

AGENDA
MEETING OF THE EL CAMINO HOSPITAL BOARD
Wednesday, November 9, 2016 – 6:30 pm
 Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, CA 94040

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Neal Cohen, MD, Board Chair		6:30 – 6:32 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		6:32 – 6:33
3. BOARD RECOGNITION <i>Resolution 2016-14</i> The Board will recognize individual(s) who enhance the experience of the Hospital's patients and the community. ATTACHMENT 3	William Faber, MD, CMO	<i>public comment</i>	motion required 6:33 – 6:38
4. QUALITY COMMITTEE REPORT ATTACHMENT 4	David Reeder, Quality Committee Chair		information 6:38 – 6:43
5. BOARD-DESIGNATED COMMUNITY BENEFIT FUND ATTACHMENT 5	Iftikhar Hussain, CFO	<i>public comment</i>	possible motion 6:43 – 6:53
6. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Neal Cohen, MD, Board Chair		information 6:53 – 6:56
7. ADJOURN TO CLOSED SESSION	Neal Cohen, MD, Board Chair		motion required 6:56 – 6:57
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Neal Cohen, MD, Board Chair		6:57 – 6:58
9. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (October 12, 2016) <i>Health & Safety Code 32106(b)</i> for a report involving health care facility trade secrets: b. Annual Safety Report for Environment of Care	Neal Cohen, MD, Board Chair		motion required 6:58 – 7:00

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. 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; J. Augusto Bastidas, MD, Los Gatos Chief of Staff		motion required 7:00 – 7:10
11. Report of the Medical Staff. <i>Health and Safety Code Section 32155.</i> Deliberations concerning reports on Medical Staff quality assurance matters: - Organizational Clinical Risks	Daniel Shin, MD, Medical Director of Quality Assurance		discussion 7:10 – 7:20
12. Discussion involving <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: - Integrated Performance Improvement Plan	Deb Muro, Interim CIO		discussion 7:30 – 8:00
13. <i>Gov’t Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk. - Labor Relations Update	Kathryn Fisk, CHRO		possible motion(s) 8:00 – 8:10
14. Discussion involving <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: - Strategic Priorities	Kelsey Martinez, Director, Marketing and Communications		discussion 8:10 – 8:50
15. Discussion involving <i>Gov’t Code Section 54657</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 Executive Base Salary Ranges	Lanhee Chen, Executive Compensation Committee Chair		discussion 8:50 – 8:55
16. Discussion involving <i>Gov’t Code Section 54657</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY17 Executive Base Salaries	Lanhee Chen, Executive Compensation Committee Chair		discussion 8:55 – 9:00
17. Discussion involving <i>Gov’t Code Section 54657</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY16 Executive Incentive Goal Scores	Lanhee Chen, Executive Compensation Committee Chair; Julie Johnston, Director of Total Rewards		possible motion 9:00 – 9:05
18. Discussion involving <i>Gov’t Code Section 54657</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Proposed FY16 Executive Incentive Payouts	Lanhee Chen, Executive Compensation Committee Chair; Julie Johnston, Director of Total Rewards		discussion 9:05 – 9:15

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
19. Discussion involving <i>Gov't Code Section 54957</i> and <i>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	Donald C. Sibery, Interim CEO		information 9:15 – 9:20
20. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - CEO Search Update	Neal Cohen, MD, Board Chair		discussion 9:20 – 9:40
21. Report involving <i>Govt. Code Section 54957</i> for discussion and report on personnel performance matters: - Executive Session	Neal Cohen, MD, Board Chair		discussion 9:40 – 9:45
22. ADJOURN TO OPEN SESSION	Neal Cohen, MD, Board Chair		9:45 – 9:46
23. RECONVENE OPEN SESSION / REPORT OUT	Neal Cohen, MD, Board Chair		9:46 – 9:47
To report any required disclosures regarding permissible actions taken during Closed Session.			
24. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Hospital Board Meeting (October 12, 2016) b. Draft Revised Resolution 2016-09 <i>Reviewed and Approved by the Medical Executive Committee</i> c. Medical Staff Report Information d. FY17 Period 3 Financials	Neal Cohen, MD, Board Chair	public comment	motion required 9:47 – 9:49
25. PROPOSED FY17 EXECUTIVE SALARY RANGES AND BASE PAY	Lanhee Chen, Executive Compensation Committee Chair	public comment	possible motion(s) 9:49 – 9:51
26. FY16 EXECUTIVE INCENTIVE PLAN PAYMENTS	Lanhee Chen, Executive Compensation Committee Chair	public comment	possible motion 9:51 – 9:53
27. DRAFT RESOLUTION 2016-15: APPOINTMENT OF CEO SEARCH COMMITTEE	Neal Cohen, MD, Board Chair	public comment	possible motion 9:53 – 9:58
28. INFORMATIONAL ITEMS a. CEO Report	Donald C. Sibery, Interim CEO		information 9:58 – 10:01
29. BOARD COMMENTS	Neal Cohen, MD, Board Chair		information 10:01 – 10:04

AGENDA ITEM	PRESENTED BY	ESTIMATED TIMES
30. ADJOURNMENT	Neal Cohen, MD, Board Chair	motion required 10:04 – 10:05pm

Upcoming Regular Meetings

- January 11, 2017
- February 8, 2017
- March 8, 2017
- April 12, 2017
- April 26, 2017 (*Board & Committee Educational Gathering*)
- May 10, 2017
- June 14, 2017

ATTACHMENT 3

EL CAMINO HOSPITAL BOARD

RESOLUTION 2016 - 14

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

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

WHEREAS, the Board wishes to honor and acknowledge the Infection Prevention Team at El Camino Hospital for their continued efforts to provide high-quality care to all hospital inpatients and outpatients across our campuses.

In the last year, there has been a fifty percent reduction in hospital-acquired Clostridium Difficile (C. diff) infections in patients, from 149 cases in 2015 to 74 cases in 2016, and a continued, steady decrease over the last five years. The Infection Prevention Team reached their goal to strive for zero hospital-onset C. diff infections in the months of August and September 2016.

This goal was achieved through dedicated collaborative efforts between Infection Prevention Nurses, Infection Control, led by Dr. Carol Kemper and Catherine Nalesnik, RN; EVS, led by Lorna Koep; and the Antibiotic Stewardship Program led by Dr. Daniel Shin and Pharmacist Nan Hong. The EVS team in particular works tirelessly to ensure that all hospital spaces are clean and rooms are fully disinfected upon patient discharge. These results would also not be possible without staff diligence in good hand washing practices.

The significant contributions made by the Infection Prevention Team help bring the hospital closer to achieving long-term goals in Patient Safety and Quality and support continued efforts to provide high quality, patient-centered care.

WHEREAS, the Board would like to publically acknowledge the Infection Prevention Team for their work to enhance patient experience by achieving the zero hospital-onset C. diff infection goal in the months of August and September 2016.

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

Infection Prevention Team

FOR THEIR COMMITMENT TO PROVIDING EVIDENCE -BASED, PERSONALIZED CARE TO PATIENTS.

IN WITNESS THEREOF, I have here unto set my hand this **9TH DAY OF NOVEMBER, 2016.**

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Dennis Chiu, JD
Neal Cohen, MD

Jeffrey Davis, MD
Peter Fung, MD
Julia Miller

David Reeder
John Zoglin

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



ATTACHMENT 4

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report El Camino Hospital Board of Directors November 9, 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 November 2 nd and meets next on December 5, 2016.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: 1. Progress Against Goals: The Committee is on track to achieve its FY17 Targets. 2. Summary of November 2, 2016 Meeting: <ul style="list-style-type: none"> a. Cancer Center Presentation: Dr. Shyamali Singhal reviewed the growth of the program over the past 9 years, demonstrated our program's favorable comparison to other community hospital cancer centers in terms of five-year survival for the most frequent cancers, and highlighted some of our state-of-the-art treatment modalities and unique cancer navigation, early detection, and prevention offerings. b. FY17 Quality Dashboard: Seven metrics remain stable; the only exception being an upward trend in patient falls. Though our overall performance in falls exceeds national benchmarks, nursing administration is exploring additional modalities to mitigate this trend, including visual monitoring. c. Patient and Family Centered Care: The Patient and Family Centered Care project is on track and will be maintained despite the departure of RJ Salus. We are following up on the PlaneTree recommendations by conducting site visits to several health systems with outstanding patient experience. Mr. Salus detailed the handoff of responsibilities and roles to others going forward and future organizational needs. d. The Committee was given red and orange alert updates, and reviewed the Annual Safety Report/Environment of Care Evaluation. 	
Suggested discussion questions: None.	
Proposed Board motion, if any: None.	
LIST OF ATTACHMENTS: None.	

ATTACHMENT 5

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Annual Evaluation of Board-Designated Community Benefit Fund El Camino Hospital Board of Directors November 9, 2016
	Responsible party:	Iftikhar Hussain, Chief Financial Officer
	Action requested:	For Approval
	Background: <p>The Board approved a \$10 million Community Benefit Fund that was established in September 2015. Each year, management recommends changes to this fund and the amount of investment income to be used for the Community Benefit plan for the next fiscal year.</p> <p>As of September 30, 2016, the Fund has earned \$235,000 investment income. In the FY16 budget, we committed \$500,000 from this fund for the FY17 community benefit budget.</p> <p>Since the FY17 commitment exceeded the investment income, we recommend no commitment for FY18 to allow sufficient time for the investment income to catch up with the existing FY17 commitment.</p>	
	Board Advisory Committees that reviewed the issue and recommendation, if any: None	
	Proposed Board motion, if any: <p>That there will be no additional commitment from the Community Benefit Fund in FY18 to allow the investment earnings of the fund to catch up to existing commitment.</p>	
	LIST OF ATTACHMENTS: <p>1. None</p>	

**a. Minutes of the Open Session of the Hospital Board
Meeting (October 12, 2016)**



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, October 12, 2016
2500 Grant Road, Mountain View, CA 94040
Conference Rooms E, F & G**

Board Members Present

Lanhee Chen, via videoconference
Dennis Chiu, Vice Chair
Neal Cohen, MD, Chair
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 5:30pm by Chair Cohen. A verbal roll call was taken. Director Chen participated via videoconference. Director Davis joined the meeting via teleconference at 5:51pm during Agenda Item 6 (Resolution 2016-13, 2016 Plan of Finance), disconnected from the teleconference and then joined the meeting in person during the closed session consent calendar discussion. All other Board members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Cohen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. BOARD RECOGNITION	<p>Motion: To approve Resolution 2016-12.</p> <p>Movant: Miller Second: Reeder Ayes: Chen, Chiu, Cohen, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Davis Recused: None</p> <p>Jodi Barnard, President of the El Camino Hospital Foundation, acknowledged sisters Janin Saadieh Branco, Janet Shaffer, Dona Somora, and their mother, Amy Saadieh, for their ongoing support to help raise money in memory and honor of Kai Saadieh to benefit the Cancer Center at El Camino Hospital.</p>	Resolution 2016-12 approved
4. FY17 PERIOD 2 FINANCIALS	<p>Iftikhar Hussain, CFO, reported that volume is low, both compared to last year and to budget. He also reported that the payor mix is stable, and operating margin is \$6 million ahead of plan. There were no additional questions from the Board on the Period 2 Financials.</p> <p>Motion: To approve the FY17 Period 2 Financials.</p> <p>Movant: Chiu Second: Ryba</p>	FY17 Period 2 Financials approved

	<p>Ayes: Chen, Chiu, Cohen, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: Davis Recused: None</p>	
<p>5. FY16 FINANCIAL AUDIT</p>	<p>Brian Conner and Joelle Pulver from Moss Adams reviewed the results of the financial audits conducted for FY16. Mr. Conner outlined the scope of work performed for ECH including: FY16 consolidated financial statement audits (Hospital and District) and FY16 financial statement audits for the Foundation, CONCERN: EAP, and the Auxiliary. All reports include Moss Adams' unmodified opinion, the highest level of assurance they can provide. Mr. Conner reported that financial statements as prepared by management were fairly stated in all material respects.</p> <p>Ms. Pulver highlighted:</p> <ul style="list-style-type: none"> - Cash investments are down \$15 million with unrealized losses due to the change in the market value of the investments as of June 30, 2016. Most of those losses have been recovered subsequent to year-end. - Capital assets include purchases of \$87 million (including the land purchase in Santa Teresa) offset by depreciation of \$48 million, investments in other affiliates (Pathways, Surgery Center), and defined benefit plan asset. - Current liabilities have remained consistent over the last 3 years, with a decrease in \$7 million dollars for long-term liabilities (regularly scheduled payments on debt). - Net patient service accounts receivable (the most significant estimate in the audit) is up \$30 million from last year due to better charge capture with Epic and denial reversals. - From FY15 to FY16, there was a 2% increase in salaries, wages, and benefits under total operating revenues. - Management selected and applied significant accounting policies appropriately and consistent with those of the prior year; managements' estimates are reasonable. - There were no corrected or uncorrected audit adjustments; for internal controls, there were no material weakness and no significant deficiencies to communicate. - Moss Adams issued an internal controls letter with four best practice recommendations, including classification of contractual allowances and bad debt, credit balances in AR, reconciling items regarding period cutoff, and rental incomes and expenses. <p>Mr. Conner described the upcoming accounting updates (GASB-74 and -75), highlighting a significant change for financial reporting for post-employment benefit plans other than pension plans.</p>	
<p>6. RESOLUTION 2016-13</p>	<p>Chad Kenan, Citigroup Global Markets, and Jennifer Brown, Ponder & Co., outlined the Series 2016 Plan of Finance to capitalize on low interest rates and favorable market conditions. The plan includes:</p> <ol style="list-style-type: none"> 1. New Money Revenue Bonds: fund \$270 million of tax-exempt projects. Mr. Kenan explained that Ken King, Chief Administrative Services Officer, has identified additional projects (approximately \$20 million) that would be eligible. The \$290 million, including the additional \$20 million, would be spent over 	<p>Resolution 2016-13 approved</p>

	<p>the next 3 years on these projects.</p> <p>2. Series 2006 General Obligation Bonds: refinance and reduce interest costs (gross savings of approximately \$16 million).</p> <p>He provided an overview of the timeline (approvals and issuance), of historical bond transactions over the last 10 years (both General Obligation of the District and Revenue bonds of the Hospital), existing debt service on bonds, and a detailed cash flow benefit of refunding. Mr. Kenan reported that rating agencies have confirmed ECH's A+ rating, and that the team will be pricing the bonds in New York on Thursday, October 27, 2016.</p> <p>Director Zoglin highlighted that the savings on the District's General Obligation bonds will be passed on to the District property owners.</p> <p>Motion: To approve Resolution 2016-13, adopting the 2016 Plan of Finance, approving transactions for the funding of new projects at the Mountain View campus and paying costs of issuance plus a capitalized interest account not to exceed \$325,000,000.</p> <p>Movant: Chiu Second: Reeder Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>7. PROPOSED REVISIONS TO FY17 BUDGET</p>	<p>Iftikhar Hussain, CFO, explained that the long term plan noted the need to go to the bond market to fund capital projects, but that the exact timing had not been determined and was not included in the FY17 budget. Given the historically low rates and good access to the capital market, staff are proposing to issue bonds in the October/November time frame, and have included revisions to the FY17 budget to accommodate the impact of these bonds.</p> <p>Motion: To approved the revisions to the FY17 budget.</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>8. QUALITY COMMITTEE REPORT</p>	<p>Dave Reeder, Chair of the Quality Committee, reported that metrics remain relatively stable, noting a slight uptick in falls. The Committee approved the addition of sepsis to the exception report to replace specimen labeling errors; the metric will measure minutes from time of presentation to IV crystalloid fluid order, with a goal of less than or equal to 120 minutes. Director Reeder explained that the Committee continued to discuss and review pain management and reassessment and a countermeasure to assure narcotic safety.</p> <p>Director Reeder described the update from Dr. David Francisco regarding the Greeley report and peer review process; Medical Staff will continue work on this area, and will bring the report to the Board.</p>	

