santa Clara County Public Health Department, Community Health Assessment (2014; Adults) .

**13 Oral & Dental Health** is a need in Santa Clara County illustrated by nearly two thirds (64%) of adults lacking dental insurance.<sup>5</sup> One in three adults have had tooth loss, and the statistics are worse for Black adults (49%).<sup>6</sup> Additionally, youth dental care utilization rates (15%) are worse than the state (19%).<sup>7</sup> The community expressed concern about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have it.

**14 Respiratory Conditions** are a health need in Santa Clara County as marked by racial and ethnic, economic, and geographic disparities in asthma prevalence and hospitalization rates. For example, those with household incomes of \$50,000-\$74,999 (25%), multiracial adults (22%), and Blacks (19%) have a higher prevalence of asthma than the county overall (14%).<sup>8</sup> The health need is likely impacted by health behaviors such as youth smoking (8%) and by issues in the physical environment such as air quality levels.

**15 Sexual Health (including sexually transmitted infections [STIs] and teen births)** data in Santa Clara County show ethnic disparities, especially for HIV incidence and births to teen mothers. Also, women are twice as likely to contract chlamydia as men, at a rate of 422.3 per 100,000 compared to 203.7.

**16 Tobacco Use** is a driver of cancer and respiratory conditions. One in ten Santa Clara County residents are current smokers, which is lower than the HP2020 target of 12%. However, as illustrated in the figure below, men are more likely to smoke than women (13% compared to 7%), and Filipinos have the highest smoking prevalence (21%) of all racial and ethnic groups. Moreover, smoking among non-White youth rose in the previous five years.



<sup>5</sup> Santa Clara County Public Health Department. *Behavioral Risk Factor Survey, 2013-2014*.

<sup>6</sup> Ibid.

<sup>7</sup> Centers for Disease Control & Prevention. *Behavioral Risk Factor Surveillance System, 2009*.

<sup>8</sup> Santa Clara County Public Health Department. *Behavioral Risk Factor Survey, 2013-2014*.

**17 Unintentional Injuries** are a concern in Santa Clara County because rates of deaths due to falls and adult drownings in the overall population are higher than Healthy People 2020 targets. In addition, we see that rates for some ethnic/racial groups exceed Healthy People 2020 targets in various injury categories. For example, death rates from pedestrian accidents among Latinos (2.2) and Asians (1.6) exceed the HP 2020 objective of 1.3 per 100,000.

**18 Violence & Abuse** in the county is a problem that disproportionately affects people of color, including adult homicide and domestic violence deaths. Also, a majority of youth report having been victims of physical, psychological, and/or cyber bullying. The community indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims.

For further details, including statistical data and citations, please consult the full health needs descriptions in the Identification & Prioritization of Health Needs Section, and the Health Needs Profiles appended to this report as Attachment 8. For details on community assets and resources that address the health needs, please refer to Attachment 7.

## Next Steps

After making this CHNA report publicly available in 2016, our hospital will solicit feedback and comments about the report for a period of three years. Our hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by November 15, 2016.

## From Assessment to Implementation

After reviewing the findings of the community health needs assessment, El Camino Hospital's Community Benefit Advisory Council (CBAC) selected 12 health needs to be addressed in fiscal years 2017-2019 with community benefit grant-funding. The graphic on the next page shows the health needs mapped to three health priority areas:



- Obesity & Diabetes
- Access to Healthcare & Delivery
- Oral & Dental Health
- Cancer
- Hypertension
- Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases
- Respiratory Conditions



- Behavioral Health
- Alzheimer's Disease & Dementia



- Violence & Abuse
- Unintentional Injuries (including falls)
- Economic Security

The Coalition selected health needs based on the following criteria:

1. A needs assessment process identified the issue as significant and important to a diverse group of community stakeholders.
2. The issue affects a relatively large number of individuals.
3. The issue has serious impact at the individual, family, or community level.
4. If left unaddressed, the issue is liable to become more serious.
5. The issue offers potential for program intervention that can result in measurable impact.
6. El Camino Hospital has the required expertise and/or human and financial resources to make an impact.

Furthermore, addressing the CBAC's health priority areas has the potential of impacting several of the other identified health needs based on the connection between many related health conditions and the preventative nature of the strategies funded to address them.

Detailed strategies and partners funded to address these needs are explained in further detail in the El Camino Hospital Community Benefit Plan & Implementation Strategy, upon Board approval. This CHNA will inform plans for the next three years.

## INTRODUCTION/BACKGROUND

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### The CHNA Effort

The Santa Clara County Community Benefit Coalition (“the Coalition”) is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern & Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. It formed in 1995 to identify and address critical health needs of the community. Every three years since 1995, the Coalition has worked together to conduct an extensive Community Health Needs Assessment (CHNA). This 2016 CHNA builds upon those earlier assessments. Through this process, the Coalition uses data to identify health trends to continue addressing critical health needs. With this assessment, Coalition members, individually and collectively, develop strategies to tackle these needs and improve the health and well-being of community members. Note that for the purposes of this assessment, “community health” is not limited to traditional health measures. This definition, in addition to the physical health of community members, includes indicators relating to the quality of life (e.g., access to healthcare, impact of new technology, affordable housing, child care, education, and employment), the physical, environmental, and social factors that influence the health of the county’s residents. This reflects the Coalition’s philosophy that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of healthcare. As with prior CHNAs, this assessment also highlights Santa Clara County’s strengths, assets, and resources.

The 2016 CHNA is designed to serve as a tool for guiding policy and program planning efforts and is available to the public. For Coalition member hospitals, it serves to assist in developing Community Benefit Plans pursuant to California State Senate Bill 697, as well as assist in meeting Internal Revenue Service (IRS) requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the Affordable Care Act of 2010.

## ABOUT EL CAMINO HOSPITAL

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El Camino Hospital is an acute-care, 443-bed, nonprofit and locally governed organization with campuses in Mountain View and Los Gatos, California. Key medical specialties include cancer, heart and vascular, men's health, mental health, neuroscience, orthopedic and spine, senior health, urology, and the first Women's Hospital in Northern California. In fiscal year 2015, El Camino Hospital had 19,081 outpatient visits and 201,508 inpatient visits, and delivered 5,090 babies.

### Our Mission

It is the mission of El Camino Hospital to be an innovative, publicly accountable and locally controlled comprehensive healthcare organization that cares for the sick, relieves suffering, and provides quality, cost-competitive services to improve the health and well-being of the community.

### Brief History

Local voters approved the formation of a district in 1956 by a 12-to-1 margin. The Santa Clara County Board of Supervisors appointed a five-member board for the district. The board's first decision was the selection of a 20-acre orchard on Grant Road in Mountain View as the site for the new hospital, and the Board chose the name "El Camino Hospital." In 1957, voters approved a \$7.3 million bond issue, again by a large margin, to finance the building and operation of the hospital. Construction of the four-story hospital began in 1958. By 1961, all necessary preparations had been made and the hospital admitted its first patients on September 1, 1961.

Continuing a steady pace of growth over the next several decades, the hospital added an array of community need-based services, including an outpatient surgery center, family birthing center, emergency, radiology and intensive care facilities, a psychiatric unit, and senior resource center. During the hospital's third decade in the community, the Board established the El Camino Hospital Foundation to raise charitable contributions in support of the hospital.

In 2006, after the second groundbreaking event in El Camino Hospital's history, construction began on the new seismically compliant main hospital building at the Mountain View campus. Three years later, after a festive ribbon cutting and community day with more than 8,000 people taking tours of the new facilities, the new state-of-the-art hospital in Mountain View opened on November 15, 2009.

In 2008, the hospital acquired the assets of the former Community Hospital of Los Gatos. The former owners closed the hospital in April 2009, but a fully renovated and staffed El Camino Hospital Los Gatos reopened within 90 days of the closure in July 2009. The 143-bed hospital continues to offer full service, acute care to residents of Los Gatos and surrounding communities, just as it had been doing since it first opened in 1962.

## Specialty Care and Innovation

El Camino Hospital provides specialty programs and clinical areas of distinction that are highly regarded throughout the Bay Area. Some programs and accomplishments unique to the hospital are:

- Regional leader in performing robotic-assisted surgery
- Cardiovascular specialists who were among the researchers to introduce CoreValve and MitraClip, two minimally invasive valve treatments
- Highest volume program on the West Coast in performing bronchial thermoplasty, a novel procedure to treat severe asthma
- One of the first comprehensive Men's Health Programs in California and the U.S.
- The Cancer Center's five-year survival rates for breast, colon, prostate and lung cancers exceed national benchmarks
- A nationally certified cardiac and pulmonary rehabilitation program – the first in the region – offering comprehensive recovery services
- One of the few Bay Area hospitals to offer neurointervention, a minimally invasive way to treat brain conditions
- Founding sponsor of the PulsePoint app, a life-saving smartphone app that alerts CPR-trained citizens of nearby cardiac arrests
- South Asian Heart Center, a heart health education and lifestyle modification program for the South Asian community
- Chinese Health Initiative, a health education and support program tailored to the health disparities and cultural preferences of the Chinese community

El Camino Hospital is also recognized as a national leader in the use of health information technology and wireless communications, and has been awarded the Gold Seal of Approval from The Joint Commission as a Primary Stroke Center as well as three consecutive American Nurses Credentialing Center (ANCC) Magnet Recognitions for Nursing Care.

## About El Camino Hospital's Community Benefit Program

For more than 50 years, El Camino Hospital has provided healthcare services beyond its walls – crossing barriers of age, education, and income level – to serve the people of its region – because a healthier community benefits everyone.

Building a healthier community requires a combined effort. It has been the privilege of El Camino Hospital to collaborate with community members who have a special understanding of health disparities in local cities, as well as organizations with missions similar to ours. Working together has vastly multiplied El Camino Hospital's ability to make a difference.

El Camino Hospital, in partnership with El Camino Healthcare District, provides funding through the Community Benefit Program in the form of grants and sponsorships that demonstrate an ability to impact the health needs of underserved and at-risk community members.

Integral to the process is the valuable guidance the Hospital receives from the Community Benefit Advisory Council (CBAC). The CBAC is comprised of Board members, physicians, and representatives from the community who have knowledge about local disparate health needs.

The CBAC's recommendations for grant funding are included in the annual Community Benefit Plan and Implementation Strategy, which is presented to the El Camino Hospital Board of Directors for review and approval.

Every year, the Hospital publishes a Community Benefit Report to inform the community about the partnerships created to improve the health of vulnerable populations both through direct services and expansive prevention initiatives.

## Demographic Profile of Community Served

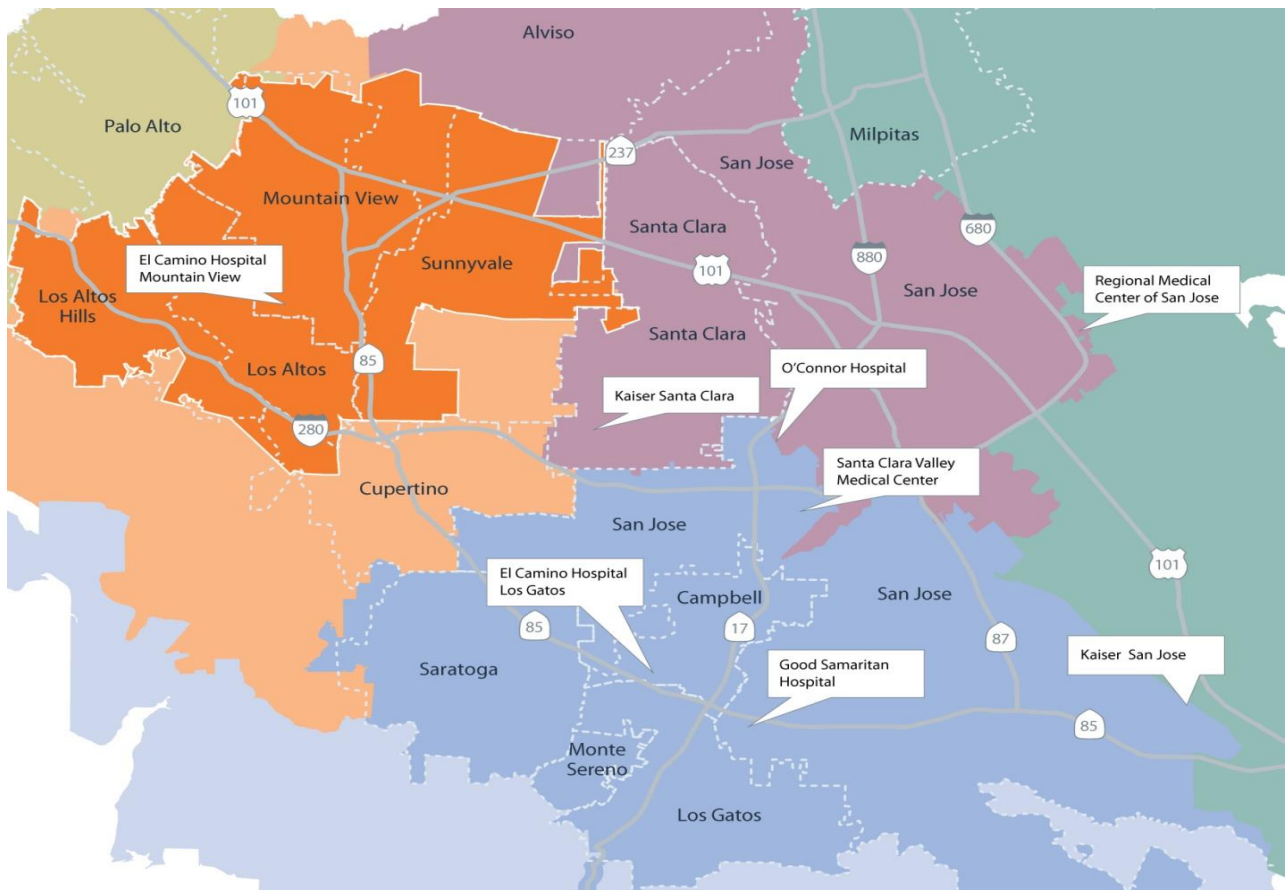
The IRS defines the "community served" by a hospital as those individuals residing within its geographic service area and that this community is inclusive of low-income or underserved populations. El Camino Hospital's community includes most of the cities of Santa Clara County. These cities are listed in the following table:

Regions, Cities, and Towns Served by El Camino Hospital

North County	West County	Mid-County
Sunnyvale	Cupertino	Santa Clara
Mountain View	Monte Sereno	Campbell
Los Altos	Saratoga	San Jose
Los Altos Hills	Los Gatos	
Loyola		



## Map of Communities Served by El Camino Hospital



### El Camino Hospital Market Areas

- |   |   |
|---|---|
| <span style="display: inline-block; width: 15px; height: 15px; background-color: orange; border: 1px solid black; margin-right: 5px;"></span> El Camino Healthcare District | <span style="display: inline-block; width: 15px; height: 15px; background-color: purple; border: 1px solid black; margin-right: 5px;"></span> East Primary    |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgreen; border: 1px solid black; margin-right: 5px;"></span> North Secondary           | <span style="display: inline-block; width: 15px; height: 15px; background-color: teal; border: 1px solid black; margin-right: 5px;"></span> East Secondary    |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: lightorange; border: 1px solid black; margin-right: 5px;"></span> Mountain View Primary    | <span style="display: inline-block; width: 15px; height: 15px; background-color: blue; border: 1px solid black; margin-right: 5px;"></span> Los Gatos Primary |

El Camino Hospital's primary market area is the area in which the majority of its inpatients reside. The El Camino Healthcare District sits within El Camino Hospital Mountain View's primary service area. El Camino Hospital also provides care to residents in the secondary market with primarily specialized care such as cardiovascular surgery, high-risk obstetrics, and/or cancer care.

## Santa Clara County

El Camino Hospital is located in Santa Clara County. The 2014 estimated Santa Clara County population is 1.8 million people, making it the sixth-largest county in California by population. The total population for the El Camino Hospital community is 1.5 million people. Approximately 11% of the population is linguistically isolated in the county overall and in the El Camino Hospital community. These areas have a similar age distribution, with one quarter (24%) of the population under the age of 18, 12% are 65 years or older, and 64% are 18 to 64. As illustrated in the table below, these geographic areas are also very diverse. Notably, less than half (48%) of the population in the El Camino Hospital community is White and 39% are foreign-born, making it slightly more racially and ethnically diverse than Santa Clara County overall.

### Race/Ethnicity

Race/Ethnicity	Santa Clara County %	ECH Community %
<b>White</b>	54	48
<b>Black</b>	3	3
<b>American Indian/Alaskan Native</b>	1	<1
<b>Asian</b>	35	34
<b>Pacific Islander/Native Hawaiian</b>	<1	<1
<b>Some Other Race</b>	11	9
<b>Two or More Races</b>	5	5
<b>Latino (of Any Race)</b>	27	27

Source: U.S. Census Bureau, American Community Survey (2009-2013 5-Year Estimates).

\*Note: Percents do not add to 100% because they overlap. ECH Community data are averages of cities served by ECH.

### Foreign-Born by Race/Ethnicity

Race/Ethnicity	SCC Foreign-Born %	ECH Community Foreign-Born %
<b>Any race</b>	37	39

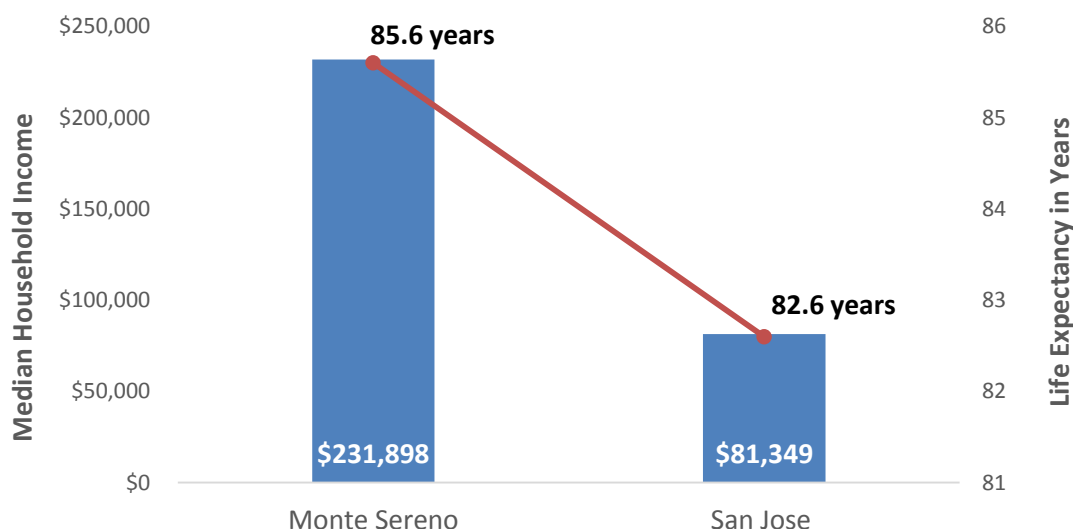
Source: U.S. Census Bureau, American Community Survey (2010-2014 5-Year Estimates).

Retrieved from factfinder.census.gov, April 2016.

## Social Determinants of Health

Two key social determinants, income and education, have a significant impact on health outcomes. As the following chart illustrates, Monte Sereno, which has the highest median household income in Santa Clara County, has an average life expectancy three years greater than San Jose, which has the lowest median household income in the county.

Income in Life Expectancy of SCC Cities with the Highest and Lowest Median Household Incomes



Source: Santa Clara County Public Health Department, Monte Sereno Profile 2015 and San Jose Profile 2015.

Santa Clara County has one of the highest annual median incomes in the country and one of the highest costs of living. The median household income is \$91,201, which is far higher than California (\$59,645) and higher than neighboring San Mateo County (\$86,245).<sup>9</sup> As displayed in the following chart, about half of the population lives in households with incomes of \$100,000 or more, about one-fourth live in households with incomes between \$50,000 and \$100,000, and another fourth live below \$50,000. The data are similar for households residing in the El Camino Hospital community.

*Santa Clara County has one of the highest annual median incomes in the country and one of the highest costs of living.*

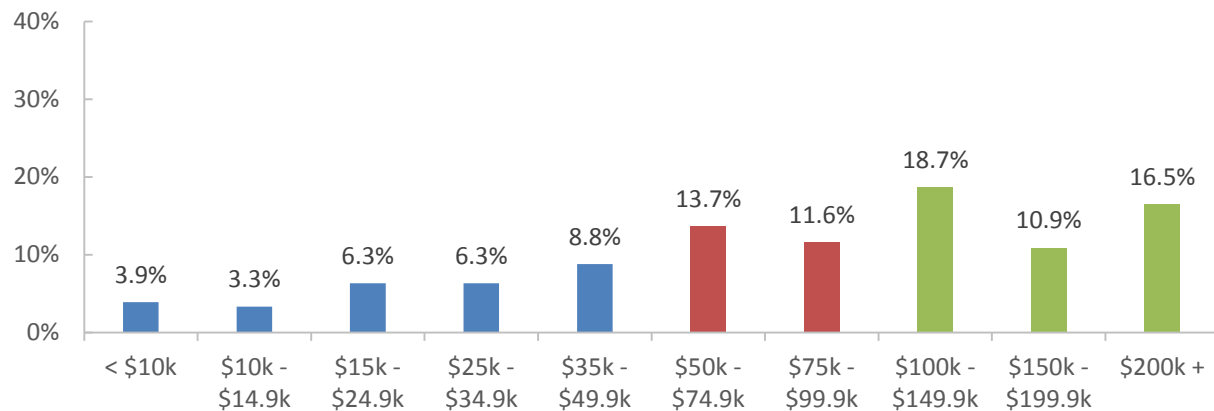
### Comparing poverty measures for family of 4:

2014 Federal Poverty Level: \$23,850

2014 Economic Self-Sufficiency Standard: \$63,979

<sup>9</sup> U.S. Census Bureau, American Community Survey (2011-2013 3-Year Estimates).

## Percent of Santa Clara County Households by Income Range



Source: U.S. Census Bureau, American Community Survey (2011-2013 3-Year Estimates). Blue bars include the \$0-50k income range, red bars include the \$50-100k income range, and green bars include the \$100k and over income range.

Despite the fact that half of households in the county earn more than \$100k per year, approximately 23% of residents in Santa Clara County and the El Camino Hospital community live below 200% of the Federal Poverty Level. In addition, 38% of the children in Santa Clara County are eligible for free or reduced-price lunch, and the percentage is slightly higher for the El Camino Hospital community (39%). Santa Clara County housing costs are high; the 2015 median home price is \$900,000<sup>10</sup> and average rents are more than \$2,000 in Santa Clara County.<sup>11</sup> The following map identifies where high concentrations of the population are living in poverty and where populations living without a high school diploma overlap. One in ten people in the County and El Camino Hospital community are uninsured and 13% have less than a high school diploma.<sup>12</sup>

<sup>10</sup> Avalos, G. "Home Prices Soar to Records in Santa Clara and Alameda Counties." [San Jose Mercury News](#).

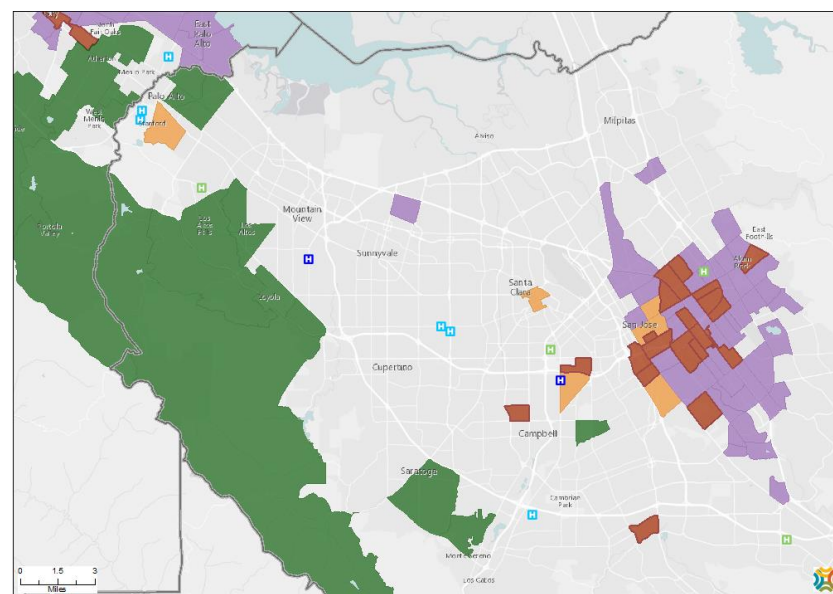
<sup>11</sup> Santa Clara County and Applied Survey Research. *Santa Clara County Homeless Census Point-in-Time Census and Survey Comprehensive Report 2015*.

<sup>12</sup> U.S. Census Bureau. American Community Survey (2009-13 5-Year Estimates). Retrieved from Community Commons.

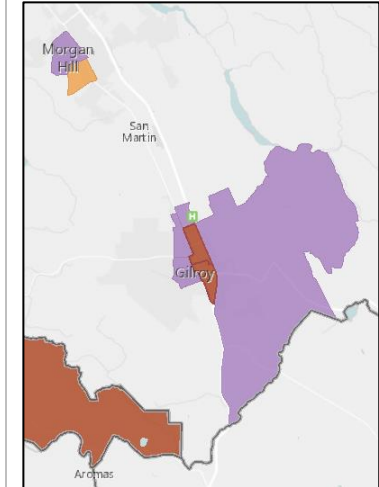
## Santa Clara County Vulnerability Footprint

- Population (25% or more) living at or below 100% of FPL
- Population (25% or more) aged 25 and older and lacking high school diploma
- Population (25% or more) both lacking high school diploma and living at or below 100% of FPL
- Population (top 20% of earners) has a mean income that is at least double the county mean income.

### North/Central County



### South County



Source: U.S. Census Bureau. American Community Survey (2008-12 5-Year Estimates).

## The Affordable Care Act in California and Santa Clara County

Following the institution of the ACA in January 2014, Medi-Cal expanded in California to low-income adults who were not previously eligible for coverage. Specifically, non-disabled adults now qualify if they earn less than 138% of the Federal Poverty Level (\$15,856 annually for an individual).<sup>13</sup> In 2014, “Covered California,” a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. Americans and legal residents with incomes between 138% and 400% of the federal poverty level can benefit from subsidized premiums through the exchange.<sup>14</sup>

Between 2013 and 2014, there was a 12% drop in the number of uninsured Californians aged 18-64 years old (from 16% to 12%), according to data cited by the California Healthcare Foundation.<sup>15</sup> In a March 2015 memo to the Secretary of the California Health and Human Services Agency in support of the Medi-Cal 2020 Waiver Renewal, the County of Santa Clara Board of Supervisors reported that approximately 150,000 Santa Clara County residents remained uninsured, and that over 20,000 people had been enrolled in the Low-Income Health Program under the “Bridge to Reform” Waiver (who were subsequently enrolled in Medi-Cal upon expansion).<sup>16</sup>

Although many thousands of county residents have obtained health insurance for the first time, concern remains about health insurance costs and the cost of care, as well as access to timely appointments. As discussed later in this report, residents (including those whose insurance plans did not change since ACA) are experiencing difficulties with getting timely appointments for care, which they attribute to the lack of healthcare professionals. This is supported by evidence that there was a significant decrease in the proportion of Californians who were able to get an appointment in a timely manner (from 91% in 2013 to 87% in 2014) and the increase in the proportion of Californians who said they had gone without care because they could not get an appointment (from 5% in 2013 to 8% in 2014).<sup>17</sup> In addition, professionals who participated in this assessment expressed specific concern about the lack of sufficient doctors and clinics that accept Medi-Cal and/or Denti-Cal insurance.

While 2014 survey data are informative in understanding initial changes in healthcare access, a clearer picture on what healthcare access looks like will be forthcoming in future CHNA reports.

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<sup>13</sup> In addition to disabled adults, non-disabled adults who qualified before ACA included those who qualified for CalWORKS; Supplemental Security Income and State Supplemental Program (SSI/SSP); Entrant or Refugee Cash Assistance (ECA or RCA); In-Home Supportive Services (IHSS); or Foster Care or Adoption Assistance Program.

<sup>14</sup> Health for California Insurance Center. *Covered California*. Retrieved from <http://www.healthforcalifornia.com/covered-california>.

<sup>15</sup> California Healthcare Foundation. *Fresh Data on ACA 411 Show Impacts of Health Reform*. Retrieved Nov. 1, 2015 from <http://www.chcf.org/articles/2015/08/fresh-data-aca-411>.

<sup>16</sup> County of Santa Clara Board of Supervisors, *Medi-Cal 2020 Waiver Renewal- Support*, 2015. Retrieved from [http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/SCC\\_Letter.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/SCC_Letter.pdf)

<sup>17</sup> California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from <http://www.chcf.org/aca-411>

## ASSESSMENT TEAM

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### Hospitals & Other Partner Organizations

- El Camino Hospital (Mountain View and Los Gatos Hospitals)
- Hospital Council of Northern & Central California
- Kaiser Permanente South Bay (Santa Clara and San Jose Kaiser Foundation Hospitals)
- Lucile Packard Children's Hospital Stanford
- O'Connor Hospital
- Stanford Health Care
- Saint Louise Regional Hospital
- Santa Clara County Public Health Department
- Sutter Health

### Identity & Qualifications of Consultants

Applied Survey Research (ASR), a nonprofit social research firm, completed this CHNA. For this assessment, ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identification of community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

ASR's expertise in community assessments is well-recognized nationally. It accomplishes successful assessments by using mixed research methods to help understand the needs in question, and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders. The project leaders for this assessment were Lisa Colvig-Niclai, M.A., Jennifer van Stelle, Ph.D., and Melanie Espino, who bring complementary skill sets and various schools of thought. More information about ASR can be found at [www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org).

## CHNA 2013 NEEDS & EVALUATION FINDINGS

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In 2012-13, the Hospital participated in a collaborative process to identify community health needs and meet the IRS requirements of the CHNA. The Hospital posted the 2013 CHNA on its public website, and solicited feedback (written comments) by email (CommunityBenefit\_ECH@elcaminohospital.org), accessible where the report is available ([www.elcaminohospital.org/chna](http://www.elcaminohospital.org/chna)) and an electronic “Message” form accessible at [www.elcaminohospital.org/contact-us](http://www.elcaminohospital.org/contact-us). Feedback is monitored and responded to by staff of the El Camino Hospital Community Benefit Program. (At the time of this CHNA report development, the Hospital had received one written comment about the 2013 CHNA report inquiring if the report would be updated in 2014.)

During this first federally-mandated CHNA study, the research focused on identifying health conditions and secondarily the drivers of those conditions (including healthcare access). As a member of the Santa Clara County Community Benefit Coalition, the Hospital helped to identify the health needs found in the list below. For the 2016 CHNA, the Coalition built upon this work by using the list of identified needs below and delving deeper into questions about healthcare access, delivery, barriers to care, and solutions. The Coalition also specifically sought to understand how the full implementation of the Affordable Care Act in 2014 impacted residents’ access to healthcare, including affordability of care.

### Santa Clara County 2013 Countywide Prioritized Health Needs

IDENTIFIED COUNTYWIDE HEALTH NEED	HEALTH NEED CHOSEN BY THE HOSPITAL
Alzheimer’s Disease	YES
Birth Outcomes	NO
Cancer	YES
Cardiovascular & Heart Disease, Stroke	YES
Diabetes	YES
Poor Mental Health	YES
Obesity	YES
Poor Oral/Dental Health	YES
Respiratory Conditions	YES
STDs/HIV-AIDS	NO
Substance Use (ATOD)	NO
Unintentional Injuries (Falls)	YES
Violence	NO

Note: The countywide CHNA process in 2013 lacked statistical data on unintentional injuries. El Camino Hospital requested that the consultants include additional data on this topic, and based on these additional statistical data along with the primary (qualitative) data from the CHNA process, El Camino Hospital identified Unintentional Injuries as a health need.

While the Community Benefit Coalition prioritized health-related drivers in 2013, the cross-cutting driver, Access to Healthcare Services, was not scored during the prioritization process. The Coalition classified Access to Healthcare as a separate health need after prioritization took place.



## Evaluation Findings of 2013-2016 Implemented Strategies

Implementation of strategies identified in El Camino Hospital's 2013 CHNA began in July 2013. In December 2014, the IRS published its final regulations that require hospitals to report on the impact of implemented strategies. The following tables describe the evaluation of community benefit programs funded through June 30, 2015, for the period of FY 2014 – FY 2015. In FY14, El Camino Hospital's Community Benefit investment totaled \$53,412,629, while in FY15 the amount was \$52,084,189. For grants and sponsorship funding, the FY14 investment amounted to \$1,304,751, and in FY15 it was \$2,713,079.

### El Camino Hospital Community Benefit Dashboard FY14

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Healthcare Access (Primary, Oral, and Chronic Conditions Care)	<b>School District 1</b> <i>School nurse program</i>	• Students served	3,903	3,963
		• Uninsured students who have applied for insurance	60%	62%
		• Students with failed health screening at schools with improved attendance	80%	82%
		• Students identified as needing urgent dental care through on-site screenings who saw a dentist	80%	74%
		• Schools with at least 25% of staff CPR certified	83%	83%
	<b>School District 2</b> <i>School nurse program</i>	• Students served	1,850	1,857
		• Uninsured students who have applied for insurance	80%	88%
		• Students who failed vision or hearing screening and saw a healthcare provider	69%	76%
		• Students identified as needing urgent dental care through on-site screenings who saw a dentist	75%	76%
		• Students absent 10% or more and who improved their attendance by 2 days or more over a 2-month period	60%	60%
		• Kindergartners who received a well-care exam by the end of school year as measured by the receipt of a completed CHDP (Child Health & Disability Prevention) "Health Exam for School Entry" form	60%	50%
	<b>School District 3</b> <i>School nurse program</i>	• Students served- 3 schools	2,600	3,112
		• Students who failed health screening who received healthcare provider visits	67%	70%
		• Students identified as needing urgent dental care through on-site screenings who saw a dentist	50%	63%
		• Incoming 7 <sup>th</sup> -grade students compliant with Tdap	90%	92%
	<b>Program 1</b> <i>Advocacy for low-income families and teen parents</i>	• Children served	72	88
		• Services provided	500	500
		• Children meeting the CHDP periodicity schedule	95%	95%
		• Children identified with developmental delays linked to mental health and/or Program 1 services within 30 days of identification	95%	100%
		• Children flagged for non-attendance (4 consecutive days for other than minor medical reasons) receiving referrals for support services	25%	26%
		• Families with an identified need (per Family Needs Assessment) receiving services within 60 days with follow up conducted every 60 days	90%	95%

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Healthcare Access (Primary, Oral, and Chronic Conditions Care)	<b>Program 2</b> <i>Orthodontic services</i>	<ul style="list-style-type: none"> <li>Number of youth receiving orthodontic services</li> <li>Orthodontic services provided</li> <li>Social workers who report "Yes Absolutely" to the survey question, "Orthodontic treatment had a positive impact on their client's wellbeing and self-esteem"</li> </ul>	35 400 80%	38 421 100%
	<b>Program 3</b> <i>Medical care and shelter for homeless patients</i>	<ul style="list-style-type: none"> <li>Patients served (full program)</li> <li>Patients served from El Camino Hospital Los Gatos (ECH LG)</li> <li>Linkage to Primary Care Home</li> <li>Discharged to interim or permanent housing</li> <li>Avoided hospital days (full program)</li> <li>Avoided hospital days (ECH LG)</li> </ul>	120 2 92% 87% 480 8	131 1 93% 80% 484 4
Mental Health Access	<b>Community Based Organization (CBO) 1</b> <i>School counseling services at and countywide crisis program for children and families</i>	<ul style="list-style-type: none"> <li>Individuals served by Addiction Prevention Services (APS)</li> <li>Services provided by APS</li> <li>Youth participating in individual and group counseling who show a 50% improvement in positive behavior and attitude, as assessed by Youth Development, Parent Development and School Staff Surveys</li> <li>Youth participating in the Holistic Intervention Prevention Partnership who show a 50% or greater improvement in change as measured by the surveys identified above</li> <li>Parents/caregivers who demonstrate an increase in knowledge of the topics presented and a better understanding of how to access services for their child as measured by APS Satisfaction Survey</li> <li>Youth served by Child and Adolescent Mobile Crisis Program (CACP)</li> <li>Non-recidivist youths served by CACP who are able to stay with their families</li> </ul>	2,150 2,625 75% 81% 95% 40 71%	2,943 2,711 84% 88% 98% 88 76%
	<b>CBO 2</b> <i>Psychiatric services and medication management</i>	<ul style="list-style-type: none"> <li>Patients served</li> <li>Psychiatry, therapy, and/ or case management visits</li> <li>Actively managed patients who obtain housing</li> <li>Psychiatric patients not hospitalized in a 12 month period</li> </ul>	100 500 10 85%	171 365 13 85%
	<b>CBO 3</b> <i>Senior Wellness Program</i>	<ul style="list-style-type: none"> <li>Seniors served</li> <li>encounters/ sessions</li> <li>Seniors with 2 point improvement in PHQ-9 depression survey results</li> </ul>	150 400 85%	135 603 81%
	<b>CBO 4</b> <i>Daybreak Care and Home Care and Golden Gateway Programs</i>	<ul style="list-style-type: none"> <li>Seniors served</li> <li>Services provided</li> <li>Seniors with 3 point improvement in PHQ-9 depression survey results</li> </ul>	30 270 70%	19 330 68%
	<b>Foundation 1</b> <i>Training in the Principles of Recovery</i>	<ul style="list-style-type: none"> <li>Mental health professionals trained</li> <li>Training hours provided</li> <li>Respondents who "strongly agree/agree" that immersion training enhanced their knowledge and improved service delivery to clients</li> </ul>	30 600 90%	30 600 91%
	<b>CBO 5</b> <i>Counseling and medication management for uninsured</i>	<ul style="list-style-type: none"> <li>Patients served</li> <li>Services provided</li> <li>Patients avoiding hospitalization for 12 months after admission</li> <li>Patients who show a 10% improvement on the Global Assessment of Functioning Scale</li> </ul>	22 162 99% 95%	26 164 99% 96%

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Healthy Eating, Physical Activity and Obesity	<b>CBO 6</b> <i>School-based physical activities program for students</i>	<ul style="list-style-type: none"> <li>Students served- 3 schools</li> <li>Teachers reporting moderate to significant increase in physical activity</li> <li>Teachers reporting moderate to significant decrease in bullying</li> <li>Teachers reporting increase in students' healthy play</li> <li>Teachers reporting increases in "positive impact on reduction in disciplinary action" and "positive impact on school climate"</li> </ul>	1,500 90% 45% 85% 90%	1,791 95% 90% 93% 93%
	<b>Initiative 1</b> <i>School-based physical activities program for low-income students</i>	<ul style="list-style-type: none"> <li>Students served</li> <li>Initiative 1 "Focus Girls" who are observed to have improved behavior and attitudes toward physical activity, healthy eating, and life skills taught each week</li> <li>Initiative 1 "Focus Girls" who self-report two or more positive effects of program participation</li> <li>Average weekly attendance</li> </ul>	130 80% 90% 80%	130 100% 100% 78%
	<b>Program 4</b> <i>School-based nutrition and physical activity program</i>	<ul style="list-style-type: none"> <li>Students served</li> <li>Increase in students who are physically active one or more hours per day (weekdays; pre-/post survey)</li> <li>Increase in students who limit sweetened beverages to 0-1 per day (pre/post survey)</li> <li>Increase in students reporting that a balanced diet includes eating 5 fruits/vegetables per day</li> </ul>	800 20% 50% 40%	850 21% 59% 39%
	<b>CBO 7</b> <i>Case-management and referrals for low-income families</i>	<ul style="list-style-type: none"> <li>Clients served in case management</li> <li>Clients participating in Benefit Clinics</li> <li>Contacts made by case manager offering information and referrals</li> <li>Clients who sign up for public benefits</li> <li>Households moved out of food insecurity and out of poverty</li> <li>Case managed clients who increase in 3 of the 18 domains measured by Self Sufficiency Index</li> </ul>	100 120 2,700 80% 10 households 75%	118 122 2,722 100% 22 74%
	<b>Library 1</b> <i>Health information and Eldercare consultations</i>	<ul style="list-style-type: none"> <li>Community members served</li> <li>Clients who strongly agree or agree with the question, eldercare referrals appropriate to my needs</li> <li>Clients who strongly agree or agree with the question, increase my knowledge of care options</li> <li>Clients who strongly agree or agree with the question, the library has proven valuable in helping me manage my health or health of a friend or family member</li> <li>Clients who strongly agree or agree with the question library information appropriate to my needs</li> </ul>	1,400 95% 95% 65% 80%	1,399 95% 94% 85% 95%
	<b>Program 5</b> <i>On-line health education curriculum</i>	<ul style="list-style-type: none"> <li>Schools served</li> <li>Teachers who report improvement in students' health knowledge</li> <li>Teachers who report satisfaction with program</li> </ul>	198 70% 90%	143 94% 90%
Community Health Education and Health Literacy	<b>Initiative 2</b> <i>Health education and support for Chinese community</i>	<ul style="list-style-type: none"> <li>Individuals served</li> <li>Services (including education/training, screening and referrals)</li> <li>Screened participants who are vaccinated or monitored through their physicians</li> <li>Participants who strongly agree or agree with the statement, program education and screening events help me better manage my health</li> </ul>	150 375 50% 80%	220 460 63% 94%
	<b>CBO 8</b> <i>Health education and lifestyle modification for South Asian Community</i>	<ul style="list-style-type: none"> <li>Participants screened</li> <li>Number of assessment, lifestyle intervention, and coaching touch-points</li> <li>Reduction in triglycerides in retest follow-up of participants</li> <li>Improvement in number of participants consuming 3+ vegetable servings per day</li> </ul>	100 700 11% 8%	115 733 17% 12%
	<b>CBO 9</b> <i>Countywide campaign for Hepatitis B prevention</i>	<ul style="list-style-type: none"> <li>Individuals receiving information regarding hepatitis B at community events</li> <li>Individuals screened and tested for hepatitis B at Hep B Free events</li> <li>Clinicians who sign the Clinicians Honor Roll to pledge that they will follow CDC testing guidelines</li> </ul>	1,000 400 100	1,500 348 26
	<b>CBO 10</b>	<ul style="list-style-type: none"> <li>Individuals served</li> <li>Emergency Medical Services (EMS)/ first responders trained in falls prevention</li> <li>Emergency Medical Services (EMS) workers who report increased knowledge after training</li> <li>Community members who report confidence they will engage in falls prevention behavior learned at presentations</li> </ul>	2,500 100 90% 85%	2,594 60 90% 93%

## El Camino Hospital Community Benefit Dashboard FY15

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Health Care Access (Primary, Oral, and Chronic Conditions Care)	<b>School District 1</b> <i>School nurse program</i>	<ul style="list-style-type: none"> <li>Students served</li> <li>Uninsured students who have applied for insurance</li> <li>Students with failed health screening who saw a healthcare provider</li> <li>Students identified as needing urgent dental care through on-site screenings who saw a dentist</li> <li>Schools with at least 25% of staff CPR certified</li> </ul>	3,902 62% 70% 80% 85%	4,102 79% 77% 77% 85%
	<b>School District 2</b> <i>School nurse program</i>	<ul style="list-style-type: none"> <li>Students served- 3 schools</li> <li>Students who failed health screening and saw a healthcare provider</li> <li>Teachers who accessed HealthTeacher materials</li> <li>Kindergarten and second-grade students identified with urgent dental care needs screenings who saw a dentist</li> <li>Incoming 7<sup>th</sup>-grade students compliant with Tdap</li> </ul>	3,100 70% 50% 50% 93%	3,075 88% 49% 51.9% 94.5%
	<b>Program 1</b> <i>Advocacy for low income families and teen parents</i>	<ul style="list-style-type: none"> <li>Children served</li> <li>Services provided</li> <li>Children meeting the CHDP periodicity schedule</li> <li>Children identified as not having received all recommended procedures for an earlier age brought up to date</li> <li>Children with a dental home, receiving oral health exams and treatment</li> <li>Parents participating in educational opportunities</li> <li>Families with an identified need (per Family Needs Assessment) receiving services within 60 days with follow up conducted every 60 days.</li> </ul>	88 500 95% 90% 95% 25% 95%	88 523 96% 92% 95% 27% 95%
	<b>Program 2</b>	<ul style="list-style-type: none"> <li>Clients served</li> <li>Services (rides)</li> <li>Strongly agree" or "agree" with the statement, having RoadRunners (RR) services helped in maintaining my independence</li> <li>Strongly agree" or "agree" with the statement, having RoadRunners (RR) made it possible to get to my medical appointments</li> </ul>	100 480 90% 95%	48 567 94% 95%
	<b>Program 3</b> <i>Orthodontic services</i>	<ul style="list-style-type: none"> <li>Children served</li> <li>Services provided</li> <li>Youth at mid-treatment and completing orthodontic services who report being satisfied with their orthodontic care</li> <li>Social workers of youth at mid-treatment and completing orthodontic services who indicate that orthodontic care has had a positive impact on clients' well-being and self-esteem</li> </ul>	51 1,046 75% 75%	52 1,083 97% 94%
	<b>Program 4</b> <i>Medical care and shelter for homeless patients</i>	<ul style="list-style-type: none"> <li>Patients served (nine hospitals in collaborative) / ECH</li> <li>Linked to primary care physician</li> <li>Discharged to interim or permanent housing</li> <li>Avoided hospital days</li> </ul>	140/2 92% 75% 500	183/2 91% 70% 584
	<b>Community Based Organization (CBO) 1</b>	<ul style="list-style-type: none"> <li>Services provided by APS</li> <li>Youth served by Child and Adolescent Mobile Crisis Program (CACP)</li> <li>Youth participating in individual and group counseling showing a 50% improvement in positive behavior and attitude</li> <li>Youth participating in the Holistic Intervention Prevention Partnership who show a 50% or greater improvement in change</li> <li>Parents/caregivers who demonstrate an increase in knowledge of the topics presented and a better understanding of how to access services for their child</li> <li>Non-recidivist youths served by CACP hospital diversion rate</li> <li>Non-recidivist youths served by CACP who are able to stay with their families</li> </ul>	2,775 40 75% 81% 95% 70% 71%	2,811 40 78% 86% 98% 70% 71%
Mental Health Access				

