

AGENDA
MEETING OF THE EL CAMINO HOSPITAL BOARD
Wednesday, August 10, 2016 – 5:00 pm
 Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, CA 94040

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Neal Cohen, MD, Board Chair		5:00 – 5:02 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		5:02 – 5:03
3. ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		motion required 5:03 – 5:04
4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		5:04 – 5:05
5. <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: - Strategic Development Discussion	Ken King, CASO		discussion 5:05 – 5:15
6. ADJOURN TO OPEN SESSION	Neal Cohen, MD, Board Chair		motion required 5:15 – 5:16
7. RECONVENE OPEN SESSION / REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Neal Cohen, MD, Board Chair		5:16 – 5:17
8. BOARD RECOGNITION: A YEAR IN REVIEW The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. ATTACHMENT 8	Tomi Ryba, President and CEO	<i>public comment</i>	motion required 5:17 – 5:22
9. FY16 PERIOD 12 FINANCIALS ATTACHMENT 9	Iftikhar Hussain, CFO	<i>public comment</i>	motion required 5:22 – 5:30
10. CAPITAL FUNDING REQUESTS a. Integrated Medical Office Building b. Behavioral Health Services Building ATTACHMENT 10	Ken King, CASO	<i>public comment</i>	motion required 5:30 – 5:41
11. QUALITY COMMITTEE REPORT ATTACHMENT 11	Dave Reeder, Chair, Quality Committee		discussion 5:41 – 5:46

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
12. GOVERNANCE COMMITTEE REPORT ATTACHMENT 12	Peter Fung, MD, Chair, Governance Committee	<i>public comment</i>	possible motion 5:46 – 5:51
13. FINANCE COMMITTEE REPORT ATTACHMENT 13	Dennis Chiu, Chair, Finance Committee	<i>public comment</i>	possible motion 5:51 – 5:56
14. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Neal Cohen, MD, Board Chair		information 5:56 – 5:59
15. TEMPORARY ADJOURNMENT <i>The meeting will be temporarily adjourned until the conclusion of the Healthcare District Board meeting, from approximately 6:00 – 6:38pm.</i>	Neal Cohen, MD, Board Chair		motion required 5:59 – 6:00
16. RECONVENE MEETING / CALL TO ORDER	Neal Cohen, MD, Board Chair		6:38 – 6:39 pm
17. ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		motion required 6:39 – 6:40
18. CONSENT CALENDAR <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 Joint Hospital Board and Finance Committee Meeting (May 31, 2016) b. Minutes of the Closed Session of the Hospital Board Meeting (June 8, 2016)	Neal Cohen, MD, Board Chair		motion required 6:40 – 6:41
19. 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	Rebecca Fazilat, MD, Mountain View Chief of Staff; Augusto Bastidas, MD, Los Gatos Chief of Staff		motion required 6:41 – 6:51
20. 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	Shreyas Mallur, MD, Associate Chief Medical Officer; William Faber, MD, Chief Medical Officer		discussion 6:51 – 7:00
21. Gov't Code Section 54957.6 for a conference with labor negotiator Kathryn Fisk. - Labor Relations Update	Kathryn Fisk, CHRO		discussion 7:00 – 7:10
22. Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets: - Semi-Annual Review of Service Lines	Rich Katzman, CSO; Michelle McGowen, Director of Strategic Planning		discussion 7:10 – 7:30

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
23. Discussion involving <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Strategic Priorities: Market Partner Evaluation	Tomi Ryba, President and CEO; Rich Katzman, CSO		discussion 7:30 – 8:30
24. Discussion involving <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - El Camino Ambulatory Surgery Center Transaction	Rich Katzman, CSO; Mary Rotunno, General Counsel		discussion 8:30 – 8:40
25. Discussion involving <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Medicare Actuarial Study	Iftikhar Hussain, CFO		discussion 8:40 – 8:50
26. 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: - Informational Items	Tomi Ryba, President and CEO		discussion 8:50 – 8:54
27. Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters. - Executive Session	Neal Cohen, MD, Board Chair		discussion 8:54 – 9:14
28. ADJOURN TO OPEN SESSION	Neal Cohen, MD, Board Chair		9:14 – 9:15
29. RECONVENE OPEN SESSION / REPORT OUT	Neal Cohen, MD, Board Chair		9:15 – 9:16
To report any required disclosures regarding permissible actions taken during Closed Session.			
30. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Neal Cohen, MD, Board Chair	<i>public comment</i>	motion required 9:16 – 9:18
<u>Approval</u> a. Minutes of the Open Session of the Joint Hospital Board and Finance Committee Meeting (May 31, 2016) b. Minutes of the Open Session of the Hospital Board Meeting (June 8, 2016) c. Minutes of the Hospital Board Meeting (June 14, 2016) <i>Reviewed and Recommended for Approval by the Finance Committee</i> d. FY16 Period 11 Financials e. Physician Contracts – Pulmonary and Sleep Medicine Recruitment Agreement			

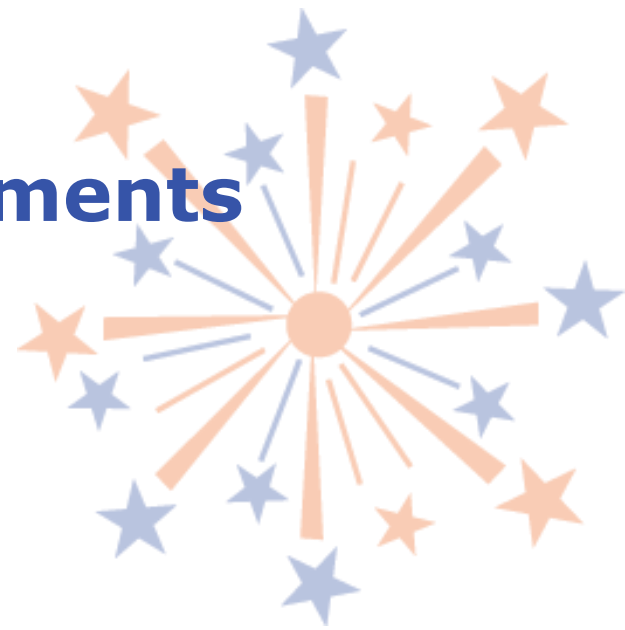
AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<i>Reviewed and Approved by the Medical Executive Committee</i> f. Medical Staff Report			
31. APPROVAL OF PRN CONTRACT	Kathryn Fisk, CHRO	<i>public comment</i>	possible motion 9:18 – 9:20
32. INFORMATIONAL ITEMS a. CEO Report ATTACHMENT 32	Tomi Ryba, President and CEO		information 9:20 – 9:24
33. BOARD COMMENTS	Neal Cohen, MD, Board Chair		information 9:24 – 9:29
34. ADJOURNMENT	Neal Cohen, MD, Board Chair		motion required 9:29 – 9:30pm

Upcoming Meetings

- September 14, 2016
- October 12, 2016
- November 9, 2016
- January 11, 2017
- February 8, 2017
- March 8, 2017
- April 12, 2017
- May 10, 2017
- June 14, 2017

ATTACHMENT 8

FY16 in Review Accomplishments





An epic iCare implementation



A successful Joint Commission Survey



Named one of the Top 100 Hospitals in the country based on care outcomes by Truven



Awarded 2016 Women's Choice Award® as one of America's Best Hospitals for Obstetrics



Attained the American Heart Association & American Stroke Association's 2016 Get With The Guidelines – Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll Elite



Awarded “2015 #9 Healthiest Employer in Bay Area” by SV Business Journal



CT Surgery team awarded 3-star rating for outcomes for both isolated CABG and isolated aortic valve procedures, placing us in the top 5% in the nation for outcomes for these patient populations



Achieved a Zero Infection rate for Total Joint Replacement in FY16 (combined campuses)



In Mountain View, reduced door to needle time for TPA (stroke) to average of 50 minutes in 2016 (goal was 60 minutes); new goal is 45 minutes



Two reported HAPUs since July 1, 2014



Readmission rate lower than the average national, California, and Medicare Region 13 rates



Acquisition of the Santa Teresa property to expand our services to South County



PRIME application accepted, making us eligible for over \$10M in incentive dollars through the DHCS to increase access and quality for Medi-Cal patients, focusing on Women's Health, Behavioral Health and Blood Utilization



City of Mountain View approved Master Site Plan to build new mental health and medical office buildings, expand the parking garage, retrofit the Women's Hospital, and demolish the old hospital



Successfully recruited additional Electrophysiology physicians, producing significant increase in patient volumes



Recruited new GI physician Dr. Chui, who is bringing substantial new case volume to Los Gatos



The upgrade and acquisition of two new da Vinci robots to support the busiest robotic program in Northern California!



Commitment from PMG to build a clinic with ECH



Established a partnership with CEP to build three Urgent Care clinics








Received commitment from PAMF to expand the OB program in Los Gatos



Launching a partnership with Safeway to support community health education



For the second consecutive year, the Foundation exceeded its fundraising goal, raising over \$7.3 million

-  Community Benefit successfully managed 70 grants totaling over \$8.6 million
-  CONCERN retained 98% of our customers in a highly competitive environment
-  Saved \$3.9M by management of benefits
-  Achieved 95% clean claim for hospital billing, and by December 2015 achieved 99% clean claims for professional billing
-  Hit our cash goal 7 of the 12 months and collected \$67,499,392 in September

ATTACHMENT 9



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2016 – Period 12
7/1/2015 to 6/30/2016

Dashboard - ECH combined as of June 30, 2016

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Proj.	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume												
Licensed Beds	443	443	443	443	443	443	443	443	443	443	443	443
ADC	220	240	238	246	243	245	237	248	240	246	242	245
Adjusted Discharges	30,558	32,221	32,003	32,507	31,392	32,696	2,872	2,586	2,734	32,507	31,392	32,696
Inpatient Cases												
Total Discharges	18,231	19,220	18,567	19,081	18,618	19,262	1,611	1,531	1,599	19,081	18,618	19,262
Deliveries	4,600	5,227	5,155	5,273	4,914	5,193	446	415	429	5,273	4,914	5,191
BHS	899	851	844	872	798	850	77	68	72	872	798	850
Rehab	447	537	557	563	508	570	37	50	48	563	508	570
Outpatient												
ED	53,686	48,091	49,543	52,487	51,599	52,151	5,460	4,278	4,351	52,487	51,599	52,151
Procedural Cases												
OP Surg	5,318	5,838	6,385	6,474	6,098	6,676	591	564	566	6,474	6,098	6,677
Endo		2,400	2,635	2,829	2,458	2,825	252	217	238	2,829	2,458	2,826
Interventional		1,508	1,705	1,878	1,969	1,901	175	165	177	1,878	1,969	1,901
All Other	140,961	175,708	164,206	133,371	128,453	134,601	11,421	10,898	11,558	133,006	128,453	134,602
Financial Performance (\$000s)												
Net Revenues	629,585	686,327	721,123	746,645	772,573	743,754	69,257	73,717	65,909	746,645	772,573	743,754
Operating Expenses	576,354	632,353	669,680	689,631	743,101	715,481	60,060	65,591	60,095	689,631	743,101	715,481
Operating Income \$	67,276	69,126	70,305	78,120	52,839	50,138	11,355	11,677	9,027	78,120	52,839	50,138
Operating Margin	10.5%	9.9%	9.5%	10.2%	6.6%	6.5%	15.9%	15.1%	13.1%	10.2%	6.6%	6.5%
EBITDA \$	124,420	124,722	125,254	128,002	107,778	100,393	13,874	16,543	13,514	128,002	107,778	102,074
EBITDA %	19.3%	17.8%	16.9%	16.7%	13.5%	13.1%	19.4%	21.4%	19.6%	16.7%	13.5%	13.3%
IP Margin	0.4%	-1.1%	-3.2%	-4.5%	-7.1%	-1.0%	-4.4%	-7.0%	-1.0%	-3.4%	-7.1%	-1.0%
OP Margin	24.7%	25.9%	25.2%	28.1%	27.0%	25.0%	26.9%	28.4%	25.0%	27.1%	27.0%	25.0%
Payor Mix												
Medicare	46.2%	46.4%	44.7%	46.3%	46.6%	46.4%	47.9%	46.2%	46.4%	46.3%	46.6%	46.4%
Medi-Cal	5.3%	4.9%	6.0%	6.6%	7.4%	6.5%	7.0%	8.4%	6.5%	6.6%	7.4%	6.5%
Commercial IP	25.2%	25.3%	25.4%	24.2%	23.2%	24.0%	22.0%	23.2%	24.0%	24.2%	23.2%	24.0%
Commercial OP	16.3%	16.9%	18.6%	18.7%	18.7%	19.0%	19.2%	18.5%	19.0%	18.7%	18.7%	19.0%
total commercial	41.5%	42.2%	44.0%	42.9%	41.9%	43.0%	41.3%	41.8%	43.0%	42.8%	41.9%	43.0%
Other	7.0%	6.6%	5.4%	4.3%	4.1%	4.1%	3.9%	3.7%	4.1%	4.3%	4.1%	4.1%
Cost												
Employees	2,156.7	2,289.0	2,435.6	2,452.4	2,509.5	2,456.6	2,477.1	2,525.7	2,509.7	2,452.9	2,509.5	2,456.6
Hrs/APD	29.42	29.66	29.72	29.31	30.68	29.48	29.19	29.79	30.54	29.31	30.68	29.48
Balance Sheet												
Net Days in AR	48.1	47.8	50.9	43.6	53.5	48.0	43.6	53.5	48.0	43.6	53.5	48.0
Days Cash	321	350	382	401	361	262	402	361	262	402	361	262
Debt to Capitalization	15.8%	14.0%	12.6%	13.6%	13.8%	29.0%	14.8%	13.8%	29.0%	14.8%	13.8%	29.0%
MADS	7.2	8.0	9.5	8.9	6.1	1.2	9.0	6.1	1.2	9.0	6.1	1.2
Affiliates - Net Income (\$000s)												
Hosp	71,286	88,820	118,906	94,787	44,348	72,460	6,196	15,531	10,888	94,787	44,348	72,460
Concern	1,472	371	1,862	1,202	1,761	1,751	(406)	(176)	388	1,202	1,761	1,751
ECSC			(5)	(41)	(280)	0	(15)	31	0	(41)	(280)	0
Foundation	138	1,545	3,264	710	980	1,315	(403)	61	173	710	980	1,315
SVMD	(30)	(114)	32	106	29	0	(8)	(56)	0	106	29	0

Inpatient volume is 3.3% below budget for the year primarily due to lower surgeries and deliveries, and rehab cases due to construction.

Outpatient volume was lower than budget by 4.5% due to the lower than budget ED visits, OP surgeries and endoscopy cases both for the month of June and YTD. Interventional EP cases, on the other hand, shows a trend of increase with 3.6% ahead of budget for the year.

Operating margin for June was \$2.6M favorable compared to budget due to better charge capture, high collection rate and \$1.2M Prime IGT accrual. Operating margin for the year is \$2.7 million favorable primarily due to high revenue offset by EPIC related expenses in labor and training, pharmacy and surgical medical supply expenses and not achieving budget cost reduction targets in other expenses.

Payor mix is unfavorable primarily due to lower deliveries since deliveries are mainly commercial.

Productivity for the year is behind budget but has improved after EPIC go-live and hrs/APD are lower than budget in June.

AR days continue to improve after EPIC go-live. The Anthem renewal required a bill hold offsetting the improvement trend.

Fiscal Year 2016 Fiscal Period 12 (7/1/2015-6/30/2016) Waterfall

		Year to Date (YTD)	
		Net Income Impact	% Net Revenue
\$ in Thousands			
Budgeted Hospital Operations FY2016		50,138	6.3%
Net Revenue		30,321	4.0%
	* Patient Income		
	* Prime IGT		
	* Integrated Care budgeted (BPSI)		
	* Foundation Income (\$468) plus Misc		
Labor and Benefit Expense Change		(3,947)	-0.5%
	* Net Budgeted Labor -\$5.7M; \$2.3M is RN salaries (net Agency - \$5.9M and EE\$ 3.6M), EPIC Labor \$-1.6M, plus -\$1.8M budgeted savings not realized		
	* Actuarial over accrued earlier in year \$4M		
Professional Fees & Purchased Services		(4,103)	-0.5%
	* EPIC (-\$3.7M)		
	* Marketing (Web) (-\$1M)		
Supplies		(6,012)	-0.8%
	* Drug (-\$4.5M)		
	* Surgical (Implants, Joints, Valves, Spine; -\$3.9M)		
Other Expenses		(10,155)	-1.3%
	* HPO Savings (-\$7M)		
	* EPIC training (-\$3.3M)		
Depreciation & Interest		(3,403)	-0.4%
	* Interest Expense (-\$813K)		
	* Amortization Loss (-\$400K)		
	* Depreciation (-\$2.2M)		
Actual Hospital Operations FY2016		52,839	6.9%

El Camino Hospital (\$000s) ⁽¹⁾

12 months ending 6/30/2016

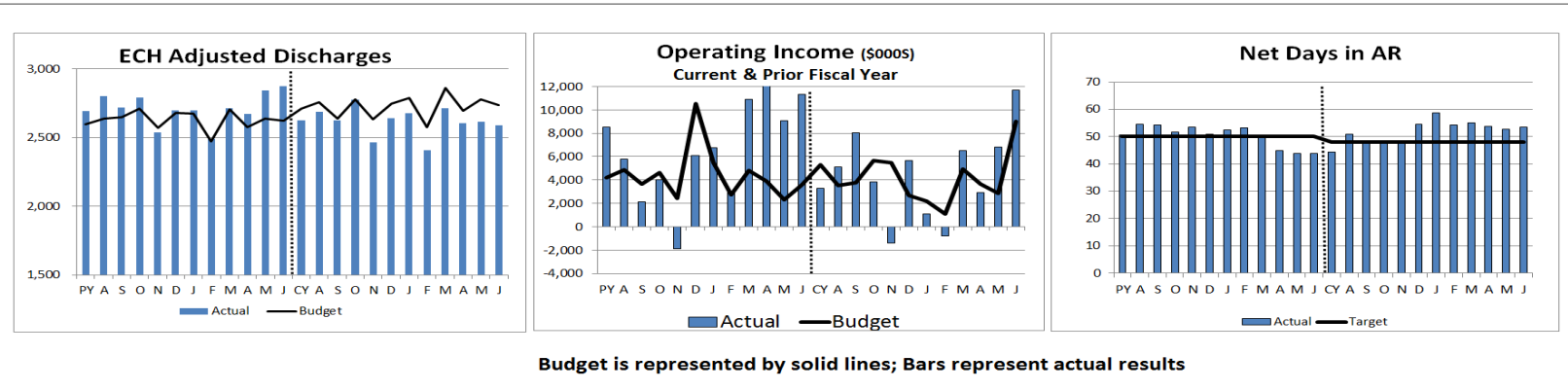
PERIOD 12 FY 2015	PERIOD 12 FY 2016	PERIOD 12 Budget 2016	Variance Fav (Unfav)	Var%
226,473	234,757	224,987	9,770	4.3%
(157,215)	(161,039)	(159,078)	(1,961)	1.0%
69,257	73,717	65,909	7,808	11.8%
2,157	3,551	3,214	337	10.5%
71,415	77,268	69,123	8,145	11.8%
33,226	38,338	36,844	(1,493)	-4.1%
10,160	11,296	9,271	(2,025)	-21.8%
11,818	9,094	7,998	(1,097)	-13.7%
2,338	1,998	1,496	(502)	-33.6%
(1,206)	616	448	(168)	-37.6%
3,725	4,249	4,039	(211)	-5.2%
60,060	65,591	60,095	(5,496)	-9.1%
11,355	11,677	9,027	2,650	29.4%
(5,159)	3,854	1,860	1,994	107.2%
6,196	15,531	10,888	4,644	42.7%
19.4%	21.4%	19.6%	1.9%	
15.9%	15.1%	13.1%	2.1%	
8.7%	20.1%	15.8%	4.3%	

\$000s
OPERATING REVENUE
Gross Revenue
Deductions
Net Patient Revenue
Other Operating Revenue
Total Operating Revenue
OPERATING EXPENSE
Salaries & Wages
Supplies
Fees & Purchased Services
Other Operating Expense
Interest
Depreciation
Total Operating Expense
Net Operating Income/(Loss)
Non Operating Income
Net Income(Loss)
EBITDA
Operating Margin
Net Margin

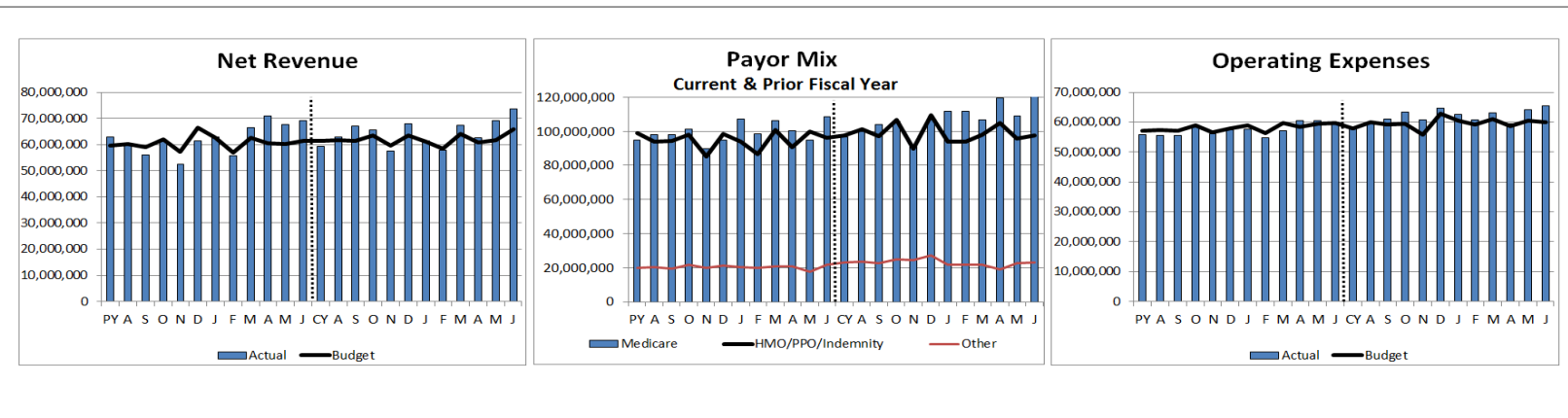
YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
2,573,881	2,755,387	2,713,439	41,948	1.5%
(1,827,236)	(1,982,815)	(1,969,685)	(13,130)	0.7%
746,645	772,573	743,754	28,818	3.9%
21,105	23,367	21,864	1,503	6.9%
767,751	795,939	765,618	30,321	4.0%
410,072	435,958	432,011	(3,947)	-0.9%
109,961	118,246	112,234	(6,012)	-5.4%
92,373	99,449	95,346	(4,103)	-4.3%
27,342	34,508	23,953	(10,555)	-44.1%
5,256	6,191	5,378	(813)	-15.1%
44,627	48,748	46,558	(2,189)	-4.7%
689,631	743,101	715,481	(27,620)	-3.9%
78,120	52,839	50,138	2,701	5.4%
16,668	(8,601)	22,323	(30,924)	-138.5%
94,787	44,238	72,460	(28,222)	-38.9%
16.7%	13.5%	13.3%	0.2%	
10.2%	6.6%	6.5%	0.1%	
12.3%	5.6%	9.5%	-3.9%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Monthly Financial Trends

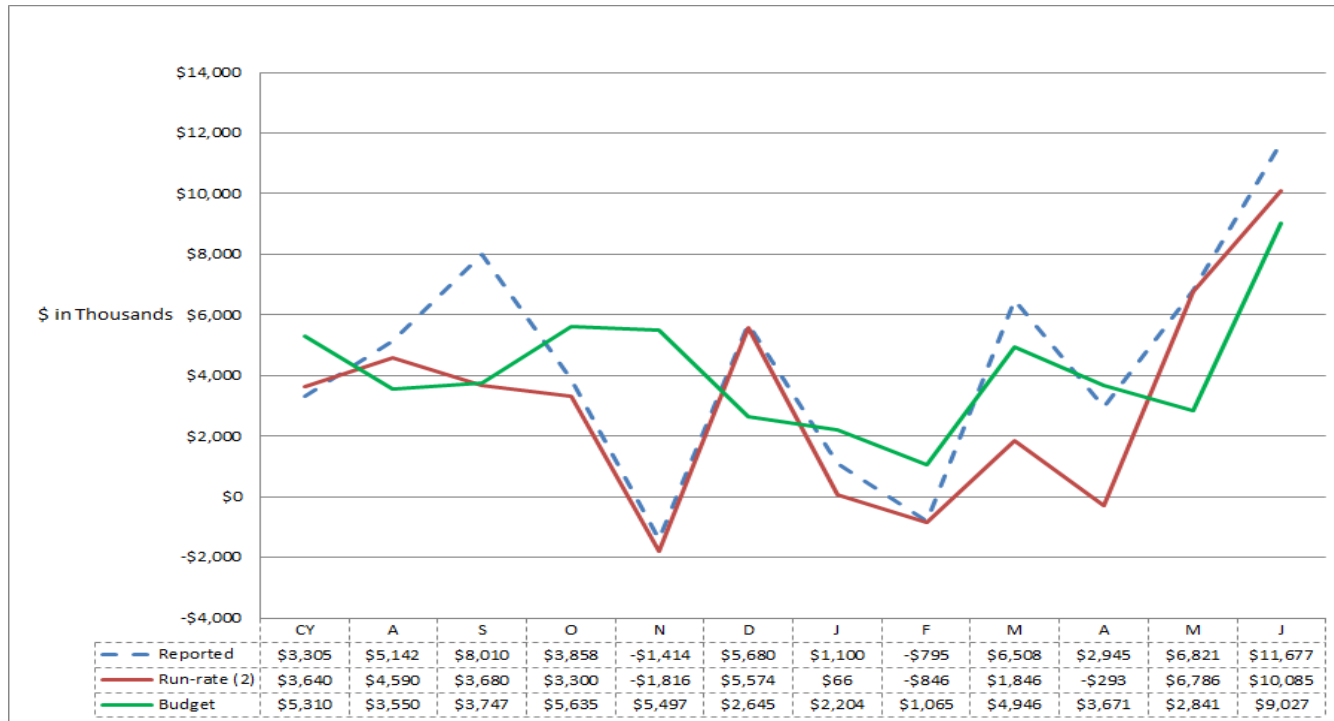


Volume is low mainly in deliveries and surgeries.
AR EPIC recovery offset by Anthem contract renewal bill hold.



ECH Operating Margin

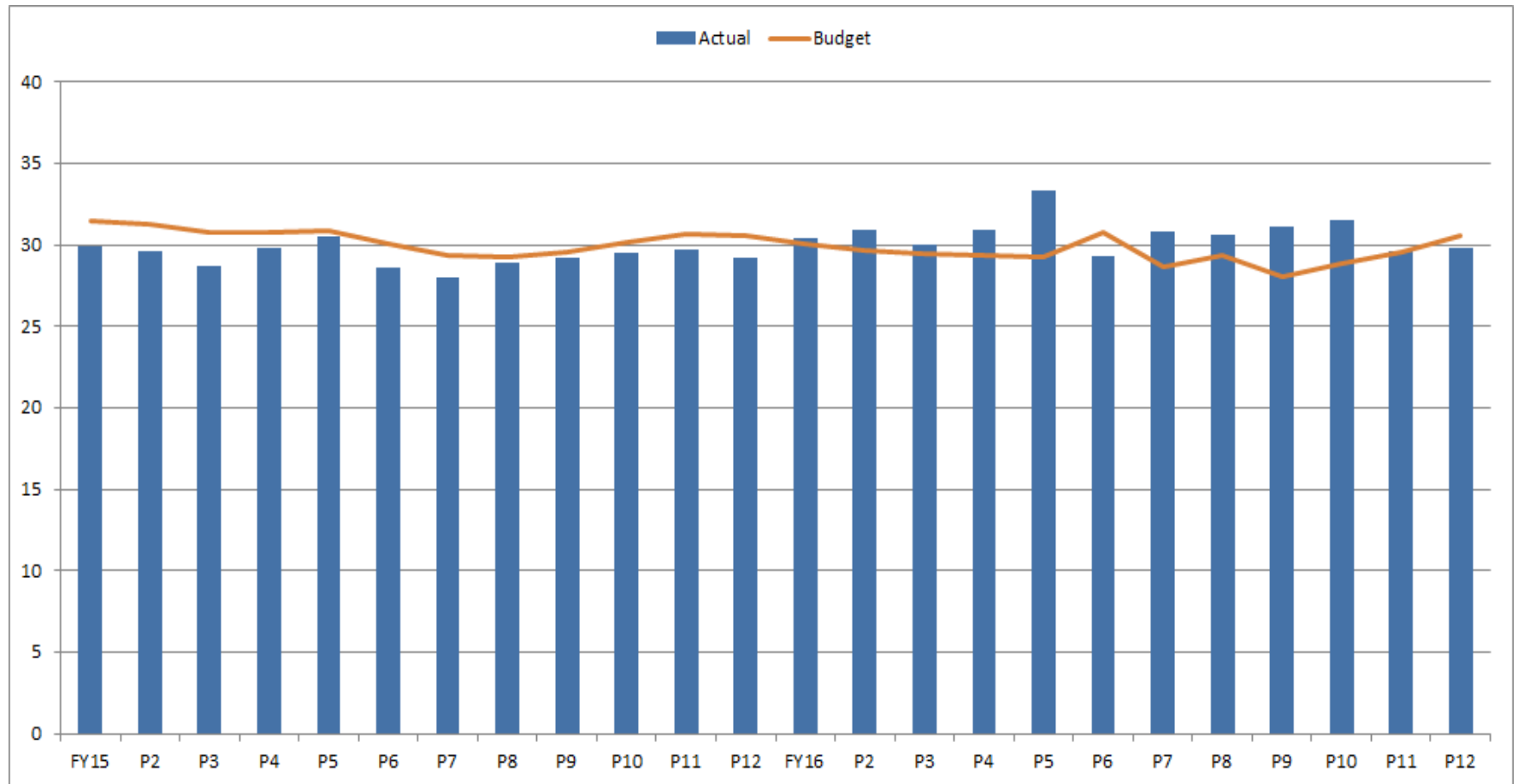
Run rate is booked operating income adjusted for material non-recurring transactions



FY 2016 Actual Run Rate Adjustments (in thousands)													
		J	A	S	O	N	D	J	F	M	A	M	J
Revenue Adjustments	RAC Release	\$549	\$0	\$17	-\$262	-\$369	\$76	-\$274	\$0	-\$1,326	-\$29	\$0	-\$91
	Insurance Overpayment Release	-\$60	-\$53	-\$4,913	-\$240	\$0	-\$149	\$0	\$0	\$0	-\$2,102	\$0	\$0
	Medicare Settlements/Appeal/Tentative Settlement	-\$49	-\$569	-\$183	-\$33	-\$33	-\$33	-\$761	-\$51	-\$304	-\$78	-\$67	-\$139
	BPCT settlement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	RFBN Settlement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Meaningful use	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-\$544	\$0	\$0	\$0
	Tricare	-\$182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Hospital Fee	\$0	\$0	-\$433	-\$24	\$0	\$0	\$0	\$0	\$0	\$0	-\$45	-\$191
	AB 915	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-\$1,028	\$0	\$0
	PRIME Incentive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-\$1,170
	Total	\$259	-\$622	-\$5,513	-\$559	-\$402	-\$106	-\$1,035	-\$51	-\$1,683	-\$3,238	-\$35	-\$1,592
Expense Adjustments	Pay-For-Performance Bonus	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Actuarial Exp for Workers Comp	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0
	Total	\$76	\$69	\$1,183	\$0	\$0	\$0	\$0	\$0	\$2,979	\$0	\$0	\$0

- Revenue adjustment of \$1.2M for Prime IGT accrual for June.