<p>9. FY16 COMMUNITY BENEFIT REPORT</p>	<p>Barbara Avery, Director of Community Benefit, explained that the Community Benefit report will be distributed to the community, stakeholders, and elected officials. She reported that the 2016 Health Needs Assessment has been conducted, and the report will inform funding for FY17-19.</p> <p>Ms. Avery reported that total community benefit financials totaled \$53 million; the largest categories were government-sponsored healthcare (uncompensated Medi-Cal), subsidized health services, and financial assistance.</p> <p>She outlined the FY16 grants and sponsorships: \$2,583,256 invested, 33,734 people served with 29 grants and 31 sponsors. She explained that 90% of metric targets were met, which was a 6% increase over the 6-month data. She noted that challenges include housing and commutes for staff in the area, delays in hiring, and language barriers.</p> <p>Ms. Avery described staff's efforts to better measure Community Benefit impact by exploring trends in grant making and speaking with global foundations, public health departments, and healthcare districts. Recommendations included: trusting judgment of program officers and encouraging innovation.</p> <p>She provided a snapshot of those helped in the community and areas targeted for each population:</p> <ul style="list-style-type: none"> - Seniors: isolation, depression, transportation barriers, falls prevention, case management and food security - Homeless/Uninsured: psychological services, medical respite - Youth: orthodontics for foster youth, early head start, school nurses, mental health counseling, nutrition and physical activity - Those At-Risk for Diabetes: awareness campaign, screening, education <p>She also discussed the impacts of certain programs, including:</p> <ul style="list-style-type: none"> - School nurses: connecting children with a physician if they fail a health screening (31% increase) - Playworks: affecting school climate; steady decrease in the number of office referrals with the implementation of Playworks - Challenge Diabetes: targeting awareness, testing messages, and engaging more community members in pre-diabetes initiative <p>Ms. Avery reported that grantees to audit have been identified, and the audit will be conducted in January 2017, after 6-month data has been received.</p> <p>Ms. Avery thanked and recognized the hard work of the Community Benefit staff, Sharan Johal and Anne Rabkin.</p> <p>Director Fung commended Ms. Avery and her team, highlighting the significant impact on the community as a whole, inside and outside of the District. He encouraged expanded efforts in health education, noting that prevention is the best treatment of any disease.</p> <p>Director Miller congratulated staff and described her positive site visit seeing the results of Playworks.</p> <p>Director Zoglin acknowledged the Department's quality work in holding groups accountable and simultaneously working with them to be</p>	<p><i>FY16 Community Benefit Report approved</i></p>
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	<p>successful.</p> <p>Motion: To approve the FY16 Community Benefit Report.</p> <p>Movant: Reeder</p> <p>Second: Miller</p> <p>Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	
10. PUBLIC COMMUNICATION	<p>Ms. Judy van Dyke thanked Director Ryba for her contributions to the Hospital.</p> <p>Mr. Hector D’Alba presented material to the Board regarding his sister’s care at the Hospital. He thanked the team that provided care, but cited problems with certain physicians.</p> <p>Ms. Catharine Walke, a certified Critical Care nurse at ECH LG and PRN board member, described her participation in the PRN MOU negotiation processes. She urged the Board to seek an improved tentative agreement that matches the philosophies considered for executive compensation.</p> <p>Mr. Christopher Platten, the attorney representing PRN in negotiations, asked that the Board remain flexible and open to options to resolve the collective bargaining negotiations. He cited the three consecutive certifications by the American Nursing Association for nursing magnet status.</p> <p>Ms. Olga Londa, an ECH nurse who works in Labor & Delivery, explained that she supports the comments from Ms. Walke and hopes negotiations will be resolved to everyone’s satisfaction.</p> <p>Director Cohen presented a certification of commendation to Director Ryba from Santa Clara County Supervisor Mike Wasserman.</p> <p>Director Ryba thanked the nurses for their remarkable work. She thanked Supervisor Wasserman for his commendation, staff for their work supporting the Board meetings, and the Board for their unwavering support of ECH. She highlighted the Hospital’s growth and achievements from the last five years.</p> <p>Geoffrey Mangers spoke regarding the timing of public communication and his concerns about transparency.</p> <p>A District resident asked for clarification about the District and commented that the District does not include South San Jose.</p> <p>Cindy Murphy, Board Liaison, read an anonymous written communication received that afternoon. The author expressed concerns about the recent union vote, stating not all PRN members received notification of the vote. The author emphasized that the process for voting and receiving information was not fair and equitable.</p>	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:44pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Closed Session Minutes of the Hospital Board Meetings of September 14, 2016 and September 27, 2016 and the Closed Session Minutes of the Executive Compensation Committee Meeting of May 17, 2016; pursuant to <i>Gov’t Code Section 54956(d)(2)</i> – conference with legal counsel – pending or threatened litigation: FY16 Patient Safety Claims Report; pursuant to <i>Health and</i></p>	<p>Adjourned to closed session at 6:44 pm.</p>

	<p><i>Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Semi-Annual Physician Contract Report; pursuant to <i>Gov't Code Section 54956(d)(2)</i> – conference with legal counsel – pending or threatened litigation: FY16 Financial Audit; pursuant to <i>Health and Safety Code 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code 32155</i> for deliberations concerning reports on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk: Labor Relations Update; pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Expansion of Oncology Services; pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Service Line Update; pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Strategic Priorities; pursuant to <i>Gov't Code Sections 54957</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Informational Items; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters and <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: CEO Search Ad Hoc Committee Report; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: CEO Separation agreement; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p>Movant: Ryba Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
12. AGENDA ITEM 26: RECONVENE OPEN SESSION/REPORT OUT	<p>Open session was reconvened at 9:29pm.</p> <p>During the closed session, the Board approved the Closed Session Minutes of the Hospital Board Meeting of September 14, 2016 (as amended) by a vote in favor of 7 members present (Directors Chen (by phone), Cohen, Fung, Miller, Ryba, Reeder, and Zoglin; Director Chiu abstained and Director Davis was absent). The Board also approved the Closed Session Minutes of the Hospital Board Meeting of September 27, 2016, the Closed Session Minutes of the Executive Compensation Committee Meeting of May 17, 2016, the FY16 Patient Safety Claims Report, and Semi-Annual Physician Contract Report and the Medical Staff Report by a unanimous vote in favor of 8 members present (Directors Chen (by phone), Chiu, Cohen, Davis, Fung, Miller, Ryba, Reeder, and Zoglin).</p>	
13. AGENDA ITEM 27: CONSENT CALENDAR	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meetings of September 14, 2016 and September 27, 2016; FY17 Period 1 Financials; ED On-Call Orthopedic Panel (MV); Annual 403(b) Plan Audit; Participant Cash Balance Plan Audit; Policies: HR – Student Educational Experience, HIMS – Patient Access to</p>	Consent calendar approved

	<p>Protected Health Information, HR – Discrimination in Employment, HR – Harassment, HIMS – Retention and Destruction of Records, Executive Compensation Policy, Executive Base Salary Administration, Executive Performance Incentive Plan, Minutes of the Open Session of the Executive Compensation Committee; and the Medical Staff Report.</p> <p>Movant: Ryba Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
14. AGENDA ITEM 28: RETENTION OF CEO SEARCH RECRUITMENT FIRM	<p>Motion: To delegate authority to Chief Human Resources Officer to negotiate and sign a CEO search agreement with Russell Reynolds based on usual and customary terms.</p> <p>Movant: Cohen Second: Miller Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: Ryba Absent: None Recused: None</p>	<i>Russell Reynolds approved as CEO Search Firm</i>
15. AGENDA ITEM 29: FY16 FINANCIAL AUDIT	<p>Motion: To approve the FY16 Financial Audit.</p> <p>Movant: Ryba Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>FY16 Financial Audit approved</i>
16. AGENDA ITEM 30: CEO SEPARATION AGREEMENT	<p>Cindy Murphy, Board Liaison, reported that she had copies of the Agreement available for the Board and for the public.</p> <p>Motion: To approve the CEO Separation Agreement.</p> <p>Movant: Zoglin Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: Ryba</p>	<i>CEO Separation Agreement approved</i>
17. AGENDA ITEM 31: EXPANSION OF ONCOLOGY SERVICES	This agenda item was deferred.	
18. AGENDA ITEM 32: INFORMATIONAL ITEMS	There were no questions or comments on the informational items.	
19. AGENDA ITEM 33: BOARD COMMENTS	The Board members thanked Director Ryba for her service and significant contributions to the Hospital.	

20. AGENDA ITEM 34: ADJOURNMENT	Motion: To adjourn at 9:37 pm. Movant: Chiu Second: Miller Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder, Ryba, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 9:37 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

Draft Revised Resolution 2016-09

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	<p>Draft Revised Resolution 2016-09 (Extension Of The Series 2009A Letter Of Credit)</p> <p>El Camino Hospital Board of Directors</p> <p>November 9, 2016</p>
	Responsible party:	Iftikhar Hussain, Chief Financial Officer
	Action requested:	For Approval
	<p>Background:</p> <p>The Board Approved Resolution 2016-09 on September 12, 2016. We discovered a typographical error in the 5th full paragraph on page 2 and an ambiguity about whether the extended LOC would terminate in 2019 or 2020 in the 6th full paragraph, also on page 2. These have been addressed in the attached documents. The revisions to the Resolution did not cause any delay in the Bond transaction.</p>	
	<p>Board Advisory Committees that reviewed the issue and recommendation, if any: None</p>	
	<p>Proposed Board motion, if any:</p> <p>To approve Draft Revised Resolution 2016-09.</p>	
	<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Draft Revised Resolution 2016-09 (Redlines) 2. Draft Revised Resolution 2016-09 (Clean) 	

Att. 24b 01 Draft Revised Resolution 2016-09 (Redline)

EL CAMINO HOSPITAL

DRAFT REVISED RESOLUTION ~~NO. 2016-1~~ 2016-09

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL IN CONNECTION WITH THE SECOND AMENDMENT AND EXTENSION OF THE SERIES 2009A LETTER OF CREDIT WITH RESPECT TO AN OBLIGATION INCURRED BY EL CAMINO HOSPITAL IN CONNECTION WITH CERTAIN VARIABLE RATE REVENUE BONDS ISSUED BY THE SANTA CLARA COUNTY FINANCING AUTHORITY IN THE AMOUNT OF \$50,000,000; APPROVING THE FORM, AND AUTHORIZING THE EXECUTION AND DELIVERY, OF THE SECOND AMENDMENT AND EXTENSION OF THE SERIES 2009A LETTER OF CREDIT AND OTHER DOCUMENTS IN CONNECTION THEREWITH AND AUTHORIZING THE TAKING OF CERTAIN OTHER ACTIONS.

WHEREAS, on November 8, 2006, the Board of Directors (“Board”) of El Camino Hospital (“Hospital”) duly passed and adopted Resolution 2006-13, as amended from time to time, approving a plan to obtain long-term financing for costs of the Hospital’s major facilities renovation and replacement project (the “Plan of Finance”);

WHEREAS, pursuant to the Plan of Finance, the Hospital would borrow the proceeds of the sale of tax-exempt insured revenue bonds in an aggregate principal amount not to exceed \$250 million from the Santa Clara County Financing Authority, a joint exercise of powers authority (“Authority”) in two separate transactions, the first installment issued in 2007 in the aggregate principal amount of \$150 million, and the second in the approximate principal amount of \$100 million, the proceeds of such bonds to be loaned to the Hospital;

WHEREAS, on March 27, 2007, the Santa Clara County Financing Authority, a joint exercise of powers authority (“Authority”) issued and sold the first installment of tax-exempt revenue bonds in the aggregate principal amount of one hundred fifty million dollars (\$150,000,000) (the “2007 Bonds”) as contemplated by the Plan of Finance, consisting of variable-rate bonds bearing interest at fluctuating rates set by periodic auctions, such variable-rate bonds to be hedged with a “forward starting swap” to manage a part of the risk of the increase in interest expense;

WHEREAS, a swap agreement was entered into with Citibank, National Association, dated as of March 7, 2007, which included three confirmations in the notional amount of fifty million dollars (\$50,000,000) each, and each later amended and restated as of March 15, 2008 (two of such swaps have since been terminated and one swap is currently outstanding);

WHEREAS, on May 15, 2008, the Authority remarketed the 2007 Bonds, converting the 2007 Bonds from variable-rate bonds bearing interest at fluctuating rates set by periodic auctions to a fixed rate mode;

WHEREAS, on January 14, 2009 the Board authorized the Hospital to structure the second installment of tax-exempt revenue bonds, to be issued by the Authority in the aggregate

principal amount of one hundred million dollars (\$100,000,000) so that up to one hundred percent (100%) of the bonds may be variable-rate bonds;

WHEREAS, on March 17, 2009 the Board approved the second installment of tax-exempt revenue bonds, to be issued by the Authority in the aggregate principal amount of fifty million dollars (\$50,000,000) of variable rate revenue bonds.

WHEREAS, on April 7, 2009, the Authority issued and sold tax exempt revenue bonds in the aggregate principal amount of fifty million dollars (\$50,000,000) (the “2009A Bonds”) as contemplated by the Plan of Finance, consisting of variable rate bonds.

WHEREAS, the obligations of the Hospital with respect to the 2009A Bonds were evidenced and secured by (i) payments to be made by the Hospital pursuant to the Loan Agreements entered into with the Authority; (ii) the issuance of obligations under the Master Indenture as amended and supplemented, between the Hospital and Wells Fargo Bank, National Association, as master trustee; and (iii) by a grant of a security interest in the Hospital’s Gross Revenues, as defined and as provided in the Master Indenture;

WHEREAS, in connection therewith and pursuant to a Reimbursement Agreement dated as of April 1, 2009, Wells Fargo, National Association, issued Irrevocable Letter of Credit No. NZ5637944, dated April 7, 2009 (the “Series 2009A LOC”);

WHEREAS, the Series 2009A LOC was to expire on April 6, 2012 but was amended on February 14, 2012 to extend the expiration date of the Series 2009A LOC until April 6, 2017 pursuant to a ~~Second~~First Amendment to Reimbursement Agreement (“~~Second~~First Amendment”);

WHEREAS, the Series 2009A LOC expires on April 6, 2017 and ECH management proposes to extend the expiration date by ~~at least~~up to three years with an annual fee of not to exceed 100 basis points pursuant to a Second Amendment to Reimbursement Agreement (“Second Amendment”);

WHEREAS, in connection with the Second Amendment, and implementing other components of the Plan of Finance previously approved by the Board, the authorization of the execution, delivery and performance of various agreements and the approval of other actions, agreements and documents is required, including agreements, certificates and actions as the Authorized Officers (defined below) determine in their discretion to be necessary or advisable to carry out the Plan of Finance attached;

NOW, THEREFORE, BE IT:

RESOLVED, that each of the Chairperson, Secretary, Chief Executive Officer and Chief Financial Officer or any designee of any of them identified in writing to the Chair (each an “Authorized Officer”), in all cases acting singly, is hereby authorized to negotiate, execute and deliver, approve or acknowledge, as applicable, the Second Amendment, any related agreements, certificates or other documents for and in the name and on behalf of the Hospital, with such terms as described in this Resolution, provided that the Authorized Officer executing each such document may approve any other terms then set forth; be it further

RESOLVED, that each Authorized Officer, in all cases acting singly with the advice of counsel, is hereby authorized to negotiate with Wells Fargo Bank, National Association, and execute and deliver the final First Amendment, any related agreements, certificates or other documents; be it further

RESOLVED, that each Authorized Officer, in all cases acting singly, is hereby authorized to do any and all things, to execute and deliver any and all documents, instruments and certificates, and to enter into any and all agreements necessary or advisable to carry out, give effect to and comply with the terms and intent of this Resolution, the Plan of Finance and the transaction contemplated by the agreements, and any part of the transactions described herein or therein. The Secretary of the Board is hereby authorized to attest any signature of an Authorized Officer on any of the documents, instruments, certificates and agreements authorized by this Resolution; be it further

RESOLVED, that all actions heretofore taken by the officers, representatives or agents of the Hospital, including without limitation, the Authorized Officers, in connection with the Second Amendment are hereby ratified, confirmed and approved, including the approval of the terms of the First Amendment, any related agreements, certificates or other documents.