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Mental Health Access	<b>CBO 2</b> <i>Psychiatric services and medication management</i>	<ul style="list-style-type: none"> <li>• Patients served</li> <li>• Psychiatry, therapy and/ or case management visits</li> <li>• Actively managed patients who obtain housing</li> <li>• Psychiatric patients not hospitalized in a 12 month period</li> </ul>	125 500 12 85%	165 687 12 85%
	<b>CBO 3</b>	<ul style="list-style-type: none"> <li>• Seniors screened for depression</li> <li>• Seniors enrolled in Healthy IDEAS</li> <li>• Healthy IDEAS encounters</li> <li>• Healthy IDEAS clients with decrease in score on Geriatric Depression Scale-15</li> <li>• Healthy IDEAS clients reporting new knowledge and skills to maintain mental health</li> </ul>	150 40 400 85% 85%	160 64 322 96% 84%
	<b>Foundation 1</b> <i>Training in the Principles of Recovery</i>	<ul style="list-style-type: none"> <li>• Mental health professionals trained</li> <li>• Training hours provided</li> <li>• Respondents who "strongly agree" or "agree" that immersion training enhanced their knowledge and improved service delivery to clients</li> </ul>	28 504 90%	28 504 96%
	<b>CBO 4</b> <i>Counseling and medication management for uninsured</i>	<ul style="list-style-type: none"> <li>• Patients served</li> <li>• Services provided</li> <li>• Patients avoiding psychiatric hospitalization for 12 months after admission</li> <li>• Patients who demonstrate a 10% improvement on the Global Functioning Scale (GAF)</li> <li>• Patients who demonstrate improvement on the PHQ-9 from admission to discharge</li> </ul>	22 180 90% 95% 95%	22 168 100% 90% 95%
	<b>Hospital 1</b>	<ul style="list-style-type: none"> <li>• Older adults served</li> <li>• Encounters provided by a Geriatric Psychiatrist</li> <li>• Encounters provided by a Psychiatric Nurse Practitioner</li> <li>• Older adults who received access to care with a Geriatric Psychiatrist or Psychiatric Nurse Practitioner within 10 days of initial contact</li> <li>• Older adults who received care from a Geriatric Psychiatrist or Psychiatric Nurse Practitioner who saw at least a one category improvement (mild, moderate, or severe) of anxiety as measured by the GAD-7 assessment tool</li> <li>• Older adults who received care from a Geriatric Psychiatrist or Psychiatric Nurse Practitioner who saw a one category improvement (mild, moderate, moderately severe, or severe) of depression as measured by the PHQ-9 assessment tool</li> </ul>	80 652  490  90% 80% 80%	115 715  94  100% 76% 82%
	<b>School District 3</b> <i>School-based mental health services</i>	<ul style="list-style-type: none"> <li>• Students served through classroom intervention</li> <li>• Students served in individual/group counseling</li> <li>• Counseling sessions provided</li> <li>• Case management interactions</li> <li>• Students (receiving counseling services) who increased days of attendance (at least 10% by 6 months and 25% by year end) compared to previous year</li> <li>• Students (receiving counseling services) earning a 2.0 GPA or higher in a 12 month period</li> <li>• Reduction of incidences of high risk behavior that may result in suspension or discipline referrals for students receiving counseling services compared to previous year</li> </ul>	500 30 400 30 20%  15% 15%	877 53 241 50 15% 59% 0%
	<b>School District 4</b> <i>School-based mental health services</i>	<ul style="list-style-type: none"> <li>• Students served in individual/group counseling</li> <li>• Counseling sessions provided</li> <li>• Students who improved on treatment plan goals by 20% in 6 months and 50% by end of school year</li> <li>• Students who improved from pre-test to post-test on the Strength and Difficulties Questionnaire by 50%</li> </ul>	110 1,800 90% 75%	134 2,000 90% 60%

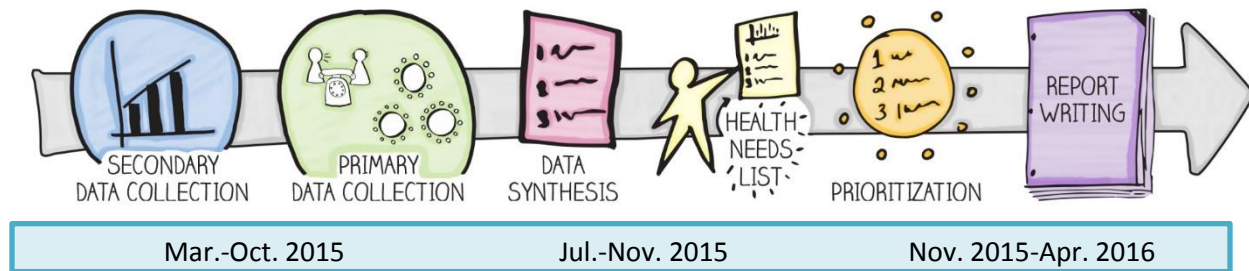
Category	Partner	Goals/Metrics	Annual Target	Annual Total
Healthy Eating, Physical Activity and Obesity	<b>Library 1</b> <i>Caregiver Program</i>	• Number of Family Caregivers enrolled in program	75	75
		• Caregivers who log on to linkAges system at least once a month	50%	90%
		• Percentage of caregivers who attend planned activities/events per program period	65%	65%
		• Percentage of participants who increase number of steps per week from baseline to end of program period (6 months)	60%	74%
	<b>CBO 5</b> <i>School-based physical activities program for students</i>	• Students served- 3 schools	1,700	1,745
		• Teachers/administrators reporting increase in students who are physically active and engaged in healthy play	90%	100%
		• Teachers/administrators reporting decrease in time spent in class resolving conflicts	85%	87%
		• Teachers/administrators reporting time spent in class resolving conflicts	85%	87%
		• Teachers/administrators reporting decrease in number of bullying incidents	85%	82%
		• Teachers/administrators reporting a reduction in disciplinary incidents	85%	82%
	<b>Initiative 1</b> <i>School-based physical activities program for low-income students</i>	• Students served	96	131
		• Group encounters	47	26
		• "Focus Girls" observed to have improved behavior or attitude	80%	100%
		• Average weekly attendance	80%	81%
Community Health Education and Health Literacy	<b>Program 5</b> <i>School-based nutrition and physical activity program</i>	• Total individuals served (unduplicated)	2,500	2,946
		• Students who report being active one or more hours per day after 5210 engagement	50%	60%
		• Students who limit sweetened beverages to 0-1 per day after 5210 engagement	70%	71%
		• Students who report the knowledge that a balanced diet includes eating 5 fruit/vegetables per day after program engagement	80%	83%
	<b>CBO 6</b> <i>Challenge Diabetes Program</i>	• Clients educated about Challenge Diabetes program	400	1,490
		• Participants enrolled in program	200	282
		• Completion of Pre-screening and Post-screening	200	245
		• Participants with increased knowledge of risks and causes of diabetes	30%	18%
		• Participants who have made at least one lifestyle improvement (Increased consumption of fruits/vegetables, decreased consumption of high sugar/high fat foods, and/or increased physical activity)	30%	59.5%
	<b>CBO 7</b> <i>Case-management and referrals for low-income families</i>	• Case management clients	120	120
		• Clients participating in Benefit Clinics	144	231
		• Clients participating in nutritional and education workshops	36	219
		• Contacts made by case manager offering information and referral	3,376	3,380
		• Clients who sign up for public benefits	85%	70%
		• Households moved out of food insecurity and out of poverty	12	18
Community Health Education and Health Literacy	<b>Library 2</b> <i>Health Information and Eldercare consultations</i>	• Case managed clients who increase in 3 of the 18 domains measured by Self Sufficiency Index	80%	80%
		• Community members served	1,400	1,314
		• Clients who "strongly agree" or "agree" with the question, eldercare referrals appropriate to my needs	95%	98%
		• Clients who "strongly agree" or "agree" with the question, increase my knowledge of care options	95%	95%
Community Health Education and Health Literacy		• Clients who "strongly agree" or "agree" with the question, the library has proven valuable in helping me manage my health or health of a friend or family member	65%	78%

Category	Partner	Goals/Metrics	Annual Target	Annual Total
Community Health Education and Health Literacy	<b>Program 6</b> <i>Online health education curriculum</i>	<ul style="list-style-type: none"> <li>• Schools served</li> <li>• Physical activity breaks played (GoNoodle)</li> <li>• GoNoodle monthly active users as % of total staff</li> <li>• Teachers who report improvement in students' health knowledge</li> <li>• Teachers who report they are satisfied with GoNoodle program</li> <li>• Teachers who report they believe in the benefit of GoNoodle for their students' performance in the classroom</li> <li>• Teachers who report using HealthTeacher improved students' health behaviors</li> </ul>	145 7,228 14% 90% 95% 90% 85%	153 80,597 57% 91% 99% 90% 83%
	<b>Initiative 2</b> <i>Health education and support for Chinese community</i>	<ul style="list-style-type: none"> <li>• Individuals served</li> <li>• Services (including education/training, screening, and referrals)</li> <li>• Develop and distribute a resource guide to 150 Chinese seniors</li> <li>• Participants who strongly agree or agree with the statement, program education and screening events help me better manage my health</li> </ul>	75 400 150 80%	97 475 271 99%
	<b>CBO 8</b> <i>Health education and lifestyle modification for South Asian community</i>	<ul style="list-style-type: none"> <li>• Individuals receiving information regarding hepatitis B at community events</li> <li>• Individuals screened and tested for hepatitis B at Hep B Free events</li> <li>• Clinicians who sign the Clinicians Honor Roll to pledge that they will follow CDC testing guidelines</li> </ul>	1,000 6,700 80	860 7,222 89
	<b>CBO 9</b>	<ul style="list-style-type: none"> <li>• Community members served</li> <li>• Organizations receiving technical assistance</li> <li>• Presentations and health fairs delivered</li> <li>• Community members who report they will engage in falls prevention behavior learned at presentations</li> <li>• Hits on Website</li> <li>• Participants who report confidence in their ability to protect themselves, reduction in concerns about falling, and intention to exercise appropriate to their needs</li> <li>• Organizations reached through Falls Prevention Awareness Day activities</li> </ul>	2,500 10 35 85% 3,500 85% 30	2,638 14 38 90% 4,029 90% 30
	<b>CBO 10</b> <i>Systems Innovation</i>	<ul style="list-style-type: none"> <li>• Participants enrolled</li> <li>• Participants 60+ years</li> <li>• Participants reporting a reduction in feelings of loneliness and isolation</li> <li>• Participating seniors reporting increased connections with surrounding communities</li> <li>• Number of TimeBank exchanges</li> <li>• Number of hours exchanged by participants</li> </ul>	600 180 60% 70% 600 1,200	531 254 88% 57% 871 1,701
	<b>CBO 11</b> <i>Intensive geriatric case management and transitions assistance to older adults</i>	<ul style="list-style-type: none"> <li>• Participants attending outreach events and educational presentations targeting Latino populations</li> <li>• Participants of outreach and educational who "agree" or "strongly agree" they increased their understanding of the signs and symptoms of Alzheimer's disease )</li> <li>• Staff and volunteers trained in best practices for working with Latino populations</li> <li>• Participants involved in the training will "agree" or "strongly agree" that they learned best practices in Latino outreach strategies and communication</li> <li>• Increased number of Helpline calls received from Latino families</li> </ul>	200 90% 40 90% 8%	1,036 100% 53 92% 61%
	<b>CBO 12</b> <i>Intensive geriatric case management and transitions assistance to older adults</i>	<ul style="list-style-type: none"> <li>• Households served through case management</li> <li>• Clients participating in workshops and other socialization activities to build self-sufficiency</li> <li>• Encounters made by case manager offering information and referrals</li> <li>• Isolated households connected to community services and improving their self-sufficiency</li> <li>• Case managed clients who increased in 3 of the 18 domains measured by Self-Sufficiency Index</li> </ul>	20 20 160 10 30%	20 61 180 10 66%

## PROCESS & METHODS

The Coalition worked in collaboration on the primary and secondary data requirements of the 2016 CHNA. The CHNA data collection process took place over eight months and culminated in ASR writing a report for the Coalition in March of 2016.

### The Community Benefit Coalition of Santa Clara County's CHNA Process



The Coalition contracted with ASR to collect secondary quantitative (statistical) data, secondary qualitative data via Santa Clara County Public Health Department reports, and primary qualitative data via key informant interviews and focus groups.

### Data Sources of CHNA Input





## Secondary Quantitative & Qualitative Data Collection

ASR analyzed over 200 quantitative health indicators to assist the Coalition with understanding the health needs in Santa Clara County and assessing their priority in the community (See Attachment 4 for list). Data from existing sources were collected using the Community Commons data platform<sup>18</sup> and other online sources. ASR collected sub-county data where available.

In addition, ASR collected quantitative and qualitative secondary data from multiple Santa Clara County Public Health Department sources:

- 2014 Santa Clara County Community Health Assessment
- Behavioral Risk Factors Survey (BRFS) Quick Facts 2014
- Status of African/African Ancestry Health: Santa Clara County, 2014
- Status of LGBTQ Health: Santa Clara County, 2013
- Status of Vietnamese Health: Santa Clara County, 2011
- HIV/AIDS Epidemic in Santa Clara County, 2012

As a further framework for the assessment, the Coalition requested that ASR address the following questions in its analysis:

- How do these indicators perform against accepted benchmarks (Healthy People 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in the community?

Healthy People is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent set of objectives are for the year 2020 (HP2020), and were updated in 2012 to reflect the most accurate population data available.<sup>19</sup>

Regarding secondary qualitative data, in 2013 the Santa Clara County Board of Supervisors funded studies that shed light on key health issues for the LGBTQ and African/African Ancestry communities. The Status of LGBTQ Health: Santa Clara County 2013 report studied key priority health issues for the diverse lesbian, gay, bisexual, transgender, and queer communities of Santa Clara County. The African/African Ancestry Health Assessment studied health issues for those of African ancestry, with attention to the different experiences and needs of those who are foreign-born and native-born. Both of these reports include findings from community conversations with these populations, and include a specific effort to understand the experiences of LGBTQ residents who are of African Ancestry (Black and African-American).

In 2013, the lack of information about these populations was cited as an information gap (due to lack of statistical data on these small populations). The inclusion of these two important reports fills that gap and contributes to the understanding of the health needs of LGBTQ residents and Black residents.

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<sup>18</sup> Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) system, [www.communitycommons.org](http://www.communitycommons.org).

<sup>19</sup> <http://www.healthypeople.gov>

## Primary Qualitative Data (Community Input)

ASR conducted primary research for this assessment. It used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals who represent and/or serve the community, and focus groups with community members (residents).

The assessment included input from various populations:<sup>20</sup>

- Low-income
- Minorities (e.g., Latinos and Vietnamese)
- The medically underserved
- Linguistically isolated populations
- Youth
- Older adults
- Undocumented immigrants

ASR conducted three out of five resident focus groups in languages other than English and intentionally recruited people with low-incomes.

The Coalition also sought to build upon the 2013 CHNA by focusing the primary research on the community's perception of health and experience with healthcare access. There was a particular focus on the impact of the Affordable Care Act (ACA) since the California healthcare exchange was not fully enacted until after the data were collected for the 2013 CHNA.

Each focus group and interview was recorded and summarized as a stand-alone piece of data. When all data had been collected, the team used NVivo, a qualitative research software tool, to analyze the information. ASR then tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. This tabulation was used in part to assess community health priorities.

## Community Leader Input

In all, ASR solicited input from almost 100 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. Multiple community leaders participated from each of these types of agencies:

- Santa Clara County Public Health Department and Behavioral Health Services
- Santa Clara Valley Medical Center (County) clinics
- Hospitals and healthcare systems
- Health insurance navigators
- Mental/behavioral health or violence prevention providers
- School systems

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<sup>20</sup> The IRS requires that community input include low-income, minority, and the medically underserved populations.

- Nonprofit community-based organizations serving children, youth, seniors, parents, immigrants, those experiencing homelessness, and those with dementia, mental health, and substance use disorders

Many of these leaders and representatives participated in key informant interviews or focus groups, and others participated in an online survey (described below). See Attachment 5 for the list of CHNA participants, along with their expertise and mode of consultation (focus group or key informant interview).

### Community Leader Survey

ASR invited 65 community leaders with expertise in serving the community to participate in an online survey in July 2015. The survey asked participants to rank a list of health needs in Santa Clara County and invited them to add other needs to the list. There were 49 responses to the survey which reflected a range of expertise. Participants' organizations included behavioral health agencies, agencies that help families with basic needs, school systems, and other nonprofits. The results of the survey were combined with input gathered through focus groups and key informant interviews to determine the community's priorities. Participants also contributed information about the current assets and resources available to meet health needs, which was incorporated into the information found in Attachment 7.

### Health Expert Key Informant Interviews

In April and May 2015, ASR conducted primary research via key informant interviews with five Santa Clara County experts from various organizations in the health sector. It interviewed experts in person or by telephone for approximately one hour. ASR asked informants to identify the top needs of their constituencies, to give their perceptions about how access to healthcare has changed in the post-Affordable Care Act environment, to explain which barriers to good health or addressing health needs exist, and to share which solutions may improve health (including existing resources and policy changes).

#### Details of Key Informant Interviews

AGENCY	EXPERTISE	DATE
Santa Clara County Dental Society	Oral health	4/30/15
Community Health Partnership	Un/underinsured	5/8/15
Pediatric Healthy Lifestyle Center (Sunnyvale)	Pediatric diabetes	5/13/15
Santa Clara County Public Health	Public health	5/21/15
School Health Clinics of Santa Clara County	Child health including immigrants	6/5/15

### Community Leader Focus Groups

ASR conducted five focus groups with community leaders between April and September 2015. Sixty-eight professionals participated in the focus groups. The discussion centered on the following four questions, which were modified appropriately for the audience. (See Attachment 6 for detailed focus group protocols.)

- What are the unmet health needs that you see in Santa Clara County? Which are the most pressing among the people you serve/represent? How are the needs changing?
- How has the Affordable Care Act impacted access to healthcare, including insurance and adequate healthcare services, of the people you serve/represent?

3. What drivers or barriers are impacting unmet health needs?
4. What policies or resources exist or are needed to impact the health needs?

#### Details of Focus Groups with Professionals

FOCUS	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Homeless	Destination Home	4/28/15	24
Medically underserved	Community Health Partnership	5/15/15	8
Older adults	Alzheimer's Association	5/19/15	10
Mental health/Substance use	Behavioral Health Contractors' Association of Santa Clara County	5/28/15	12
South County	Community Solutions	9/18/15	14

Please see Attachment 5 for a full list of community leaders/stakeholders consulted and their credentials.

#### Resident Input

ASR held five focus groups with community members. To provide a voice to the community it serves in Santa Clara County, the assessment team targeted participants who are medically underserved, low-income, minority (including the linguistically isolated), and those who were socially isolated (older adults). ASR planned these resident groups in various geographic locations around the county. Nonprofit hosts, such as the Community Health Partnership, which serves uninsured residents, recruited participants. ASR conducted resident focus groups between April and October 2015. The discussion centered on the following four questions, which were modified appropriately for the audience. (See Attachment 6 for detailed focus group protocols.)

1. What are the unmet health needs in this community, and which are the most pressing?
2. How has the Affordable Care Act impacted your access to healthcare, including insurance, adequate healthcare benefits, primary or preventative care, and ER use?
3. What drivers or barriers are impacting your access to healthcare?
4. What do you suggest to improve the health conditions we talked about?

## Details of Focus Groups with Residents

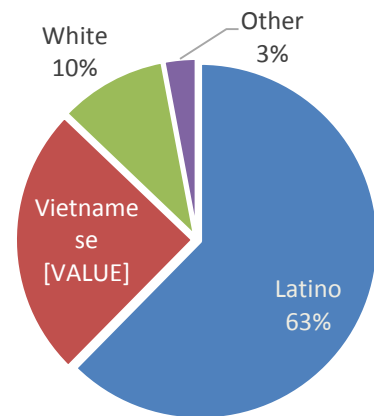
POPULATION FOCUS	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
<b>Family caregivers of older adults</b>	Family Caregiver Alliance (Avenidas, Palo Alto)	4/16/15	4
<b>New and pregnant mothers</b> (conducted in Spanish)	Columbia Neighborhood Center (Sunnyvale)	5/5/15	6
<b>High school youth</b>	Los Altos High School (Los Altos)	5/12/15	12
<b>Spanish-speaking medically underserved</b> (conducted in Spanish)	Community Health Partnership (San Jose)	5/13/15	8
<b>Vietnamese adults</b> (conducted in Vietnamese)	Asian Americans for Community Involvement (San Jose)	10/4/15	10

### 2016 Resident Participant Demographics

Forty community members participated in the focus group discussions across the county. Most participants completed an anonymous demographic survey, the results of which are reflected below.

- 63% of participants were **Hispanic/Latino**. 25% were Vietnamese, 10% were White, and 3% reported an “other” race.
- Vietnamese participants’ ages ranged from 34 to 81 years, with the average being 59 years. 40% of other participants (12) were under 20 years old, and 13% were 65 years or older.
- 13% (5) were **uninsured**, while 82% had benefits through Medi-Cal, Medicare or Health Kids/Healthy Families public health insurance programs. 5% had private insurance.
- Residents lived in multiple areas of the county: Mountain View (12), San Jose (4), Sunnyvale (5), Palo Alto (3), and one each in Santa Clara and Menlo Park.<sup>21</sup>
- 68% of those who responded<sup>21</sup> reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard<sup>22</sup> for Santa Clara County for two adults with no children (\$45,802). The majority (64%) earned under \$25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.<sup>22</sup>

**Resident Focus Group Participants by Race/Ethnicity**



<sup>21</sup> Demographic does not include Vietnamese residents due to missing data on this item.

<sup>22</sup> The Insight Center for Community Economic Development, *Self-Sufficiency Standard Tool for California* (2014). Retrieved July 2015 from <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california>

## Information Gaps & Limitations

ASR and the Coalition were limited in their ability to fully assess some of the identified community health needs due to a lack of secondary data. Such limitations included:

- Oral/dental health
- Adult use of illegal drugs and misuse/abuse of prescription medications
- E-cigarette use
- Alzheimer's disease and dementia diagnoses
- Mental health disorders
- Bullying
- Suicide among LGBTQ youth
- Ethnic subgroups affected by hepatitis B
- Diabetes among children
- Breastfeeding practices at home
- Community violence (especially officer-involved shootings)
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)

Another limitation is related to the local and national Behavioral Risk Factor Surveillance System (BRFSS). In 2011 BRFSS data collection, structure, and weighting methodology changed to allow the addition of data collection by cellular telephones. Because the CDC changed the methods for the BRFSS, trend comparisons for both national and locally implemented BRFSS surveys (such as the 2014 Santa Clara County Public Health Department BRFSS) are not feasible.<sup>23</sup>

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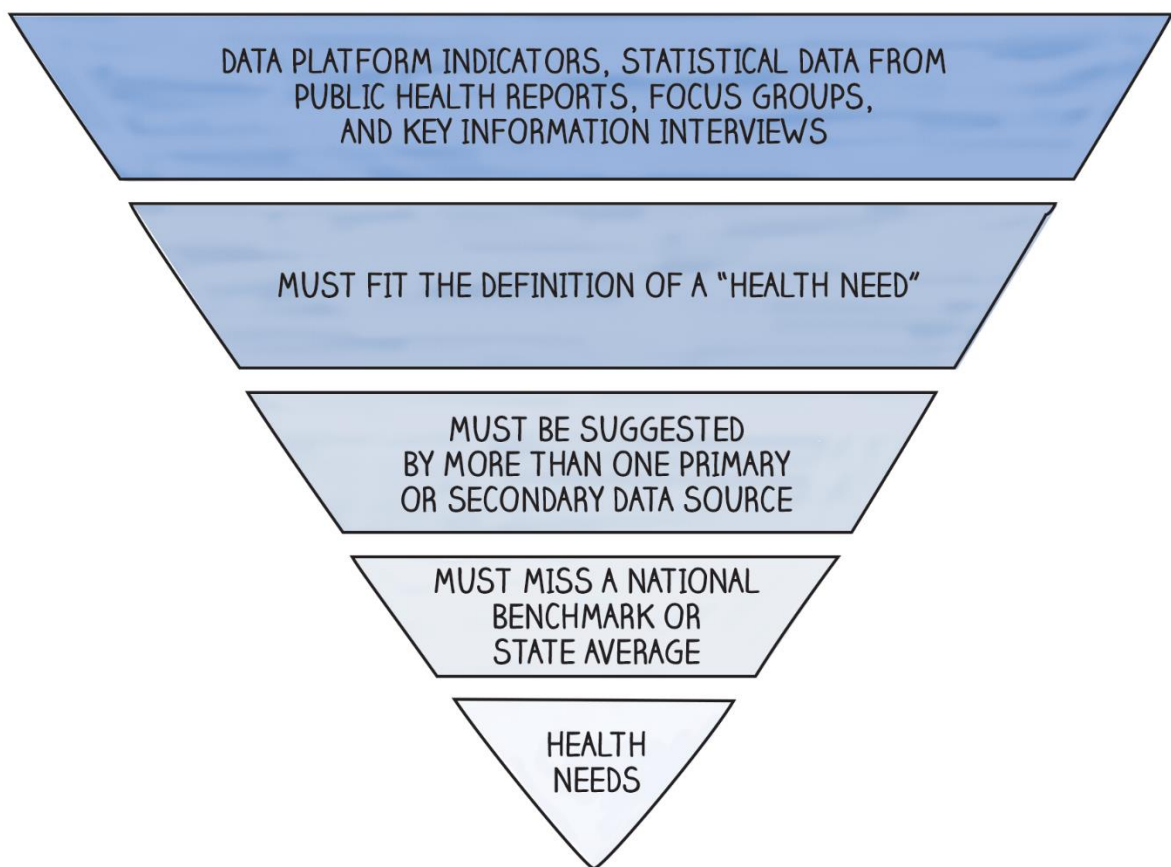
<sup>23</sup> Center for Disease Control and Prevention, *BRFSS: Comparability of Data* (2013). Retrieved from [http://www.cdc.gov/brfss/annual\\_data/2013/pdf/compare\\_2013.pdf](http://www.cdc.gov/brfss/annual_data/2013/pdf/compare_2013.pdf)

## IDENTIFICATION & PRIORITIZATION OF COMMUNITY HEALTH NEEDS

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In the analysis of quantitative and qualitative data, many health issues surfaced. To identify the community's prioritized health needs, the Coalition and/or its members followed these steps:

- Gathered data on 200+ health indicators using the Community Commons platform, Healthy People 2020 objectives and qualitative data. See Attachment 4 for a list of indicators on which data were gathered.
- Narrowed the list to "health needs" by applying criteria.
- Each hospital used criteria to prioritize the health needs.



## Identification of Priority Community Health Needs

In 2014, final IRS regulations clarified the definition of a health need, which includes social determinants of health. Social determinants of health affect entire families and communities, and they explain in part why some individuals thrive and experience good health, while other individuals are not as healthy as they could be. In addition to health related behaviors such as eating nutritious foods, and avoiding health risks such as smoking, our health is determined in large part by our economic opportunities; by whether or not we receive a quality education; the availability of resources and support in our homes, neighborhoods, and communities; our workplaces; environmental factors such as access to clean water, nutritious food, and air; community safety; and the nature of our social interactions and relationships. In 2016, given this broader definition, the Coalition identified 18 health needs that fit all three criteria outlined below.

### DEFINITIONS

- A health **condition** is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.
- A health **driver** is a behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health. May be social determinants of health.
- A health **need** is a poor health *outcome* and its associated health *driver*, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
- A health **outcome** is a snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality.
- A health **indicator** is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

The 2016 prioritized health needs described in this report meet all three of the following progressive criteria:

1. The issue fits the definition of a “health need” above.
2. More than one source of secondary and/or primary data suggests or confirms the issue.
3. It meets one of the two criteria below:
  - At least one related indicator performs poorly against an associated Healthy People 2020 (“HP2020”) benchmark or, if there is no HP2020 benchmark, against the state average. For example, the proportion of children younger than six in Santa Clara County who are obese (18%) is higher than the state average and the Healthy People 2020 benchmark (17% and 10%, respectively).
  - The community prioritized it in three of the ten focus groups or it was identified by a key informant. To obtain information on community priorities for this assessment, professionals and residents who participated in focus groups and key informant interviews were asked to identify the top health needs of their clients and/or communities drawing on their own perceptions and experiences.

Eighteen health conditions or drivers fit all three criteria and were retained as community health needs. The list of needs, in alphabetical order, is found below.



## Summarized Descriptions of Priority Santa Clara County Community Health Needs

**1 Access to Healthcare and Healthcare Delivery** are health needs in Santa Clara County as demonstrated by the proportion of Latinos who are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost. For example, 68% of Latinos are insured compared to 85% of residents countywide. The community input indicates that healthcare access is a top priority; specifically, affordability of insurance is an issue for those who do not qualify for Covered California subsidies. The lack of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community also lacks health system literacy and is in need of patient navigators and advocates (especially immigrants). Community respondents expressed concern about access to healthcare for those experiencing homelessness, especially behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care. The LGBTQ and Black communities cited a lack of culturally competent providers as an access barrier. In addition, a considerable minority are linguistically isolated in the county, which also impacts healthcare access.

**2 Alzheimer's Disease and Dementia** are health needs in Santa Clara County as evidenced by Alzheimer's disease being the third leading cause of death in 2012, accounting for 8% of all deaths.<sup>24</sup> In California, it was the fifth leading cause. The age-adjusted death rate of Alzheimer's disease in Santa Clara County in 2011 was 35.9 per 100,000, which was higher than the state overall in 2010 (30.1 per 100,000).<sup>25</sup> In the next 10 years, nearly one in five local residents will be 65 years or older, which puts the population at higher risk for dementia and Alzheimer's disease.<sup>26</sup> Also, the county population is slightly older than the state overall. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses. There are a lack of countywide data on the prevalence of these diseases, which is a concern given the increasing proportion of older adults.

**3 Behavioral Health** was prioritized as a top need of the community. This need includes mental health, well-being (such as depression and anxiety), and substance use/abuse. Close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days. Six in ten county residents report being somewhat or very stressed about financial concerns. Notably, nearly one quarter (23%) of LGBTQ respondents have seriously considered attempting suicide or physically harming themselves within the past 12 months. The community discussed the stigma that persists for those who experience mental illness. They also expressed concern about older adults, LGBTQ residents, and those of particular ethnic cultures. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. The community expressed concern about the documented high rates of youth marijuana use and rising youth methamphetamine use. While binge drinking among adults and youth is relatively low, it is a contributor to liver disease/cirrhosis, which is the ninth leading cause of death in the county.

<sup>24</sup> California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2012. Note that 2013 death data show an anomaly for Alzheimer's deaths, with 3% of deaths due to Alzheimer's disease which may reflect a change in how deaths were reported.

<sup>25</sup> Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.

<sup>26</sup> Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

**4 Birth Outcomes** are a health need in Santa Clara County as evidenced by stark racial and ethnic disparities. For instance, the mortality rate of Black infants (7.8 per 1,000) is higher than the HP2020 target (6.0 per 1,000).<sup>27</sup> Moreover, over a quarter of Blacks (29%) and Latinos (26%) experience inadequate prenatal care.<sup>28</sup> The health need is likely impacted by certain social determinants of health (such as food insecurity experienced by pregnant mothers) and by the percentage of women receiving early prenatal care.

**5 Cancer** was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths. Data show that colorectal and prostate cancer prevalence rates are higher than both the Healthy People 2020 target and the state average. Breast and cervical cancers disproportionately affect Whites; lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer. Blacks have higher overall cancer mortality rates compared with other groups. Hepatitis B, a driver of liver cancer, is higher in Santa Clara County compared to the state. Asian and Pacific Islander residents are more likely to have hepatitis B and are therefore at higher risk of liver cancer. In addition, public health experts expressed concern about youth tobacco use (as smoking has an impact on various types of cancer).

**6 Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of deaths in Santa Clara County. Whites and Blacks have higher rates of heart disease deaths than the county overall, and Pacific Islanders have a higher rate of stroke death than the county overall. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California overall, there are more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores in Santa Clara County.

**7 Communicable Diseases** are a health need in Santa Clara County as evidenced by high rates of hepatitis B (which is worse than the state) and tuberculosis (which fails to meet the Healthy People 2020 target). Ethnic disparities are also seen in tuberculosis rates, with the rate for Asian and Pacific Islanders more than double that of the county overall. Specifically, Vietnamese residents comprise a large proportion of all tuberculosis cases. The community expressed concern about the lack of screenings for these diseases, especially among Asian immigrants who come from countries where TB is more common than in the U.S. In addition, professionals cited the lack of referrals and follow-up with patients who are diagnosed with TB and/or hepatitis B. Also, influenza is the eighth leading cause of death in Santa Clara County.

**8 Economic Security** is a need in Santa Clara County because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. In 2014, 32% of Latinos did not graduate from high school, compared to 18% of residents countywide. In terms of poverty, 10% of Santa Clara County residents live below the Federal Poverty Level. However, the percentage living below the self-sufficiency standard, which is a more comprehensive measure of poverty, is higher (23%). The community expressed concern that income inequality and the wage gap contribute towards poor health outcomes. Residents and professionals alike stated that financial stress about the cost of housing, food, and healthcare is a driver of poor health.

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<sup>27</sup> California Department of Public Health. *Birth Profiles by Zip Code*, 2011.

<sup>28</sup> Ibid.

**9 Housing** is a health need because a lack of safe, stable housing is related to poor physical and mental health outcomes. Data on the cost of rent and median home values indicate that Santa Clara County is one of the most expensive places to live throughout California. Rents have increased significantly in the past five years in the San Jose-Sunnyvale-Santa Clara metropolitan area. Rents for a two-bedroom residence averaged \$1,994 in the area in 2015, a 21% increase from 2013. Of mortgage-holders, a higher proportion of Blacks and Latinos spend 30% or more of household income on housing (52% and 59% respectively) compared to Santa Clara County overall (45%) and California (46%). Additionally, homelessness has increased in Gilroy, Mountain View, and Palo Alto. Community focus group participants indicated that housing and homelessness are top concerns.

**10 Hypertension**, which is abnormally high blood pressure, can lead to heart disease and stroke, which are the leading causes of death in the United States. About one of three U.S. adults have high blood pressure and only about half (52%) have their high blood pressure under control.<sup>29</sup> More than a quarter (27%) of Santa Clara County residents have been diagnosed with high blood pressure. Blacks, men, and older adults are more likely to be diagnosed with high blood pressure than county residents overall.

**11 Learning Disabilities**, including attention deficit disorder (ADD), attention deficit-hyperactivity disorder (ADHD), and autism, are a health need because of the increasing proportion of county public school children who are receiving special education services, which is slightly greater than the state proportion. The percentage of Santa Clara County children enrolled in special education classes increased slightly between 2011 and 2015 from 9% to 10%. Learning disabilities are the most common type of disability among those receiving special education. Children with ADHD are at increased risk for antisocial disorders, drug abuse, and other risky behaviors. While data are lacking about the prevalence of specific learning disabilities, the community expressed concern about the lack of diagnoses of learning disabilities and special needs, specifically among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).

**12 Obesity and Diabetes** are related health conditions that are a health need as marked by the proportion of obese children younger than six in the county (18%), which is higher than the state (17%) and Healthy People 2020 targets (10%, see also page 7 of this report). Santa Clara County's Latino (26%) and Black (21%) youth are more likely to be overweight and obese, and these rates fail Healthy People 2020 targets for this population (16%). While overall adult obesity is less grave in the county than in the state, the Latino adult obesity rate (34%) fails Healthy People 2020 targets (31%). While adult diabetes rates in Santa Clara County are no worse than in California, there is a perception in the community that childhood diabetes diagnoses are increasing (this could not be confirmed with extant data). The health need is likely impacted by health behaviors such as low fruit and vegetable consumption and high soda consumption, as well as environmental factors of proximity of fast food establishments, a lack of grocery stores, and a lack of WIC-authorized food sources (all of which are worse in the county than in the state overall).

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<sup>29</sup> Centers for Disease Control and Prevention. *Know the Facts about High Blood Pressure*, 2015. Retrieved March 8, 2015 from <http://www.cdc.gov/bloodpressure/facts.htm>.

**13 Oral and Dental Health** is a need in Santa Clara County illustrated by nearly two thirds (64%) of adults lacking dental insurance.<sup>30</sup> One in three adults has had tooth loss, and the statistics are worse for Black adults (49%).<sup>31</sup> Additionally, youth dental care utilization rates (15%) are worse than the state (19%).<sup>32</sup> The community expressed concern about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have insurance. The community also reported that some dental insurance benefits are not sufficient for those who need services beyond cleaning and extraction.

**14 Respiratory Conditions** are a health need in Santa Clara County as marked by disproportionality among non-Whites who have been diagnosed with asthma. Specifically, those with household incomes of \$50,000-\$74,999 (25%), multiracial adults (22%), and Blacks (19%) have a higher prevalence of asthma than the county (14%).<sup>33</sup> Although there are lower asthma hospitalization rates in Santa Clara County compared with California, there are ethnic and geographical disparities. Blacks are twice as likely as Whites to be hospitalized for asthma, as are those living in East San Jose and North San Jose (95134 zip code). The health need is likely being impacted by health behaviors such as percentage of youth smoking and by issues in the physical environment such as air quality levels. Also, asthma is associated with obesity,<sup>34</sup> which is a problem for Santa Clara County children.

**15 Sexual Health** is a health need in Santa Clara County as demonstrated by high incidence rates of HIV among Black and Latino men, as well as male primary and secondary syphilis incidence rates, which are higher than those in California. Women are twice as likely to contract chlamydia as men, at a rate of 422.3 per 100,000 compared to 203.7. The health need is likely impacted by low screening rates for HIV (countywide, the percentage of teens and adults ever screened for HIV is lower than the state average). Community feedback suggests that the health need is perceived as primarily affecting youth, LGBTQ, and single people, which may drive low screening rates for those who think they are low risk. Data show that large proportions of LGBTQ residents have never been tested for sexually transmitted infections. In addition to the perception of low risk, the LGBTQ community also cited fear of finding out that they had HIV or AIDS and a lack of time as reasons they had not been tested. Regarding teen births, the rate (per 1,000 females aged 15-19) decreased from 24.6 in 2003 to 16.8 in 2012. However, the Latina teen birth rate (36.9 per 1,000 females aged 15-19) was more than twice as high as the Black teen birth rate (14.4) and six times higher than the White teen birth rate (6.3).<sup>35</sup>

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<sup>30</sup> Santa Clara County Public Health Department. *Behavioral Risk Factor Survey, 2013-2014*.

<sup>31</sup> Ibid.

<sup>32</sup> Centers for Disease Control & Prevention. *Behavioral Risk Factor Surveillance System, 2009*.

<sup>33</sup> Santa Clara County Public Health Department. *Behavioral Risk Factor Survey, 2013-2014*.

<sup>34</sup> Delgado J, Barranco P, & Quirce S., (2008). "Obesity and Asthma," *Journal of Investigational Allergology & Clinical Immunology*, 18(6): 420-5.

<sup>35</sup> Santa Clara County Public Health Department. *Maternal, Infant, and Child Health Brief Santa Clara County, 2014*.

**16 Tobacco Use** is a driver of cancer and respiratory conditions. One in ten Santa Clara County residents are current smokers, which is lower than the Healthy People 2020 target of 12%. However, men are more likely to smoke than women (13% compared to 7%), and Filipinos have the highest smoking prevalence (21%) of all racial and ethnic groups. Among Latinos, those who are foreign-born are much more likely to smoke (16%) than those born in the U.S. (6%).<sup>36</sup> Latino and Black adolescents are disproportionately more likely to smoke than teens overall. Smoking among both these groups as well as Asian and Pacific Islander youth rose in the past five years. Public health reports cite a lack of education about tobacco prevention in schools as a driver of tobacco use.

**17 Unintentional Injuries** includes falls, drownings, and pedestrian and motor vehicle accidents. The rate of 7.7 unintentional falls deaths in Santa Clara County per 100,000 people slightly exceeds the HP2020 objective of 7.0 per 100,000 people.<sup>37</sup> The annual economic cost of falls among adults aged 65 and older includes medical costs and work loss due to emergency department visits, hospitalizations, and deaths. In 2013 these costs amounted to more than \$265 million in Santa Clara County.<sup>38</sup> Regarding pedestrian accidents, Santa Clara County's rate of 1.5 deaths per 100,000 from pedestrian accidents slightly exceeds the Healthy People 2020 objective of 1.3, and the rates are higher among Latinos (2.2) and Asians (1.6).<sup>39</sup>

**18 Violence** is a health need in Santa Clara County as marked by ethnic disparities in adult homicide mortality and domestic violence deaths. The rate of rape is no better than the state average. A majority of youth (of every race/ethnicity) report having been victims of bullying at school. 2013 CHNA community input indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims. These community members also suggested that violence is underreported by victims, possibly due to stigma and/or cultural norms.

For further details, including statistical data and sources, please consult the Health Needs Profiles appended to this report as Attachment 8. For details on community assets and resources that address the health needs, please refer to Attachment 7.

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<sup>36</sup> Santa Clara County Public Health Department. *Tobacco Use in Santa Clara County*, 2014.

<sup>37</sup> California Department of Public Health. *Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records*, 2013.

<sup>38</sup> Santa Clara County Public Health Department. *Santa Clara County: Unintentional Falls Among Older Adults*, 2015.

<sup>39</sup> University of Missouri, Center for Applied Research and Environmental Systems; California Department of Public Health. *Death Public Use Data*, 2010-12.

## Prioritization of Health Needs

Before beginning the prioritization process, the El Camino Hospital Community Benefit Advisory Council chose a set of criteria to use in prioritizing the list of health needs:

- Magnitude/scale of the need: The number of people affected by the health need.
- Clear disparities or inequities: Differences in health outcomes by subgroups. Subgroups may be based on geography, languages, race/ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- Multiplier effect: A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.

A survey was then created, listing each of the health needs in alphabetical order and offering the first three prioritization criteria for rating. Committee members rated each of the health needs on each of the first three prioritization criteria during an in-person meeting in October 2015.

The score levels for the prioritization criteria were:

**3:** Strongly meets criteria, or is of great concern

**2:** Meets criteria, or is of some concern

**1:** Does not meet criteria, or is not of concern

**Combining the Scores:** For the first three criteria, ASR combined group members' ratings and averaged them to obtain a combined score.

### List of Prioritized Needs

The need scores ranged between 1.4 and 3.0, with 3 being the highest score possible and 1 being the lowest score possible. The needs are ordered by prioritization score in the following table.

### Health Needs Ranked by Prioritization Score

Rank	Health Need
1	Economic Security
1	Obesity & Diabetes
3	Housing
4	Behavioral Health
5	Access & Delivery
6	Oral & Dental Health
7	Cardiovascular (Heart) & Cerebrovascular (Stroke) Diseases
7	Hypertension
9	Tobacco Use
10	Violence & Abuse
11	Cancer
12	Birth Outcomes
13	Alzheimer's Disease & Dementia
14	Communicable Diseases
14	Unintentional Injuries
16	Learning Disabilities
17	Respiratory Conditions
18	Sexual Health

## CONCLUSION

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Our Hospital worked with its Coalition partners, between Fall 2014 and Spring 2016, to conduct the 2016 Community Health Needs Assessment (CHNA). The 2016 CHNA builds upon years of health assessments dating back to 1995. It exceeds the new federally-mandated requirements as well as California state regulations. Through pooled expertise and resources to conduct a shared assessment, the Coalition was able to identify health needs that are a priority in the community and understand how each compare against Healthy People 2020 and/or state benchmarks. This was accomplished by collecting updated secondary data and conducting new primary research (community input).

After reviewing the findings of the community health needs assessment, El Camino Hospital's Community Benefit Advisory Council (CBAC) identified 12 health needs to be addressed in FY17 and the subsequent two fiscal years with community benefit grant funding. The table below shows the health needs mapped to three health priority areas:



- Obesity & Diabetes
- Healthcare Access & Delivery
- Oral & Dental Health
- Cancer
- Hypertension
- Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases
- Respiratory Conditions



- Behavioral Health
- Alzheimer's Disease & Dementia



- Violence & Abuse
- Unintentional Injuries
- Economic Security



The CBAC selected these health needs based on the following progressive criteria:

1. The issue fits the definition of a health need: A poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
2. More than one source of secondary and/or primary data suggests or confirms the issue.
3. It meets either qualitative or quantitative data criteria:
  - At least one related indicator performs poorly against the Healthy People 2020 (“HP2020”) benchmark or, if there is no HP2020 benchmark, against the state average.
  - The community prioritized it in three of the ten focus groups or it was mentioned by a key informant.

Detailed strategies and partners funded to address these needs are explained in further detail in the FY17 El Camino Hospital Community Benefit Plan & Implementation Strategy, upon Board approval.



**El Camino Hospital<sup>®</sup>**  
THE HOSPITAL OF SILICON VALLEY

**Fiscal Year 2017**

# Community Benefit Plan & Implementation Strategy

June 2016



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# Introduction

El Camino Hospital is an independent, nonprofit hospital with two campuses located in Mountain View and Los Gatos, California. El Camino Hospital's patients come from most of the cities in Santa Clara County, but primarily from Mountain View, Sunnyvale, Los Altos, Los Altos Hills, Santa Clara, Los Gatos, Cupertino, Campbell, Saratoga, and San Jose.

Per state and federal law, a Community Health Needs Assessment must be conducted every three years by nonprofit hospitals. In 2016, El Camino Hospital Community Benefit staff conducted a Community Health Needs Assessment (CHNA) in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of 18 significant community health needs. The 2016 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For a copy of the full CHNA, see [www.elcaminohospital.org/CommunityBenefit](http://www.elcaminohospital.org/CommunityBenefit).

The documented needs in the 2016 CHNA served El Camino Hospital in developing this Community Benefit Plan for establishing Implementation Strategies pursuant to the Affordable Care Act of 2010 and California State Senate Bill 697. This plan outlines El Camino Hospital's funding for fiscal year 2017.

The main steps of this planning process are:

1. Conduct a countywide Community Health Needs Assessment (CHNA)
- 2. Engage stakeholders to review the CHNA findings and prioritize health needs**
3. Engage stakeholders to select the health needs for El Camino Hospital
4. Establish community benefit health need priority areas
5. Grants process. Development of Annual Plan and Implementation Strategy.