Worked Hours per Adjusted Patient Day



Productivity has improved after EPIC go-live and is ahead of target in June

Summary of Financial Results

\$ in Thousands

	Period 12 - Month			Period 12 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	11,626	8,392	3,235	47,313	41,574	5,739
Los Gatos	51	636	(585)	5,526	8,563	(3,037)
Sub Total - El Camino Hospital, excl. Affiliates	11,677	9,027	2,650	52,839	50,138	2,701
Operating Margin %	15.1%	13.1%		6.6%	6.5%	
El Camino Hospital Non Operating Income						
Investments	4,821	2,298	2,523	698	27,571	(26,874)
Swap Adjustments	(1,039)	0	(1,039)	(3,214)	0	(3,214)
Community Benefit	(86)	(233)	147	(2,716)	(2,799)	83
Other	159	(204)	363	(3,369)	(2,450)	(919)
Sub Total - Non Operating Income	3,854	1,860	1,994	(8,601)	22,323	(30,924)
El Camino Hospital Net Income (Loss)	15,531	10,888	4,644	44,238	72,460	(28,222)
ECH Net Margin %	20.1%	15.8%		5.6%	9.5%	
Concern	(176)	388	(564)	1,761	1,751	10
ECSC	31	0	31	(280)	0	(280)
Foundation	61	173	(112)	980	1,315	(335)
Silicon Valley Medical Development	(56)	0	(56)	29	0	29
Net Income Hospital Affiliates	(141)	561	(702)	2,490	3,066	(577)
Total Net Income Hospital & Affiliates	15,390	11,449	3,942	46,727	75,526	(28,799)

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	19,081	18,618	(463)	-2.4%	300	(763)
Surgical Outpatient Cases (incl Litho)	6,474	6,099	(375)	-5.8%	290	(665)
Endo Outpatient procedures	2,829	2,457	(372)	-13.1%	0	(372)
Outpatient Interventional Cases	1,878	1,965	87	4.6%	10	77
Total Case Volume	30,262	29,139	(1,123)	-3.7%	600	(1,723)
NEW Physician Total		460	460			
Pre-existing Physician Total	30,262	28,679	(1,583)	-5.2%		
# New Physicians*		10			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	15,619	15,361	(258)
Surgical Outpatient Cases (incl Litho)	3,407	3,235	(172)
Endo Outpatient procedures	2,606	2,351	(255)
Outpatient Interventional Cases	1,856	1,942	86
Total Case Volume	23,488	22,889	(599)

Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	3,462	3,257	(205)
Surgical Outpatient Cases (incl Litho)	3,067	2,864	(203)
Endo Outpatient procedures	223	106	(117)
Outpatient Interventional Cases	22	23	1
Total Case Volume	6,774	6,250	(524)

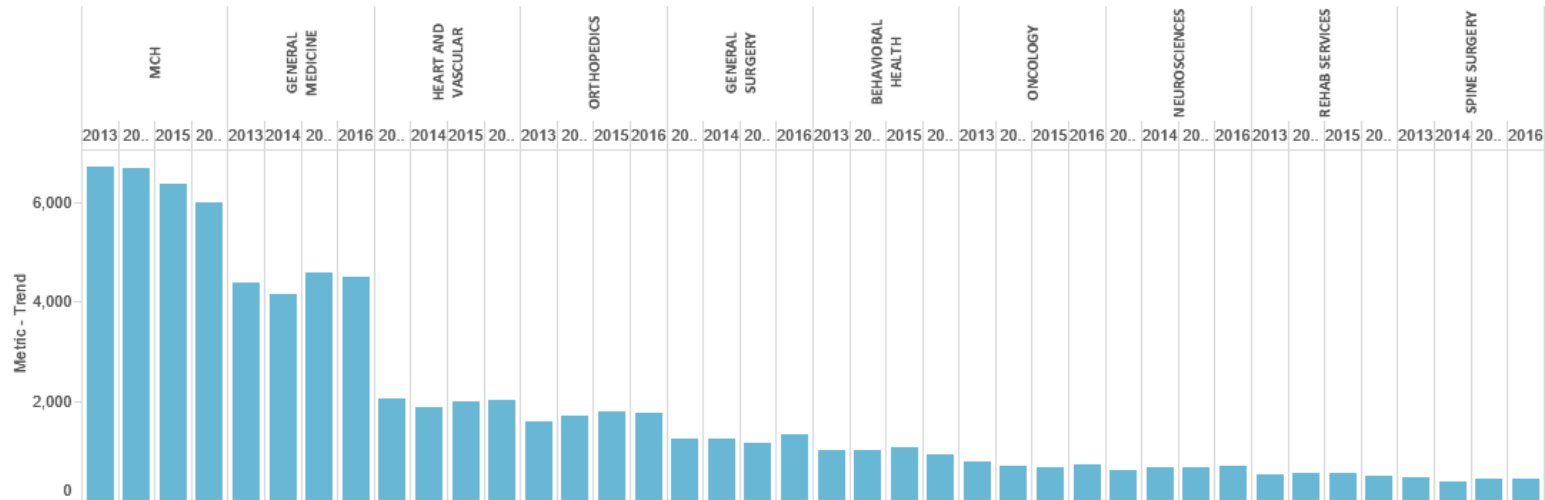
(1) Hospital entity only, excludes controlled affiliates

El Camino Hospital Volume Annual Trends

FY 2016 is annualized

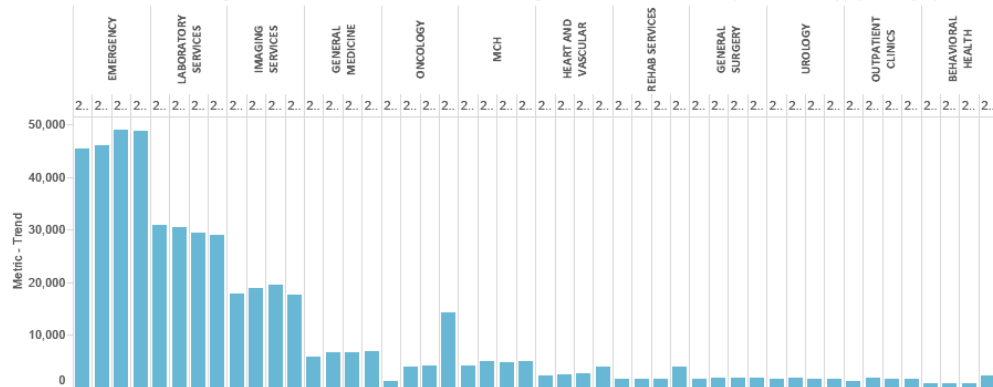
IP

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.



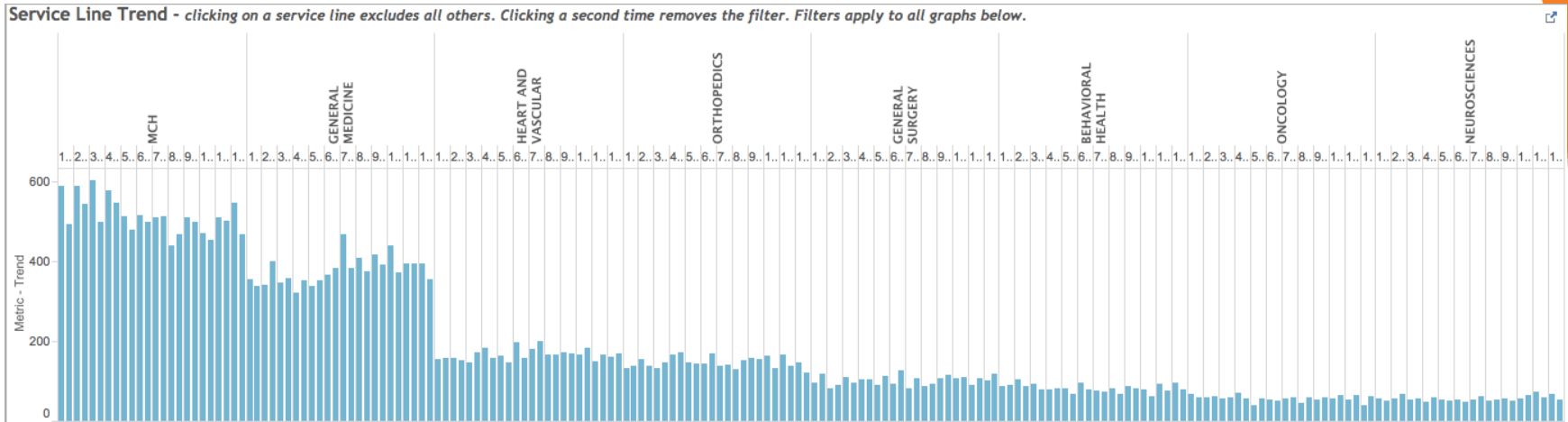
- IP declined in maternal child health service line – 2015 decline was NICU which recovered in 2016; the 2016 decline is in deliveries. Other service lines are stable
- OP – ED has grown due to ACO but plateaued in 2016. Oncology has grown but measure changed with EPIC and is not comparable to legacy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

El Camino Hospital Volume Monthly Trends

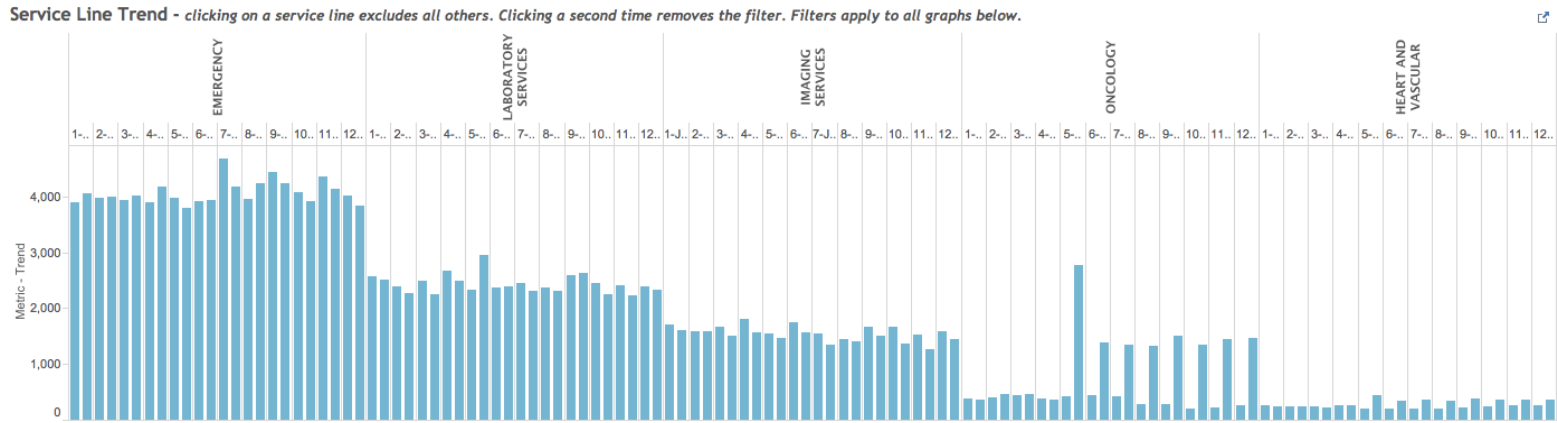
Prior and Current Fiscal Years

Columns are in PY, CY Order

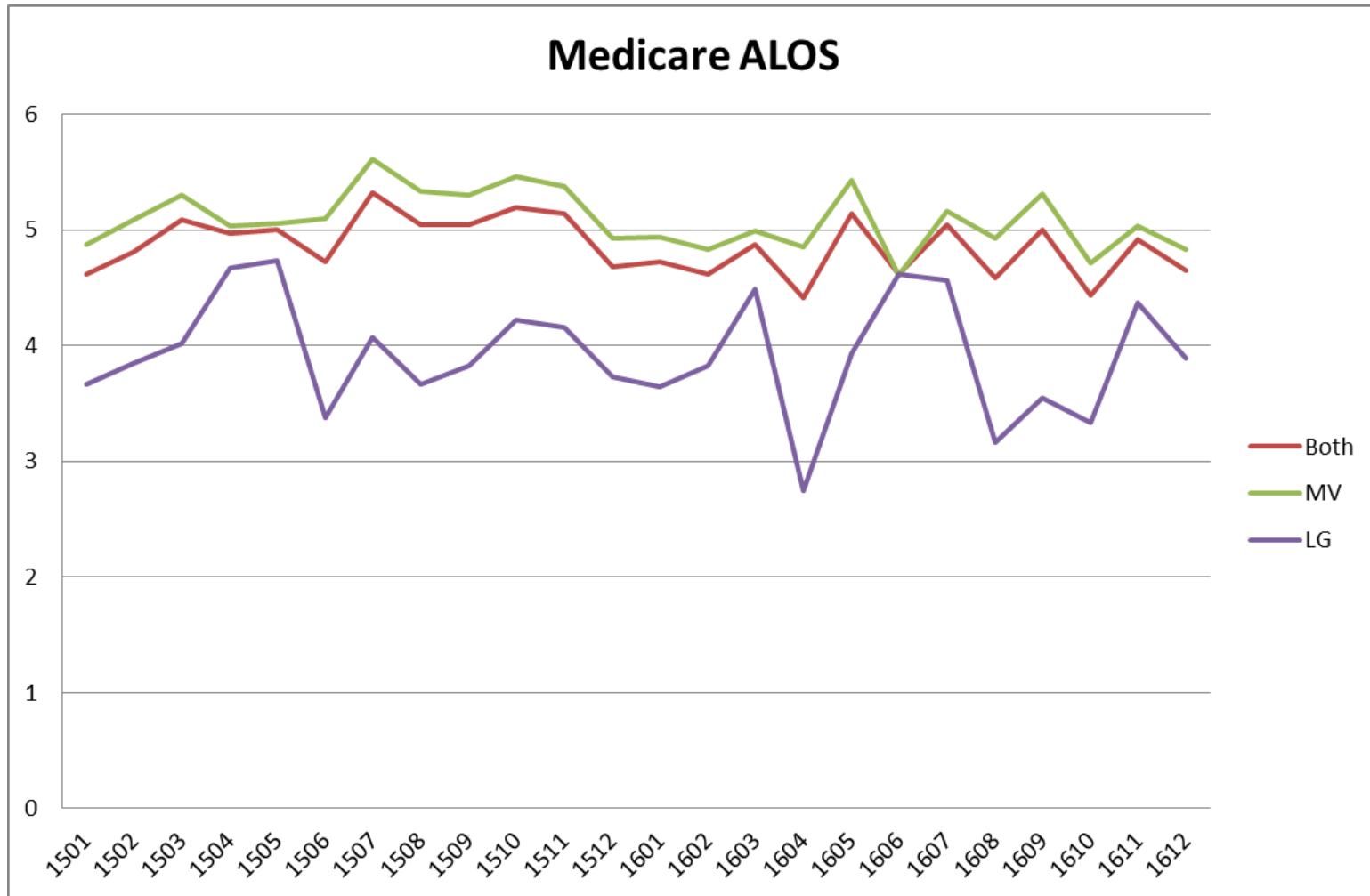
IP



OP



- IP volume declined in deliveries but other service lines are stable
- OP – 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

June 30, 2016

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY16 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		2Q 2016		Fiscal Year-to-date		Since Inception (annualized)			Mar 2014/2012
Surplus cash balance & op. cash (millions)		\$727.7	--	--	--	--	--	\$699.8	--
Surplus cash return		1.8%	1.4%	0.1%	0.5%	4.4%	4.4%	4.0%	5.0%
Cash balance plan balance (millions)		\$221.5	--	--	--	--	--	\$224.2	--
Cash balance plan return		1.7%	1.4%	-0.3%	0.4%	7.0%	6.4%	6.0%	6.7%
403(b) plan balance (millions) ¹		\$330.6	--	--	--	--	--	--	--
Risk vs. Return		3-year				Since Inception (annualized)			Mar 2014/2012
Surplus cash Sharpe ratio		0.90	0.93	--	--	1.00	0.98	--	0.66
Net of fee return		4.3%	4.4%	--	--	4.4%	4.4%	--	5.0%
Standard deviation		4.7%	4.7%	--	--	4.4%	4.4%	--	7.2%
Cash balance Sharpe ratio		0.97	0.93	--	--	1.14	1.09	--	0.54
Net of fee return		6.2%	5.7%	--	--	7.0%	6.4%	--	6.7%
Standard deviation		6.4%	6.1%	--	--	6.0%	5.8%	--	10.6%
Asset Allocation		2Q 2016							
Surplus cash absolute variances to target		4.9%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		4.3%	< 10%	--	--	--	--	--	--
Manager Compliance		2Q 2016							
Surplus cash manager flags		15	< 18	--	--	--	--	--	--
Cash balance plan manager flags		16	< 18	--	--	--	--	--	--

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 16 YTD Spent
CIP	EPIC Installation			73.8	57.0	20.8
IT Hardware, Software, Equipment*				6.9		6.5
Medical & Non Medical Equipment				16.5		17.1
Facility Projects						
	1307 LG Upgrades	FY13	15.5	17.3	10.3	3.5
	1219 LG Spine OR	FY13	4.1	4.1	1.2	0.6
	1414 Integrated MOB	FY15	232.0	28.0	11.6	8.9
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.5	1.3
	1245 Behavioral Health Bldg	FY16	62.5	9.0	6.8	1.4
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	6.8	8.8	0.0	0.0
	1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	1.6	1.6
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.3	1.3
	1425 IMOB Preparation Project - Old Main	FY16	2.3	3.0	0.7	0.7
	1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	0.0
	1422 CUP Upgrade	FY16	4.0	1.5	1.0	0.9
	1503 Willow Pavilion Tomosynthesis	FY16	0.3	1.3	0.1	0.1
	1519/1314 LG Electrical Systems Upgrade	FY16	1.2	0.0	0.0	0.0
	1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.2	0.0
	1508 LG NICU 4 Bed Expansion	FY16	7.0	0.0	0.0	0.0
	1520 Facilities Planning Allowance	FY16	1.0	0.0	0.0	0.0
	Land Acquisition Approved in 12/15	FY16	27.1	27.1	27.1	27.1
	All Other Projects under \$1M		16.2	40.2	35.8	1.7
			495.9	150.0	99.2	49.1
GRAND TOTAL				247.2		93.5
Forecast at start of fiscal year						125.8

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

Comparative El Camino Hospital with Variances and Footnotes ⁽¹⁾

Balance Sheet (\$ Thousands)

ASSETS				LIABILITIES AND FUND BALANCE			
	Unaudited	Audited			Unaudited	Audited	
	June 30, 2016	June 30, 2015	Change		June 30, 2016	June 30, 2015	Change
CURRENT ASSETS				CURRENT LIABILITIES			
Cash	59,127	55,224	3,903	(9) Accounts Payable	22,360	30,142	(7,782)
(1) Short Term Investments	103,323	145,027	(41,704)	(10) Salaries and Related Liabilities	23,535	20,812	2,723
(2) Patient Accounts Receivable, net	116,081	95,737	20,344	Accrued PTO	23,124	22,212	912
(3) Other Accounts and Notes Receivable	4,369	2,378	1,991	Worker's Comp Reserve	2,300	2,300	0
Intercompany Receivables	2,074	1,595	479	(11) Third Party Settlements	10,785	20,253	(9,468)
Inventories and Prepaids	45,052	44,055	997	Intercompany Payables	106	108	(2)
Total Current Assets	330,027	344,016	(13,990)	Malpractice Reserves	1,936	1,800	136
				(12) Bonds Payable - Current	3,635	5,475	(1,840)
BOARD DESIGNATED ASSETS				(13) Bond Interest Payable	4,857	1,711	3,146
Plant & Equipment Fund	119,650	117,965	1,685	Other Liabilities	2,943	3,111	(168)
Operational Reserve Fund	100,196	100,196	0	Total Current Liabilities	95,581	107,925	(12,344)
(4) Community Benefit Fund	13,037	2,085	10,952				
(5) Workers Compensation Reserve Fund	23,552	24,719	(1,167)	LONG TERM LIABILITIES			
(6) Postretirement Health/Life Reserve Fund	18,857	17,197	1,660	(14) Post Retirement Benefits	18,857	17,197	1,660
PTO Liability Fund	23,124	22,212	912	(15) Worker's Comp Reserve	21,252	22,419	(1,167)
Malpractice Reserve Fund	1,800	1,800	0	Other L/T Obligation (Asbestos)	3,637	3,531	106
Catastrophic Reserves Fund	14,125	14,150	(25)	(16) Bond Payable	226,580	229,548	(2,968)
Total Board Designated Assets	314,341	300,324	14,017	Total Long Term Liabilities	270,326	272,696	(2,370)
(7) FUNDS HELD BY TRUSTEE	30,847	37,676	(6,829)	FUND BALANCE/CAPITAL ACCOUNTS			
				Unrestricted	982,789	951,924	30,865
LONG TERM INVESTMENTS	208,419	207,290	1,129	Board Designated	314,341	300,324	14,017
				Restricted	0	5	(5)
INVESTMENTS IN AFFILIATES	31,265	31,808	(543)	(17) Total Fund Bal & Capital Accts	1,297,130	1,252,254	44,876
PROPERTY AND EQUIPMENT				TOTAL LIABILITIES AND FUND BALANCE	1,663,036	1,632,874	30,162
Fixed Assets at Cost	1,171,096	1,077,951	93,145				
Less: (Accumulated Depreciation)	(485,856)	(473,920)	(11,936)				
Construction in Progress	38,279	82,506	(44,227)				
(8) Property, Plant & Equipment - Net	723,518	686,537	36,982				
DEFERRED OUTFLOWS	24,618	25,218	(600)				
RESTRICTED ASSETS - CASH	0	5	(5)				
TOTAL ASSETS	1,663,036	1,632,874	30,162				

(1) Hospital entity only, excludes controlled affiliates

El Camino Hospital Comparative Balance Sheet Variances and Footnotes ⁽¹⁾

- (1) Decrease is primarily due to purchase of Santa Teresa land (\$25M) and transfer (\$10M) to establish an Endowment for the Hospital's Community Benefit programs.
- (2) Increase due to establishment of new Epic A/R and still having the old HBOC A/R prior to the conversion to Epic that is being worked down.
- (3) Increase due to higher intercompany accounts receivables (payables) this year over FY2015 and a number of new MD Income Guarantee Agreements established during FY2016.
- (4) Increase due to this year's establishment of a \$10M Endowment to support the Hospital's Community Benefit program.
- (5) Decrease due to a lesser actuarially determined Workers Compensation needed reserve.
- (6) Increase due to the actuarially determined Postretirement Healthcare/Life insurance reserves in FY2016.
- (7) Decrease due to paybacks to the Hospital from the 2015A Bond Project funds for those certain construction-in-progress projects at Los Gatos.
- (8) Increase due to the acquisition of the Santa Teresa land in San Jose and remaining capitalization of the Epic implementation and various construction-in-progress projects at Los Gatos in the current year.
- (9) Decrease due to having a very significant accrued construction-in-progress payment due the General Contractor for the new Data Center project at the end of FY2015.
- (10) Increase due to an additional three (3) days of needed payroll accrual to get to month end.
- (11) Decrease is due to a Cost Report Settlement (2012) that was substantially settled in the current year and the RAC Review and Insurance Review Liability Reserves were re-evaluated decreasing the expected needed reserves for the current year.
- (12) Decrease due to a lesser current year 2015A bond principal due (February 2017) over the amount due in the prior year.
- (13) Increase due to a full semi-annual payment due 8/1/16 opposed to last year's first 2015A interest payment due in 2015 for only a two and one-half month period.
- (14) Refer to footnote # 6.
- (15) Refer to footnote # 5.
- (16) Decrease due to first bond principal payment made in FY2016, and the upcoming second payment being reclassified to current year liabilities.
- (17) Increase due to this year's P&L affect and a fund balance cash transfer from CONCERN to the Hospital in support of its Community Benefit programs for FY2017.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

APPENDIX

EL CAMINO HOSPITAL
(Excludes Affiliates)
EXECUTIVE FINANCIAL SUMMARY
Period Ending June 30, 2016

YTD STATEMENT OF REVENUE AND EXPENSES (\$000s)					BALANCE SHEET (\$000s)		
	Prior Year	Actual	Budget	Var F(U)		June 30, 2016	Jun 30, 2015
Gross Revenue	\$2,573,881	\$2,755,387	\$2,713,439	\$41,948	Cash and Investments	685,211	707,865
Deductions from Revenue	(1,827,236)	(1,982,815)	(1,969,685)	(13,130)	Non Cash Current Assets	167,576	143,766
Net Patient Revenue	746,645	772,573	743,754	28,818	Property, Plant & Equipment (Net)	723,518	686,537
Other Operating Revenue	21,105	23,367	21,864	1,503	Other Assets	86,730	94,707
Total Operating Revenue	767,751	795,939	765,618	30,321	Total Assets	1,663,036	1,632,874
Salaries & Wages	410,072	435,958	432,011	(3,947)	Current Liabilities	95,579	107,925
Supplies	109,961	118,246	112,234	(6,012)	Long-Term Liabilities	270,326	272,696
Fees & Purchased Services	80,223	88,558	83,340	(5,218)	Fund Balance/Capital Accounts	1,297,130	1,252,254
Other Operating Expense	39,493	45,400	35,959	(9,440)	Total Liabilities & Equity	1,663,036	1,632,874
Total Non Capital Operating Expense	639,748	688,162	663,544	(24,617)	KEY ECH STATISTICS - YTD		
OPERATING EBITDA	128,002	107,778	102,074	5,704	Balance Sheet	Actual	Target ⁽¹⁾
Interest, Depreciation & Amortization	49,883	54,939	51,936	(3,003)	Debt Service Coverage Ratio (MADS)	6.1	1.2
NET OPERATING SURPLUS	78,120	52,839	50,138	2,701	Debt to Capitalization	13.8%	29.0%
Non Operating Income	16,668	(8,601)	22,323	(30,924)	Days of Cash	361	262
TOTAL NET SURPLUS	94,787	44,238	72,460	(28,222)	Net AR Days	53.5	48.0
EBITDA Margin	16.7%	13.5%	13.3%	0.2%	Volume	Prior Year	Actual
Operating Margin	10.2%	6.6%	6.5%	0.1%	Acute Discharges	19,081	18,618
Total Margin	12.3%	5.6%	9.5%	-3.9%	Acute Average Daily Census	246	242
					Licensed Beds	443	443
					Occupancy (%)	56%	55%
					Deliveries	5,273	4,914
					Emergency Department Visits IP	8,799	8,834
					Emergency Department Visits OP	52,487	51,599
					Surgical Cases	10,962	10,607
					Productivity		
					Full Time Equivalent Employees	2,452	2,509
					Worked Hrs/Adjusted Patient Day	29.31	30.68
						2,458	29.48

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

This summary is replaced by the dashboard. It is provided in this report for reference and will be removed from next report

Dashboard - Mountain View

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Projection	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume	443.28											
Licensed Beds	300	300	300	300	300	300	300	300	300	300	300	300
Acute Patient Days	65,989	72,245	71,084	73,360	73,011	73,061	5,753	5,958	5,865	73,360	73,011	73,060
ADC	181	198	195	201	200	200	192	199	196	201	199	200
Adjusted Acute Discharges	25,420	26,640	26,147	26,627	25,896	26,705	2,345	2,119	2,232	26,627	25,896	26,705
Acute Discharges	15,019	15,876	15,177	15,619	15,361	15,756	1,310	1,254	1,308	15,619	15,361	15,756
Inpatient total												
Acute	15,019	15,876	15,177	15,619	15,361	15,756	1,310	1,254	1,308	15,619	15,361	15,756
Deliveries	3,973	4,480	4,364	4,573	4,259	4,488	381	357	371	4,573	4,259	4,488
BHS	899	851	844	872	798	850	77	68	72	872	798	850
Rehab	0	0	0	0	0	0	0	0	0	0	0	0
OP total												
ED	42,537	37,256	38,502	41,301	40,229	41,187	4,286	3,360	3,436	41,301	40,229	41,187
OP Surg	2,309	2,818	3,278	3,407	3,234	3,600	314	301	305	3,407	3,234	3,601
Endo	1942	2,104	2,405	2,606	2,352	2,607	230	209	220	2,606	2,352	2,608
Interventional		1,497	1,688	1,856	1,942	1,878	173	161	175	1,856	1,942	1,878
All Other	131,657	161,348	148,693	116,243	112,769	117,059	9,876	9,631	9,995	115,672	112,769	117,060
Financial Performance (\$000s)												
Net Revenues	507,128	557,533	589,420	603,788	633,376	602,989	53,722	61,752	54,226	603,788	633,376	602,989
Operating Expenses	470,713	516,892	550,736	562,790	607,125	580,982	48,920	53,495	48,857	562,790	607,125	580,982
Operating Income \$	49,994	55,324	56,518	59,684	47,313	41,574	6,737	11,626	8,392	59,684	47,313	41,574
Operating Margin	9.6%	9.7%	9.3%	9.6%	7.2%	6.7%	12.1%	17.9%	14.7%	9.6%	7.2%	6.7%
EBITDA \$	100,790	105,938	105,814	103,637	96,163	87,252	8,745	15,975	12,327	103,637	96,163	87,252
EBITDA %	19.4%	18.5%	17.4%	16.6%	14.7%	14.0%	15.7%	24.5%	21.5%	16.6%	14.7%	14.0%
IP Margin												
OP Margin												
Payor Mix												
Medicare	41.4%	42.0%	44.0%	46.4%	46.2%	46.4%	47.5%	45.8%	46.4%	46.4%	46.2%	46.4%
Medi-Cal	6.0%	5.4%	6.5%	7.1%	7.9%	7.0%	7.7%	8.7%	7.0%	7.1%	7.9%	7.0%
Commercial IP	29.0%	28.6%	25.7%	24.2%	23.6%	24.2%	21.9%	23.6%	24.2%	24.2%	23.6%	24.2%
Commercial OP	18.7%	19.2%	18.9%	18.4%	18.6%	18.7%	19.0%	18.3%	18.7%	18.4%	18.6%	18.7%
Other	4.9%	4.8%	4.9%	3.9%	3.7%	3.7%	3.9%	3.7%	3.7%	3.9%	3.7%	3.7%
Cost												
Employees	1,793.0	1,901.0	2,027.6	2,029.9	2,121.0	2,035.9	2,050.6	2,096.9	2,086.0	2,030.4	2,087.6	2,035.9
Hrs/APD	29.28	29.58	30.16	29.60	30.97	29.93	29.65	30.75	31.10	29.60	30.97	29.93