Duly passed and adopted at a regular meeting held on this ____ day of September 2016, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Secretary, ECH
Board of Directors

Comparison Details	
Title	pdfDocs compareDocs Comparison Results
Date & Time	10/28/16 10:30:07 AM
Comparison Time	0.17 seconds
compareDocs version	v4.1.500.11

Sources	
Original Document	[#21570704] [v4] ECH LOC extension resolution.docx
Modified Document	C:\Users\molejko\Desktop\Draft Revised Resolution 2016-09.docx

Comparison Statistics	
Insertions	3
Deletions	1
Changes	5
Moves	0
TOTAL CHANGES	9

Word Rendering Set Markup Options	
Name	Standard
<u>Insertions</u>	
Deletions	
<u>Moves</u> / Moves	
Inserted cells	
Deleted cells	
Merged cells	
Formatting	Color only.
Changed lines	Mark left border.
Comments color	By Author.
Balloons	False

compareDocs Settings Used	Category	Option Selected
Open Comparison Report after Saving	General	Always
Report Type	Word	Formatting
Character Level	Word	True
Include Headers / Footers	Word	True
Include Footnotes / Endnotes	Word	True
Include List Numbers	Word	True
Include Tables	Word	True
Include Field Codes	Word	True
Include Moves	Word	False
Show Track Changes Toolbar	Word	True
Show Reviewing Pane	Word	True
Update Automatic Links at Open	Word	False
Summary Report	Word	End
Include Change Detail Report	Word	Separate
Document View	Word	Print
Remove Personal Information	Word	False
Flatten Field Codes	Word	True

Att. 24b 02 Draft Revised Resolution 2016-09 (Clean)

EL CAMINO HOSPITAL

DRAFT REVISED RESOLUTION 2016-09

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL IN CONNECTION WITH THE SECOND AMENDMENT AND EXTENSION OF THE SERIES 2009A LETTER OF CREDIT WITH RESPECT TO AN OBLIGATION INCURRED BY EL CAMINO HOSPITAL IN CONNECTION WITH CERTAIN VARIABLE RATE REVENUE BONDS ISSUED BY THE SANTA CLARA COUNTY FINANCING AUTHORITY IN THE AMOUNT OF \$50,000,000; APPROVING THE FORM, AND AUTHORIZING THE EXECUTION AND DELIVERY, OF THE SECOND AMENDMENT AND EXTENSION OF THE SERIES 2009A LETTER OF CREDIT AND OTHER DOCUMENTS IN CONNECTION THEREWITH AND AUTHORIZING THE TAKING OF CERTAIN OTHER ACTIONS.

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WHEREAS, pursuant to the Plan of Finance, the Hospital would borrow the proceeds of the sale of tax-exempt insured revenue bonds in an aggregate principal amount not to exceed \$250 million from the Santa Clara County Financing Authority, a joint exercise of powers authority (“Authority”) in two separate transactions, the first installment issued in 2007 in the aggregate principal amount of \$150 million, and the second in the approximate principal amount of \$100 million, the proceeds of such bonds to be loaned to the Hospital;

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WHEREAS, a swap agreement was entered into with Citibank, National Association, dated as of March 7, 2007, which included three confirmations in the notional amount of fifty million dollars (\$50,000,000) each, and each later amended and restated as of March 15, 2008 (two of such swaps have since been terminated and one swap is currently outstanding);

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principal amount of one hundred million dollars (\$100,000,000) so that up to one hundred percent (100%) of the bonds may be variable-rate bonds;

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WHEREAS, the obligations of the Hospital with respect to the 2009A Bonds were evidenced and secured by (i) payments to be made by the Hospital pursuant to the Loan Agreements entered into with the Authority; (ii) the issuance of obligations under the Master Indenture as amended and supplemented, between the Hospital and Wells Fargo Bank, National Association, as master trustee; and (iii) by a grant of a security interest in the Hospital's Gross Revenues, as defined and as provided in the Master Indenture;

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WHEREAS, the Series 2009A LOC was to expire on April 6, 2012 but was amended on February 14, 2012 to extend the expiration date of the Series 2009A LOC until April 6, 2017 pursuant to a First Amendment to Reimbursement Agreement ("First Amendment");

WHEREAS, the Series 2009A LOC expires on April 6, 2017 and ECH management proposes to extend the expiration date by up to three years with an annual fee of not to exceed 100 basis points pursuant to a Second Amendment to Reimbursement Agreement ("Second Amendment");

WHEREAS, in connection with the Second Amendment, and implementing other components of the Plan of Finance previously approved by the Board, the authorization of the execution, delivery and performance of various agreements and the approval of other actions, agreements and documents is required, including agreements, certificates and actions as the Authorized Officers (defined below) determine in their discretion to be necessary or advisable to carry out the Plan of Finance attached;

NOW, THEREFORE, BE IT:

RESOLVED, that each of the Chairperson, Secretary, Chief Executive Officer and Chief Financial Officer or any designee of any of them identified in writing to the Chair (each an "Authorized Officer"), in all cases acting singly, is hereby authorized to negotiate, execute and deliver, approve or acknowledge, as applicable, the Second Amendment, any related agreements, certificates or other documents for and in the name and on behalf of the Hospital, with such terms as described in this Resolution, provided that the Authorized Officer executing each such document may approve any other terms then set forth; be it further

RESOLVED, that each Authorized Officer, in all cases acting singly with the advice of counsel, is hereby authorized to negotiate with Wells Fargo Bank, National Association, and execute and deliver the final First Amendment, any related agreements, certificates or other documents; be it further

RESOLVED, that each Authorized Officer, in all cases acting singly, is hereby authorized to do any and all things, to execute and deliver any and all documents, instruments and certificates, and to enter into any and all agreements necessary or advisable to carry out, give effect to and comply with the terms and intent of this Resolution, the Plan of Finance and the transaction contemplated by the agreements, and any part of the transactions described herein or therein. The Secretary of the Board is hereby authorized to attest any signature of an Authorized Officer on any of the documents, instruments, certificates and agreements authorized by this Resolution; be it further

RESOLVED, that all actions heretofore taken by the officers, representatives or agents of the Hospital, including without limitation, the Authorized Officers, in connection with the Second Amendment are hereby ratified, confirmed and approved, including the approval of the terms of the First Amendment, any related agreements, certificates or other documents.

Duly passed and adopted at a regular meeting held on this ____ day of September 2016, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Secretary, ECH
Board of Directors

Medical Staff Report

Board of Directors Open Session – November 9, 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: October 30th, 2016

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **October 27th, 2016**.

Request Approval of the Following:

A. Patient Care Policies & Procedures – Policy Summaries (pp. 2-4)

- **New Policies**
 - Peri-Operative and Interventional Services Scheduling Policy (pp. 5-24)
 - Code C-Section Policy (pp. 25-26)
 - Handling and Transport of Medical Equipment Cleaning and Disinfection (pp. 27-28)
- **Policies with Major Revisions**
 - Non Stress Test (pp. 29-31)
 - Lipid Rescue (pp. 32-34)
 - Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving (pp. 35-38)
 - Rehab Services - Pool Care and Maintenance (pp. 39-43)
- **Policies with Minor Revisions (See Summary pp. 2-4)**
- **Policies with No Revisions (See Summary p. 4)**
- **Policies to Archive (See Summary p. 4)**

B. Medical Staff

- **Privilege Lists**
 - Internal Medicine (pp. 44-46)
 - Cardiovascular Disease (pp. 47-60)
 - Nurse Midwife Practice Prerogatives (pp. 61-62)

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Date	Summary of Policy Changes
	Peri-Operative & Interventional Services Scheduling Policy	PACU/IS	9/15	
	Code C-Section Policy	OB	9/22	
	Handling and Transport of Medical Equipment Cleaning and Disinfection	Radiation Oncology	10/22	
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Non Stress Test	OB	9/22	
	Lipid Rescue	PACU	10/7	
	Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving	OB	9/22	
	Pool Care and Maintenance	Rehab	10/22	Revised Procedure, Closing pool, PM duties and Manageing water levels. Added references.
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	BHS IP Discharge	Behavioral Health	10/15	Reassigned staff's responsibility to collect meds from pharmacy and made changes to reflect pharmacy filling out medication only to indigent patients
	Outpatient Cardiac Rehab Records	HIMS	9/16	Only Name changed to Outpatient Paper Records
	Extended Infusion of Piperacillin-Tazobactam (Zosyn) for Adult Patients	Pharmacy	9/22	ECHO terminology changed to iCare

	Antibiotic Renal Dosing per Pharmacy Protocol for Adult Patients (Non-Dialysis)	Pharmacy	9/22	ECHO terminology changed to iCare
	Antimicrobial Stewardship Program	Pharmacy	9/22	Appendix changes for appropriate use and indication of targeted antimicrobial agents were made
	Antimicrobial IV to PO Conversion Protocol	Pharmacy	9/22	Indications for Piperacillin/Tazobactam, Cefepime, Levofloxacin, and Ciprofolxacin were modified
	Abbreviations List - Terminology	HIMS	9/22	
	Insulin Infusion Pump for the Obstetric Patient MV only	OB	9/22	Slight Changes to Procedure
	Short Term Admission	Acute Rehab	10/7	
	Pre-Admission Screening Process	Acute Rehab	10/7	
	Discharge Summary	Acute Rehab	10/7	
	Investigational Drug, Devices and Biologics	Clinical Research	9/22	Include outpatient process for dispensing of investigational drug. Clarify process to include the required review and approval of drug related clinical trials by the Director of Pharmacy. Clarify the Clinical Research Department's role within oversight of clinical research. Restructure policy to add important definitions. Include requirement that any hospital operational exceptions must be authorized by COO.
	Privacy Password	Critical Care	10/20	Title change of the policy. RN responsibility during admission assessment under Procedure #6 was revised.
	Protected Health Information	HIMS	10/20	Totle change of the policy as 2 policies of the same subject were combined. Purpose, Definitions and Procedure were modified.
	Assignment of V719 Diagnosis	HIMS	10/20	Purpose, policy statement and procedure were revised to include out patient department responsibility in terms of documentation has been revised.
	Outpatient Medical Records	HIMS	10/20	Procedure was revised to include the electronic process of documentation and trasnmission to HIMS dept.

	High Risk and High Alert Medications	Nursing	10/20	A few high risk/high alert items that require dose verification with another licensed staff or LIP were addedd to the Procedure #7 & 10.
	Contrast Storage & Dispensing	Radiation Oncology	10/20	Procedure was revised to include EPIC process for Dispensing, and Disposal.
	Contrast Extravasation	Radiation Oncology	10/20	Minor changes to the procedure
	Inpatient Trasnportation to and from Radiation Oncology	Radiation Oncology	10/20	Procedure was revised to include Santa Clara County EMS, electronic medical records and crirical care trasnport.
	Charge Entry and Reconciliation	Rehab	10/20	Title change of the policy. Procedure was revised to include EMR process.
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	
	Transportation of Sealed Sources	Radiation Oncology	10/20	
	Inventory of Sealed Sources	Radiation Oncology	10/20	
	Inventory of Pharmacology Agents	Radiation Oncology	10/20	
	Patient Surveillance	Radiation Oncology	10/20	
	Photographic Documentation of Skin Wounds	Radiation Oncology	10/20	
POLICIES TO ARCHIVE				
Policy Number	Policy Name	Department	DATE ARCHIVE	
	Accounting of Disclosures	HIMS	10/20	
	Charge Entry and Reconciliation Outpatinet Rehab Services	Rehab	10/20	



TITLE: Peri-Operative & Interventional Services Scheduling Policy
CATEGORY: Patient Care Services
LAST APPROVAL:

TYPE: ☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☒ Procedure ☐ Standardized Process/Procedure
SUB-CATEGORY: Perioperative and Interventional Services
OFFICE OF ORIGIN: Operating Room
ORIGINAL DATE: 4/9/2015

I. Coverage-please add who this policy applies to Mountain View and Los Gatos Perioperative and Interventional Services (Operating Room, Interventional Services, and Endoscopy)

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II. PURPOSE:

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All cases are to be scheduled by the Business Office Representative, Charge Nurse, or another person familiar with the scheduling procedure. Cases are to be scheduled in the Epic SIS scheduling system with all necessary information obtained, including but not limited to, patient demographics, specific procedure and instrument requests (implants & vendor info), patient dx, surgeon and assistant availability, legibility and accuracy of the scheduling form.

III. Policy- please add policy statement (It is the policy of El Camino Hospital toprovide surgical and interventional services in a cost effective manner by defining scheduling guidelines and block allocation processes.

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IV. Procedure

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A. Clinical Privileges to Schedule Cases

- a) Only those physicians, podiatrists, and dentists who have clinical privileges may schedule cases in the Operating Room and other interventional/procedural areas.
- b) Privileges for the Operating Room are obtained by following the procedures as stated in the Medical Staff Bylaws.

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TITLE:	Peri-Operative & Interventional Services Scheduling Policy
CATEGORY:	Patient Care Services
LAST APPROVAL:	

- c) Physician privileges should be verified by checking MSO on the Nurses Toolbox. It is the physician's responsibility to assure that the privileges are accurately reflected in MSO. If any discrepancy exists contact the hospital nursing supervisor.
- d) The scheduling of elective cases for surgeons identified as on the "Suspended List" will not occur until the suspension is lifted. It's the surgeon/proceduralist's responsibility to resolve the suspension.



TITLE:	Peri-Operative & Interventional Services Scheduling Policy
CATEGORY:	Patient Care Services
LAST APPROVAL:	

B. Weekday, Weekend & Holiday Availability

Mountain View OR Room Availability			
Weekdays			
07:00 – 15:00	1 Cardiac room (First Come – first served)	9 General Purpose rooms	
15:00 – 19:00	1 Cardiac room (on-call for emergency and urgent cases)	4 General Purpose rooms	1 Ortho room (on-call for emergency and urgent cases)
19:00 – 23:00		2 General Purpose rooms	1 Ortho room (on-call for emergency and urgent cases)
23:00 – 07:00		1 General Purpose room (one Tech in-house Sunday – Thursday and one RN on-call)	
Sat, Sun & National Holidays			
07:30 – 15:00	1 Cardiac room (on-call for emergency and urgent cases)	1 General Purpose room (an in-house team will be available)	
10:00 – 18:30		1 General Purpose room (staffed by two in-house RN and one in-house Tech - for emergency and urgent cases)	
15:00 – 23:00		1 General Purpose room (staffed by an in-house team - for emergency and urgent cases)	
23:00 – 07:00		1 General Purpose room (staffed by on-call team Friday and Saturday - for emergency and urgent cases)	

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TITLE:	Peri-Operative & Interventional Services Scheduling Policy
CATEGORY:	Patient Care Services
LAST APPROVAL:	

Los Gatos OR Room Availability			
Weekdays			
07:30 – 15:30	7 of 8 rooms open (Rooms may be available on a first come basis to open at 0700 if resources are available)		
15:30 – 17:30	1 Urology Room	2 General Purpose rooms	1 Emergency on-call room
17:30 – 19:30	1 Urology Room	1 General Purpose room	1 Emergency on-call room
19:30 – 23:00	1 General Purpose Room	1 Emergency on-call room	
Saturday			
All day	1 Emergency on-call room (for Emergency/Trauma and Urgent Inpatient cases)		
07:00 – 12:00	1 Urology Room (team will be available on-call)		
Sunday & National Holidays			
All day	1 Emergency on-call room (for Emergency/Trauma and Urgent Inpatient cases)		
Mountain View Interventional Lab Room Availability			
Weekdays			
08:00 – 16:00 0730-1530	5 Rooms available		
16:00 – 08:00 1530-0730	2 on-call teams available for emergent and urgent cases (STEMI, Stroke, GI Bleeding, etc)		
Sat, Sun & National Holidays			
All day	2 on-call teams available for emergent and urgent cases (STEMI, Stroke, GI Bleeding, etc)		

Los Gatos Interventional Lab Room Availability	
Weekdays	
07:30 – 16:00	1 Room available (One in-house team available)

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TITLE:	Peri-Operative & Interventional Services Scheduling Policy
CATEGORY:	Patient Care Services
LAST APPROVAL:	

16:00 – 07:30	No IR on-call team. MD on-call would use OR for procedures
Sat, Sun & National Holidays	
07:00 – 19:00	1 on-call teams available for emergent and urgent cases
19:00 – 07:00	No IR on-call team. MD on-call would use OR for procedures

Mountain View Endoscopy Room Availability			
Weekdays			
07:30 – 15:30 (Staffing varies according to schedule)	3 GI Rooms	3 Bronch Rooms – including neg press room	2 Manometry Rooms
15:30 – 07:00	On Call Team		
Saturday			
08:00 – 15:30	1 Room available – One in-house team available		
15:30 – 07:00	On Call Team		
Sunday & National Holidays			
All day	1 On-call Team available for emergent and urgent cases		

Los Gatos Endoscopy/Bronchoscopy/Minor Surgical Procedure Room Availability		
Weekdays		
07:30 – 15:30 (Staffing varies according to schedule)	#1 Endoscopy	#2 Bronchoscopy
Saturday & Sunday		
07:00 – 15:30	On call 24 hours	
15:30 – 07:00	1 On-call RN available for emergent and urgent cases	
National Holidays		
07:00 – 15:30	1 RN on call for 24 hours	
15:30 – 07:00		

C. Case Scheduling

Mountain View OR

A. Elective case scheduling procedure:

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TITLE:	Peri-Operative & Interventional Services Scheduling Policy
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1. The Scheduling Office will be open from 0830 until 1700 Monday through Friday for elective case scheduling. The OR Front Desk staff will field calls when the scheduling office is closed.
2. Elective case scheduling requests will be accepted by fax.
 - a) Case scheduling requests are to be completely detailed on the Surgery Scheduling Form and faxed to 650-966-9331.
 - b) Incomplete forms will not be accepted and will be returned for completion.
 - c) Physicians who do not have block time may call to check OR date and time availability prior to faxing the Surgery Scheduling Form.
 - d) Completed forms will be processed and the case scheduled.
 - e) Once the case is scheduled, the Surgery Scheduling form will be returned by fax to the scheduling physician's office by the next business day no later than 1630.
 - f) An [SIS-Epic](#) case number will be assigned according to the time and order the request is received.
 - g) The return fax form will indicate the Case Confirmation Number and the Scheduler's name.
 - h) Cancellations can be received over the phone or by fax.
 - i) Upon notice of cancellation, the originally faxed Scheduling Form will be returned and will detail the cancellation information.
- B. Add-on case scheduling procedure:
 1. After 1700, the OR Front Desk Staff with the help of the OR Manager/Charge Nurse will schedule any cases that need to be added to the current or next business day's schedule.
 - a) The staff member scheduling the add-on case will enter the procedure into the [SIS-Epic](#) Scheduling System as the request is received. An [SIS-Epic](#) case number will be assigned according to the time and order the request is received.
 - b) If the staff member receiving the call does not have scheduling privileges in [SISEpic](#), the staff member obtaining information for an add-on case will document all the required scheduling information on the add-on form and leave it at the OR Front Desk for the Charge Nurse and the Anesthesiologist to determine the appropriate start time for the add-on case.