These steps are further described below.

## **Step 1 — Conduct a Countywide Community Health Needs Assessment.**

El Camino Hospital is a member of the Santa Clara County Community Benefit Coalition ("the Coalition"), a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition began the 2016 CHNA planning process in Fall 2014. The Coalition's goal for the CHNA was to collectively gather community feedback and existing data about health status to inform the member hospitals' respective community health needs prioritization and selection. Since its formation in 1995, the Coalition has worked together to conduct

regular, extensive Community Health Needs Assessments (CHNA) to identify and address critical health needs of the community. This 2016 CHNA builds upon those earlier assessments.

The Coalition obtained community input during the first nine months of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. The Coalition obtained secondary data from a variety of sources, including the public Community Commons data platform and the Santa Clara County Public Health Department. (See CHNA for details.) Applied Survey Research (ASR) conducted this data collection on behalf of the Coalition. Prior to data collection, the Coalition identified criteria that would be used to define the list of health needs, using the 2013 CHNA criteria list as a basis.

In September 2015, ASR synthesized primary qualitative research and secondary data and then applied those criteria to the list of all possible health needs. The criteria were applied in the order found below.

1. The issue fits the definition of a health need: A poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. Social determinants of health are also considered health needs. They are described as conditions in which people are born, grow, live, work, and age. The distribution of money, power, and resources at global, national, and local levels shaped these circumstances.
2. More than one source of secondary and/or primary data suggests or confirms the issue.
3. It meets either qualitative or quantitative data criteria:
  - At least one related indicator performed poorly against the Healthy People 2020 (“HP2020”) benchmark or against the state average if there was no HP2020 benchmark.
  - The community prioritized it in three of the ten focus groups or a key informant identified it. To obtain information on community priorities for this assessment, the Coalition asked professionals and residents who participated in focus groups and key informant interviews to identify the top health needs of their clients and/or communities, drawing on their own perceptions and experiences.

Based on community input and secondary data, the Coalition generated a list of 18 health needs that reflect the community’s priorities.

## **Step 2 — Engage Stakeholders to Review the Assessment Findings and Prioritize Health Needs.**

ASR facilitated a meeting with the Community Benefit Advisory Council (CBAC), which includes an El Camino Hospital Board Liaison, El Camino Healthcare District Liaison community leaders, physicians, and senior management. During the session, the CBAC was presented with the CHNA findings and were asked to prioritize the identified health needs for Santa Clara County using a set of criteria. The results of this prioritization are displayed in Table 1.

Table 1 Health needs Identified by 2016 CHNA

Health Needs Identified by 2016 CHNA Listed by Priority Ranking		
1. Economic security	2. Obesity/diabetes	3. Housing
4. Behavioral health	5. Healthcare access & delivery	6. Oral & dental health
7. Heart disease and stroke	8. Hypertension	9. Tobacco use
10. Violence & abuse	11. Cancer	12. Birth outcomes
13. Dementia & Alzheimer's	14. Infectious diseases	15. Unintentional
16. ADD/ADHD, learning	17. Respiratory conditions	18. Sexual health

### Step 3 — Engage Stakeholders to Select the Health Needs for El Camino Hospital.

ASR distributed an electronic survey to CBAC members and asked them to recommend the health needs El Camino Hospital should address based on the previous prioritization results and the criteria displayed below. The results of the survey informed the selection of 12 of the 18 identified health needs to address.

#### Criteria for Recommending Health Needs for Selection

1. A needs assessment process has identified the issue as significant and important to a diverse group of community stakeholders.
2. The issue affects a relatively large number of individuals.
3. The issue has serious impact at the individual, family, or community level.
4. El Camino Hospital has the required knowledge, expertise, and/or human and financial resources to make an impact.

### Step 4 — Establish Community Benefit Health Need Priority Areas.

The El Camino Hospital Community Benefit staff mapped the selected health needs identified by the CBAC to three health priority areas: Healthy Body, Healthy Mind, and Healthy Community. The health needs that El Camino Hospital will address are listed below in these three areas:



#### Step 5 — Grants process. Development of Annual Plan and Implementation Strategy.

Based on the top health needs identified by the community that were prioritized and recommended for selection by the CBAC, El Camino Hospital released the 2016 – 2017 grant application. These proposals addressed needs in the three health priority areas. The CBAC met twice in April 2016 to assess and discuss all grant proposals. Staff provided additional information requested by the Council. The Council provided funding recommendations, which are described for each proposal in the Plan's health priority areas. The Plan also contains the following:

- The health needs identified through the CHNA process that El Camino Hospital **will** address (below) and how it plans to meet the health needs.
- The health needs identified through the CHNA process that El Camino Hospital does **not** intend to address and why (page 5).

The next sections of the Plan further explain the three health priority areas, and describe the strategies and programs that will be funded to impact these areas. Findings from the CHNA are provided to illustrate the status of health needs and related disparities in Santa Clara County. El Camino Hospital used comparisons to Healthy People 2020 objectives (HP2020) where available, and state data where they were not.

#### Health Needs Not Addressed

The El Camino Hospital Community Benefit program addresses 12 of the 18 identified health needs through its health priority areas, strategies, and partners. The six health conditions that will not be addressed by the community benefit program either did not meet the selection criteria described above, or met them to a lesser degree than the chosen conditions. They are: ADD/ADHD and learning disabilities, birth outcomes, housing, infectious diseases, sexual health, and tobacco use.

## FY17 Plan & Implementation Strategy Overview

### Overview

Proposals Received: 42

Proposals Recommended for Funding: 37

Total Requested Grant Funding: \$3,445,845

Total Recommended Grant Funding: \$3,060,697

Recommended Plan Total (including Placeholder and Sponsorships): \$3,310,697

The following grant proposals are not recommended for funding per the consensus of the Community Benefit Advisory Council (CBAC):

1. Catholic Charities, Wisdom Exchange for a Healthier Body program (page 16)
2. Healthier Kids Foundation, 10 Steps Program (page 21)
3. Transitional Program (page 42)
4. SIREN, Mountain View Immigrant Program (page 53)
5. Teen Success Inc. (page 55)

## Acknowledgement

### Acknowledgement

El Camino Hospital especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY17 Plan. The CBAC is comprised of Board members, physicians, and representatives from the community who have knowledge about local disparate health needs.





*To improve health and prevent the onset of disease in the community through enhanced access to primary care, chronic disease management, and oral health*

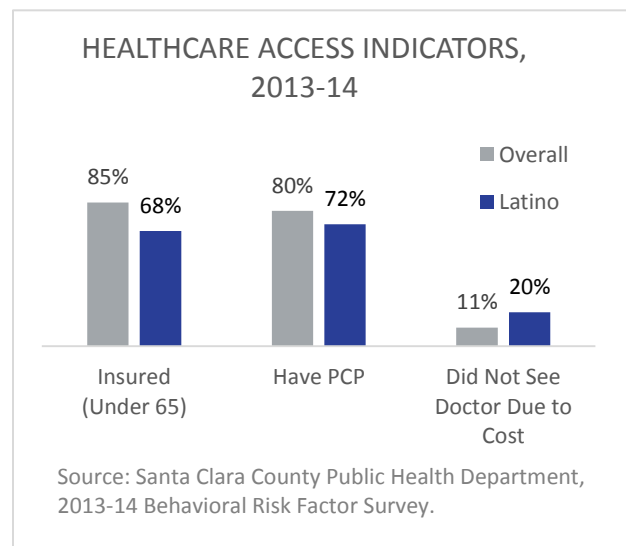
The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such as hypertension or lack of adequate nutrition. Access to comprehensive, quality healthcare services is important for the achievement of health equity, to improve health, and to enhance quality of life for all. Healthcare access requires gaining entry into the healthcare system, accessing a healthcare location where needed services are provided, and finding a medical provider with whom the patient can communicate and trust.

## DATA FINDINGS

Services to address the needs in the Healthy Body priority area are demonstrated by the following statistics:

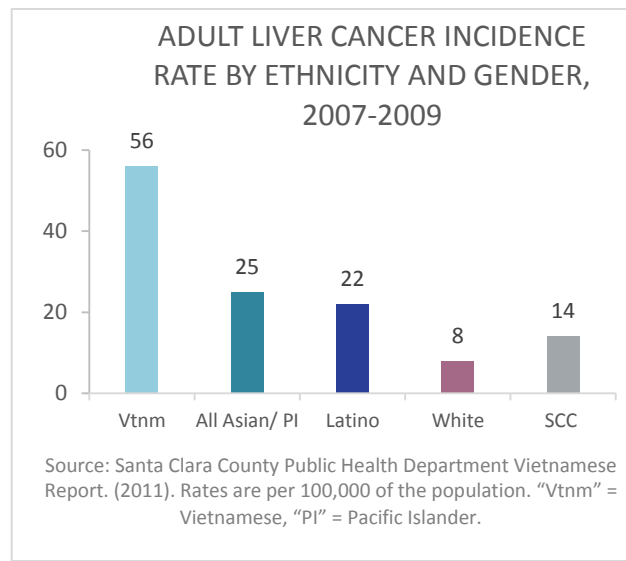
- Access to Healthcare & Healthcare Delivery** is a need in Santa Clara County as demonstrated by the proportion of Latinos who are insured, who see a primary care physician, and who go without healthcare due to cost. For example, only 68% of Latinos in Santa Clara County are insured compared to 85% of residents countywide. The need is a top priority for the community because of persistent barriers, such as lack of affordable healthcare, linguistic isolation, and a perceived lack of both medical providers and culturally competent care.

Figure 1 Healthcare access indicators



- **Cancer** was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths. Data show that colorectal and prostate cancer prevalence rates are higher than both the HP2020 target and the state average. Breast and cervical cancers disproportionately affect Whites; lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer, as displayed in Figure 2.

Figure 2 Adult liver cancer incidence rate

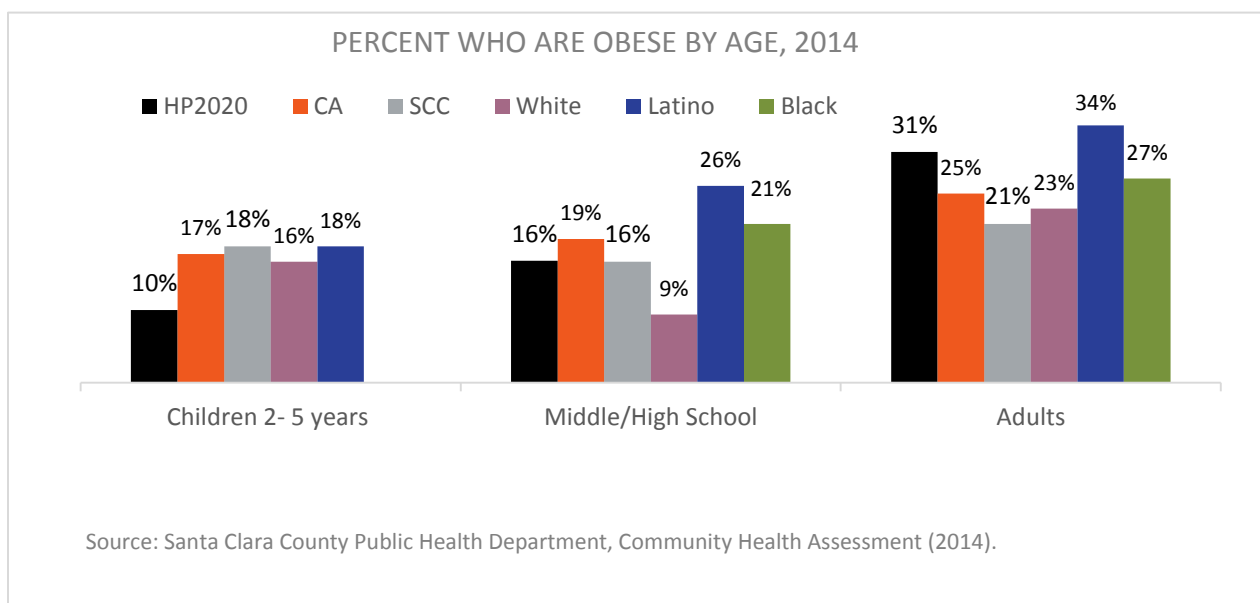


- **Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of all deaths in the county. In addition, ethnic disparities exist in mortality rates of heart disease and stroke. Poor nutrition is a driver of cardiovascular diseases. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California overall, Santa Clara County has more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per capita.
- **Hypertension** (abnormally high blood pressure) can lead to heart disease and stroke, which are among the leading causes of death in the county. More than a quarter (27%) of county residents have been diagnosed with high blood pressure. Blacks, men, and older adults are most likely to be diagnosed.
- **Oral & Dental Health** is a need in Santa Clara County illustrated by nearly two thirds (64%) of adults lacking dental insurance. One in three adults have had tooth loss, and the statistics are worse for Black adults (49%). Additionally, youth dental care utilization rates in the county (15%) are worse than the state (19%). The community expressed concern about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have coverage for it.
- **Respiratory Conditions** are a health need in Santa Clara County as marked by racial and ethnic, economic, and geographic disparities in asthma prevalence and hospitalization rates. For example,

those with household incomes of \$50,000-\$74,999 (25%), multiracial adults (22%), and Blacks (19%) all have a higher prevalence of asthma than the county overall (14%). The health need is likely impacted by the physical environment (such as air quality levels), and by health behaviors such as smoking.

- **Obesity & Diabetes** are health needs because of the proportions of Santa Clara County children and adolescents who are overweight and/or obese. Moreover, one in five adult residents are obese and the proportion is higher in the LGBTQ, Latino, and Black populations. Racial and ethnic disparities exist across all age groups in overweight and obesity rates. Rates of overweight and obesity for Latinos and Blacks fail HP2020 targets. (See Figure 3.)

Figure 3 Obesity prevalence



## STRATEGIES TO IMPROVE HEALTHY BODIES

1. School-based interventions including: screenings, physical activity, nutrition education, and healthy living initiatives
2. Staffing of school nurses and health workers
3. Medical services and connection to resources for the homeless
4. Orthodontic and vision services for at-risk youth
5. Clinician and community trainings (on topics such as asthma prevention, CPR, cancer, and diabetes)
6. Developmental screenings for children
7. Health screenings and assessments (for asthma, oral health, diabetes, and pre-diabetes)
8. Advocacy for those whose housing conditions put them at risk for asthma
9. Referrals to health insurance enrollment services, affordable health services providers, and safety net services including Cal-Fresh and housing assistance

10. Individual and group support for those making healthy lifestyle changes

## HEALTHY BODY PROPOSALS

1. 5210
2. Bay Area Women's Sports Initiative (BAWSI)
3. Breathe California
4. Campbell Union School District
5. Cancer CAREpoint
6. Catholic Charities
7. Challenge Diabetes Program
8. Cristo Rey Network
9. Cupertino Union School District
10. Gardner Family Health Network
11. Healthier Kids Foundation
12. Medical Respite
13. Playworks
14. Pre-diabetes Initiative - Community Health Partnership
15. Santa Clara County Office of Education - Early Head Start
16. Superior Court – Foster Youth Orthodontic Program
17. Vision to Learn

## HEALTHY BODY RECOMMENDED FUNDING: \$1,142,547

Detailed descriptions of recommended partner programs in the Healthy Body priority area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.



## 5210 HEALTH AWARENESS PROGRAM

<i>Program Name</i>	5210 Health Awareness Program		
<i>Grant Goal</i>	Improve children's health knowledge and behaviors including physical activity and nutrition.		
<i>Community Need</i>	Due to obesity-related illnesses, this generation of children may be the first to have a shorter lifespan than their parents.		
<i>Agency Description</i>	The Palo Alto Medical Foundation provides healthcare services in the Bay Area. El Camino Hospital is a 443-bed hospital based in Mountain View, California.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Promote awareness of desirable health behaviors to improve the culture of health in Campbell Unified School District</li> <li>Provide health information specifically eating fruits and vegetables, reducing screen time, exercising and not consuming sugared beverages</li> <li>Organize contests with incentives to promote student involvement</li> <li>Engage teachers to become positive role models regarding health behaviors</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$20,000	ECHD: \$30,000
	FY17 recommended funding:	ECH: \$20,000	ECHD: \$30,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECH: \$29,500	ECHD: \$30,150
	FY15 approved funding: FY15 annual metrics met: 100%	ECH: \$15,000	ECHD: \$30,000
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Students served		3,500	4,562
Students who report being active one or more hours per day after 5210 engagement		N/A	55%
Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement		N/A	75%
Students who report the knowledge that a balanced diet includes eating 5 fruit and vegetables per day after 5210 engagement		N/A	80%



## BAY AREA WOMEN'S SPORTS INITIATIVE

<i>Program Name</i>	BAWSI Girls		
<i>Grant Goal</i>	Increase physical activity and self-esteem in elementary school girls.		
<i>Community Need</i>	While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys.		
<i>Agency Description</i>	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Conduct weekly after school sessions where female collegiate and high school student athletes serve as positive female role models</li> <li>Provide part-time program staff to oversee volunteer student athletes</li> <li>Provide supplies, including equipment and participant materials such as t-shirts and pedometers</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$18,500	ECHD: \$18,500 (small grant)
	FY17 recommended funding:	ECH: \$16,000	ECHD: \$16,000 (small grant)
	FY16 approved funding:	ECH: \$15,000	ECHD: \$15,000
	FY16 6-month metrics met: 100%		
	FY15 approved funding:	ECH: \$11,000	ECHD: \$11,000
	FY15 annual metrics met: 100%		

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Individuals served	60	120
Average weekly attendance	80%	80%
Focus Girls who self-report at least 2 positive effects of program participation after each season	90%	90%
Focus Girls who are observed to have improved behavior or attitudes after each season	90%	90%



## BREATHE CALIFORNIA

NEW

<i>Program Name</i>	Children's Asthma Services		
<i>Grant Goal</i>	To work with schools, child care centers, and clinic partners to provide culturally competent, best practice asthma management education and support services for under-served, low-income children and their parents/families and care providers thereby increasing access to appropriate care or treatment and management of the chronic condition of asthma.		
<i>Community Need</i>	Asthma is a chronic condition affecting 14.5% of Santa Clara County residents (California Breathing, Current County Profile). This rate is higher than the last statewide prevalence report of 12%. In Santa Clara County, there are about 64,000 children and youth with asthma and it is estimated that only 40% receive adequate care (First 5 Study).		
<i>Agency Description</i>	Breath California of the Bay Area is a 105-year-old grassroots, community-based, voluntary nonprofit that is committed to achieving clean air and healthy lungs.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide asthma management education</li> <li>Conduct environmental assessments of homes, child care facilities, and schools</li> <li>Provide in-home asthma management education for parents of asthmatic children</li> <li>Assist clients in approaching landlords regarding respiratory hazards, including secondhand smoke and operation of Secondhand Smoke Helpline</li> <li>Provide respiratory therapy equipment for uncovered clients</li> </ul>		
<i>Funding</i>	FY17 requested funding:	ECH: \$50,000	ECHD: \$25,000 (small grant)
	FY17 recommended funding:	ECH: \$50,000	ECHD: \$25,000 (small grant)
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Elementary to middle school aged children with asthma who receive multi-session asthma management classes		40	150
Services provided		250	500
Parents /teachers/child care providers who receive comprehensive asthma management presentations/trainings		100	200
Environmental assessments conducted		10	30
Children with asthma who receive multi-session asthma education who improve knowledge/skills		27%	70%



## CAMPBELL UNION SCHOOL DISTRICT

<i>Program Name</i>	Supporting and Promoting Healthy Families and Communities through Campbell Union School District.	
<i>Grant Goal</i>	Promote optimal student health by decreasing barriers to health services.	
<i>Community Need</i>	The academic success of students is strongly linked with their health. Students without insurance and a medical home are less likely to obtain the healthcare they need to remain healthy and succeed in school.	
<i>Agency Description</i>	Campbell Union School District (CUSD) is a PreK-8th grade school district. CUSD is a culturally diverse district composed of nine elementary and three middle schools serving the communities of Campbell, San Jose, Los Gatos, Monte Sereno, and Santa Clara.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Provide staffing for two school nurses and a health aide</li> <li>▪ Directly connect families of students with failed health screenings to healthcare services</li> <li>▪ Outreach to families about healthcare insurance options and link them to enrollment opportunities</li> <li>▪ Provide CPR certification to school staff</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$215,000 FY17 recommended funding: \$215,000 FY16 approved funding: \$225,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$219,787 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Students served	1,962	3,924
Uninsured families who have applied for healthcare insurance	35%	70%
Students with a failed health screening who saw a healthcare provider	20%	70%
Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	80%
Schools with at least 25% of staff CPR certified	40%	100%





## CANCER CAREPOINT

NEW

<i>Program Name</i>	Cancer CAREpoint Nutrition Program		
<i>Grant Goal</i>	To improve healing and quality of life following a cancer diagnosis by developing healthier eating habits among cancer patients.		
<i>Community Need</i>	According to the National Cancer Institute, nutrition is a major issue facing cancer patients. Cancer and treatments can affect one's sense of taste, smell and appetite and can cause health problems such as anorexia, mouth sores, nausea, vomiting, diarrhea, constipation as well as depression and anxiety.		
<i>Agency Description</i>	Cancer CAREpoint is the only local organization in the South Bay that provides free, non-medical support services to cancer patients and their families regardless of their cancer type, where they receive medical care, or their insurance status. This support includes counseling, classes in nutrition and movement, educational workshops, support groups for patients and caregivers, a wig bank, survivorship workshops, and access to a variety of integrative healing modalities such as yoga and massage.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Conduct workshops with a nutritionist and facilitate small group classes</li> <li>Provide workshops on managing fatigue, immune boosting, eating for better sleep, and benefits of balancing sugar.</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$20,000	ECHD: \$20,000 (small grant)
	FY17 recommended funding:	ECH: \$20,000	ECHD: \$20,000 (small grant)
	FY16 approved funding	N/A	ECHD: \$20,000 (small grant)
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Cancer patients and family members served		150	300
Service hours provided to participants		440	880
Participants who report increased understanding of how to modify diet to increase nutritional value and support the immune system		80%	80%
Participants who report improved understanding of how to approach nutrition during and after cancer treatment		80%	80%

# HEALTHY BODY



## CATHOLIC CHARITIES

NEW

<i>Program Name</i>	Wisdom Exchange for a Healthy Body Program
<i>Grant Goal</i>	To offer a series of free culturally relevant health educational services, delivered within an intergenerational, evidence based framework designed to improve the health, wellness, financial wellbeing and social connections of low-income older adults.
<i>Community Need</i>	In Santa Clara County, the age categories that grew most dramatically from 2005-2015 were all older adult age groups (ages 50+), except for one group (ages 20-29). County agencies are not able to address all of the vulnerable seniors; therefore, building capacity for this growing population is a pressing need.
<i>Agency Description</i>	Catholic Charities of Santa Clara County (CCSCC) serves and advocates for families and individuals in need, especially those living in poverty. CCSCC works to create a more just and compassionate community in which people of all cultures and beliefs can participate.
<i>Services Funded by This Grant</i>	Youth and students, under CCSCC staff supervision, will provide older adults with Tai Chi and Matter of Balance classes, nurse health screenings and counseling, health insurance counseling, and financial and health education
<i>Funding</i>	FY17 requested funding: \$50,000 FY17 recommended funding: \$0

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Youth and students participants	25	50
Older adult participants	150	300
Matter of Balance participants who feel a higher sense of balance and feel secure on how to avoid falls	N/A	75%
Tai-Chi class participants who feel less stress	N/A	75%
Financial Wellness class participants who increase knowledge of managing finances	N/A	75%



## CHALLENGE DIABETES PROGRAM

COMMUNITY SERVICES AGENCY MOUNTAIN VIEW, SUNNYVALE COMMUNITY SERVICES, WEST VALLEY COMMUNITY SERVICES, AND SECOND HARVEST FOOD BANK

<i>Program Name</i>	Challenge Diabetes Program
<i>Grant Goal</i>	To identify community members with pre-diabetes and prevent type 2 diabetes and to help people with type II diabetes manage their diabetes more effectively.
<i>Community Need</i>	Thirty-seven percent of U.S. adults aged 20 years or older have pre-diabetes. Low-income populations are at higher risk than the general population for developing type II diabetes, and food insecurity further increases risks for chronic diseases like hypertension and type II diabetes.
<i>Agency Description</i>	Community Service Agency Mountain View (fiscal agent) is a nonprofit organization that provides important social services for residents of Mountain View, Los Altos, and Los Altos Hills. Partner agencies include Sunnyvale Community Services, Second Harvest Food Bank, and West Valley Community Services.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Identify clients with diabetes or pre-diabetes through on-site screenings</li> <li>Prevent and/or manage clients' diabetes more effectively through education and provision of healthier foods</li> <li>Conduct post-screenings to measure impact</li> </ul>
<i>Funding and Performance</i>	<p>FY17 requested funding: \$200,922</p> <p>FY17 recommended funding: \$200,922</p> <p>FY16 approved funding: \$151,226 (FY16 6-month metrics met: 100%)</p> <p>FY15 approved funding: \$66,000 (FY15 annual metrics met: 80%)</p>

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Clients who take the CDC Pre-diabetes Risk Assessment	725	725
Clients pre-screened for HbA1c	680	680
Clients losing an average of five pounds	N/A	35%
Clients having at least a 0.2 reduction in HbA1c	N/A	35%
Participants who have made at least one life style improvement as measured by pre/post-test (increased consumption of fruits/vegetables, decreased consumption of high sugar/fat foods, and/or increased physical activity)	N/A	50%



## CRISTO REY NETWORK

NEW

<i>Program Name</i>	Cristo Rey San Jose Jesuit High School Health and Wellness Program		
<i>Grant Goal</i>	To engage students in developing healthy habits. Students will improve heart rate and blood pressure, engage in new forms of exercise, and eat more healthfully.		
<i>Community Need</i>	Many students struggle throughout the school day because of the lack of adequate nutrition, exercise, and mental health. Especially in low-income communities, the pull factors of unhealthy food and sedentary entertainment options are very strong. In the Mayfair neighborhood, where Cristo Rey San Jose (CRSJ) is located, a majority (69%) of the neighborhood's 11,427 residents are Latino/Hispanic and almost a third (31%) are under 18 years of age. CRSJ's student population is 95% Latino. In Mayfair, there are fewer healthy food retailers than the countywide average.		
<i>Agency Description</i>	CRSJ is a Jesuit, Catholic high school whose mission is to empower students from underserved communities in San Jose to be men and women for others who are prepared spiritually, academically, and professionally to complete college and who will become accomplished leaders committed to a lifelong pursuit of learning, faith, and justice.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Conduct daily physical fitness sessions during school hours</li> <li>Provide health statistics monitoring</li> </ul>		
<i>Funding</i>	FY17 requested funding: \$27,402 FY17 recommended funding: \$27,402		
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>	
Students served	375	375	
Physical activity sessions	3,680	7,360	
Students who show at least a 15% improvement in cardiovascular fitness on the Progressive Aerobic Capacity Test (PACER)	50%	70%	
Students who will increase their minutes of weekly physical activity by at least 25% on their own	30%	50%	



## CUPERTINO UNION SCHOOL DISTRICT

<i>Program Name</i>	School Nurse Program		
<i>Grant Goal</i>	Promote optimal student health by decreasing barriers to health services.		
<i>Community Need</i>	In the last decade, the Cupertino Union School District has increased by over 3,000 students without subsequent increases in credentialed school nurses. Consequently, there is insufficient capacity to identify, monitor, and assist students with special health needs and connect children and families to vital health services.		
<i>Agency Description</i>	Cupertino Union School District includes elementary and middle schools in Cupertino, Los Altos, San Jose, Saratoga and Sunnyvale. Several schools within the district have high proportions of underserved students		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide part-time school nurse, LVN, and health clerk</li> <li>Case manage students with chronic disease and the medically fragile</li> <li>Connect families of students with failed health screenings to a health provider</li> <li>Enhance GoNoodle utilization in identified schools</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$68,997	ECHD: \$68,997
	FY17 recommended funding:	ECH: \$68,997	ECHD: \$68,997
	FY16 approved funding: FY16 6-month metric met: 100%	ECH: \$103,233	ECHD: \$34,411
	FY15 approved funding: FY15 annual metrics met: 100%	ECH: \$101,969	ECHD: \$33,990
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Students served		554	1,482
Students who failed a mandated health screening who saw a healthcare provider		35%	75%
Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist		N/A	80%
Teachers accessing Go Noodle health education curricula and activities as a result of school nurse encouragement		30%	65%
Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage		50%	75%



## GARDNER FAMILY HEALTH NETWORK

<i>Program Name</i>	Down with Diabetes	
<i>Grant Goal</i>	To implement and refine a diabetes prevention program that targets adults who are pre-diabetic as defined by HbA1c blood levels.	
<i>Community Need</i>	In 2013, the Gardner Family Health Network treated over 2,500 patients (11 percent) who were pre-diabetic according to their HbA1c levels. It is essential that patients who have been identified as pre-diabetic be educated about proper nutrition and physical activity.	
<i>Agency Description</i>	Gardner is dedicated to improving the health status of the disenfranchised, disadvantaged, and most vulnerable members of our community. Gardner provides medical, dental, vision, counseling, and substance abuse services to more than 60,000 Santa Clara and San Mateo County residents.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Visits with primary care providers</li> <li>HbA1c testing</li> <li>Consults with Registered Dietitians</li> <li>Access to fitness center through Gardner's partnership with the City of San Jose</li> <li>Fresh produce vouchers for fruits, vegetables, and healthier foods</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$205,252 FY17 recommended funding: \$200,000 FY16 approved funding: \$160,600 FY16 6-month metrics met: 25% (pilot year), Q3 showed strong improvement	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Patients served	300	600
Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	750	1,800
Patients demonstrating at least a 3% reduction in body weight	30%	70%
Patients demonstrating at least a 0.2 reduction in HbA1c levels	30%	70%

# HEALTHY BODY



## HEALTHIER KIDS FOUNDATION SANTA CLARA COUNTY

NEW

<i>Program Name</i>	10 Steps to a Healthier You Program		
<i>Grant Goal</i>	Enhance parental skills for implementing healthy lifestyle behaviors among upstream audiences, or populations that have not yet developed BMIs >85%.		
<i>Community Need</i>	Childhood obesity is defined as a Body Mass Index (BMI) greater than the 95% for gender and age. A BMI of greater than 85% for gender and age is considered overweight. According to the 2014 Obesity, Physical Activity, and Nutrition in Santa Clara County Report, 18-28% of children ages 5-11 in Santa Clara County using the Children Healthy and Disability Prevention (CHDP) program have BMIs > 85%, with higher rates among Latino children (up to 32%) for that age group.		
<i>Agency Description</i>	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide the 10 Steps three-class series</li> </ul>		
<i>Funding</i>	FY17 requested funding FY17 recommended funding	ECH: \$100,000 ECH: \$0	ECHD: \$100,000 ECHD: \$30,000

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Individuals Served: Parents	180	360
Services: 10 Steps classes	26	51
Increase in parents who correctly identify that the daily recommended servings of fruits and vegetables is 5-9 (3 on a 3-point scale)	20%	20%
Increase in parents who are very or mostly confident that they can help their children set up bedtime routines (4 or 5 on a 5-point scale)	27%	27%
Increase in parents who follow an after-school routine that includes at least one hour of physical activity (4 on a 4-point scale)	25%	25%
Increase in parents who turn off the TV (if it is on) and put away screens (tablets, phones) at meal time (4 on a 4-point scale)	20%	20%



## MEDICAL RESPITE

FISCAL AGENT: HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA

<i>Program Name</i>	Medical Respite Program		
<i>Grant Goal</i>	To manage the medical needs of homeless patients upon discharge from the hospital and help link them to a medical home, benefits, and transitional or permanent housing.		
<i>Community Need</i>	According to the 2011 Santa Clara County Homeless Census and Survey, an estimated 7,045 homeless people reside in the county, and 20 percent of them have a physical disability and 14 percent have a chronic health problem. Once released from the hospital, homeless individuals have no place to recover and no place to obtain essential services they need post-discharge, thereby relying on hospitals to “house” them until they are able to care for themselves.		
<i>Agency Description</i>	The Hospital Council of Northern and Central California’s mission is to help its members provide high quality healthcare and to improve the health status of the communities they serve. The agency brings hospitals together to achieve excellent patient care and community health far beyond the capacity of individual hospitals.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide supervised medical care</li> <li>Provide assessment by case managers who link patients to Medi-Cal, food stamps, and Supplemental Security Income (SSI income), mental health and substance abuse treatment, permanent housing, assistance with job searches, and training provided for those who are able to work</li> <li>Provide a room and three meals a day while in medical respite</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding	ECH: \$13,500	ECHD: \$80,000
	FY17 recommended funding	ECH: \$13,500	ECH: \$80,000
	FY16 approved funding	ECH: \$13,500	ECHD: \$55,000
	FY16 6-month metrics met: 100%		
	FY15 approved funding	ECH: \$55,000	ECHD: \$55,000
	15 annual metrics met: 100%		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Patients served		1	1
Program patients linked to Primary Care home*		92%	92%
Patients who complete the program who are discharged to interim or permanent housing rather than back to the streets*		72%	72%
Hospital days avoided for total program*		275	550

\*Based on full Medical Respite program



# HEALTHY BODY



## PLAYWORKS

<i>Program Name</i>	Playworks		
<i>Grant Goal</i>	Improve physical activity through meaningful play while regaining classroom instruction time and reducing bullying.		
<i>Community Need</i>	Recess and play, a critical part of childhood development, is at risk — particularly at low-income schools. The 2012 American Academy policy statement noted recess times are shorter among low-income and urban children. El Camino Hospital's 2016 Community Health Needs Assessment shows that 16% of middle and high school students are overweight or obese. According to the Health and Social Inequity in Santa Clara County 2011 Report, poor health is associated with poor academic achievement.		
<i>Agency Description</i>	Playworks is a national nonprofit organization that transforms schools by providing play and physical activity at recess and throughout the school day. Coaches also provide lessons on physical health, fitness, conflict resolution, principles of violence prevention, and safety.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide a full time Program Coordinator to engage students during recess through inclusive play</li> <li>Coordinate interscholastic/developmental sports leagues to teach students basketball, volleyball, and soccer</li> <li>Provide after school programs with a focus on learning (e.g., scholastic support, group projects) and growing (e.g., physical activities)</li> <li>Recruit and train junior coaches to become recess leaders</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding	ECH: \$122,000	ECHD: \$317,000
	FY17 recommended funding	ECH: \$110,000	ECHD: \$270,000
	FY16 approved funding	ECH: \$105,000	ECHD: \$261,000
	FY16 6-month metrics met: 100%		
<i>Funding and Performance</i>	FY15 approved funding	ECH: \$90,000	ECHD: \$240,000
	FY15 annual metrics met: 100%		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Students served		1,274	1,274
Teachers/administrators who report an increase in physical activity at their schools		N/A	90%
Teachers/administrators who report a decrease in bullying		N/A	90%
Teachers/administrators who report an increased number of students engaged in healthy play		N/A	95%
Teachers/administrators who report an improvement in overall school climate		N/A	95%



## PRE-DIABETES PROGRAM - COMMUNITY HEALTH PARTNERSHIP

NEW

<i>Program Name</i>	Prevent: Online Pre-diabetes Prevention Program for Safety Net Patients at Planned Parenthood
<i>Grant Goal</i>	To deliver the CDC's National Diabetes Prevention Program (NDPP) through a digital platform that will help low-income individuals reduce their risk of type 2 diabetes and other conditions such as heart disease.
<i>Community Need</i>	The CDC estimates that 1 out of 3 adults have pre-diabetes, which translates to approximately 486,000 adults in Santa Clara County. Low-income populations are at a 25% higher risk for diabetes than the national rate. Delivering the CDC's NDPP through a digital platform as a lifestyle modification program proven to support diabetes prevention addresses barriers to access.
<i>Agency Description</i>	Community Health Partnership (CHP) is a consortium of community health centers (CHCs) founded in 1993. CHP members include Federally Qualified Health Centers, School Health Clinics, "free" clinics, reproductive clinics, and an Indian Health Center.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide evidence-based curriculum addressing pre-diabetes and the prevention of type 2 diabetes using innovative online platform</li> <li>Provide personalized health coaching and small group support</li> <li>Services and program to be provided at safety net clinics in Mountain View and San Jose</li> </ul>
<i>Funding</i>	FY17 requested funding: \$56,500 FY17 recommended funding: \$56,500

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
At-risk patients screened for eligibility	350	500
Patients enrolled in the online evidence-based Diabetes Prevention Program	75	75
Program weigh-ins, food and activity tracking, and health coach and online group interactions	4,800	14,400
Patients that achieve at least a 4.2% weight loss at 16 weeks	N/A	50%
Participants that report being satisfied with the program	N/A	85%



## SANTA CLARA COUNTY OFFICE OF EDUCATION – EARLY HEAD START

<i>Program Name</i>	Family Advocate for Early Head Start Program
<i>Grant Goal</i>	To ensure children's healthy development and provide advocacy, referrals, and resources for their families.
<i>Community Need</i>	Children who are enrolled in the Early Head Start Program are at the highest risk for adverse health and developmental outcomes because of the limited economic and social resources available to their families. Rates of adverse health outcomes and nutritional concerns are rising in this population; children born to teen mothers are at highest risk.
<i>Agency Description</i>	The Santa Clara County Office of Education's Head Start/Early Head Start Program provides comprehensive services, family support, and a high-quality educational curriculum to help young children develop preschool competence to prepare them for kindergarten.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide full-time Family Advocate</li> <li>Provide health and developmental screenings and referrals to a primary care provider or Early Start services</li> <li>Provide parent education and coaching on healthy parent-child interactions</li> </ul>
<i>Funding and Performance</i>	FY17 requested funding: \$92,679 FY17 recommended funding: \$40,000 FY16 approved funding: \$80,724 (FY16 6-month metrics met: 100%) FY15 approved funding: \$80,724 (FY15 annual metrics met: 100%)

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Individuals served	32	32
Services provided	300	470
Children meeting the Child Health and Disabilities Prevention periodicity schedule on time as required by age	80%	95%
Children who are not up to date on recommended procedures who come under medical care	50%	90%
Parents participating in health education	15%	25%



## SUPERIOR COURT OF CALIFORNIA, SANTA CLARA COUNTY – FOSTER CARE ORTHODONTIC PROGRAM

<i>Program Name</i>	Orthodontic Services for Youth in Foster Care	
<i>Grant Goal</i>	To improve the oral health of disadvantaged youth by increasing access to dental care and orthodontic services.	
<i>Community Need</i>	Oral health services are an important component of a child's physical and emotional health. Teeth that are crowded, overlapping, or fail to come together for a proper bite may be painful for children. Foster youth often go without dental care due to insufficient funds to afford the necessary medical or dental care.	
<i>Agency Description</i>	Foster youth are overseen by the Superior Court, County of Santa Clara. The Court is renowned across the country for its innovative, collaborative approach to serving youth using non-traditional, non-adversarial approaches and models.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide comprehensive orthodontic treatment</li> <li>Provide program administration including managing referrals, monitoring treatment plans, and coordinating the activities of the Court, the Department of Children and Family Services, and program orthodontists</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$89,462 FY17 recommended funding: \$70,000 FY16 approved funding: \$68,144 (FY16 6-month metric met: 100%) FY15 approved funding: \$52,869 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Youth served	17	44
Youth who report being satisfied or highly satisfied with orthodontic care services	75%	75%
Social workers who indicate that orthodontic care has had a positive impact on well-being and self-esteem of youth served in the program	75%	75%



## VISION TO LEARN

NEW

<i>Program Name</i>	Free Eye Exams and Glasses for Students in Low-income Schools		
<i>Grant Goal</i>	To provide eye exams and glasses for students with vision problems at low-income schools.		
<i>Community Need</i>	Low-income minority youth appear to suffer from a disproportionately high prevalence of educationally relevant vision problems and are at high risk for inadequate treatment of vision problems. Students with uncorrected vision problems often avoid reading, suffer headaches, and have trouble focusing on class discussions. These symptoms make affected children less likely to reach the important educational milestone of reading proficiency by the end of third grade, which makes them more likely to fall behind and drop out of school.		
<i>Agency Description</i>	Founded in 2012 in Los Angeles, Vision To Learn seeks to solve a problem affecting as many as 250,000 children in California, including 15,000 in Santa Clara County, who lack the glasses they need to see the board, read a book, study math or participate in class. Kids in low-income communities and minorities are disproportionately affected. Vision To Learn solves addresses the issue by bringing the clinic to the kids at schools and community organizations and providing eye exams and glasses free of charge.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide free eye exams to students</li> <li>Provide free eyeglasses to every examined student who needs them</li> <li>Provide free replacement glasses to any student whose glasses are broken, lost, or stolen within 1 year</li> </ul>		
<i>Funding</i>	FY17 requested funding:	ECH: \$34,226	ECHD: \$31,979
	FY17 recommended funding:	ECH: \$34,226	ECHD: \$31,979
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Free eye exams provided		250	441
Free eyeglasses provided		200	353



*To improve the mental health and wellbeing of the community by providing services and increasing access to services that address serious mental illness, depression, and anxiety related to issues such as dementia, domestic violence, substance use, and bullying.*

Healthy minds are essential to a person's wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Those affected by dementia experience a decline in mental ability, which affects memory, problem-solving, and perception. The resulting confusion often also leads to depression, aggression, and other mental health issues.<sup>1</sup> Caregivers of those with dementia also experience depression.<sup>2</sup> Mental health disorders can also impact physical health and are associated with the prevalence, progression, and onset of chronic diseases, including diabetes, heart disease, and cancer.

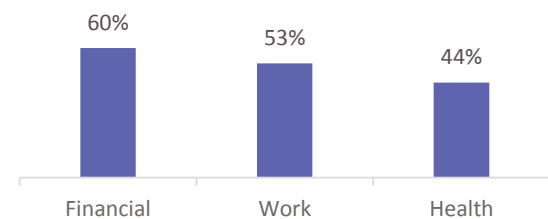
## DATA FINDINGS

Services to address the needs in the Healthy Mind priority area are demonstrated by the following statistics:

- **Behavioral Health** was prioritized as a top need of the community. This need includes mental health, wellbeing (such as depression and anxiety), and substance use/abuse. Close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days. Six in ten county residents report being somewhat or very stressed about financial concerns. Notably, nearly one quarter (23%) of LGBTQ respondents have seriously considered attempting suicide or physically harming themselves within the past 12

Figure 4 Adult stress

PERCENTAGE OF SCC ADULTS WHO ARE SOMEWHAT OR VERY STRESSED, BY TOPIC, 2014



Source: Santa Clara County Public Health Department. (2014). Behavioral Risk Factor Survey.

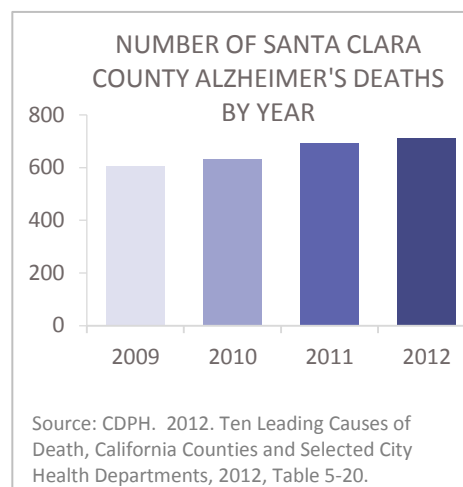
<sup>1</sup> Alzheimer's Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

<sup>2</sup> Alzheimer's Association. <https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp>

months. Through focus groups and key informant interviews, the community discussed the stigma that persists for those who experience mental illness. They also expressed concern about behavioral health for older adults, LGBTQ residents, and those of particular ethnicities/cultures. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. The community expressed concern about the documented high rates of youth marijuana use and rising youth methamphetamine use. While binge drinking among adults and youth is relatively low, it is a contributor to liver disease/cirrhosis, which is the ninth leading cause of death in the county.

Figure 5 Alzheimer's deaths

- **Alzheimer's Disease and Dementia:** Alzheimer's disease was the third leading cause of death in 2012, accounting for 8% of all deaths.<sup>3</sup> In California, it was the fifth leading cause. The age-adjusted death rate of Alzheimer's disease in Santa Clara County in 2011 was 35.9 per 100,000, which was higher than the state overall in 2010 (30.1 per 100,000).<sup>4</sup> In the next 10 years, nearly one in five local residents will be 65 years or older, which puts the population at higher risk for dementia and Alzheimer's disease.<sup>5</sup> Also, the county population is slightly older than the state overall. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses. There are a lack of countywide data on the prevalence of dementia and Alzheimer's disease, which is a concern given the increasing proportion of older adults.



## STRATEGIES TO IMPROVE HEALTHY MINDS

1. Mental health and substance abuse screening and assessment
2. Community education and parent engagement
3. Case management and medication management
4. Individual and group counseling and therapy for youth and adults
5. Youth developmental asset building
6. Crisis intervention for youth, their families, and adults
7. Group activities for seniors to reduce isolation and depression
8. Active support for caregivers

<sup>3</sup> CDPH, *Leading Causes of Death; California Counties and Selected City Health Department*, 2012. Note that 2013 death data show an anomaly for Alzheimer's deaths, with 3% of deaths due to Alzheimer's disease, which may reflect a change in how deaths were reported.

<sup>4</sup> Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.

<sup>5</sup> Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

## HEALTHY MIND PROPOSALS

1. AACI (Asian Americans for Community Involvement) – Healthy IDEAS
2. Almaden Valley Counseling Program
3. Cupertino Union School District – Counseling Program
4. EMQ Families First Counseling Program for Campbell Union High School District
5. GoNoodle Brain Breaks
6. LinkAges
7. Meet and Move
8. Momentum for Mental Health
9. Peninsula HealthCare Connection
10. Santa Clara Unified School District Counseling Program
11. Saratoga Area Senior Coordinating Council
12. Transitional Program Continuing Care Connections

## HEALTHY MIND RECOMMENDED FUNDING: \$838,016

Detailed descriptions of partner programs in the Healthy Mind area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.