Dashboard - Los Gatos

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Projection	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume												
Licensed Beds	143	143	143	143	143	143	143	143	143	143	143	143
ADC	39	42	43	45	43	45	45	50	44	45	43	45
Adjusted Acute Discharges	5,178	5,582	5,856	5,880	5,495	5,992	528	467	502	5,880	5,495	5,992
Acute Discharges	3,212	3,344	3,390	3,462	3,257	3,506	301	277	291	3,462	3,257	3,506
Inpatient total												
Acute	3,212	3,344	3,390	3,462	3,257	3,506	301	277	291	3,462	3,257	3,506
Deliveries	627	747	791	700	655	705	65	58	58	700	655	703
BHS	0	0	0	0	0	0	0	0	0	0	0	0
Rehab	447	537	557	563	508	570	37	50	48	563	508	570
OP total												
ED	11,149	10,835	11,041	11,186	11,370	10,964	1,174	918	915	11,186	11,370	10,964
OP Surg	3,009	3,020	3,107	3,067	2,864	3,076	277	263	261	3,067	2,864	3,076
Endo	433	296	230	223	106	218	22	8	18	223	106	218
Interventional		11	17	22	27	22	2	4	2	22	27	22
All Other	9,304	14,360	15,513	17,128	15,684	17,542	1,545	1,267	1,564	17,334	15,684	17,542
Financial Performance (\$000s)												
Net Revenues	122,457	128,794	131,702	142,858	139,197	140,765	15,535	11,965	11,683	142,858	139,197	140,765
Operating Expenses	105,641	115,461	118,944	126,841	135,976	134,499	11,139	12,096	11,238	126,841	135,976	134,499
Operating Income \$	17,282	13,802	13,787	18,436	5,526	8,563	4,617	51	636	18,436	5,526	8,563
Operating Margin	14.1%	10.7%	10.4%	12.7%	3.9%	6.0%	29.3%	0.4%	5.4%	12.7%	3.9%	6.0%
EBITDA \$	23,630	18,784	19,440	24,365	11,615	13,141	5,128	567	1,187	24,365	11,615	14,822
EBITDA %	19.2%	14.5%	14.6%	16.8%	8.2%	9.2%	32.5%	4.7%	10.0%	16.8%	8.2%	10.4%
Payor Mix												
Medicare	44.7%	45.5%	44.0%	46.1%	48.2%	43.1%	49.5%	47.9%	43.1%	46.1%	48.2%	43.1%
Medi-Cal	3.0%	2.9%	3.5%	4.3%	5.1%	3.0%	4.0%	7.3%	3.0%	4.3%	5.1%	3.0%
Commercial IP	26.3%	25.3%	25.9%	23.8%	21.4%	23.8%	22.7%	21.8%	23.8%	23.8%	21.4%	23.8%
Commercial OP	17.0%	17.0%	19.1%	20.0%	19.4%	21.5%	20.1%	19.7%	21.5%	20.0%	19.4%	21.5%
Other	9.0%	9.3%	7.5%	5.8%	5.9%	8.6%	3.7%	3.3%	8.6%	5.8%	5.9%	8.6%
Cost												
Employees	363.8	388.0	408.1	422.6	421.2	420.7	426.5	428.8	423.7	422.5	421.9	420.7
Hrs/APD	30.10	29.13	27.65	28.00	29.34	27.50	27.19	25.93	28.10	28.00	29.34	27.50

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

12 months ending 6/30/2016

PERIOD 12 FY 2015	PERIOD 12 FY 2016	PERIOD 12 Budget 2016	Variance Fav (Unfav)	Var%
183,799	191,795	184,183	7,612	4.1%
(130,077)	(130,043)	(129,957)	(86)	0.1%
53,722	61,752	54,226	7,526	13.9%
1,935	3,369	3,022	347	11.5%
55,658	65,121	57,249	7,873	13.8%
27,355	31,668	30,791	(877)	-2.8%
7,869	9,249	7,531	(1,718)	-22.8%
10,611	7,774	6,663	(1,111)	-16.7%
1,077	455	(63)	(518)	821.3%
(1,206)	616	448	(168)	-37.6%
3,214	3,732	3,487	(245)	-7.0%
48,920	53,495	48,857	(4,638)	-9.5%
6,737	11,626	8,392	3,235	38.5%
(5,159)	3,854	1,860	1,994	107.2%
1,578	15,481	10,252	5,229	51.0%
14.1%	22.6%	19.3%	3.3%	
12.1%	17.9%	14.7%	3.2%	
2.8%	23.8%	17.9%	5.9%	

\$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%
2,101,568	2,261,921	2,223,725	38,196	1.7%
(1,497,781)	(1,628,545)	(1,620,735)	(7,810)	0.5%
603,788	633,376	602,989	30,386	5.0%
18,686	21,062	19,567	1,495	7.6%
622,473	654,438	622,556	31,882	5.1%
339,554	362,658	359,756	(2,901)	-0.8%
88,963	96,615	91,422	(5,193)	-5.7%
77,214	83,276	79,216	(4,060)	-5.1%
13,105	15,726	4,910	(10,816)	-220.3%
5,256	6,191	5,378	(813)	-15.1%
38,698	42,659	40,300	(2,359)	-5.9%
562,790	607,125	580,982	(26,143)	-4.5%
59,684	47,313	41,574	5,739	13.8%
16,668	(8,575)	22,323	(30,897)	-138.4%
76,351	38,738	63,897	(25,159)	-39.4%
15.0%	12.4%	11.6%	0.8%	
9.6%	7.2%	6.7%	0.6%	
12.3%	5.9%	10.3%	-4.3%	

⁽¹⁾ Hospital only, excludes controlled affiliates

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

Results from Operations vs. Prior Year
12 months ending 6/30/2016

PERIOD 12 FY 2015	PERIOD 12 FY 2016	PERIOD 12 Budget 2016	Variance Fav (Unfav)	Var%
42,673	42,962	40,804	2,158	5.3%
(27,138)	(30,996)	(29,121)	(1,875)	6.4%
15,535	11,965	11,683	283	2.4%
222	181	191	(10)	-5.3%
15,757	12,147	11,874	272	2.3%
5,870	6,669	6,054	(616)	-10.2%
2,291	2,047	1,740	(306)	-17.6%
1,207	1,321	1,335	14	1.1%
1,260	1,543	1,559	16	1.0%
0	0	0	0	0.0%
511	517	551	34	6.3%
11,139	12,096	11,238	(857)	-7.6%
4,617	51	636	(585)	-92.0%
0	(0)	0	(0)	0.0%
4,617	51	636	(585)	-92.1%
38.1%	15.0%	20.5%	-5.6%	
29.3%	0.4%	5.4%	-4.9%	
29.3%	0.4%	5.4%	-4.9%	

\$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%
472,313	493,466	489,715	3,752	0.8%
(329,455)	(354,269)	(348,950)	(5,320)	1.5%
142,858	139,197	140,765	(1,568)	-1.1%
2,420	2,305	2,297	8	0.3%
145,278	141,502	143,062	(1,560)	-1.1%
70,518	73,300	72,255	(1,045)	-1.4%
20,998	21,631	20,812	(819)	-3.9%
15,159	16,174	16,130	(44)	-0.3%
14,238	18,782	19,043	261	1.4%
0	0	0	0	0.0%
5,929	6,089	6,259	170	2.7%
126,841	135,976	134,499	(1,477)	-1.1%
18,436	5,526	8,563	(3,037)	-35.5%
0	(26)	0	(26)	0.0%
18,436	5,500	8,563	(3,064)	-35.8%
24.0%	18.8%	20.8%	-2.0%	
12.7%	3.9%	6.0%	-2.1%	
12.7%	3.9%	6.0%	-2.1%	

⁽¹⁾ Hospital only, excludes affiliates

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

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

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

ATTACHMENT 10

Memorandum Administration

Date: August 3, 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 is requested to approve the following capital funding requests for the Mountain View Campus Master Plan Projects.

Behavioral Health Building Replacement	-\$ 72,500,000 (Final Request)
Integrated Medical Office Building	-\$247,000,000 (Final Request)
Central Utility Plant Upgrade	-\$ 7,500,000 (Final Request)

Also requested is that the CEO and CASO be authorized to execute all contracts and agreements necessary to deliver the projects in accordance with the hospitals signature authority policy.

Authority: As required by policy, capital projects exceeding \$500,000 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 (*Current status is in italics*):

1413 - North Parking Garage Expansion – *Permitted and Underway*

1245 - Behavioral Health Services Building

Phase I – Site Prep & Partial Demolition– *Permitted and Underway*

Phase II – New Building Construction – *Final OSHPD Review*

1414 - Integrated Medical Office Building

.1 IMOB Make Ready Site Work - *Mountain View Permitted and Underway*

.2 IMOB Make Ready Demolition of North Addition – *OSHPD Permit 08/19/16*

.3 IMOB New Main Connector – *OSHPD 2nd Plan Review*

.4 IMOB New Building & Parking Structure - *Mountain View 1st Plan Review*

1422 - Central Plant Upgrades - *OSHPD 2nd Plan Review*

1430 - Women's Hospital Expansion – *Contractor and Design Team Selection*

1428 - Old Main Hospital Demolition & Related Site Work – *On Hold*

We continue to seek final plan approvals and building permits for various project elements and we are in the final phases of negotiating the Construction GMP Agreements. Bids received to date are significantly higher than the estimates of just a few months ago. The Bay Area construction market is overbooked and under-manned and cost escalation has been significant.

Process Description: Here is where we are in the overall process:

1. We obtained approval from the Mountain View City Council of the Environmental Impact Report and Planned Community Permit on June 28, 2016.
2. We obtained the Building Permits for the North Garage Expansion, Phase I BHS Project and one of the first two elements of the IMOB. The OSHPD Permit for the second element is anticipated to be in hand by August 19, 2016.
3. We have begun demolition and construction of the projects indicated in step 2 as of July 21, 2016.
4. Due to bids being significantly higher than previously estimated, we have to delay the finalization of the General Contractors Guaranteed Maximum Price (GMP) agreements. However, in order to maintain the projected schedules, we are requesting funding approval with recommended contingencies. This will allow us to release a portion of the GMP agreement while we seek better pricing on elements that are not acceptable.
5. We will begin the planning process for designing and developing the Women's Hospital Expansion Project in August 2016.

Alternative Solutions: Options for consideration are presented in the informational attachment.

Concurrence for Recommendation: This request is supported by the Executive Leadership Team and the CEO. Note that the El Camino Healthcare District is required to approve the capital expenditures for two of the projects, which exceed \$25 million.

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 fall 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 Development Projects with the current request for the final funding for three of the six projects:

	1	2	3	4	5	6
	Aug-15	May-16	Aug-16	To Date	Current Requests	Future
Mountain View Campus Development Projects	Total Estimated Project Cost			Total Funding Authorized	Final Funding Request	
	000's Omitted					
	62,500	75,000	91,500	19,000	72,500	0
	232,000	246,500	275,000	28,000	247,000	0
	17,000	24,500	24,500	24,500	0	0
Integrated Medical Office Building						
North Parking Garage Expansion						
Central Utility Plant (CUP) Upgrades						
	6,000	8,500	9,000	1,500	7,500	0
Subtotal Initial Projects	317,500	354,500	400,000	73,000	327,000	
Women's Hospital Expansion *	91,000	91,000	91,000	1,000	0	90,000
Demo Old Main & Related Site Work *	15,000	15,000	15,000	0	0	15,000
Totals	423,500	460,500	506,000	74,000	327,000	105,000

*Estimated Cost is "Order of Magnitude" and does not reflect current level of construction cost inflation.

The final cost projections represent actual bid pricing and include contingencies in both the construction costs and the overall project costs. It is our goal to negotiate significantly lower GMP Agreements before the final execution of the contract amendments.

Additional information regarding the increased construction costs are in the informational attachment.

The plan of finance for these projects will include up to \$270 million in revenue bond financing, use of ECHD designated capital appropriation funds (where qualified), cash reserves, and funds raised through philanthropy.

Informational Attachment



El Camino Hospital[®]

THE HOSPITAL OF SILICON VALLEY

Mountain View Campus
Development Projects
Board of Directors
August 10, 2016

Ken King

Chief Administrative Services Officer

Park Pavilion & YMCA



Proposed Site Plan

5. Expand to Upper Floors
09/18 to 12/19

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

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

A. Central Utility
Plant Upgrades
09/16 to 09/17

4. Demo Old Hospital
Complete Fall of 2018

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

Construction
Timeline

Funding Focus
08/10/16

Projects, Phases & Subprojects

North Parking Garage Expansion

Permitted &
Budget Approved

Behavioral Health Services Building

Permitted &
Budget Approved

Phase I – Site Prep & Partial Demolition of Existing Building (OSHDP)

➡ Phase II – New Building Construction (OSHDP)

Integrated Medical Office Building

.1 IMOB Make Ready Site Work (Mountain View)

Permitted &
Budget Approved

.2 IMOB Make Ready Demolition of North Addition (OSHDP)

➡ .3 IMOB New Main Connector (OSHDP)

Permitted &
Budget Approved

➡ .4 IMOB New Building & Parking Structure (Mountain View)

➡ **Central Plant Upgrades**

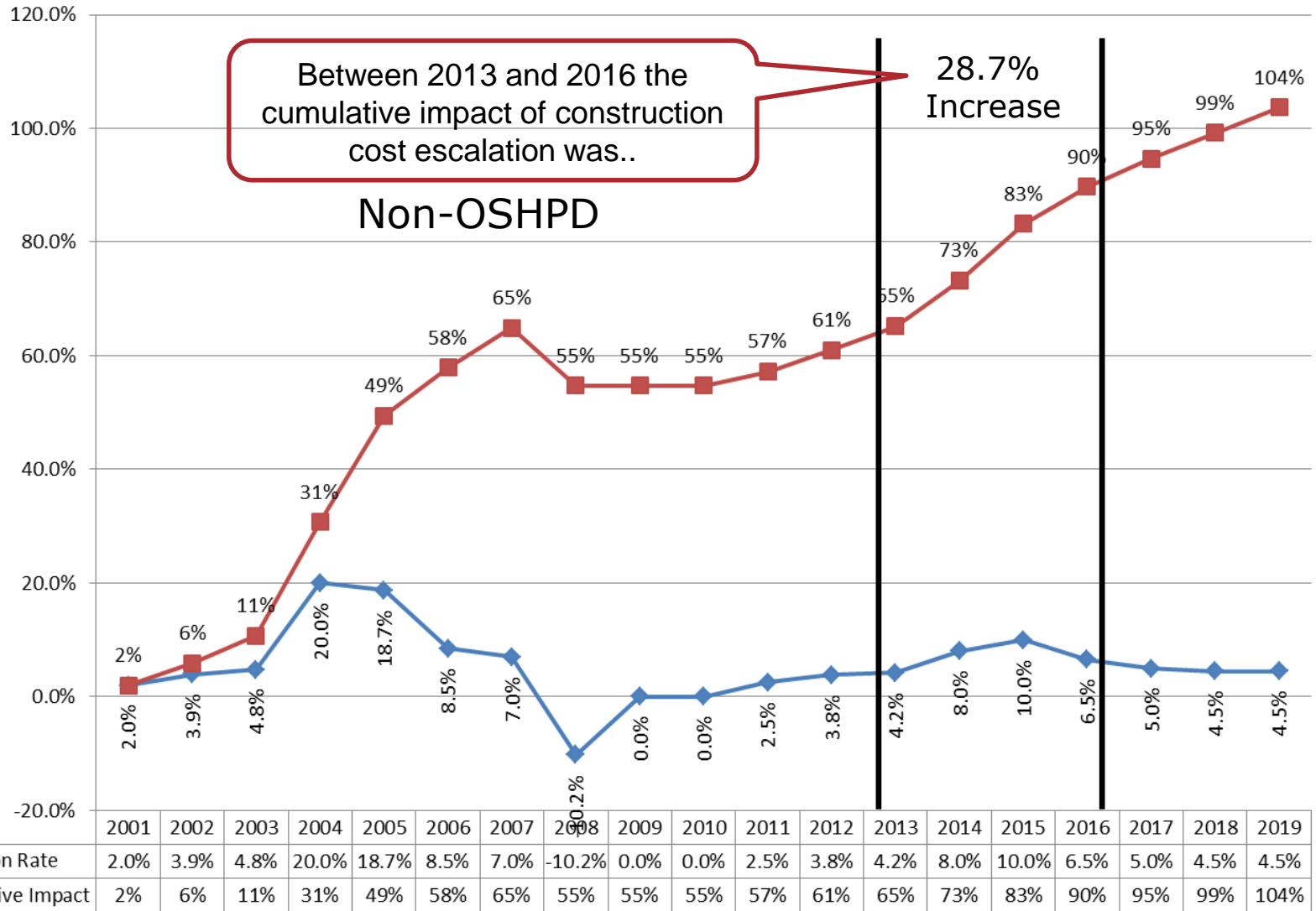
Cost Estimates as of August 1, 2016

	1	2	3	4	5	6
	Aug-15	May-16	Aug-16	To Date	Current Requests	Future
Mountain View Campus Development Projects	Total Estimated Project Cost			Total Funding Authorized	Final Funding Request	
	000's Omitted					
	62,500	75,000	91,500	19,000	72,500	0
Integrated Medical Office Building	232,000	246,500	275,000	28,000	247,000	0
North Parking Garage Expansion	17,000	24,500	24,500	24,500	0	0
Central Utility Plant (CUP) Upgrades	6,000	8,500	9,000	1,500	7,500	0
Subtotal Initial Projects	317,500	354,500	400,000	73,000	327,000	
% Increase from Prior Estimate		11.7%	12.8%			
Women's Hospital Expansion *	91,000	91,000	91,000	1,000	0	90,000
Demo Old Main & Related Sitework *	15,000	15,000	15,000	0	0	15,000
Totals	423,500	460,500	506,000	74,000	327,000	105,000
*Estimated Cost is "Order of Magnitude" and does not reflect current level of construction cost inflation.						

San Francisco Bay Area

Commercial Construction Escalation Rate 2001 - 2019

Actual to Date & Forecasted



Cost Factors

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

QUESTIONS?

ATTACHMENT 11

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Quality, Patient Care and Patient Experience Committee (“Quality Committee”) Report El Camino Hospital Board of Directors August 1, 2016
Responsible party:	David Reeder, Quality Committee Chair
Action requested:	For Discussion
Background: The Quality Committee meets 10 times per year. The Committee last met on August 1, 2016 and meets next on August 29, 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
<p>Summary and session objectives: To update the Board on the work of the Committee.</p> <p>1. Progress Against Goals: The Committee is on track to complete its FY17 Goals.</p> <p>2. Summary of August 1, 2016 Meeting:</p> <ul style="list-style-type: none"> a. Overall Issues: The Committee was given red and 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 FY17 Organizational Goals. They also proposed a counter-measure 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 20%, that the Board spends on quality-related topics. Dr. Chad Rammohan gave a presentation on updates in the cardiovascular program at the hospital. 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. The Committee discussed adding a pain management metric to FY17 exception reports. 	
Suggested discussion questions: None.	
Proposed Board motion, if any: None.	
LIST OF ATTACHMENTS: None.	

ATTACHMENT 12

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Governance Committee Report El Camino Hospital Board of Directors August 2, 2016
Responsible party:	Peter Fung, MD, Governance Committee Chair
Action requested:	For Discussion
<p>Background: The Governance Committee meets 6 times per year. The Committee last met on August 2, 2016 and meets next on October 4, 2016.</p> <p>The Governance Committee discussed the following topics at its August 2, 2016 meeting:</p> <ul style="list-style-type: none"> • <i>ECH Board Competency Matrix:</i> (for possible Board motion) The Committee reviewed the matrix and identified the top 5 priority areas for FY17: <ol style="list-style-type: none"> 1. Understanding of complex market partnerships 2. Long-range strategic planning 3. Healthcare insurance industry experience 4. Finance experience/entrepreneurship 5. Experience in clinical integration/continuum of care • <i>Semi-Annual Board and Committee Education Topics:</i> (for information) The Committee recommends engaging physicians to present on the following clinical programs, pending physician availability: <ol style="list-style-type: none"> 1. Behavioral Health Program 2. Lung Program 3. Cath Lab/HVI Service Line 4. Minimally Invasive Program • <i>Board Oversight of Information Technology:</i> (for possible Board motion) The iCare Ad Hoc Committee has achieved the Committee's scope, purpose, and role. The iCare Ad Hoc Committee and the Governance Committee recommend the annual provision to the Board of an Information Technology Plan, which enables and supports organizational strategy. The review of the Technology Plan would be included as part of the Budget planning process followed by ongoing status updates at intervals of 1-2 times per year. This approach is in alignment with the precedent set by the annual review of the Marketing Plan. 	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To update the Board on the work of the Committee, and affirm the proposal for Board oversight of Information Technology and the top priorities of the ECH Board Competency Matrix.	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Suggested discussion questions: None.
	Proposed Board motion(s), if any: <ol style="list-style-type: none">1. To support the Ad Hoc Committee's and the Governance Committee's recommendation to successfully discontinue the iCare Ad Hoc Committee and utilize a semi-annual review of the Technology Plan as a means of providing Board oversight of Information Technology investments and strategic imperatives.2. To affirm the top priorities of the ECH Board Competency Matrix as identified by the Governance Committee.
	LIST OF ATTACHMENTS: ECH Board Competency Matrix

ATTACHMENT 13

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Finance Committee Report El Camino Hospital Board of Directors August 1, 2016
Responsible party:	Dennis Chiu, Finance Committee Chair
Action requested:	Motion Item (see below)
Background: The Finance Committee meets 6 times per year. The Committee last met on August 1, 2016 and meets next on September 26, 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: The Governance Committee reviewed the Finance Committee's Charter revisions and voted to recommend that the Board approve them.	
<p>Summary and session objectives: To update the Board on the work of the Committee and obtain Board approval on the Finance Committee's Charter revisions and candidate recommendations.</p> <ul style="list-style-type: none"> • The Committee discussed the update on the second round of bond financing, consisting of \$270 million in revenue bonds and refinancing \$93 million of General Obligation (G.O.) bonds. The G.O. bonds will provide assessed value savings to District residents. • The Committee received a presentation on the Integrated Performance Improvement (IPI) process, illustrating continuing efforts to contain costs and improve quality. • The Finance Committee's charter previously allowed 2-3 external (non-Hospital Board member) advisors with expertise relevant to the Committee's area of responsibility. The Committee approved revisions to its Charter to allow the appointment of two new candidates, increasing total possible Committee membership to 6 (2 Hospital Board members and 4 external advisors). • The Committee interviewed two candidates, and now recommends the Board appoint Mr. Boyd Faust and Mr. Joseph Chow to the Finance Committee. The candidates confirmed that, if the Board appoints them, they will accept the appointment. The candidate resumes are attached. 	
Suggested discussion questions: None.	
<p>Proposed Board motion, if any:</p> <ol style="list-style-type: none"> 1) To approve the draft revised Finance Committee Charter to allow the appointment of two new Committee members. 2) To approve the Finance Committee's recommendation to appoint Mr. Boyd Faust and Mr. Joseph Chow as members of the Finance Committee for a term expiring June 30, 2017, renewable annually. 	
<p>LIST OF ATTACHMENTS: Draft Revised Finance Committee Charter Candidate Resumes</p>	

Att 13 02 Draft Revised FC Charter, August 1, 2016

Finance Committee Charter

Draft Revised 8-1-16

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-~~43~~ 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 30th 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 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.

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 \$2.5 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.

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 (by Finance Committee): June 8 August 1, 2016

Att 13 03 Joseph Chow Resume

JOSEPH CHOW
905 Elsinore Drive
Palo Alto, CA 94303
jchow7419@gmail.com
650-862-8841

Joseph Chow has spent over 20 years in the healthcare industry. He has held various senior executive roles in both public and privately held companies. His clients represent organizations across the world including hospitals, health systems, academic medical centers, physician practices, medical device, government, and digital content companies. His scope of work has included strategy, financial turnaround, operational performance improvement, technology solutions and services, business process outsourcing, and human capital transformation.

EDUCATION:

B.S. – Biological Sciences, University of California at Davis

EXPERIENCE:

April 2015 – present: Berkeley Research Group, LLC, Emeryville

Managing Director

- Berkeley Research Group, LLC is a leading global strategic advisory and expert consulting firm with two primary lines of business – ‘Strategy and Advisory’ and ‘Disputes and Investigations.’ BRG provides a breadth of professional services including strategy consulting, comprehensive performance improvement, service-line planning, regulatory and reimbursement services, market research, data analytics, governance, independent expert testimony, and litigation support. BRG serves hospitals and academic medical centers, institutions of higher education, Fortune 500 corporations, government agencies, law firms, and regulatory bodies around the world.
 - BRG is headquartered in Emeryville, California, with over 1,000 professionals and 35 offices across the United States and in Asia, Australia, Canada, South America, and the United Kingdom.
- Western United States lead healthcare partner with responsibility over business development, client management, and new solution / service line development.
 - Senior partner in multiple cross-sector practices including Strategy, Dynamic Capabilities and Performance Improvement

October 2012 – December 2014: Cerner RevWorks, LLC, Sacramento / Kansas City

Vice-President & General Manager

- Senior executive (aka President & CEO) responsible for overseeing Cerner RevWorks’ mission, vision, strategy, innovation, execution, business development and financial performance. Responsible for the solution design and implementation across all client facilities.
 - Cerner RevWorks, LLC, a wholly owned subsidiary of Cerner Corporation, was formed in 2012 as a strategic business to complement Cerner’s technology suite of solutions. RevWorks’ scope of services includes business advisory, performance improvement and partial to comprehensive outsourcing solutions.
 - RevWorks is governed by an independent Board of Managers; member of the BOM
- Oversaw more than 3,200 world-wide associates and client employees.
- Led and managed a seasoned executive team with functional responsibilities over all aspects of the business including operations, human resources, finance, legal, compliance, marketing, and sales.
- Sold and led the first RevWorks client engagement – a 19 hospital, \$3.5B health system operating across four western US states.

- Grew and scaled RevWorks' capabilities and resources to support a ten-year, \$2B+ revenue (fees) engagement focused on standardizing, modernizing and consolidating system operations to improve bottom-line performance.
- Presenter and speaker at national and regional health care industry events.

November 2009 – October 2012: Deloitte Consulting LLP, San Jose

Partner

- Member of Strategy and Operations practice area.
 - Responsible for engagement pursuits, sales and delivery
 - Industry focus in healthcare Provider sector and Life Sciences.
- Expertise in organizational turnarounds / business transformation with a focus in revenue management, performance improvement, and extended business office solutions including the supporting technologies.
- Client organizations served include integrated health systems, hospitals, physician groups, academic medical centers, durable medical equipment companies, and healthcare digital solution companies.
- Practice leader with operational responsibility over a 500 person global practice.
 - Extended Business Office Solutions (EBOS) – practice focused on the liquidation of client Accounts Receivable as well as providing resource and technology solutions to high volume transaction issues including financial clearance, denials management, and customer service.
 - EBOS manages over \$5B in outstanding A/R with personnel based across the United States and Hyderabad, India.
 - Responsible for leading the development of an executable strategy to grow and position EBOS in the US marketplace.
 - Partner lead for the development of a US onshore outsourcing capability and infrastructure.
- Representative client engagements
 - Medical device company – Ann Arbor, Michigan. Scope includes revenue cycle (order to cash) transformation and business strategy review.
 - Health care system – Central Illinois. Scope includes A/R and denials management support to help mitigate rising client attrition and payer mix shifts.
 - Hospital – St. Louis, MO. Scope includes EPIC system conversion, ICD-10 planning and remediation, and A/R management support.
 - Medical device company – Vancouver, WA. Scope included A/R recovery and development of a business / technology strategy and implementation roadmap.
 - Provincial government – Canada. Scope included joint venture with a global Fortune 500 company to create a collection strategy and implementation plan for \$1.5B in outstanding government debt.
 - Health care point-of-care digital solutions company – San Francisco. Scope included development of business strategy to increase revenue in existing business lines and to explore initial public offering option.
- Sales and Managed Revenue Achievements
 - FY13 sales revenue \$9M
 - FY12 sales revenue \$6M; managed revenue \$5M.
 - FY11 sales revenue \$4.5M; managed revenue \$2M.
- Other Firm Leadership Roles
 - Partner Champion – LS&HC Experienced Hire Onboarding Initiative across all three sectors (Provider, Health Plan, and Life Sciences).
 - Partner Champion – Deloitte Center for Leadership and Community.
 - Partner Champion – Revenue Cycle Boot Camp.
 - Partner Champion – Revenue Cycle Sales and Marketing.
 - Active Partner in advancing key firm initiatives including Women's Initiative and Diversity & Inclusion.
 - Mentor and counselor for seven senior LS&HC practitioners. Directly responsible for the promotion of several candidates to Partner / Director and Senior Manager levels.

November 2008 – October 2009: Consultant, Palo Alto

Provided business strategy and led performance improvement initiatives across a large San Francisco-based health system.

October 2006 – October 2008: MedAssets, Inc., Palo Alto / Dallas

Publicly traded health care financial services company providing technology and service solutions to over 3,300 clients nationally.

Senior Vice President

- Responsible for providing executive leadership and oversight for the revenue management business in the western United States. Directly responsible for negotiating and executing new business transactions, managing key client relationships and accounts, pipeline development, and sales personnel.
- Co-led the integration of five technology and service companies including staff, product and service lines, reporting, strategy, and marketing / branding initiatives.
- Sold MedAssets' first \$2.5M transformation engagement involving the full product suite of revenue management solutions (professional services and technology). Developed the methodology to pursue and sell these types of transformation engagements and led training for the company.
- Leveraged industry expertise and relationships to sign several new marquee clients and penetrate new geographies.
- Led the identification and due diligence activities in establishing new strategic partnerships with other health care organizations and executives.