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- c) During SIS-Epic downtime the staff member scheduling the add-on case will record the needed information on the add-on form at the Front Desk. Once SIS-Epic is available all information will be entered into SIS-Epic by an OR Scheduler.

Mountain View Endoscopy

- A. Endoscopy cases are scheduled Monday through Friday. The Endoscopy Unit schedules on a first request basis. Procedures are scheduled by the Endoscopy business rep or RN staff until 1600 hours, and then by the OR front desk staff from 1600 hours to 0600 the next day.
- B. When the Endoscopy schedule does not accommodate an emergency procedure, the physician has the option of pre-empting another procedure. The physician is responsible for notifying the physician he is bumping. If the procedure occurs outside scheduled hours, the on-call system will be activated.

D. Open Times:

Mountain View OR, IR & Endoscopy:

Open time will be maintained on a first-come first-served basis for those surgeons/proceduralists who:

- a) Have no allocated block time
- b) For surgeons/proceduralists that need additional OR time **once their allocated block time is filled.**

Los Gatos OR: (IR)

Open time will be maintained on a first-come first-served basis for those surgeons who:

- a. Prefer scheduling on first come, first served basis
- b. Do not demonstrate use of at least a half day of surgery in a two-week period
- c. Need additional OR time once their allocated block time is full.

E. Release Times:

Mountain View:

- A. Block time is released 7 calendar days prior to the surgery date (Exceptions - Cardiac -- 24 hour release, Vascular -- 24 hour release, Neurosurgery -- 72 hours Gyne/Oncology -- 96 hour release).
- B. Block time is released to first-come first served scheduling.

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- C. Eligibility to schedule elective cases in released block time is extended to:
 - 1. Any surgeon who has not been allocated a block
 - 2. Any surgeon who does not have block time on the scheduled day
 - 3. Or any surgeon who has **completely filled his or her own block time on the scheduled day.**
- D. Surgeons who elect to add cases post the release of block time are not guaranteed to follow themselves.
- E. In the event a case cancels after the release time, the surgeon can substitute a case of equal or less duration for the cancelled case if said case does not cause a resource conflict.
- F. Surgeons are responsible for notification of the OR of cancellation of block time for upcoming vacations and continuing medical education conferences.
 - 1. Notice is to be given verbally to the Surgical Services Scheduling Office.
 - 2. The Scheduling Office will record the time and date the request for cancellation is received.
 - 3. Cancelled block time will not be considered in calculation of the surgeon's block time utilization when notice of cancellation of block time is received by the Surgical Services Scheduling Office no less than 14 days prior to the block time.
 - 4. Failure to give notice of cancelled block time will result in re-evaluation of block time eligibility.

Los Gatos OR:

- 1. Blocked rooms will be released 7 days prior to block at 1700
- 2. Block time is released to first-come first served scheduling.
- 3. Eligibility to schedule elective cases in released block time (this does not apply to urgent or emergent cases) is extended to:
 - a) Any surgeon who has not been allocated a block,
 - b) Any surgeon who does not have block time on the scheduled day
 - c) Any surgeon who has completely filled his or her own block time on the scheduled day.
- 4. Surgeons who elect to add cases post the release of block time are not guaranteed to follow themselves.

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5. In the event a case cancels after the release time, the surgeon can substitute a case of equal or less duration for the cancelled case if said case does not cause a resource conflict.
6. Only cases started within the allotted block time will be counted in the review of that blocks utilization.
7. Released block time will not be subtracted from total allocated block time in the calculation of block utilization.
8. Surgeons are responsible for notification of the OR of cancellation of block time for upcoming vacations, continuing medical education conferences, and Jury Duty.
 - a) Notice is to be given verbally to the Surgical Services Scheduling Office.
 - b) The Scheduling Office will record the time and date the request for cancellation is received.
 - c) A cancelled block will be given consideration in the calculation of the surgeon's block time utilization when notice of cancellation of block time is received by the Surgical Services Scheduling Office 14 days prior to the block time.
 - d) Failure to give notice of cancelled block time will result in not subtracting block time from utilization.

F. Schedule Closing:

Mountain View OR

1. The schedule will close at 1400 for the following business day.

Mountain View Endoscopy

1. The schedule will close at 1600 for the following business day.

Mountain View IR

1. The schedule will close at 14:00 for the following business day

Los Gatos OR

1. The surgery schedule for El Camino Los Gatos will close at 1700 the day before surgery. Any cases that need to be added to the schedule after this time will be done by the OR front desk Business Office Representative with the help of the Charge Nurse and the Anesthesiologist.
2. The Scheduling Office at Los Gatos will be open from 0830 until 1700 Monday through Friday. Calls received off hours will be handled by the OR Business Office Representative.

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3. If after 1700, any cases that need to be added to the schedule for the following day the person taking the request will take all the pertinent information and leave for the Charge Nurse and the Anesthesiologist to add to an appropriate time slot.
 - a) The person taking the information will enter the procedure into the [SIS Epic](#) Scheduling system as the request is received. An [SIS-Epic](#) case number will be assigned according to the time and order the request is received.
 - b) The surgeon will be given an estimated start time for the procedure, with the final decision to be made by the Charge Nurse and the Anesthesiologist the next day.
 - c) If the person taking the call is unable to enter the information into [SISEpic](#), they will leave the information on the pre-made forms at the OR front desk for the Business Office Representative to enter into [SISEpic](#).

Los Gatos Endoscopy

1. Schedule closes at 1600 for the following business day.

G. Block Time Allocation:

Mountain View

- A. In an effort to maximize Operating Room efficiency through consecutive utilization of personnel and equipment, the elective case scheduling methodology is a modified block scheduling system.
- B. The OR Committee has the sole authority to allocate block time.
- C. Surgeons are expected to petition for block time.
 1. The petition must be submitted in writing to the OR Committee. The request is to be for no less than 4 hours of block time per week or 8 hours of time every other week.
- D. Block time requests will be evaluated based on whether there is block available on the day requested, evidence of the historical case volume of the requesting surgeon, the impact allocation of the block will have on inpatient and outpatient bed utilization and overall OR utilization.
 1. An attempt will be made by the OR Committee to allocate blocks in such a manner that the schedule will be leveled throughout the week.
- E. The OR Committee will formally document a response to the petitioning surgeon request within 30 days of the surgeon's request.

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F. Modified block scheduling

1. Available resource hours for elective cases performance are defined as 0730 am - 1530 pm Monday – Friday.
2. Staffing resources will be matched to demand.
3. Available weekday resource hours of Operating Room time will be reserved for a surgeon, service or a group practice of surgeons in blocks of time.
 - a) Within an allocated block, the block time is reserved only for the given surgeon, service or group practice of surgeons.
 - b) Block time cannot be exchanged or traded with another surgeon, group practice or service.
4. Blocks are based on a monthly (four or five week) cycle. Thus, a block may be allocated to a surgeon, group practice or specialty every other week rather than every week.
5. Blocks will be granted as either half day and full day as indicated below:
 - a) 8-hour blocks are 0730 - 1530
 - b) 4-hour blocks are 0730 - 1130 and 1130 - 1530
6. On designated late start days, full day and half day A.M. blocks will be moved to a 0900-start time. (Exception – Physicians who had block days designated prior to January 2011 will have 0730 start times on designated late days).
7. Physicians must first demonstrate that they can adequately utilize a half-day block prior to being granted a full day block. Preference for adjusting blocks will be given to those physicians who already occupy and have demonstrated they can utilize half-day blocks.
8. Physicians new to the medical staff may be granted a temporary block approved for 60 days, subject to utilization review.
9. Total case time of cases scheduled in block time will not exceed allocated block time unless the open time is available immediately following the designated block.

Los Gatos OR

- A. In an effort to maximize Operating Room efficiency through consecutive utilization of personnel and equipment, the elective case scheduling methodology is a modified block scheduling system.
 1. Available resource hours for elective cases are defined as 07:30 am - 5:00 pm Monday – Friday. An exception to this rule is made for Urology Lithotripsy cases, which can be scheduled 07:30 am - 9:00 pm.

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2. Available weekday resource hours of Operating Room time will be reserved for a surgeon, service or a group practice of surgeons in blocks of time.
 - a) Within a defined cut off period, this is time into which only the given surgeon, service or group practice of surgeons may schedule.
 - b) Block time cannot be exchanged or traded with another surgeon, group practice or service.
3. Blocks are based on a monthly (four or five week) cycle.
4. A block may be allocated to a surgeon, group practice or specialty every other week rather than every week.
5. Blocks will be granted as either half day, full day or 8-hour blocks as indicated below:
 - a) 8-hour blocks are 0730 - 1530
 - b) 4-hour blocks are 0730 - 1130 and 1130 to 1530
6. On designated late start days, full day and 8-hour blocks half day am blocks will be decreased by one hour.
7. Physicians must first demonstrate that they can adequately utilize a half day block prior to being granted a full day block. Preference for adjusting blocks will be given to those physicians who already occupy and have demonstrated they can utilize half day blocks.
8. Physicians new to the medical staff may be granted a temporary block approved for 60 days, subject to utilization review.
9. Total case time of the cases scheduled in a block time will not exceed allocated block time.

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H. Block Utilization:

Mountain View Peri-operative and Interventional Areas

- A. Surgeons/Proceduralists will be expected to maintain 70 percent utilization of allocated block time.
- B. Only case minutes and turnover time performed within the allotted block time will be counted in the review of that block's utilization.
- C. Released (as opposed to Cancelled) block time will not be subtracted from total allocated block time in the calculation of block utilization.
- D. Utilization is monitored monthly and reported to the OR Committee
- E. If utilization falls below 70%, the Chair of the OR Committee will notify the physician or group to notify them of their utilization results for that month.
- F. If utilization falls below 70% in a rolling 3-month period, block time will be reevaluated and is subject to adjustment or rescinding.

Los Gatos OR

- A. Block utilization will be reviewed monthly at the OR Committee. Block utilization should be at 70% utilization. If the surgeon is not utilizing the block time at 50%-70% the OR Committee will review and make recommendations for change. Surgeon will be notified by the Perioperative Director and data of block utilization will be presented to surgeon.
- B. Co-Management block utilization will be reviewed by Co-Management quarterly. Blocks may be redistributed within Co-Management blocks per the recommendation of the Co-Management Committee. If a Co-Management block is underutilized, the OR Committee will redistribute block times.

I. Start Times and Accountability:

Mountain View Peri-operative and Interventional Areas

- A. Surgery/Procedure start time is defined as "patient in room time", with a five minute grace period.
- B. All first cases of the day must start on time.
- C. All patients must be in the Operating Room/Procedural area by defined start time.
- D. Surgeons/Proceduralists are expected to be available by the scheduled start time.

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- E. For surgeries/procedures starting at defined start time, all required personnel must arrive at a time that allows for all required procedures, processes and documentation to be completed. The lab work, H&P, and other preoperative requirements must be ordered and completed to avoid delays in patient preparation.
- F. Surgeons/Proceduralists who are late three times in a one month period may lose the privilege to schedule the first case of the day for at least one month. This sanction will be imposed at the discretion of the OR Committee.
- G. If the OR is unable to start a case as scheduled, it is the responsibility of the Front Desk Staff to notify the surgeon, the assistant, and nursing unit of the delay and give him/her the revised time as soon as possible.

Los Gatos OR

- A. All first cases of the day must start on time.
- B. All patients must be in the Operating Room by 0735 (Exception -- approved early start times the patient must be in the Operating Room by scheduled early start time).
 - 1. The surgeon must be available and in the facility for the patient to be brought into the Operating Room.
 - 2. Surgeons who are late three times may lose the privilege to schedule the first case of the day for at least one quarter. This sanction will be imposed at the discretion of the OR Committee.
- C. If the OR is unable to start a case as scheduled, it is the responsibility of the Charge Nurse and/or Business Office Representative to notify the surgeon, the assistant, and the nursing unit of the delay and give him/her the revised time as soon as possible.

J. Bumping Protocols

Mountain View OR

- A. The surgeon who is to perform an emergency procedure contacts the Operating Room Front Desk or when OR is not staffed through the Nursing Supervisor when the emergency occurs during weekday resource hours.
- B. If it is identified that the procedure cannot be delayed and staff and Anesthesia coverage is available within a timeframe that will not jeopardize patient safety, then the case will be placed in an empty and available OR.

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- C. If it is identified that the procedure cannot be delayed and the existing OR schedule does not allow for it to be immediately scheduled in an empty and available, a scheduled procedure in a blocked or open room will be bumped, employing the following order:
1. If the surgeon has case scheduled at the time of the bump, he/she will bump himself/herself.
 2. If the surgeon does not have a case scheduled at the time of the bump, the first available room in the same service will be bumped if available in a timeframe that does not jeopardize the life/limb of the patient.
 3. If no room is immediately available in the same service, the first available room will be bumped.
 4. The bumping surgeon has the authority to bump a case based on his clinical knowledge of the patient's condition. Disputes over appropriateness of the bump will be directed to the Chief of Surgery for resolution.
 5. When a surgeon bumps a case on his block day and the bump causes the delay of a scheduled case beyond the allocated block time, the scheduled case will be sequenced as an add-on case.
 - a) The OR Manager/Charge Nurse, in conjunction with the Anesthesiologist, will review the scheduled procedures to determine which Room and procedure will be bumped using the aforementioned criteria and the surgeon's input.
 - b) Direct surgeon-to-surgeon communication is mandatory for a case to be bumped (the only exceptions are cases brought directly to the OR for immediate life-saving measures, e.g. ruptured AAA, exsanguinating trauma, etc.).
 - c) Before a procedure can be moved to an earlier time on the daily schedule, the Charge Nurse will:
 - i. Verify that the surgeon is available for the earlier start time.
 - ii. Verify support departments are available for the earlier start time.
 - iii. Verify patient availability with the Patient Care Unit or Preop/Short Stay
 - iv. Notify PACU, ICU and CCU, as necessary.
 - v. Notify the Charge Anesthesiologist.

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vi. Notify assistants, as necessary.

vii. Verify availability of needed instruments/equipment.