## AACI (ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT)

<i>Program Name</i>	Healthy IDEAS
<i>Grant Goal</i>	Healthy IDEAS addresses symptoms of depression among at-risk seniors. The program will serve seniors with the unique capacity for Cantonese and Mandarin speaking populations that significantly underutilizes mental health services.
<i>Community Need</i>	Santa Clara County is home to over 280,000 adults over the age of 65, accounting for 15.7% of the population. The population of older adults will continue to grow over the next decade and by 2030 27.6% of residents will be over age 60. Of Santa Clara County's seniors, 28% are Asian.
<i>Agency Description</i>	Asian Americans for Community Involvement (AACI) was founded in 1973 to advocate for newly resettled Southeast Asian refugees whose culturally specific needs exceeded what was available in services at the time and is now the largest non-profit organization dedicated to providing culturally and linguistically appropriate services to Asians in Santa Clara County.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide part-time program staff to implement the Healthy IDEAS evidence-based intervention</li> <li>Screen for depressive symptoms</li> <li>Provide education about depression and encourage those with mild symptoms to engage in wellness activities and link those with more severe symptoms to medical/mental health providers</li> </ul>
<i>Funding and Performance</i>	FY17 requested funding: \$50,000 FY17 recommended funding: \$50,000 FY16 approved funding: \$50,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$45,000 (FY15 annual metrics met: 80%)

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Seniors screened for depression	75	150
Participants who enroll the Healthy IDEAS program	20	40
Healthy IDEAS services provided	195	390
Participants who demonstrate at least a one-point decrease in score on Geriatric Depression Scale	85%	85%



## ALMADEN VALLEY COUNSELING SERVICE (AVCS)

NEW

<i>Program Name</i>	Social Skills for Children
<i>Grant Goal</i>	Almaden Valley Counseling Service (AVCS) will provide the on-site Social Skills for Children program at local elementary schools to increase children's developmental assets. This grant will augment a \$67,000 grant from Department of Social Services that provides social skills classes.
<i>Community Need</i>	Santa Clara County's Department of Mental Health has identified a number of risk factors including socioeconomic, family structure, linguistic isolation and housing status that can influence the life chances for the child. The major barriers to accessing counseling services are location and affordability.
<i>Agency Description</i>	AVCS is a community-based, nonprofit counseling agency committed to meeting the mental health concerns of all ages with an emphasis on youth. AVCS offers a full range of counseling services, which supports and promotes personal growth, positive family relationships and emotional wellbeing.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>AVCS offers free school-based services at four elementary schools in the Cambrian School District and ten elementary schools in the San Jose Unified School District</li> <li>Support social skills groups for children at local elementary schools and implement a variety of counseling approaches to increase external and internal developmental assets</li> </ul>
<i>Funding</i>	FY17 requested funding: \$43,457 FY17 recommended funding: \$43,457

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Students served	180	290
Counseling sessions	800	2,030
Students who show an increase in at least 50% of the 7 relevant External Developmental Assets for their age group	34%	80%
Students who show an increase in at least 50% of the 16 relevant Internal Developmental Assets for their age group	34%	80%
Teachers of the elementary school youth who state that the child shows an improved attitude in school	48%	80%



## CUPERTINO UNION SCHOOL DISTRICT

<i>Program Name</i>	Cupertino Union School District Counseling Program	
<i>Grant Goal</i>	Provide a Marriage and Family Therapist Intern (MFTI) to each of the five middle schools in the school district. The MFTI's will provide school-based individual, group, and family therapy to students in sixth through eighth grades. Interns are supervised by a Licensed Marriage and Family Therapist (LMFT).	
<i>Community Need</i>	One in ten youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. Roughly half of all lifetime mental health disorders start by the mid-teens. The need for school-based mental health services has been well documented over the last 15 years.	
<i>Agency Description</i>	The Cupertino Union School District has a rich history that began in the mid-1800s. The district was founded in 1917, and has been known for its academic excellence since inception. The district began with four schools, and has grown to 25 schools serving more than 19,000 students. The mission of the Cupertino Union School District is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, community, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Five Marriage and Family Therapist Interns</li> <li>Individual, group, and family counseling to middle school students</li> <li>Evidence-based counseling intervention including Cognitive Behavioral Therapy, Narrative Therapy, and Dialectical Behavioral Therapy</li> </ul>	
<i>Funding</i>	FY17 requested funding: \$120,000 FY17 recommended funding: \$105,000 FY16 approved funding: \$100,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$100,000 (FY15 annual metrics met: 75%)	
<i>Goals/Metrics</i>	<b>6 Month Target</b>	<b>Annual Target</b>
Middle school students served	80	170
Services provided	750	2,300
Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	60%	90%
Students who improve on the Strength and Difficulties Questionnaire and Impact Assessment by 50%	50%	75%



## EMQ FAMILIESFIRST

<i>Program Name</i>	Addiction Prevention Services
<i>Grant Goal</i>	Addiction Prevention Services (APS) will serve the five high schools in the Campbell Union High School District to keep youth healthy, safe, and in school.
<i>Community Need</i>	There are significant consequences to inadequately addressing the mental health needs of youth. Untreated mental health problems can lead to higher rates of juvenile incarceration, school dropout, family dysfunction, drug abuse, and unemployment.
<i>Agency Description</i>	EMQ FamiliesFirst is a nonprofit organization recognized for innovative mental health treatment, foster care, and social services. The organization combines research-based behavioral health services with family-centered efforts to identify and address the needs of families.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide substance abuse prevention, intervention, and post-intervention services for youth who are both at-risk and those currently involved in high-risk activities</li> <li>Classroom workshops (gangs, bullying, suicide prevention, drug and alcohol education, stress/anxiety management) and school assemblies</li> <li>Targeted Intervention Groups to reduce high risk behaviors</li> <li>Individual counseling and family case management</li> <li>Teacher/staff trainings &amp; workshops</li> </ul>
<i>Funding and Performance</i>	FY17 requested funding: \$230,000 FY17 recommended funding: \$230,000 FY16 approved funding: \$150,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$150,000 (FY15 annual metrics met: 100%)

<i>Goals/Metrics</i>	<b>6 Month Target</b>	<b>Annual Target</b>
Students served with individual and/or group counseling and classroom presentations	1,200	3,500
Services provided	1,500	3,985
Youth in individual and group sessions who show at least 50% increase in improved choices related to high risk behaviors	75%	75%
Youth participating in classroom presentations who show an increase in knowledge which may improve behaviors related to high risk activities	85%	85%
Parents/caregivers who show an increase in knowledge of the topics presented and a better understanding of how to access services for youth	95%	95%



## GoNOODLE BRAIN BREAKS FOR YOUTH

<i>Program Name</i>	GoNoodle - Brain Breaks for Youth		
<i>Grant Goal</i>	Increase students' learning engagement and focus by providing classroom Brain Breaks.		
<i>Community Need</i>	Healthy children make better students, and better students make healthier communities. Unfortunately, teachers often lack resources necessary to promote wellness in the classroom, and schools are finding it increasingly difficult to ensure sufficient opportunities for physical activity during school.		
<i>Agency Description</i>	GoNoodle provides teachers with educational games, apps, and resources that address student health literacy, and promote physical activity and other important health skills in the classroom.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>GoNoodle is a suite of web-based games and videos designed to bring physical activity breaks into K-5 elementary classrooms.</li> <li>The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills and behavior as well as overall health.</li> <li>Short games serve as brain-break transitions between subjects; teachers can easily integrate physical activity into the instructional day.</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$110,000	ECHD: \$35,000
	FY17 recommended funding:	ECH: \$110,000	ECHD: \$35,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECH: \$74,000	ECHD: \$21,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECH: \$63,000	ECHD: \$27,000
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Schools served		183	183
Active GoNoodle users as a percentage of school staff		50%	70%
GoNoodle physical activity breaks played		90,000	180,000
Student physical activity minutes achieved		4,000,000	8,000,000
Teachers who believe GoNoodle benefits their students' focus and attention in the classroom		N/A	80%
Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects		N/A	80%



## LINKAGES

<i>Program Name</i>	LinkAges		
<i>Grant Goal</i>	Engage with existing community resources to improve the health and wellbeing of seniors and family caregivers.		
<i>Community Need</i>	By 2030, older Americans will represent approximately 20 percent of the population. As seniors face the challenge of aging independently, it is critically important to develop solutions to sustain their wellbeing. Research shows that social isolation and loneliness have a direct impact on senior health, leading to dementia, depression, and early mortality.		
<i>Agency Description</i>	LinkAges is a community-based, multigenerational network designed to engage with existing resources within communities to improve the health and wellbeing of seniors and family caregivers. The program partners the Palo Alto Medical Foundation, one of the region’s largest providers of primary and specialty care, with local nonprofits, neighborhood associations, faith-based organizations, and businesses to offer a community-based response to address non-medical determinants of health and support aging in place.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"><li>▪ Provide staffing for a community outreach coordinator</li><li>▪ Train linkAges Advocates to work directly with isolated and homebound seniors</li><li>▪ Engage community members and organizations about aging in place</li><li>▪ Connect underserved seniors and families to the linkAges system</li></ul>		
<i>Funding and Performance</i>	FY17 requested funding: \$50,000 FY17 recommended funding: \$50,000 FY16 approved funding: \$50,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$50,000 (FY15 annual metrics met: 80%)		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Participants enrolled in linkAges		800	1,600
Services provided		1,000	2,000
Participants expressing satisfaction and usefulness of the experience, intention to use linkAges again, and intent to refer others to linkAges		75%	75%
Participating seniors reporting an increase in feelings of usefulness as participating members of the linkAges community		N/A	60%



## MEET AND MOVE

<i>Program Name</i>	Meet and Move	
<i>Grant Goal</i>	To help address the problems of social isolation and physical inactivity that affect caregivers of an aging or sick relative or friend.	
<i>Community Need</i>	One out of four adults in Santa Clara County provides regular care to a family member/friend with illness or disability and 40 percent of caregivers in Santa Clara County are age 55 and older. The number of adults needing long-term care will more than double by 2050. Several studies have documented that caregivers are more likely to report higher levels of stress and adverse health effects. They are less likely to care for their own health and are at higher risk for heart disease, compromised immune systems, depression, substance abuse, and suicide.	
<i>Agency Description</i>	El Camino Hospital's Health Library & Resource Center's Eldercare Consultants collaborated with Palo Alto Medical Foundation (PAMF) in the development of the Meet & Move program.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Enroll and train clients in the use of the linkAges platform</li> <li>▪ Host weekly walks with the program coordinator</li> <li>▪ Conduct monthly speaker series on topics relevant to caregivers</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$21,700 FY17 recommended funding: \$19,500 FY15 approved funding: \$ 18,000 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Individuals served	50	100
Services provided	410	850
Participants who increase number of steps per week from baseline to end of program period (6 months)	60%	60%
Participants who report that they feel more supported in carrying out their caregiving responsibilities since participating in Meet & Move	50%	50%



## MOMENTUM FOR MENTAL HEALTH

<i>Program Name</i>	La Selva Community Clinic		
<i>Grant Goal</i>	Improve the mental health of uninsured individuals by increasing access to mental health services.		
<i>Community Need</i>	Many individuals who suffer from mental illness do not have access to mental health services, due to the lack of healthcare insurance, or their inability to pay. Consequently, these individuals tend to remain untreated, utilize hospital emergency rooms when in crisis, and risk losing employment.		
<i>Agency Description</i>	Momentum for Mental Health is the largest private non-profit agency providing mental health services to adults in Santa Clara County.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide partial funding for staff of three psychiatrists, a licensed Marriage and Family Therapist, lead clinician, registered nurse, and team of therapist in the adult day program</li> <li>Provide comprehensive psychiatric evaluation and crisis intervention</li> <li>Provide ongoing psychiatric care, medication management, and low-cost psychotropic medications</li> <li>Provide case management and links to social services and public benefits</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$26,000	ECHD: \$266,000
	FY17 recommended funding:	ECH: \$26,000	ECHD: \$241,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECH: \$26,000	ECHD: \$236,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECH: \$26,000	ECHD: \$236,000
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Patients served		16	22
Services provided		90	180
Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum		95%	95%
Patients demonstrating an improved functioning level as evidenced by an increase in the Global Assessment Functioning score of 2 points or more.		95%	95%
Patients demonstrating a decrease in depression as evidenced by a drop of two points or more on the Patient Health Questionnaire-9 Depression scale		95%	95%





## PENINSULA HEALTHCARE CONNECTION

<i>Program Name</i>	Psychiatric Services and Case Management Program	
<i>Grant Goal</i>	Manage and stabilize homeless individuals suffering from mental illness and provide housing for the most vulnerable.	
<i>Community Need</i>	According to the 2015 Santa Clara County Homeless Census and Survey, 64% of individuals reported having a mental health condition (including PTSD), while only 21% reported accessing existing mental health services. At any given point in time, 45 percent of homeless people report having had mental health problems during the last year. About 25 percent of the homeless population has serious mental illness, including chronic depression, bipolar disorder, and schizophrenia.	
<i>Agency Description</i>	Peninsula HealthCare Connection is a nonprofit organization that serves the needs of the homeless and those at risk of becoming homeless.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Support a psychiatrist, licensed vocational nurse, and case manager</li> <li>▪ Provide psychiatric care, medication management, counseling services, and case management</li> <li>▪ Provide outreach and education to homeless individuals about available services and assist with securing housing</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$90,000 FY17 recommended funding: \$90,000 FY16 approved funding: \$80,202 (FY16 6-month metrics met: 100%) FY15 approved funding: \$65,000 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Patients served	85	170
Visits including psychiatry, therapy, and case management	275	550
Actively managed patients who obtain permanent housing	6	12
Psychiatric patients not hospitalized in a 12 month period	85%	85%



## SANTA CLARA UNIFIED SCHOOL DISTRICT

<i>Program Name</i>	Counseling Services
<i>Grant Goal</i>	Improve educational outcomes and success in school for students receiving mental health services and emotional support.
<i>Community Need</i>	In a given year, 20 percent of young people experience mental health issues such as depression, anxiety, eating disorders, academic stress, and substance abuse. Unfortunately, the vast majority of these youth do not receive the treatment they need. Left untreated, many teens contemplate suicide, the third leading cause of death for young people today.
<i>Agency Description</i>	Santa Clara Unified School District is a culturally diverse district that serves over 13,000 K-12 students in the communities of San Jose, Santa Clara, and Sunnyvale.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Provide staffing for a licensed marriage and family therapist</li> <li>▪ Provide individual and group counseling</li> <li>▪ Provide curriculum-based classroom interventions</li> <li>▪ Provide parent education and support</li> <li>▪ Provide case management and referrals</li> </ul>
<i>Funding and Performance</i>	FY17 requested funding: \$100,000 FY17 recommended funding: \$100,000 FY16 approved funding: \$100,000 (FY16 6-month metrics met: 80%) FY15 approved funding: \$100,000 (FY15 annual metrics met: 66%)

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Students served through classroom presentations	485	940
Students provided with case management and/or counseling	35	60
Services provided (case management and counseling)	300	810
Students receiving counseling services who increase their days of attendance compared to previous year	20%	20%
Students receiving counseling service who earn a 2.30 GPA or higher	20%	30%
Reduction in referrals for high risk behaviors that could result in suspension or discipline for students receiving counseling services	10%	15%



## SARATOGA AREA SENIOR COORDINATING COUNCIL

NEW

<i>Program Name</i>	Saratoga Adult Care Center – Adult Day Care	
<i>Grant Goal</i>	This program aims to safely engage older adults in ways shown to improve social participation and reduce social isolation through the use of outdoor activities.	
<i>Community Need</i>	Adult day care services are a well-established solution for aging adults who are at risk for social isolation due to cognitive and/or physical limitations, as well as being an essential support resource for caregivers and family members. Regular exposure to the outdoors, particularly sunlight, improves circadian rhythm, leading to measurable improvements in daytime wakefulness, nighttime sleep, and mood; and has also been linked to reduction in sleep disturbances, fall risk, and symptoms of depression and nighttime agitation (Hanford & Figueiro, 2013).	
<i>Agency Description</i>	The Saratoga Area Senior Coordinating Council (SASCC) is a 501(c)(3) nonprofit organization founded in 1979. Our mission is to provide access to physical and social activities along with resource services that improve the overall quality of life for aging adults residing in our community.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Provide activities that mitigate social isolation</li> <li>▪ Provide activities that promote exposure to the outdoors and increased activity</li> </ul>	
<i>Funding</i>	FY17 requested funding: \$14,059 FY17 recommended funding: \$14,059	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Older adults served	49	54
Participation in activities that will reduce social isolation	70%	90%
Participation in activities that will promote outdoor exposure	70%	90%



## TRANSITIONAL PROGRAM CONTINUING CARE CONNECTIONS

NEW

<i>Program Name</i>	Mental Health: Optimizing Continuing Care Connections
<i>Grant Goal</i>	Optimize the transfer and consistency of mental healthcare from in-patient to outpatient environments, thereby reducing the occurrence of re-hospitalization and delay of social reintegration.
<i>Community Need</i>	One of the biggest problems with modern mental healthcare is the failure of in-patients to obtain and maintain, adequate, post-hospitalization care. Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) were created to address this deficiency, but once these options have been exhausted the problem reappears.
<i>Agency Description</i>	The Transitional Program was conceived and created more than 25 years ago as a cooperative effort of the Transitional Program non-profit corporation, the Palo Alto Adult School, local area churches and graduate schools of psychology. It is a true community based approach. Concurrently, the Transitional Program provides graduate level training in psychotherapy to nearly one hundred Ph.D. and doctor of psychology level candidates.
<i>Services Funded by This Grant</i>	In-patient consultations on the transfer to community based mental health care.
<i>Funding</i>	FY17 requested funding: \$5,745 FY17 recommended funding: \$0

<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Field requests from ECH behavioral health personnel, for on-site consultation with hospital patients	6-10	10-20
Provide “inpatient” consultations on the transfer to community based mental healthcare	6-10	10-20
Successful referral transfers (to any community agency)	6-10	10-20
Where possible, record the number of mental health re-hospitalizations during the follow-up periods of 3, 6 and 12 months	0	0
Provide familiarization presentations to various ECH Behavioral Health Departments in the first and seventh months	3	6



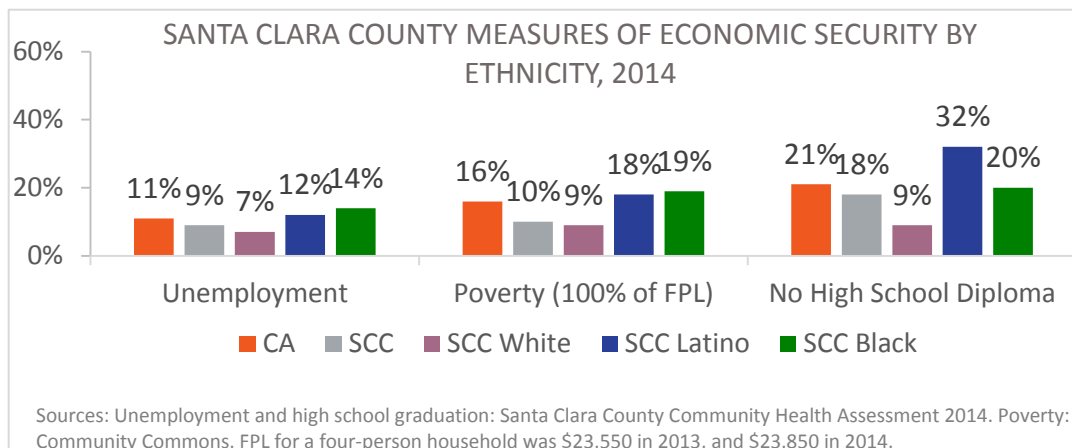
*To improve the overall health of the community by providing services and increasing access to services that improve safety, provide transportation, and educate the community about health and wellbeing.*

A healthy community can impact health positively by providing safe places to live, work, and be educated. When a community lacks affordable and sufficient transportation, lacks awareness of health issues and risk for chronic diseases, and is not able to access culturally competent services, its residents experience poor health.

## DATA FINDINGS

Services to address the needs in the Healthy Community priority area are demonstrated by the following statistics:

- Economic Security** is a need in Santa Clara County because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. In 2014, 32% of Latinos in Santa Clara County did not graduate from high school, compared to 18% of residents countywide. In terms of poverty, 10% of Santa Clara County residents live below the Federal Poverty Level (FPL). However, the percentage living below the self-sufficiency standard, which is a more comprehensive measure of poverty, is higher (23%). The community expressed concern that income inequality and the wage gap contribute to poor health outcomes.



- Unintentional Injuries** are a concern in Santa Clara County because rates of deaths due to falls and adult drowning in the overall population are higher than HP2020 targets. In addition, rates for some ethnic/racial groups in the county exceed HP2020 targets in various injury categories. For example,

death rates from pedestrian accidents among Latinos (2.2 per 100,000) and Asians (1.6 per 100,000) exceed the HP2020 objective of 1.3 per 100,000.

- **Violence & Abuse** in the county is a problem that disproportionately affects people of color, including adult homicide and domestic violence deaths. Also, a majority of youth reports having been victims of physical, psychological, and/or cyber bullying. The community indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, dysfunctional family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims.

## STRATEGIES TO IMPROVE COMMUNITY HEALTH

1. Consumer health library
2. Case management
3. Support groups
4. Fall prevention education
5. Training for clinicians on cultural competence
6. Training for clinicians on medical devices
7. Community health outreach and online interventions

## HEALTHY COMMUNITY PROPOSALS

1. Chinese Health Initiative (El Camino Hospital)
2. Falls Prevention in Santa Clara County (San Jose State University)
3. Great NonProfits
4. Health Library & Resource Center Los Gatos
5. Next Door Solutions
6. Pre-diabetes Initiative (Hill and Co.)
7. Racing Hearts
8. RoadRunners Patient Transportation
9. Services, Immigrant Rights and Education Network (SIREN)
10. South Asian Heart Center
11. Teen Success
12. West Valley Community Services - CARE
13. West Valley Community Services - CARE Senior Services

## HEALTHY COMMUNITY RECOMMENDED FUNDING: \$1,080,134

Detailed descriptions of partner programs in the Healthy Community area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.



## CHINESE HEALTH INITIATIVE (EL CAMINO HOSPITAL)

<i>Program Name</i>	Chinese Health Initiative		
<i>Grant Goal</i>	Increase awareness and identification of health disparities including hepatitis B, liver cancer, and hypertension among the Chinese community.		
<i>Community Need</i>	The incidence and mortality rates of liver cancer in the Chinese community are three times more than those of whites.		
<i>Agency Description</i>	Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Conduct educational workshops to raise awareness of health disparities</li> <li>Provide screenings</li> <li>Produce newspaper articles and print material addressing health concerns specific to the Chinese community</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$30,000	ECHD: \$215,200
	FY17 recommended funding:	ECH: \$30,000	ECHD: \$215,200
	FY16 approved funding:	ECH: \$30,000	ECHD: \$190,200
	FY16 6-month metrics met: 66%		
	FY15 approved funding:	ECH: \$30,000	ECHD: \$190,000
	FY15 annual metrics met: 100%		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Individuals served		60	125
Services provided		125	250
Participants who strongly agree or agree that the program's health education or screening helps them better manage their health		NA	85%



## FALLS PREVENTION IN SANTA CLARA COUNTY

FISCAL AGENT: SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION

<i>Program Name</i>	Falls Prevention in Santa Clara County	
<i>Grant Goal</i>	To increase awareness regarding falls and to provide resources for community members to help reduce their risk of falling.	
<i>Community Need</i>	A third of Americans over the age of 65 fall each year, resulting in \$2.4 billion in direct medical costs in California alone. In 2011, in Santa Clara County, there were 140 deaths, 4,119 hospital discharges and 27,678 non-fatal emergency department visits due to falls. Additionally, there were 8,734 fall-related calls for ambulance service among seniors. There is a clear need for falls prevention information, training, and education in our community.	
<i>Agency Description</i>	San José State University (SJSU) is a public university. The SJSU Department of Kinesiology provides a home for Falls Prevention in Santa Clara County (FPSCC), under the umbrella of the existing Silicon Valley Healthy Aging Partnership (SVHAP).	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide part-time program staff to conduct and coordinate falls prevention activities</li> <li>Conduct outreach and education in the community and provide trainings and support for Matter of Balance and EnhanceFitness programs</li> <li>Increase the use of the SVHAP website, which includes resources for falls prevention (<a href="http://www.svhap.org">www.svhap.org</a>)</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$75,000 FY17 recommended funding: \$40,000 FY16 approved funding: \$70,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$70,000 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Individuals served	655	1,310
Technical assistance provided to community organizations	7	14
Matter of Balance training sessions	1	1
EnhanceFitness training sessions	1	1





## GREAT NONPROFITS

<i>Program Name</i>	Community Nudges: Interventions in Low-Income Latino Neighborhoods	
<i>Grant Goal</i>	Implement a Short Message Service (SMS) based health intervention focused on pre-diabetes and type II diabetes by promoting behavioral changes among low-income Latinos.	
<i>Community Need</i>	37% percent of U.S. adults aged 20 years or older have pre-diabetes. Low-income populations are at higher risk than the general population for developing type II diabetes.	
<i>Agency Description</i>	GreatNonprofits is the leading developer of tools to promote community engagement and feedback through nonprofit organizations. Their latest tool, Street Chats, is a culturally appropriate, text-based survey designed to quickly and confidentially gather insights from low-income communities to assist in informed health program planning.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Implement innovative SMS intervention to promote health behavior change related to diabetes and pre-diabetes</li> <li>Collect data on self-reported behaviors via SMS</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$53,360 FY17 recommended funding: \$30,000 FY16 approved funding: \$42,350 (FY16 metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
Participants who receive text-message interventions	80	80
Participants in focus groups	6	18
Participants who self-report at least one behavior change (via post-intervention survey)	20%	20%



## HEALTH LIBRARY & RESOURCE CENTER LOS GATOS

<i>Program Name</i>	Health Library & Resource Center Los Gatos		
<i>Grant Goal</i>	This Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families, and caregivers.		
<i>Community Need</i>	Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars.		
<i>Agency Description</i>	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources</li> <li>Conduct outreach to local senior centers</li> <li>Provide eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$63,672	ECHD (MV): \$393,491
	FY17 recommended funding:	ECH: \$63,672	ECHD (MV): \$393,491
	FY16 approved funding:	ECH: \$63,672	ECHD (MV): \$393,491
	FY16 6-month metrics met: 100%		
<i>Goals/Metrics</i>	FY15 approved funding:	ECH: \$63,672	ECHD (MV): \$453,616
	FY15 annual metrics met: 100%		
		<b>6 month Target</b>	<b>Annual Target</b>
	Total individuals served	702	1,404
	Individuals who strongly agree or agree that eldercare referrals appropriate to their needs	N/A	95%
	Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	N/A	95%
	Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member.	N/A	65%
	Individuals who strongly agree or agree that the library information was appropriate to their needs.	N/A	95%



## NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE

<i>Program Name</i>	Community and Crisis Support Advocacy and Support Groups		
<i>Grant Goal</i>	To address the emotional health needs of survivors of domestic violence.		
<i>Community Need</i>	All forms of domestic violence (physical, sexual, and psychological) have been linked to a range of negative mental health outcomes. Specifically, strong correlations have been established between violence and depression, anxiety, post-traumatic stress disorder (PTSD), and suicide ideation and action. If intervention does not come in time, consequences could include long-term or permanent depression, memory loss, and personality changes.		
<i>Agency Description</i>	Next-Door Solutions (NDS) helps women and children living with domestic violence transition from crisis to stability and self-sufficiency.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Conduct support groups</li> <li>Provide crisis counseling at the agency's 24/7 Shelter, community office, and through the 24/7 hotline</li> <li>Provide risk assessments, safety planning, and assistance with restraining orders</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$75,000	ECHD: \$6,773 (small grant)
	FY17 recommended:	ECH: \$75,000	ECHD: \$6,773 (small grant)
	FY16 approved funding: FY16 6-month metrics met: 80%	ECH: \$50,000	N/A
	FY15 approved funding FY15 annual metrics met: 66%	N/A	ECHD: \$50,000
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Adults served		170	340
Services provided		833	1,665
Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety		65%	65%
Clients newly engaged in Self-Sufficiency Case Management who will complete a risk assessment, safety planning, and a self-sufficiency action plan		50%	50%



## PRE-DIABETES INITIATIVE (HILL &amp; COMPANY)

<i>Program Name</i>	Preventing Diabetes in the Latino Community		
<i>Grant Goal</i>	Promote awareness about diabetes and pre-diabetes in the Latino community.		
<i>Community Need</i>	In Santa Clara County, 140,500 (10%) of adults reported having been diagnosed with pre-diabetes in 2013-14. According to the CDC, approximately 1 in 3 U.S. adults is pre-diabetic. Of these, 9 out of 10 are unaware of their risk. About 15 to 30 percent of people with pre-diabetes will develop type 2 diabetes within 5 years. Diabetes among Latinos is nearing 11 percent in California, higher than all other ethnicities in the state.		
<i>Agency Description</i>	Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Integration of American Diabetes Association's pre-diabetes program information</li> <li>Conduct outreach program using trained community health workers</li> <li>Conduct quantitative research for pre-post awareness evaluation</li> <li>Coordination of development and delivery of culturally relevant</li> <li>Broadcast media through Telemundo and Radio Lazer</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding: \$214,950 FY17 recommended funding: \$200,000 FY15 approved funding: \$215,000 (FY15 annual metrics met: 100%)		
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>	
Community members reached through Promotoras outreach program	1,500	3,000	
Impressions through culturally relevant television ads	61,655	123,310	
Impressions through culturally relevant radio ads	195,600	391,200	



## RACING HEARTS

NEW

<i>Program Name</i>	Santa Clara County Automated External Defibrillator (AED) program	
<i>Grant Goal</i>	Racing Hearts is partnering with the Santa Clara County Public Health Department and the Santa Clara County Board of Supervisors to provide AED programs to at risk community locations to help increase heart safety in our community.	
<i>Community Need</i>	According to the American Red Cross, about 300,000 American's die of sudden cardiac arrest (SCA) each year. SCA results in more deaths than from breast cancer, lung cancer, colon cancer, and HIV combined.	
<i>Agency Description</i>	The mission of Racing Hearts is to increase awareness of and improve access to automated external defibrillators. Racing Hearts empowers people to use AEDs to save lives during a sudden cardiac arrest. Established in 2012, Racing Hearts has increased the heart safety of over 350,000 people placing over 200 AEDs to date. In 2015, Racing Hearts pioneered AED legislation alongside El Camino Hospital to update CA AED law (SB658), making California one of the most progressive states relative to AEDs. The current program with the Santa Clara County Board of Supervisors includes a dollar for dollar matching reserve of up to \$500,000 to place AEDs in our county.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Partial salary for AED program manager</li> <li>Program manager will coordinate site assessments between AED location and the vendor which includes supplies for the first 5 years and service/maintenance from the vendors for the first three years</li> </ul>	
<i>Funding</i>	FY17 requested funding: \$25,000 FY17 recommended funding: \$25,000	
<i>Goals/Metrics</i>	<b>6 month Target</b>	<b>Annual Target</b>
School Districts served	5	10
AEDs placed	100	200
Teachers and/or staff who attend an AED orientation who will report a moderate to significant increase in confidence about AED knowledge	60%	80%



## ROADRUNNERS PATIENT TRANSPORTATION

<i>Program Name</i>	RoadRunners Patient Transportation		
<i>Grant Goal</i>	Ensure that seniors and disabled community members have access to medical care by providing safe, timely, and compassionate transport. To provide a service that helps seniors maintain independence.		
<i>Community Need</i>	Transportation issues are one of the greatest concerns for elders. One out of six older adults reported having difficulty getting to their medical/doctor appointment and other services needed to maintain independence.		
<i>Agency Description</i>	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Transport individuals to medical appointments and other necessary services (i.e., grocery shopping, pharmacy, etc.)</li> <li>Recruit volunteer drivers to transport community members</li> <li>Outreach to community to inform seniors and disabled individuals about RoadRunners services</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$81,462	ECHD (MV): \$313,353
	FY17 recommended funding:	ECH: \$81,462	ECHD (MV): \$313,353
	FY16 approved funding:	ECH: \$81,462	ECHD (MV): \$313,353
	FY16 6-month metrics met: 75%		
	FY15 approved funding:	ECH: 80,000	ECHD (MV): \$311,631
	FY15 annual metrics met: 75%		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Older adults served		41	100
Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence		90%	90%
Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments		95%	95%



## SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK (SIREN)

NEW

<i>Program Name</i>	Mountain View Immigrant Health Access Program (MVAP) & Support Group
<i>Grant Goal</i>	Connect immigrants to the healthcare services available to them.
<i>Community Need</i>	Limited healthcare access is a significant barrier to diagnosis and treatment of cancers that disproportionately affect Vietnamese residents as well as Latino incidence of obesity, diabetes, and mental health issues. Undocumented immigrants are not eligible to access some healthcare services, but are eligible to access others. Even when there is access, navigating the health care system can be a significant challenge.
<i>Agency Description</i>	SIREN's mission is to empower low-income immigrants and refugees in Santa Clara County through community education and organizing, leadership development, policy advocacy and naturalization services. SIREN believes that all people regardless of legal status or nationality are entitled to essential services, human dignity, basic rights and protections, and access to full participation in society.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Host outreach events and advocacy sessions in San Jose, Mountain View, and other sites in northern Santa Clara County to help immigrants understand the full complement of health services available to them</li> <li>Hire a licensed clinical social worker to conduct a two-hour pilot support group for immigrants struggling with anxiety, depression, fear, and grief related to health issues</li> </ul>
<i>Funding</i>	FY17 Requested funding (ECH): \$32,000 FY17 Recommended funding: \$0

<i>Goals/Metrics</i>	<b>6 Month Target</b>	<b>Annual Target</b>
Individuals contacted	1,200	2,400
Outreach/Education events	10	20
Client Support Group encounters (client-sessions)	90	180
Individuals surveyed who receive outreach will be aware of 2-3 health clinics in their neighborhood.	80%	80%
Support group participants who claim that they have reduced their anxiety, stress or depression.	80%	80%
Support group participants state they received culturally accommodating services.	95%	95%



## SOUTH ASIAN HEART CENTER

<i>Program Name</i>	South Asian Heart Center		
<i>Grant Goal</i>	Increase awareness of heart disease risk in South Asians and engage participants in a therapeutic lifestyle program.		
<i>Community Need</i>	South Asians have a disproportionate burden of heart disease and diabetes at younger ages, and suffer two-times the rate of mortality from cardiac events compared to the general population.		
<i>Agency Description</i>	The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Health assessment and development of risk reduction plan for participants</li> <li>Engage participants in the AIM to Prevent Program</li> <li>Offer webinar based outreach opportunities for community members to better understand the health disparity, and for them to become active in their health engagement.</li> <li>Train primary care physicians</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding:	ECH: \$360,000	ECHD: \$180,000
	FY17 recommended funding:	ECH: \$360,000	ECHD: \$180,000
	FY16 approved funding:	ECH: \$400,000	ECHD: \$180,000
	FY16 6-month metrics met: 100%		
	FY15 approved funding:	ECH: \$400,000	ECHD: \$200,000
	FY15 annual metrics met: 50%		
<i>Goal/Metric</i>		<b>6 Month Target</b>	<b>Annual Target</b>
Individuals served		625	1,250
Services provided		2,750	7,500
Increase in average level of weekly physical activity from baseline		14%	16%
Increase in average levels of daily servings of vegetables from baseline		11%	13%
Improvement in levels of HDL-C as measured by follow-up lab test		3%	4%
Improvement in cholesterol ratio as measured by follow-up lab test		5%	6%





## TEEN SUCCESS, INC.

NEW

<i>Program Name</i>	Teen Success, Inc. – Silicon Valley		
<i>Grant Goal</i>	Through the combined approach of education, skill building and group support and interaction, this program will help teens achieve the following goals: 1) complete high school or the equivalent (vocational school, GED); 2) maintain current family size; 3) develop social and emotional assets that provide the foundation for thriving; and 4) becoming effective “first teachers” to their children.		
<i>Community Need</i>	There are more than 350,000 teens in the U.S. and 30,000 teens in California each year that give birth to their first child. There were 955 births to teenagers in Santa Clara County in 2012. Most births to teens are occurring in communities with high concentrations of poverty. In 2011, there were 130 births to teens in the area surrounding W.C. Overfelt High School in East San Jose.		
<i>Agency Description</i>	The original Teen Success support group program was initiated in 1990 by former California State Senator Becky Morgan. In 2011, Ms. Morgan founded Teen Success, Inc. (TSI) as an independent nonprofit organization. The program has developed into a codified model that has reached more than 3,000 teen mothers and has helped them and their children reach long-term self-sufficiency.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>Provide afterschool support groups, healthy snacks, one-on-one coaching, and childcare for teen mothers and their children</li> </ul>		
<i>Funding</i>	FY17 requested funding (ECH): \$10,000 FY17 recommended funding: \$0		
<i>Goals/Metric</i>	<b>6 Month Target</b>	<b>Annual Target</b>	
Individuals served	12	12	
Hours of one-on-one coaching	150	300	
Members who maintain family size through completion of high school and TSI program	98%	98%	
Members who demonstrate strengthened social and emotional assets	85%	85%	



## WEST VALLEY COMMUNITY SERVICES — CARE

<i>Program Name</i>	Community Access to Resources and Education (CARE)	
<i>Grant Goal</i>	Increase access to healthcare and social services by providing comprehensive case management.	
<i>Community Need</i>	Due to the high cost of living in West Valley Community Services' service area, many clients lack health insurance and are not connected to available services primarily due to a lack of knowledge, time, and accessibility.	
<i>Agency Description</i>	West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Provide a staff of a full-time community health specialist and program coordinator</li> <li>▪ Provide case management</li> <li>▪ Assist with application for public benefits through the Benefits Clinics</li> <li>▪ Conduct educational and nutritional workshops</li> </ul>	
<i>Funding and Performance</i>	FY17 requested funding: \$150,000 FY17 recommended funding: \$150,000 FY16 approved funding: \$150,000 (FY16 6-month metrics met: 80%) FY15 approved funding: \$125,000 (FY15 annual metrics met: 100%)	
<i>Goals/Metrics</i>	<b>6 Month Target</b>	<b>Annual Target</b>
Households served	60	120
Households that receive intensive Case Management services	30	60
Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	80%
Program participants who will improve 1 point in the health domain through supportive services	N/A	50%



## WEST VALLEY COMMUNITY SERVICES — CARE SENIOR SERVICES

<i>Program Name</i>	Community Access to Resources and Education (CARE) Senior Services		
<i>Grant Goal</i>	Provide case management to older adults.		
<i>Community Need</i>	Community-based geriatric case management resources are limited for low-income older adults. Resources are needed to help low-income older adults meet basic requirements, such as healthcare, food, and housing.		
<i>Agency Description</i>	West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> <li>▪ Provide staffing of a part-time case manager</li> <li>▪ Provide weekly check-ins and home visits</li> <li>▪ Coordinate services with other local senior programs</li> <li>▪ Classes on managing health conditions, healthy diet, and fall prevention</li> </ul>		
<i>Funding and Performance</i>	FY17 requested funding: \$30,000 FY17 recommended funding: \$25,000 FY16 approved funding: \$25,000 (FY16 6-month metrics met: 100%) FY15 approved funding: \$25,000 (FY15 annual metrics met: 100%)		
<i>Goals/Metrics</i>		<b>6 month Target</b>	<b>Annual Target</b>
Individuals served		15	30
Encounters		120	240
Isolated seniors who will be connected to community services and will improve their self-sufficiency and health		5	10

## FY17 Financial Summary

Requested funding: \$3,445,845

Sponsorship funding: \$150,000

Placeholder: \$100,000

Total: \$3,695,845

Recommended grant funding: \$3,060,697

Sponsorship funding: \$150,000

Placeholder: \$100,000

Total: \$3,310,697

## Conclusion

The community health needs assessment revealed three significant areas of health needs in El Camino Hospital's target communities: healthy bodies, healthy minds, and healthy communities. These needs overlap with one another, in that persons having one of these health needs are likely to face challenges in another. El Camino Hospital's Community Benefit grant portfolio is targeted to address the needs in and across each of the three health priority areas through integrated and coordinated funding.

The grants proposed in this plan have been carefully screened based on their ability to impact at least one of the three priority areas. The Board of Directors' support of this Community Benefit plan will allow El Camino Hospital to continue responding to the most pressing needs faced by the most vulnerable residents in our communities.

The premise — and the promise — of community benefit investments is the chance to extend the reach of hospital resources beyond the patient community, and address the suffering of our most underserved, at-risk community members. These annual community grants provide an essential, potentially life-saving resource to people who do not have access to healthcare. Community Benefit dollars fill important gaps by funding critical, innovative services that would otherwise not be supported. The Community Benefit Plan helps El Camino Hospital fulfill its mission of improving the health and wellness of the entire community, far beyond the hospital walls.

## ATTACHMENT 9

## Memorandum

**DATE:** El Camino Hospital Board Meeting  
June 8, 2016

**TO:** El Camino Hospital Board of Directors

**FROM:** Rich Katzman, Chief Strategy Officer  
Kelsey Martinez, Interim Director, Marketing & Communications

**SUBJECT:** Recommended guidelines related to distribution of information to the media.

**BOARD ACTION:** For Discussion/Possible Motion

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Since a process or protocol is not currently in place for distributing information to the media on behalf of Hospital Board Members, we are recommending guidelines. El Camino Hospital Policy 22.0 Release of Information to the Media, approved by the Board last year, does not address this particular topic.

Therefore, we recommend that El Camino Hospital Marketing & Communication distribution of information to the media about Board Member activities align with these criteria:

- Be related to efforts or recognition that occur on behalf of El Camino Hospital
- Involve efforts or recognition related to the healthcare industry
- Be in compliance with California Fair Political Practices Commission regulations
- Be issued in consultation with the Director of Marketing and the Hospital CEO
- Be distributed in the manner Marketing & Communications recommends as being most effective

Following Board approval of guidelines, we will bring a revised draft of Policy 22.0 Release of Information to the Media to the Board for approval.