Executive Vice President – Xactimed, Inc. (acquired by MedAssets) Dallas

- Healthcare technology company providing product and outsourcing solutions to over 400 clients nationally.
- Member of executive management team that negotiated and performed the due diligence of the XactiMed / MedAssets' merger. Led key activities related to the integration of technology / product offerings, professional services, personnel, and pursuit pipelines.
- Redesigned the sales organization resulting in a 320% sales growth within one year (\$5.8M in 2006 to \$18.6M in 2007). Redesign included the review of sales strategy, account pipelines, sales executives, and data / management reporting.
- Expanded XactiMed's footprint into new geographical markets and introduced its solutions to several organizations including many from the U.S. News & World Report's Top 100 Hospitals.

June 1996 – August 2006: Stockamp & Associates, Inc., Los Angeles

Health care management consulting firm focused on implementing revenue improvement transformation solutions for the nation's most prestigious health care provider organizations Senior Manager.

Associate / Senior Associate / Manager

- Led the business development teams in identifying and assessing prospective clients. Worked with firm leadership to structure deals resulting in over \$95M in revenue.
- Managed multiple consulting teams to deliver complex and lengthy revenue cycle transformation engagements.
- Consistently delivered results, both financial and operational, to both meet and exceed client and firm expectations.
- Developed management and staff through active coaching, mentoring, and role modeling.
- Directly responsible for the promotion of several consultants.
- Representative projects include:
 - Lenox Hill Hospital, New York, NY – Senior Manager: Led the implementation of front-end, middle, and back-end consulting services and technology solutions resulting in over \$8M in annual income statement benefit.
 - Stanford Hospital and Clinics, Palo Alto, CA – Senior Manager: Analyzed patient flow across critical SHC services and developed actionable plans to create capacity in line with SHC's strategic growth plan.
 - Other projects include University of California San Francisco, New York-Presbyterian, Northwestern Memorial Hospital, University of Pennsylvania Health System, Baylor Health Care System, University of Utah Hospital & Clinics, and Inova Health System.

AFFILIATION:

Healthcare Financial Management Association – Member

American College of Healthcare Executives – Member

Att 13 04 Boyd Faust Resume

Boyd D. Faust, CPA
2101 Middlefield Road
Palo Alto, California 94301
650-387-7575

Professional Experience:

Access Clinical Partners

Chief Strategy Officer. Prior Chief Financial Officer December 2012-present
Responsible for developing the operating model of urgent care clinics and supporting systems to scale for profitable growth. ACP develops and manages urgent care clinics offering high quality, convenient and affordable primary and urgent care through branded networks of facilities in targeted markets. The CFO role included guiding the accounting, cash management, capital planning and financial reporting for all entities and business units for both management and investors as well as fund raising.

Titan Health Corporation (now United Surgical Partners Intl)

Chief Financial Officer THS Holdings, LLC November 2011- June 2012

Chief Financial Officer May 2006-Nov 2011

Responsible for the accounting and finance functions of the company as well as strategic development with the senior management team. Titan developed and managed ambulatory surgery centers in partnership with surgeons throughout the United States. Key activities included growing the business through a more disciplined process of recruiting physicians to support existing surgery centers, acquiring accretive centers with growth multiple opportunity, and developing de novo centers. During my tenure, the company doubled the number of physicians and centers. In addition, we broadened the operating model by expanding into hospital joint ventures with physicians.

Alliance Care

February 2005-February 2006

Chief Operating Officer

Responsible for directing the day-to-day operations and strategies for this full service home health care provider. Services included nursing (Medicare certified and private duty), rehabilitation (PT, OT, and ST), mobile diagnostics, and physician house calls. Alliance Care operated in five states with annual net revenues of \$85 million. The company serviced homebound residents in multiple settings: skilled nursing facilities, assisted and independent living facilities, and individual homes.

Accomplishments include:

- Integrating the operations and cultures of two distinct companies from merger
- Developing and implementing a new operating model of coordinated case management throughout the markets
- Implementing mobile point of care technology for all clinicians
- Developing a compensation system focused on optimal clinical outcomes, financial performance and growth

National Surgical Care (now AmSurg)

November 2003-December 2004

Chief Operating Officer

Responsible for directing the operations of ambulatory surgery centers on a nationwide basis. NSC acquires, develops and manages freestanding surgery centers in partnership with physicians in their local markets. Duties included day-to-day management of the surgery centers as well as strategic planning with surgeons for profitable growth while ensuring quality care. Key activities involved medical staff recruitment, partnership syndications, clinical specialty expansion, and insurance payer negotiations. Responsibilities also include evaluating prospective acquisition and de novo development opportunities. During this start-up phase of the company, accomplishments included developing an operational structure for the ASCs added to the portfolio and growing the revenue base.

Spartanburg Regional Healthcare System

March 1997-April 2002

Senior Vice President

Responsible for strategy, development and operations of the patient service areas of Senior's, Women's and Children's Services as well as a physician network of over 100 physicians. Duties also included strategic hospital system development and management of several system support departments. System is a hospital authority of three hospitals serving as a regional referral center with a resident teaching program and level one trauma center with average census of 500 and revenues of \$800 million.

Accomplishments include:

- Growing Senior services from 300 to 3000 long term care beds
- Developing physician leaders and operational structure to manage the three service lines which has resulted in dominant market share
- Recruiting over 100 physicians, retention rate of 90% during a 5 year period
- Reversing the financial losses of a regional physician network
- Working closely with our administrative team to achieve a 96 JCAHO score, AA credit rating, and consistent profit margins.

Ernst & Young, LLC.

December 1987-March 1997

Senior Manager

Responsible for selling and managing advisory services for healthcare companies in the South and Southeastern regions of the United States. Services focused on both operational and financial issues including loss turnarounds, operations improvements, revenue cycle pricing strategy, feasibility studies for transaction and debt, valuations, strategic assistance and implementation management of strategies.

Accomplishments include:

- Improving financial stability and future strategic presence of our healthcare clients and developing strong relationship with senior management
- Exceeding sales and chargeability goals each year for the Southern division
- Coaching staff to achieve their goals and develop their skill in consulting
- Promoted three times with added consulting territory and supervisory responsibilities
- Teaching national training courses for new consultants at Corporate Headquarters
- Leading major universities recruiting team for University of Texas and UNC-Chapel

Hill graduate business programs

Medical Care International (now Hospital Corporation of America)

Senior Accountant

July 1986-December 1987

Responsible for the financial reporting and treasury decisions of fifteen ambulatory surgery centers. In addition, a development team member involved in acquiring and building ASCs with physician partners in multiple states. Supported development activities by preparing and presenting financial projections related to ASC target acquisitions to prospective physician partners.

Ernst & Young, LLC

July 1984-June 1986

Auditor

Responsible for audit tests and evaluation of financial statements for clients varying in both size and industry. Drafted audit opinions for both public and private companies. Also, involved in preparing quarterly audits for 10Q filings and internal control reviews.

Education and Professional Licenses:

- Stanford University
Masters of Science in Management 2003
Alfred P. Sloan Fellow

University of Texas at Austin
BBA, Accounting 1984
- Certified Public Accountant. Current license and active since 1986.
- Professional memberships (past and current)
American College of Healthcare Executives
Healthcare Financial Management Association
Medical Group Management Association
Ambulatory Surgery Center Association
Urgent Care Association of America

Speaking Engagements:

- Arizona Surgery Center Association Annual Conference -June 2009
- InterFace Medical Conference -March 2010
- ASC 100 Conference-March 2007 and March 2009
- Becker's Annual Profitability, Business and Legal ASC Conference -October 2008 & October 2010
- Freestanding Ambulatory Surgery Association(now ASCA)-June 2005

Recent Committee and Board Advisory Volunteer Appointments

CareInSync (Acquired by Hearst/Zynx Health) September 2012-December 2013
Delivering a real-time multi-disciplinary care collaboration platform for providers
with a focus on reducing unnecessary hospital readmissions.

StartX Med March 2012-present
A non profit organization to accelerate the development of Stanford's top life science
entrepreneurs through experiential education. StartX provides experienced mentors and
partners to help Stanford founders grow their ideas quickly.

Satellite Healthcare April 2012 – present
Serving on the Audit Committee of a company serving patients needing kidney dialysis
therapy.

**a. Minutes of the Open Session of the Joint Hospital
Board and Finance Committee Meeting (May 31, 2016)**

**Minutes of the Joint Meeting of the
El Camino Hospital Board of Directors
and the Finance Committee**

Tuesday, May 31, 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 C. Fung, MD
Julia Miller
David Reeder
Tomi Ryba
John Zoglin

Members Absent

None

Members Excused

None

Committee Members Present

Dennis Chiu
William Hobbs
Richard Juelis
John Zoglin

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The Joint Session meeting of the Board of Directors of El Camino Hospital (the “Board”) and the Finance Committee (the “Committee”) was called to order at 5:30 pm by Chair Cohen.	
2. ROLL CALL	Roll call was taken. All Board and Committee members were present with the exception of William Hobbs who joined the meeting by telephone at 5:42 pm. Richard Juelis also participated by telephone. Director Fung left immediately after the meeting convened to attend to a patient emergency at the Los Gatos Campus.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	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.	
4. FY 17 OPERATING AND CAPITAL BUDGET	<p>Tomi Ryba, CEO, reviewed the Proposed FY17 Strategic Themes and Strategic priorities as presented in the Board’s materials. She also explained the Proposed FY17 Organizational Goals.</p> <p>Iftikhar Hussain, CFO, reported that the proposed FY17 budget provides for a 4.8% increase in net revenue and a 3.1% increase in total expenses compared to FY16. He explained that the increase in net revenue will come from a 6.0% increase in ECH pricing (remains at 35th tile), 22% increase in Medi-Cal, 9.4% rate decrease in Medicare accounts and inpatient and outpatient volume increases. Expenses for group health and dental</p>	

	<p>as well as pharmaceutical and medical supplies are expected to increase. Mr. Hussain also reported that he expects the operating margin to improve in FY17 because there will be no iCare go-live costs.</p> <p>Ms. Ryba described the Integrated Performance Improvement approach management will be using to review budget to actual on a monthly basis in FY17 and explained that every department has 2-3 KPI's they are responsible for addressing if out of variance by a defined %. She indicated that a report on results will initially be brought to the Board monthly then perhaps quarterly.</p> <p>Director Zoglin commented that management needs to be more aggressive on managing increases in FTE's and to focus less through the lens of the hospital and more on continuum services, and requested more tracking on inpatient vs. outpatient. Director Zoglin also requested an explanation for substantial decrease in marketing budget for FY17 and Ms. Ryba agreed to follow-up with that information.</p> <p>The Board and Committee members discussed the importance of (1) managing not just the number of hires, but the skill mix and full-time in favor of part-time status; (2) managing productivity at the front-line level of the organization; (3) the 4% projection on investment returns; and using FY17 as a trajectory for a less hospital centric budget in FY18.</p>	
5. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:45 pm. Movant: Chen Second: Davis Ayes: Chen, Chiu, Cohen, Davis, Hobbs, Juelis, Miller, Reeder, Ryba, Zoglin Nays: None Abstain: None Recused: None Absent: Fung</p>	
6. RECONVENE OPEN SESSION/REPORT OUT	<p>The Board did not take any action during the closed session.</p>	
7. ADJOURNMENT	<p>Motion: To adjourn the meeting at 7:07 pm. Movant: Miller Second: Chiu Ayes: Chen, Cohen, Chiu, Davis, Hobbs, Juelis, Miller, Reeder, Ryba, Zoglin Noes: None.</p>	<i>Meeting adjourned at 7:07 pm.</i>

	Abstentions: None. Absent: Fung Recused: None.	
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital and by the Finance Committee:

Neal Cohen, MD
Chair, ECH Board

Peter C. Fung, MD
ECH Board Secretary

Dennis Chiu
Chair, ECH Finance Committee

Prepared by: Cindy Murphy, Board Liaison

**b. Minutes of the Open Session of the Hospital Board
Meeting (June 8, 2016)**

**Minutes of the Open Session of the
Regular Meeting of the El Camino Hospital Board of Directors
Wednesday, June 8, 2016
El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms E, F & G**

Board Members Present

Lanhee Chen (arrived at 5:43 pm)
Dennis Chiu
Neal Cohen, MD
Jeffrey Davis, MD
Peter Fung, MD
Julia Miller
David Reeder
Tomi Ryba
John Zoglin

Board Members Absent

None

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:32 pm by Chair Cohen. A silent roll call was taken.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Cohen asked if any Board members may have a conflict of interest on any of the items on the agenda. No conflicts were noted.	
3. BOARD RECOGNITION	<p>Motion: To approve Resolution 2016-07.</p> <p>Movant: Fung Second: Zoglin Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p> <p>Russ Satake, Chair of the El Camino Hospital Foundation Board of Directors presented Resolution 2016-05 to Michele Kirsch and Nahid Aliniaze for their commitment and dedication to enhancing patient care and quality for the patients ECH serves. He specifically highlighted their generosity, leadership, and vision, in co-chairing the El Camino Hospital Foundation 2016 Sapphire Soirée, the Foundation’s signature annual fundraiser.</p> <p>Director Miller thanked the co-chairs for their efforts to provide additional fund for the cancer program. Director Reeder complimented the moving presentation featuring El Camino Hospital cancer patients. Director Ryba commended Dr. Singhal, Medical Director of the Cancer Center.</p>	<i>Resolution 2016-07 approved</i>

<p>4. FY16 PERIOD 10 FINANCIALS</p>	<p>Ifitikhar Hussain, CFO, noted that there was no quorum at the May 31, 2016 Finance Committee meeting, but that the Period 9 and 10 financials have been reviewed by the Committee and the Committee members present had no objections to presentation to the Board for approval.</p> <p>He reported that volumes were low, due to fewer deliveries. In the month of April, ECH had an unfavorable variance of \$800,000, and a year-to-date unfavorable variance of \$4 million. Mr. Hussain described positive early May results that are progressing toward targets. Productivity has improved after Epic Go-Live, but remains unfavorable compared to budget. Accounts Receivable days continue to improve after Epic Go-Live.</p> <p>In response to Director Cohen's question, Mr. Hussain explained that other than a shift in business for obstetrics as a result of fewer deliveries, there has been no shift in payor mix.</p> <p>Motion: To approve the FY16 Period 10 Financials.</p> <p>Movant: Chiu Second: Zoglin Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p>	<p><i>FY16 Period 10 Financials approved</i></p>
<p>5. PROPOSED FY17 OPERATIONAL AND CAPITAL BUDGET</p>	<p>Director Chen joined the meeting at 5:43pm.</p> <p>Director Ryba reported that the Proposed FY17 Budget is based on the alignment of strategic priorities, organizational goals, and operational priorities. The FY17 strategic priorities revolve around four themes: quality aim, integrated care, smart volume growth, and a high performance organization. She explained that this year, to improve the process, there are specific items to accomplish and an outlined, disciplined approach for tracking progress against each strategic priority.</p> <p>Director Cohen commented on the HCAPHS scores for pain; as the national conversation continues regarding pain management and measurement, he hopes to see an improvement in the metrics and availability of alternatives to best meet patients' needs. Director Reeder agreed, explaining that the Quality Committee discussed this point at their meeting, and they are working on a counter-goal of reducing the use of opioids in pain management. Director Ryba noted that palliative care is an important component in a strong pain management program, and described recruitment efforts to develop ECH's resources in this area.</p>	<p><i>FY17 Operational and Capital Budget approved</i></p>

	<p>Mr. Hussain reviewed the Proposed FY17 operating budget, highlighting projected healthy growth and revenue (projected to increase by 4.8%) and contained expenses (projected to increase by 3.1%). He outlined the various revenue streams such as growth and price changes, PRIME program participation, inter-governmental transfer, Medi-Cal additional revenue as well as expenses, including pharmaceutical inflation and property taxes on the Santa Teresa property, anticipated for FY17.</p> <p>Director Fung suggested that if the barriers physicians face when referring patients to the ECH outpatient neuroimaging lab were removed, volume would increase. Staff will review this concern.</p> <p>Motion: To approve the proposed FY17 Operational and Capital Budget.</p> <p>Movant: Fung Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>6. QUALITY COMMITTEE REPORT</p>	<p>Dave Reeder, Chair of the Quality Committee, reported that there were no new red or orange alerts. The Committee, per its self-assessment, is working to generate more discussion among its members. The Committee discussed increasing the percentage of time (to 10%) that the Board spends on quality-related topics. One suggestion was to bring in physicians, beginning in August, to highlight achievements and gaps in care.</p> <p>He also reported that there was an update regarding the Patient and Family Advisory Council's (PFAC) personnel and process transitions. Regarding the exception report, Director Reeder described the proposal to replace specimen labeling errors with a new sepsis metric since specimen labeling errors have been resolved.</p> <p>Director Cohen suggested, in addition to physicians presenting successes to the Committee and the Board, asking physicians to identify barriers they have overcome and in order to apply approaches/lessons learned to other areas of the Hospital. Directors Miller, Reeder, Ryba, and Fung discussed the type of reporting the Quality Committee should be bringing to the Board, including presentations from physicians (identifying successes and areas of improvement).</p> <p>Director Reeder explained that Lisa Freeman is stepping down from the Committee and thanked her for her</p>	

	contributions to the Committee.	
7. iCARE AD HOC COMMITTEE REPORT	<p>Mick Zdeblick, Chief Operating Officer, reported that iCare continues to run smoothly, with the number of tickets opened declining. He noted that the system is due for a software upgrade (versions 2015 and 2016, to be completed as quickly as possible). These upgrades were reviewed by the Finance Committee and are on the Board's consent calendar for approval. Highlights since the last formal Board update in March 2016 include:</p> <ul style="list-style-type: none"> - The project will come in within budget by making use of planned contingency spending. - Beacon Implementation for Oncology went live at the end of April, and has been very successful. Pathways and Hospice are on track for go-live in November. - e-Prescribing requires continued, focused attention to address ongoing physician workflow challenges. - Dr. West is working with Physician Champions to focus on order sets now that systems are implemented. <p>In response to Director Miller's question, Mr. Zdeblick explained that the Epic version upgrades are required to meet meaningful use requirements and to avoid \$12 million in reimbursement penalties.</p> <p>Director Miller acknowledged Director Reeder for his efforts chairing the iCare Ad Hoc Committee. Director Reeder thanked Director Zoglin and Madeleine Fackler, IT advisor to the iCare Project, for their work with the Committee.</p>	
8. FY17 COMMUNITY BENEFIT PLAN	<p>Cecile Currier, Director of Corporate and Community Health Services, provided an overview of the 2016 Community Health Needs Assessment, conducted with the Department of Public Health and other local hospitals and non-profits. The results guide the Community Benefit (CB) department's efforts for the next 3 years. She reported that 18 needs were identified, and the Community Benefit Advisory Council (CBAC) was involved in selecting the health needs ECH will address: 12 needs mapped to 3 priority areas (healthy body, healthy mind, and healthy community).</p> <p>She explained that proposed community benefit plan invests \$3.3 million, including \$3.1 million in grant funding to serve 30,000 community members across 17 school districts and 10 cities with 37 partners. She noted that every year ECH's commitments to community benefit, through grants and sponsorship, has increased, helping ECH do more in the community.</p> <p>Ms. Currier reviewed the areas where CB has been focusing efforts and energy: school-based services (nurses, counselors, healthy eating and physical activity programs), mental health</p>	<i>FY17 Community Benefit Plan approved</i>

	<p>initiatives, and pre-diabetes initiatives. She also described the new partners for 2016 and the audit plan to review the top four funded grants in FY17, looking at qualitative and quantitative data in more depth to promote accountability and validate report data. She highlighted positive testimonials from program participants illustrating the tangible community benefits.</p> <p>After consulting with Mary Rotunno, General Counsel, about a conflict of interest with AACI, a proposed grantee, Director Chiu recused himself.</p> <p>Director Miller requested that the addresses of grant recipients be presented in the plans moving forward.</p> <p>Director Fung commended the efforts and passion of the staff and CBAC members, including Ms. Currier and Barbara Avery's leadership.</p> <p>In response to Director Zoglin's question, Ms. Currier described how ECH's Community Benefit department helps grantees with outreach, survey data, staffing, and engagement in addition to granting funding. She also clarified that economic support is provided through CSA food distributions and vouchers for medication.</p> <p>Director Davis expressed concern about accountability and outcomes. He applauded the audit efforts planned for FY17, but asked for further clarification on the process. Ms. Currier explained that the year-end report of each program's metrics is received in July and the subsequent data analysis from that report will be brought to the Board for review and guidance on next steps.</p> <p>Motion: To approve the proposed FY17 Community Benefit Plan.</p> <p>Movant: Davis Second: Fung Ayes: Chen, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: Chiu</p>	
<p>9. GUIDELINES FOR DISTRIBUTION OF INFORMATION TO THE MEDIA</p>	<p>Kelsey Martinez, Interim Director of Marketing and Communications, explained that since there was not a process or protocol in place for distribution of information to the media regarding Board members, staff are recommending clarifying guidelines be added to the Release of Information to the Media policy.</p> <p>Director Miller suggested including a provision prohibiting distribution of information about political issues or</p>	<p><i>Amended media distribution guidelines approved</i></p>

	<p>campaigns. The Board discussed that the existing recommended provision requiring compliance with California Fair Political Practices Commission (FPPC) regulations addresses this concern.</p> <p>Director Chiu recommended adding efforts related to the Healthcare District and compliance with IRS and California Franchise Tax Board regulations with regards to non-profit status and political communications.</p> <p>Motion: To accept the revisions (adding efforts related to the Healthcare District and compliance with the Internal Revenue Service and State of California Franchise Tax Board regulations for a 501(c)(3) organization) and approve the policy as amended.</p> <p>Movant: Ryba Second: Miller</p> <p>In response to Dr. Fung's question, Cindy Murphy, Board Liaison, explained that staff would be bringing a similar policy to the District Board for approval.</p> <p>Friendly Amendment: To only accept the IRS and CA Franchise Tax Board additions to the Hospital guidelines.</p> <p>Movant: Ryba Second: Miller Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
10. PUBLIC COMMUNICATION	<p>Ms. Sarah Gentile thanked the Board for mentioning youth mental health patients in previous discussions. She and Ms. Susan Weistart urged the Board to address the critical need for inpatient psychiatric services for teens as well as children under 12 in Santa Clara County.</p> <p>Mr. Geoffrey Mangers spoke regarding his concerns as mentioned in his prior written communication with Board.</p>	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:02 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 (May 11, 2016) and the Minutes of the Closed Session of the Executive Compensation Committee Meeting (March 24, 2016); pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to <i>Gov't Code</i></p>	<i>Meeting adjourned to closed session</i>

	<p><i>Section 54957.6 for a conference with labor negotiator Kathryn Fisk: Labor Relations Update; pursuant to Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets and Health and Safety Code Section 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Proposed FY17 Organizational Goals, CEO Report, and Pacing Plan; pursuant to Gov't Code Section 54957 and 54957.6 for report and discussion on personnel matters and Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets: Proposed FY17 Executive Incentive Goals; pursuant to Gov't Code Section 54957 and 54957.6 for report and discussion on personnel matters and Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets: Proposed FY17 Executive Salary Ranges; pursuant to Gov't Code Section 54957 and 54957.6 for report and discussion on personnel matters and Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets: Proposed FY17 Executive Base Pay; pursuant to Gov't Code Section 54957 and 54957.6 for report and discussion on personnel matters and Health and Safety Code Section 32106(b) for a report involving health care facility trade secrets: Proposed FY17 CEO Salary and Salary Range; pursuant to Gov't Code Section 54957 for discussion and report on personnel performance matters: Executive Session.</i></p> <p>Movant: Miller Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
12. AGENDA ITEM 24: RECONVENE OPEN SESSION	<p>Open session was reconvened at 9:08 pm.</p> <p>During the closed session, the Board approved the Minutes of the Closed Sessions of the May 11, 2016 Hospital Board Meeting and the March 24, 2016 Executive Compensation Committee Meeting 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). The Board also approved the FY17 individual executive goals by a vote of 8 members present (Directors Chen, Chiu, Cohen, Fung, Miller, Ryba, Reeder, and Zoglin; Director Davis recused himself).</p>	
13. AGENDA ITEM 25: CONSENT CALENDAR	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Zoglin requested that Item F (Physician Contracts)</p>	<i>Consent calendar approved</i>

	<p>be pulled.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting of May 11, 2016; Minutes of the Open Session of the Executive Compensation Committee Meeting of March 24, 2016; Minutes of the Joint Board and Executive Compensation Committee Meeting of April 13, 2016; FY16 Period 9 Financials; Mountain View Facilities Funding Requests; Epic Version 2015 & 2016 Upgrades; Proposed Revised Finance Committee Charter; FY17 Finance Committee Goals; Proposed FY17 Slate of Advisory Committee Chairs and Members; Proposed FY17 Board and Committee Master Calendar; Proposed Revised Executive Compensation Committee Charter; Proposed FY17 Advisory Committee Goals; Proposed FY17 Board Education Plan; the following policies: Electronic Signature, HR – Educational Programs; and the Medical Staff Report.</p> <p>Movant: Chiu Second: Fung Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Zoglin requested a summary of which physicians are meeting their goals, including a comparison of fair market value (maximum potential income) with actual pay (where 5-20% of compensation is not received if goals are met). Director Davis questioned how information from the requested report would be used. Staff was asked to evaluate how much effort would be required to compile this report and how it might be used.</p> <p>Motion: To approve the Physician Contracts (Item F on the consent calendar).</p> <p>Movant: Zoglin Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
14. AGENDA ITEM 26: APPROVAL OF PRN CONTRACT	Approval of the PRN Contract was deferred.	<i>PRN contract deferred</i>

15. AGENDA ITEM 27: PROPOSED FY17 ORGANIZATIONAL GOALS	Motion: To approve the proposed FY17 Organizational Goals as reviewed. Movant: Ryba Second: Chen Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>FY17 FY17 Organizational Goals approved</i>
16. AGENDA ITEM 28: PROPOSED FY17 EXECUTIVE BASE SALARY AND SALARY RANGES	Approval of the proposed FY17 executive base salaries and salary ranges was deferred.	<i>FY17 executive base salaries and salary ranges deferred</i>
17. AGENDA ITEM 29: PROPOSED FY17 CEO BASE SALARY AND SALARY RANGE	Approval of the proposed FY17 CEO base salary and salary range was deferred.	<i>FY17 CEO base salary and salary range deferred</i>
18. AGENDA ITEM 30: INFORMATIONAL ITEMS	There were no additional items discussed.	
19. AGENDA ITEM 31: BOARD COMMENTS	Director Miller commended Director Chiu for his award as the Association of California Healthcare Districts' Trustee of the Year. She also acknowledged Mike and Mary Ellen Fox for their donation to the Foundation.	
20. AGENDA ITEM 32: ADJOURNMENT	Motion: To adjourn at 9:15 pm. Movant: Miller Second: Fung Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 9:15 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

c. Minutes of the Hospital Board Meeting (June 14, 2016)

Minutes of the Open Session of the
Regular Meeting of the El Camino Hospital Board of Directors
Tuesday, June 14, 2016
El Camino Hospital, 2500 Grant Road, Mountain View California
Conference Rooms E, F & G

Board Members Present

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

Board Members Absent

Neal Cohen, MD
 Jeffrey Davis, MD

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:31 pm by Vice Chair Chiu. A silent roll call was taken. Directors Cohen and Davis were absent.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Chiu asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. APPROVAL OF FY17 CHIEF MEDICAL OFFICER BASE SALARY AND PARTICIPATION IN EXECUTIVE COMPENSATION AND BENEFIT PLANS	<p>Director Ryba described the recruitment process for William Faber, MD, the incoming Chief Medical Officer who is set to start on August 1, 2016. She explained that Board approval is required for all executive compensation.</p> <p>In response to Director Fung’s question, Director Ryba reviewed the plan moving forward for the current interim CMOs, outlined ahead of Dr. Faber’s arrival:</p> <ul style="list-style-type: none"> - Drs. Pike (LG) and Agah (MV), who have been overseeing site-specific roles related to the services line Medical Directors, will hand those duties off to the CMO beginning August 1st. - Dr. Mallur, promoted to Associate CMO, will remain in that role. - Dr. Shin, who expanded his role in leading quality (including sponsoring the Quality Committee), will work with the CMO to divide quality-related work from CMO duties. - Dr. Francisco will hand off Medical Staff-related duties to the CMO beginning August 1st. <p>In response to Director Miller’s question, Director Ryba explained that relocation assistance was offered to Dr. Faber consistent with policy.</p>	<i>FY17 CMO base salary and participation in benefit plans approved</i>

	Motion: To approve the FY17 CMO base salary of \$500,000 per year and participation in the executive compensation and benefit plans. Movant: Reeder Second: Miller Ayes: Chen, Chiu, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Cohen, Davis Recused: None	
4. PUBLIC COMMUNICATION	There was no public comment. Director Chiu led a moment of silence for the victims of the recent attack in Orlando, Florida.	
5. AGENDA ITEM 32: ADJOURNMENT	Motion: To adjourn at 5:38 pm. Movant: Miller Second: Chen Ayes: Chen, Chiu, Fung Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Cohen Recused: None	<i>Meeting adjourned at 5:38 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

FY16 Period 11 Financials



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2016 – Period 11

7/1/2015 to 5/31/2016

Dashboard - ECH combined as of May 31, 2016

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Proj.	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume												
Licensed Beds	443	443	443	443	443	443	443	443	443	443	443	443
ADC	220	240	238	246	243	245	247	251	246	239	234	237
Adjusted Discharges	30,558	32,221	32,003	32,507	31,424	32,696	2,840	2,615	2,779	29,636	28,805	29,962
Inpatient Cases												
Total Discharges	18,231	19,220	18,567	19,081	18,640	19,262	1,654	1,578	1,636	17,470	17,087	17,663
Deliveries	4,600	5,227	5,155	5,060	4,686	5,193	412	387	444	4,621	4,296	4,762
BHS	899	851	844	872	796	850	81	67	72	795	730	778
Rehab	447	537	557	563	500	570	47	32	49	526	458	522
Outpatient												
ED	53,686	48,091	49,543	52,487	51,618	52,151	3,547	5,337	4,294	47,027	47,317	47,800
Procedural Cases												
OP Surg	5,318	5,838	6,385	6,474	6,357	6,676	577	476	582	5,883	5,534	6,111
Endo		2,400	2,635	2,829	2,689	2,825	208	194	237	2,577	2,241	2,587
Interventional		1,508	1,705	1,878	2,149	1,901	178	156	180	1,703	1,791	1,723
All Other	186,573	100,871	124,989	133,005	150,835	134,601	10,838	10,817	10,968	121,585	125,696	123,044
Financial Performance (\$000s)												
Net Revenues	629,585	686,327	721,123	746,645	762,388	743,754	67,577	69,230	61,651	677,388	698,855	677,845
Operating Expenses	576,354	632,353	669,680	689,631	738,404	715,481	60,558	64,060	60,498	629,571	677,510	655,385
Operating Income \$	67,276	69,126	70,305	78,120	45,601	50,138	9,060	6,821	2,841	66,765	41,162	41,110
Operating Margin	10.5%	9.9%	9.5%	10.2%	5.8%	6.5%	13.0%	9.6%	4.5%	9.6%	5.7%	5.9%
EBITDA \$	124,420	124,722	125,254	128,002	99,242	100,393	13,329	11,645	7,437	105,706	81,392	79,445
EBITDA %	19.3%	17.8%	16.9%	16.7%	12.7%	13.1%	19.1%	16.4%	11.7%	15.2%	11.3%	11.4%
IP Margin	0.4%	-1.1%	-3.2%	-4.5%	-9.7%	-1.0%	-4.0%	-7.9%	-1.0%	-3.8%	-9.7%	-1.0%
OP Margin	24.7%	25.9%	25.2%	28.1%	24.4%	25.0%	29.9%	12.7%	25.0%	26.8%	24.4%	25.0%
Payor Mix												
Medicare	46.2%	46.4%	44.7%	46.3%	46.0%	46.4%	44.6%	50.6%	46.4%	46.2%	46.6%	46.4%
Medi-Cal	5.3%	4.9%	6.0%	6.6%	7.4%	6.5%	5.9%	7.4%	6.5%	6.5%	7.3%	6.5%
Commercial	41.5%	42.2%	44.0%	42.8%	42.4%	43.0%	45.6%	38.6%	43.0%	43.0%	41.9%	43.0%
Other	7.0%	6.6%	5.4%	4.3%	4.1%	4.1%	3.9%	3.4%	4.1%	4.3%	4.2%	4.1%
Cost												
Employees	2,156.7	2,289.0	2,435.6	2,452.4	2,508.0	2,454.0	2,492.0	2,526.6	2,466.6	2,450.0	2,508.0	2,454.0
Hrs/APD	29.42	29.66	29.72	29.31	30.76	29.38	29.75	29.65	29.61	29.32	30.76	29.38
Balance Sheet												
Net Days in AR	48.1	47.8	50.9	43.6	52.7	48.0	44.7	52.7	48.0	44.7	52.7	48.0
Days Cash	321	350	382	401	355	262	392	355	262	392	355	262
Debt to Capitalization	15.8%	14.0%	12.6%	13.6%	14.1%	29.0%	15.0%	14.1%	29.0%	15.0%	14.1%	29.0%
MADS	7.2	8.0	9.5	8.9	5.4	1.2	9.5	5.4	1.2	9.5	5.4	1.2
Affiliates - Net Income (\$000s)												
Hosp	71,286	88,820	118,906	94,787	31,945	72,460	9,717	10,062	4,701	88,591	28,706	61,573
Concern	1,472	371	1,862	1,202	2,103	1,751	(29)	80	355	1,608	1,937	1,363
ECSC			(5)	(41)	(336)	0	(2)	1	0	(26)	(311)	0
Foundation	138	1,545	3,264	710	994	1,315	(121)	180	125	1,114	919	1,142
SVMD	(30)	(114)	32	106	109	0	(2)	(69)	0	113	85	0

Inpatient volume is 3.2% below budget for the year primarily due to lower surgeries and deliveries

Operating margin for May is favorable despite lower volume due to better charge capture and improved collection rate

Payor mix is unfavorable primarily due to lower deliveries

Productivity for the month is at budget. YTD productivity is unfavorable primarily due to EPIC EPIC go-live.