Los Gatos OR

- A. The surgeon who is to perform an emergency procedure contacts the Operating Room Front Desk or after hours through nursing supervisor when the emergency occurs.
 1. If it is identified that the procedure cannot be delayed and staff and Anesthesia coverage are available within a timeframe that will not jeopardize patient safety, then the case will be placed in an empty and available OR.
 2. If it is identified that the procedure cannot be delayed and the existing OR schedule does not allow for it to be immediately scheduled in an empty and available, a scheduled procedure in a blocked or open room will be bumped in the following order:
 - a) If the surgeon has block time at the time of the bump, he will bump himself.
 - b) If the surgeon does not have block time, the first available room will be bumped.
 - c) When a surgeon bumps a case on his block day and the bump causes the delay of a scheduled case beyond the allocated block time, the scheduled case will be sequenced as an add-on case.
 3. The OR Charge Nurse in conjunction with the Anesthesiologist will review the scheduled procedures to determine which room and procedure will be bumped.
 4. Direct surgeon-to-surgeon communication is mandatory for a case to be bumped (the only exceptions are cases brought directly to the OR for immediate life-saving measures, e.g. ruptured AAA, exsanguinating trauma, etc.).
 - a) The bumping surgeon has the authority to bump a case based on his clinical knowledge of the patient's condition.
 - b) Disputes over appropriateness of the bump will be directed to the Chief of Surgery for resolution.
- B. **The Anesthesiologist must be consulted when an emergency case is requested. Direct communication with the surgeons is encouraged to**

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facilitate accurate scheduling of the case based on the patient's condition.

- C. Before a procedure can be moved to an earlier time on the daily schedule, the Charge Nurse will:
 - 1. Verify that the surgeon is available for the earlier start time.
 - 2. Verify support departments are available for the earlier start time.
 - 3. Verify patient availability with the Patient Care Unit.
 - 4. Notify PACU, ICU and CCU, as necessary.
 - 5. Notify Anesthesiology
 - 6. Notify assistants, as necessary.
 - 7. Verify availability of instruments/equipment.
- D. Critical patients with local anesthesia must be scheduled in the main Operating Room to ensure access to specialized monitoring equipment and staff.

Interventional Lab

- A. The physician who is to perform an emergency procedure contacts the Interventional Lab Front Desk or the Nursing Supervisor when the emergency occurs during weekday resource hours.
 - 1. If the physician has case scheduled at the time of the bump, he/she will bump himself.
 - 2. If the physician does not have a case scheduled at the time of the bump, the first available room in the same service will be bumped if available in a timeframe that does not jeopardize the life/limb of the patient.
 - 3. If no room is immediately available in the same service, the first available room will be bumped.
 - 4. The bumping physician has the authority to bump a case based on his clinical knowledge of the patient's condition. Disputes over appropriateness of the bump will be directed to the Medical Director of the Interventional Lab for resolution.
 - a) The Interventional Services Manager/Charge Nurse, in conjunction with the scheduler, will review the scheduled procedures to determine which Room and procedure will be bumped using the aforementioned criteria and the physician's input.
 - b) Before a procedure can be moved to an earlier time on the daily schedule, the Charge Nurse will:
 - i. Verify that the physician is available for the earlier start time.
 - ii. Verify support departments are available for the earlier start time.

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- iii. Verify patient availability with the Patient Care Unit or Preop/Short Stay
- iv. Notify PACU, ICU and CCU, as necessary.



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K. Case Class Definitions

Los Gatos/Mountain View OR

Guidelines for Surgical Case Grouping by Diagnoses/Procedures			
Acute Life and Death Emergencies A < 30 Minutes Airway emergency (upper airway obstruction) Cardiac surgery postoperative bleeding with tamponade Cardiorespiratory decompensation (severe) Liver transplant postoperative emergency Malrotation with volvulus Massive bleeding Mediastinal injury Multiple/Trauma - unstable or O.R. resuscitation Neurosurgical condition w/imminent herniation	Urgent C < 4 Hours Abscess with sepsis Airway (non-urgent diagnostic L&B, flex bronch, non-symptomatic foreign body) Appendicitis-with sepsis/rapid progression Biliary obstruction non-drainable Cardiac ventricular assist device placement Cerebral angiogram for intracranial hemorrhage Chest tube placement in patient w/unstable vital signs, increased work of breathing and decreased oxygen saturation Contaminated Wounds-Multiple/Trauma Diagnostic/therapeutic airway intervention Hepatic angiogram w/suspected vascular thrombus Hip Dislocation Intestinal Obstruction-no suspected vascular compromise Kidney transplant (ORGAN AVAILABLE) Liver laparotomy Massive soft tissue injury Nephrostomy tube placement in patient w/sepsis Obstructed kidney (stones) with sepsis Older child with bowel obstruction PICC placement where patient has no access but needs fluids/medications urgently Progressive shunt malfunction Traumatic dislocation-hip Unstable neurosurgical condition	Add-on case to elective schedule E < 24 Hours (Needs to be done that day, but does not require the manipulation of the elective schedule, i.e., pyloromyotomy) Broyac Closed reduction Eyelid/ canaliculalacerations Facial nerve decompression Femoral neck fracture Liver biopsy Mastoidectomy Open fracture grade I/II Open reduction of fracture PICC placement - has other IV access Retinopathy of prematurity treatment Unstable slipped capital femoral epiphysis	
Emergent, but not immediately life threatening B < 2 Hours Acute shunt malfunction Acute spinal cord compression Bladder rupture Bowel perforation, traumatic Cardiac congenital emergencies w/hemodynamic or pulmonary instabilities Compartment syndrome Donor harvest ECMO cannulation Ectopic pregnancy Embolization for acute hemorrhage Esophageal atresia with tracheoesophageal fistula Gastroschisis/omphalocele Heart: heart/lung, lung, liver and intestinal transplants Incarcerated hernias Intestinal obstruction with suspected vascular compromise Intussusception-irreducible Ischemic limb/cold extremity (compromised arterial flow) Liver/ Multivisceral /SI Transplant (when organ available) Liver transplant with suspected thrombosis Newborn bowel obstruction Open globe Orbital abscess Pacemaker insertion for complete heart block Replant fingers Replant hand or arm Spontaneous abortion Tonsil Bleed Torsion of testis/ovary Vascular compromises Wound Dehiscence	Semi-Urgent D < 8 Hours Abscess drainage Appendicitis-stable/elective Caustic ingestion Chest tube in patient w/stable vital signs Chronic airway foreign bodies Closure abdomen - liver transplant Coarctation repair in newborn Esophageal foreign body without airway symptoms GJ tube/NJ tube placement with no other nutrition access Hematuria with clot retention I&D abscess without septicemia Joint aspiration or bone biopsy prior to starting antibiotic therapy Kidney transplant (ORGAN NOT YET AVAILABLE) Liver/ Multivisceral /SI Transplant (ORGAN NOT YET AVAILABLE) Nephrostomy tube placement Obstructed kidney without sepsis Open fracture grade III Septic joint		

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Accountabilities when scheduling one of the above case classes:

1. The surgeon classifies the case at the time of scheduling utilizing the grid guidelines. The appropriateness of the classification is not to be questioned at the time of scheduling but may be later reviewed by OR Committee retrospectively.
2. Surgeons expected to be available for Class A, B or C cases whenever OR can accommodate them and must be prepared to leave the office if need to do so.
3. For Class D or E cases, surgeons are expected to come unless involved in patient care activities, such as surgery elsewhere or seeing patients in the office.
4. The order the case is placed on schedule is based on urgency and amount of time needed.
5. The OR Committee reviews any other cases where the classification was questioned. When a surgeon frequently classifies cases contrary to the case classification guidelines, the surgeon will be asked to appear before the OR Committee to discuss the cases.

I. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
OR Committee	4/9/2015
Surgical Executive Committee	5/21/2015
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

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POLICY/PROCEDURE TITLE: Code C-Section for Emergency Cesarean Section - Mountain View (DRAFT)

CATEGORY: Patient Care Services

LAST APPROVAL DATE:

SUB-CATEGORY: Labor & Delivery

ORIGINAL DATE: 04/2016

COVERAGE:

All El Camino Hospital staff

PURPOSE:

To establish a means to quickly notify and assemble all personnel needed to care for mother and infant(s) during an emergency cesarean section.

Provide a means for the Labor & Delivery RN to initiate team mobilization and patient movement to the operating room. Provider to determine a cesarean section is clinically indicated prior to starting case.

STATEMENT:

1. Primary RN immediately pushes STAFF EMERGENCY BUTTON on wall at head of patient's bed and tells Administrative Support to Dial '55' for a Code 'C-Section' – Twin Delivery, if applicable.
2. Administrative Support asks Charge RN which OR to be used for surgical case and then dials '55' and tells the Operator, "Code C-Section, Labor & Delivery OR # ___, - Twin Delivery (if applicable)".
3. Hospital Operator immediately announces the above stated information via overhead page.
4. The Code C-Section healthcare team immediately assembles in the designated L&D OR and makes the necessary preparations to care for the mother and infant(s).
5. Patient's OB Provider or the OB Hospitalist determines an emergency cesarean section is clinically indicated prior to starting case.
6. The Code C-Section healthcare team consists of the following personnel and responsibilities:
 - a. Primary L&D RN (or designee)
 - i. Remains with patient, and prepares patient for surgery
 - ii. Records surgical events in the iCare OR Record
 - iii. Records events on OB Alert Team Record and OB Alert/MTA Critique forms, if clinically indicated
 - iv. Completes a QRR at the appropriate time
 - b. L&D Charge RN (or designee)
 - i. Determines which OR to be used for case
 - ii. Assigns additional personnel to help; delegates responsibilities as needed
 - iii. Notifies Primary OB if not already present
 - iv. Calls for additional surgical team members per MD request i.e. surgical assistant, 2nd anesthesiologist
 - v. Calls for Flex RN, if clinically indicated

- c. OB Tech
 - i. Opens designated OR if not already opened by others
 - ii. Scrubs in and prepares for surgical case
- d. OB Anesthesiologist
 - i. Prepares and provides appropriate anesthesia to patient
- e. OB Hospitalist
 - i. Starts surgical case if primary OB not present
 - ii. Assists with surgical case as needed
- f. NICU Delivery RN (2 RNs if twin delivery, if available)
 - i. Prepares equipment and supplies needed to care for infant(s)
 - ii. Calls a Code White if clinically indicated and implements Code White Policy
- g. Respiratory Therapist (2 RTs if twin delivery, if available)
 - i. Assists NICU Delivery RN with preparations
- h. Neonatologist, if needed (2 Neo's for twin delivery, if available)
 - i. Assists NICU Delivery RN with preparations
 - ii. Prepares to receive infant from surgical team
- i. Unit Manager (if available)
 - i. Assists with coordination and implementation of patient care as needed
- j. House Supervisor
 - i. Obtains additional resources (i.e. Flex RN), supplies, and equipment as needed
 - ii. Assists with arranging and conducting post-event debrief

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee: L&D	07/2016
Obstetric Medical Committee:	
ePolicy Committee:	12/2015
Pharmacy and Therapeutics (if applicable):	N/A
Medical Executive Committee:	12/2015
Board of Directors:	01/2016



POLICY/PROCEDURE TITLE: Handling and Transport of Medical Equipment for Cleaning

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

SUB-CATEGORY: Radiation Oncology

ORIGINAL DATE:

COVERAGE:

Radiation Oncology Staff

STATEMENT:

1. Medical Equipment such as Nasopharygoscope and other reusable supplies will be cleaned in Sterile Processing per manufacturer guidelines.
2. Equipment returned to Radiation Oncology post processing will be packaged in sealed plastic and remain clean until opened.

PROCEDURE:

1. After use in Radiation Oncology, the equipment will be placed in a cinch pad And then a Red Biohazard .
2. The Red Biohazard bag will be identified as a Radiation Oncology scope with a completed INSTRUMENT DROP OFF FOR PROCESSING form
3. The equipment in the Red Biohazard bag will be transported to Sterile Processing by a Radiation Oncology staff member.

Once the cleaning process has been completed, a Radiation Oncology staff member will retrieve equipment from Sterile Processing and return to Radiation Oncology at 125 South Drive.

4.

5Staff should allow 24 hours for cleaning process before pick up.

APPROVAL	APPROVAL DATES
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POLICY/PROCEDURE TITLE: Handling and Transport of Medical Equipment for Cleaning

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

UPC Committee:	8/2016
i	
Infection Control Committee:	
ePolicy Committee:	10/2016
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:



POLICY/PROCEDURE TITLE: Non-Stress Test (NST)

CATEGORY: Patient Care Services

LAST APPROVAL DATE: 01/2016

SUB-CATEGORY: L&D, OBED

ORIGINAL DATE: 4/95

COVERAGE:

All El Camino Hospital staff

PURPOSE:

1. To delineate the proper procedure for performing an NST.
2. To define the criteria for interpretation of the NST results.

STATEMENT:

1. A nonstress test uses fetal heart rate patterns and accelerations as an indicator of fetal well-being.
2. Fetal heart rate accelerations occur via a link between fetal peripheral movements and a cardio-regulatory center in the midbrain, which requires an intact peripheral, central, and autonomic neural in-flow and out-flow pathways. These pathways mature as the fetus matures, such that criteria for accelerations differ based on gestational age.
3. An NST may be nonreactive for a variety of reasons including fetal sleep-cycles, maternal ingestion of sedatives, fetal cardiac or central nervous system abnormalities, or a lack of fetal movement in the context of fetal hypoxemia.
4. Perinatal outcomes after a reactive tracing provoked with vibroacoustic stimulation (VAS) are comparable to those associated with a spontaneously reactive NST.

DEFINITIONS:

1. Reactive NST
 - a. If less than 32 weeks gestation
 - i. Two or more fetal heart rate accelerations that peak at 10 bpm above baseline and persist for 10 seconds (from baseline to baseline) within a 20 minute period with or without fetal movement discernable by the mother. These accelerations should occur within 40 minutes of testing.
 - b. If greater than 32 weeks gestation
 - i. Two or more fetal heart rate accelerations that peak at 15 beats/minute above baseline and persist for 15 seconds (from baseline to baseline) within a 20 minute period with or without fetal movement discernable by the mother. These accelerations should occur within 40 minutes of testing.

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POLICY/PROCEDURE TITLE: Non-Stress Test

-
2. Nonreactive NST
 - a. Lacks sufficient fetal heart rate accelerations meeting above criteria during a 40 minute period; typically requires additional follow-up with testing for confirmation of fetal wellbeing.
 3. Additional fetal heart rate findings to be reported to provider
 - a. Absent or minimal variability
 - b. Deceleration persisting for one minute or longer
 - c. Late decelerations
 - d. Repetitive variable decelerations

PROCEDURE:

EQUIPMENT:

1. Electronic fetal monitor
2. Vibroacoustic stimulator (VAS), if needed

CONTENT:

1. Encourage patient to void prior to procedure.
2. Explain procedure to patient.
3. Position patient in semifowlers with lateral tilt or lateral recumbent position.
4. Apply electronic fetal monitor to monitor fetal heart rate and uterine activity.
5. May apply VAS if NST is nonreactive after 20 minutes of testing.
6. Position VAS device on maternal abdomen and apply stimulus for 1-2 seconds. If no response, may repeat up to 3 times for progressively longer durations of up to 3 seconds.
7. Notify provider of NST results.
8. Provider to review NST either remotely or in person within 30 minutes of notification; OB Hospitalist to be called to interpret NST per provider request or if provider not able to evaluate NST within 30 minutes of notification.
9. Obtain provider orders for follow-up and/or discharge to home.
10. Document fetal heart rate and uterine contraction patterns, provider notification and communication, NST results and plan of care.