## **a. Minutes of the Hospital Board Meeting (May 11, 2016)**

**Minutes of the Open Session of the  
Regular Meeting of the El Camino Hospital Board of Directors  
Wednesday, May 11, 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
<b>1. CALL TO ORDER/ROLL CALL</b>	The Open Session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 pm by Chair Cohen. A silent roll call was taken.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Director Cohen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
<b>3. BOARD RECOGNITION</b>	<p><b>Motion:</b> To approve Resolution 2016-05.</p> <p><b>Movant:</b> Ryba  <b>Second:</b> Fung  <b>Ayes:</b> Chen, Chiu, Cohen, Fung, Davis, Miller, Reeder, Ryba, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p> <p>Director Ryba and Cheryl Reinking, RN, Chief Nursing Officer presented Resolution 2016-05 to Saul and Tehila Eisenstat for their passion and dedication to the patients and staff of El Camino Hospital, including Mrs. Eisenstat's work on Creative Expression art classes and Dr. Eisenstat's leadership roles at the hospital and delivery of personalized, patient-centered care.</p> <p>Directors Fung and Reeder also complimented the tremendous efforts of the Eisenstats and their contributions to the community and the Hospital.</p>	<i>Resolution 2016-05 approved</i>
<b>4. FINANCIALS PERIOD 8 FY 16 YTD</b>	Iftikhar Hussain, Chief Financial Officer, noted that the upcoming Joint Board and Finance Committee meeting on May 31, 2016 will address long term trends and current year-	<i>Period 9 FY16 Financials deferred</i>



	<p>to-date (YTD) information in more detail.</p> <p>He reported that, as of March, ECH is behind planned operating margin by \$3.2 million, 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 areas. However, for the month of March, the operating margin netted \$1.6 million due to a \$3 million credit for workers' compensation. Since switching to a new third-party administrator (TPA) in 2013, claim management has improved; claims are being settled faster, more realistic reserves are set aside, and the costs per claim and overall number of claims have decreased. The run rate improved from February, but did not meet budgeted levels.</p> <p>He also reported that ECH is \$38.2 million behind target for non-operating income, largely due to \$12.8 million in YTD investment losses. In March, ECH recovered \$16.3 million in investment gains, and the recovery has continued in April. He noted that ECH's cash position remains strong, allowing a long-term investment strategy.</p> <p>Mr. Hussain commented that productivity has improved after Epic Go-Live, but remains unfavorable compared to budget. He and Mick Zdeblick, COO, are organizing monthly meetings with key managers to improve productivity and processes. Director Ryba elaborated on the work between Premier, an outside consultant and Cheryl Reinking, RN, Chief Nursing Officer, and the nurse leadership to manage productivity at the unit level. She stressed this is an ongoing process continuing into next year: a disciplined approach identifying how best to help managers.</p> <p>Mr. Hussain explained that when the budget is initially presented, it does not include approval for facility projects, only estimates on cash flow. At the beginning of FY16, total capital spending was projected at \$125 million. Due to the Santa Teresa land acquisition, not in the original plans, actual total capital spending for the year is \$130 million. Director Chiu emphasized that the financials will be reviewed at the Committee meeting on May 31, 2016. He noted that it is a year of adjustment and a year of growth, with large investments in the future, like Epic implementation and the Santa Teresa land acquisition.</p> <p><b>Motion:</b> To defer the approval of the FY16 Period 9 Financials until the June meeting following Finance Committee consideration.</p> <p><b>Movant:</b> Zoglin <b>Second:</b> Chiu <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin <b>Noes:</b> None</p>	
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	<p><b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<p><b>5. MOUNTAIN VIEW MASTER SITE DEVELOPMENT PLAN</b></p>	<p>Ken King, Chief Administrative Services Officer, provided an overview of areas that will be impacted with the construction of new buildings and upcoming site improvements. These include the North Parking Garage Expansion, the new Integrated Medical Office Building and Behavioral Health Building, the demolition of the Old Main Hospital, and the Women's Hospital expansion.</p> <p>Over the next 24-30 months, the North Garage expansion will extend the parking structure and include solar panel installation. Contractors will begin Phase I of the Behavioral Health site preparation and partial demolition; a separate crew will relocate site utilities and demolish the Old Main Hospital, paving the way for the Integrated Medical Office building (IMOB).</p> <p>Mr. King explained that before construction can begin on the new buildings, ECH must first obtain a planned community permit from the City of Mountain View, which is dependent on the Environmental Impact Report (EIR). The draft EIR was published in March and the public comment period recently closed. ECH is working with City staff to provide information that will address and resolve all remaining outstanding items. Currently, the goal is to be successful in obtaining City Council approval of the EIR and the planned community permit at the June 28<sup>th</sup> meeting of the Mountain View City Council. The draft EIR identified and outlined requirements (mitigation and avoidance measures) for minimizing environmental impact.</p> <p>Mr. King outlined the public comments received on the draft EIR and the plans to address those concerns. He noted that adjustments have been made to the plan based on public feedback. To reduce the traffic impact on Grant Road, ECH is implementing a transportation demand management (TDM) program to reduce single occupant vehicles coming to campus by 10% by the completion of these projects. This includes a community shuttle, which started operating during the second week of May. Parking concerns will be addressed not only by the reduced traffic, but also the addition of 611 parking spaces. Mr. King cited ECH's demonstrated commitment to the park-like environment with significant tree replacement and relocation plans.</p> <p>Mr. King explained that agency reviews, construction preparation, entitlements approval, risk management, and budget finalization processes are all running in parallel. He outlined the anticipated Board approval timeline to be ready for construction.</p> <p>Compared with the cost estimates from August 2015, there</p>	

	<p>has been an 8.7% increase. The cost factors include: value added project scope, significant challenges with interpretations of the 2013 Building Code as it went into effect in July 2015, and escalation in the Bay Area construction market for materials and labor costs.</p> <p>Director Fung suggested valet service in emergency area or a larger parking area to accommodate short term parking needs, especially for patients with emergency/urgent needs. He also requested clearer directions and signage to help visitors better find their way. Mr. King noted the plan in place includes measures to address those and other concerns.</p> <p>In response to Director Miller's question about heritage tree removal, Mr. King explained that of the 45 trees to be removed, 20 are being relocated, and the rest will be replaced 3:1, which is not required. Before the main expansion of the Hospital, there were 960 trees on the campus and after there were 1,200 trees. After this upcoming construction, there will be over 1,300 trees.</p> <p>In response to Director Chen's question about costs, Mr. King estimated that 3-4 million of 340 million for running projects was due to environmental impact mitigation efforts.</p> <p>Director Ryba reported that the conversations with the Parkinson's Institute about a possible clinical and research partnership are still ongoing.</p> <p>In response to Director Davis' question about construction timing and disruption, Mr. King explained that night-time work is very limited by city requirements. Work will take place between 7:30am and 6:00pm to comply with noise restrictions, and the contractors will use low emission emitting equipment and barriers to contain dust and limit disruptions.</p>	
<p><b>6. QUALITY COMMITTEE REPORT</b></p>	<p>Dave Reeder, Chair of the Quality Committee, reported that the Committee reviewed one red and one orange alert and will continue to follow up on those. He noted that the committee is using Planetree's baseline assessment during Q1 of FY17 to build a roadmap for Patient and Family Centered Care.</p> <p>He reported that the Committee approved its goals for FY17, including a new goal that will address Patient and Family Centered Care and two sub-goals for pain management. The Committee is developing the Quality portion of the dashboard for the next fiscal year, and will discuss what factors will be measured at its next meeting. Seven metrics are stable, with the exception of patient falls and responsiveness of hospital staff, which require improvement.</p> <p>He also reported that the Committee reviewed its self-assessment, and discussed opportunities for improvement,</p>	

	<p>including reducing non-value-added items on the agenda and having more discussion and fewer presentations.</p> <p>Director Davis commended Director Reeder for his leadership of the Quality Committee. He suggested at the June Board meeting to provide a visual representation of the Quality dashboard to illustrate core work that the Quality Committee is doing.</p> <p>Director Cohen commented on pain satisfaction scores, and noted issues that stemmed from the Joint Commission making pain the fifth vital sign. He cautioned the Board when looking at patient satisfaction scores and when defining expectations for patients about how best to manage pain. He noted there will be more national discussion on this topic in the next few weeks.</p>	
<p><b>7. PUBLIC COMMUNICATION</b></p>	<p>Several members of the public relayed personal and family experiences, urging the Board to make youth mental health inpatient services a priority in Santa Clara County. They asked for ECH to play an important role in providing care to address adolescent behavioral, psychiatric, and mental health needs.</p> <p>A public guest presented material to the Board regarding an incident during her mother's ER visit, which led to urgent surgery. She described her experiences with the internal review process and asked for further development in programmatically addressing individual incidents.</p> <p>Mr. Geoffrey Mangers spoke about his concerns regarding complaint reporting mechanisms.</p>	
<p><b>8. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 6:43 pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting of April 13, 2016; pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning report on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning a report on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: Annual Board Self-Assessment; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: Chief of Integrated Care and Population Health; 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 secrets: Strategic Priorities Update; pursuant to <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</p>	

	<p>and discussion on personnel matters: CEO Report and Pacing Plan; and pursuant to <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p><b>Movant:</b> Fung  <b>Second:</b> Chen  <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<b>9. AGENDA ITEM 20: RECONVENE OPEN SESSION</b>	<p>Open Session was reconvened at 10:38 pm.</p> <p>During the closed session, the Board approved the Closed Session Minutes of the Hospital Board Meeting from April 13, 2016, and the Medical Staff Report by a unanimous vote in favor of all members present (Directors Chen, Chiu, Cohen, Davis, Fung, Miller, Ryba, Reeder, and Zoglin).</p>	
<b>10. AGENDA ITEM 21: CONSENT CALENDAR</b>	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting of April 13, 2016; the officer candidate roster of the El Camino Hospital Auxiliary Board of Directors; the following policies: Environment of Care Policies (6.04 Utility Systems-Equipment Inventory); and the Medical Staff Report.</p> <p><b>Movant:</b> Chiu  <b>Second:</b> Fung  <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<i>Consent Calendar approved</i>
<b>11. AGENDA ITEM 22: RESOLUTION 2016-06</b>	<p>Director Davis recused himself.</p> <p><b>Motion:</b> To approve Resolution 2016-06, revising Article IV, Section 4.3(c) and Section 4.7(a) of the El Camino Hospital Bylaws.</p> <p><b>Movant:</b> Chiu  <b>Second:</b> Fung  <b>Ayes:</b> Chen, Chiu, Cohen, Fung, Miller, Zoglin  <b>Noes:</b> Reeder  <b>Abstentions:</b> Ryba  <b>Absent:</b> None  <b>Recused:</b> Davis</p>	<i>Resolution 2016-05 approved</i>

	Director Davis rejoined the meeting.	
<b>12. AGENDA ITEM 23: INFORMATIONAL ITEMS</b>	No questions were raised.	
<b>13. AGENDA ITEM 24: BOARD COMMENTS</b>	Director Miller commended Mike and Mary Ellen Fox on their recent donation to the El Camino Hospital Foundation.  Director Chiu described the ASPIRE meeting he attended at Monta Vista High School. He highlighted the excellent discussion between over 100 parents and students in attendance regarding mental healthcare, which echoed the public comments from this Board meeting.	
<b>14. AGENDA ITEM 21 – ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 10:41 pm.  <b>Movant:</b> Chen <b>Second:</b> Miller <b>Ayes:</b> Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<i>Meeting adjourned at 10:41 pm.</i>

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

\_\_\_\_\_  
Neal Cohen, MD  
Chair, ECH Board

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

Prepared by: Cindy Murphy, Board Liaison  
Sarah Rosenberg, Board Services Coordinator

**b. Minutes of the Executive Compensation Committee  
Meeting (March 24, 2016)**

**Minutes of the Open Session of the  
 Executive Compensation Committee  
 Thursday, March 24, 2016, 4:30 p.m.  
 El Camino Hospital, Medical Staff Conference Room  
 2500 Grant Road, Mountain View California  
 Jing Liao participated via teleconference from the following address:  
 Randolph B, 241 Madison Ave, Detroit, MI**

**Members Present**

Jeffrey Davis, MD  
 Lanhee Chen  
 Jing Liao (via teleconference)  
 Bob Miller  
 Julia Miller

**Members Absent**

Teri Eyre  
 Prasad Setty

**Members Excused**

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/Action</b>
<b>1. CALL TO ORDER</b> Committee Chair	Committee Chair Jeffrey Davis, MD, called the Meeting of the Executive Compensation Committee of El Camino Hospital to order at 4:30 pm.	
<b>2. ROLL CALL</b>	Roll call was taken. Committee members Eyre and Setty were absent and Committee member Liao joined by telephone. All other Committee members were present.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Davis asked if any Committee member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	
<b>4. PUBLIC COMMUNICATION</b>	None.	
<b>5. CONSENT CALENDAR</b>	<p>The Committee members discussed amending the proposed FY17 meeting dates by changing the 9/22/16 date to 9/15/16.</p> <p><b>Motion:</b> To approve the Consent Calendar (Minutes of the January 20, 2016 Executive Compensation Committee meeting; Proposed FY17 Executive Compensation Committee Meeting calendar as amended.)</p> <p><b>Movant:</b> Miller</p> <p><b>Second:</b> Chen</p> <p><b>Ayes:</b> Davis, Chen, Liao, B. Miller</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> J. Miller</p> <p><b>Absent:</b> Eyre, Setty</p> <p><b>Recused:</b> None</p>	<b><i>Consent Calendar Approved</i></b>



<b>6. SUMMARY OF          STAKEHOLDER          INTERVIEWS</b>	<p>Stephen Pollack of Mercer, LLC reported that interviews he and Lisa Stella, also of Mercer, conducted of the Committee members, the Board Chair, and the Executive Leadership Team demonstrated that, with respect to executive compensation, (1) ECH needs strong visionary leaders with ability to execute, (2) dissatisfaction with the executive compensation program is not creating turnover, (3) the idea of capping executive salaries at the market median makes it difficult to recruit from outside the Bay Area.</p>	
<b>7. EXECUTIVE          INCENTIVE GOAL          SETTING          PHILOSOPHY</b>	<p>Mr. Pollack described Mercer’s recommended changes to the Hospital’s Executive Compensation Incentive Goal Setting:</p> <ol style="list-style-type: none"> <li>1. Organizational Goals: Remove Joint Commission Accreditation as a gateway goal and possibly replace it with a quality goal. Select three operational and one strategic goal.</li> <li>2. Individual Goals: a) Change weighting for most executives to 80% organizational/10% individual / 10% discretionary; b) Change weighting for the President of the Foundation and the President of CONCERN EAP to 50/40/10; c) select 1-2 SMART goals with a strategic link for each executive that reflects the work of their division, are not shared, and do not duplicate the organizational goals but are aligned with the organizational goals.</li> </ol> <p>Ms. Ryba requested that the Board be given additional guidance regarding how the discretionary measure should be applied and what the Executives and the CEO are being measured against. Mr. Miller suggested that the discretionary might be defined as how the goals were met. Mr. Pollack commented that it is customary in the healthcare industry to use a discretionary measure, but that less than 10% is not likely to influence behavior. Mr. Pollack also explained that the recommendation to change the weighting of the executive goals will support increased teamwork. The Committee members discussed the recommendations, the value of reducing the number of goals, whether the movement of 10% from individual to organizational would meaningfully influence behavior or whether it would divert focus away from the individual goal in a negative way, and whether there might be a case in which a shared individual goal is appropriate. The Committee also discussed using one longer term annualized strategic non-operational goal and whether it might be a growth goal.</p>	

Mr. Pollack explained that it is unusual to see Joint Commission as a gateway goal and recommended it be replaced with an important quality or safety goal, maybe related to never events. Ms. Ryba will come back to the Committee with a specific recommendation. He also explained the reasoning for the change to 40% for the “Presidents”; that it would be specific to their business lines and the Committee members expressed agreement with this recommendation.

Ms. Liao discontinued her participation in the meeting.

Following further discussion, the Committee adopted the following motion:

**Motion:** To recommend the following

1. To maintain the executive team (except the “Presidents” and CEO) at 70/20/10, but the individual goal should be a “quasi big dot” goal specific to the executive’s functional area. The CEO would remain at 90/10.
2. The CEO should consider proposing removing Joint Commission Accreditation as a gateway goal and replacing it with something else.
3. Select a 4<sup>th</sup> organizational goal that is strategic and future looking.
4. Change the weighting for the President of the Foundation and President of CONCERN: EAP to 50/40/10, with the 40% individual goal being tied to the President’s business line, which will require a change to the Incentive Compensation Plan.

**Movant:** Davis

**Second:** Miller

**Ayes:** Davis, Chen, B. Miller, J. Miller

**Noes:** None

**Abstain:** None

**Absent:** Eyre, Liao, Setty

**Recused:** None

Mr. Pollack also described some recommended base pay methodology changes that he will bring forward at a later meeting when FY17 base pay recommendations are discussed. These include changing the peer group to revenue between \$500 million and \$1.5 billion, addition of a secondary source to include other industries for certain functional positions, use of 990 data for the CEO and the CFO, application of a higher geographical differential, perhaps as high as 27%.

	Chair Davis requested that Mr. Pollack bring back a presentation about SERPs.	
<b>8. EXECUTIVE PERFORMANCE APPRAISAL PHILOSOPHY</b>	<p>Ms. Stella reported that the Committee had requested a presentation about how leadership assessment and executive evaluation has been being handled at the Hospital. She explained that any approach needs to consider how to evaluate and reward past performance, and how to evaluate for the purpose of development skills for the future. She also explained that leadership assessments are tending to be more forward looking. The Committee members commented that there needs to be more conversation around those topics, particularly with respect to the CEO.</p> <p>The Committee requested more detailed information about how these issues are being addressed at ECH currently and with recommendations from Mercer.</p>	
<b>9. PREPARATION FOR JOINT MEETING WITH THE BOARD</b>	<p>Chair Davis asked the Committee members how they would like to present to the Board at the joint meeting. He explained that the goal of the joint meeting is to get the Board more informed about the work of the Committee, to hear the perspectives of the community members of the Committee, and to present the Committee's recommendations. Mr. Chen suggested that another goal might be for the Board to understand the caliber of the expertise of the Committee members and accept the recommendations.</p> <p>The Committee agreed that Chair Davis would introduce the topics and Mr. Miller would lead the presentation of the Committee recommendations around goal setting and Succession Planning as well as facilitate inclusion of the other committee members and the Board in the discussion.</p>	
<b>10. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 6:10 pm.  <b>Movant:</b> B. Miller  <b>Second:</b> J. Miller  <b>Ayes:</b> Chen, Davis, B. Miller, J. Miller  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Eyre, Liao, Setty</p>	
<b>11. AGENDA ITEM 15 – RECONVENE OPEN SESSION / REPORT OUT</b>	Open Session was reconvened at 6:42 pm. The Closed Session Minutes of January 20, 2016 were approved as amended during the closed session by a vote of four members in favor (Chen, Davis, B. Miller, J Miller).	

<b>12. AGENDA ITEM 16 –                  FY17 COMMITTEE                  GOALS</b>	<p>Kathryn Fisk, Chief Human Resources Officer, presented proposed Draft FY17 ECC goals for the Committee’s consideration.</p> <p><b>Motion:</b> To recommend that the Board approve the proposed Draft FY17 Executive Compensation Committee Goals</p> <p><b>Movant:</b> B. Miller</p> <p><b>Second:</b> Chen</p> <p><b>Ayes:</b> Chen, Davis, B. Miller, J. Miller</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> None</p> <p><b>Absent:</b> Eyre, Liao, Setty</p>	
<b>13. AGENDA ITEM 17 –                  EXECUTIVE                  COMPENSATION                  COMMITTEE                  CHARTER                  REVIEW</b>	<p>Kathryn Fisk, CHRO, and Cindy Murphy, Board Liaison presented the proposed Draft Revised Charter and suggested that it be revised to clarify whether the ECC has the authority to select and engage a Consultant, or whether specific Board approval of the engagement is required and to reflect current practice by removing the words “Develop the CEO evaluation process in collaboration with the CEO”.</p> <p>Chair Davis and Mr. Miller commented that, in their experience, it is not necessary for the Board to approve the selection of a Consultant so were in favor of Alternative A. Mr. Miller commented that he is also accustomed to having Board Director compensation within the purview of the Committee. Chair Davis requested that a proposal be brought back to the Committee with respect to that item. The Committee also requested that the language “and performance appraisal process” be added to bullets 2 and 3 in Section B.</p> <p><b>Motion:</b> To recommend that the Board approve the proposed Draft Revised Executive Compensation Committee Charter Alternate A as amended.</p> <p><b>Movant:</b> B. Miller</p> <p><b>Second:</b> Chen</p> <p><b>Ayes:</b> Chen, Davis, B. Miller, J. Miller</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> None</p> <p><b>Absent:</b> None</p>	
<b>14. AGENDA ITEM 18 –                  PACING PLAN</b>	<p>The Committee requested that Executive Performance Appraisal Process be added to the Pacing Plan.</p>	
<b>15. AGENDA ITEM 19 –                  CLOSING                  COMMENTS</b>	<p>None.</p>	

<b>16. AGENDA ITEM 20 - ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 6:59 pm <b>Movant:</b> J. Miller <b>Second:</b> B. Miller <b>Ayes:</b> Chen, Davis, B. Miller, J. Miller <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> Eyre, Liao, Setty	
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**Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and by the Board of Directors of El Camino Hospital:**

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

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

Prepared by: Cindy Murphy, Board Liaison

**c. Minutes of the Joint Board and Executive  
Compensation Committee Meeting (April 13, 2016)**

**Minutes of the Joint Meeting of the  
 El Camino Hospital Board of Directors  
 and the Executive Compensation Committee  
 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  
 Jeffrey Davis, MD  
 Peter Fung, MD  
 Julia Miller  
 David Reeder  
 Tomi Ryba  
 John Zoglin

**Committee Members Absent**

Jing Liao

**Members Excused**

None

**Committee Members Present**

Teri Eyre  
 Bob Miller  
 Prasad Setty

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/Action</b>
<b>1. CALL TO ORDER</b>	The Joint Session meeting of the Board of Directors of El Camino Hospital (the “Board”) and the Executive Compensation Committee (the “Committee”) was called to order at 5:30 pm by Chair Cohen.	
<b>2. ROLL CALL</b>	A silent roll call was taken. All Board and Committee members were present, with the exception of Jing Liao. Director Fung arrived at 5:40 pm and Mr. Setty arrived at 5:35 pm.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Director Cohen asked if any Board or Committee member may have a conflict of interest on any of the items on the agenda. No conflicts were noted.	
<b>4. EXECUTIVE INCENTIVE GOAL SETTING PHILOSOPHY</b>	<p>Jeff Davis, Chair of the Executive Compensation Committee, introduced the Committee and praised the knowledge and proactive nature of the Committee members. Committee members Terry Eyre, Prasad Setty, and Bob Miller introduced themselves to the Board. Chair Davis provided a brief introduction of Committee member Jing Liao who was absent.</p> <p>Bob Miller, Vice Chair of the Executive Compensation Committee, described Mercer – the newly engaged executive compensation consultants – and their recommendations and findings on the goal setting philosophy and process. These recommendations were based on interviews with the Board Chair, leadership team, members of the committee, and Mercer’s depth and breadth of experience in working with numerous</p>	

	<p>other hospitals. The Committee reviewed the recommendations and shared them with the Board:</p> <ul style="list-style-type: none"><li>- Maintain operating margin as a threshold for incentive payment</li><li>- Consider removing Joint Commission accreditation as a gateway or trigger and consider replacing it with a quality goal</li><li>- Maintain organizational performance measures, include one strategic goal (to provide focus on long-term outcomes)</li><li>- Change executive goal weighting from 70/20/10 to 80/10/10 (organizational/individual/discretionary). Maintain CEO at 90 organizational/10 discretionary</li><li>- Introduce SMART goal (1 key, well-set goal per executive) with strategic plan link</li><li>- Change weights for performance to be rewarded 50% organizational, 40% business, 10% discretionary for the Presidents of the Foundation and CONCERN: EAP</li></ul> <p>Mr. Miller explained that the Committee disagreed with Mercer's recommendations for changing the weighting for the Executives. Instead, the Committee recommends the weights be maintained at 70% organizational/20% individual/10% discretionary.</p> <p>He also explained that the Committee's deliberations focused on balancing long-term and operational goals as well as individual versus shared goals and accountability. He reported that Committee discussions moving forward will address whether target levels are appropriate, and how best to standardize and streamline goal setting processes.</p> <p>In the Board's feedback to the Committee, Director Reeder discussed the potential pitfalls of using a quality goal as a gateway for measuring organizational success, given the dramatic impact of a single incident. Director Chiu asked about the CEO's lack of individual goals in the weighting recommendations. Ms. Eyre explained that the CEO's role is to pursue the top organizational goals and be accountable for those. Director Cohen discussed accountability for organizational goals, and the need for it to be equitable across the leadership team. He highlighted the need to foster a more collaborative environment and process. Mr. Miller noted that performance reviews as well as incentive plans can distribute accountability.</p>	
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	<p>Director Ryba commented that physician leaders are engaged when discussing and developing organizational goals. She also noted that Medical Director contracts are very goal specific, and organization/individual goals inform manager goals.</p> <p>Director Ryba suggested setting two-year goals rather than setting targets one year at a time, as work often takes longer than one year.</p>	
<p><b>5. SUCCESSION PLANNING</b></p>	<p>Mr. Miller outlined the succession planning talent profile. This document provides information on strengths, development needs, and resources to help improvement. If an executive leaves, succession planning outlines how the role should be filled and who is ready for that role, building a pipeline of talent.</p> <p>Kathryn Fisk, CHRO, reported on the status of succession planning and leadership development activities. She commented that one goal is to find talent in ECH's pool of department Directors and noted that 100% of ECH's executives have emergency successors. Next steps include reviewing core competencies and developing and retaining current executives while grooming successors. Another project underway is creating succession charts that note candidates' readiness for roles.</p> <p>Director Zoglin initiated discussion of measurable outcomes to determine the effectiveness of these plans: improving retention rate, internal promotions/hires, etc. Mr. Setty, Director Ryba, and Director Cohen described important factors to balance: ideally, multiple people are available to fill a particular executive role (not relying on one person), individuals have specialized <i>and</i> general knowledge (so they can add value to other areas), and the talent pool brings new perspectives into the fold (even though the employees here already are very capable). Ms. Eyre noted from her experience a general benchmark for success is filling two-thirds of executive positions internally. Metrics will continue to be discussed and refined to decide what the strategy of measuring success is, and then to evaluate if ECH is meeting that strategy.</p>	
<p><b>6. ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn the meeting at 6:45 pm.</p> <p><b>Movant:</b> Chen  <b>Second:</b> Chiu</p>	<p><i>Meeting adjourned at 6:45 pm.</i></p>

	<b>Ayes:</b> Chen, Cohen, Chiu, Davis, Fung, Miller, Reeder, Ryba, Zoglin <b>Noes:</b> None. <b>Abstentions:</b> None. <b>Absent:</b> None. <b>Recused:</b> None.	
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**Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:**

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Neal Cohen, MD  
Chair, ECH Board

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Peter C. Fung, MD  
ECH Board Secretary

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Jeffrey Davis, MD  
Chair, ECH Executive Compensation  
Committee

Prepared by: Cindy Murphy, Board Liaison

Items Reviewed

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<b>Item:</b>	Consent Calendar Items 25d-25i El Camino Hospital Board of Directors June 8, 2016
	<b>Responsible party:</b>	Cindy Murphy, Board Liaison
	<b>Action requested:</b>	For Approval
	<p><b>Background:</b></p> <p>The Finance Committee met on May 31, 2016 and reviewed Consent Calendar Items 25d -25i</p> <ul style="list-style-type: none"> <li>• FY16 Financials Period 9</li> <li>• MV Facilities Funding Requests: <ul style="list-style-type: none"> <li>- Women’s Hospital Renovations</li> <li>- Behavioral Health Services</li> <li>- North Parking Garage</li> </ul> </li> <li>• Physician Contracts: <ul style="list-style-type: none"> <li>- Medical Directorship: Anatomic Pathology &amp; Laboratory Medicine – Enterprise</li> <li>- Medical Directorship: Medical Oncology – Outpatient Department – MV</li> <li>- Neurosurgery ED Call Panel – MV</li> <li>- South Asian Heart Center Directorship – MV</li> <li>- Medical Directorship: Respiratory Care Services – MV</li> <li>- Medical Directorship: Surgical Quality Improvement – Enterprise</li> <li>- Medical Directorship: Neuro Interventional, Neuro Critical Care &amp; Stroke Programs – Enterprise</li> <li>- Medical Directorship: Vascular Surgery – MV</li> </ul> </li> <li>• Epic Version 2015 &amp; 2016 Upgrades</li> <li>• Proposed Revised Finance Committee Charter</li> <li>• FY17 Finance Committee Goals</li> </ul> <p>Although all four members of the Finance Committee participated in the meeting, there were not enough Committee members present within the El Camino Healthcare District to constitute a quorum. Accordingly, the Committee did not take action to make formal recommendations on the items listed above. However, the Committee members did not object to any of the proposals or to them being brought forward to the Board without formal recommendations.</p>	
	<p><b>Committees that reviewed the issue and recommendation, if any:</b> The Finance Committee reviewed as described above. The Chair of the Finance Committee requested that staff bring the proposals forward to the Board for its June 8, 2016 meeting.</p>	
	<p><b>Summary and Session Objectives:</b> To obtain approval of Consent Calendar items 25d - 25i.</p>	

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<b>Suggested discussion questions:</b> None. These are consent items.
	<b>Proposed Board motion, if any:</b> Approvals as stated in the materials for each listed item.
	<b>LIST OF ATTACHMENTS:</b> Materials for Consent Calendar items 25d – 25i.

## **FY16 Period 9 Financials**



**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
<b>Total Operating Revenue</b>	<b>553,845</b>	<b>585,397</b>	<b>570,743</b>	<b>14,654</b>	<b>Total Assets</b>	<b>1,620,506</b>	<b>1,632,874</b>
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)	<b>Total Liabilities &amp; Equity</b>	<b>1,620,506</b>	<b>1,632,874</b>
<b>Total Non Capital Operating Expense</b>	<b>469,622</b>	<b>513,770</b>	<b>497,810</b>	<b>(15,960)</b>	<b>KEY ECH STATISTICS - YTD</b>		
<b>OPERATING EBITDA</b>	<b>84,223</b>	<b>71,627</b>	<b>72,933</b>	<b>(1,306)</b>	<b>Balance Sheet</b>	<b>Actual</b>	<b>Target <sup>(1)</sup></b>
Interest, Depreciation & Amortization	38,941	40,230	38,335	(1,896)	Debt Service Coverage Ratio (MADS)	5.8	1.2
<b>NET OPERATING SURPLUS</b>	<b>45,282</b>	<b>31,396</b>	<b>34,598</b>	<b>(3,202)</b>	Debt to Capitalization	14.3%	29.0%
Non Operating Income	15,591	(21,431)	16,742	(38,173)	Days of Cash	347	262
<b>TOTAL NET SURPLUS</b>	<b>60,873</b>	<b>9,965</b>	<b>51,340</b>	<b>(41,375)</b>	Net AR Days	55.1	48.0
EBITDA Margin	15.2%	12.2%	12.8%	-0.5%	<b>Volume</b>	<b>Prior Year</b>	<b>Actual</b>
Operating Margin	8.2%	5.4%	6.1%	-0.7%	Acute Discharges	14,226	13,980
Total Margin	11.0%	1.7%	9.0%	-7.3%	Acute Average Daily Census	246	241
					Licensed Beds	443	443
					Occupancy (%)	56%	54%
					Deliveries	3,817	3,547
					Emergency Department Visits	45,387	44,114
					Surgical Cases	8,178	8,322
					<b>Productivity</b>		
					Full Time Equivalent Employees	2,441	2,506
					Worked Hrs/Adjusted Patient Day	29.25	30.81

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

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



# Financial Trends and Commentary

## Volume:

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:

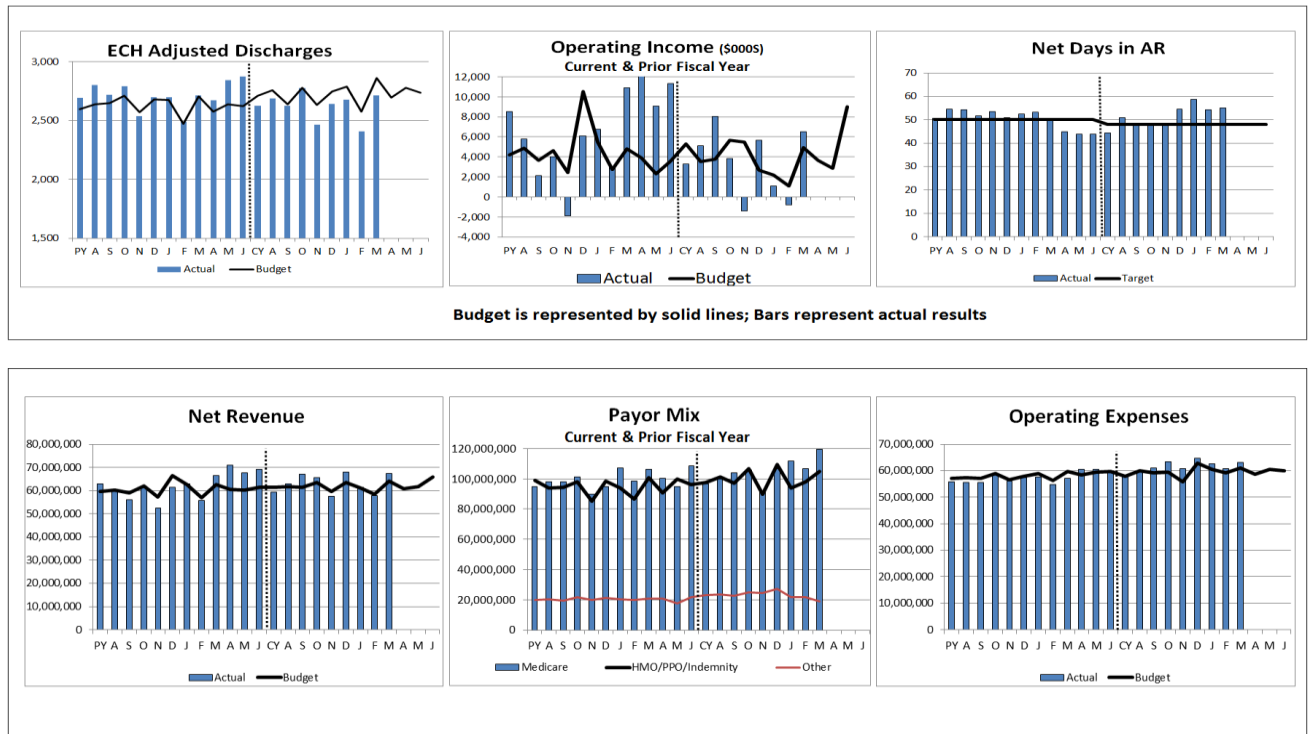
Operating margin is \$1.6 million favorable for the month primarily due to \$3.0M credit for workers compensation. Margin for the year is \$3.2 million unfavorable primarily due to EPIC related expenses in labor and training, pharmacy and surgical medical supply expenses and not achieving budget cost 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
	<b>Total</b>	<b>-\$49</b>	<b>-\$569</b>	<b>-\$5,530</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Expense Adjustments	Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Actuarial Exp for Workers Comp	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0
	<b>Total</b>	<b>\$76</b>	<b>\$69</b>	<b>\$1,183</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,979</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

- 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
<b>El Camino Hospital Income (Loss) from Operations</b>						
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)
<b>Sub Total - El Camino Hospital, excl. Affiliates</b>	<b>6,508</b>	<b>4,946</b>	<b>1,563</b>	<b>31,396</b>	<b>34,598</b>	<b>(3,202)</b>
<b>Operating Margin %</b>	<b>9.3%</b>	<b>7.5%</b>		<b>5.4%</b>	<b>6.1%</b>	
<b>El Camino Hospital Non Operating Income</b>						
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)
<b>Sub Total - Non Operating Income</b>	<b>15,652</b>	<b>1,860</b>	<b>13,792</b>	<b>(21,431)</b>	<b>16,742</b>	<b>(38,173)</b>
<b>El Camino Hospital Net Income (Loss)</b>	<b>22,161</b>	<b>6,806</b>	<b>15,355</b>	<b>9,965</b>	<b>51,340</b>	<b>(41,375)</b>
<b>ECH Net Margin %</b>	<b>31.8%</b>	<b>10.3%</b>		<b>1.7%</b>	<b>9.0%</b>	
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)
<b>Net Income Hospital Affiliates</b>	<b>217</b>	<b>361</b>	<b>(144)</b>	<b>1,486</b>	<b>1,645</b>	<b>(159)</b>
<b>Total Net Income Hospital &amp; Affiliates</b>	<b>22,378</b>	<b>7,167</b>	<b>15,211</b>	<b>11,451</b>	<b>52,985</b>	<b>(41,534)</b>

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

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

## ECH COMBINED

	Month of Mar, 2016			Year to Date			Prior Year	
	Act	Bud	Var	Act	Bud	Var	Act	Var%
Discharges <sup>(2)</sup>	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 <sup>(2)</sup>	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 <sup>(2)</sup>	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 <sup>(2)</sup>	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 <sup>(2)</sup>	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 <sup>(2)</sup>	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%

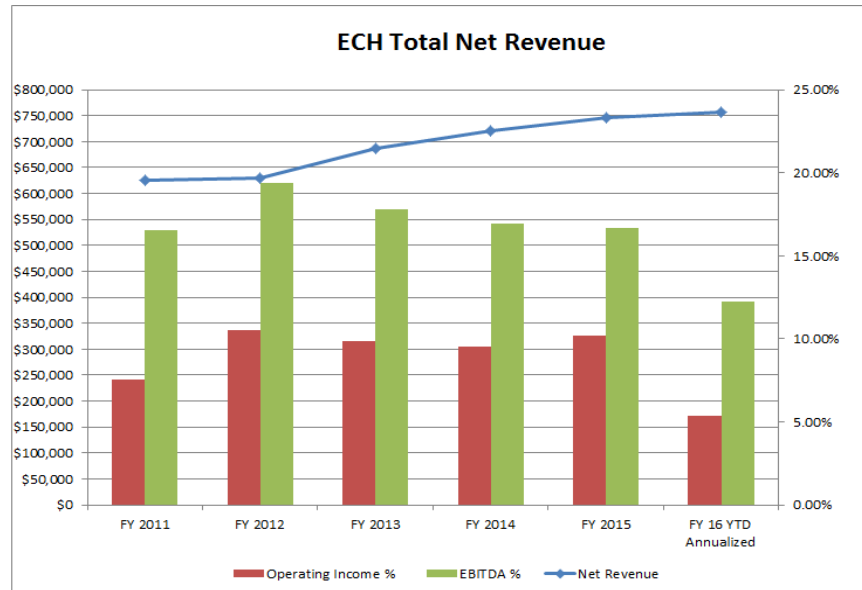
<sup>(1)</sup> Hospital entity only, excludes controlled affiliates

<sup>(2)</sup> Excludes normal newborns, includes discharges from L&D

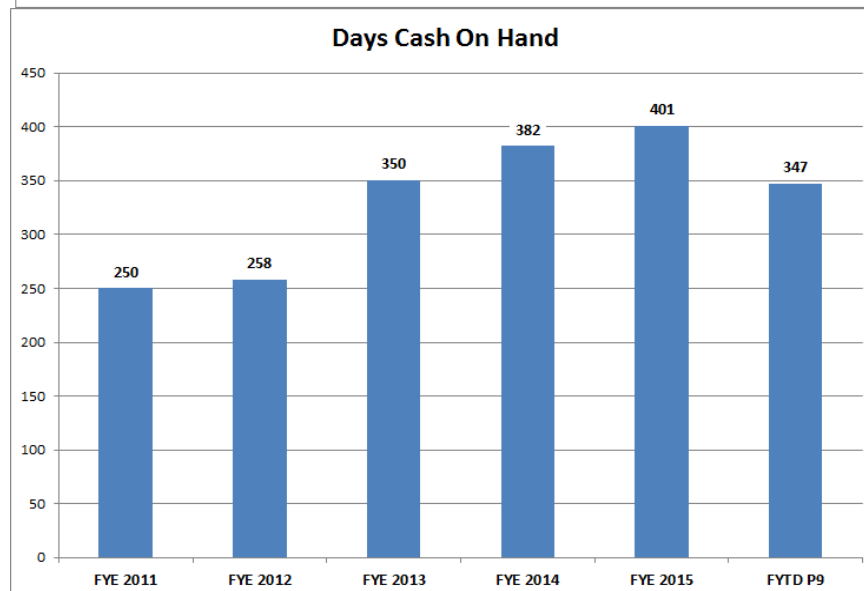
# El Camino Hospital Financial Metrics Trend <sup>(1)</sup>

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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.

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

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

Statistic	FYE 2013	FYE 2014	FYE 2015	FYTD 2016	Annual Target (2)	+/-
Operating Margin	9.9%	9.5%	10.2%	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%	

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

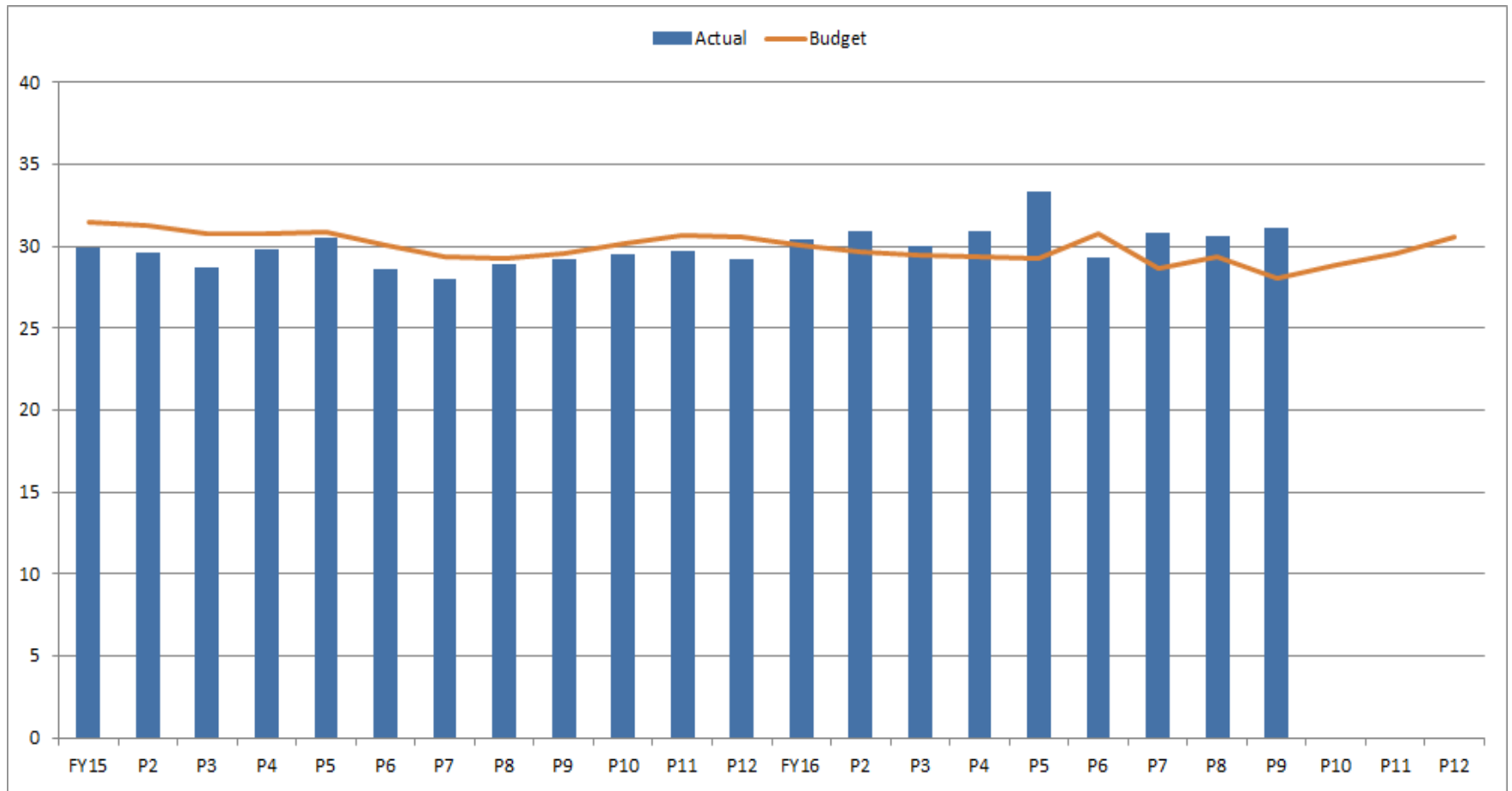
<sup>(2)</sup> Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2016 are one month in arrears

<sup>(3)</sup> Target source: Annual Budget for Operating Margin and EBITDA Margin

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

\*Prior Year numbers represent full year

## Worked Hours per Adjusted Patient Day



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

# Tracking Smart Growth

COMBINED CAMPUS						Result Away from Goal
	FY15 Year to Date	FY16 Year to Date	Change	%	Annual Goal	
Inpatient Discharges	14,226	13,980	(246)	-1.7%	300	(546)
Surgical Outpatient Cases (incl Litho)	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 Litho)	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 Litho)	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)

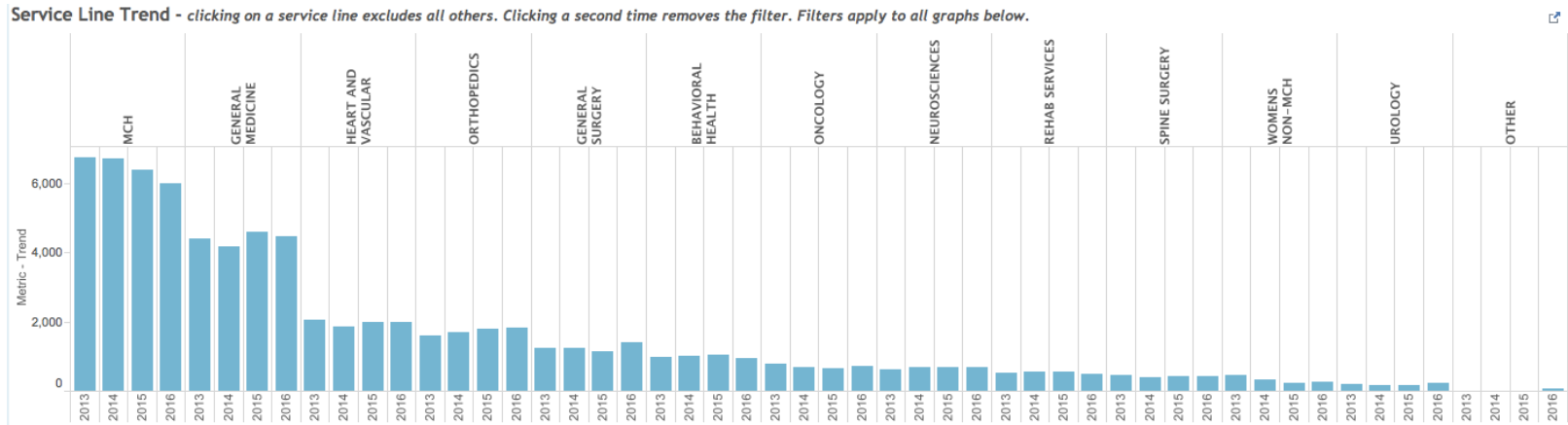
(1) Hospital entity only, excludes controlled affiliates



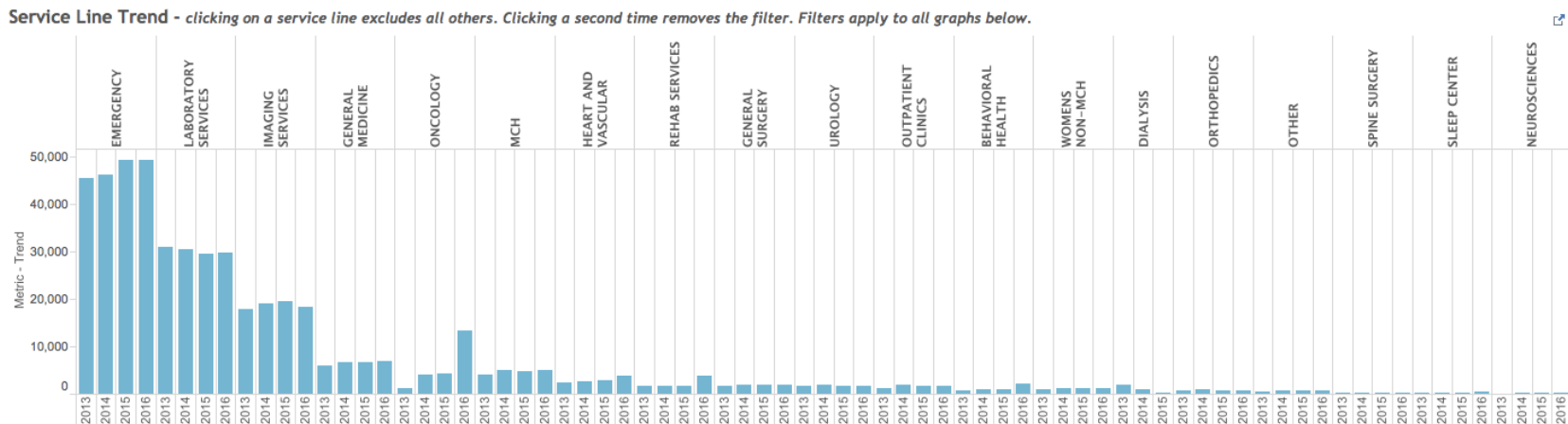
# El Camino Hospital Volume Annual Trends