AR days continue to improve after EPIC go-live

El Camino Hospital (\$000s) ⁽¹⁾

11 months ending 5/31/2016

PERIOD 11 FY 2015	PERIOD 11 FY 2016	PERIOD 11 Budget 2016	Variance Fav (Unfav)	Var%		YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
212,438	243,812	230,289	13,522	5.9%	\$000s					
(144,861)	(174,582)	(168,638)	(5,944)	1.0%	OPERATING REVENUE					
67,577	69,230	61,651	7,579	12.3%	Gross Revenue	2,347,408	2,520,630	2,488,452	32,178	1.3%
2,042	1,650	1,687	(37)	-2.2%	Deductions	(1,670,020)	(1,821,775)	(1,810,607)	(11,168)	0.6%
69,619	70,880	63,338	7,542	11.9%	Net Patient Revenue	677,388	698,855	677,845	21,010	3.1%
					Other Operating Revenue	18,948	19,816	18,650	1,166	6.3%
					Total Operating Revenue	696,336	718,671	696,496	22,176	3.2%
					OPERATING EXPENSE					
35,992	39,553	36,776	(2,778)	-7.6%	Salaries & Wages	376,846	397,620	395,166	(2,454)	-0.6%
9,151	10,866	9,567	(1,298)	-13.6%	Supplies	99,801	106,951	102,963	(3,987)	-3.9%
9,031	6,769	8,014	1,245	15.5%	Fees & Purchased Services	80,555	90,355	87,349	(3,006)	-3.4%
2,236	2,008	1,588	(420)	-26.4%	Other Operating Expense	25,005	32,510	22,458	(10,053)	-44.8%
451	617	448	(169)	-37.6%	Interest	6,462	5,575	4,930	(645)	-13.1%
3,697	4,247	4,105	(142)	-3.5%	Depreciation	40,901	44,498	42,520	(1,979)	-4.7%
60,558	64,060	60,498	(3,562)	-5.9%	Total Operating Expense	629,571	677,510	655,385	(22,124)	-3.4%
9,060	6,821	2,841	3,980	140.1%	Net Operating Income/(Loss)	66,765	41,162	41,110	51	0.1%
657	3,242	1,860	1,381	74.3%	Non Operating Income	21,827	(12,455)	20,462	(32,917)	-160.9%
9,717	10,062	4,701	5,361	114.1%	Net Income(Loss)	88,591	28,706	61,573	(32,866)	-53.4%
19.0%	16.5%	11.7%	4.8%		EBITDA	16.4%	12.7%	12.7%	0.0%	
13.0%	9.6%	4.5%	5.1%		Operating Margin	9.6%	5.7%	5.9%	-0.2%	
14.0%	14.2%	7.4%	6.8%		Net Margin	12.7%	4.0%	8.8%	-4.8%	

Supplies – higher than budget for both month and YTD. YTD variance due to pharmacy, structural heart valves, HVI and surgical medical supply expense.

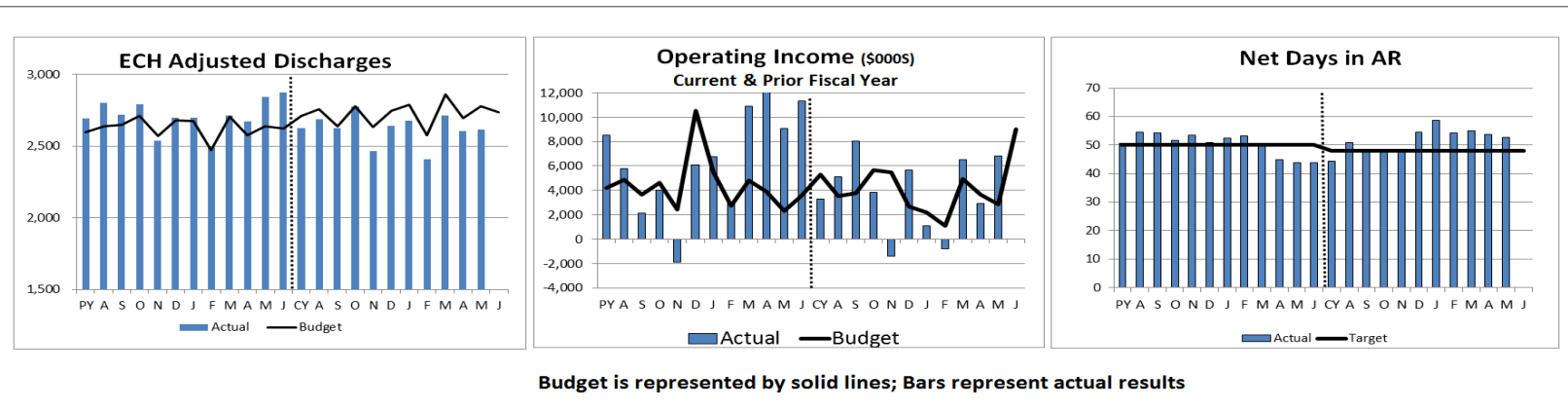
Fees and Purchased services – negative variance due to other consulting fees (Integrated Care consulting) and other purchased services expenses (IT Security – Protiviti, iCare, Oncology, and IT Tech services-Desktop User Support/ VDI Consultant)

Other operating expense – negative variance due to \$3.3 million higher EPIC related costs in labor/training and \$6.5 million in not achieving budget cost reduction targets in other expenses

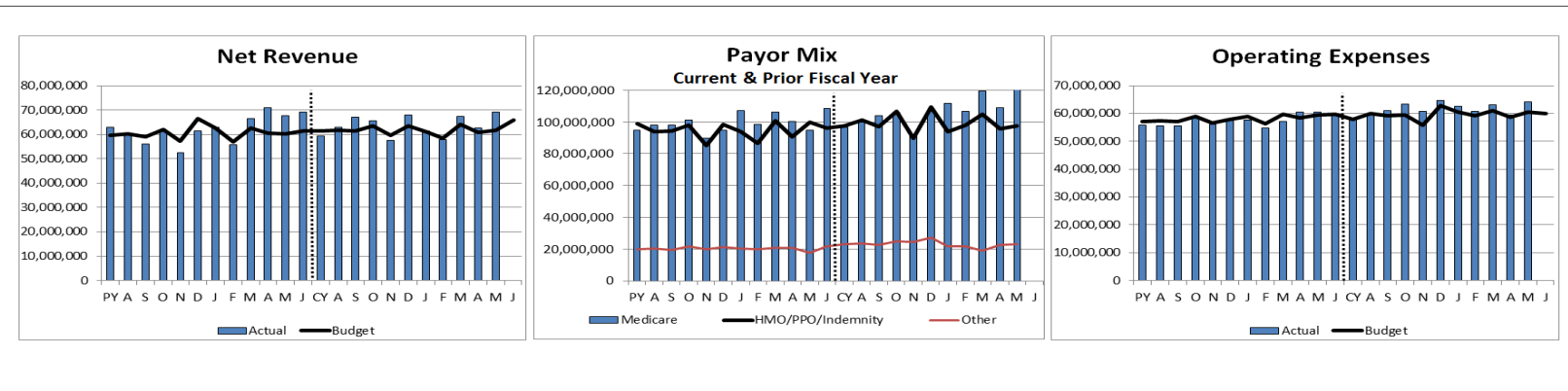
Depreciation - Depreciation is higher due to completion of the data center project and accelerated depreciation on the old hospital that will be demolished to build the iMOB.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

Monthly Financial Trends

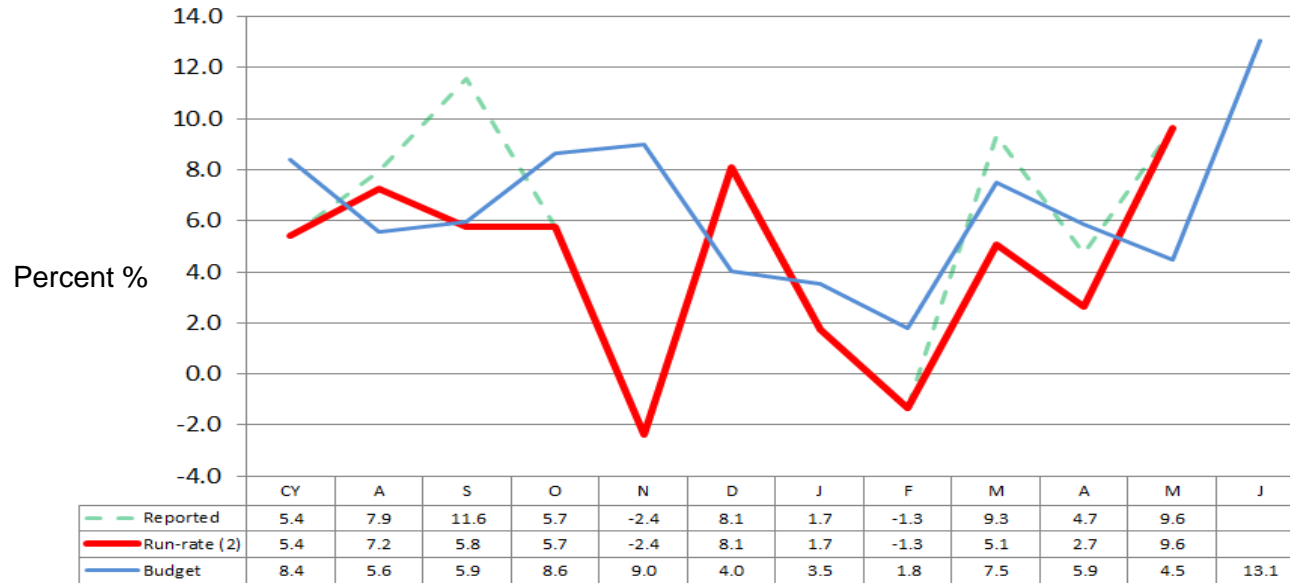


Volume is low mainly in deliveries and surgeries.
AR recovery continued in May



ECH Operating Margin %

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

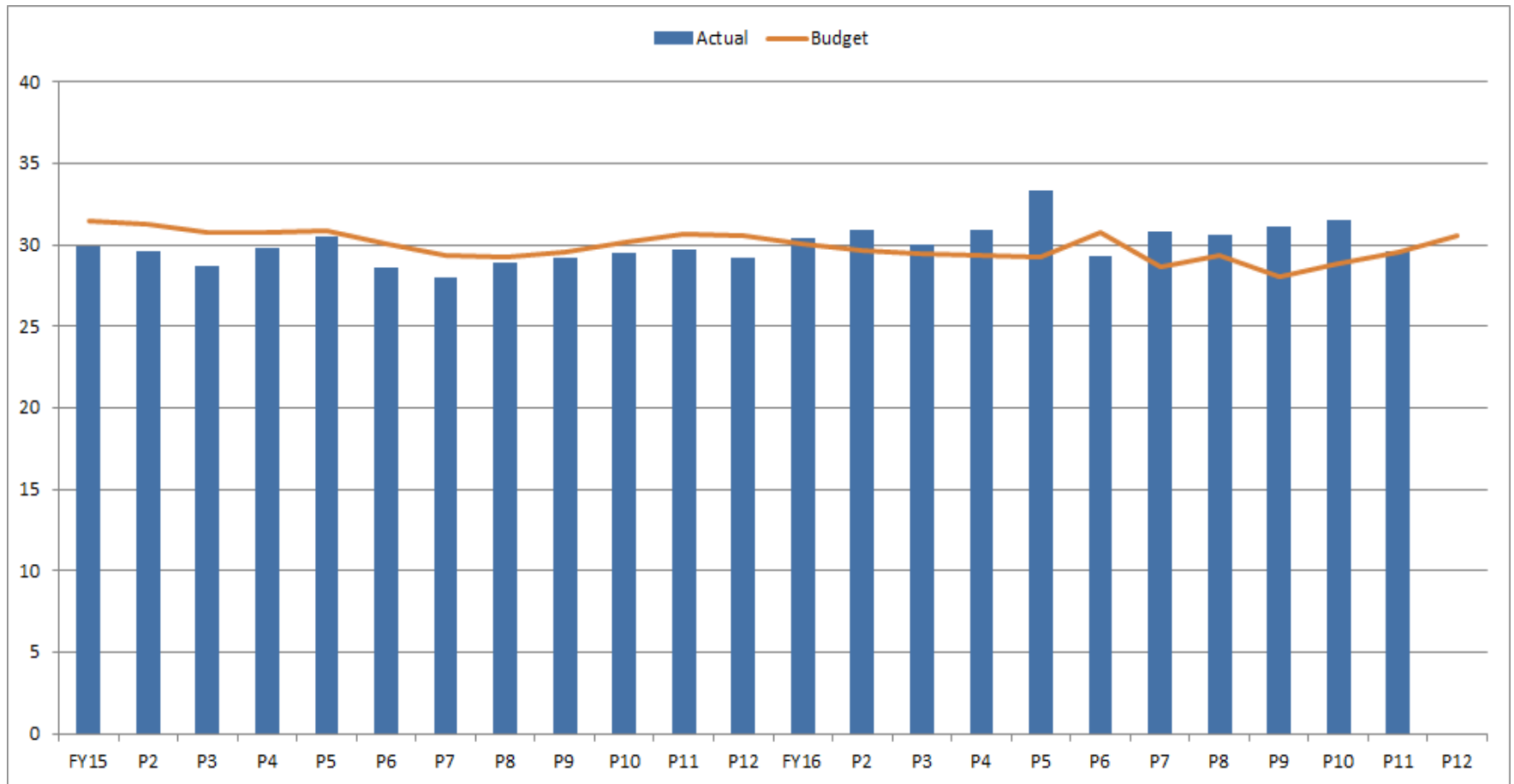


FY 2016 Actual Run Rate Adjustments (in thousands)

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

- No revenue/expense adjustments for May.

Worked Hours per Adjusted Patient Day



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

Summary of Financial Results

\$ in Thousands

	Period 11 - Month			Period 11 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	8,003	2,125	5,879	35,686	33,183	2,504
Los Gatos	(1,183)	716	(1,899)	5,475	7,927	(2,452)
Sub Total - El Camino Hospital, excl. Affiliates	6,821	2,841	3,980	41,162	41,110	51
Operating Margin %	9.6%	4.5%		5.7%	5.9%	
El Camino Hospital Non Operating Income						
Investments	3,585	2,298	1,288	(4,123)	25,274	(29,397)
Swap Adjustments	(50)	0	(50)	(2,174)	0	(2,174)
Community Benefit	(43)	(233)	190	(2,630)	(2,566)	(64)
Other	(251)	(204)	(46)	(3,528)	(2,245)	(1,282)
Sub Total - Non Operating Income	3,242	1,860	1,381	(12,455)	20,462	(32,917)
El Camino Hospital Net Income (Loss)	10,062	4,701	5,361	28,706	61,573	(32,866)
ECH Net Margin %	14.2%	7.4%		4.0%	8.8%	
Concern	80	355	(275)	1,937	1,363	574
ECSC	1	0	1	(311)	0	(311)
Foundation	180	125	55	919	1,142	(223)
Silicon Valley Medical Development	(69)	0	(69)	85	0	85
Net Income Hospital Affiliates	191	480	(289)	2,631	2,505	125
Total Net Income Hospital & Affiliates	10,253	5,181	5,072	31,337	64,078	(32,741)

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	17,470	17,087	(383)	-2.2%	300	(683)
Surgical Outpatient Cases (incl Litho)	5,883	5,533	(350)	-5.9%	290	(640)
Endo Outpatient procedures	2,577	2,241	(336)	-13.0%	0	(336)
Outpatient Interventional Cases	1,703	1,788	85	5.0%	10	75
Total Case Volume	27,633	26,649	(984)	-3.6%	600	(1,584)
NEW Physician Total		408	408			
Pre-existing Physician Total	27,633	26,241	(1,392)	-5.0%		
# 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	14,309	14,107	(202)
Surgical Outpatient Cases (incl Litho)	3,093	2,932	(161)
Endo Outpatient procedures	2,376	2,143	(233)
Outpatient Interventional Cases	1,683	1,769	86
Total Case Volume	21,461	20,951	(510)

Los Gatos Campus			
	FY15 Year to Date	FY16 Year to Date	Change
Inpatient Discharges	3,161	2,980	(181)
Surgical Outpatient Cases (incl Litho)	2,790	2,601	(189)
Endo Outpatient procedures	201	98	(103)
Outpatient Interventional Cases	20	19	(1)
Total Case Volume	6,172	5,698	(474)

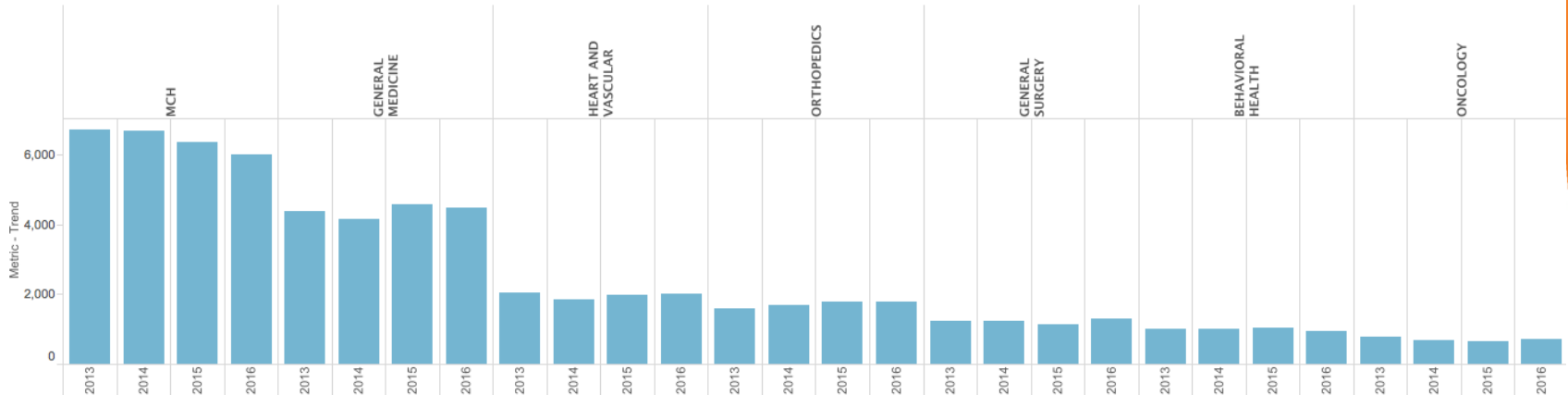
(1) Hospital entity only, excludes controlled affiliates

El Camino Hospital Volume Annual Trends

FY 2016 is annualized

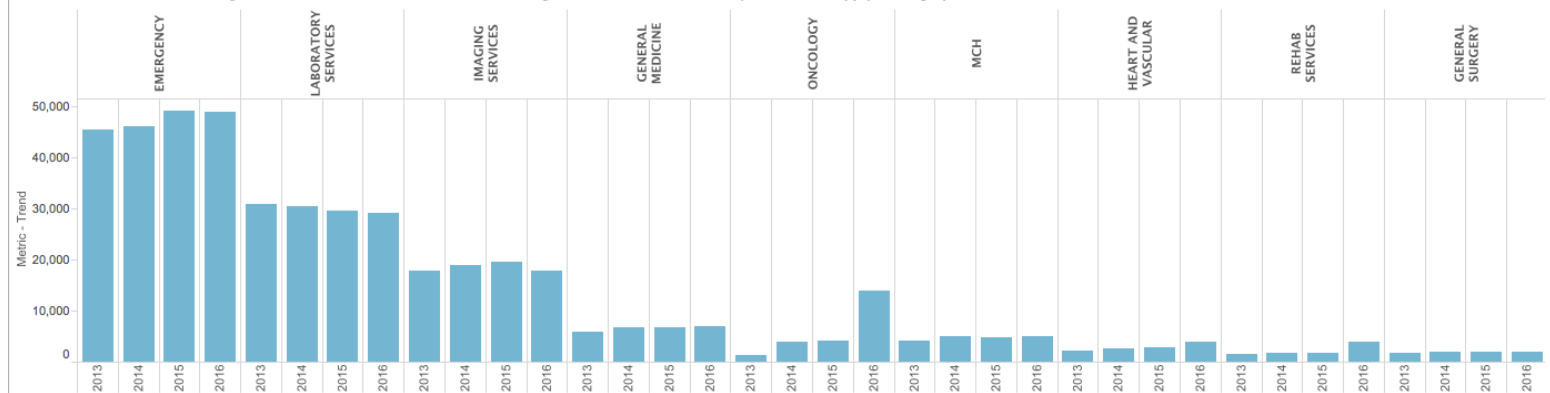
IP

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.

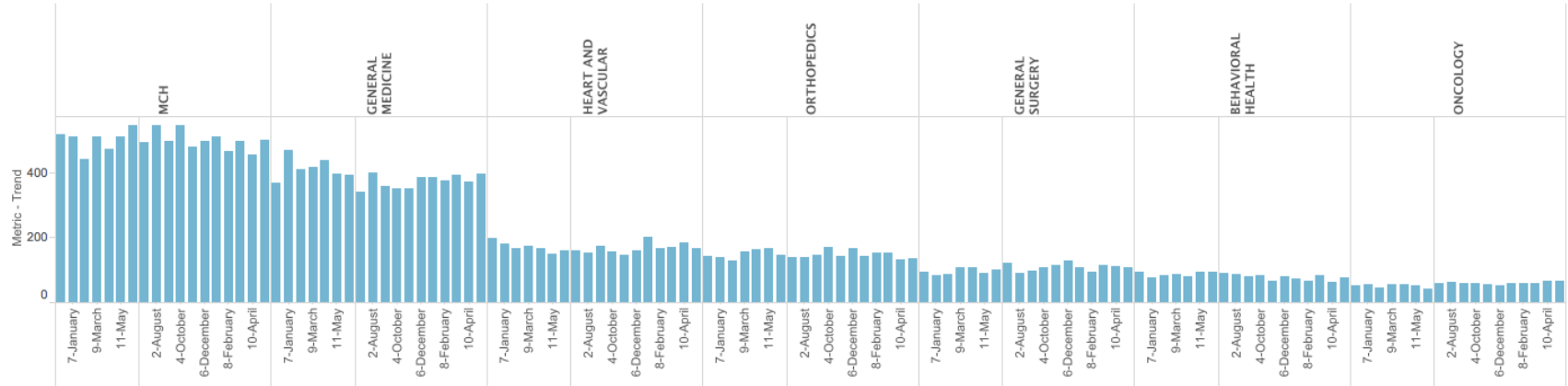


- IP declined in maternal child health service line – 2015 decline was NICU which recovered in 2016; the 2016 decline is in deliveries. Other service lines are stable
- OP – ED has grown due to ACO but plateaued in 2016. Oncology has grown but measure changed with EPIC and is not comparable to legacy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

El Camino Hospital Volume Monthly Trends Prior and Current Fiscal Years

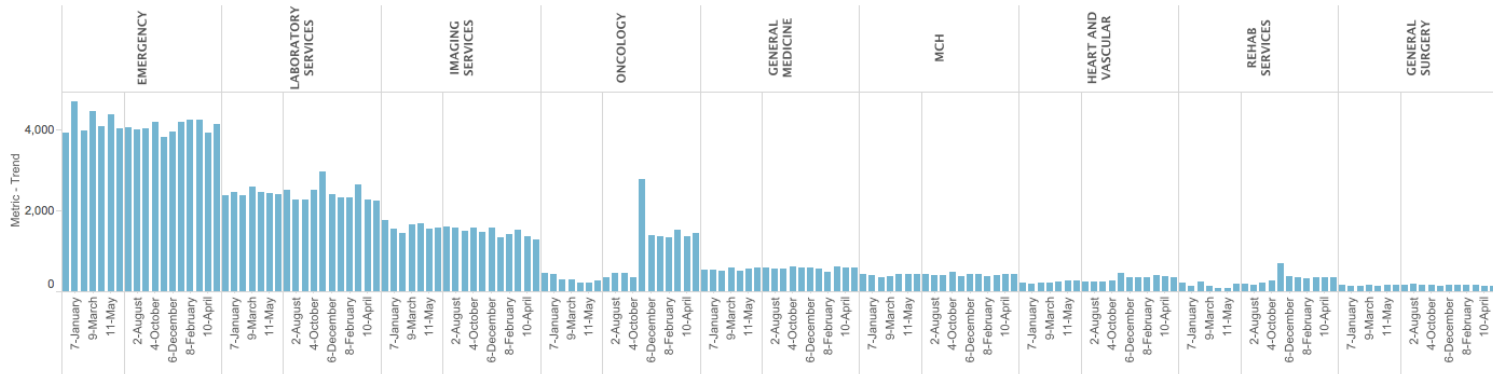
IP

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

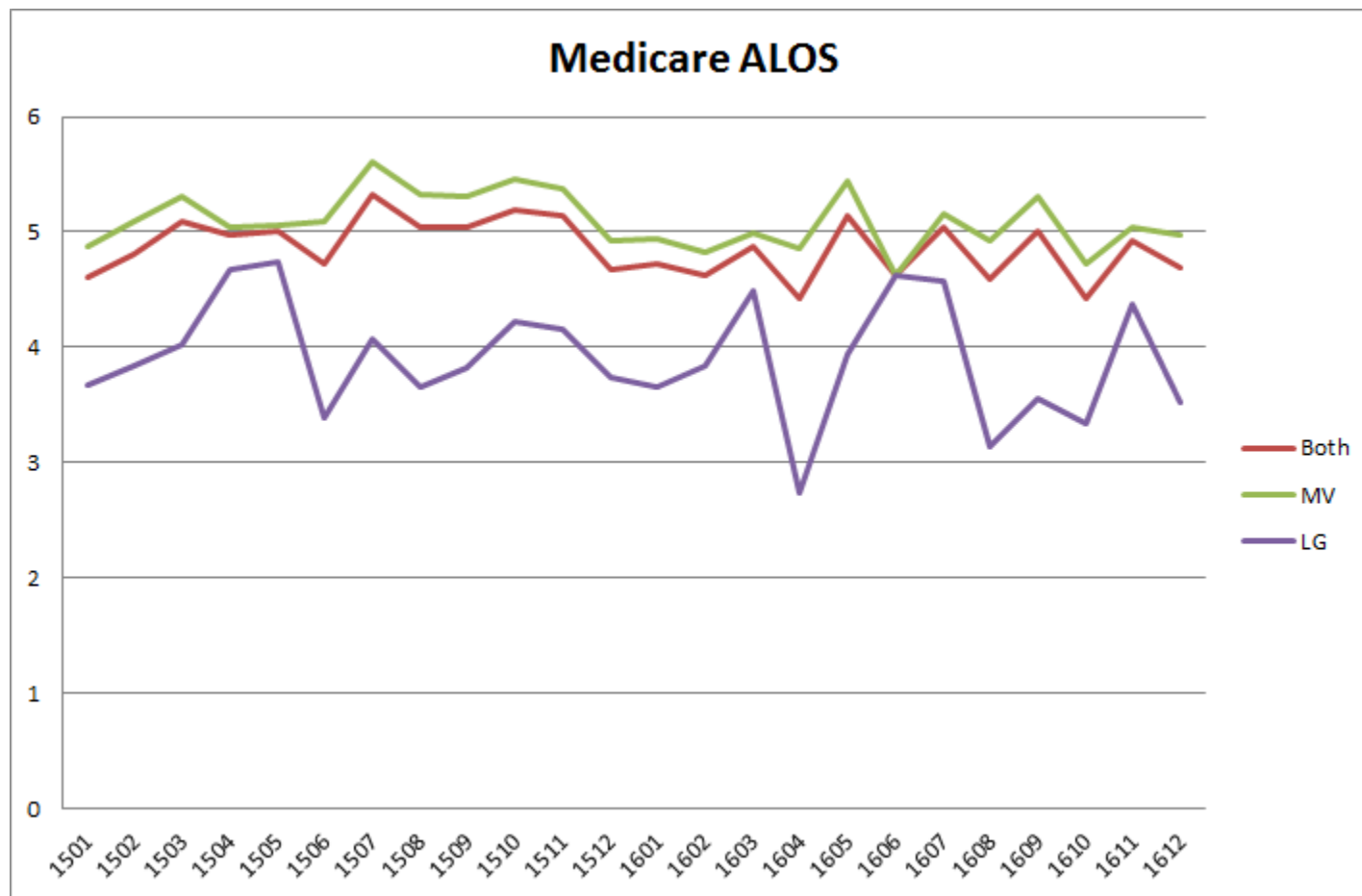


OP

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 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