REFERENCES:

1. American Academy of Pediatrics & the American College of Obstetricians and Gynecologists *Guidelines for Perinatal Care*, 7th ed., 2012
2. American College of Obstetrics and Gynecologists Practice Bulletin No. 145, Antepartum Fetal Surveillance, Vol 124, July 2014
3. Association of Women's Health, Obstetric and Neonatal Nurses, *Fetal Heart Monitoring: Principles and Practices*, 2009
4. Association of Women's Health, Obstetric and Neonatal Nurses, *Perinatal Nursing*, 3rd ed., 2008



POLICY/PROCEDURE TITLE:Non-Stress Test

APPROVAL	APPROVAL DATES
L&D UPC Committee:	7/14
OB Executive Committee:	9/16
e-Policy Committee:	9/16
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

Perinatal Care Committee 4/95

OB Executive Committee: 8/14

L&D Unit Partnership Council MV: 8/09, 7/14

MEC 12/15

Board 1/16

TITLE: Lipid Rescue
CATEGORY: Patient Care Services
LAST APPROVAL:

TYPE: ☐ Policy ☐ Protocol ☐ Scope of Service/ADT
☐ Procedure ☒ Standardized Process/Procedure¹
SUB-CATEGORY: Nursing
OFFICE OF ORIGIN: (PACU)
AUTHORS: Judy Moreno, Lori Story
ORIGINAL DATE: 2/2/2016

I. DEFINITION AND COVERAGE:

This standardized procedure covers management of cardiac arrest scenarios with Local Anesthetic Systemic Toxicity (LAST) by registered Nurse.

II. CIRCUMSTANCES FOR THE PROCESS/PROCEDURE:

1. Setting: All patient care settings where local anesthesia is administered.
2. Indications: Cardiac arrest where local anesthetic toxicity is suspected.
3. Supervision: Code Blue physician responder.

III. LOCATIONS PERMITTED FOR THE PROCESS/PROCEDURE:

Any patient care area.

IV. DEFINITIONS (if applicable):

1. LipidRescue™ resuscitation refers to the use of an intravascular infusion of a lipid emulsion to treat severe, systemic local anesthetic toxicity.

V. REFERENCES:

1. Neal JM, Bernards CM, Butterworth JF, et al. ASRA practice advisory on local anesthetic systemic toxicity. Regional Anesthesia and Pain Medicine 2010; 35: 152-161.
2. Weinberg, G, Barron, G. Local anesthetic systemic toxicity (LAST): Not gone, hopefully not forgotten. Regional Anesthesia and Pain Medicine. 2016; 41:1-2

VI. PROCEDURE:

- A. Call code blue
 1. **Airway management:** ventilate with 100% oxygen.

¹ Process/Procedure listed in this document should conform to all steps of the "Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474. Refer to the "Standardized Procedures Requirements for Nursing Practitioner Practice" under NPA Section 2725 and clarified in Cal Code of Regulation (CCR 1480) at <http://www.rn.ca.gov/pdfs/regulations/npr-b-20.pdf> for definition and requirements.

TITLE:	Lipid Rescue
CATEGORY:	Patient Care Services
LAST APPROVAL:	

2. Seizure suppression: benzodiazepines are preferred; **AVOID Propofol** in patients having signs of cardiovascular instability.
3. Alert the nearest facility having cardiopulmonary bypass compatibility.
- B. Management of Cardiac Arrhythmias
 1. **AVOID vasopressin, calcium channel blockers, beta blockers, or local anesthetic.**
 2. **REDUCE individual epinephrine doses to <1 mcg/kg.**
- C. **Lipid Emulsion (20%) Therapy**
 1. Access from Pyxis.
 2. **Bolus 1.5ml/kg** intravenously over 1 minute.
 3. **Initiate Continuous infusion of 0.25ml/kg/min.**
 4. Continue chest compressions (lipid must circulate)
 5. Repeat bolus every 3-5 minutes up to 3 mL/kg total dose until circulation is restored.
 6. Increase the continuous infusion rate to 0.5 mL/kg/min if BP declines
 7. **Continue infusion** for at least 10 minutes after attaining circulatory stability.
 8. Recommended upper limit: Approximately 10mL/kg lipid emulsion over 30 Minutes.
- D. Continuous monitoring with transfer to ICU/CCU. Prolonged monitoring (>12 hours) recommended after any signs of systemic local anesthetic toxicity, since cardiovascular depression due to local anesthetics can persist or recur after treatment.

VII. TRAINING AND EDUCATION REQUIREMENTS:

RN-ACLS

VIII. PHYSICIAN NOTIFICATION:

The nurse will notify the Physician for the following conditions:

- A. Central nervous system signs
 1. *Excitation* (muscle twitching, confusion, agitation)
 2. *Depression* (drowsiness, coma, apnea, obtundation)
 3. *Nonspecific* (metallic taste, circumoral numbness, diplopia, tinnitus, dizziness)
- B. Cardiovascular signs
 1. *Hyperdynamic* initially (hypertension, tachycardia, ventricular arrhythmias)
 2. *Progressive hypotension*
 2. *Conduction block, bradycardia, or asystole*

IX. STAFF COMPETENCE AND EVALUATION:

- A. Initial competency for this standardized procedure is all critical care and code blue team responders.

TITLE: Lipid Rescue

CATEGORY: Patient Care Services

LAST APPROVAL:

- B. Continuing Evaluation for this standardized procedure is through code blue team responder's annual review.
- C. Those persons authorized to perform this standardized procedure are recorded in the Learning Management System.
- D. The scope of supervision required for performance of standardized procedure functions is considered to be the ordering physician.

X. REVIEW OF PROCESS/PROCEDURE:

This standardized process/procedure should be reviewed every three years or as practice changes, with approval by the IDPC, P&T (if applicable), MEC, and the Board of Directors.

XI. APPROVAL:

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

XII. ATTACHMENTS (if applicable):

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



POLICY/PROCEDURE TITLE: Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving

CATEGORY: Patient Care Services

LAST APPROVAL DATE: 01/2016

SUB-CATEGORY: Department of Anesthesia/L&D

ORIGINAL DATE: 8/09

OUTCOME:

1. Patient will receive sufficient analgesia during labor with as little motor block as possible.
2. Maternal pain will be relieved without placing the newborn at risk for central nervous system or respiratory depression.

SUPPORTIVE DATA:

1. The anesthesiologist is responsible for identifying women with contraindications to the procedure. The anesthesiologist is responsible for obtaining the patient's informed consent, explaining the procedure and potential complications, and for answering the patient's questions regarding the anesthesia.
2. Contraindications to epidural anesthesia/analgesia may include:
 - a. Coagulation disorders (decreased platelet count)
 - b. Local infection at the site of injection (acne)
 - c. Maternal hypotension
 - d. Abnormal fetal heart rate pattern requiring immediate birth
3. Only the anesthesiologists may regulate or adjust the infusion pump. If a patient-controlled epidural infusion pump is used, the anesthesiologist to provide patient education regarding the patient's role in pain management and instructions on how to self-administer bolus doses and side effects to report.
4. Removal of the catheter must be done by an anesthesiologist or obstetrician and the intact tip of the epidural catheter should be noted upon removal.
5. A spinal headache may occur up to 24 hours after an epidural. Headache is thought to be the result of the loss of cerebrospinal fluid from the epidural or spinal injection site. Symptoms usually present with characteristic postural headache that is worsened by standing or straining and is relieved by lying down. Treatment may include an epidural blood patch by an anesthesiologist.

*Asterisks indicated MD order required.

CONTENT:

Assessment & Intervention

1. *Notify the anesthesiologist of patient status and request for anesthesia.
2. *Initiate continuous electronic fetal monitoring (EFM) at least 20 minute prior to placement of the epidural, during procedure and afterwards until delivery.
3. Establish baseline maternal vital signs. Apply blood pressure cuff and pulse oximeter.

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POLICY/PROCEDURE TITLE: Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving

4. *Initiate IV access using a large bore catheter and infuse an IV bolus of 500-1000mL LR 15-30 minutes before the procedure.
5. Ensure necessary emergency equipment: oxygen, suction, ambu bag, and mask are readily available. Ephedrine and emergency medications are available in anesthesia cart.
6. Patient support persons are required to sit down during the procedure. Only L&D staff may hold or support the patient during epidural placement.
7. Assist the woman to maintain sitting or side lying position. Consider using a chair or stool for foot support. Maintain proper position with head flexed forward as tolerated. The patient may be supported by leaning into the nurse. Stress the importance of remaining still during the procedure. Encourage the use of breathing and relaxation techniques during the procedure.
8. Begin pulse oximetry while patient is in position and until test dose is given. Observe for maternal tachycardia during test dose.
9. Once epidural procedure completed, reposition patient to lateral position and maintain uterine displacement.
10. Obtain maternal vital signs
 - a) Check vital signs every 5 minutes for 30 minutes then
 - b) Every 15 minutes for one hour then
 - c) Every 30 minutes when stable until delivery
11. If maternal hypotension occurs, initiate interventions for intrauterine resuscitation. Position mother in lateral position, administer IV fluid bolus as ordered and notify the anesthesiologist. *Anticipate the use of ephedrine per MD orders.
12. Independent Dual sign off for a High Risk Medication is required for each epidural medication bag administered by the anesthesiologist. The anesthesiologist will open the Medication Administration Record (MAR), double check the bag with the order, and hang the bag and start the bag in the MAR. A box will pop up asking for the RN to sign in and verify the order and patient, and witness the hanging of the bag and the setting of the rate.
13. Assess for complications that may be associated with epidural initiation.
 - a) Local anesthetic toxicity: Assess for drowsiness, light-headedness, tinnitus, circumoral paresthesia, metallic taste, slurred speech, blurred vision, unconsciousness, convulsions, cardiac dysrhythmias and or cardiac arrest. Notify MD immediately. Cardiopulmonary resuscitation may be needed.
 - b) High spinal: Assess for numbness of the upper extremities, dyspnea, weak speech or inability to speak, apnea, and/or loss of consciousness. Notify MD and the anesthesiologist immediately. Elevate head of bed. Cardiopulmonary resuscitation may be needed.
14. Observe catheter entry site for residual wetness, swelling, and bleeding.
15. Ensure catheter remains securely taped to the patient and free of kinks.
16. Continue to evaluate and document maternal pain levels with ongoing patient assessment.
17. Reinforce anesthesiologist's patient education regarding self-administration of medication and side effects to report.



POLICY/PROCEDURE TITLE: Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving

18. Instruct patient to notify RN prior to self-administration of medication so RN can do a maternal-fetal assessment and suggest additional nonpharmacological pain relief interventions.
19. Assist patient to change position at least every hour. Encourage lateral rather than supine position.
20. *Small sips of water or ice chips may be offered to women with uncomplicated labors.
21. Re-evaluate status of labor after epidural is effective.
22. * Assess bladder status, insert urinary catheter.
23. * The RN may turn off the infusion pump after a vaginal delivery during the vaginal repair.
24. If epidural pump alarms, turn pump off and notify anesthesiologist.
25. In the event of an emergency cesarean section, turn pump off and remove tubing from pump prior to patient transfer to operating room.
26. After vaginal delivery, discard epidural medication, and document amount of medication wasted in Pyxis.

DOCUMENTATION:

Document per department standards:

1. All nursing assessment and interventions.
2. MD notifications, responses, and orders given.
3. Patient's epidural request.
4. Consent for epidural must be signed and witnessed.
5. Complete Boarding Pass prior to start of procedure.
6. Hendricks Fall Risk assessment must be documented after the epidural is placed and a Fall Risk plan of care initiated.

REFERENCES:

1. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, 7th ed, 2012
2. Balestrieri-Martinez B., Complications in Obstetric Anesthesia: Nursing's Role to Anticipate, Recognize, and Respond, Journal of Perinatal and Neonatal Nursing, 23(1), 23-30, 2009
3. Besuner, P., Templates for Protocols and Procedures for Maternity Services, Association of Women's Health, Obstetric and Neonatal Nurses, 2002
4. Green, C., Wilkinson, J., Maternal Newborn Nursing Care Plan, 2004
5. Poole, J H., Analgesia and Anesthesia during Labor and Birth: Implications for Mother and Fetus, Journal of Obstetric, Gynecologic, and Neonatal Nursing, 32(6), 780-93, 2003
6. Simpson, R., Creehan, A., Perinatal Nursing, 3rd ed., Association of Women's Health, Obstetric and Neonatal Nurses, 2008



POLICY/PROCEDURE TITLE: Epidural Analgesia & Anesthesia, Management of Obstetrical Patient Receiving

APPROVAL	APPROVAL DATES
L&D UPC Committee:	7/2016
OB Executive Committee:	9/2016
e-Policy Committee:	12/2015
Pharmacy and Therapeutics (if applicable):	11/2015
Medical Executive Committee:	12/2015
Board of Directors:	01/2016

Historical Approvals:

L&D Partnership Council, 8/09, 12/09, 12/12

OB Exec. 9/09, 11/15

P&T 8/09



POLICY/PROCEDURE TITLE:Rehab Services: Pool Care and Maintenance Procedure

CATEGORY: Clinical & Support Services
LAST APPROVAL DATE:

SUB-CATEGORY: Rehabilitation Services
ORIGINAL DATE:

COVERAGE:

Outpatient rehabilitation staff at Los Gatos campus

PURPOSE:

To provide a safe and clean treatment environment for our aquatic therapy program

STATEMENT:

PROCEDURE:

1. Remove pool cover
2. Check chemicals and temperature. Follow directions in pool manual for additions as needed, such as:
 - Bromine – small side of plastic measure – 5 drops each of R-0001 and R-0002 (two bottles with yellow caps)
BEST READING: **3 (allowable readings—2.0 to 10.0)**
 - pH: 5 drops R-0004 (phenol red) into large side of plastic measure.
BEST READING: **7.4 (allowable readings—anything above 7.2)**

Fill line		Cl	Br	pH	Fill line
		5	10	8.0	
		3	6	7.8	
		2	4	7.6	
		1.5	3	7.4	
		1	2	7.2	

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POLICY/PROCEDURE TITLE: Rehab Services: Pool Care and Maintenance Procedure

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

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3. Record the Bromine and pH readings and water temperature in the black binder kept in the pool area.

4. Turn chair on and make sure it is working properly. (see a. and b. below). Chair f on/off lever- is located at the base of the chair lift on the side of the pool. The first red handled lever operates the on/off for the chair and is labeled "chair". The second lever operates the on/off for adding water to the pool and is labeled "pool filling".

a. Inspection of chair lift: The lift should be inspected each day before use. Check for loose connections, any corrosion or damage to any parts of the lift routinely before using the lift with a patient. Document that the inspection was completed in the Daily Pool Log binder noting date, time, initials, and any comments. Engineering will inspect the lift system every 3 months – see posted instructions by poolside and in Pool Log.

b. To ensure proper functioning of the chair, before each patient use AND first thing in the morning before use by any patient for the day, the potential air in the system must be "bled" out. To do this, lower the chair completely into the pool and then bring it back up, with several short strokes up and completely down, then you can bring the chair all the way out for patient loading. This will purge air in the system that may occur.

Trapped air in the cylinder can cause a jerky motion in the chair's up and down movement and may cause a sudden drop in the last few inches of its downward travel. Document that the "bleed" process was completed before each patient use in the Daily Pool Log sheet titled "Pool Chair Check per Patient Use" log.

5. Provide towels around pool area to prevent floor becoming overly wet.

6. Replace metal floor plates.

For the following issues, Facilities should be called (x6131) to perform the following steps:

a. If bromine is high, turn bromine feeder off (in pit, next to ladder labeled "Bromine Feeder". If bromine reading is at 10.0, add ½ cup of neutralizer at a time, run the current for 10 minutes, and recheck bromine level until reading is at least 8.0 or lower, but not lower than 2.0. Neutralizer is kept in gray cabinet by the pool.

a. b. -If bromine is low (2.0), check to make sure feeder is full; fill as needed using the pellets located on bottom shelf of gray cabinet by the pool (wear gloves), and turn on to first line on dial.

c. If bromine is very low (≤ 1.0), shock pool. Chemicals are located on the bottom shelf of the gray cabinet by the pool. below metal plate by towel cart. -If 1.0 add ½ cup shock while current is running. If 0.0 add 1 cup. Recheck Bromine after 10-15 minutes of running current. If still low, add additional ½ cup of shock.

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POLICY/PROCEDURE TITLE: Rehab Services: Pool Care and Maintenance Procedure

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

d. If pH is low (≤ 7.2) add $\frac{1}{2}$ to $\frac{3}{4}$ cup of soda ash. Bucket located with cup container located on the ~~second bottom~~ shelf of the gray cabinet by the pool, ~~inside at end of pool closest to door~~).

e. ~~Pool chemicals~~ When adding chemicals, either shock, neutralizer or soda ash, ~~should be added~~ ~~do it~~ while pool current is running, ~~and letting it~~ run for 10-15 minutes. Best if done with enough time to "mix" before a patient enters pool.

f. ~~Write down chemical check numbers and any additions made into pool binder.~~ Chemical numbers should be rechecked after any chemicals have been added. These additional numbers should be noted in the pool binder.

g. Check pool heater in "pit" to make sure it is on. Heater is green box labeled "Pool Heater". There is an orange light indicating pool heater is on and working. If light is off and water temperature is lower than previous check, check fuse box in laundry room and reset if necessary. Check that the flip switch on the heater is "on", which is in the "up" position. If water temperature is holding, no action is necessary.