## FY 2016 is annualized

IP

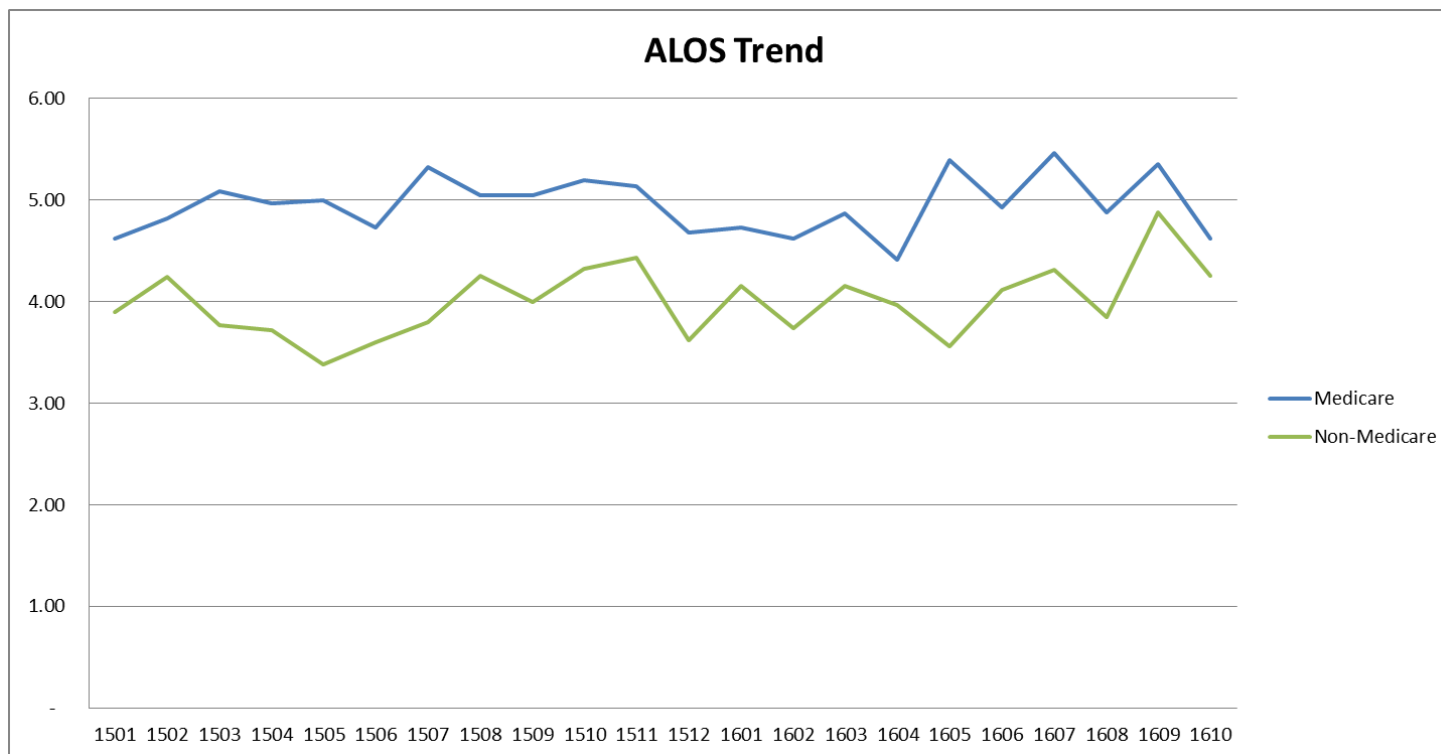


OP



- 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
<b>CIP</b>	EPIC Installation			73.8	56.0	35.9	19.8	16.1
	<b>IT Hardware, Software, Equipment*</b>			6.9		6.9	5.9	1.0
	<b>Medical &amp; Non Medical Equipment</b>			12.6		12.6	8.8	3.8
	<b>Facility Projects</b>							
	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
<b>GRAND TOTAL</b>				<b>225.2</b>		<b>130.3</b>	<b>76.9</b>	<b>53.4</b>
Forecast at start of fiscal year						125.8		

\* Excluding EPIC

\*\* Updated quarterly

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

# 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
<b>Investment Performance</b>		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 <sup>1</sup>	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		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%
<b>Asset Allocation</b>		1Q 2016							
Surplus cash absolute variances to target		3.9%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		3.0%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		1Q 2016							
Surplus cash manager flags		15	< 18	--	--	--	--	--	--
Cash balance plan manager flags		16	< 18	--	--	--	--	--	--

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

# APPENDIX

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

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%
					<b>\$000s</b>					
					<b>OPERATING REVENUE</b>					
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%
<b>66,535</b>	<b>67,320</b>	<b>64,225</b>	<b>3,095</b>	<b>4.8%</b>	<b>Net Patient Revenue</b>	<b>538,765</b>	<b>566,926</b>	<b>555,466</b>	<b>11,460</b>	<b>2.1%</b>
1,646	2,398	1,688	710	42.0%	Other Operating Revenue	15,080	18,471	15,277	3,194	20.9%
<b>68,181</b>	<b>69,718</b>	<b>65,913</b>	<b>3,805</b>	<b>5.8%</b>	<b>Total Operating Revenue</b>	<b>553,845</b>	<b>585,397</b>	<b>570,743</b>	<b>14,654</b>	<b>2.6%</b>
					<b>OPERATING EXPENSE</b>					
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%
<b>57,254</b>	<b>63,210</b>	<b>60,967</b>	<b>(2,243)</b>	<b>-3.7%</b>	<b>Total Operating Expense</b>	<b>508,563</b>	<b>554,001</b>	<b>536,145</b>	<b>(17,856)</b>	<b>-3.3%</b>
<b>10,927</b>	<b>6,508</b>	<b>4,946</b>	<b>1,563</b>	<b>31.6%</b>	<b>Net Operating Income/(Loss)</b>	<b>45,282</b>	<b>31,396</b>	<b>34,598</b>	<b>(3,202)</b>	<b>-9.3%</b>
1,230	15,652	1,860	13,792	741.4%	Non Operating Income	15,591	(21,431)	16,742	(38,173)	-228.0%
<b>12,157</b>	<b>22,161</b>	<b>6,806</b>	<b>15,355</b>	<b>225.6%</b>	<b>Net Income(Loss)</b>	<b>60,873</b>	<b>9,965</b>	<b>51,340</b>	<b>(41,375)</b>	<b>-80.6%</b>
22.3%	16.3%	14.5%	1.8%		<b>EBITDA</b>	15.2%	12.2%	12.8%	-0.5%	
16.0%	9.3%	7.5%	1.8%		<b>Operating Margin</b>	8.2%	5.4%	6.1%	-0.7%	
17.8%	31.8%	10.3%	21.5%		<b>Net Margin</b>	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

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

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

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%
<b>53,799</b>	<b>54,949</b>	<b>51,892</b>	<b>3,057</b>	<b>5.9%</b>
1,414	2,215	1,497	719	48.0%
<b>55,213</b>	<b>57,164</b>	<b>53,389</b>	<b>3,775</b>	<b>7.1%</b>
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%
<b>46,097</b>	<b>51,327</b>	<b>49,667</b>	<b>(1,659)</b>	<b>-3.3%</b>
<b>9,116</b>	<b>5,837</b>	<b>3,721</b>	<b>2,116</b>	<b>56.9%</b>
1,230	15,652	1,860	13,792	741.4%
<b>10,346</b>	<b>21,489</b>	<b>5,582</b>	<b>15,908</b>	<b>285.0%</b>
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%
<b>Net Patient Revenue</b>	<b>434,850</b>	<b>462,333</b>	<b>450,010</b>	<b>12,323</b>	<b>2.7%</b>
Other Operating Revenue	13,317	16,676	13,554	3,122	23.0%
<b>Total Operating Revenue</b>	<b>448,167</b>	<b>479,009</b>	<b>463,564</b>	<b>15,445</b>	<b>3.3%</b>

## 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%
<b>Total Operating Expense</b>	<b>414,301</b>	<b>452,518</b>	<b>435,322</b>	<b>(17,196)</b>	<b>-4.0%</b>
<b>Net Operating Income/(Loss)</b>	<b>33,866</b>	<b>26,491</b>	<b>28,242</b>	<b>(1,751)</b>	<b>-6.2%</b>
Non Operating Income	15,591	(21,405)	16,742	(38,147)	-227.9%
<b>Net Income(Loss)</b>	<b>49,457</b>	<b>5,086</b>	<b>44,984</b>	<b>(39,898)</b>	<b>-88.7%</b>

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

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



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

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%
<b>12,736</b>	<b>12,371</b>	<b>12,332</b>	<b>39</b>	<b>0.3%</b>
232	183	192	(9)	-4.5%
<b>12,968</b>	<b>12,554</b>	<b>12,524</b>	<b>30</b>	<b>0.2%</b>
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%
<b>11,157</b>	<b>11,883</b>	<b>11,300</b>	<b>(583)</b>	<b>-5.2%</b>
<b>1,811</b>	<b>671</b>	<b>1,224</b>	<b>(553)</b>	<b>-45.2%</b>
0	0	0	0	0.0%
<b>1,811</b>	<b>671</b>	<b>1,224</b>	<b>(553)</b>	<b>-45.2%</b>
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
<b>Net Patient Revenue</b>
Other Operating Revenue
<b>Total Operating Revenue</b>

## OPERATING EXPENSE

Salaries & Wages
Supplies
Fees & Purchased Services
Other Operating Expense
<b>Total Operating Expense</b>
<b>Net Operating Income/(Loss)</b>
Non Operating Income
<b>Net Income(Loss)</b>

**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%
<b>103,915</b>	<b>104,593</b>	<b>105,457</b>	<b>(864)</b>	<b>-0.8%</b>
1,763	1,795	1,723	72	4.2%
<b>105,678</b>	<b>106,388</b>	<b>107,180</b>	<b>(792)</b>	<b>-0.7%</b>
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%
<b>94,262</b>	<b>101,483</b>	<b>100,823</b>	<b>(660)</b>	<b>-0.7%</b>
<b>11,416</b>	<b>4,905</b>	<b>6,356</b>	<b>(1,451)</b>	<b>-22.8%</b>
0	(26)	0	(26)	0.0%
<b>11,416</b>	<b>4,879</b>	<b>6,356</b>	<b>(1,477)</b>	<b>-23.2%</b>
22.4%	19.4%	20.7%	-1.3%	
10.8%	4.6%	5.9%	-1.3%	
10.8%	4.6%	5.9%	-1.3%	

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

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

## Balance Sheet (\$ Thousands)

### ASSETS

	March 31, 2016	Audited June 30, 2015
<b>CURRENT ASSETS</b>		
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
<b>Total Current Assets</b>	<b>298,745</b>	<b>344,016</b>
<b>BOARD DESIGNATED ASSETS</b>		
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
<b>Total Board Designated Assets</b>	<b>309,137</b>	<b>300,324</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>32,616</b>	<b>37,676</b>
<b>LONG TERM INVESTMENTS</b>	<b>202,372</b>	<b>207,290</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>30,241</b>	<b>31,808</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,171,989	1,077,951
Less: Accumulated Depreciation	(490,905)	(473,920)
Construction in Progress	41,541	82,506
<b>Property, Plant &amp; Equipment - Net</b>	<b>722,625</b>	<b>686,537</b>
<b>DEFERRED OUTFLOWS</b>	<b>24,768</b>	<b>25,218</b>
<b>RESTRICTED ASSETS - CASH</b>	<b>0</b>	<b>5</b>
<b>TOTAL ASSETS</b>	<b>1,620,506</b>	<b>1,632,874</b>

### LIABILITIES AND FUND BALANCE

	March 31, 2016	Audited June 30, 2015
<b>CURRENT LIABILITIES</b>		
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
<b>Total Current Liabilities</b>	<b>87,616</b>	<b>107,925</b>
<b>LONG TERM LIABILITIES</b>		
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
<b>Total Long Term Liabilities</b>	<b>270,832</b>	<b>272,696</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	952,920	951,924
Board Designated	309,137	300,324
Restricted	0	5
<b>Total Fund Bal &amp; Capital Accts</b>	<b>1,262,058</b>	<b>1,252,254</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>1,620,506</b>	<b>1,632,874</b>

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

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

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

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

# MV Facilities Funding Requests

## Memorandum Administration

Date: June 1, 2016  
To: El Camino Hospital Board of Directors  
From: Ken King, CASO  
Re: Mountain View Campus Master Plan Projects - Capital Funding Requests

**Recommendation:** The Board Finance Committee reviewed and had no objection to the recommendation to approve the following capital funding requests for the Mountain View Campus Master Plan Projects:

North Parking Garage Expansion	- \$ 21,500,000 (Final Request)
Behavioral Health Building Replacement	-\$ 10,000,000 (Incremental Request)
Women's Hospital Expansion (Initial Planning)	-\$ 1,000,000 (Initial Request)

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

**Problem / Opportunity Definition:** The Board of Directors has authorized the development of the Mountain View Campus Master Plan Projects listed below with key subproject elements:

### **North Parking Garage Expansion**

### **Behavioral Health Services Building**

Phase I – Site Prep & Partial Demolition of Existing Building (OSHDPD)  
Phase II – New Building Construction (OSHDPD)

### **Integrated Medical Office Building**

- .1 IMOB Make Ready Site Work (Mountain View)
- .2 IMOB Make Ready Demolition of North Addition (OSHDPD)
- .3 IMOB New Main Connector (OSHDPD)
- .4 IMOB New Building & Parking Structure (Mountain View)

### **Central Plant Upgrades**

### **Women's Hospital Expansion**

### **Old Main Hospital Demolition & Related Site Work**

Due to the timing of the entitlements process, plan review and permit processes and internal ECH Finance and Board Meeting schedules; we are seeking the funding required that will allow

us to proceed with project construction and planning activities that are in the critical path, as soon as we receive the approvals and permits from various jurisdictions.

**Process Description:** Here is what we are planning to do:

1. Obtain Approval from the Mountain View City Council of the Environmental Impact Report and Planned Community Permit no later than June 28, 2016.
2. Obtain the building permits for the North Garage Expansion, Phase I BHS Project and the first two elements (.1 & .2) of the IMOB Project no later than early July 2016.
3. Begin demolition and construction of the projects indicated in step 2 no later than Late July 2016.
4. Finalize the General Contractors Guaranteed Maximum Price (GMP) agreements and obtain Board Approval of funding in August 2016 for the new building elements of the Behavioral Health Services Building and the Integrated Medical Office Building.
5. Begin the planning process for designing and developing the Women's Hospital Expansion Project in August 2016.

For us to accomplish this plan we need the funding approved in June 2016 for the North Garage Expansion, Phase I BHS Project and the Initial Planning for the Women's Hospital Expansion. Note that we have sufficient funding previously approved for the early phases of the IMOB Project.

Additionally, the reason for not completing the GMP agreements and funding requests for the BHS and IMOB New Buildings at this time is due to the slight chance there is a delay in the entitlement approvals. The plan as outlined comes with less risk because we will only be releasing contracts on the construction activity that needs to begin as soon as possible.

**Alternative Solutions:** The alternative to the plan as described is to delay the funding requests until we have received the City of Mountain View Approvals and not begin any construction activities until mid-August 2016. This would increase costs and have a greater negative impact on parking on the campus. (Parking impact is mitigated during the summer months, because we will be able to use St. Francis High School)

**Concurrence for Recommendation:** This request is supported by the Executive Leadership Team and the CEO.

**Outcome Measures / Deadlines:** The target timeline is to develop this building project so that construction can begin in the summer of 2016 and be complete by the summer of 2018.

**Legal Review:** Legal counsel from Cox, Castle, and Nicholson has been engaged to support the development of the major design and construction contracts and will support the negotiation of leases in the new IMOB as required.

**Compliance Review:** None at this time. All leases will be subject to the standard compliance review for all leases.

**Financial Review:** The table below is a summary of Mountain View Campus Master Plan Projects with the current request for incremental funding:

Mountain View Master Plan Projects	1	2	3	4	5
	Aug-15	May-16	To Date	Current Requests	Future
	Total Estimated Project Cost	Total Estimated Project Cost	Total Funding Authorized	Incremental Funding Request	Anticipated Future Funding Request
Behavioral Health Building Replacement	62,500,000	74,667,671	9,000,000	10,000,000	55,667,671
Integrated Medical Office Building - iMOB	232,000,000	246,499,619	28,000,000	0	218,499,619
North Parking Garage Expansion	17,000,000	24,500,000	3,000,000	21,500,000	0
Central Utility Plant (CUP) Upgrades	6,000,000	8,491,311	1,500,000	0	6,991,311
Women's Hospital Expansion	91,000,000	91,000,000	0	1,000,000	90,000,000
Demo Old Main & Related Site Work	15,000,000	15,000,000	0	0	15,000,000
<b>Totals</b>	<b>423,500,000</b>	<b>460,158,601</b>	<b>41,500,000</b>	<b>32,500,000</b>	<b>386,158,601</b>

The incremental funding request for each project is included in the FY 16 Capital Facilities Budget. The Total Estimated Project Cost includes Construction, Soft Costs and Contingencies. Note that the estimated project costs in total are 8.7% higher than projected in August of 2015. The higher costs are due to a number of factors including value added scope of work, construction cost escalation and EIR Mitigation and Avoidance Measures.

Financing of these projects with Revenue Bonds can be considered once CEQA approval is obtained. The target date for CEQA approval end of June 2016.

**Physician Contracts:**



**Medical Directorship:  
Anatomic Pathology & Laboratory Medicine  
Enterprise**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directorship: Anatomic Pathology & Laboratory Medicine – Enterprise ECH Board Meeting: June 8, 2016
<b>Responsible party:</b>	Mick Zdeblick, Chief Operating Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b> <p>El Camino Pathology Medical Group has provided exceptional Medical Director oversight of the Pathology Department at the Mountain View campus since 2001. In 2014, the Board approved extending leadership and oversight of the Los Gatos campus with an additional sixty (60) hours per month raising the total annual compensation to \$347,508.00. Currently, administrative services are provided by seven (7) physicians. The current agreement for Medical Director expires June 30, 2016 and renewal on the same terms is desirable.</p>	
<b>Board Advisory Committee that reviewed the issue and recommendation:</b> <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b> <p>Board approval delegating to the CEO the authority to renew the Pathology Medical Director Agreement for the Mountain View and Los Gatos campuses at the same terms.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed Committee motion, if any:</b> <p>Board to approve a two-year renewal of the Anatomic Pathology &amp; Laboratory Medicine Medical Director Agreement at a not to exceed annual amount of \$347,508.00, which exceeds the Administrative Policy and Procedure 51.00 threshold of \$250,000.00 and the fair market value limit of the 75<sup>th</sup> percentile.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-Step</p>	

Date: June 8, 2016

To: El Camino Board of Directors

From: Mick Zdeblick, Chief Operating Officer

Subject: **Medical Directorship: Anatomic Pathology & Laboratory  
Medicine – Enterprise**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Pathology Medical Director agreement for the Mountain View and Los Gatos campuses at the same terms.
2. **Problem/Opportunity Definition:** El Camino Pathology Medical Group has provided exceptional Medical Director oversight of the Pathology Department at the Mountain View campus since 2001. In 2014, the Board approved extending leadership and oversight of the Los Gatos campus with an additional sixty (60) hours per month raising the total annual compensation to \$347,508.00. Currently, administrative services are provided by seven (7) physicians.

El Camino Pathology Medical Group is currently meeting its quality incentive goals for FY16.

The current agreement expires June 30, 2016 and renewal on the same terms is desirable.

3. **Authority:** According to Administrative Policies and Procedures, Board approval is required prior to CEO signature for all new or renewal physician agreements that exceed the Policy's threshold of \$250,000 per year and when compensation exceeds the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Pathology Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** A review of the Pathology Medical Director Agreement was recently done with Premier Healthcare Solutions, Inc. Hospital leadership has worked through the details and aspects identified by Premier.

6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Chief Strategy Officer.

7. **Outcome Measures and Deadlines:** The following FY17 quality goals will be included in the two-year renewal:

**Quality Goal #1:** 95% of requests are for pathology materials are sent out within three (3) days of receipt of request from patient or cancer treatment center. *Baseline: 80-85% of requests sent out within three days (for calendar year 2015)*

**Quality Goal #2:** Implement AFB cultures in-house at Mountain View campus by December 31, 2016.

8. **Legal Review:** Legal counsel will review the final agreement prior to execution.

9. **Compliance Review:** Compliance will review and approve the proposed agreement and compensation prior to execution.

10. **Financial Review:** The current Agreement authorizes up to 197 hours per month of administrative work distributed among 7 physicians for a maximum annual payment of \$347,508.00. We are not requesting an increase in either dollars or hours.

**Medical Directorship:  
Medical Oncology – Outpatient Department  
Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directorship: Medical Oncology – Outpatient Department – MV ECH Board of Directors: June 8, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b> <p>The current Medical Director of the Medical Oncology Outpatient Department is a specialty-trained Medical Oncologist who has served as Medical Director since February 2012. The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.</p>	
<b>Board Advisory Committee that reviewed the issue and recommendation:</b> <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b> <p>It is requested that the Board approve delegating to the CEO the authority to renew the Medical Oncology Outpatient Department Medical Director Agreement for the Mountain View campus at the same terms.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed Committee motion, if any:</b> <p>Board to approve a two-year renewal of the Medical Oncology Outpatient Department Medical Director Agreement at a not to exceed annual amount of \$124,800.00, which falls below the 75<sup>th</sup> percentile for fair market value, however the current hourly rate at \$260.00/hour exceeds the 90<sup>th</sup> percentile according to MD Ranger reports. We are not recommending an increase either in hours or dollars.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-Step</p>	



Date: June 8, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Directorship: Medical Oncology – Outpatient  
Department – MV**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Medical Oncology Outpatient Department Medical Director agreement at the same terms.
2. **Problem/Opportunity Definition:** The current Medical Director of the Medical Oncology Outpatient Department is a specialty-trained Medical Oncologist who has served as Medical Director since February 2012.

The current Medical Director met the quality incentive goals for FY15 and is on track to meet the goals for FY16, which will be evaluated at the end of June 2016.

The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature of physician agreements when compensation exceeds the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Medical Oncology Outpatient Department Medical Director will be renewed for an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership.
6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Senior Director of the Cancer Center Service Line.
7. **Outcome Measures and Deadlines:** The FY17 quality goals for this Agreement are as follows and will be included in the renewal Agreement by July 1, 2016.

**Quality Goal #1:** Ensure that time period from initial consultation in Cancer Center to completed consultation note in Beacon EMR is < 7 days.

*Measurement period: July 1, 2016 to June 30, 2017.*

*Baseline: 12.6 days*

**Quality Goal #2:** >70% of newly diagnosed Cancer Center patients with Stage IV cancer/non-curative will be offered an Advanced Care Planning visit.

*Measurement period: July 1, 2016 to June 30, 2017.*

*Baseline: 0*

8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to forty (40) hours per month of administrative work for a maximum annual payment of \$124,800.00, which falls below the 75<sup>th</sup> percentile for fair market value, however the current hourly rate at \$260.00/hour exceeds the 90<sup>th</sup> percentile according to MD Ranger reports. We are not recommending an increase either in hours or dollars.



# **Neurosurgery ED Call Panel**

## **Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Neurosurgery ED Call Panel – MV ECH Board of Directors: June 8, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Board Approval
<p><b>Background:</b> The Hospital has separate Neurosurgery Panels at each campus in which Neurosurgeons respond when needed for emergency evaluations and surgical interventions for patients in the emergency departments. Currently, the Mountain View Campus has six (6) Neurosurgeons contracted at the rate of \$1500/day.</p> <p>Neurosurgery coverage for unassigned patients has suffered due to a lack of cohesiveness and consequently there have, at times, been gaps in coverage. To address this issue, the following language will be added to the renewal contracts: 1) when requested by Hospital, physician shall provide a direct in-person consultation for Emergency Room and Hospital inpatients and provide a documented note in the patient’s chart, and 2) when requested, provide surgical consultation for the neuro-interventionalist, and 3) participate in the peer review process for consultations and subsequent surgeries related to neurosurgery call.</p> <p>The Hospital is paying at the bottom of the South Bay market in terms of fair market value for Neurosurgery call, and with the additional responsibilities listed above, the Hospital has negotiated an increased rate of \$1850/day with the MV Neurosurgeons, which is at the 75<sup>th</sup> percentile according to the MD Ranger reports.</p> <p>Hospital management will evaluate the Los Gatos Call Panel structure prior to the expiration of the LG agreements on October 31, 2016.</p>	
<p><b>Board Advisory Committees that reviewed the issue and recommendation:</b> The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<p><b>Summary and session objectives :</b> It is requested that the Board of Directors approve delegating to the CEO the authority to renew the Mountain View Neurosurgery On-Call agreements for an additional two years at the increased rate of \$1850/day.</p>	
<p><b>Suggested discussion questions:</b> None</p>	
<p><b>Proposed Committee motion, if any:</b> Board approval for a two-year renewal of the Neurosurgery ED Call Panel Agreements for the Mountain View campus at the rate of \$1850/day, which is a greater than 10% increase.</p>	
<p><b>LIST OF ATTACHMENTS:</b> 10-Step</p>	

Date: June 8, 2016

To: El Camino Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Neurosurgery ED Call Panel – MV**

1. **Recommendation:** We request that the Board of Directors approve delegating to the CEO the authority to renew the Mountain View Neurosurgery On-Call agreements.
2. **Problem/Opportunity Definition:** The Hospital has separate Neurosurgery Panels at each campus in which Neurosurgeons respond when needed for emergency evaluations and surgical interventions for patients in the emergency departments. Currently, the Los Gatos Campus has eight (8) Neurosurgeons contracted at a rate of \$1000/day and the Mountain View Campus has six (6) Neurosurgeons contracted at the rate of \$1500/day. The Los Gatos agreements have been extended through October 31, 2016 and the Mountain View agreements have been extended through June 30, 2016 pending evaluation of the Panel.

Neurosurgery coverage for unassigned patients has suffered due to a lack of cohesiveness and consequently there have, at times, been gaps in coverage. To address this issue, a request for proposal (RFP) for the management of emergency coverage of emergency departments and inpatient facilities was sent only to local neurosurgeons who have been part of the Hospital community for years and already provide services at Hospital facilities. The goal of the RFP was to facilitate a dialogue that would lead to more comprehensive service and one that is better coordinated across both Hospitals. However, it was determined by Hospital management that the problems of continuity of care and communication will not be solved by a combined two campus call panel, but rather adding the following language to the contracts: 1) when requested by Hospital, physician shall provide a direct in-person consultation for Emergency Room and Hospital inpatients and provide a documented note in the patient's chart, and 2) when requested, provide surgical consultation for the neuro-interventionalist, and 3) participate in the peer review process for consultations and subsequent surgeries related to neurosurgery call.

The Hospital is paying at the bottom of the South Bay market in terms of fair market value for Neurosurgery call and with the additional responsibilities listed above, the

Hospital has negotiated an increased rate of \$1850/day with the MV Neurosurgeons, which is at the 75<sup>th</sup> percentile according to the MD Ranger reports.

Hospital management will evaluate the Los Gatos Call Panel structure prior to the expiration of the LG agreements on October 31, 2016.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature of physician agreements with a greater than 10% increase in total compensation.
4. **Process Description:** Upon Board approval, Neurosurgery Call Panel agreements for the Mountain View campus will be renewed for an additional two years through June 30, 2018 with the additional responsibilities listed above and at a not to exceed rate of \$1850/day.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered at this time.
6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Chief Operating Officer, Interim Chief Medical Officer and the Director, Ortho/Spine/Neuroscience.
7. **Outcome Measures and Deadlines:** Physicians will participate in the peer review process for consultations and subsequent surgeries related to neurosurgery call.
8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** Compensation will be constrained to a not to exceed amount of \$1850.00 per day, which is at the 75<sup>th</sup> percentile for fair market value according to MD Ranger reports. A renewal term of two years will be proposed.

# **South Asian Heart Center Directorship Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	South Asian Heart Center Directorship – MV ECH Board of Directors: June 8, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b> <p>The current Medical Director of the South Asian Heart Center has served extremely well as Medical Director since 2006. The Medical Director has provided administrative services at the same hourly rate of \$140.00 since 2012.</p> <p>The current Agreement expires June 30, 2016 and renewal at an increased hourly rate of \$170.00 is desirable for the Medical Director's scope of administrative work and to create parity with other Medical Directors.</p>	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b> <p>It is requested that the Board approve delegating to the CEO the authority to renew the South Asian Heart Center Medical Director Agreement for the Mountain View campus at an increased hourly rate of \$170.00.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed Committee motion, if any:</b> <p>Board to approve a two-year renewal of the South Asian Heart Center Medical Director Agreement at an increased hourly rate of \$170.00, which is a greater than 10% increase, for a total payment of \$65,280.00, both of which fall below the 50<sup>th</sup> percentile for fair market value according to MD Ranger report.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-Step</p>	

Date: June 8, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **South Asian Heart Center Directorship – MV**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the South Asian Heart Center Medical Director Agreement for the Mountain View campus at an increased hourly rate of \$170.00.
2. **Problem/Opportunity Definition:** The current Medical Director of the South Asian Heart Center has served extremely well as Medical Director since 2006. The Medical Director has provided administrative services at the same hourly rate since 2012.

The current Agreement expires June 30, 2016 and renewal at an increased hourly rate is desirable for the Medical Director's scope of administrative work and to create parity with other Medical Directors.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature of physician agreements with a greater than 10% increase in compensation.
4. **Process Description:** Upon Board approval, the South Asian Heart Center Medical Director Agreement will be renewed for an additional two years at an increased hourly rate through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership.
6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by Hospital leadership.
7. **Outcome Measures and Deadlines:** The FY17 quality goals for this Agreement are as follows and will be included in the renewal Agreement by July 1, 2016.

**Quality Goal #1:** Increase the compliance in levels of physical activity by 20%. Goal is 150 minutes/week. The minutes of physical activity performed is measured during a heart health risk assessment questionnaire interview is conducted over the phone and recorded by the Center's health educators and case managers.

*Baseline: As of Dec 31, 2015, approximately 42% of participants are at the goal of 150 minutes of exercise per week. The goal is to increase to 50% in FY2016, or a 20% improvement in compliance.*

**Quality Goal #2:** Establish, pilot, and initiate a new service "AIM to Prevent: Diabetes" – an intensive program for diabetics and those at risk for diabetes.

*Deliverable: Enroll 100 participants in the program by FY2017.*

8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to thirty two (32) per month of administrative work at an hourly rate of \$140.00, which falls below the 25<sup>th</sup> percentile for fair market value. We are recommending an increase to \$170.00 per hour for a total payment of \$65,280.00, both of which fall below the 50<sup>th</sup> percentile for fair market value according to MD Ranger reports.



**Medical Directorship:  
Respiratory Care Services  
Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directorship: Respiratory Care Services – MV ECH Board of Directors: June 8, 2016
<b>Responsible party:</b>	Mick Zdeblick, Chief Operating Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b> <p>The current Medical Director of Respiratory Care Services for the Mountain View campus, is specialty-trained in pulmonary disease and has performed very well as Medical Director since April 2014.</p> <p>The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.</p>	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b> <p>It is requested that the Board approve delegating to the CEO the authority to renew the Respiratory Care Services Medical Director Agreement for the Mountain View campus at the same terms.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed Committee motion, if any:</b> <p>Board to approve a two-year renewal of the Respiratory Care Services Medical Director Agreement at a not to exceed annual amount of \$66,000.00, which exceeds the Administrative Policy and Procedure 51.00 fair market value limit of the 75<sup>th</sup> percentile.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-Step</p>	

Date: June 8, 2016

To: El Camino Board of Directors

From: Mick Zdeblick, Chief Operating Officer

Subject: **Medical Directorship: Respiratory Care Services – MV**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Respiratory Care Services Medical Director Agreement for the Mountain View campus at the same terms.
2. **Problem Definition.** The current Medical Director of Respiratory Care Services for the Mountain View campus is specialty-trained in pulmonary disease and has performed very well as Medical Director since April 2014.

The Medical Director is on track to meet the quality incentive goals for FY16 which will be evaluated at the end of June 2016.

The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile. The maximum annual compensation in this agreement exceeds the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Respiratory Care Services Medical Director Agreement will be renewed an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership.
6. **Concurrence for Recommendation:** The renewal of this Medical Directorship at the same terms is appropriate on clinical and operational grounds and is supported by the Director of Respiratory Therapy, Chief Nursing Officer, and Chief Operating Officer.
7. **Outcome Measures and Deadlines:** The FY17 quality goals for this Agreement are as follows and will be included in the renewal Agreement by July 1, 2016.

**Quality Goal #1:** Measure baseline for percentage of patients with appropriate OSA follow-up among Mountain View inpatients without positive screens from July 2016 through December 2016. Improve performance by 10% for time period January 1, 2017 through June 30, 2017.

**Quality Goal #2:** Work with Respiratory Therapy to ensure improvement in respiratory therapist oversight and education related to ABG consistency, PRT competence and patient satisfaction.

*Deliverable: Minutes from quarterly meetings.*

8. **Legal Review:** Legal counsel will review the final agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed agreement and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to forty (40) hours per month of administrative work at an hourly rate of \$137.50 for a maximum annual payment of \$66,000.00. The total compensation exceeds the 75<sup>th</sup> percentile for fair market value according to MD Ranger reports. We are not recommending an increase in either hours or dollars.

**Medical Directorship:  
Surgical Quality Improvement  
Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directorship: Surgical Quality Improvement – Enterprise ECH Board of Directors: June 8, 2016
<b>Responsible party:</b>	Mick Zdeblick, Chief Operating Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b> <p>The current Medical Director off Surgical Quality Improvement for the Mountain View and Los Gatos campus is a General Surgeon who has served as a Medical Director since February 2013.</p> <p>The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.</p>	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b> <p>It is requested that the Board approve delegating to the CEO the authority to renew the Surgical Quality Improvement Medical Director Agreement for the Mountain View and Los Gatos campuses at the same terms.</p>	
<b>Suggested discussion questions:</b> <p>None</p>	
<b>Proposed Committee motion, if any:</b> <p>Board to approve a two-year renewal of the Surgical Quality Improvement Medical Director Agreement at an hourly rate of \$300.00 for a maximum annual payment of \$144,000.00. The hourly rate and total compensation exceed the 90th percentile for FMV according to 2016 MD Ranger reports. We are not recommending an increase in either hours or dollars.</p>	
<b>LIST OF ATTACHMENTS:</b> <p>10-Step</p>	

Date: June 8, 2016

To: El Camino Board of Directors

From: Mick Zdeblick, Chief Operating Officer

Subject: **Medical Directorship: Surgical Quality Improvement – Enterprise**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Surgical Quality Improvement Medical Director Agreement for the Mountain View and Los Gatos campuses at the same terms.
2. **Problem Definition.** The current Medical Director of Surgical Quality Improvement for the Mountain View and Los Gatos campuses is a General Surgeon who has served as Medical Director since February 2013.

The current Medical Director met one of the two quality incentive goals for FY15 and one of the quality incentive goals for FY16. The second goal for FY16 will be evaluated at the end of June.

The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile. The hourly rate and maximum annual compensation in this Agreement exceed the 90<sup>th</sup> percentile for fair market value.
4. **Process Description:** Upon Board approval, the Surgical Quality Improvement Medical Director Agreement will be renewed for an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership.
6. **Concurrence for Recommendation:** The renewal of this Medical Directorship is supported by Hospital management.
7. **Outcome Measures and Deadlines:** Proposed quality goals for this Agreement are currently in the process of development and will be included in the renewal Agreement by July 1, 2016.
8. **Legal Review:** Legal counsel will review the final agreement prior to execution.

9. **Compliance Review:** Compliance will review and approve the proposed agreement and compensation prior to execution.
10. **Financial Review:** The current agreement authorizes up to forty (40) hours per month of administrative work at an hourly rate of \$300.00 for a maximum annual payment of \$144,000.00. The hourly rate and total compensation exceed the 90th percentile for FMV according to 2016 MD Ranger reports. We are not recommending an increase in either hours or dollars.



**Medical Directorship:  
Neuro Interventional, Neuro Critical Care &  
Stroke Programs  
Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directship: Neuro Interventional, Neuro Critical Care & Stroke Programs – Enterprise ECH Board Meeting: June 8, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b>  <p>The current Medical Director of the Neuro-Interventional, Neuro Critical Care &amp; Stroke Programs is specialty-trained in Vascular Neurology and has served as Medical Director since July 2013 with oversight of the Stroke Programs added in July 2015.</p> <p>The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.</p>	
<b>Board Advisory Committee that reviewed the issue and recommendation:</b>  <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b>  <p>Board approval for delegating to the CEO the authority to renew the Neuro-Interventional, Neuro Critical Care &amp; Stroke Programs Medical Director Agreement at the same terms.</p>	
<b>Suggested discussion questions:</b>  <p>None</p>	
<b>Proposed Committee motion, if any:</b>  <p>Board to approve a two-year renewal of the Neuro-Interventional, Neuro Critical Care &amp; Stroke Programs Medical Director Agreement for the Mountain View and Los Gatos Campuses at a not to exceed annual amount of \$110,464.00, which falls below the 75<sup>th</sup> percentile for fair market value according to MD Ranger reports, however the current hourly rate at \$276.16 exceeds the Administrative Policy and Procedure 51.00 fair market value limit of the 75<sup>th</sup> percentile. We are not recommending an increase either in hours or dollars.</p>	
<b>LIST OF ATTACHMENTS:</b>  <p>10-Step</p>	



Date: June 8, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Directship: Neuro Interventional, Neuro Critical Care & Stroke Programs – Enterprise**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Neuro-Interventional, Neuro Critical Care & Stroke Programs Medical Director Agreement at the same terms.
2. **Problem/Opportunity Definition:** The current Medical Director of the Neuro-Interventional, Neuro Critical Care & Stroke Programs is specialty-trained in Vascular Neurology and has served as Medical Director since July 2013 with oversight of the Stroke Programs added in July 2015.

The Medical Director is meeting one of the quality incentive goals for FY16 and the other goal will be evaluated at the end of June 2016.

The current Agreement expires June 30, 2016 and renewal on the same terms is desirable.

3. **Authority:** According to Administrative Policies and Procedures, Board approval is required prior to CEO signature for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Neuro-Interventional, Neuro Critical Care & Stroke Programs Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management for changing leadership or anyone on the medical staff who has the same credentials as the current Medical Director.
6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Director, Ortho/Spine/Neuroscience.

7. **Outcome Measures and Deadlines:** The FY17 quality goals for this Agreement are as follows and will be included in the renewal Agreement by July 1, 2016.

**Quality Goal #1:** Reduction in Door to Needle Time for IV TPA for acute stroke patients: Door to Needle Time <60 minutes in at least 75% of acute stroke patients AND <45 minutes in at least 50% of ALL acute stroke patients. *Measurement period: FY17.*

*Benchmark: All Primary Stroke Centers – Get With The Guidelines Database: 74% in 60 minutes; 39% in 45 minutes for time period July 2015 through January 2016.*

**Quality Goal #2:** Improve process for neuro cath lab set up to start of procedure to advance efficiency and reduce the time from patient entering the cath lab to groin access, which is currently averaging 30 minutes.

*Deliverable: Process improvement to improve average to 20 minutes by January 1, 2017.*

8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to fifty (50) hours per month of administrative work for a maximum annual payment of \$110,464.00, which falls below the 75<sup>th</sup> percentile for fair market value, however the current hourly rate at \$276.16 exceeds the 75<sup>th</sup> percentile for fair market value according to MD Ranger reports. We are not recommending an increase either in hours or dollars.

**Medical Directorship:  
Vascular Surgery  
Mountain View**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Medical Directorship: Vascular Surgery – MV ECH Board Meeting: June 8, 2016
<b>Responsible party:</b>	Rich Katzman, Chief Strategy Officer
<b>Action requested:</b>	Board Approval
<b>Background:</b>  <p>The current Medical Director is a Vascular Surgeon who has served as Medical Director for the Vascular Surgery Department since 2008.</p> <p>The current Agreement expires June 30, 2016 and two-year renewal with a reduction in hours to reflect the current scope of duties is desirable.</p>	
<b>Board Advisory Committee that reviewed the issue and recommendation:</b>  <p>The Finance Committee reviewed the proposal at its May 31, 2016 meeting. Although it did not make a formal recommendation, the Committee did not state any objection to the proposal or to it being forwarded to the Board for approval.</p>	
<b>Summary and session objectives :</b>  <p>It is requested that the Board approve delegating to the CEO the authority to renew the Vascular Surgery Medical Director Agreement for an additional two years at the current hourly rate and reduction in hours.</p>	
<b>Suggested discussion questions:</b>  <p>None</p>	
<b>Proposed Committee motion, if any:</b>  <p>The current Agreement authorizes up to thirty five (35) hours per month of administrative work for a maximum annual payment of \$105,000.00. A reduction in hours to thirty (30) per month resulting in an annual payment of \$90,000.00 is proposed. The number of hours and maximum compensation are within the Administrative Policies and Procedures 51.00 fair market value limit of the 75<sup>th</sup> percentile; however the current hourly rate of \$250.00 exceeds the 90<sup>th</sup> percentile for fair market value according to MD Ranger reports.</p>	
<b>LIST OF ATTACHMENTS:</b>  <p>10-Step</p>	

Date: June 8, 2016

To: El Camino Hospital Board of Directors

From: Rich Katzman, Chief Strategy Officer

Subject: **Medical Directorship: Vascular Surgery – MV**

1. **Recommendation:** We request that the Board approve delegating to the CEO the authority to renew the Vascular Surgery Medical Director Agreement at the current hourly rate, but with a reduction in hours.
2. **Problem Definition:** The current Medical Director is a Vascular Surgeon who has served as Medical Director for the Vascular Surgery Department since 2008.

The current Medical Director has met both of FY15 quality incentive goals and one of the FY16 goals, and data is being gathered to determine whether the other FY16 goal has been met.

The current Agreement expires June 30, 2016 and two-year renewal at the current hourly rate and a reduction in hours to reflect the current scope of duties is desirable.

3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature for all new or renewal physician agreements that exceed the Policy's fair market value limit of the 75<sup>th</sup> percentile.
4. **Process Description:** Upon Board approval, the Vascular Surgery Medical Director Agreement will be renewed at the same hourly rate, but with a reduction of monthly hours, for an additional two years through June 30, 2018.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** There is no support within Hospital management or medical staff for changing leadership.
6. **Concurrence for Recommendation:** The renewal of this Agreement is supported by the Director, HVI.
7. **Outcome Measures and Deadlines:** The FY17 goals are still being negotiated and will be included in the renewal agreement.

8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to thirty five (35) hours per month of administrative work for a maximum annual payment of \$105,000.00. A reduction in hours to thirty (30) per month resulting in an annual payment of \$90,000.00 is proposed. The number of hours and maximum compensation are within the Policy's fair market value limit of the 75<sup>th</sup> percentile; however the current hourly rate at \$250.00 exceeds the 90<sup>h</sup> percentile for fair market value according to MD Ranger reports. We are recommending a decrease in hours.



## **Epic Version 2015 & 2016 Upgrades**



Date: June 8, 2016

To: El Camino Hospital Finance Committee

From: Greg Walton, Chief Information Officer; Deb Muro, Associate CIO

Re: iCare Sequential Version Upgrade Request

**Authority:**

On behalf of the Executive Leadership Team, this request seeks the Board's authorize for management to enter into a sixteen month project to upgrade the iCare System to the Epic version 2015 and version 2016 platform. The Finance Committee reviewed this request and did not state any objections.

**Recommendation:** The ECH Board of Directors authorizes the CEO to enter into a sixteen month project and professional services agreement with Epic in order to implement sequential upgrades of the iCare Electronic Medical Record System to version 2015 and version 2016. This two-year project capital cost is estimated to be \$7.1mm. The capital costs are for capitalization of internal staff, professional services and supplemental project staff. The FY 2017 operating costs are included in the FY17 year's budget.

The first stage of the project will be completed in January 2017 with final completion scheduled for October 2017.

**Problem / Opportunity:**

The project requirement we aim to meet is the timeline for Meaningful Use Stage 3 and the new Medicare Access and CHIP Reauthorization Act (MACRA) legislation. A key goal is to avoid \$12 mm in reimbursement penalties. This goal is increasing our urgency for completing the version 2015 and version 2016 upgrades. In calendar year 2018 and beyond, the Centers for Medicare and Medicaid (CMS) require that EMR software must be certified to the 2015 Office of the National Coordinator (ONC) edition of certification criteria. This means that implementation and stabilization of Epic version 2016 must occur by the start of the January 1, 2018 Stage 3 reporting period.

**Process Description:**

Analysis of the options, implications and costs were completed and incorporated into a Decision Document which was reviewed by the Enterprise IT Executive Steering Committee. The Committee recommended moving forward with the sequential 2015 and 2016 upgrades as per the established timeframes with the agreement that resources will focus upon the upgrade and requests which are break/fix, maintenance, regulatory and safety related.

**Alternative Solutions:**

Three basic approaches were considered, incremental implementation changes until later in the Fiscal Year, delaying the upgrade start such that a "Double Upgrade" (Perform 2 Upgrades at once) approach would be necessary to meet the deadline, take the Version 15 and 16 upgrade in series, one after another.

The option of continuing the course with incremental customization enhancements was not considered viable due to the following implications:

- Does not align with the best practices and guiding principles to minimize customizations and adhere to the Epic Foundation System based upon customer input and industry trends
- Customizations create resource challenges and efficiency concerns for ongoing system maintenance and upgrades
- Does not reduce resource constraints
- Future upgrades will take longer to accomplish the more iCare is customized
- Minimizes market competitive capability and investment in Epic software as newest functionality will not be available to users
- Unable to achieve Epic Honor Roll status resulting in forfeiture of annual fee discounts
- May not address in time the upgrades and Meaningful Use requirements resulting in reimbursement penalties of \$12mm.

The option to take "A Double" was rejected due to risk and cost. Both Epic and other clients strongly suggest that organizations that have never taken a double do not do so with their first upgrade experience.

**Outcome Measures / Deadlines:**

- Begin Project Initiation phase which includes identification of features and requested enhancements which will be included in version 2015 and 2016. Scope of work may include the addition of high priority enhancements which are safety and regulatory in nature. Low priority enhancements will not be included in the scope of the upgrade project.
- The upgrade to version 2015 will be completed in January 2017 followed by a two month stabilization period.
- The project for version 2016 will begin in April 2017 with implementation scheduled for October 2017. The following two months post go-live will be focused upon stabilization and ensuring readiness for Meaningful Use Stage 3.

**Legal Review:** Counsel has reviewed this proposal and has no objections. They are prepared to participate in the development of professional services agreements.

**Compliance Review:** No objections at this time.

**Financial Review:** This project has been reviewed with the Executive Leadership Team.

**Request:** The Finance Committee recommends that the El Camino Hospital Board of Directors authorize the CEO to enter into a sixteen month project and professional services agreement with Epic in order to implement sequential upgrades of the iCare Epic Electronic Medical Record System to version 2015 and version 2016. The two-year project capital cost is estimated to be \$7.1mm and the FY 2017 operating costs are included in that year's budget.