March 31, 2016

Updated Quarterly

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY16 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		1Q 2016		Fiscal Year-to-date		Since Inception (annualized)			Mar 2014/2012
Surplus cash balance & op. cash (millions)		\$695.4	--	--	--	--	--	\$699.8	--
Surplus cash return		0.2%	0.9%	-1.8%	-0.9%	4.2%	4.3%	4.0%	5.0%
Cash balance plan balance (millions)		\$216.3	--	--	--	--	--	\$224.2	--
Cash balance plan return		-0.4%	1.0%	-2.1%	-1.0%	6.9%	6.4%	6.0%	6.7%
403(b) plan balance (millions)		\$330.6	--	--	--	--	--	--	--
Risk vs. Return		3-year				Since Inception (annualized)			Mar 2014/2012
Surplus cash Sharpe ratio		0.73	0.76	--	--	0.92	0.93	--	0.66
Net of fee return		3.5%	3.7%	--	--	4.2%	4.3%	--	5.0%
Standard deviation		4.7%	4.8%	--	--	4.5%	4.6%	--	7.2%
Cash balance Sharpe ratio		0.88	0.83	--	--	1.11	1.06	--	0.54
Net of fee return		5.7%	5.2%	--	--	6.9%	6.4%	--	6.7%
Standard deviation		6.5%	6.2%	--	--	6.2%	6.0%	--	10.6%
Asset Allocation		1Q 2016							
Surplus cash absolute variances to target		3.9%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		3.0%	< 10%	--	--	--	--	--	--
Manager Compliance		1Q 2016							
Surplus cash manager flags		15	< 18	--	--	--	--	--	--
Cash balance plan manager flags		16	< 18	--	--	--	--	--	--

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 16 Proj Spend**	FY 16 YTD Spent	FY 16 Remaining
CIP	EPIC Installation			73.8	57.0	23.7	20.8	2.9
	IT Hardware, Software, Equipment*			6.9		6.9	6.5	0.4
	Medical & Non Medical Equipment			16.5		14.7	14.3	0.4
	Facility Projects							
	1307 LG Upgrades	FY13	15.5	17.3	10.1	4.0	3.3	0.7
	1219 LG Spine OR	FY13	4.1	4.1	1.2	1.0	0.6	0.4
	1414 Integrated MOB	FY15	232.0	28.0	10.8	10.0	8.1	1.9
	1413 North Drive Parking Expansion	FY15	15.0	3.0	1.5	2.4	1.2	1.2
	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	8.8	0.0	1.0	0.0	1.0
	1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	1.6	3.0	1.6	1.4
	1502 Cabling & Wireless Upgrades	FY16	2.5	2.8	1.3	2.4	1.3	1.1
	1425 IMOB Preparation Project - Old Main	FY16	2.3	3.0	0.7	1.2	0.7	0.5
	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
	1503 Willow Pavilion Tomosynthesis	FY16	0.3	1.3	0.1	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	40.2	35.5	5.1	1.4	3.7
			495.9	150.0	97.6	66.5	47.4	19.1
GRAND TOTAL				247.2		111.8	88.9	22.9
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

Balance Sheet (\$ Thousands)

ASSETS			LIABILITIES AND FUND BALANCE		
		Audited			Audited
	May 31, 2016	June 30, 2015		May 31, 2016	June 30, 2015
CURRENT ASSETS			CURRENT LIABILITIES		
Cash	49,168	55,224	Accounts Payable (1)	23,456	30,142
Short Term Investments	103,291	145,027	Salaries and Related Liabilities	14,639	20,812
Patient Accounts Receivable, net	109,713	95,737	Accrued PTO	23,117	22,212
Other Accounts and Notes Receivable	3,063	2,378	Worker's Comp Reserve	2,300	2,300
Intercompany Receivables	1,349	1,595	Third Party Settlements	11,141	20,253
Inventories and Prepaids	46,094	44,055	Intercompany Payables	65	108
Total Current Assets	312,678	344,016	Malpractice Reserves	2,125	1,800
BOARD DESIGNATED ASSETS			Bonds Payable - Current	3,635	5,475
Plant & Equipment Fund	117,499	117,965	Bond Interest Payable	2,527	1,711
Operational Reserve Fund	100,196	100,196	Other Liabilities	3,574	3,111
Community Benefit Fund	12,260	2,085	Total Current Liabilities	86,580	107,925
Workers Compensation Reserve Fund	23,552	24,719			
Postretirement Health/Life Reserve Fund	18,719	17,197	LONG TERM LIABILITIES		
PTO Liability Fund	23,117	22,212	Post Retirement Benefits	18,719	17,197
Malpractice Reserve Fund	1,800	1,800	Worker's Comp Reserve	21,252	22,419
Catastrophic Reserves Fund	14,218	14,150	Other L/T Obligation (Asbestos)	3,628	3,531
Total Board Designated Assets	311,361	300,324	Other L/T Liabilities (IT/Medl Leases)	-	7,102
FUNDS HELD BY TRUSTEE	31,211	37,676	Bond Payable	227,387	222,446
			Total Long Term Liabilities	270,986	272,696
LONG TERM INVESTMENTS	205,899	207,290			
INVESTMENTS IN AFFILIATES	31,241	31,808	FUND BALANCE/CAPITAL ACCOUNTS		
PROPERTY AND EQUIPMENT			Unrestricted	969,438	951,924
Fixed Assets at Cost	1,177,313	1,077,951	Board Designated	311,361	300,324
Less: Accumulated Depreciation	(499,475)	(473,920)	Restricted	0	5
Construction in Progress	43,469	82,506	Total Fund Bal & Capital Accts	1,280,799	1,252,254
Property, Plant & Equipment - Net	721,307	686,537	TOTAL LIABILITIES AND FUND BALANCE	1,638,366	1,632,874
DEFERRED OUTFLOWS	24,668	25,218			
RESTRICTED ASSETS - CASH	0	5			
TOTAL ASSETS	1,638,366	1,632,874			

(1) PYE AP included SLOT related construction retention and invoices

APPENDIX

Dashboard - Mountain View

	Annual						Month			YTD		
	2012	2013	2014	2015	2016 Projection	2016 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume	443.28											
Licensed Beds	300	300	300	300	300	300	300	300	300	300	300	300
Acute Patient Days	65,989	72,245	71,084	73,360	73,148	73,061	6,290	6,576	6,167	67,607	67,053	67,195
ADC	181	198	195	201	200	200	203	212	199	202	200	200
Adjusted Acute Discharges	25,420	26,640	26,147	26,627	25,937	26,705	2,329	2,171	2,269	24,284	23,777	24,472
Acute Discharges	15,019	15,876	15,177	15,619	15,389	15,756	1,355	1,314	1,338	14,309	14,107	14,448
Inpatient total												
Acute	15,019	15,876	15,177	15,619	15,389	15,756	1,355	1,314	1,338	14,309	14,107	14,448
Deliveries	3,973	4,480	4,364	4,383	4,058	4,488	363	326	384	4,011	3,720	4,117
BHS	899	851	844	872	796	850	81	67	72	795	730	778
Rehab	0	0	0	0	0	0	0	0	0	0	0	0
OP total												
ED	42,537	37,256	38,502	41,301	40,216	41,187	2,771	4,174	3,391	37,015	36,865	37,751
OP Surg	2,309	2,818	3,278	3,407	3,520	3,600	329	247	314	3,093	2,933	3,296
Endo	1942	2,104	2,405	2,606	2,572	2,607	192	189	219	2,376	2,143	2,388
Interventional		1,497	1,688	1,856	2,123	1,878	177	154	179	1,683	1,769	1,703
All Other	174,541	86,692	109,275	115,671	133,163	117,059	9,369	9,490	9,481	105,796	110,969	107,066
Financial Performance (\$000s)										513869.393		
Net Revenues	507,128	557,533	589,420	603,788	623,589	602,989	56,827	58,848	49,718	550,065	571,624	548,763
Operating Expenses	470,713	516,892	550,736	562,790	603,277	580,982	49,533	52,319	49,089	513,869	553,630	532,125
Operating Income \$	49,994	55,324	56,518	59,684	39,613	41,574	9,085	8,003	2,125	52,946	35,686	33,183
Operating Margin	9.6%	9.7%	9.3%	9.6%	6.2%	6.7%	15.5%	13.3%	4.1%	9.3%	6.1%	5.9%
EBITDA \$	100,790	105,938	105,814	103,637	87,219	87,252	12,863	12,305	6,154	87,463	71,391	66,940
EBITDA %	19.4%	18.5%	17.4%	16.6%	13.6%	14.0%	21.9%	20.4%	12.0%	15.4%	12.1%	11.8%
Payor Mix												
Medicare	41.4%	42.0%	44.0%	42.6%	46.3%	46.4%	44.9%	50.6%	46.4%	46.3%	46.3%	46.4%
Medi-Cal	6.0%	5.4%	6.5%	7.1%	7.8%	7.0%	6.3%	7.7%	7.0%	7.0%	7.8%	7.0%
Commercial	47.7%	47.8%	44.6%	46.4%	42.2%	42.9%	45.1%	38.8%	42.9%	42.8%	42.2%	42.9%
Other	4.9%	4.8%	4.9%	3.9%	3.7%	3.7%	3.7%	2.9%	3.7%	3.9%	3.7%	3.7%
Cost												
Employees	1,793.0	1,901.0	2,027.6	2,029.9	2,169.1	2,031.3	2,059.9	2,110.0	2,047.6	2,028.0	2,123.2	2,031.3
Hrs/APD	29.28	29.58	30.16	29.60	30.99	29.83	29.75	29.93	30.18	29.60	30.99	29.83

Dashboard - Los Gatos

Volume

	Annual					
	2012	2013	2014	2015	2016 Projection	2016 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	5,486	5,992
Acute Discharges	3,212	3,344	3,390	3,462	3,251	3,506
Inpatient total						
Acute	3,212	3,344	3,390	3,462	3,251	3,506
Deliveries	627	747	791	677	628	705
BHS	0	0	0	0	0	0
Rehab	447	537	557	563	500	570
OP total						
ED	11,149	10,835	11,041	11,186	11,402	10,964
OP Surg	3,009	3,020	3,107	3,067	2,837	3,076
Endo	433	296	230	223	118	218
Interventional		11	17	22	26	22
All Other	12,032	14,179	15,714	17,334	17,672	17,542

Financial Performance (\$000s)

Net Revenues	122,457	128,794	131,702	142,858	138,798	140,765
Operating Expenses	105,641	115,461	118,944	126,841	135,126	134,499
Operating Income \$	17,282	13,802	13,787	18,436	5,988	8,563
Op Margin	14.1%	10.7%	10.4%	12.7%	4.2%	6.0%
EBITDA \$	23,630	18,784	19,440	24,365	12,023	13,141
EBITDA %	19.2%	14.5%	14.6%	16.8%	8.5%	9.2%

Payor Mix

Medicare	44.7%	45.5%	44.0%	43.8%	48.2%	43.1%
Medi-Cal	3.0%	2.9%	3.5%	4.3%	4.9%	3.0%
Commercial	43.3%	42.3%	45.0%	46.1%	40.7%	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	421.2	420.4
Hrs/APD	30.10	29.13	27.65	28.00	29.69	27.45

Month

PY	CY	Bud/Target
143	143	143
45	39	47
511	445	510
299	264	298
299	264	298
49	61	60
0	0	0
47	32	49
776	1,163	903
248	229	268
16	5	18
1	2	1
1,469	1,327	1,487
10,750	10,382	11,933
11,026	11,740	11,408
-25	-1,183	716
-0.2%	-11.2%	5.9%
465	-661	1,283
4.2%	-6.3%	10.6%
43.5%	50.3%	43.1%
4.4%	6.3%	3.0%
47.6%	37.6%	45.3%
4.5%	5.8%	8.6%
432.5	416.6	419.1
29.75	28.31	27.18

YTD

PY	CY	Bud/Target
143	143	143
37	35	37
5,352	5,028	5,490
3,161	2,980	3,215
3,161	2,980	3,215
610	576	645
0	0	0
526	458	522
10,012	10,452	10,049
2,790	2,601	2,815
201	98	199
20	22	20
15,789	14,727	15,978
127,323	127,232	129,082
115,702	123,880	123,261
13,819	5,475	7,927
10.7%	4.2%	6.0%
18,243	10,001	12,505
14.1%	7.7%	9.5%
45.8%	48.2%	43.1%
4.3%	4.9%	3.0%
43.8%	40.7%	45.3%
6.1%	6.2%	8.6%
422.2	421.2	420.4
28.07	29.69	27.45

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

11 months ending 5/31/2016

PERIOD 11 FY 2015	PERIOD 11 FY 2016	PERIOD 11 Budget 2016	Variance Fav (Unfav)	Var%		YTD FY 2015	YTD FY 2016	YTD Budget 2016	Variance Fav (Unfav)	Var%
					\$000s					
					OPERATING REVENUE					
173,694	203,708	188,650	15,059	8.0%	Gross Revenue	1,917,769	2,070,126	2,039,542	30,584	1.5%
(116,867)	(144,860)	(138,931)	(5,929)	4.3%	Deductions	(1,367,704)	(1,498,502)	(1,490,779)	(7,724)	0.5%
56,827	58,848	49,718	9,130	18.4%	Net Patient Revenue	550,065	571,624	548,763	22,861	4.2%
1,791	1,475	1,496	(21)	-1.4%	Other Operating Revenue	16,750	17,693	16,545	1,148	6.9%
58,618	60,323	51,214	9,109	17.8%	Total Operating Revenue	566,816	589,316	565,308	24,009	4.2%
					OPERATING EXPENSE					
29,691	33,014	30,665	(2,349)	-7.7%	Salaries & Wages	312,199	330,989	328,965	(2,024)	-0.6%
7,543	8,899	7,812	(1,087)	-13.9%	Supplies	81,094	87,366	83,891	(3,475)	-4.1%
7,589	5,550	6,684	1,134	17.0%	Fees & Purchased Services	66,604	75,502	72,553	(2,949)	-4.1%
1,061	517	(60)	(577)	962.3%	Other Operating Expense	12,027	15,271	4,973	(10,298)	-207.1%
451	617	448	(169)	-37.6%	Interest	6,462	5,575	4,930	(645)	-13.1%
3,197	3,723	3,541	(182)	-5.1%	Depreciation	35,483	38,926	36,812	(2,114)	-5.7%
49,533	52,319	49,089	(3,230)	-6.6%	Total Operating Expense	513,869	553,630	532,125	(21,505)	-4.0%
9,085	8,003	2,125	5,879	276.7%	Net Operating Income/(Loss)	52,946	35,686	33,183	2,504	7.5%
657	3,242	1,860	1,381	74.3%	Non Operating Income	21,827	(12,429)	20,462	(32,891)	-160.7%
9,742	11,245	3,985	7,260	182.2%	Net Income(Loss)	74,773	23,257	53,645	(30,388)	-56.6%
20.2%	18.4%	9.5%	8.9%		EBITDA	15.0%	11.3%	10.8%	0.5%	
15.5%	13.3%	4.1%	9.1%		Operating Margin	9.3%	6.1%	5.9%	0.2%	
16.6%	18.6%	7.8%	10.9%		Net Margin	13.2%	3.9%	9.5%	-5.5%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

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

Results from Operations vs. Prior Year
11 months ending 5/31/2016

PERIOD 11 FY 2015	PERIOD 11 FY 2016	PERIOD 11 Budget 2016	Variance Fav (Unfav)	Var%
38,743	40,103	41,640	(1,536)	-3.7%
(27,994)	(29,722)	(29,707)	(15)	0.0%
10,750	10,382	11,933	(1,551)	-13.0%
251	176	192	(16)	-8.2%
11,001	10,558	12,124	(1,567)	-12.9%
6,301	6,540	6,111	(429)	-7.0%
1,608	1,967	1,755	(211)	-12.0%
1,442	1,219	1,330	111	8.3%
1,175	1,490	1,648	158	9.6%
0	0	0	0	0.0%
500	524	563	39	7.0%
11,026	11,740	11,408	(332)	-2.9%
(25)	(1,183)	716	(1,899)	-265.1%
0	0	0	0	0.0%
(25)	(1,183)	716	(1,899)	-265.1%
12.3%	5.6%	20.9%	-15.3%	
-0.2%	-11.2%	5.9%	-17.1%	
-0.2%	-11.2%	5.9%	-17.1%	

\$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%
429,639	450,504	448,910	1,594	0.4%
(302,317)	(323,273)	(319,828)	(3,445)	1.1%
127,323	127,232	129,082	(1,851)	-1.4%
2,198	2,124	2,106	18	0.8%
129,521	129,355	131,188	(1,833)	-1.4%
64,647	66,631	66,201	(430)	-0.6%
18,707	19,584	19,072	(512)	-2.7%
13,952	14,853	14,795	(58)	-0.4%
12,977	17,240	17,485	245	1.4%
0	0	0	0	0.0%
5,418	5,572	5,708	135	2.4%
115,702	123,880	123,261	(619)	-0.5%
13,819	5,475	7,927	(2,452)	-30.9%
0	(26)	0	(26)	0.0%
13,819	5,449	7,927	(2,478)	-31.3%
22.3%	19.2%	20.9%	-1.7%	
10.7%	4.2%	6.0%	-1.8%	
10.7%	4.2%	6.0%	-1.8%	

⁽¹⁾ Hospital entity only, excludes controlled affiliates

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

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

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

e. Physician Contracts – Pulmonary and Sleep Medicine Recruitment Agreement

Memorandum

DATE: August 3, 2016

TO: El Camino Hospital Board of Directors

FROM: Rich Katzman, Chief Strategy Officer
Jeff Gruer, Executive Director, Business Development

SUBJECT: **Pulmonology and Sleep Medicine Physician Recruitment Agreement with an Income Guarantee**

ACTION: **Motion Required:** The El Camino Hospital Board of Directors authorizes the Chief Executive Officer to negotiate and execute a physician recruitment agreement with an income guarantee for a Pulmonary and Sleep Medicine Physician for the Los Gatos service area. A Sleep Medicine trained pulmonologist will support increasing needs to diagnose and treat patients with sleep problems as evidenced by our growing Sleep Medicine program.

- 1. Recommendation:** We request that the Board approve delegating to the CEO the authority to negotiate and execute a contract for a pulmonologist who specializes in sleep medicine for the Los Gatos campuses who will contribute to the current community need.
- 2. Problem/Opportunity Definition:** Pulmonology is a subspecialty of the large specialty of internal medicine. The lung is as critical to life as the heart since it is the organ that adds life-sustaining oxygen to the blood that is pumped by the heart. Pulmonologist also treat sleep disorders, unhealthy sleep and sleep deprivation are linked to heart disease, depression, obesity and lower life expectancy. Seventy million people suffer from chronic, severe sleep disorders on the United States alone. These include difficulties sleeping at night, problems with excessive daytime sleepiness, or other medical problems that occur or be exacerbated during sleep.

Pulmonologists who are Fellowship trained in sleep medicine use the latest diagnostic technologies to determine the cause of sleep problems. In June of 2016, ECG Management Consultants (Formerly AmeriMed Consulting) was commissioned to complete a study of the specific needs in the community for a Sleep Medicine specialist. The report concluded that:

Analysis of the current market suggests a need for one additional sleep medicine specialist in ECH's Los Gatos service area based on current provider deficits. The recruited physician would need to accept MediCal patients in order to meet the need as defined.

3. **Authority:** According to Board Policy 51.00, Board review and recommendation is required for physician agreements that exceed \$250,000 annually
4. **Process Description:** If this agreement is approved by the Board, after negotiations are completed and the contract is prepared and after approval by Compliance and the General Counsel, the CEO may execute the agreement.
5. **Alternative Solution that Includes Cost Benefit/SWOT Analysis:** The principal alternative to the proposed physician recruitment agreement with an income guarantee for a Pulmonary Medicine Physician with Sleep Medicine training is to do nothing, in which case the Hospital will lose the opportunity to further develop and grow the Sleep Disorder Program. Another alternative is to attempt to provide compensation at lower levels, which might be too small to attract any interest from physicians with this specialty.
6. **Concurrence for Recommendation:** The new agreement is supported by the Chief Strategy Officer, the Service Line Director and physicians in the community who recognize the value of this specialty to serve their patients.
7. **Outcome Measures and Deadlines:** The timeline for completion and execution of this new agreement is the end of September 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 proposed annual cost of the current guarantee salary is a not to exceed amount of \$300k. This figure is at the 50th percentile of fair market value according to the most recent survey by Sullivan Cotter Physician Compensation and Production Survey 2015.

Medical Staff Report

Board of Directors Open Session – August 10, 2016

To: El Camino Hospital Board of Directors

From: Rebecca Fazilat, MD, Chief of Staff MV
J. Augusto Bastidas, MD, Chief of Staff LG

Date: July 26, 2016

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **June 23rd, 2016**.

Request Approval of the Following:

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

- **New Policies (attached)**
 - Endoscopy – Esophageal Impedance PH Study (pp. 4-13)
 - Research Related Adverse Event (pp. 14-19)
 - Bravo Capsule (pp. 20-23)
 - Scribe Services (pp. 24-27)
- **Policies with Minor Revisions (See Summary p.2)**
 - Scope of Service – Interventional Services-MV
 - Guidelines for Attendance of Neonatologists at high risk deliveries
 - Intravenous Vancomycin Dosing per Pharmacy Protocol for Adult Patient
 - Patient Rights
- **Policies with No Revisions (See Summary p.3)**
 - Anticoagulation, Warfarin Use

B. Medical Staff

- **Privilege Lists**
 - Medical Genetics Privilege Form (pp. 28-29)
- **MD Excellence Award (pp. 30-31)**

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Endoscopy - Esophageal Impedance PH Study (MV Only)	Patient Care Services - Endoscopy	5/19	
	Research Related Adverse Event	Clinical Research	6/16	
	Bravo Capsule	Patient Care Services - Endoscopy	5/19	
	Scribe Services	Medical Staff	6/16	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Scope of Service - Interventional Services-MV	Interventional Services	6/1	
	Guidelines for Attendance of Neonatologists at high risk deliveries	NICU & L&D	6/1	
	Intravenous Vancomycin Dosing per Pharmacy Protocol for Adult Patient	Pharmacy	6/1	
	Patient Rights	Patient Care Services	6/16	
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	

	Anticoagulation,Warfarin Use	Pharmacy	6/1	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	

TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Endoscopy

OFFICE OF ORIGIN:

ORIGINAL DATE: March 2016

I. COVERAGE:

Endoscopy RNs and Endoscopy Techs

II. DESCRIPTION:

This study is designed to test for all reflux into the esophagus including bile, acid, and food bolus. The patient will be sent home with a nasal catheter and a recorder for 24 hours. Also the patient will be asked to record all symptoms, meals, and supine time during the 24 hour period.

III. INDICATIONS:

Esophageal Impedance pH Study is indicated for those patients, who present with symptoms of reflux, chest pain, abdominal pain, and belching.

IV. CONTRAINDICATIONS:

1. Nasopharyngeal or esophageal obstruction
2. Septal defect
3. Severe maxillofacial trauma
4. Severe uncontrolled coagulopathy
5. Caution in pregnancy

IV. HAZARDS AND COMPLICATIONS:

1. Perforation
2. Epistaxis due to trauma, inflammation
3. Respiratory distress caused by incorrect tube placement or pharyngeal spasm
4. Pulmonary aspiration. Stop procedure if patient is having difficulty breathing

V. RESOURCES:

Equipment:

1. Impedance pH catheter
2. Impedance recorder
3. Computer and software
4. Compact flash card
5. Buffer solutions for pH4 and pH7, water and test tubes

TITLE:	Endoscopy-Esophageal Impedance pH Study Procedure
CATEGORY:	Patient Care Services
LAST APPROVAL:	

6. 4 x 4 gauze
7. 1 tegaderm dressing, 1 Coverlet
8. Lubricant
9. 6 AA batteries

Personnel:

Endoscopy RN/Endoscopy Tech

VI: PRE-PROCEDURAL VERIFICATION:

1. Patient must be NPO for 6 hours prior to test
2. Patient must be off all proton pump inhibitors and H2 receptors for one week prior to exam, unless ordered otherwise by physician
3. Patient must not take any antacids 6 hours prior to the exam

VII: PROCEDURE:

1. Calibration preparation by RN or Endo Tech just prior to catheter placement:
 - a. Place calibration tubes into each of the 4 holders
 - b. Fill tubes with enough liquid to cover the pH sensor(s) without having to bend or curl the catheter in the tubes as follows:
 - Tube 1: pH 4.0 buffer solution
 - Tube 2: sterile water
 - Tube 3: pH 7.0 buffer solution
 - Tube 4: sterile water
 - c. Pre-soak the catheter in the pH 4.0 solution for at least 10 minutes prior to calibration
 - d. Document calibration under pre-procedure nursing notes in electronic health record
2. pH-Z recorder preparation by RN or Endo Tech:
 - a. place two new AA batteries in the battery compartment and put the recorder in the carrying case
 - b. select catheter and insert into the appropriately labeled connector (pH/pH-Z) ensuring it locks in place
3. Catheter placement and study initiation:
 - a. Collect necessary supplies
 - b. Explain procedure to patient

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

TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

- c. Perform a “time out”
 - d. Assist patient to a sitting position
 - e. Assess nasal passages and place the calibrated and lubricated catheter into the chosen nasal cavity and advance slowly
 - f. For ease of advancement, have patient bend chin to the chest to help guide the catheter into the esophagus. Patient can take small sips of water through a straw to help with passage of the catheter.
 - g. Change angle of approach if resistance is met in the nares.
 - h. Advance the catheter until the pH drops to <4. This indicates the catheter has entered the stomach.
 - i. Pull back the catheter to 5 cm above the upper border of the LES as determined by esophageal manometry
 - j. Select “Next”, then “Yes” to begin recording. The display will read “Recording” along with the current date and time.
 - k. Secure the catheter to the patient’s nose with a Coverlet, and tegaderm to the cheek.
 - l. Document catheter placement with depth of the catheter and patient teaching provided under post-procedure nursing notes in electronic health record
 - m. Instruct patient to return recorder to Endoscopy the following day after at least 24 hours of recording
 - n. Receiving RN documents under patient’s procedure log, post procedure nursing notes in the electronic health record, that the recorder was returned.
4. Study upload and diary entry:
- a. After recording is complete, the recorder will display “Recording Complete”
 - b. Simultaneously hold the “Meal” and “Supine” buttons to continue to the “Ready to upload” screen.
 - c. Remove the recorder from the carrying case using the supplied tool
 - d. Connect the DigiTrapper recorder to your PC using the supplied USB cable.
 - e. Double-click “Accuvue pH-Z 5.2 desktop icon
 - f. Select the patient reported symptoms in the “Setup Event List”
 - g. Press “Upload”
 - h. When the “Edit information and Diary” screen appears in Accuvue, data transfer is complete. If a new study is starting immediately after upload of the prior study, place two new AA batteries into the recorder and press “Next” to return to the “Main Menu”, otherwise remove the batteries from the recorder

5. Diary entry and editing:

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TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

- a. Enter patient information and other study information into the appropriate fields
- b. Any additional “Study Information” fields added will be saved for future use in the drop down list
- c. Verify that the protocol matches the catheter used, and the desired analysis settings
 - If a match is not found, refer to the AccuView User Manual to create a new protocol
- d. Corroborate all button press events in the AccuView diary with the patient’s written diary. Add diary events and symptoms via text entry or graphical user interface (GUI) method
 - Text Entry Method
 - The pull down menu on the Event column allows for the selection of events (meals, symptoms, etc.) and the day and time details must be manually entered by the user
 - ✓ “Symptom” and “Med” entries only require a “Begin” time
 - ✓ “Meals” and “Supine” events are durational, which require both a “Begin” and “End” time
 - ✓ Incorrect time entries will appear highlighted in red
 - ✓ To delete a diary entry, right click the diary entry, select “Delete”, then verify the intention to delete the entry
 - GUI (graphical user interface) Entry Method
 - Left click the event to outline it in red, then hover the cursor within the “Time Strip” and single left click to place the event at the specified time
 - ✓ Fine adjustments in time are made by moving the cursor into the lower grey portion of the “Time Strip labeled “Adjust minutes”. Changing the length of the time for a durational event can be done by left click hold, dragging the edge of either end of the event
 - ✓ To deselect a red outlined event button, left click the event button again
 - ✓ To delete or change an event, right click on the event within the time strip and select “Delete” or “Change”, then verify your intentions
 - ✓ Select “OK” at the bottom of the diary when finished editing
- e. To save the study, click on
“File>Save...(C:\ProgramFiles\SSI\Accuview5.2\Patients

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TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

VIII: INFECTION CONTROL:

Universal precautions should be observed

IX: APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	3/2016
(name of) Medical Committee (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
OR committee:	4/2016
Historical Approvals:	

I. AUTHOR:

B. Marcum, RN 03 2016

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

TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

Quick Reference Guide



Recorder Set-up and Calibration

Prepare the Calibration Stand:

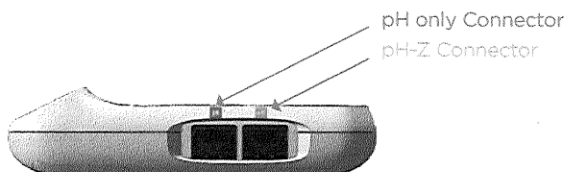
1. Position calibration stand on a level surface and place a calibration tube into each of the 4 holders.
2. Verify pH buffers are at room temperature (ideally 25° C / 77° F) and have not expired.
3. Fill 4 tubes in the calibration stand with enough liquid to cover the pH sensor(s) without having to bend or curl the catheter in the tubes as follows:
 - Tube 1: pH 4.0 (Red) buffer solution (p\N: 954501)
 - Tube 2: Sterile water
 - Tube 3: pH 7.0 (Yellow) buffer solution (p\N: 954502)
 - Tube 4: Sterile water
4. Place catheter in pH 4.0 (Red) buffer solution so that all pH sensors are covered by buffer solution. Allow the catheter to pre-soak in the buffer solution for at least 10 minutes prior to calibration.