~~h. Replace metal floor plates.~~

i. ~~Turn chair on and make sure it is working properly. (see j and k below). Chair f on/off lever faucet is located at the base of the chair lift on the side of the pool. The first red handled lever operates the on/off for the chair and is labeled "chair". The second lever operates the on/off for adding water to the pool and is labeled "pool filling". on the wall and the foot of the 2nd treatment table. Look for the faucet with the red hose leading to the pool. Turn clockwise to turn chair on; counter-clockwise to turn chair off.~~

~~j. Inspection of chair lift: The lift should be inspected each day before use. Check for loose connections, any corrosion or damage to any parts of the lift routinely before using the lift with a patient. Document that the inspection was completed in the Daily Pool Log binder noting date, time, initials, and any comments. Engineering will inspect the lift system every 3 months see posted instructions by poolside and in Pool Log.~~

~~k. To ensure proper functioning of the chair, before each patient use AND first thing in the morning before use by any patient for the day, the potential air in the system must be "bled" out. To do this, lower the chair completely into the pool and then bring it back up, with several short strokes up and completely down, then you can bring the chair all the way out for patient loading. This will purge air in the system that may occur. Trapped air in the cylinder can cause a jerky motion in the chair's up and down movement and may cause a sudden drop in the last few inches of its downward travel. Document that the "bleed" process was completed before each patient use in the Daily Pool Log sheet titled "Pool Chair Check per Patient Use" log.~~

~~l. Provide towels around pool area to prevent floor becoming overly wet.~~

Mid-day duties:

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POLICY/PROCEDURE TITLE: Rehab Services: Pool Care and Maintenance Procedure

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

- ~~Check pool chemicals and temperature (see above procedures) and make adjustments as needed.~~

Closing Pool, p.m. duties:

1. Put away pool equipment (flippers, paddles, floats)
- ~~2. Check pool chemicals and temperature (see above procedures) and make adjustments as needed.~~
2. Turn off pool chair – shut valve tightly – with chair out of pool, placing chain to prevent chair from lowering down into the pool overnight.
4. Replace pool cover
5. Remove wet towels around pool and place in washing machine for washing for the next day. These towels are used solely for around the pool area and not for patient use. ~~dirty laundry hamper~~
6. Open metal plates on the floor. Put yellow “CAUTION” signs around hole in floor in the walkway area.
7. Wipe down edges of pool to remove any dirt, footprints, etc.

Managing Water Level: Call Facilities to lower the water as needed following the steps below:

1. The water level should be maintained at approximately the base of the first tile of pool wall.
2. To lower the water, in the pit, on the grey vertical drain pipe, on the right across from the filter box on the left wall, there is a valve kept in the horizontal “off” position. To drain, turn this valve counter-clockwise about 60 degrees (not quite to vertical) and the water will begin draining. Watch the water level, and when it is at the appropriate level, turn the valve handle back to the “off” horizontal position.
3. To avoid over loading the plumbing system with too much water too fast, you turn the valve handle only 60 degrees rather than the full vertical position, to somewhat slow the water flow.
4. If the water is too high, it will start to leak in the back of the pit area, visible to inspection.

If there is significant water in Pit:

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POLICY/PROCEDURE TITLE: Rehab Services: Pool Care and Maintenance Procedure

CATEGORY: Clinical & Support Services

LAST APPROVAL DATE:

~~Call Engineering: They will use the sump pump. Use sump pump. The hose and electrical cord for the sump pump are dangling from the ladder in the pit. Pull hose up and out and place end in drain by the whirlpool in the hand area. There is an extension cord in the bottom drawer of the lateral file. Hook the cords up. Plug extension cord into wall behind the three white chairs against the wall. Plugging in cord will start to pump out water — there is no on/off switch. Check to make sure water is coming out. If not, check for kinks in the hose. If water still is not getting sucked out, unplug cord and call engineering for help~~

~~Contact Phone Numbers:~~

~~Engineering: extension 4174.~~

~~SwimEx representative: Eric Parsells (866) 568-0133, extension 704~~

~~Weekly/Monthly pool service: Monte's Quality Pool Service (408) 356-5148~~

~~Monte: cell phone (408) 315-2184~~

REFERENCES:

- ~~1. SwimEx Aquatic Therapy Pools, User Manual~~
- ~~2. <https://www.taylor technologies.com/en/catalog/search?search=CHEMISTRY>~~
- ~~3. Safety Data Sheets~~
- ~~4. Aquatic Access Pool Lift IGAT-90, www.AquaticAccess.com~~

CROSS REFERENCES:

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee:	10/16
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

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.

Practitioner Name:

CRITERIA FOR PRIVILEGES:

Physicians may apply/reapply for core privileges in the Department of Medicine if they are Board Certified in Internal Medicine or have completed an accredited residency training program in Internal Medicine.

CONSULTATIONS:

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

INSTRUCTIONS:

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

Requested	#Done New App: Total # Reapp: # Last 2 yrs	Privilege Description	Additional/Special Criteria (if applicable) Highlighted areas show required documentation	Dept Chief Approved
		Core Privileges in Internal Medicine: Physicians with core privileges may admit, evaluate, diagnose and provide non-surgical treatment, including consultation to patients admitted or in need of care to treat general medical problems. These privileges are considered intrinsic to the practice of Internal Medicine and routinely included in the usual post-graduate training program in the specialty of Internal Medicine. (Includes lumbar puncture, abdominal paracentesis, thoracentesis, aspiration/injection of joints, arterial puncture and/or cannulation and EKG interpretation -adult.)		
Please list here any of the above Core privileges you do not wish to request:				
		Use of CPAP (continuous positive airway pressure) and BIPAP (bilevel positive airway pressure)		
		Management of mechanical ventilation Limited (uncomplicated case suitable for 12 hour Ventilator protocol)		
		MODERATE (CONSCIOUS) SEDATION	Initial Applicant: Requires passing the Moderate Sedation Examination with 85% or higher. <ul style="list-style-type: none">Initial applicant must take the exam provided by ECH Medical Staff Office – 650-940-7058.	
		Placement Swan Ganz catheter		
		Placement of central IV line		
		Endotracheal intubation		
		Flexible sigmoidoscopy with or without biopsy		
		Exercise Tolerance Test	Initial Applicant: The practitioner must show documentation of performance of 20 exercise treadmills either from his/her training program or at another facility. <ul style="list-style-type: none">Initial applicant must submit documentation to include a statement from the training program director or Chief of Service that the practitioner is qualified to perform these procedures. FPPE – 3 cases will be proctored Radionuclide and Dipnridamole /	

			<p>Pharmacologic testing may be done only by a cardiologist who is Board Certified or has completed a formal cardiology training program.</p> <p>Requirement to maintain privileges at reappointment: 24 treadmills must be performed in a two-year period.</p> <p>The applicant for reappointment attests to activity during the past two years in the left-hand column marked “ #Done”.</p> <p>Practitioners who wish to serve on the Treadmill Panel must be on the Active Medical Staff. Panel privileges are determined by the EKG Committee.</p>	
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Acknowledgement of Practitioner: I attest that I am competent to perform the procedures as requested and have attached supporting documentation where needed and agree to provide additional documentation if requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

Applicant Signature

Date



Department: Medicine MV & LG
Privilege List: Cardiovascular Disease (Cardiology)
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Practitioner Name:

CRITERIA FOR PRIVILEGES:

Physicians must demonstrate successful completion of an Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in cardiology, and/or current board certification in cardiology by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM).

CORE PRIVILEGES:

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

CONSULTATIONS:

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

INSTRUCTIONS:

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

Approvals:

CVS/PVI Committee:

Medicine 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 Cardiology

<p>Core privileges for cardiology include the ability to admit, evaluate, diagnose, and provide non-surgical treatment, including consultation to patients admitted or in need of care to treat general medical problems. These privileges are considered intrinsic to the practice of Internal Medicine and routinely included in the usual post-graduate training program in the specialty of Internal Medicine. (Includes lumbar puncture, abdominal paracentesis, thoracentesis, aspiration/injection of joints, arterial puncture and/or cannulation.)</p> <p>The core privileges in cardiology include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Dipyridamole Thallium Stress Testing • Echocardiogram Interpretation • EKG Interpretation – Adult • EKG Interpretation-Signal Averaged • Elective Direct Current Cardioversion • Endotracheal Intubation • Exercise Tolerance Test • Holter Monitor Interpretation • Interpretation of Radionuclide Cardiac Imaging Studies • Management of mechanical ventilation – Limited (uncomplicated case suitable for 12 hour Ventilator protocol) • Pericardiocentesis • Placement of Central IV Line • Placement of Swan-Ganz Catheter • Stress Echocardiography • Transthoracic Echo Doppler interpretation • Use of CPAP (continuous positive airway pressure) and BIPAP (bilevel positive airway pressure) 	<p>New applicant applying for core privileges:</p> <p>For initial applicant, no additional/ special criteria needed for core privileges in cardiology.</p>	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/ special criteria needed for core privileges in cardiology.</p>	
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Please list any of the above core privileges you do not wish to request:



Department: Medicine MV & LG
Privilege List: Cardiovascular Disease (Cardiology)
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Special Noncore Privileges in Cardiology

	Trans-esophageal echocardiography (TEE)	<p>New applicant applying for privilege: Required documentation of experience: a) Certificate of competency by the program director of the training program with a minimum volume of 20 TEE cases; or b) 20 cases performed with a physician with unrestricted TEE privileges; or c) 24 hours of Category I CME credit must be obtained including both didactic and lab experience including hands-on experience of 5 cases as primary operator. Provide documentation of certificate from the training program director and case log of 20 cases or letter from physician with unrestricted TEE privileges and case log of 20 TEE cases or documentation showing 24 hours CME courses and case log of 5 cases as primary operator.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 5 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 5.</p>	
	Moderate (conscious) sedation	<p>New applicant applying for privilege:</p> <ul style="list-style-type: none"> Pass the moderate sedation examination provided by ECH Medical Staff Office with 85% or higher Provide evidence of at least 4 in the last 24 months. 	<p>Current medical staff applying for reappointment:</p> <p>For reappointment applicant, no additional/special criteria needed for moderate sedation.</p>	



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

	<p>Core privileges for invasive cardiology include the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Aortic angiography • Central line-placement and venous angiography • Coronary arteriography • Diagnostic right- and left-heart cardiac catheterization • Hemodynamic monitoring with balloon flotation devices • Insertion of intraaortic balloon counter pulsation devices • Intracardiac angiography • Placement of temporary transvenous pacemakers 	<p>New applicant applying for core privileges: Provide evidence of at least 150 diagnostic right and/or left cardiac catheterizations, reflective of the scope of privilege requested during the last 24 months or demonstrate successful completion of an ACGME or AOA-accredited cardiology fellowship that included training in invasive cardiology within the last 24 months.</p> <p>FPPE: 3 cases proctored.</p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>	
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Please list any of the above core privileges you do not wish to request:

Special Noncore Privileges in Invasive Cardiology

	Transseptal left heart catheterization	<p>New applicant applying for privilege: Provide documentation of training/competence by verification from program director or evidence of at least 10 in the last 24 months.</p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>	
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Privilege List: Cardiovascular Disease (Cardiology)
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Endomyocardial biopsy	<p>New applicant applying for privilege: Provide documentation of training/competence by verification from program director or evidence of at least 10 in the last 24 months.</p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>
Core Privileges in Interventional Cardiology			
	<p>Core privileges for interventional cardiology include the ability to admit, evaluate, treat and provide consultation to adolescent and adult patients by use of specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart, as well as technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system. May provide care to patients in the invasive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in interventional cardiology include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Intracoronary or Bypass Graft Stent • Intracoronary Thrombolysis • Mechanical Thrombectomy • Percutaneous Transluminal Coronary Angioplasty (PTCA) • Rotational atherectomy 	<p>New applicant applying for core privileges: Provide evidence of at least 100 coronary intervention procedures, 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 in interventional cardiology within the last 24 months.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>
Please list any of the above core privileges you do not wish to request:			



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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Special Noncore Privileges in Interventional Cardiology

	Impella circulatory assist	New applicant applying for privilege: Provide documentation of training/competence by verification from program director or evidence of at least 2 in the last 24 months.	Current medical staff applying for reappointment: Attest to at least 1 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 1.	
	Left atrial appendage tissue closure (LARIAT)	New applicant applying for privilege: Required documentation of training from the device company (SentreHEART). Provide documentation of training from device company.	Current medical staff applying for reappointment: Attest to at least 1 over the last 24 months. If 1 LARIAT case is not performed, applicant may maintain privilege but will need to be proctored on the next 2 cases. For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 1.	

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Special Noncore Privileges in Structural Heart

****Must have Core Privileges in Interventional Cardiology to be eligible for the privileges listed below.**

	Aortic balloon valvuloplasty	New applicant applying for privilege: Provide documentation of training/competence, verification from program director or evidence of at least 10 in the last 24 months.	Current medical staff applying for reappointment: Attest to at least 4 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 4.	
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Privilege List: Cardiovascular Disease (Cardiology)
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation		Dept Chief Approval
	Mitral balloon valvuloplasty	<p>New applicant applying for privilege: Required documentation of training from the device company (INOUE balloon certified) or provide documentation of training/competence by verification from program director.</p> <p>Provide documentation of training from device company or training/competence verified by program director.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 4 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 4.</p>	
	Transcatheter mitral valve repair (TMVR)	<p>New applicant applying for privilege: Applicant must hold transseptal privileges and provide documentation of training/competence by verification from program director or evidence of at least 10 in the last 24 months.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 400-50 structural procedures over the last 24 months including atrial septal defects, patent foramen ovale, and transseptal punctures and at least 6 TMVR procedures over the past 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 100 structural and 6 TMVR procedures.</p>	
	PFO/ASD closure	<p>New applicant applying for privilege: Provide documentation of training/competence, verification from program director or evidence of at least 5 in the last 24 months.</p>	<p>Current medical staff applying for reappointment: Attest to at least 5 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 5.</p>	



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Privilege List: Cardiovascular Disease (Cardiology)
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Left atrial appendage occlusion with WATCHMAN device	<p>New applicant applying for privilege: Applicant must hold transseptal privileges and a and b below:</p> <p>a) Provide required documentation of training from the WATCHMAN Device company (Boston Scientific)</p> <p>And</p> <p>b) Provide evidence of at least 25 transseptal procedures in lifetime and at least 10 within the last 24 months.</p> <p>Provide documentation of training/competence and evidence of at least 25 transseptal procedures in lifetime and 10 in the last 24 months.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Must maintain transseptal structural heart privileges and attest to at least 25 transseptal procedures of which at least 12 are WATCHMAN procedures in the last 24 months.</p> <p>Provide documentation to at least 25 transseptal procedures of which at least 12 are WATCHMAN procedures over the last 24 months.</p>
	Transcatheter aortic valve replacement (TAVR)	<p>New applicant applying for privilege: Either a, b or c below:</p> <p>a) Provide documentation of training/competence by verification from program director.</p> <p>Or</p> <p>b) Provide evidence of at least 100 structural heart procedures over lifetime</p> <p>Or</p> <p>c) Provide evidence of at least 30 left sided structural heart procedures over the last 24 months of which 60% are balloon aortic valvuloplasty (ASD and PFO closures are not considered left sided structural heart procedures).</p> <p>Provide documentation of training/competence or provide evidence of at least 100 structural heart procedures over lifetime or provide evidence of at least 30 left sided structural heart procedures in the last 24 months.</p>	<p>Current medical staff applying for reappointment: Attest to at least 40 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 40.</p>



Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Core Privileges in Peripheral Cardiology				
	<p>Core privileges for peripheral cardiology include the ability to admit, evaluate, treat and provide consultation to adolescent and adult patients.</p> <p>The core privileges in peripheral cardiology include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Atherectomy • Peripheral Angiography • Visceral or Peripheral Angioplasty • Visceral or Peripheral Stent Placement • Intra Arterial Thrombolysis • Venogram, Angioplasty and Thrombectomy of AV Dialysis Access 	<p>New applicant applying for core privileges: Provide evidence of at least 50 peripheral angiograms, with 25 as primary operator reflective of the scope of privileges requested during the last 24 months or provide documentation of training/competence by verification from program director.</p> <p>FPPE: 3 cases proctored.</p>	<p>Current medical staff applying for reappointment: Attest to at least 40-20 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>	
Please list any of the above core privileges you do not wish to request:				