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Greg Walton  
CIO

**Proposed Revised Finance Committee Charter**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Biennial Review of Finance Committee Charter El Camino Hospital Board of Directors June 8, 2016
<b>Responsible party:</b>	Iftikhar Hussain, CFO Cindy Murphy, Board Liaison
<b>Action requested:</b>	Possible Motion
<p><b>Background:</b></p> <p>Per the Governance Committee's charter, all Board Advisory Committees are to review their Charters every other year and discuss possible revisions.</p> <p>Staff recommended the following changes to the Finance Committee Charter:</p> <ol style="list-style-type: none"> <li>1. Section C, Bullet #1 – Clarify to reflect the Committee's current practice.</li> <li>2. Section C, Bullet #2 – Delete. This is not within the purview of the Finance Committee</li> <li>3. Section D, Bullet #4 – Specify to reflect that only changes in excess of management's approval authority need to be brought to the Committee and Board.</li> <li>4. Section H, Bullet #2 – Delete requirement of annual written evaluation of CFO performance. This has not been done historically by this Committee or any of the other Board's Committees.</li> </ol> <p>In addition, the Committee members suggested revising Section E, Bullet #2 to provide for review of retrospective analyses of all strategic business ventures and all strategic capital expenditures in excess of \$2.5 million instead of in excess \$1 million.</p>	
<p><b>Committees that reviewed the issue and recommendation, if any:</b> The Finance Committee reviewed the staff recommendations and did not state any objections to the proposed revisions.</p>	
<p><b>Summary and Session Objectives:</b></p> <p>To obtain the Board's approval of the proposed revisions to the Finance Committee Charter.</p>	
<p><b>Suggested discussion questions:</b> None this is a consent item.</p>	
<p><b>Proposed Board motion, if any:</b></p> <p>To approve the Draft Revised Finance Committee Charter</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ol style="list-style-type: none"> <li>1. Draft Revised Finance Committee Charter</li> </ol>	

## **Finance Committee Charter**

**Draft Revised May 31, 2016**

### **Purpose**

The purpose of the Finance Committee (the “Committee”) is to provide oversight, information sharing and financial reviews related to operating and capital budgeting, financial planning, financial reporting, capital structure, banking relationships and certain contractual agreements for El Camino Hospital (ECH) Board of Directors (“Board”). In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

### **Authority**

All governing authority for ECH resides with the Board and the Committee serves as an advisory body only. The Committee will report to the Board at the next scheduled meeting any recommendation made within the Committee’s authority. The Committee has the authority to select, engage, and supervise any consultant it deems necessary to advise the Committee on issues related to its responsibilities. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

### **Membership**

- The Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- The Finance Committee may also include 2-3 external (non-Hospital Board member) members with expertise which is relevant to the Committee’s areas of responsibility, such as banking, financial management, planning and real estate development, etc.
- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30<sup>th</sup> each year, renewable annually.

- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board member, the Vice-Chair must be a Hospital Board member.

### **Staff Support and Participation**

The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the executive team may participate in the Committee meetings as deemed necessary.

### **General Responsibilities**

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters brought to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track financial performance for the Committee's review. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for ensuring that performance metrics which are not being met to the Board's expectations are reported to the Board.

### **Specific Duties**

The specific duties of the Committee are:

#### **A. Budgeting**

- Review the annual operating and capital budgets for alignment with the mission and vision of ECH and make recommendations to the Board.
- Review any financial requests in excess of the CEO's signing authority and make recommendations to the Board.
- Review ECH's long-range forecasts and financial plans and make recommendations to management regarding steps advisable to improve ECH's financial strength.

#### **B. Financial Reporting**

- Review each accounting period's financial statements and ensure the Board is advised of any necessary corrective actions.
- Obtain a clear understanding of ECH's financial reporting process by reviewing the hospital's dashboard items and periodic financial reports and advise management on how to improve its financial reporting in order to improve accountability and ease of reading and understanding.



### C. Financial Planning and Forecasting

- ~~Semi - Annually, receive an update on review and evaluate ECH's payor contracts that generate net revenues in excess of \$30m and make recommendations to management regarding contracting strategy. The Committee shall review~~ management's assessment of expected results as well as potential risks related to the payor contracts.
- Evaluate the financial implications of emerging payment processes and provide advice to management regarding associated risk management concerns.
- Evaluate financial planning and forecasting to help ensure it remains in alignment with the mission and strategic direction of ECH.
- ~~Evaluate and make recommendations to the Board regarding any proposed changes in corporate structure.~~

### D. Treasury, Pension Plans & Contracting Concerns

- Review and make recommendations to the Board regarding all new debt issuances and derivative instruments in excess of \$1m.
- Monitor compliance with debt covenants and evaluate ECH's capital structure.
- Review and make recommendations to the Board regarding changes in banking relationships, including, without limitation, depository accounts, investment accounts and major credit facilities. The term "major credit facilities" does not include management-approved trade credit facilities offered in the ordinary course of business by vendors to the hospital. The Committee may recommend delegation of approval authority for specified changes to the CFO, but must maintain reporting and oversight of any such changes.
- Review and make recommendations to the Board regarding proposed plan design or benefit design changes in excess of management authority limits to employee retirement plans, excluding changes to investments within those plans.
- Review and make recommendations to the Board regarding contractual agreements with persons considered to be "insiders" under IRS regulations, and those which are in excess of the CEO's signing authority.

### E. Capital and Program Analysis

- Review and make recommendations to the Board with respect to the business plans of all capital items or proposed business ventures in excess of the CEO's signing authority, and all variances to budget in excess of the CEO's signing authority on projects in process.
- Review retrospective analyses of all strategic business ventures and all strategic capital expenditures in excess of ~~\$2.54~~ million, as presented by management or as

per the review schedule set forth by the Committee, to assess the reasonableness of business plans that were developed at the time of original approval and to promote learning as a result of any identified issues or concerns.

- Review and approve the acquisition or disposition of any real property which is in excess of the CEO's signing authority.

#### **F. Financial Policies**

- Review and recommend approval of any Board-level financial policies, excluding any financial policies for which responsibility has been specifically assigned to another Board Committee.

#### **G. Ongoing Education**

- Endorse and encourage Committee education and dialog relative to emerging healthcare issues that will impact the viability and strategic direction of ECH.

#### **H. Management Partnership**

- Work in partnership with the CFO and other hospital executives to assist in the development of financial policies which will help ensure organizational success.
- Provide ongoing counsel to the CFO regarding areas of opportunity for either personal or organizational improvement, ~~and annually provide a written evaluation of the committee's perceptions of the CFO's performance to the CEO.~~

### **Committee Effectiveness**

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and ECH's strategic goals. The Committee strives for continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the Board.

### **Meetings and Minutes**

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan and the operational requirements of the organization. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for review and approval.

Meetings and actions of the advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws. Special meetings of the committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of the advisory committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24 hour notice.

Approved as Revised: November 12, 2014

**FY17 Finance Committee Goals**

## FINANCE COMMITTEE

### DRAFT FY17 GOALS

#### Purpose

The purpose of the Finance Committee is to provide oversight, information sharing and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for El Camino Hospital Board of Directors. In carrying out its review, advisory and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

#### Staff: Iftikhar Hussain, CFO

*The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the executive team may participate in the Committee meetings upon the recommendation of the CFO and subsequent approval from the Committee Chair. The CEO is an ex-officio of this Committee.*

Goals	Planned Timeline (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	Metrics
1. Review Results of HPO Plan, including expense control	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>	<i>Present results to Finance Committee quarterly and to the Board of Directors at the direction of the Finance Committee</i>
2. Review Capital Projects in Progress	<ul style="list-style-type: none"> <li>Q3</li> </ul>	<i>Update on capital projects in progress that exceed \$2.5M</i>

Goals	Planned Timeline (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	Metrics
3. Evaluate 2 <sup>nd</sup> Round of Bond Issuance	<ul style="list-style-type: none"> <li>• Q2 – Discussion</li> <li>• Q3 – Consider Recommendation</li> </ul>	<i>Committee Decision to recommend or not by Q3(January)</i>  <i>Board Consideration in Q3 (March) or Q4 (April)</i>
4. Education topic :Medicare Margin	<ul style="list-style-type: none"> <li>• Q1</li> </ul>	<i>Presentation Given at August Meeting</i>

**Submitted by:**

Dennis Chiu - Chair, Finance Committee

Iftikhar Hussain - Executive Sponsor, Finance Committee

(Reviewed by the Finance Committee on May 31, 2016)

## **j. Proposed FY17 Slate of Advisory Committee Chairs and Members**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<p>Appointment of Proposed Slate of FY 17 Advisory Committee Chairs and Members, and Liaisons to the El Camino Hospital Foundation Board, the Community Benefit Advisory Council and PAMF/ECH Joint Operating Council</p> <p>El Camino Hospital Board of Directors</p> <p>June 8, 2016</p>
<b>Responsible party:</b>	Cindy Murphy, Board Liaison
<b>Action requested:</b>	Possible Motion
<p><b>Background:</b></p> <p>Each year, the Board Chair develops a slate of Board Advisory Committee Chairs and Members, as well as Liaisons to the three groups described above, for the Board's review and approval. In developing the slate, the Board Chair considers the expressed interests of Board members, the recommendations of the current Committee Chairs, the Committee members' (who are not Board members) continued interest in service, and the effective governance of the hospital.</p>	
<p><b>Committees that reviewed the issue and recommendation, if any:</b> The Governance Committee reviewed Board Chair Cohen's slate and voted to recommend approval, but suggested that, in the future, additional consideration be given to rotating Board member assignments and appointing non-Board members as Committee Chairs.</p> <p>At the time of Governance Committee review, the liaison appointment to the El Camino Hospital Foundation Board was listed as "TBD" so was not considered by the Committee.</p>	
<p><b>Summary and Session Objectives:</b></p> <p>To obtain Board approval of the proposed slate of FY 17 Advisory Committee Chair and Member and Liaison appointments.</p>	
<p><b>Suggested discussion questions:</b></p> <p>None. This is a consent item.</p>	
<p><b>Proposed motion, if any:</b> To approve the proposed slate of FY17 Advisory Committee Chair and Member and Liaison appointments.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <p>Slate of Proposed Appointments</p>	



## Proposed FY 17 Appointments

### El Camino Hospital Board Advisory Committee Chairs and Members:

<p style="text-align: center;"><b><u>Governance</u></b></p> <p>Peter C. Fung, MD – Chair</p> <p style="text-align: center;"><b><u>Members</u></b> Lanhee Chen David Reeder</p> <p style="text-align: center;">Gary Kalbach Christina Lai Pete Moran</p>	<p style="text-align: center;"><b><u>Investment</u></b></p> <p>John Zoglin - Chair</p> <p style="text-align: center;"><b><u>Members</u></b> Jeffrey Davis, MD</p> <p style="text-align: center;">Nicola Boone John Conover Gary Kalbach Brooks Nelson</p>	<p style="text-align: center;"><b><u>Finance</u></b></p> <p>Dennis Chiu - Chair</p> <p style="text-align: center;"><b><u>Members</u></b> John Zoglin</p> <p style="text-align: center;">Richard Juelis William Hobbs</p>
<p style="text-align: center;"><b><u>Corporate Compliance, Privacy and Internal Audit</u></b></p> <p>John Zoglin, Chair</p> <p style="text-align: center;"><b><u>Members</u></b> Dennis Chiu</p> <p>Sharon Anolik-Shakked Christine Sublett</p>	<p style="text-align: center;"><b><u>Executive Compensation</u></b></p> <p>Lanhee Chen – Chair</p> <p style="text-align: center;"><b><u>Members</u></b> Julia Miller</p> <p style="text-align: center;">Teri Eyre Jing Liao Bob Miller Prasad Setty</p>	<p style="text-align: center;"><b><u>Quality</u></b></p> <p>David Reeder- Chair</p> <p style="text-align: center;"><b><u>Members</u></b> Peter C. Fung, MD</p> <p>Katherine Anderson Mikele Bunce Nancy Caragee, RN Robert Pinsker, MD Wendy Ron Diana Russell, RN Melora Simon Alex Tsao</p>

### Liaisons:

<p style="text-align: center;"><b><u>ECH Foundation Board</u></b></p> <p>David Reeder</p>	<p style="text-align: center;"><b><u>Community Benefit Advisory Council</u></b></p> <p>Peter C. Fung, MD</p>	<p style="text-align: center;"><b><u>PAMF/ECH Joint Operating Council</u></b></p> <p>Dennis Chiu</p>
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**k. Proposed FY17 Board and Committee Master Calendar**

# FY17 ECH Board and Committee Master Calendar (DRAFT)

Q1 & Q2 (July 2016 – December 2016)

JULY						
S	M	T	W	T	F	S
					1	2
3	4 July 4th	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
AUGUST						
S	M	T	W	T	F	S
	1 QC FC	2 GC	3	4	5	6
7	8 IC	9	10 ECHB	11	12	13
14	15	16 Dist Bd	17	18 CC	19	20
21	22	23	24	25	26	27
28	29 QC	30	31			
SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5 Labor Day	6	7	8	9	10
11	12	13	14 ECHB	15 ECC	16	17
18	19	20	21	22	23	24
25	26 FC	27	28	29 CC	30	

OCTOBER						
S	M	T	W	T	F	S
						1
2	3 QC	4 GC	5	6	7	8
9	10	11	12 ECHB	13	14	15
16	17	18 Dist Bd	19	20	21	22
23	24	25	26 Educational	27	28	29
30	31					
NOVEMBER						
S	M	T	W	T	F	S
		1	2 QC	3	4	5
6	7	8	9 ECHB	10	11	12
13	14 IC	15 ECC	16	17 CC	18	19
20	21	22	23	24 Thanksgiving	25	26
27	28 FC	29	30			
DECEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5 QC	6 Dist Bd	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24 Xmas Eve
25 Xmas Day	26	27	28	29	30	31

## KEY:

Dist Bd = District Board	ECHB = ECH Board	CC = Corporate Compliance/ Privacy and Audit Committee	EC = Executive Compensation Committee	FC = Finance Committee	GC = Governance Committee	IC = Investment Committee	QC = Quality, Patient Care & Patient Experience Committee	ECH Board Retreat	ECH Board & Cmte Educational Gatherings	ECH Holiday
3 <sup>rd</sup> Tuesday starts at 5:30pm	2 <sup>nd</sup> Wednesday 5:30-9:30pm	5:00-7:00pm	4:30-6:30pm	5:30-7:30pm	5:30-7:00pm	5:30 - 7:30	5:30-7:30pm	Friday - Saturday 12:00pm-2:00pm (1.5 days)	2 evenings 5:30-8:00pm	

# FY17 ECH Board and Committee Master Calendar (DRAFT)

## Q3 & Q4 (January 2017 – June 2017)

JANUARY						
S	M	T	W	T	F	S
1 New Year's	2	3 GC	4	5	6	7
8	9	10	11 ECHB	12	13	14
15	16 MLK Day	17 Dist Bd	18	19 CC	20	21
22	23	24	25	26	27	28
29	30 QC IC/FC	31				
FEBRUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7 GC	8	9	10	11
12	13 IC	14	15 ECHB	16	17	18 Break
19	20 Pres. Day	21	22	23	24	25
26	27 QC	28				
MARCH						
S	M	T	W	T	F	S
			1	2	3 Bd Retreat**	4 Bd Retreat**
5	6	7	8 ECHB	9	10	11
12	13	14	15	16 CC	17	18
19	20	21 Dist Bd	22	23 ECC	24	25
26	27 FC	28	29	30	31	

APRIL						
S	M	T	W	T	F	S
						1
2	3 QC	4 GC	5	6	7	8
9	10	11	12 ECHB	13	14	15
16	17	18	19	20	21	22
23	24	25	26 Educational	27	28	29
30						
MAY						
S	M	T	W	T	F	S
	1 QC	2	3	4	5	6
7	8 IC	9	10 ECHB	11	12	13
14	15	16	17	18 CC	19	20
21	22	23	24	25 ECC	26	27
28	29 Memorial Day	30 Joint FC Board	31			
JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5 QC	6 GC	7	8	9	10
11	12	13	14 ECHB	15	16	17
18	19	20 Dist Bd	21	22	23	24
25	26	27	28	29	30	

### KEY:

Dist Bd = District Board	ECHB = ECH Board	CC = Corporate Compliance/ Privacy and Audit Committee	EC = Executive Compensation Committee	FC = Finance Committee	GC = Governance Committee	IC = Investment Committee	QC = Quality, Patient Care & Patient Experience Committee	ECH Board Retreat	ECH Board & Cmte Educational Gatherings	ECH Holiday
3 <sup>rd</sup> Tuesday starts at 5:30pm	2 <sup>nd</sup> Wednesday 5:30-9:30pm	5:00-7:00pm	4:30-6:30pm	5:30-7:30pm	5:30-7:00pm	5:30 - 7:30	5:30-7:30pm	Saturday 12:00pm-2:00pm (1.5 days)	2 evenings 5:30-8:00pm	

\*\*Board Retreat will be from Friday, March 3<sup>rd</sup> at 12:00pm to Saturday, March 4<sup>th</sup> at 2:00pm

# FY17 ECH Board and Committee Master Calendar (DRAFT)

Date	JULY '16	AUG '16	SEPT '16	OCT '16	NOV '16	DEC '16	JAN '17	FEB '17	MAR '17	APR '17	MAY '17	JUNE '17
1		QC FC					New Year's Day				QC	
2		GC			QC							
3				QC			GC		ECH Board Retreat	QC		
4	Independence Day			GC					ECH Board Retreat	GC		
5			Labor Day			QC						QC
6						Dist Bd						GC
7								GC				
8		IC							ECHB		IC	
9					ECHB							
10		ECHB									ECHB	
11							ECHB					
12				ECHB						ECHB		
13								IC				
14			ECHB		IC							ECHB
15			ECC		ECC			ECHB				
16		Dist Bd					MLK Day		CC			
17					CC		Dist Bd					
18		CC		Dist Bd				Break			CC	
19							CC					
20								Presidents Day				Dist Bd
21									Dist Bd			
22												
23									ECC			
24					Thanksgiving	Christmas Eve						
25						Christmas Day					ECC	
26			FC	Board&Cmte Educational				Break		Board&Cmte Educational		
27								QC				
28			CC		FC				FC			
29		QC										
30							QC FC				Memorial Day	
31											Joint FC Board	

## KEY:

Dist Bd = District Board	ECHB = ECH Board	CC = Corporate Compliance/ Privacy and Audit Committee	EC = Executive Compensation Committee	FC = Finance Committee	GC = Governance Committee	IC = Investment Committee	QC = Quality, Patient Care & Patient Experience Committee	ECH Board Retreat	ECH Board & Cmte Educational Gatherings	ECH Holiday
3 <sup>rd</sup> Tuesday starts at 5:30pm	2 <sup>nd</sup> Wednesday 5:30-9:30pm	5:00-7:00pm	4:30-6:30pm	5:30-7:30pm	5:30-7:00pm	5:30 - 7:30	5:30-7:30pm	Saturday 12:00pm-2:00pm (1.5 days)	2 evenings 5:30-8:00pm	

**\*\*Board Retreat will be from Friday, March 3<sup>rd</sup> at 12:00pm to Saturday, March 4<sup>th</sup> at 2:00pm**

# **I. Proposed Revised Executive Compensation Committee Charter**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Draft Revised Executive Compensation Committee Charter El Camino Hospital Board of Directors Meeting Date: June 8, 2016
<b>Responsible party:</b>	Cindy Murphy, Board Liaison
<b>Action requested:</b>	Possible Motion
<p><b>Background:</b> The Governance Committee's charter provides that it will ensure that each Board Advisory Committee reviews its charter every other year. Board approval is required for charter revisions. The Executive Compensation Committee ("ECC") recommended changes in time for Governance Committee review. The Finance Committee's recommendations for revisions to its charter, if any, will be presented to the Board separately since the Governance Committee did not review them. None of the Board's other committees recommended any changes to their charters.</p> <p>1. It has been the organization's practice for the ECC to select an Executive Compensation Consultant and inform the Board of the selection. After reviewing the ECC's Charter, staff recommended that the language be revised to clarify whether the ECC has the authority to select and engage a Consultant, or whether specific Board approval of the engagement is required. Staff had drafted Alternative A, giving the ECC the authority, and an Alternative B, requiring Board approval, for the Committee's consideration. Both the Governance Committee and the ECC voted to recommend Alternative A as written with respect to this aspect of the revision.</p> <p>2. It is the Board's current practice to develop and conduct the CEO's annual evaluation process without assistance from the ECC, though the Executive Compensation <u>Consultant</u> does provide staff support. Staff recommended the Charter be revised to reflect current practice by removing the words "Develop the CEO evaluation process in collaboration with the CEO" from the list of the ECC's duties. The Executive Compensation Committee also recommended adding the words "and performance appraisal process" to the second bullet under item B and the Governance Committee agreed.</p>	
<p><b>Board Advisory Committees that reviewed the issue and recommendation, if any:</b></p> <p>The Governance Committee reviewed the ECC's recommended charter revisions and voted to recommend that the Board approve them.</p>	
<p><b>Summary and session objectives :</b> To obtain Board approval of Draft Revised Executive Compensation Committee Charter Alternative A.</p>	
<p><b>Suggested discussion questions:</b></p> <p>None. This is a consent item.</p>	
<p><b>Proposed motion, if any:</b> To Approve Draft Revised Charter Alternative A as further revised</p>	

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	and recommended by the Executive Compensation Committee and the Governance Committee.
	<b>LIST OF ATTACHMENTS:</b>  1. Current ECC Charter  2. Draft Revised Alternative A



## **Executive Compensation Committee Charter**

### **Purpose**

The purpose of the Executive Compensation Committee (“Compensation Committee”) is to assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its responsibilities related to the Hospital’s executive compensation philosophy and policies. The Compensation Committee shall advise the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation.

### **Authority**

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, recommend engagement of, and supervise any consultant hired by the Board to advise the Board or Committee on executive compensation issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

### **Membership**

The Executive Compensation Committee shall be comprised of two (2) or more Hospital Board members. The Committee may also include 2-4 external (non-director) members with knowledge of executive compensation practices, executive leadership or corporate human resource management. The Hospital Board may designate up to two Hospital Board members to serve as alternate Committee members. Alternate Committee members shall serve as full members of the Committee when their attendance is permitted. If there are two alternates, meeting attendance will rotate with assignments made by the Committee Chair upon appointment or reappointment. If an alternate or Hospital Board member is unable to attend any Committee meeting, the unassigned alternate Committee member may attend any Committee meeting so long as the number of Hospital Board members in attendance is less than five.

- Compensation consultants may be retained as appropriate and participate as directed.
- The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.

- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30<sup>th</sup> each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board member, the Vice-Chair must be a Hospital Board member.
- All members of the Committee must be independent directors with no conflict of interest regarding compensation or benefits for the executives whose compensation is reviewed and recommended by the Committee. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board and as per the Independent Director Policy.

### **Staff Support and Participation**

The CHRO shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may attend meetings at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing his/her compensation.

### **General Responsibilities**

The Committee is responsible for recommending to the full Board policies, processes and procedures related to executive compensation philosophy, operating performance against standards, and succession planning.

### **Specific Duties**

The specific duties of the Executive Compensation Committee include the following:

#### **A. Executive Compensation**

- Develop a compensation philosophy that clearly explains the guiding principles on which executive pay decisions are based. Recommend the philosophy for approval by the Board.
- Develop executive compensation policies to be approved by the Board.
- Review and maintain an executive compensation and benefit program consistent with the executive compensation policies, which have been approved by the Board. Recommend any material changes in the program for approval by the Board.
- Review the CEO's salary range, performance incentive program, benefits, perquisites, and contractual terms. Recommend to the Board any salary changes and/or any performance incentive payouts based on the Committee's evaluation of the CEO's performance.

- Review the CEO's recommendations regarding salary and performance incentive payouts for the upcoming year for the executives whose compensation is subject to review by the Committee based on the CEO and Committee's evaluation of the executive's performance. Recommend to the Board any salary changes and/or any performance incentive payouts based on the Committee and CEO's evaluation of the executive's performance.
- Periodically evaluate the executive compensation program, including the charter, policies, and philosophy on which it is based, to assess its effectiveness in meeting the Hospital's needs for recruiting, retaining, developing, and motivating qualified leaders.
- Periodically review the total value, cost and reasonableness of severance and benefits for executives.
- Annually review and present for Board acceptance the letter of rebuttable presumption of reasonableness.
- Review market analysis and recommendation of the Committee's independent executive compensation consultant.
- Establish salary ranges for each executive and recommend placement in the range for the CEO and those executives eligible for the plan to the Board.

#### **B. Performance Goals and Evaluation**

- Review and provide input into the CEO's recommendations regarding annual organization goals and measures used in the Executive Performance Incentive Plan. Recommend organizational performance incentive goals for approval by the Board.
- Provide input into establishing the CEO's annual individual performance incentive goals to execute the Hospital's strategic plan. Recommend the CEO's individual annual goals and measures for approval by the Board.
- Provide input into establishing the executive team's annual performance incentive goals to execute the Hospital's strategic plan. Recommend the annual goals and measures for approval by the Board.
- Develop the CEO evaluation process in collaboration with the CEO.

#### **C. Executive Succession and Development**

- Review annually the CEO's own succession plan, including a leadership and professional development plan based on the previous year's performance evaluation.
- Review annually the CEO's succession plan for the executive team members, which shall include the process by which potential executives are identified and developed.

## **Committee Effectiveness**

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. In addition, the Committee shall provide counsel and advice to the Board as requested.

## **Meetings and Minutes**

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for review and approval.

Meetings and actions of all advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24 hour notice.

Approved as Revised: November 12, 2014.

## **Executive Compensation Committee Charter**

### **DRAFT Revised Alternative A March 24, 2016**

#### **Purpose**

The purpose of the Executive Compensation Committee (“Compensation Committee”) is to assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its responsibilities related to the Hospital’s executive compensation philosophy and policies. The Compensation Committee shall advise the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation.

#### **Authority**

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, ~~engage~~~~recommend engagement of,~~ and supervise ~~any~~ consultant ~~hired by the Board~~ to advise the Board ~~and/or the~~ Committee on executive compensation issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

#### **Membership**

The Executive Compensation Committee shall be comprised of two (2) or more Hospital Board members. The Committee may also include 2-4 external (non-director) members with knowledge of executive compensation practices, executive leadership or corporate human resource management. The Hospital Board may designate up to two Hospital Board members to serve as alternate Committee members. Alternate Committee members shall serve as full members of the Committee when their attendance is permitted. If there are two alternates, meeting attendance will rotate with assignments made by the Committee Chair upon appointment or reappointment. If an alternate or Hospital Board member is unable to attend any Committee meeting, the unassigned alternate Committee member may attend any Committee meeting so long as the number of Hospital Board members in attendance is less than five.

- Compensation consultants may be retained as appropriate and participate as directed.
- The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.

- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30<sup>th</sup> each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board member, the Vice-Chair must be a Hospital Board member.
- All members of the Committee must be independent directors with no conflict of interest regarding compensation or benefits for the executives whose compensation is reviewed and recommended by the Committee. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board and as per the Independent Director Policy.

### **Staff Support and Participation**

The CHRO shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may attend meetings at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing his/her compensation.

### **General Responsibilities**

The Committee is responsible for recommending to the full Board policies, processes and procedures related to executive compensation philosophy, operating performance against standards, and succession planning.

### **Specific Duties**

The specific duties of the Executive Compensation Committee include the following:

#### **A. Executive Compensation**

- Develop a compensation philosophy that clearly explains the guiding principles on which executive pay decisions are based. Recommend the philosophy for approval by the Board.
- Develop executive compensation policies to be approved by the Board.
- Review and maintain an executive compensation and benefit program consistent with the executive compensation policies, which have been approved by the Board. Recommend any material changes in the program for approval by the Board.
- Review the CEO's salary range, performance incentive program, benefits, perquisites, and contractual terms. Recommend to the Board any salary changes and/or any performance incentive payouts based on the Committee's evaluation of the CEO's performance.

- Review the CEO's recommendations regarding salary and performance incentive payouts for the upcoming year for the executives whose compensation is subject to review by the Committee based on the CEO and Committee's evaluation of the executive's performance. Recommend to the Board any salary changes and/or any performance incentive payouts based on the Committee and CEO's evaluation of the executive's performance.
- Periodically evaluate the executive compensation program, including the charter, policies, and philosophy on which it is based, to assess its effectiveness in meeting the Hospital's needs for recruiting, retaining, developing, and motivating qualified leaders.
- Periodically review the total value, cost and reasonableness of severance and benefits for executives.
- Annually review and present for Board acceptance the letter of rebuttable presumption of reasonableness.
- Review market analysis and recommendation of the Committee's independent executive compensation consultant.
- Establish salary ranges for each executive and recommend placement in the range for the CEO and those executives eligible for the plan to the Board.

#### **B. Performance Goals Setting and Assessment~~Evaluation~~**

- Review and provide input into the CEO's recommendations regarding annual organization goals and measures used in the Executive Performance Incentive Plan. Recommend organizational performance incentive goals for approval by the Board.
- Provide input into establishing the CEO's annual individual performance incentive goals and performance appraisal process to execute the Hospital's strategic plan. Recommend the CEO's individual annual goals and measures for approval by the Board.
- Provide input into establishing the executive team's annual performance incentive goals to execute the Hospital's strategic plan. Recommend the annual goals and measures for approval by the Board.

▪ Develop the CEO evaluation process in collaboration with the CEO.

#### **C. Executive Succession and Development**

- Review annually the CEO's own succession plan, including a leadership and professional development plan based on the previous year's performance evaluation.
- Review annually the CEO's succession plan for the executive team members, which shall include the process by which potential executives are identified and developed.

## **Committee Effectiveness**

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. In addition, the Committee shall provide counsel and advice to the Board as requested.

## **Meetings and Minutes**

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for review and approval.

Meetings and actions of all advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24 hour notice.

Approved as Revised: November 12, 2014.



# **Proposed FY17 Advisory Committee Goals**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Proposed FY17 Advisory Committee Goals El Camino Hospital Board of Directors June 8, 2016
<b>Responsible party:</b>	Cindy Murphy, Board Liaison
<b>Action requested:</b>	Possible Motion
<b>Background:</b> <p>Every year, each of the Advisory Committees develops goals for the upcoming fiscal year. Five of the committees developed their goals in time for the Governance Committee to review. The Finance Committee will consider its FY17 Goals at its May 31, 2016 meeting.</p>	
<b>Committees that reviewed the issue and recommendation, if any:</b> Quality, Compliance, Governance, Investment, Executive Compensation. The Governance Committee reviewed all five Committees' goals and voted to recommend that the Board approve the proposed goals, but also recommended that the Quality Committee be more specific about its work related to proposed goal #2 (e.g. Receive reports demonstrating implementation of any changes to the Medical Staff peer review processes) and develop metrics for that goal.	
<b>Summary and Session Objectives:</b> <p>To obtain Board approval of the proposed FY17 Quality, Compliance, Governance, Investment and Executive Compensation Committees' goals.</p>	
<b>Suggested discussion questions:</b> <p>None. This is a consent item.</p>	
<b>Proposed motion, if any:</b> To approve the Proposed FY17 Quality, Compliance, Governance, Investment and Executive Compensation Committees' goals, with direction to the Quality Committee to be more specific and develop metrics for its proposed Goal #2.	
<b>LIST OF ATTACHMENTS:</b> <ol style="list-style-type: none"> <li>1. Proposed FY17 Quality, Patient Care and Patient Experience Committee Goals</li> <li>2. Proposed FY17 Investment Committee Goals</li> <li>3. Proposed FY17 Governance Committee Goals</li> <li>4. Proposed FY17 Corporate Compliance, Privacy and Internal Audit Committee Goals</li> <li>5. Proposed FY17 Executive Compensation Committee Goals</li> </ol>	

## Quality, Patient Care and Patient Experience Committee

### Goals for FY 2017 - PROPOSED

#### Purpose

The purpose of the Quality, Patient Care and Patient Experience Committee (“Quality Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Quality Committee helps to assure that exceptional patient care and patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

#### Staff: Chief Medical Officer

*The CMO shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair’s consideration. Additional clinical representatives may participate in the Committee meetings upon the recommendation of the CMO and subsequent approval from both the CEO and Committee Chair. These may include the Chiefs/Vice Chiefs of the Medical Staff, VP of Patient Care Services, physicians, nurses, and members from the Community Advisory Councils or the community-at-large. The CEO is an ex-officio of this Committee.*

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
1. Review the hospital’s organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to the Quality, Patient Care, and Patient Experience Committee.	<ul style="list-style-type: none"> <li>▪ Q1 – Goals</li> <li>▪ Q3 - Metrics</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review, complete, and provide feedback given to management, the governance committee, and the board.</li> </ul>
2. Biannually review peer review process and medical staff credentialing process.	<ul style="list-style-type: none"> <li>▪ Every other year</li> </ul>	
3. Develop a plan to review exceptions for goals that are being monitored by the management team and report those exceptions to the El Camino board of directors.	<ul style="list-style-type: none"> <li>▪ Q3</li> </ul>	

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
4. Review and oversee a plan to ensure the safety of the medication delivery process. The plan should include a global assessment of adverse events and it should include optimizations to the medication safety process using the new iCare tool.	▪ Q2	Review the plan and approve.
5. Further investigate Patient and Family Centered Care and develop an implementation plan.	▪ Q2	Review the plan and approve.

**Submitted by:**

Dave Reeder, Chair, Quality Committee

Daniel Shin, MD, Executive Sponsor, Quality Committee



## INVESTMENT COMMITTEE DRAFT Goals for FY 2017

### Purpose

The purpose of the Investment Committee is to develop and recommend to El Camino Hospital Board of Director the investment policies governing the Hospital's assets, maintain current knowledge of the management and investment of the invested funds of the Hospital, and provide oversight of the allocation of the investment assets.

### Staff: Iftikhar Hussain, CFO

*The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the hospital staff may participate in the Committee meetings upon the recommendation of the CFO and subsequent approval from the Committee Chair. The CEO is an ex-officio member of this Committee.*

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	Metrics
1. Review performance of consultant recommendations of managers and asset allocations.	▪ Each quarter –Ongoing	▪ Investment Committee to review selection of money managers; recommendations are made to CFO
2. Educate Board and Committee: Investment strategy adjustments in low return environment	▪ Q1	▪ Complete by end of Q1
3. Review/revise Executive Dashboard.	▪ Each quarter - Ongoing	▪ Completed by June 2017
4. Meet with the Finance Committee to help align investment philosophy with capital and cash flow needs.	▪ Q4.	▪ Completed by end of Q4

**Submitted by:** Iftikhar Hussain, Executive Sponsor, Investment Committee

## Governance Committee DRAFT Goals for FY 2017

### Purpose

The purpose of the Governance Committee (“Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in matters related to governance, board development, board effectiveness, and board composition, i.e., the nomination and appointment/reappointment process. The Governance Committee ensures the Board and Committees are functioning at the highest level of governance standards.

### Staff: Tomi Ryba, CEO

*The CEO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the executive team or outside consultants may participate in the Committee meetings upon the recommendation of the CEO and at the discretion of the Committee Chair.*

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
<ul style="list-style-type: none"> <li>Review the governance structure of the Hospital Board, conduct research and make recommendations on preferred competencies.</li> </ul>	<ul style="list-style-type: none"> <li>Q1 FY 2016</li> <li>Q4 FY 2016 and FY 2017</li> </ul>	<ul style="list-style-type: none"> <li>Recommendation for high-priority Board member competencies made to Hospital Board and District Board.</li> <li>Chair nominates Governance Committee Member to serve on District Board Ad Hoc Committee and participate in Non-District Board Member recruitment/interview process as requested by the District Board.</li> <li>Make Recommendation regarding structural changes to the Hospital Board – Q3</li> </ul>

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
<ul style="list-style-type: none"> <li>Promote Enhanced and Sustained Competency Based Effective Governance</li> </ul>	<ul style="list-style-type: none"> <li>Q1 - Q4 FY 2017</li> </ul>	<ul style="list-style-type: none"> <li>FY 17 Self- Assessment Tool Recommended to the Board and Survey Completed – Q1 – Q2</li> <li>Reports are completed and made available to the Board and the District Board – Q3 – Q4</li> <li>Monitor Effectiveness of Board Processes Work (Via Consulting) Q3</li> </ul>
<ul style="list-style-type: none"> <li>Develop Board and Committee Education Plan for FY 2016</li> </ul>	<ul style="list-style-type: none"> <li>Q1 – Q2 FY 2017</li> </ul>	<ul style="list-style-type: none"> <li>Recommend Annual Retreat Agenda to the Board – Q2</li> <li>Make Recommendation Regarding Conference Attendance for the Full Board – Q1</li> </ul>
<ul style="list-style-type: none"> <li>Ensure Advisory Committee Composition and Member Competencies are Adequate to Support the Board.</li> </ul>	<ul style="list-style-type: none"> <li>Q2 FY 2017</li> </ul>	<ul style="list-style-type: none"> <li>Review Advisory Committee Composition and Make Recommendations to the Board regarding skill gaps - Q2</li> </ul>

**Submitted by:**

Peter C. Fung, MD, Chair, Governance Committee  
Tomi Ryba, Executive Sponsor, Governance Committee



## Corporate Compliance/Privacy and Audit Committee

### **DRAFT** Goals FY 2017

#### **Purpose**

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance and Audit Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls and processes of the organization and the engagement, independence and performance of the internal auditor and external auditor. The Compliance and Audit Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

#### **Staff: Diane Wigglesworth, Director of Corporate Compliance**

*The Director, Corporate Compliance/Privacy and Audit Committee shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chairs consideration. Additional members of the executive team or outside consultants may participate in the Committee meetings upon the recommendation of the Director, Corporate Compliance/Privacy and Internal Audit Committee and at the discretion of the Committee Chair.*

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics of Success Achieved
<ul style="list-style-type: none"><li>Review and evaluate Hospitals Information Security Risk Management Plan</li></ul>	<ul style="list-style-type: none"><li>Preliminary report in Q2 2017 and Final report in Q3</li></ul>	<ul style="list-style-type: none"><li>Committee reviews and approves plan.</li></ul>
<ul style="list-style-type: none"><li>Review and evaluate risk assessment of Patient Centered Medical Home (PCMH) Compliance and any corrective action plans</li></ul>	<ul style="list-style-type: none"><li>Q3 2017</li></ul>	<ul style="list-style-type: none"><li>Committee reviews and approves plan.</li></ul>
<ul style="list-style-type: none"><li>Review plan and evaluate ERM activities, performance and execution of program</li></ul>	<ul style="list-style-type: none"><li>Q4 2017</li></ul>	<ul style="list-style-type: none"><li>Committee reviews and approves plan.</li></ul>

#### **Submitted by:**

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

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

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**Executive Compensation Committee  
DRAFT Goals for FY 2017**

**Purpose**

The purpose of the Executive Compensation Committee (“Compensation Committee”) is to assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its responsibilities related to the Hospital’s executive compensation philosophy and policies. The Compensation Committee shall advise the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation.

**Staff: Kathryn Fisk, Chief Human Resources Officer**

*The Chief HR Officer shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair’s consideration. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may attend meetings at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing his/her compensation. The CEO is an ex-officio of this Committee.*

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
1. Advise the Board on performance incentive goal-setting and plan design ensuring strategic alignment and proper oversight of compensation-related decisions.	Q2-4	<ul style="list-style-type: none"> <li>Recommend FY16 performance goal scores and payouts (Q2)</li> <li>Oversee the implementation of changes that impact the FY18 strategic planning, budgeting, and goal setting processes (Q3-4)</li> <li>Recommend FY 18 goals and measurements (Q4)</li> <li>Assess the value of long-term incentives to support the achievement of long-term strategies (Q3)</li> </ul>

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
2. Evaluate supplemental executive benefit program including market competitiveness, best practice, total compensation, and strategic value.	Q3-4	<ul style="list-style-type: none"> <li>• Review consultant analysis and options for consideration (Q3)</li> <li>• Determine recommendation to the Board regarding possible design changes to supplemental executive benefit program including any impact on other elements of total compensation (Q4)</li> </ul>
3. Advise the Board ensuring strategic alignment and proper oversight of compensation-related decisions.	Q 2-3	<ul style="list-style-type: none"> <li>• Review base salary administration policy, review market analysis, and make base salary recommendations to the Board (Q2)</li> <li>• Submit the letter of reasonableness for Board acceptance (Q3)</li> <li>• Review compensation philosophy and performance incentive plan policies and make recommendation to Board to approve any changes (Q3)</li> </ul>

**To be Submitted to the Board by:**

Jeffrey Davis, Chair, Executive Compensation Committee

Kathryn Fisk Executive Sponsor Executive Compensation Committee

# **Proposed FY17 Board Education Plan**

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<b>Item:</b>	Proposed FY17 Board Education Plan El Camino Hospital Board of Directors June 8, 2016
	<b>Responsible party:</b>	Tomi Ryba, CEO
	<b>Action requested:</b>	Possible Motion
	<p><b>Background:</b></p> <p>Per the Committee's charter, the Governance Committee is to recommend an annual Plan for Hospital Board and Committee Member education, training and development.</p> <p>ECH's Board and Advisory Committee Continuing Education Policy ("the policy" last revised May 2015) provides an annual budget of \$4000 per Board Member for individual continuing education and \$4000 per committee for either group or individual education. The Committees have never used their budgets. Between 1 and 3 Board members use their individual budgets each year. Attendance at the Estes Park Conference is most common, although Board members attended the AHA conference on two occasions. No changes to the policy or budget are recommended.</p> <p>The policy also provides for group continuing education. The Governance Committee recommends the following for FY2017:</p> <ol style="list-style-type: none"> <li>1. Clinical Unit (staff and patient) Rounding with Executives 2x/year (once at the Los Gatos Campus and once at the Mountain View Campus).</li> <li>2. Full Board and ELT attend Educational Board Retreat at an off-site location over the course of 2 days, perhaps in Half Moon Bay (See Proposed FY17 Master Calendar). Specific agenda to be further developed at the August Governance Committee Meeting, but general themes include:             <ol style="list-style-type: none"> <li>a. Future of Healthcare (Ian Morrison or McKinsey Group)</li> <li>b. Payer Perspective (trends, partnerships)</li> <li>c. Employer Perspective (What are local employers looking for in services and healthcare plans for their employees)</li> <li>d. Market Partner Perspective</li> </ol> </li> <li>3. Continue with Semi-Annual Board and Committee Education Session to include committee roundtable discussion and highlight of a new or important clinical program.</li> </ol>	
	<p><b>Committees that reviewed the issue and recommendation, if any:</b> The Governance voted to recommend the FY17 Board Education Plan described above.</p>	

## ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<b>Summary and Session Objectives:</b> To obtain the Board's approval of the proposed FY17 Board Education Plan.
	<b>Suggested discussion questions:</b> None. This is a consent item.
	<b>Proposed Committee motion, if any:</b> To approve the proposed FY17 Board Education Plan, specific agenda for the March 2017 Board retreat to be developed at a later date.
	<b>LIST OF ATTACHMENTS:</b> None.

Policies:

## SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
	Electronic Signatures	HIMS	4/16	New policy regarding legal and compliant EHR signatures
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Education Programs	HR	5/2	<div style="display: flex; justify-content: space-between;"> <div>1. Update to position titles and department names</div> <div>2. Added language to provide some flexibility for completion of annual mandatory education "All employees at one or more years' tenure shall review the mandatory education information annually within the same month as the prior completion date. "</div> </div> <div>3. Updated to reflect current practice (related to EMR training)</div>
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	

**POLICY/PROCEDURE TITLE: Electronic Signature****CATEGORY:** **Clinical & Support Services****LAST APPROVAL DATE:**

Field Cod

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**SUB-CATEGORY:** HEALTH INFORMATION MANAGEMENT**ORIGINAL DATE:** 03/16**COVERAGE:**

All El Camino Hospital staff documenting in the patient record.

**PURPOSE:**

To establish a policy to guide the legal and compliant electronic signature processes, improve signature legibility, facilitate the use of electronic signatures for health records generated during healthcare operations, validate information accuracy and completeness, verify the identification and appropriateness of electronic health record authors connecting the provider(s) of service to the record, and support nonrepudiation.

**STATEMENT:**

Electronic signature is used for health records as a means of attestation of electronic health record entries, transcribed documents, and computer-generated documents. Properly executed electronic signatures are considered legally binding as a means to identify the author of health record entries, confirm content accuracy and completeness as intended by the author and to ensure e-signature integrity as maintained for the life of the electronic health record. It is the policy of El Camino Hospital to accept electronic signatures as defined within this policy for author validation of documentation, content accuracy and completeness with all the associated ethical, business, and legal implications. This process operates within a secured infrastructure, ensuring integrity of process and minimizing risk of unauthorized activity in the design, use, and access of the electronic health record.

**DEFINITIONS:**

**Attestation:** Applying an electronic signature to patient information content, showing authorship and legal responsibility. Attestation demonstrates authorship and assigns responsibility for an act, event, condition, opinion, or diagnosis, etc. The individual who provides an attestation bears responsibility for the authenticity of the information being attested to.

**Authentication:** Verification and authorization of a user's identity within the iCare system, the sign-on process. Authentication of an electronic signature captures and displays the author's name, credentials, date, and time of documentation.

**Authorship:** Attributing the origination, attestation or creation of patient care documentation to a specific individual or entity acting at a particular time. Approved



**POLICY/PROCEDURE TITLE: Electronic Signature****CATEGORY:** ~~Clinical & Support Services~~

Field Cod

**LAST APPROVAL DATE:**

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notations of authorship for an electronic signature authentication include “Electronically signed by”; “Signed by”; “Authenticated by”; “Closed by”, “Data entered by”; “Approved by”; “Completed by”; “Verified by”; “Finalized by”; “Validated by”; “Generated by”; and “Confirmed by.”

Unapproved or non-valid signatures include: “Dictated by”, “Authorizing provider”, and rubber stamped signatures, (with exceptions).

**Electronic signature:** An electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.

**POLICY/PROCEDURE TITLE:** Electronic Signature

**CATEGORY:** ~~Clinical & Support Services~~

**LAST APPROVAL DATE:**

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Field Code

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	4/2016
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

**REFERENCES:**

California Uniform Electronic Transactions Act, Cal. Civ. Code §§ 1633.1-1633.17.