Prepare the Digitrapper pH-Z recorder:

5. Remove the recorder from the carrying case using supplied tool.



6. Place two new AA alkaline batteries in the battery compartment and place the recorder back into the carrying case. Note: Do not use lithium or lithium-ion or rechargeable batteries.
7. Select catheter and insert into the appropriately labeled connector (pH/pH-Z) ensuring it locks in place.



GIVEN
IMAGING

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TITLE: Endoscopy-Esophageal Impedance pH Study Procedure
CATEGORY: Patient Care Services
LAST APPROVAL:

Quick Reference Guide



Catheter Placement and Study Initiation

Calibrate:

1. Collect necessary supplies.
2. Explain the procedure to the patient, including purpose and how the catheter will be placed.
3. Note physician order, informed consent, and allergies.
4. Perform "time out" with team members.
5. Assist patient to a sitting position on a chair or side of the bed.
6. Assess nasal passage by having the patient obstruct one side of the nari while sniffing in, ask the patient which nari they prefer and evaluate least obstructed side. It is common to use Lidocaine gel to anesthetize the nari but is not required.
7. Place the calibrated and lubricated pH catheter into the preferred nasal cavity and advance slowly.
8. Instruct patient to bend chin to their chest to help guide the catheter into the esophagus. The patient may take small sips of water from a straw to help with the passage of the catheter. If resistance is met, changing the angel of approach into the nari may be helpful.
9. Continue to advance the catheter until the pH drops to < 4, indicating the catheter has passed into the stomach. If the patient is taking PPIs the pH may not drop below 4, but there will still be a noticeable drop in the pH.
10. Once the pH drops below 4, pull catheter back so that it is 5 cm above the upper border of the LES, as determined by esophageal manometry.
11. Select **Next** followed by **Yes** to begin the recording. The display will then read Recording along with the current date and time. Secure the catheter to the nose with tape and loop around the ear and down the patients' neck toward the data recorder. Tape the catheter to the cheek and neck to keep it secure.
 - Chart catheter placement with depth of the catheter

Note: It is important to note the depth of the catheter upon return, prior to catheter removal for any catheter migration which, if significant, could affect the validity of the study.
12. Educate the patient on the use of the recorder and written diary.
 - Refer to the "Digitrapper® pH-Z Monitoring Patient Instructions."

SUPPLIES

Drinking cup with water and straw
Emesis basin
Medical grade tape
Water soluble lubricant
Tissues, 4x4s, absorbent pads, towels
Denture cup (for loose dentures \ orthodontic retainers)
6 inch cotton tip swabs
Tongue depressor
Penlight
Non-sterile gloves
Protective gown, mask and eyewear
*Lidocaine product (viscous or gel: to anesthetize nasal passage)

*Must have physician order for these supplies.

GIVEN
IMAGING

TITLE:	Endoscopy-Esophageal Impedance pH Study Procedure
CATEGORY:	Patient Care Services
LAST APPROVAL:	

Quick Reference Guide



Study Upload and Diary Entry

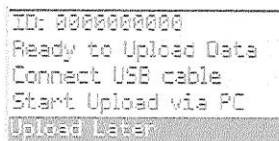
Recording Completion:

When the study duration elapses, the recorder will display **Recording Complete**. Press and hold the **Meal** and **Supine** buttons simultaneously for 5 seconds to continue to the **Ready to Upload** screen.

Note: If you wish to end the study prior to the study duration elapsing, press and hold the **Meal** and **Supine** buttons simultaneously for 5 seconds. A message reading "Are you sure you want to stop the study?" will be displayed. In order to stop the study, you must select **Yes** within five seconds, or the recorder will stay in the recording mode.

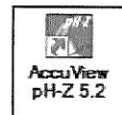
STUDY UPLOAD

1. Ensure the recorder is set to the **Ready to Upload** screen.

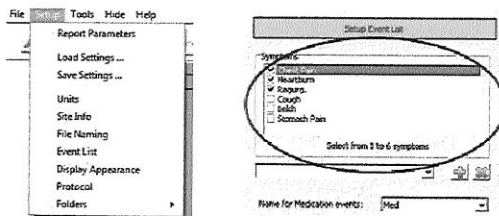


2. Remove the recorder from the carrying case using the supplied tool. Connect the Digitrapper recorder to your PC using the supplied USB cable. Ensure the USB cable is fully inserted into port or an error message will occur during upload.

3. Double-click on the **AccuView pH-Z 5.2** desktop icon.

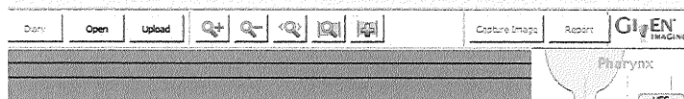


4. Select the patient reported symptoms in the **Setup Event List**.

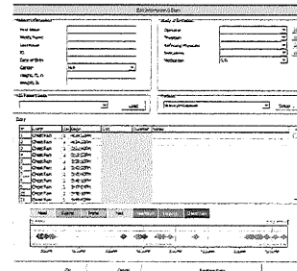


TITLE:	Endoscopy-Esophageal Impedance pH Study Procedure
CATEGORY:	Patient Care Services
LAST APPROVAL:	

5. Press the **Upload** button on the software to start the upload.

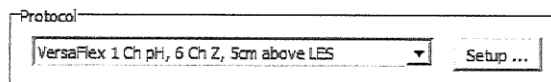


6. Data transfer completion is evident with the presentation of the **Edit Information & Diary** screen in AccuView
 - o In order to start a new study immediately after upload of the prior study, place two new AA alkaline batteries into the recorder and press **Next** to return to the **Main Menu**.
 - o Remove the AA batteries if the recorder will not be used for an extended duration.



DIARY ENTRY & EDITING:

1. Enter the patient's information as well as other study information into the appropriate fields.
 - a. Any additions to the **Study Information** fields will be saved for future use in the drop down list.
 - b. Verify the protocol matches the catheter used, and the desired analysis settings.
 - i. If a match is not found, please refer to the AccuView User Manual to create a new protocol.



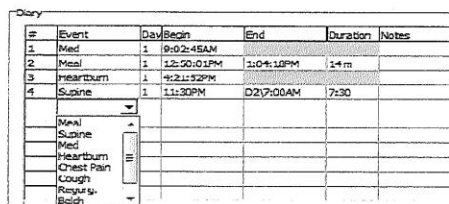
2. Corroborate all button press events in the AccuView diary with the patient's written diary. Add diary events and symptoms via text entry or graphical user interface (GUI) method.
 - a. Text Entry Method
 - i. The pull down menu on the Event column allows for the selection of events (meals, symptoms, etc.), and the day and time details must be manually entered by the user.
 1. **Symptom** and **Med** entries require only a **Begin** time; no **End** time is required.
 2. **Meals** and **Supine** events are durational, which require a **Begin** and **End** time.
 3. Incorrect time entries (e.g. a time is entered that is outside the period of the study data) will appear highlighted in red.

TITLE: Endoscopy-Esophageal Impedance pH Study Procedure

CATEGORY: Patient Care Services

LAST APPROVAL:

4. To delete a diary entry, right click on the diary entry, select **Delete**, then verify the intention to delete the entry.

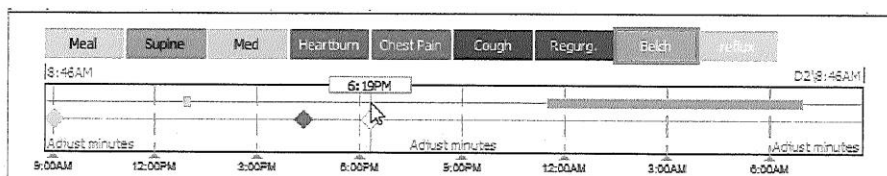


#	Event	Day	Begin	End	Duration	Notes
1	Med	1	8:02:45AM			
2	Meal	1	12:00:01PM	1:04:10PM	1:4 m	
3	Heartburn	1	4:21:52PM			
4	Supine	1	11:30PM	D2:7:00AM	7:30	

b. GUI Entry Method

- i. Left click the event to outline it in red; then hover the mouse cursor within the **Time Strip** and single left click to place the event at the specified time.

1. Fine adjustments in time are made by moving the cursor into the lower grey portion of the **Time Strip** labeled **Adjust minutes**. Changing the length of the time for a durational event can be done by left click hold, dragging the edge of either end of the event.
2. To deselect a red outlined event button, left click the event button again.
3. To delete or change an event, right click on the event within the time strip and select **Delete** or **Change**, then verify your intention.
4. Select **OK** at the bottom of the diary when finished editing.



3. To save the study, click on **File>Save...** (C:\Program Files\SSI\AccuView 5.2\Patients)



TITLE: Clinical Research-Research Related Adverse Event

CATEGORY:

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Administrative

OFFICE OF ORIGIN: Clinical Research

ORIGINAL DATE:

I. COVERAGE:

El Camino Hospital Employees and Physicians

II. PURPOSE:

The purpose of this policy is to define, consistent with federal regulations governing informed consent and billing for research-related clinical services, what treatments, coverage for treatments provided, or compensation (if any) will be available to research subjects for a research-related subject injury.

III. POLICY STATEMENT:

Federal regulations establish requirements for the basic protection of all human research subjects¹. One of the provisions² obtaining the informed consent of prospective participants, requires "for research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained."

El Camino Hospital ("ECH") is dedicated to the protection of all human subjects who participate in research activities conducted at ECH ("research subjects"). This protection extends to ensuring that research subjects receive any treatment medically necessary to address research-related subject injuries and that research subjects are properly informed of any financial liability they may have for the costs of treating research-related subject injuries. ECH will use all reasonably available means to secure these protections for human subjects.

Every effort will be made to require industry sponsors of human subject (clinical) research conducted at ECH to assume full responsibility for the costs of research-related subject injury. In those instances where industry sponsors require that a research subject's insurance be billed for the costs of research-related subject injuries, industry sponsored studies may be conducted at ECH only if the conditions set forth in this policy are satisfied.

¹ Ref 45CFR Part 46.116 and 21 CFR 56.111

² Ref 45CFR Part 46.116(a)(6)

TITLE: Clinical Research-Research Related Adverse Event

CATEGORY:

LAST APPROVAL:

ECH will avoid billing Medicare and/or Medi-Cal for the costs of research-related subject injuries in those cases where a study sponsor and/or ECH has provided express assurances that research subjects will not be financially liable for such costs. Medicare and/or Medi-Cal beneficiaries will be financially liable for deductibles and co-payments associated with research-related subject injury only when required by law.

IV. DEFINITIONS:

For the purposes of this policy, “research-related subject injury” means a medical condition (1) which is caused by and/or directly related to the research study (that is, the condition would not have existed “but for” the subject’s participation in the study), and (2) which is in need of diagnosis and treatment as a matter of medical necessity and standard of care.

V. GUIDELINES:

Research-related subject injuries will not include injuries or illnesses (a) attributable to the subject’s underlying medical condition, (b) caused by an investigator’s or other physician’s negligence or willful misconduct (the latter being subject to policies covering professional negligence and malpractice), or (c) caused by non-research-related activities.

Compensation for claims in connection with research-related injuries, such as lost wages, cost of pain and suffering or other additional expenses beyond medical treatment are not covered by this policy.

VI. Policy Implementation:

1. Contract Terms and Approval:

- A. With industry-sponsored and initiated studies, the sponsor must agree to cover research-related subject injury as defined by this policy. Exceptions (including any provision which requires that commercial insurers be billed as a condition of sponsor coverage or any substantive revision to the definition of research-related subject injury) must be justified and are only allowed with approval by the Chief Operating Officer or his/her designee.
- B. The ECH Clinical Research Department shall include in all clinical trial agreements for industry sponsored and initiated studies a provision requiring the industry sponsor to hold ECH and the participants harmless from and against the cost of all reasonably necessary medical treatments arising as a result of a research-related subject injury, except as otherwise provided in this policy.
- C. Federally and Non-federally funded studies involving more than a minimal risk as determined by the IRB of record (including ECH investigator initiated studies); for which

TITLE: Clinical Research-Research Related Adverse Event

CATEGORY:

LAST APPROVAL:

there is no external sponsor bearing the financial risk and liability for research-related subject injury; and for which ECH commits to cover costs associated with research-related subject injury must be reviewed by Risk Management, Hospital's Malpractice General Liability Carrier and approved by the Chief Operating Officer or his/her designee. Final informed consent and recruitment documents will not be released by the IRB without documentation of such approval.

2. Informing Potential Research Participants

- A. For research involving more than minimal risk as determined by the IRB, all IRB-approved informed consent forms (ICF) must include a description as to whether any compensation is available, whether any medical treatments are available, and who to contact if an injury or illness occurs.
- B. For industry sponsored and initiated research covered under 1(A) above, the Clinical Research Department will develop ICF subject injury language that is consistent with ECH's research contract and the terms of this policy. The Clinical Research Department and the IRB will develop appropriate procedures for ensuring compliance with this policy.
- C. For studies that are not sponsored and initiated by industry (including ECH investigator-initiated studies with industry support, as well as Federally funded studies), the IRB will ensure that the ICF contains appropriate language to inform subjects that 1) care will be provided in the event of research-related subject injury; 2) every effort will be made to seek reimbursement from the subject's insurer; 3) subjects will be responsible for any associated co-payments and deductibles; 4) financial assistance may be available under the Medical Center's Charity Care Policy and Procedure; and 5) who to contact if an injury or illness occurs or financial assistance is needed.
- D. The consent documents for adult and pediatric multi-center cancer clinical trials sponsored by the National Cancer Institute Cooperative Groups will include language advising the participant that any research-related subject injury will be billed to insurance as allowed under California State law. In those instances where insurance coverage is denied, ECH will attempt to overturn the denial on behalf of the injured subject.
- E. The ICF must also advise the subject that ECH must be notified of the injury or illness within a reasonable time after discovering the research-related subject injury.
- F. It is the obligation of the Principal Investigator or their authorized delegate to assure that coverage for research-related subject injury is discussed as part of the informed consent process.

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TITLE: Clinical Research-Research Related Adverse Event

CATEGORY:

LAST APPROVAL:

- G. An individual or office will be designated as a contact for all research subjects to obtain information regarding this policy.

3. Determination of Research-Related Subject Injury

- A. The Principal Investigator for the research study, in consultation with the industry sponsor (as applicable), shall determine whether a research-related subject injury or illness exists in accordance with this policy, and report his/her assessment to the IRB for review as part of the adverse event reporting process. The Director of Risk Management shall also be notified.
- B. The IRB shall review, concur, modify, or acknowledge/accept such determinations made by the Principal Investigator in accordance with this policy and the Chair of the IRB or his/her designee will notify the Director of ECH's Clinical Research Department and the research team as to the outcome of such review. The Director of Clinical Research will work together with ECH's Finance Department to determine what should be covered under the terms of the final contract with an industry sponsor, as applicable, and the IRB-approved consent form, identify the charges to be covered, and communicate with the subject and with the sponsor as needed to secure payment. During the IRB's review of a reported research-related subject injury, and in an effort to assess the need to modify study approval status, the Chair of the IRB or his/her designee may request the Hospital provide pertinent information obtained if a Quality Review Report ("QRR") is completed. The IRB will also share with the Hospital pertinent information to assist the Hospitals review of a QRR.
- C. When allowed by this policy and approved by the Chief Financial Officer, payment or write-off for treatment of the research-related subject injury shall be provided by ECH at the request of the subject or as determined appropriate by the PI, IRB and consistent with the provisions of this policy, the contract terms for industry-sponsored studies, and the informed consent form provisions.

4. Billing for Research-Related Subject Injuries:

- A. Where the study sponsor and/or ECH has provided express assurances that research subjects will not be financially liable for the costs of research-related subject injury:
- The subject and their insurer will not be billed for costs of treatment for research-related subject injury.
 - If charges have already been billed by ECH when the research-related subject injury is identified, appropriate adjustments will be made to the account and payment reimbursed if already received by the subject or their insurance. If treatment for research-related subject injury was provided at another facility,

TITLE: Clinical Research-Research Related Adverse Event

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LAST APPROVAL:

itemized bills will be requested from the subject and reimbursement will be requested from the sponsor.

- B. Where the study sponsor and/or ECH has not provided express assurances that research subjects will not be financially liable for the costs of research-related subject injury:
- Medicare will be billed for research-related subject injury costs to the extent allowable under Medicare's National Coverage Determinations and Clinical Trials Policy.
 - Medi-Cal will be billed for research-related subject injury costs to the extent allowable under Medi-Cal billing rules.
 - Other federal funded healthcare programs will be billed to the extent allowable under the billing rules for those particular programs.
 - In instances where commercial or private insurance coverage for research-related subject injury is mandated by state law or otherwise possibly available, the research subject's commercial or private insurance will be billed for the costs of the research-related subject injury.
 - Subjects will remain personally liable for the costs of research-related subject injury not otherwise paid for by the programs or their commercial insurer in accordance with the rules for billing beneficiaries for liabilities such as deductibles and co-payments. The beneficiary's personal liability for unpaid costs may be written off by ECH only in accordance with ECH's "charity care" policies and/or risk management policies and practices, as determined on a case-by-case basis.
- C. Any write-off of inpatient and/or outpatient charges or payment to another healthcare facility (or reimbursement to the subject for care provided at another healthcare facility) that might occur with the application of this policy must be reviewed by Risk Management and authorized by the Chief Financial Officer. Finance Department is responsible for tracking all write-offs associated with the application of this policy.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Clinical Research Executive Committee:	12/3/15
IRB:	5/2016
ePolicy Committee:	6/2016
Medical Executive Committee:	
Board of Directors:	



TITLE: Clinical Research-Research Related Adverse Event

CATEGORY:

LAST APPROVAL:

TITLE: Endoscopy-Bravo Capsule Procedure (MV Only)
CATEGORY: Patient Care Services
LAST APPROVAL: New

TYPE: ☐ Policy ☐ Protocol ☐ Scope of Service/ADT
☒ Procedure ☐ Standardized Process/Procedure
SUB-CATEGORY: ENDOSCOPY
OFFICE OF ORIGIN: Patient Care Services
ORIGINAL DATE: April 2016

I. COVERAGE:

Endoscopy RNs and Endoscopy Techs

II. PURPOSE:

The patient will be instructed to record all symptoms, meals, and supine time during the 48 hour study duration. This study is designed to monitor acid reflux from the stomach to the esophagus. The patient will have a pH capsule attached to the lining of the esophagus during oral endoscopy, and will be sent home with a receiver.

III. INDICATIONS:

Bravo Capsule 48 hour pH study is indicated for those patients who present with symptoms of reflux, chest pain, abdominal pain, and belching

IV. CONTRAINDICATIONS:

- Nasopharyngeal or esophageal obstruction
- Septal defect
- Severe maxillofacial trauma
- Severe uncontrolled coagulopathy
- Caution in pregnancy
- Esophageal varices
- Permanent cardiac pacemaker

TITLE:	Endoscopy-Bravo Capsule Procedure (MV Only)
CATEGORY:	Patient Care Services
LAST APPROVAL:	New

V. PROCEDURE:

A. EQUIPMENT:

1. Medtronic Bravo receiver
2. Medtronic Bravo carrying case
3. Medtronic Bravo pH capsule with delivery system
4. Buffer solutions pH 1.0 and pH 7.0
5. 4 x 4 gauze
6. One AA battery
7. Lubricant
8. Bravo pH Patient Diary and Bravo pH Monitoring Patient Instructions
9. Medtronic Medulla suction pump
10. Suction tubing (6')

B. PREPARATION:

1. CALIBRATION:

Staff shall follow the relevant manufacturer's instructions (see attachment 1) to calibrate the machine.

- Prepare the Calibration Stand
- Prepare the Bravo Delivery Device and Capsule
- Prepare the Vacuum Pump
- Prepare the Bravo pH Capsule

2. PLACEMENT/DELIVERY:

Refer to manufacturer's instructions (see attachment 2)

- All steps required to perform Oral endoscopy will be performed by the Physician, including confirmation of pre procedural paperwork, consent and time out. LES (lower esophageal sphincter) will be located by the physician.
- Bravo capsule will be delivered 5 cm above the LES by the Physician
- Position Bravo pH capsule in the esophagus
- Apply suction to draw a small amount of tissue into the capsule's suction chamber
- Attach capsule
- After ensuring the vacuum source is off, remove delivery system from the esophagus

TITLE:	Endoscopy-Bravo Capsule Procedure (MV Only)
CATEGORY:	Patient Care Services
LAST APPROVAL:	New

- Capsule immediately begins transmitting pH data

POST PLACEMENT:

- [Press-The RN or Endo Tech](#) “enter” on the Bravo receiver until the window says “Recording, Status, Stop”
- Close the cover of the receiver and place it into the carrying case
- Give [The RN gives](#) the patient the Bravo pH Monitoring Patient Instructions, Bravo pH Patient Diary instructions and log (see attachment 3)
- Inform the patient to return the receiver, carrying case, and Diary log in two days
- The return of the equipment should be documented in electronic health record under the patient’s log post-procedure section

UPLOAD:

- ✓ open PolyGram Net and select Bravo pH study
- ✓ select patient or enter in patient data
- ✓ change the symptom buttons if applicable
- ✓ press “Capture”
- ✓ turn on the receiver, scroll the cursor to “send” and place it on the receiver dock. i
- ✓ once the data is transferred, enter information from the patient diary into the computer

VI. DOCUMENTATION:

Pre-procedure and post-procedure patient teaching should be documented in electronic health record by RN.

VII. COMPETENCY:

- In service and training on studies and equipment by an authorized user
- Annual competency

VIII. APPROVAL:

Approving Committees and Authorizing Body

Approval Dates

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

TITLE:	Endoscopy-Bravo Capsule Procedure (MV Only)
CATEGORY:	Patient Care Services
LAST APPROVAL:	New

Originating Committee or UPC Committee	4/2016
(name of) Medical Committee (if applicable):	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
OR committee:	4/2016
Historical Approvals:	

VIII: AUTHOR:

B. Marcum, RN 04 2016

IX: REFERENCES:

Given Imaging Bravo pH monitoring reference guides
CPMC Bravo capsule policy and procedure

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

TITLE: Medical Staff- Scribe Services
CATEGORY: Administration
LAST APPROVAL: 05/2016

TYPE: ☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☒ Procedure ☐ Standardized Process/Procedure
SUB-CATEGORY:
OFFICE OF ORIGIN: Medical Staff Services
ORIGINAL DATE: May 2016

I. COVERAGE:

All members of the medical staff

II. PURPOSE:

The purpose of this policy is to establish requirements for the use of Scribes in a clinical setting at El Camino Hospital. El Camino Hospital allows use of scribes only in the Emergency Department setting.

III. POLICY STATEMENT:

Physicians and/or Allied Health Providers (AHP) may be permitted to utilize the services of qualified, trained, and competent clerical staff referred to as scribes ("Scribes") to improve medical record documentation speed and accuracy. **The supervising physician/AHP is ultimately responsible for all documentation in the medical record, including the entries made by the Scribes.** The supervising physician must ensure that all documentation in the medical record conforms to Hospital policy, the requirement of the Joint Commission, and applicable legal requirements. Under no circumstance may Scribes provide clinical services.

IV. PROCEDURE:

A. Before a Scribe program may be utilized, Legal Department review and approval is required.

B. Scribe Qualifications

1. A Scribe is an unlicensed person hired to enter information into the electronic health record (EHR) or chart at the direction of a physician or AHP. Scribes do not perform any clinical or medical tasks, and no direct patient care. The supervising physician is responsible for all medical care provided to the patient. It is the responsibility of the supervising physician to ensure that the Scribe does not perform any clinical or medical task. To avoid confusion, Scribes shall not be given any title that includes the word "clinical".
2. Minimum Qualifications of a Scribe:
 - a. Minimum of a high school diploma or equivalency.
 - b. Knowledge of medical terminology with documented competencies such as proof of completion of a scribe training program or medical terminology course.

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TITLE:	Medical Staff- Scribe Services
CATEGORY:	Administration
LAST APPROVAL:	05/2016

3. Scribes must meet all hospital requirements for contractors working in the hospital and relevant hospital policies for example signed confidentiality statements, completed life safety reviews, documentation of infectious disease screening and immunizations, drug screening, and criminal background checks. Scribe must also complete EHR training and competency. Meeting these requirements including the financial obligation to fulfill these requirements and maintaining record of them is the responsibility of the Scribe's employer. Records related to the above should be readily available for review. For specific requirements, refer to the following policies: HR-Infectious Disease Screening, HR-Independent Contractor/Outside Labor, HR-Education Programs and ADM-Confidentiality.
4. The Scribe will be given appropriate access to the EHR. The Hospital Medical Staff Office will arrange access for the Scribes into the EHR. The Scribe will not have access to any computerized order entry and will only be able to chart in the electronic medical record or paper records.

C. Role of the Scribes

1. Scribes may accompany the physician or AHP during his/her duties, including patient care. The supervising physician or AHP must introduce the Scribe to each patient upon initial presentation. The patient has the option to refuse the use of a Scribe.
2. The Scribe's duties must be performed under **direct supervision** of the physician or the AHP. **He/she may not act independently of the supervising physician.**
3. Scribes assist the physician or AHP by making entries into the medical record. Scribes will function as transcriptionists and transcribe verbal or written information provided by the physician or AHP directly into the EMR or written documentation forms used by the Hospital. All entries must be legible. The scribe must sign and date all entries into the EMR, and the role and signature of the scribe must be clearly distinguishable from that of the physician/AHP.

D. Scribe Job Duties. The Scribe's job duties may include only the following, as requested by the physician or AHP:

1. The Scribe may document the history of present illness and physician examination performed by the physician or AHP, as directed by the physician or AHP.
2. The Scribe may document procedures performed by the physician or AHP, as directed by the physician or AHP.
3. The Scribe may record procedures performed by the physician or AHP, results, and progress notes, as directed by the physician or AHP.

TITLE:	Medical Staff- Scribe Services
CATEGORY:	Administration
LAST APPROVAL:	05/2016

4. The Scribe may transcribe proper diagnoses and discharge/follow-up instructions, by the physician or AHP, as directed by the physician or AHP.
 5. The Scribe may provide the patient with pre-printed questionnaire regarding the patient's past medical, social, and family history.
 6. The Scribe may check on progress of lab, x-ray or other test/evaluations in order to expedite physician or AHP decision making regarding the patient.
 7. The Scribe may retrieve reports and other information and present them to the physician or AHP in printed or electronic format for review by the physician or AHP.
 8. The Scribe may access the medical record on behalf of the supervising physician or AHP for treatment purposes only.
 9. The Scribe may only sign-on to any electronic medical record using the Scribes individual log-on and password.
 10. The Scribe may fax treatment summaries to the patient's private physician or next provider(s) of care and document such faxing in the medical record.
 11. The Scribe may provide simple kindness, without any clinical impact, for patients (e.g. obtaining a blanket for a patient).
- F. Scribes are not allowed to do the following:
- a. The Scribe may not transcribe or write any orders into the medical record.
 - b. The Scribe may not write prescription orders for the physician or AHP to sign.
 - c. The Scribe may not ask the patient any questions about patient's medical condition, medical history, or anything else that is related to the patient's treatment or reason for visiting the hospital, or direct history and physical.
 - d. The Scribe may not provide any services that are within the scope of practice of a licensed health practitioner.
- G. Role of Supervising Physician
1. The supervising physician/AHP is responsible for all documentation in the medical record made by Scribes. The supervising physician must ensure that all documentation in the medical record conforms to Hospital policy, the requirement of the Joint Commission, and applicable legal requirements.
 2. The physician/AHP must authenticate all entries done by a Scribe by signing, dating and timing with an appropriate attestation statement. The scribe cannot enter the date/time for the physician/AHP. The authentication must take place before the physician/AHP and scribe leave the patient care area since other practitioners may be using the documentation to inform their decisions regarding care, treatment and services.
- H. Quality Monitoring Process

TITLE:	Medical Staff- Scribe Services
CATEGORY:	Administration
LAST APPROVAL:	05/2016

Documentation by the scribe shall be incorporated into the performance improvement process of the hospital to ensure, at a minimum, that the scribe is not acting outside of his/her job description, that authentication is occurring as required and no orders are being entered into the medical record by scribes. If scribes are part of a contracted service, the contract must outline these quality indicators and follow the process outlined in the Tracking Performance Quality Metrics in Direct Care (Contracting Arrangements) procedure which requires at a minimum annual reports through the quality improvement process.

5. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Medical Staff Planning:	
ePolicy Committee:	6/2016
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

Practitioner Name:

CRITERIA FOR PRIVILEGES:

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

CORE PRIVILEGES:

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

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**.

Approvals:***Pediatrics Department Executive Committee:******Medical Executive Committee:******Board:***

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

	Core privileges for medical genetics include the ability to consult, evaluate, diagnose, perform history and physical exam, and provide treatment to patients (children, adults, and families) presenting with human genetic disorders or congenital anomalies, or requiring genetic counseling.	New applicant applying for core privileges: Provide evidence of at least 10 cases, reflective of the scope of privileges requested during the last 24 months or demonstrate successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the last 24 months.	Current medical staff applying for reappointment: Attest to management of at least 10 core medical genetics inpatients or outpatients over the last 24 months. For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.	
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Special Noncore Privileges in Medical Genetics

	Skin biopsy	New applicant applying for core privileges: Provide evidence of at least 5 skin biopsies under expert supervision during the course of training in, or practice of, medical genetics.	Current medical staff applying for reappointment: Attest to at least 2 over the last 24 months. For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 2.	
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Please list any of the above core privileges you do not wish to request:

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

Practitioner Name:

EL CAMINO HOSPITAL MEDICAL STAFF COMPACT

At El Camino Hospital we are expressly committed to delivering the right care to every patient, every day, every time. The Compact that follows provides a framework of expectations for both parties to govern daily interactions. This framework is also vital as the creation of future policy and operational initiatives are pursued.

El Camino Hospital Commitment to Physicians

Maintain and Foster Excellence in Quality

- Create an environment that supports a high quality and cost effective medical practice.
- Create an environment that attracts and retains superior physicians
- Recruit and retain superior clinical and non-clinical staff.
- Create an environment where patient care is family-centered and considers medical, social and economic needs of patient, family and the community.
- Support continuous learning for all clinicians
- Provide the equipment, tools, personnel and information to provide and improve high quality patient care.
- Support opportunities for research, education and development.

Collaborate in the Hospital's Development

- Share information regarding hospital strategy.
- Include key medical staff leaders in significant decisions.
- Provide timely, consistent, relevant information and engage in meaningful two-way communications.
- Work to continuously improve the EMR to maximize efficiency, ease of use, and support evidence-based high quality care.
- Provide data and tools to assist in achieving quality goals

Lead with Confidence, Prudence and Integrity

- Foster teamwork particularly between staff and physicians in achieving the highest levels of patient care.
- Communicate and listen to physicians and hospital staff
- Maintain a collaborative and professional environment for physicians, staff and patients
- Acknowledge contributions to patient care, the community and the organization.
- Manage and lead ECH with integrity and accountability
- Comply with good business practices.

Individual's Commitment

- Provide the type of care that you would want to receive for yourself or a family member with consideration of the medical, social and economic needs of patients, families and the community.
- Practice state of the art, evidence-based quality medicine when appropriate; maintain necessary skills, obtain adequate continuing education and communicate promptly and adequately with patients and families and maintain excellence service.
- Maintain a collegial demeanor and professional relationships with other members of the medical staff and all others involved in the care of patients.
- Communicate information in a clear, timely manner and answer pages promptly.
- Provide and accept constructive solutions to perceived problems.
- Support and communicate with the medical staff leadership and recognize that they act on behalf of the medical staff
- Demonstrate citizenship by participating in departmental, medical staff and community activities
- Support the goal of making El Camino Hospital the hospital of choice for patients, employees and physicians
- Comply with the Disruptive Physician Policy

COMMITMENT IN ACTION Award Nomination Form

2016

DRAFT 04-11-16

DRAFT 04-11-16

COMMITMENT IN ACTION AWARD

An excellent organization is created through excellent people. The purpose of this award is to recognize a member of the medical staff who has excelled at demonstrating the individual commitment outlined in the El Camino Hospital Medical Staff Compact. The Commitment in Action award is presented at the annual Service Awards dinner along with the Leadership in Action, the Caring Nurse Award and the Excellence in Action award.

The nominations are scored by TO BE DETERMINED. Each of the four examples is given a numeric score based on how well it describes the nominee's demonstration of that commitment. The nominee with the highest score receives the Medical Staff in Action award. The recipient will be announced at the annual Service Awards Dinner. The awardee will receive a Medical Staff in Action plaque and TO BE DETERMINED.

AWARD CRITERIA

Physicians with privileges on the El Camino Hospital Medical Staff can be nominated for this award. Nominees must have been on the Medical Staff for at least 12 months.

Any physician, patient, community member, employee or volunteer may submit a nomination; however an individual may not nominate him/herself for the award.

DEADLINE

Nomination forms are due no later than INSERT DATE at 5 p.m. Late nominations cannot be accepted. Please send completed nomination forms to Rebecca Solidum, Education Services, mailstop GC30, or rebecca.solidum@elcaminohospital.org. Nomination forms must be completed in ink or typed. Please provide all requested information. The nomination form must describe how your nominee demonstrates the specific physician commitments, so please give specific examples to tell the story of how your nominee consistently demonstrates those commitments during the past twelve months. The El Camino Hospital Medical Staff Compact is printed on the back of this form for your reference. You may attach additional sheets of paper with information to this nomination form that further demonstrates your candidate's exemplary personal commitment to El Camino Hospital.

NOMINATIONS ARE DUE BY insert date AT 5 PM.

DRAFT 04-11-16

El Camino Hospital has four distinct awards to recognize staff for different aspects of excellence in care and/or service. Please refer to the chart below to determine which nomination form to use for the individual you believe deserves recognition. If you have additional questions, please email intercom@elcaminohospital.org.

AWARD	POSITIONS ELIGIBLE	FORM COLOR
Caring Nurse Award	RNs who provide direct patient care (Management staff are not eligible.)	Violet
Excellence in Action	All staff, supervisors, leads, NUCs except RNs providing direct patient care (Management staff are not eligible.)	Ice Blue
Leadership in Action	Assistant managers, managers, directors, senior directors and executive directors	Peach
Commitment in Action	Physicians	TBD

COMMITMENT IN ACTION NOMINATION

Please send this form either electronically or on paper by INSERT DATE to Rebecca Solidum, Education Services, mailstop GC30.

Nominee's name/job title: _____

Nominee's department: _____

Your name: _____

Your department/phone extension: _____

I am: ☐ volunteer ☐ community member ☐ employee ☐ patient ☐ physician

Give an example of how this physician practices state of the art, evidence-based quality medicine.

Give an example of how this physician maintains a collegial demeanor and professional relationships with other members of the medical staff and all others involved in the care of patients.

Give an example of how this physician demonstrates citizenship by participating in departmental, medical staff and community activities.

Give an example of how this physician supports the goal of making El Camino Hospital the hospital of choice for patients, employees and physicians.

Please staple supplemental information to the form as needed.

DRAFT 04-11-16

ATTACHMENT 32



Date: August 10, 2016
 To: El Camino Hospital Board of Directors
 From: Tomi Ryba, CEO
 Re: CEO Report - Open Session

Organizational Goals

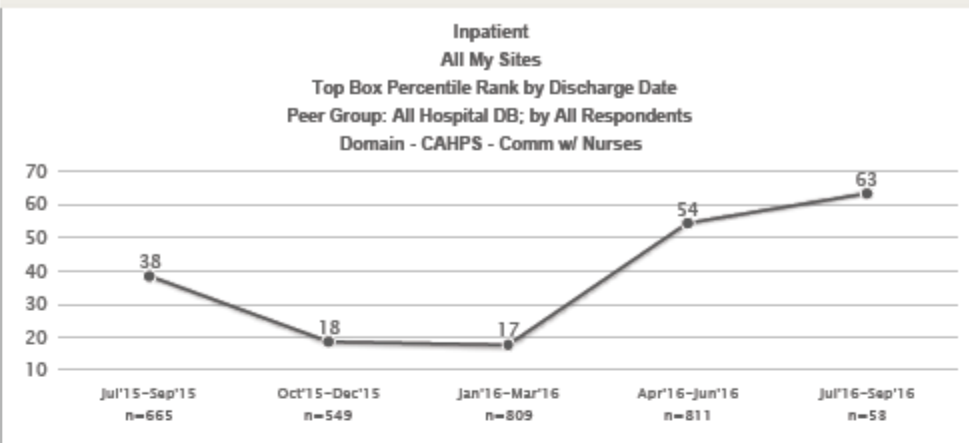
Revised 8/2/16

Performance Measurement

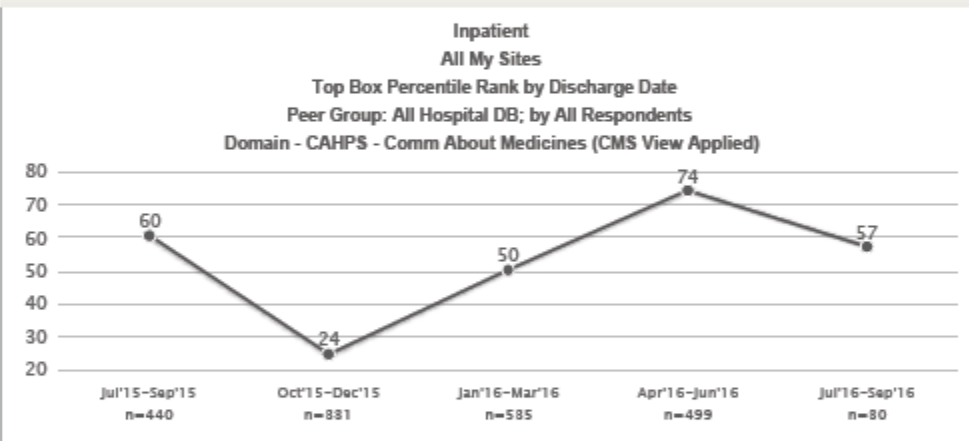
Organizational Goals FY16	Benchmark	2015 ECH Baseline	Minimum	Target	Maximum	Weight	Evaluation Timeframe	FY16 Final
Threshold Goals								
Joint Commission Accreditation	Standard Threshold	Full Accreditation	Full Accreditation			Threshold	FY 16	Met
Budgeted Operating Margin (One Month Delay)	90% threshold recommended by Exec Comp Consultant	Met	90% of Budgeted			Threshold	FY 16	Met
Patient Safety & iCare								
Achieve iCare Tier 1 Metric: Medication Reconciliation at Discharge	Epic Benchmark: 97%	May - Jun FY15 Actual	6 Months Post Go-Live: 60%	6 Months Post Go-Live: 75%	6 Months Post Go-Live: 90%	34%	May 2016	97%
Achieve Medicare Length of Stay Reduction	Internal Improvement	Jan - June FY15 Actual for LOS: 5.17	.10 Day Reduction	.20 Day Reduction	.30 Day Reduction	17%	Jan - Jun FY16	4.78
Maintain Current Readmission Rates for Same Population (One Month Delay for Readmission-Based on Index Admit Date)	Internal Improvement	Jan - June FY15 Actual for Readmission: 12.67%	Readmission at or below FY15	Readmission at or below FY15	Readmission at or below FY15	17%	Jan - Jun FY16 (based on Index admit)	11.50% (287/2496)
Smart Growth								
Achieve Enterprise Planned Growth (300 Discharges, 300 Outpatient Visits) (One Month Delay)	Internal Goal: 120 net, per each metric, is Threshold	FY15 Actual: 310 Discharges, 145 Procedures	80% 240/240	100%	120% 360/360	33%	FY 16	(463) Discharges, (660) Procedures

HCAHPS Scores –

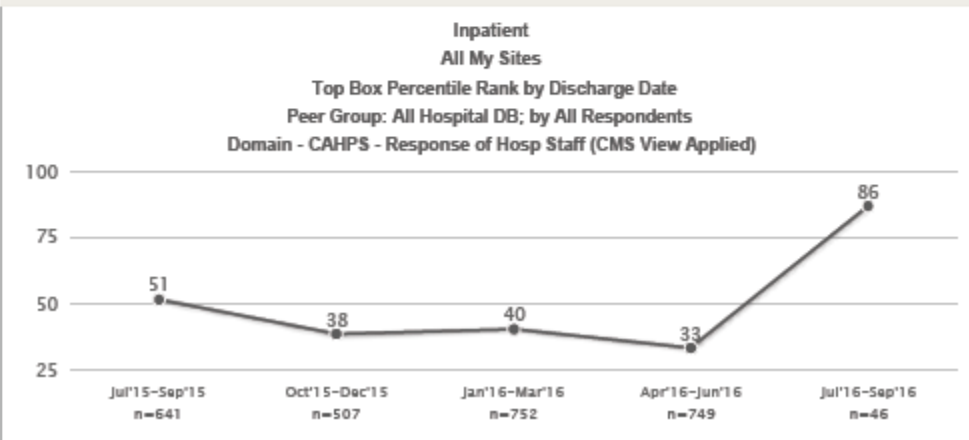
CAHPS - Comm w/ Nurses



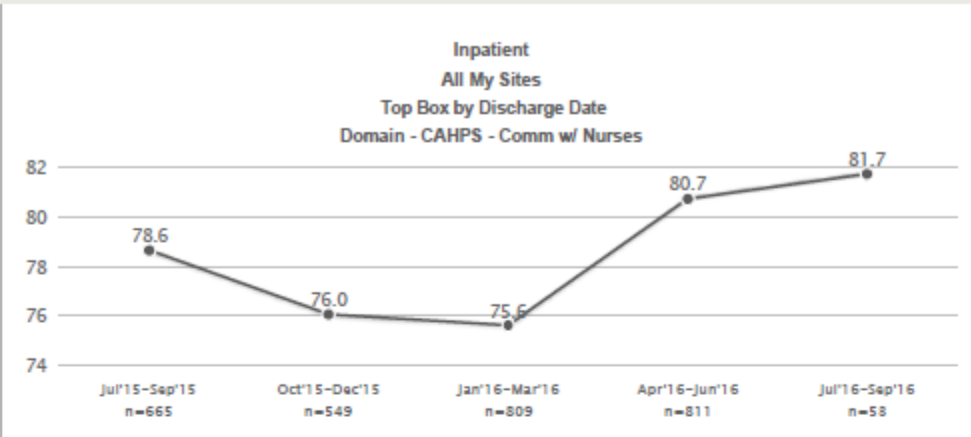
CAHPS - Comm About Medicines



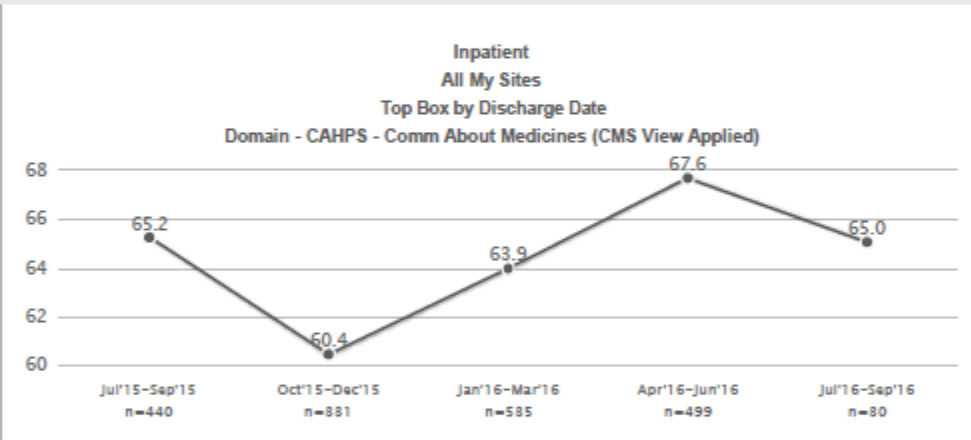
CAHPS - Response of Hosp Staff



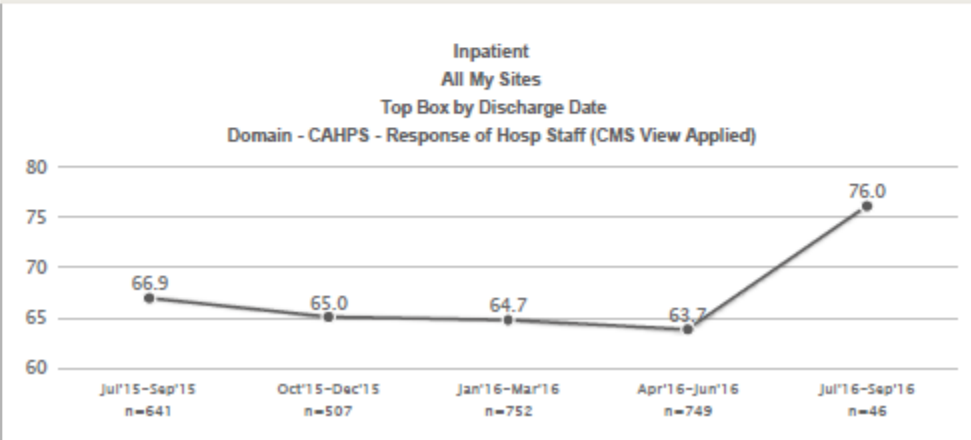
CAHPS - Comm w/ Nurses



CAHPS - Comm About Medicines



CAHPS - Response of Hosp Staff



Community Outreach

- The South Asian Heart Center completed significant outreach:
 - Spring India Day in San Francisco (30,000 attended)
 - Dilli Hatt in Cupertino (15,000 attended)

- Sevathon in San Jose (2,000 attended)
- Sponsored Sunnyvale Rotary Kids in Our Community Summer Food, Sunnyvale PAL Soccer Summer Camp for underserved youth and Chinese Americans for Compassionate Care for an end of life workshop.
- Tzu Chi Foundation's Summer Health Fair including a low-sodium workshop in Mandarin where participants were provided resources on hypertension and a low sodium diet.
- World Hepatitis B Community Health Day. Supported by Congressman Mike Honda and County Supervisor Cindy Chavez to educate and create awareness in Silicon Valley and throughout the nation.
- ECHD and ECH Community Benefit received 65 annual reports from our partners demonstrating broad capacity building in many sectors and impactful outcomes with identified metrics.
- El Camino Hospital participated in Google's annual GoogleServe initiative. Several Google employees, aka "Googlers," gave their time to help out at the Mens' Health Fair on the Los Gatos campus in June and a talented Googler provided musical entertainment to visitors and staff on the Mountain View campus. Other Googlers have volunteered to knit and crochet patient accessories provided to patients by the El Camino Auxiliary.
- Subaru of America and The Leukemia and Lymphoma Society (LLS) teamed up in June for Subaru's "Loves to Care" month. Local dealers and the LLS provided the Oncology Service Line with 125 beautiful blue chenille blankets for our cancer patients on July 6.
- On June 1, staff met with Congresswoman Zoe Lofgren and other area hospital representatives to discuss Medicare and Medicaid reimbursement policy. A similar meeting was held with staff of Congresswoman Anna Eshoo.
- Congresswomen Eshoo attended the Sapphire Soiree as the guest of Director Miller.
- Over the past 18 months, all Mountain View Councilmembers and the City Manager have visited the campus for tours and meetings with leadership, and many attended the ribbon cutting for our new employee shuttle. In addition, four town halls were held for neighbors and the general public. In preparation for the Mountain View Council's final review and vote on our campus development master plan, Brenda Taussig and Ken King again spoke with all council members to answer their questions. On June 22, Tomi Ryba and Ken King addressed the Council; 9 residents spoke during the public comment session, and a robust and congenial discussion followed. Concerns focused on traffic mitigation. The council approved the plan by a vote of 5-1-1; with one councilmember abstaining because he owned

property close the ECH. Extensive information about campus development, including photos, video and a newsletter sign-up, is available on our website: www.elcaminohospital.org/campusdev

- Senator Jerry Hill and Supervisor Joe Simitian joined staff and board at the Los Altos/Los Altos Hills Annual “State of the City”. ECH is the major sponsor of this event.
- ECH hosted a Mountain View Chamber of Commerce special event on affordable housing, with Mayor Showalter, Supervisor Simitian and housing experts who spoke to local business owners and nonprofit leaders.
- Tomi Ryba spoke to the Cupertino Rotary about mental health services and our new mental health building beginning construction this year.
- In partnership with the City of Sunnyvale, the third Healthy Mind mental health series lecture took place at the Sunnyvale Senior Center. Dr. Grace Nadolny collaborated with the senior center’s care manager on a presentation focused on depression in older adults.
- The 6th annual Men’s Health Fair reached its highest registration ever with over 350 registrants. The event featured physician booths, sleep screenings, two health lectures, and medical technology demonstrations.

Media and Marketing

- Dr. Karen Pike shared vacation summer survival tips with South Bay Accent magazine.
- Los Altos Town Crier highlighted our ASPIRE program and its expansion to treat transitional age youth.
- Los Altos Town Crier and Mountain View Voices featured articles about the Mountain View campus development plan and its approval by the City Council.
- Greg Walton was named 2016 Bay Area CIO of the Year Community Champion winner by the Silicon Valley Business Journal.
- A release announcing the Hospital’s Community Benefit Grant awardees was distributed over the wire and had more than 1,600 views.
- Releases announcing the appointment of Dr. William Faber as the hospital’s new CMO and recognition of the Senior Health Program at Silicon Valley Primacy Care as a Patient-Centered Medical Home.

Relationship Marketing

- Sent over 60K targeted emails to community members on a range of topics including: event invites and follow ups (Men's Health Fair, sleep screening, Healthy Mind series, Elder Summit, and Cancer Survivors Day), newsletters (Chinese Health Initiative, Cancer Center Connections, and HealthPerks), and clinical program support (kidney stone program). Overall average open rate was 37% and click-through-rate (CTR) was 10% - anything greater than 20% open rate and 8% CTR is considered very successful.
- 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 June and July, 25 people completed an assessment, with the current completion total at 2,164. The Prostate profiler had the most completions, but the Heart Health and Breast Cancer profilers continue to be our top performing assessments.

Advertising Campaigns/Direct Mail

- The search engine marketing and Facebook advertising campaign promoting Los Gatos Childbirth and Parenting classes and tours, which launched in early May, has shown strong results. The campaign has generated 22 calls to the service line and the weekly average unique visits to the class pages has increased from 40 (prior to May 9) to 386 (post launch).
- The Health Beat Summer issue, focusing on the importance of sleep, men's health, and more health tips and resources, was sent to 115K homes.

Att 32 CEO Report 02 ECHA Activity Report (July-Aug)

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

June Highlights:

- The Auxiliary participated in the NICHE Committee's Elder Summit. In addition to being available to answer questions, we provided a sampling of the items produced by volunteers for the comfort of the special needs of elder patients. In addition, several Auxiliary members participated in the "Longest Day" event, held on 6/20, in support of the NICHE/Alzheimer's activities.
- We continue to work with RJ Salus, Director of Patient Experience, Chris Tarver, and Reverend John Harrison to develop the protocols for the Living History Project. We hope to be able to launch this major activity by the end of the summer.
- The Communications Committee continues to delve deeper into the results of the recent survey, in which the Auxiliary reached out to membership. We had a significant response rate, and are still evaluating responses. We are committed to moving towards implementing some of the suggestions.

July Highlights:

- The new Auxiliary board is in the process of planning for the activities for the 2016-17 year. This includes recruiting members for the six active subcommittees, planning for fiscal expenditures, reviewing all services, and implementing new procedures.
- The Auxiliary held its quarterly chairpersons' meeting on July 14th. The importance of this meeting is to share with the chairs of each of the services any and all new information they need to have to pass along to the members of those services. In addition, there was a formal presentation by Shauna Bushman, from the Marketing Department, around the results of our extensive survey. Those results were then discussed and the focus for the remainder of the meeting was on how to utilize this significant information.
- The Communications Committee is in the process of strategizing how to implement the information from the chairpersons' meeting. Input from multiple sources is digested and plans developed to move forward. The Auxiliary is always in recruitment and retention mode, and these elements are included in the planning, as part of the overall strategy, for developing and assuring meaningful work for the volunteers.

Att 32 CEO Report 03 ECHA Membership Report (July-Aug)

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of July 2016

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

Membership Data:

Senior Members

Active Members	452	+2 relative to previous month
Dues Paid Inactive	104	includes Associates and Patrons
Leave of Absence	21	
Subtotal	577	

Resigned in Month 8
Deceased in Month 0

Junior Members

Active Members	218	-9 relative to previous month, typical for Spring
Dues Paid Inactive	0	
Leave of Absence	0	
Subtotal	218	

Total Active Members 670

Total Membership 795

Combined Auxiliary Hours from Inception (to May 31, 2016): 5,626,122
Combined Auxiliary Hours for FY2016 (to May 31, 2016): 97,224
Combined Auxiliary Hours for May 2016): 7,768

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of August 10, 2016

Combined Data as of June 30, 2016 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	445	-7 relative to previous month
Dues Paid Inactive	105	(Includes Associates & Patrons)
Leave of Absence	23	
Subtotal	573	

Resigned in Month 12
Deceased in Month 0

Junior Members

Active Members	230	+12 relative to previous month
Dues Paid Inactive	0	
Leave of Absence	12	
Subtotal	242	

Total Active Members 675

Total Membership 815

Combined Auxiliary Hours from Inception (to June 30, 2016): 5,634,536
Combined Auxiliary Hours for FY2016 (to June 30, 2016): 105,638
Combined Auxiliary Hours for June 2016): 7,903

Att 32 CEO Report 04 Foundation Board Liaison Report

Memorandum

DATE: July 27, 2016

TO: El Camino Hospital Board of Directors

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

SUBJECT: Report on Foundation Activities FY 2016 – Period 11-12

ACTION: For Information

The Foundation raised \$7,751,994 in fiscal year 2016, achieving 106% of its revenue goal at a 38% cost of fundraising. This is the second year in a row that it has exceeded goal. The team is well positioned to achieve its three-year fundraising goal of \$21 million for the Hospital by close of FY17.

In June, the Foundation allocated more than \$500,000 of unrestricted gifts to four programs that have been approved by the executive leadership team and advance our strategic aims of smart growth, integrated care, and patient & family centeredness.

El Camino Heritage Golf Tournament – The next fundraising event is the El Camino Heritage Golf Tournament, which will take place on Monday, October 10, 2016 at Ruby Hill Golf Club in Pleasanton. Proceeds will go to the Scrivner Challenge to support adolescent mental health services at El Camino Hospital. Please mark your calendars and plan to “tee up for teens.”

Att 32 CEO Report 05 Foundation BOD and President Rpt

Memorandum

DATE: July 26, 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 – Periods 11 and 12

ACTION: For Information

During the months of May and June, the Foundation secured nearly \$3million from major gifts, planned gifts, Sapphire Soirée, annual gifts and investment income. *This brings total revenue received in FY16 to \$7,751,994, 106% of goal.* This is the second year in a row the Foundation has exceeded its goal. The cost of fundraising was 38%, which is exemplary by industry standards.

Major Gifts

In May and June, the Foundation received \$215,126 in major gifts, bringing the annual total to \$1,902,863. These include a \$35,555 gift to support the Cardiac Pulmonary Wellness Center from the grateful family of a patient that recently passed away; \$114,000 for the Cancer Center; two gift commitments totaling \$25,000 for the South Asian Heart Center; and two unrestricted gifts totaling \$20,000 to the El Camino Fund. Although the Foundation achieved a little more than 50% of the major gift goal, the philanthropy officers were highly productive in securing irrevocable planned gift commitments, which are reflected on the planned gift line of the fundraising report, and Sapphire Soirée sponsorships that were critical to the event's success, which are reflected on the Sapphire Soirée line of the fundraising report.

Planned Gifts

In May, the Foundation received an irrevocable commitment of \$50,000, an unrestricted gift, from the estate of Jane Lien.

In June, the Foundation received notice of a series of transfers to fund the Melchor CRUT that was established in 2013 to benefit Jeff Melchor with El Camino Hospital Foundation named as the remainder beneficiary. By close of June a total of \$5.2 million was transferred into the CRUT, followed by an additional transfer of approximately \$4.3 million in early July. Additional funds are expected by September 2016, which we anticipate will bring the total value of the gift to \$10.5 million – the largest single gift in the Foundation's history. The Foundation booked \$4 million of the CRUT in FY13 to name the Norma Melchor Heart & Vascular Institute.

We are now only reporting \$1,410,700 as new revenue, a portion of the value added to the CRUT in FY16 and FY17.

Special Events

- ***Sapphire Soirée*** – Sapphire Soirée 2016 was the most successful fundraising event in the Foundation's history. It raised more than \$1.1 million, including Pamela and Edward Taft's \$250,000 tribute gift in honor of Norma and Jack Melchor. (The Taft gift is reflected on the major gifts line of the fundraising report). During May and June, the Foundation received \$699,790 from ticket sales, sponsorships, donations, Sip for a Sapphire sales, live auction proceeds, and fund-in-need appeal gifts. Most of the money raised from the event was received before June 30, but there is approximately \$20,000 in outstanding commitments that will be included in either the July or August fundraising report.
- ***Norma's Literary Luncheon*** – The Foundation received \$50,000 in May and June from the Melchor family, which completes their \$75,000 commitment to underwrite the 2017 event.

Annual Giving

In May and June, annual giving increased \$32,489, bringing the total raised in FY16 to \$507,745. Donations came from various sources including grateful patients, online giving, memorial and tribute gifts, and responses to the direct mail appeal letter that was sent at the end of May and highlighted the sepsis program that has been 100% supported by the Foundation.

Investment Income

Investment income reached more than \$1.3 million for the year.

Allocations of Unrestricted Gifts

In June, the Foundation Board approved allocations of unrestricted funds totaling \$509,000 to support four programs approved by the executive leadership team that advance the hospital's strategic aims of smart growth, integrated care, and patient & family centeredness.

- Nurse education and training both for new graduates joining our staff and for experienced nurses who wish to move into specialty areas
- Improved maternity services, including a concierge, a pre-conception class to help women prepare for healthier pregnancies, new classes targeted to Chinese and South Asian patients (the majority of maternity patients at El Camino Hospital), and a license for the Wildflower Health smartphone-based engagement platform that targets moms and families
- A joint pilot program between Safeway and El Camino Hospital designed to bring the hospital's wellness services into the community
- The second grant of a two-year commitment to fund the Chinese Health Initiative's hypertension outreach

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ECH Foundation Fundraising Report

FY16 Income figures through June 30, 2016 (Period 12)

ACTIVITY		FY16 YTD (7/1/15 - 6/30/16)	FY16 Goals	FY16 % of Goal	Difference Period 11 & 12	FY15 YTD (7/1/14 - 6/30/15)	FY14 YTD (7/1/13 - 6/30/14)
Major Gifts*		\$ 1,902,863	\$ 3,735,000	51%	\$ 169,571	\$ 4,036,423	\$ 330,000
Planned Gifts		\$ 2,156,916	\$ 1,200,000	180%	\$ 1,410,700	\$ 2,365,771	\$ 866,857
Special Events	Sapphire Soirée	\$ 936,240	\$ 600,000	156%	\$ 437,573	\$ 627,386	\$ 953,865
	Golf	\$ 326,205	\$ 280,000	117%	\$ -	\$ 326,650	\$ 313,325
	Scarlet Night	\$ 292,180	\$ 250,000	117%	\$ 150	\$ 283,776	\$ -
	Norma's Literary Luncheon	\$ 245,106	\$ 135,000	182%	\$ 25,100	\$ 126,577	\$ -
Annual Giving		\$ 507,745	\$ 400,000	127%	\$ 25,726	\$ 567,820	\$ 810,526
Grants		\$ 64,833	\$ 200,000	32%	\$ -	\$ 514,080	\$ 393,075
Investment Income		\$ 1,319,905	\$ 500,000	264%	\$ 83,177	\$ 1,067,770	\$ 1,053,422
TOTALS		\$ 7,751,994	\$ 7,300,000	106%	\$ 2,151,997	\$ 9,916,253	\$ 4,721,070

*includes \$250,000 tribute gift for Sapphire Soirée



El Camino Hospital® Foundation
THE HOSPITAL OF SILICON VALLEY