“Signature Requirement Q&A – Noridian” med.noridianmedicare.com

“Complying with Medicare Signature Requirements”, Department of Health and Human Services, Centers for Medicare and Medicaid Services,

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



**POLICY/PROCEDURE TITLE:**HR- Education Programs

**CATEGORY:** Human Resources

**LAST APPROVAL DATE:** 9/2015

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**SUB-CATEGORY:** Human Resources

**ORIGINAL DATE:** 1/1/1995

**COVERAGE:**

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

**PURPOSE:**

The purpose of education programs is to provide training in El Camino Hospital practices of bloodborne pathogen standard, body mechanics, safe patient handling, electrical safety, emergency management, fire safety, hazardous material standard, information management, latex precautions, nonviolent crisis intervention, radiation safety and other topics as determined by the Joint Commission, Administration, federal, state, or local laws or other needs identified by the organization. Classes, videotapes and/or computer assisted instruction (CAI) learning modules are offered by the Talent Development and Clinical Education Departments to assist employees in meeting education requirements. Some courses may be open to non-employees for a nominal fee on a space available basis.

**STATEMENT:**

1. All classes, in-services, and educational programs will be designated as mandatory or voluntary.
  - Mandatory means educational programs that require employee attendance and/or completion. Employees who do not attend and/or complete mandatory training are subject to discipline, up to and including termination.
  - Voluntary means that the staff members are not required to participate.
2. Every effort should be made to schedule employee training on new equipment, procedures and policies during work hours in order to help contain overtime and additional costs.
3. If an employee has been given the opportunity to develop a skill and she/he remains deficient, it is the employee's responsibility to improve the skill and remove the deficiency.

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**POLICY/PROCEDURE TITLE:HR- Education Programs**

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**PROCEDURE:**

**Annual Mandatory Education**

Classes, videos and/or computer-assisted instruction (CAI) learning modules are offered ~~by the Education Department~~ to assist employees in meeting the requirements of mandatory education. ~~Contact the Education Department for more information.~~

1. **Procedure:**

a. All new employees shall receive ~~annual~~ mandatory education through the hospital-wide orientation program.

b. Access to computer-assisted instruction (CAI) to complete mandatory education is available on any computer on the hospital's computer network, including in the Health Library and Resource Center. It is the responsibility of each department manager to ensure the participation of employees.

c. Department hazard-specific mandatory education will be conducted/ coordinated by the Safety Coordinator, the manager and/ or via CAI. Sign-in sheets for any classroom training will be forwarded to Education by the manager or Safety Coordinator as applicable.

2. **Responsibility:**

a. **Employee:**

-(1) All employees at one or more years' tenure shall review the mandatory education information annually within the same month as the prior completion date. All employees with less than one year tenure and who have participated in General Hospital Orientation (or approved alternative) are not required to complete the CAI training.

(2) Employees are responsible for reading the schedule for annual training and completing training, so that at the time of their annual review their manager will have documentation of their completion of training.

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**POLICY/PROCEDURE TITLE:HR- Education Programs**

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b. Talent Development and Clinical Education Department

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(1) The Talent Development and Clinical Education Department shall provide classes, modules or videos on all required topics not included on the CAI system (except for software applications training).

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(2) The Talent Development and Clinical Education Department will provide managers and Administration access to reports, listing the names of employees who have not complied with mandatory education.

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c. Safety Management Specialist Manager, Environmental Health and Safety

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It is the responsibility of the Manager, Environmental Health and Safety Safety Management Specialist, to make mandatory education information available and current with Hospital and regulatory agency practices, policies, and procedures.

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d. Department/Manager or their Designee

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It is the responsibility of the manager to:

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(1) ~~Post the schedule for mandatory education.~~

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(2) Ensure that appropriate employees in a given department complete mandatory education annually with a goal of 100% compliance.

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(3) Communicate and/or provide training for significant changes to policies and procedures to ensure compliance.

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(4) Ensure that his/her respective employees are familiar with El Camino Hospital policies, procedures, practices and drills as discussed in mandatory education before their performance evaluation.

(5) Coordinate all mandatory department-specific training.

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(6) On a quarterly basis, send any documentation regarding mandatory department and/or hazard-specific training to the Talent Development and Clinical Education Departments to be recorded on the employee's individual record in the centralized learning management system.

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For additional information, refer to the "Education" section of the Safety Program for Managing the Environment of Care.

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— Mandatory Computer/Software Applications Education:

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## POLICY/PROCEDURE TITLE: HR- Education Programs

### 1. Electronic Medical Record.

All ~~staff members accessing the electronic medical record must successfully complete training~~ clinical nurses receive training on using the electronic medical record (EMR) upon hire ~~and before receiving access to the system. during nursing orientation. All other new employees who use the EMR receive training as part of their department-specific orientation and competency validation.~~

### 2. Other software training.

Other software training is coordinated by the manager and/or the Talent Development and Clinical Education Departments.

### Education Hours (EDU):

1. Education hours (EDU) are those hours budgeted to each department for approved education activities.

2. Employees must receive prior approval from their manager to attend paid education activities.

3. Employees must clock in and out in the electronic time card system, selecting the EDU special code (in addition to any other applicable special codes) at both the start and end of a class or time spent on CAI. Coding of EDU time is to be made to the employee's Home department and Job Class. The following example illustrates proper coding for mandatory education:

Transactions (List)							
	Transactions	Date	Time	Hours	Code	Department	Job Class
<input type="checkbox"/>	IN	Mon 10/14/2013	11:18	0.00	EDU ~ ~ ~ ~	8340	Home dept. 331
<input type="checkbox"/>	OUT	Mon 10/14/2013	12:45	0.00	EDU ~ ~ ~ ~	8340	and job class 331

Attendance at mandatory education activities other than during an assigned shift is subject to manager approval. When an employee has approval to attend mandatory education activities on a shift other than her/his assigned shift, those mandatory education hours must be coded to the shift on which the activity occurred.

4. The Talent Development and Clinical Education Departments' attendance roster is to be used to document attendance at all hospital-sponsored educational activities, both in and out of the hospital. Attendance information is maintained in a centralized learning management system. Attendance rosters and individual education summaries may be obtained from the Talent Development and Clinical Education Departments.

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**POLICY/PROCEDURE TITLE:HR- Education Programs**

**New Training (TRN)**

1. New Training is time typically used for the initial orientation of a new employee or transferring employee.

2. Employees must clock in and out in the electronic time card system, selecting the TRN special code (in addition to any other applicable special codes) at both the start and end of New Training time. Coding of TRN time is to be made to the employee's Home department and Job Class. The following example illustrates proper coding for New Training time:

Transactions (List)							
	Transactions	Date	Time	Hours	Code	Department	Job Class
<input type="checkbox"/>	IN	Mon 10/14/2013	11:18	0.00	TRN ~ ~ ~ ~	8340	331
<input type="checkbox"/>	OUT	Mon 10/14/2013	12:45	0.00	TRN ~ ~ ~ ~	8340	331

3. New Training documentation is a method for the manager to be accountable for those programs that they decide fall into the area of new training such as new skills or job expansion. The decision is made by the manager.

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**POLICY/PROCEDURE TITLE:HR- Education Programs**

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<b>APPROVAL</b>	<b>APPROVAL DATES</b>
Originating Committee or UPC Committee:	05/2015
_____ Medical Committee (if applicable):	
ePolicy Committee:	8/2015
Pharmacy and Therapeutics (if applicable):	
Corporate Compliance Committee:	8/2015
Board of Directors:	9/2015

Historical Approvals: 1/1/95, 2/23/98, 3/14/2001, 11/19/2003, 11/2006, 06/2009, 11/2012, 2/2014

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# Medical Staff Report

**Board of Directors Open Session – June 08, 2016**

**To:** El Camino Hospital Board of Directors

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

**Date:** May 27, 2016

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

This report is based upon the Medical Staff Executive Committee meeting of **May 26, 2016**.

**Request Approval of the Following:**

- A. Patient Care Policies & Procedures – Policy Summaries (pp. 2)**
  - **New Policies (attached)**
    - Airway Management of Patients with a Tracheostomy (pp. 3-10)
  - **Policies with Minor Revisions (See Summary p.2)**
    - Physician Suspension
    - Imaging Services Downtime Procedure
    - Withdrawal of Ventilator in Dying Patient
    - Tracheostomy Care and Cleaning for the Adult Patient
- B. Medical Staff**
  - **Privilege Lists**
    - Podiatry (pp. 11-13) – Core Privileges and Ankle Replacement Criteria

**SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL**

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Airway Management of Patients with a Tracheostomy	RT	5/16	New Policy
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Physician Suspension	HIMS	4/16	Minor Changes
	Imaging Services Downtime Procedure	Imaging	5/16	Previous Downtime Procedure archived and procedure reformatted simplified
	Withdrawal of Ventilator in Dying Patient	Patient Care	5/16	ECHO changed to EMR
	Tracheostomy Care and Cleaning for the Adult Patient	RT	5/16	Grammar edits and reformatted for e-policy
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

**TYPE:**



Policy



Protocol



Scope of Service/ADT



Procedure



Standardized Process/Procedure

**SUB-CATEGORY:**

Respiratory Care Services

**OFFICE OF ORIGIN:**

Respiratory Care Services

**AUTHOR:**

Deidre Sarvis RRT RCP, David Humphrey RRT RCP

**ORIGINAL DATE:**

4/7/2016

**I. COVERAGE:**

All clinical staff at MV and LG Campuses

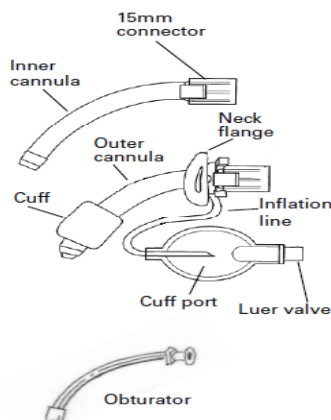
**II. PURPOSE:**

To provide a consistent and safe process managing a tracheostomy during standard and emergency care.

**III. POLICY STATEMENT:**

El Camino Hospital's policy is to provide safe, quality, competent and protective airway care to patients post tracheostomy by following a standardized process. This process is designed to facilitate healing, maintain a patent airway, prevent trauma of the site and manage emergencies.

**IV. DEFINITIONS (if applicable):**



Labeled Parts of a Tracheostomy Tube

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

**V. PROCEDURE:**

**A. Indications for tracheostomy include:**

1. Patients who suffer from chronic respiratory failure who are unable to be weaned from a mechanical ventilator requiring long term mechanical ventilation.
2. Those patients who have unmanageable secretions, inefficient swallow and/or cough mechanisms resulting in inability to maintain a patent airway; exs. SMA patients, spinal cord injury or brain injury patients.
3. Patients who have an airway obstruction; exs. unusual airway anatomy or tumor in airway/surrounding airway.

**B. Standard Care Strategies (Please see also procedure: *TRACHEOSTOMY CARE & CLEANING FOR THE ADULT PATIENT*)**

1. Spare tracheostomy tubes (one the size being used by the patient and one size smaller) must be at bedside (kept in trach "Go Bag") along with resuscitation bag, oxygen set up and suctioning equipment.
2. The patient should be receiving humidity via trach collar or heat moisture exchanger (HME).
3. An obturator must be kept at beside for trach insertion.
4. Tracheostomy or Laryngectomy information card is completed by RCP and present at head of patient's bed. Information card is updated when needed (see attachments).
5. Tracheostomy care is given twice a day by RCP with ties changed as needed to prevent infection as well as decannulation.
6. Sutures should be removed by the physician or nurse on a fresh trach between three to five days. The first trach change following initial insertion should be done at the time of suture removal by the surgeon or their designee. The timing of this is determined by the surgeon or their designee; then weekly changes on Wednesdays by RCP to prevent granulomas and infection; a stable tracheostomy tube should be changed weekly on Wednesdays for inpatients by RCP unless scheduled otherwise by physician.
7. Patients admitted to the hospital with a stable tracheostomy will have their trach tube changed upon admission by RCP, with patient's physician notified and on standby. The trach tube will be changed weekly on Wednesdays thereafter by RCP.
8. Skin breakdown and infection is prevented by keeping the stoma area clean and dry. Any changes in skin condition are documented and reported to the patient's nurse.
9. The tracheostomy tube needs to be kept in neutral position. Any type of mechanical ventilator, tracheostomy masks, or large bore tubing must be supported to prevent decannulation or movement of tracheostomy tube.
10. **Tracheostomy Tubes with a Cuff** - Cuff pressure should be kept between 20 to 25 cmH2O when inflated for ventilation or for airway protection as ordered by the physician. When mechanical ventilation is not in use, the cuff should be deflated. Overinflating the cuff or not maintaining proper cuff pressures can cause tracheomalacia or interfere with the patients natural swallow mechanism. Cuff pressure is monitored and documented in the EHR q shift and prn.
11. Patient should have an emergency tracheostomy "Go Bag" with the patient at all times at bedside and during transport. Tracheostomy go bags will be set up and supplied by RCP.  
**\*SEE EMERGENCY TRACHEOSTOMY GO BAG CONTENT LIST IN ATTACHMENTS\***
12. Tracheostomy status and care will be documented in the EMR, included in all patient hand off reports and communicated to the patient's nurse each shift.

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

**C. Speaking Valve**

1. When using a speaking valve, the tracheostomy cuff must be deflated, the valve stays open when the patient breathes in and closes when they exhale against it, which allows air to flow through the vocal cords.
2. The speaking valve should not be used when laying down, sleeping, patient in respiratory distress or with a tracheostomy tube that has a foam cuff.
3. Do not use speaking valve if the patient has copious secretions or in conjunction with an HME.
4. The speaking valve should be washed daily in warm water with soap, rinsed and allowed to air dry. Do not use bleach, scrub brush, or peroxide when cleaning the speaking valve.

**D. Planned Decannulation**

1. It is safe to proceed with decannulation with a physician's order and the patient no longer requires mechanical ventilation, there is no airway obstruction and is not at risk for respiratory distress or aspiration.
2. Deflate the cuff to allow the patient to breathe around the trach.
3. The patient must be able to cough, swallow and mobilize secretions effectively while tolerating tracheostomy capping for 24-48 hours.
4. Vital signs must remain stable and oxygen saturations within physician's orders during the trial.
5. Interdisciplinary team education and teaching is made available for patient and families.
6. Document vitals and condition of patient in electronic medical record.
7. **DO NOT DECANNULATE:**
  - If the HR increases by 20 BPM
  - Respiratory rate >35 BPM
  - SPO2 <90% (or as ordered)
  - Patient reports or exhibits difficulty breathing
  - Pt returns to mechanical ventilation
  - Less than 7 days post tracheostomy procedure

**E. Laryngectomy Patients**

1. With a laryngectomy, the larynx is removed and the airway is separated from the nose, mouth and esophagus leaving the patient to breathe through a stoma.
2. You CAN NOT orally or nasally intubate these patients. Pts must have a cuffed tracheostomy tube placed for ventilation or intubation through the stoma.
3. ***In the event of respiratory failure the patient must be bagged through the stoma with a small mask until an airway is placed.***

**F. Airway Emergency**

***\*SEE TRACH EMERGENCY ALGORITHMS IN ATTACHMENTS\****

1. **Infection:** If you see signs of infection including smells, increased drainage, and strange color of secretions or redness from around the stoma or the airway this must be documented in the electronic medical record. The nurse and physician should be notified immediately. **You may have to contact the wound care nurse to collaborate in preventing further infection.**
2. **Bleeding:** Patients requiring frequent suctioning may need to use the blunt soft tipped catheter to avoid irritating the airway and decrease bleeding. If you find the patient has excessive bleeding

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

or uncontrolled bleeding, contact the physician/surgeon immediately while keeping the airway patent.

3. **Tracheoesophageal Fistula:** A tracheoesophageal fistula occurs when there is an adjacent perforation between the trachea and the esophagus. This type of fistula can be caused during the tracheostomy procedure or over inflation of the trach tube cuff. One sign is suctioning or the presence of tube feedings from the tracheostomy tube. The surgeon should be informed immediately of the suspected condition. ***If the patient is in respiratory failure cap off the trach and resuscitate over nose and mouth prior to intubation.***
4. **Obstruction-** If the patient is experiencing shortness of breath despite suctioning and/or you are unable to pass a suction catheter.
  - a) Check the inner cannula to make sure it is not clogged with secretions.
  - b) Try to suction and use the resuscitation bag on the trach to assess for a patent airway.
  - c) If suctioning and bagging do not relieve the distress. The trach may be lodged in a false passage; bagging positive pressure into the tissues instead of the airway causes subcutaneous emphysema or crepitus. **CALL FOR HELP, DEFLATE CUFF, COVER TRACH, USE BAG MASK VENTILATION ON FACE.**
  - d) New tracheostomy (less than 7 days) patients with a dislodged/obstructed airway in an emergency will require intubation when you are not able to ventilate, do not replace trach equipment as the tissue walls are too fragile. **CALL FOR HELP, DEFLATE CUFF, COVER TRACH, USE BAG MASK VENTILATION ON FACE.**
  - e) A mature tracheostomy (>7 days) with an airway obstruction could tolerate a complete trach replacement in an emergency. If you are unable to do so or replace the trach and are unable to ventilate, **CALL FOR HELP, DEFLATE CUFF, COVER TRACH, USE BAG MASK VENTILATION ON FACE.**
  - f) **Decannulation of Mature Airway-** If the tracheostomy tube is completely out of a mature airway (>7 days) you may attempt to place the trach back in the stoma with the obturator and same size tracheostomy tube. If that fails attempt to place a trach with obturator that is a size smaller than the one previously placed. When the new tracheostomy tube is placed check for signs of patency. Inability to place the tube should result in contacting the physician/ENT for reinsertion or if the patient is unable to breathe **CALL FOR HELP, DEFLATE CUFF, COVER TRACH, USE BAG MASK VENTILATION ON FACE.**
  - g) **Decannulation of a New Airway-** If the tracheostomy tube is completely out of a new airway (less than 7 days old) do not attempt to replace the tracheostomy without instructions from the surgeon/ENT/physician, if the patient is in respiratory failure cap the trach or cover the stoma. Resuscitate with mask over nose and mouth.

## VI. REFERENCES:

1. McIntosh, Morris, Whitmer. (2013). Tracheostomy Care and Complications in the Intensive Care Unit. "Critical Care Nurse, 2013; [5]:18-22,24-31"
2. Tracheostomy Care. (2007). University of Pittsburgh Medical Center. [www.upmc.com](http://www.upmc.com)

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

3. The NTSP Adult Emergency Algorithm. National Tracheostomy Safety Project. (2013).  
<http://www.tracheostomy.org.uk/Templates/NTSP-Paeds.html>
4. Tracheostomy Emergencies and Resuscitation. Joy Norton. Power point Presentation.

**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Respiratory Care Services Leadership Team:	4/10/2016
Respiratory Care Services Medical Director:	4/18/2016
Critical Care Medical Director:	4/18/2016
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	



**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

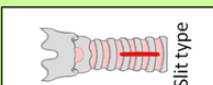
**LAST APPROVAL:**

## VIII. ATTACHMENTS:

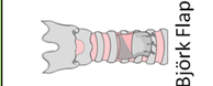
### Tracheostomy head-of-bed Information Card with Emergency Algorithm

**This patient has a**  
**TRACHEOSTOMY**  
**There is a potentially patent upper airway (Intubation may be difficult)**

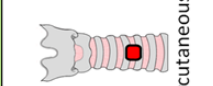
**Surgical / Percutaneous**



Silt type



Björk Flap



Percutaneous

**Performed on (date)** .....

**Suture removal (date)** .....

**Last exchange (date)** .....

**Tracheostomy tube size (if present)** .....

Notes: Indicate tracheostomy type by circling the relevant figure.  
Indicate location and function of any sutures.  
Laryngoscopy grade and notes on upper airway management.  
Any problems with this tracheostomy.

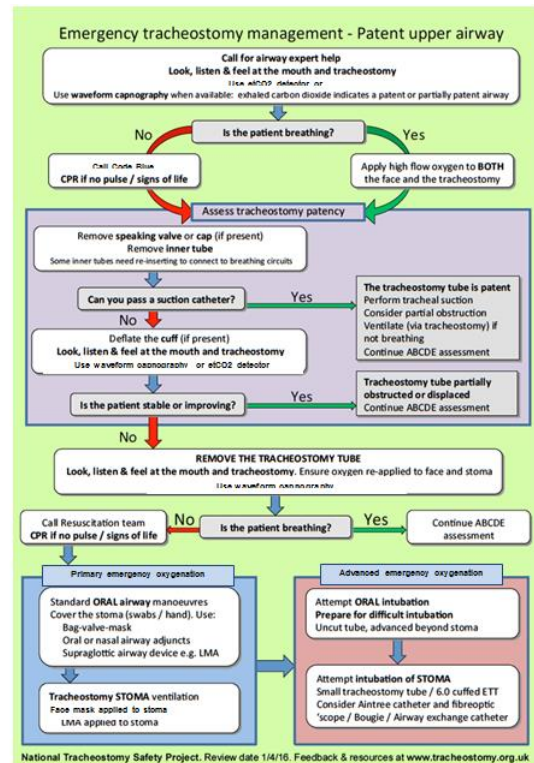
**In Emergency Call: Respiratory Therapist**

**ENT**

**Anaesthesia**

**RRT/CODE TEAM**

www.tracheostomy.org.uk



Adapted from McGrath BA, Beiles L, Atkinson D, Moore JA. Multidisciplinary guidelines for the management of tracheostomy and laryngectomy airway emergencies. Anaesthesia. 2012 Jun 20. doi: 10.1111/j.1365-2044.2012.03217. with permission from the Association of Anaesthetists of Great Britain & Ireland/Blackwell Publishing Ltd.

**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

**Laryngectomy head-of-bed Information Card with Emergency Algorithm**

This patient has a  
**LARYNGECTOMY**  
and CANNOT be intubated or oxygenated via the mouth

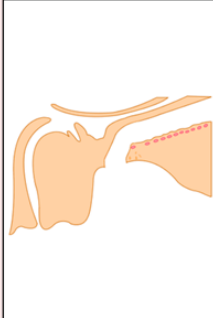
Follow the LARYNGECTOMY algorithm of breathing difficulties

Performed on (date) .....

Tracheostomy tube size (if present) .....

Patient MRN# .....

Notes:  
There may not be a tube in the stoma.  
The trachea (wind pipe) ends at the neck stoma



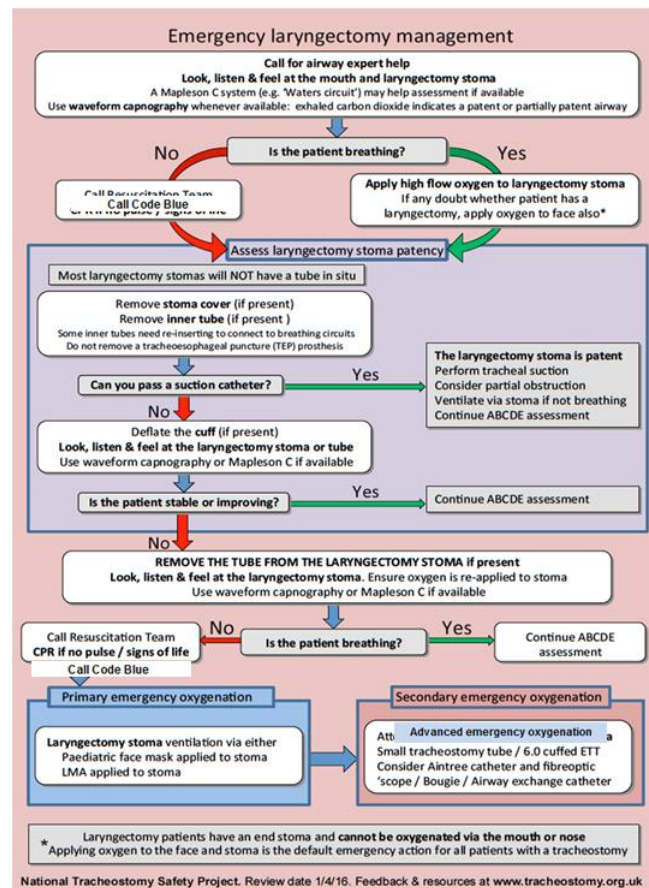
RRT/CODE TEAM

Anaesthesia

ENT

Respiratory Therapist

In Emergency Call: [www.tracheostomy.org.uk](http://www.tracheostomy.org.uk)



**TITLE: Airway Management of Patients with a Tracheostomy**

**CATEGORY: Clinical & Support Services**

**LAST APPROVAL:**

**Tracheostomy Emergency "GO BAG" Checklist**

**TRACHEOSTOMY "GO BAG" CHECKLIST**

Trach Type: \_\_\_\_\_ [ patient label ]

Trach Size: \_\_\_\_\_

Go Bag Set Up By: \_\_\_\_\_ Date: \_\_\_\_\_

**General Supplies to be in all Go Bags**

- ☐ Tracheostomy "Go Bag" checklist
- ☐ "Go Bag" security closure
- ☐ Adult colorimetric CO2 detector (Easy-Cap)
- ☐ Tracheostomy holder or ties
- ☐ DeLee suction catheter
- ☐ Bulb syringe
- ☐ Normal saline x 4 exp. date \_\_\_\_\_
- ☐ Water soluble lubricant x 2
- ☐ Drain sponges
- ☐ Gauze, 4x4
- ☐ Blunt scissors
- ☐ Syringe, 10ml

**Patient Specific Supplies to be in all Go Bags (by RCP)**

- ☐ Tracheostomy tube,  
Same size as patient's trach tube exp. date \_\_\_\_\_
- ☐ Tracheostomy tube,  
One size smaller than patient's trach tube exp. date \_\_\_\_\_
- ☐ Obturator, in trach tube kit
- ☐ Trach button, appropriate size
- ☐ Suction catheter kit, appropriate size
- ☐ Manual resuscitation bag/mask device  
With appropriate sized mask (from patient's room)

***\*"Go Bag" is sealed by RCP until used in an emergency***



<b>Practitioner Name:</b>
---------------------------

**CRITERIA FOR PRIVILEGES:**

Physicians must demonstrate successful completion of a Council of Podiatric Medical Education (CPME) or the American Podiatric Medical Association (APMA) accredited residency program in podiatry, and/or current board certification in podiatry by the American Board of Foot and Ankle Surgery.

**CORE PRIVILEGES:**

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

**CONSULTATIONS:**

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

**INSTRUCTIONS:**

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

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

	<p>Core privileges for podiatry include the ability to admit, evaluate, diagnose, provide consultation to, and order diagnostic studies for patients and treat the forefoot, midfoot, rearfoot, reconstructive and non-reconstructive hindfoot, and related structures by medical or surgical means. Includes podiatric problems/conditions of the ankle joint.</p> <p>The core privileges in podiatry include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> <li>• Achilles tendon lengthening &amp; repair</li> <li>• Arthroscopy</li> <li>• Bunionectomies</li> <li>• Diabetic foot management</li> <li>• Digital Arthroplasty</li> <li>• Endoscopic plantar fasciotomy</li> <li>• Excision of Heel Spur</li> <li>• Laser Soft Tissue Surgery</li> <li>• Open reduction/internal fixation foot fractures</li> <li>• Osteotomies</li> <li>• Perform history &amp; physical</li> <li>• Soft tissue excision (ganglion, warts)</li> <li>• Tarsal Tunnel/release</li> </ul>	<p><b>New applicant applying for core privileges:</b> Provide evidence of at least 50 podiatric procedures, reflective of the scope of privileges requested during the last 24 months or demonstrate successful completion of an CPME or APMA -accredited residency or clinical fellowship within the last 24 months.</p> <p><b>For new applicant,</b> the number below needs to reflect your total experience and at least 50.</p>	<p><b>Current medical staff applying for reappointment:</b></p> <p><b>For reappointment applicant,</b> no additional/ special criteria needed for core privileges in podiatry.</p>	
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Please list any of the above core privileges you do not wish to request:

### Special Noncore Privileges in Podiatry

	Ankle Replacement	<p><b>New applicant applying for privilege:</b> Provide documentation of training certificate from the orthopedic device manufacturer and evidence of at least 3 ankle fusions and 15 ankle replacements in the last 24 months.</p> <p><b>For new applicant,</b> the number below needs to reflect your total experience with that procedure and at least 3 ankle fusions and 15 ankle replacements.</p>	<p><b>Current medical staff applying for reappointment:</b> Attest to at least 10 over the last 24 months.</p> <p><b>For reappointment applicant,</b> the number below needs to reflect the number performed within the last 24 months and at least 10.</p>	
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Moderate (Conscious) sedation	<b>New applicant applying for privilege:</b> <ul style="list-style-type: none"> <li>• Pass the moderate sedation examination provided by ECH Medical Staff Office with 85% or higher</li> <li>• Provide evidence of at least 4 in the last 24 months.</li> </ul>	<b>Current medical staff applying for reappointment:</b> Attest to administering moderate sedation for at least 4 over the last 24 months.  <b>For reappointment applicant,</b> the number below needs to reflect the number performed within the last 24 months and at least 4.

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

Practitioner Name:

## ATTACHMENT 31



Date: June 8, 2016  
To: El Camino Hospital Board of Directors  
From: Tomi Ryba, CEO  
Re: CEO Report - Open Session

#### Patient Quality and Safety

- Society of Thoracic Surgery National Outcomes Registry data results are in from calendar year 2015. ECH ranks in the top 5% for outcomes for both CABG and Aortic Valve Replacement procedures. This puts ECH amongst a group of 28 hospitals across the country performing at the highest level for these procedures.
- **Specimen Labeling:**
  - Since go-live of Soft-ID, we've observed the error of specimen labeling decrease steadily. FY 2016 goal is 15, and we've been lower than threshold July 2015 to date (April). We will drop this indicator and select a new area to focus on for the next fiscal year.
- 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.

#### Smart Growth

- Regarding our overall goal, we remain below our targets for FY 2016. However, despite the fact that overall volumes and financial performance were off during April, we actually experienced relatively strong growth among new physicians that joined ECH or expanded their use of our facilities during the current fiscal year.
  - YTD March = 251 – Annualized = 334
  - YTD April = 362 – Annualized = 434



Smart growth goal for FY 2016.

- Increase IP admissions and OP procedure above previous fiscal year
  - Min -Additional: 200 Adm., 200 OP Visits
  - Target-Additional: 300 Adm., 300 OP Visits
  - Max-Additional: 500 Adm., 500 OP Visits
- We have added volume from new physicians or by splitters. However, against the previous fiscal year we are below due to the loss of deliveries and the lag in endoscopy procedures.

#### Combined Campuses

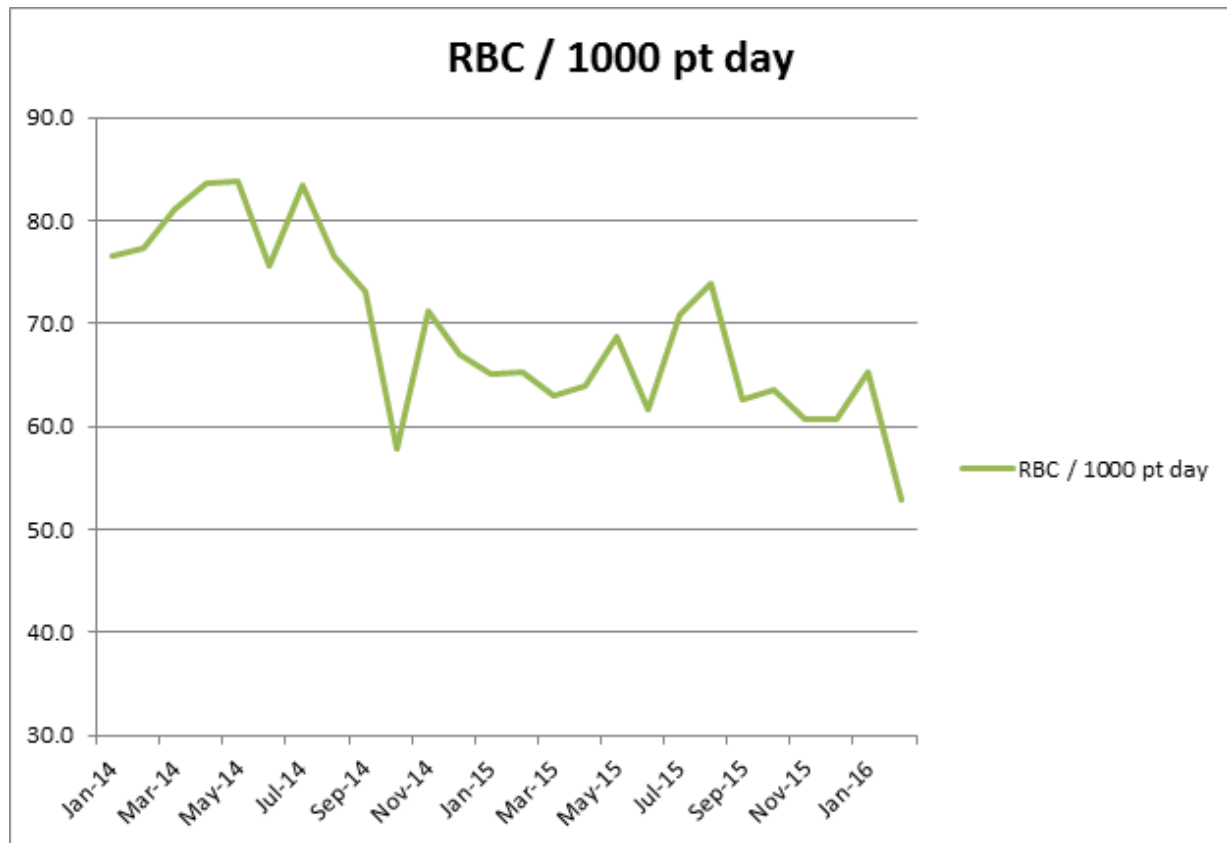
	<b>FYTD 15</b>	<b>FYTD 16</b>	<b>Change</b>
IP Discharges	15,816	15,507	<309>
Surgical OP cases	5,306	5,057	<249>
Endo OP procedures	2,369	2,047	<322>
OP interventional cases	<u>1,525</u>	<u>1,621</u>	<u>96</u>
Total Case Volume	25,016	24,232	<784>

According to these measures we are 784 below our goal.

#### Operations

- The Epic Beacon activation (Oncology) is complete. Activation went well. The lab effort is now underway using a target activation goal of October.
- Pathways Home Health and Hospice is current with Epic milestones.
- Three administrative assistants from El Camino Hospital were recognized and celebrated at the first annual Silicon Valley Admin Awards held on May 10, 2016. Executive Assistant to the CEO, Terry Christiansen, a finalist for the Office Manager Award, received mention in the Silicon Valley Business Journal.
- Retirement Plans - Published 2,679 Cash Balance Plan statements. Reported \$7.2 million contribution for current employees and \$0.5M interest credit for terminated employees. There are 761 terminated participants for a grand total of 3,440 participants. Retirement Plan Administrative Committee voted to increase the automatic enrollment provision from 1% to 2% of base pay for new hires/rehires and to eliminate home loan provision which allowed up to 15 year pay back. Maximum loan amount of \$50,000 did not change.
- Blood Usage has decreased since iCare go-live. Since November, red blood cell (RBC) usage has dropped by 8% on a RBC per 1000 patient day basis. Changes to protocols in iCare along with daily work from Dr. Shin and Dr. Rogers have contributed to the decrease. If we can maintain our current reduction we will exceed

our expected savings, estimated at 5%, we are currently experiencing an 8% reduction. See chart that follows.



- HCAHPS Scores – March: Large gain in Med Com as a result of M3 initiative, positive trend in to April for all scores however surveys received for April discharges is only at 60% to date.
  - Nurse Commination: 75.6 vs. FY15 score of 78.51
  - Med Communication: 66.6 vs. FY15 score of 68.31
  - Staff Responsiveness: 63.3 vs. FY15 score of 66.84
- Patient and Family Centered Theme – Planetree engagement to commence in July. PFCC steering members selected and first meeting scheduled for July.
- Beacon Go-Live was successfully implemented; beginning Monday, April 25, 2016 on the inpatient floor and 4B, and Tuesday, April 26, 2016 in the Infusion Center area. Pharmacists and providers, along with the iCare and Beacon teams, worked together beautifully for a successful implementation.
- Commission on Cancer: Our commission on Cancer Survey for accreditation took place May 2, 2016. We received good news showing full Accreditation.

- The first Watchman Device procedures were performed by ECH physicians on April 28. Four cases were performed without complication and patients were sent home the next day, grateful to be able to go off of long-term Warfarin therapy for their atrial fibrillation.

## **Community Outreach**

- Through ECHD and ECH Community Benefit sponsorships, supported the work of Community Services Agency Mountain View, BAWSI Evening at the Olympics, Pacific Stroke Association, Healthier Kids Symposium, Los Gatos Lions Club, City of Mountain View Senior Center, Cystic Fibrosis, Chinese Americans for Compassionate Care and Parent Project classes at Campbell Methodist Church.
- Attended the Santa Clara County Department of Aging and Adult Services' Senior Symposium. Topics presented included longevity, the increasing aging population, the County's age-friendly cities initiative and various workshops and discussions around senior issues.
- Partnered with the ECH Cancer Center to present a Mandarin workshop about End of Life Care and the Advance Care Directive.
- Continuing Care Program: Presentation from world-renowned researcher on Schizophrenia at ECH May 17th.
- Presentation May 18th on Healthy Minds, focus on perinatal mood in Palo Alto.
- Survivorship Day was held on Saturday, May 14, 2016 and was a huge success. Dave Dravecky was the guest speaker. His message was very inspiring. 134 participants either pre-registered or registered at the event. Many others were in attendance but did not register.

## **Government and Community Engagement**

- Brenda and I attended the Annual Meeting of the Association of California Healthcare Districts, where Dennis Chiu was awarded "Trustee of the Year".
- On May 18th, ECH and Packard Hospital/Stanford Children's Health hosted a ribbon cutting ceremony for a new shuttle which began service this month. The event was attended by the mayors of Mountain View and Los Altos, several councilmembers, and Chamber of Commerce CEOs from Mountain View, Los Altos and Sunnyvale. The shuttle is a joint venture which provides free transportation for employees of both ECH and Stanford Children's Health and is also available to community members. It stops at off-campus parking, our Mountain View hospital, Stanford's new pediatric specialty clinic on Fremont near Highway 85, and the Mountain View Transit Station, and is part of an extensive ECH transportation demand management

program to reduce traffic and encourage employees to use public transportation or bike to work.

- The second “Healthy Mind” discussion series panel focusing on maternal mental health took place at the Cubberley Community Theater in Palo Alto. The event, which was a collaborative effort with the Parents' Club of Palo Alto and Menlo Park and Blossom Birth Services, attracted more than 50 community members and was live-broadcasted via the Periscope app.
- As a sponsor of the Silicon Valley American Heart Association's Go Red for Women luncheon, ECH representatives provided women's heart health materials to the more than 300 attendees from the community.
- El Camino Hospital was also a sponsor of the March of Dimes Silicon Valley Chapter's March for Babies. This year's March of Dimes Silicon Valley Ambassador Family, the Huber's, had their twin boys at El Camino Hospital and shared with the crowd how grateful they are to our NICU staff and doctors for caring for their twin boys who were born at just 24 weeks and 5 days, weighing 1 lbs. 10 oz., and 1 lbs. 7 oz.

## **Relationship Marketing**

- Email Engagement: Sent over 97K targeted emails to community members sharing Cancer Survivors' Day, men's health and follow-up health information related to health risk assessments. Newsletters (Cancer Center Connections and Physician Briefings) were sent to about 2,500 total subscribers/members. Overall average click-through-rate (CTR) was 3%.
  - This month, we launched a new template for our HealthPerks newsletter, sent monthly to 7,500 community members. The newsletter was moved to a new email platform that will improve the ability to track our relationship with members and their engagement with El Camino Hospital.
- Risk assessments: Risk assessments for cardiovascular disease, PAD, stroke, and colon, breast, lung and prostate cancer continue to be promoted through email marketing, digital campaigns and social media channels. During May, 21 people completed an assessment, with the current completion total at 2,139 and the Prostate Health profiler had the most completions. The Heart Health and Breast Cancer risk profilers continue to be our top performing assessments.

## **Advertising Campaigns**

### **Online:**

- A search engine marketing and Facebook advertising campaign promoting our Los Gatos Childbirth and Parenting classes and tours, launched in early May. The campaign, targeting women in our service area, will be evaluated based on class

registration numbers, website traffic and Facebook engagement.

- Facebook advertising for Scrivner Challenge continued this month. In the first two months of the six month campaign, there have been more than 5,200 clicks. Cost per click remains very low at just \$.19 per click. The highest engagement was seen among those interested in higher education.

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

May Highlights:

- The Auxiliary is working with the Marketing Department to assess and interpret the results of our comprehensive survey. We had an unusually high response rate of almost 39.5%. We found that 82% of the volunteers are satisfied with their volunteer experience and 80% feel well trained, for example. We will give greater detail as we are able to further clarify the results.
- Chris Tarver, Director, Medical/Surgical Services, is working with the Auxiliary to re-establish the Living History Project. This project involves a volunteer taking a personal history of the patient, transposing the information into a readable format, and then making it available to the medical staff and the patient and family as well.
- Our biggest event of the month was the Auxiliary's Annual General Meeting. The meeting was held at the Crowne Plaza Cabana Hotel in Palo Alto. This year's theme was "Celebrating Each Other" with an Auxiliary Fiesta. Following the business meeting, in which officers were elected for the next fiscal year, over 200 participants enjoyed a lovely luncheon, replete with Mariachi music and folkloric dancers.

**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of June 8, 2016**

Combined Data as of April 30, 2016 for Mountain View and Los Gatos Campuses

**Membership Data:**

**Senior Members**

Active Members	450	+3 relative to previous month
Dues Paid Inactive	103	(Includes Associates & Patrons)
Leave of Absence	22	
<b>Subtotal</b>	<b>575</b>	

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Resigned in Month      3  
Deceased in Month      0  
-----

**Junior Members**

Active Members	227	+15 additional Juniors coming on-board
Dues Paid Inactive	0	
Leave of Absence	0	
<b>Subtotal</b>	<b>227</b>	

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**Total Active Members      677**

**Total Membership      802**

**Combined Auxiliary Hours from Inception (to April 30, 2016): 5,617,900\***

**Combined Auxiliary Hours for FY2016 (to April 30, 2016): 89,002\***

**Combined Auxiliary Hours for April 2016): 8,182**

\* Hours Corrected

## Memorandum

DATE: May 25, 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 10

ACTION: For Information

In period 10, the Foundation secured more than \$570,434, bringing total revenue as of April 30, 2016, to just over \$5 million, nearly 70% of the overall fundraising goal for the fiscal year.

### Sapphire Soiree

- In period 10, the Foundation secured sponsorships, donations, and ticket sales totaling \$92,750, doubling the event revenue recorded the previous month and bringing total revenue as of April 30 to \$236,450. Early calculations indicate gross income will exceed \$1 million, the most ever for this or any other Foundation fundraising event.



## Memorandum

DATE: May 25, 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 10

ACTION: For Information

During the month of April, the Foundation secured more than \$570,434 from planned gifts, event sponsorships and contributions, annual gifts and investment income. Total revenue received as of April 30 is just over \$5 million, nearly 70% of the Foundation's fiscal year goal.

### **Planned Gifts**

In April, the Foundation received \$17,411 in planned gifts, including a \$12,360 bequest supporting the patient transportation fund and a sponsorship payment for the Allied Professionals Seminar, which was held in February

### **Special Events**

- ***Sapphire Soirée*** – Foundation staff focused much of its efforts in April on securing sponsorships and selling tickets for Sapphire Soirée, our signature annual fundraiser, which is benefiting the Cancer Center. As a result, the event's revenue nearly doubled over the previous period, with receipt of sponsorships, donations and ticket sales totaling \$92,750. By close of period 10, the Foundation secured \$236,450, with the potential to earn gross income of \$1 million.
- ***Scarlet Night*** – Although the South Asian Heart Center's gala benefit took place in March, commitments continue to be paid. The Foundation received an additional \$14,650, bringing total revenue to \$289,243, 116% of goal.
- ***Norma's Literary Luncheon*** – Although Norma's Literary Luncheon was held in February, the Foundation received an additional \$1,028 in April. One gift was from a donor who had made a commitment at the event. The other was an additional gift from the Linden Tree book store in Los Altos, which donates a portion of book sales at the event to the Foundation.



### **Annual Giving**

In April, annual giving raised an additional \$13,695 through the Circle of Caring program (gifts from grateful patients in honor of a hospital caregiver), online donations, matching gifts and memorial gifts. As of April 30, the Foundation received \$475,256 in annual gifts.

### **Investment Income**

Investment income reached more than \$1 million, with its yield of \$430,398 during the month of April.

## ECH Foundation Fundraising Report

FY16 Income figures through April 30, 2016 (Period 10)

ACTIVITY		FY16 YTD (7/1/15 - 4/30/16)	FY16 Goals	FY16 % of Goal	Difference Period 9 & 10	FY15 YTD (7/1/14 - 4/30/15)	FY14 YTD (7/1/13 - 4/30/14)
Major Gifts		\$ 1,687,737	\$ 3,735,000	45%	\$ -	\$ 3,951,423	\$ 260,000
Planned Gifts		\$ 696,216	\$ 1,200,000	58%	\$ 17,412	\$ 2,080,771	\$ 834,789
Special Events	Sapphire Soirée	\$ 236,450	\$ 600,000	39%	\$ 92,750	\$ 163,225	\$ 517,050
	Golf	\$ 326,205	\$ 280,000	117%	\$ -	\$ 326,650	\$ 293,325
	Scarlet Night	\$ 289,243	\$ 250,000	116%	\$ 14,650	\$ 253,321	
	Norma's Literary Luncheon	\$ 195,006	\$ 135,000	144%	\$ 1,029	\$ 126,577	
Annual Giving		\$ 475,256	\$ 400,000	119%	\$ 13,695	\$ 507,491	\$ 745,532
Grants		\$ 58,333	\$ 200,000	29%	\$ -	\$ 512,980	\$ 358,825
Investment Income		\$ 1,097,477	\$ 500,000	219%	\$ 430,898	\$ 1,026,077	\$ 869,111
<b>TOTALS</b>		<b>\$ 5,061,922</b>	<b>\$ 7,300,000</b>	<b>69%</b>	<b>\$ 570,434</b>	<b>\$ 8,948,515</b>	<b>\$ 3,878,632</b>