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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Special Noncore Privileges in Peripheral Cardiology

****Must have Core Privileges in Peripheral Cardiology to be eligible for the privileges listed below.**

	Endovascular repair of aortic aneurysms (EVAR)	<p>New applicant applying for privilege: Must hold core peripheral cardiology privileges and provide required documentation of training from the device company and either a or b below:</p> <p>a) Completion of a recognized fellowship or training program which includes performance of at least 5 aortic stent graft cases.</p> <p>Or</p> <p>b) Attendance at a detailed postgraduate course specifically about aortic stent grafting which would include live case presentations and hands-on sessions. The applicant will be supervised by a qualified endovascular interventionalist for 5 "apprenticed" cases. Provide certificate of training program and documentation of training/competence by verification of program director and evidence of at least 5-10 in the last 24 months. As primary or assisting operator</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 5-10 over the last 24 months. As primary or assisting operator</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 510. As primary or assisting operator</p>	
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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
	Carotid angioplasty/stenting	<p>New applicant applying for privilege: Must hold core peripheral cardiology privileges and either a, b, or c below:</p> <p>a) Completion of a dedicated peripheral vascular training program with participation in a minimum of 25 carotid interventions.</p> <p>Or</p> <p>b) Participation in a minimum of 10 carotid interventions and attendance at two live-case demonstration CME courses on peripheral vascular techniques with clear emphasis on carotid therapy.</p> <p>Or</p> <p>c) Apprenticeship under a certified proctor consisting of joint performance of 10 carotid interventions and attendance at two live-case demonstration CME courses on peripheral vascular techniques with clear emphasis on carotid therapy.</p> <p>Provide certificate of training program or evidence of at least 10 in the last 24 months and certificate of attendance at CME courses. As primary or assisting operator</p> <p>FPPE: 3 cases proctored.</p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months. As primary or assisting operator</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10. As primary or assisting operator</p>



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

	<p>Core privileges for clinical cardiac electrophysiology include the ability to admit, evaluate, treat and provide consultation to acute and chronically ill adolescent and adult patients with heart rhythm disorders, including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in clinical cardiac electrophysiology include the following procedures and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> Complete intracardiac electrophysiology evaluation 	<p>New applicant applying for core privileges: Provide evidence of at least 25 as 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 electrophysiology fellowship in within the last 24 months.</p> <p><u>FPPE: 3 cases proctored.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 10 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 10.</p>	
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Please list any of the above core privileges you do not wish to request:

Special Noncore Privileges in Clinical Cardiac Electrophysiology

	<p>Insertion of permanent transvenous pacemaker <u>(any and in combination: single- and dual-leads)</u></p>	<p>New applicant applying for privilege: Provide evidence of a CME course with hands-on experience as primary operator for 40 25 pacemaker cases <u>or grand-fathering.</u></p>	<p>Current medical staff applying for reappointment: Attest to at least 40 15 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 40 15.</p>	
	<p>Insertion of implantable defibrillator <u>(non-CRTD)</u></p>	<p>New applicant applying for privilege: Must hold pacemaker privileges. (1) EP Fellowship. (2) Formal proctoring. (3) grand-fathering</p>	<p>Current medical staff applying for reappointment: Attest to at least 5 15 over the last 24 months.</p> <p>For reappointment applicant, the number below needs to reflect the number performed within the last 24 months and at least 5 15.</p>	



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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation		Dept Chief Approval
	CRT (Pacemaker or Defibrillator)	New applicant applying for privilege: Initial credentialing: 25 cases total (combined CRT-P and CRT-D) (and CRT-D must be satisfied via one of the ICD 3 pathways) or grand-fathering	Current medical staff applying for reappointment: Re-credentialing: 15 over 24 months	
	Implantable Loop Recorder (ILR)	New applicant applying for privilege: 5 cases total	Current medical staff applying for reappointment: 5 cases over 24 months	
	Lead Extraction (with LASER or other mechanical tool system)	New applicant applying for privilege: 10 cases total as primary operator or assistant	Current medical staff applying for reappointment: 8 cases total over 24 months as primary operator or assistant	
	Leadless Pacemaker	New applicant applying for privilege: 3 cases total (proctored)	Current medical staff applying for reappointment: 3 cases total over 24 months	
	Subcutaneous ICD	New applicant applying for privilege: 3 cases total (proctored)	Current medical staff applying for reappointment: 3 cases total over 24 months	
	Implantable Heart Failure Monitoring Devices	New applicant applying for privilege: 3 cases total (proctored)	Current medical staff applying for reappointment: 3 cases total over 24 months	
	Diagnostic EP Study	New applicant applying for privilege: 25 cases total	Current medical staff applying for reappointment: 20 cases total over 24 months	
	Catheter Ablation (simple and complex combined)	New applicant applying for privilege: 25 cases total	Current medical staff applying for reappointment: 20 cases total over 24 months	

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.



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Requested	Privilege	Additional/Special Criteria Highlighted area shows required documentation	Dept Chief Approval
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Practitioner Name:

Practitioner Name:

Definition

As per the California Board of Registered Nursing document NPR-B-31 November 2001, Nurse-Midwifery Practice as conducted by Certified Nurse Midwives (CNM's) is the independent, comprehensive management of women's health care in a variety of settings. Acting under the supervision of a qualified physician, CNM management of women's healthcare focuses particularly on pregnancy, childbirth, family planning and gynecological needs of women. The CNM practices within a healthcare system that provides for consultation, collaborative management, or referral to physicians as indicated by the health status of the patient and the CNM's practice in accordance with the Standards for Practice of Nurse-Midwifery, as defined by the American College of Nurse-Midwives. The CNM is a certified nurse-midwife with a license issued by the Board of Registered Nursing in California.

Note: Throughout this document, when supervising physician is mentioned, it will refer to the supervising physician **or** his/her designee.

Minimum Qualifications:

- A. Currently licensed as a registered nurse in California.
- B. Completion of a nurse-midwifery program approved by the American College of Nurse-Midwives.
- C. Certification by examination by the American College of Nurse-Midwives.
- D. Current certification by the Board of Registered Nursing as a nurse-midwife in California.
- E. Current BCLS certification in cardiopulmonary resuscitation is required.
- F. Continuing Education consistent with requirements of the American College of Certified Nurse Midwives and the California Board of Registered Nursing.
- G. Current certification by the BRN to furnish drugs (as required by Section 2746.51 of the California Business and Professions code).
- H. The nurse-midwife must function within the scope of currently held licensing/certification and the supervision of a qualified obstetrician/gynecologist who must hold all clinical privileges necessary to supervise and assume care from the nurse-midwife as required. Both the nurse-midwife and supervising obstetrician/ gynecologist shall be approved by the OB/GYN MV Department Executive Committee or the Maternal-Child Health LG Department Executive Committee, Medical Executive Committee and the Governing Board.
- I. For each nurse midwife, there must be a written agreement for obstetrician/gynecologist supervision and backup by a Medical Staff member in good standing within OB/GYN MV Department Executive Committee and the Maternal-Child Health LG Department Executive Committee.
- J. The supervising obstetrician/gynecologist must be available at all times to supervise or assume the care of any nurse-midwife's patient as required. In the event that the supervising obstetrician/gynecologist is not available, he/she must arrange for qualified obstetrician/gynecologist coverage of his/her responsibilities with respect to the nurse-midwife. The name of the supervising obstetrician/gynecologist, or alternate, must appear in the medical record at the time of admission of any nurse-midwife's patient.

Requirements:

- A. The nurse-midwife must be supervised by an obstetrician/gynecologist with Medical Staff privileges in obstetrics/gynecology at El Camino Hospital. The supervising physician(s) undertakes all obligations identified in this Policy Statement.

- B. The nurse-midwife must submit a copy of a signed written agreement between the nurse-midwife and the physician supervisor. This agreement is to provide the following:
1. The physician supervisor agrees to:
 - a) Provide the CNM with supervision as required by the Nurse Practice Act and in accordance with any protocols set forth by El Camino Hospital
 - ~~b) See the CNM patient during pregnancy at least twice in the pregnancy, one of which must be in the third trimester.~~
 - e)b) Provide unlimited consultation as needed.
 - d)c) Assume intrapartum management of those patients whose condition is beyond the scope of midwifery practice as defined by the California Business and Professions Code and/or El Camino Hospital.
 - e)d) Notify the hospital in writing immediately upon the termination of the supervision agreement between the CNM and physician employer/affiliate.
 2. An alternate physician supervisor shall be identified who agrees to all of the above.
 3. The nurse-midwife agrees to:
 - a) Provide basic obstetrical services for low risk patients in accordance with the applicable law and El Camino Hospital protocols.
 - b) During hospitalization, the CNM will seek physician consultation upon discovery of any deviation from normal including, but not limited to, those described in "Approved CNM functions".
 - c) Such consultations will be immediately documented in the progress notes by the CNM.
- C. Peer Review and disciplinary procedures (when warranted) will be the responsibility of the OB/GYN MV Executive Committee, the MCH-LG Executive Committee and the IDPC. Deviations from the requirements/standards identified in this policy statement shall be grounds for immediate suspension of the nurse midwife's ability to practice by the chair of either Committee or his/her designee. If such a suspension occurs, final action regarding the nurse-midwife will be determined in accordance with the procedures identified in the Allied Health Policy Section VIII.

INSTRUCTIONS:

- Please check the box in the "Requested" column for each privilege requested.
- Indicate the number you have performed in the "#Done" column.
 - **For new applicants**, this number needs to reflect your total experience in that area.
 - **For current medical staff applying for reappointment**, this will reflect experience within the last 24 months.

FY17 Period 3 Financials



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2017 – Period 3
7/1/2016 to 9/30/2016

Dashboard - ECH combined as of September 30, 2016⁽²⁾

	Annual						Month			YTD		
	2013	2014	2015	2016	2017	2017	PY	CY	Bud/Target	PY	CY	Bud/Target
					Proj.	Bud/Target						
Volume												
Licensed Beds	443	443	443	443	443	443	443	443	443	443	443	443
ADC	240	238	246	242	232	245	238	233	242	235	230	237
Adjusted Discharges	22,379	22,206	22,342	22,499	22,784	22,992	1,892	1,849	1,904	5,706	5,696	5,782
Total Discharges	19,970	19,427	19,637	19,367	19,328	19,790	1,591	1,592	1,648	4,822	4,832	4,954
Inpatient Cases												
MS Discharges	13,349	12,883	13,114	13,344	13,204	13,499	1,093	1,090	1,124	3,272	3,301	3,381
Deliveries	5,235	5,140	5,067	4,717	4,832	4,810	386	421	400	1,203	1,208	1,203
BHS	861	857	901	806	768	910	68	42	76	214	192	227
Rehab	525	547	555	500	524	570	44	39	47	133	131	143
Outpatient												
ED	45,525	46,056	49,130	49,927	48,952	51,258	4,141	3,944	4,269	12,344	12,238	12,834
Procedural Cases												
OP Surg	5,911	6,444	6,479	6,053	6,156	6,427	522	508	535	1,590	1,539	1,601
Endo	2,242	2,492	2,520	2,322	2,076	2,479	203	187	207	623	519	621
Interventional	1,507	1,706	1,878	1,970	2,088	2,323	157	164	194	493	522	582
All Other	64,435	69,458	68,052	79,656	83,580	84,566	5,416	3,944	7,044	16,636	20,895	21,173
Financial Performance (\$000s)												
Net Revenues	686,327	721,123	746,645	772,020	792,362	789,585	67,207	66,069	64,009	189,216	198,091	192,232
Operating Expenses	632,353	669,680	689,631	743,044	709,747	764,828	58,233	59,445	61,907	178,846	177,437	185,875
Operating Income \$	69,126	70,305	78,120	52,613	104,387	49,817	10,840	8,451	4,148	16,457	26,097	12,604
Operating Margin	9.9%	9.5%	10.2%	6.6%	12.8%	6.1%	15.7%	12.4%	6.3%	8.4%	12.8%	6.4%
EBITDA \$	124,722	125,254	128,002	108,554	158,808	109,890	15,038	13,012	8,863	29,065	39,702	26,821
EBITDA %	17.8%	16.9%	16.7%	13.6%	19.5%	13.5%	21.8%	19.2%	13.4%	14.9%	19.5%	13.5%
IP Margin ¹	-1.1%	-3.2%	-4.5%	-6.6%	-7.1%	-6.1%	-9.1%	-6.0%	-6.1%	-8.3%	-7.1%	-6.1%
OP Margin ¹	25.9%	25.2%	28.1%	26.1%	31.6%	26.4%	26.7%	29.6%	26.4%	29.0%	31.6%	26.4%
Payor Mix												
Medicare	46.3%	44.6%	46.2%	46.6%	46.9%	46.4%	46.5%	44.5%	46.4%	45.2%	46.9%	46.4%
Medi-Cal	4.9%	6.0%	6.6%	7.4%	6.9%	6.5%	7.4%	7.1%	6.5%	7.8%	6.9%	6.5%
Commercial IP	25.3%	25.4%	24.2%	23.2%	22.9%	24.0%	23.1%	24.9%	24.0%	23.6%	22.9%	24.0%
Commercial OP	16.9%	18.6%	18.7%	18.7%	19.7%	19.0%	19.0%	19.4%	19.0%	19.5%	19.7%	19.0%
Total Commercial	42.2%	44.0%	42.9%	41.9%	42.6%	43.0%	42.1%	44.3%	43.0%	43.1%	42.6%	43.0%
Other	6.6%	5.4%	4.3%	4.1%	3.6%	4.1%	4.0%	4.1%	4.1%	4.1%	3.6%	4.1%
Cost												
Employees	2,289.0	2,435.6	2,452.4	2,542.8	2,470.3	2,517.9	2,548.1	2,473.3	2,554.3	2,511.0	2,470.3	2,517.9
Hrs/APD	29.72	29.31	30.45	30.35	30.45	31.11	29.99	30.95	30.90	30.44	30.45	31.11
Balance Sheet												
Net Days in AR	47.8	50.9	43.6	53.7	50.0	48.0	48.4	50.0	48.0	48.4	50.0	48.0
Days Cash	350	382	401	361	407	266	385	407	266	385	407	266
Debt to Capitalization	14.0%	12.6%	13.6%	13.8%	13.6%	17.3%	14.6%	13.6%	17.3%	14.6%	13.6%	17.3%
MADS	8.0	9.5	8.9	6.1	12.2	9.3	7.3	12.2	9.3	7.3	12.2	9.3
Affiliates - Net Income (\$000s)												
Hosp	88,820	118,906	94,787	43,043	40,937	67,032	(4,496)	7,376	4,877	(11,816)	40,937	14,791
Concern	371	1,862	1,202	1,823	461	2,604	101	(43)	173	749	461	590
ECSC	(317)	(5)	(41)	(282)	(43)	0	(2)	(40)	0	17	(43)	0
Foundation	1,545	3,264	710	982	556	(450)	(308)	(84)	(85)	(619)	556	(175)
SVM	(114)	32	106	156	100	0	(1)	(43)	(4)	(5)	100	(6)

(1) Due to timing of month end costing, In Patient and Out Patient Operating Margin % for FYTD 2017 are one month in arrears

(2) Green - Equal to or better than budget

Yellow - Unfav vs budget by up to 5%

Red - Greater than 5% unfav variance from budget

Inpatient Volume:

- YTD September Inpatient discharges was 2.5% below budget.
- # of Deliveries were lower than budget by 2.1%; GI, Pulmonary medicine, Oncology Surgery and GYN Surgery posted the highest YTD unfavorable budget variance.
- On the other hand, NICU, General Robotic Surgery, HVI, and Hips Ortho Surgery case volume showed increase ranging from 12% to 83% higher than budget.

Outpatient Volume:

- YTD OP Volume was below budget by approximately 3.0%
- Lower cases show in areas of Imaging, General Medicine, OP Urology and OP Neuro and OP Orthopedic cases.
- Infusion Center, OP Cath Lab and Sleep Center cases continue to show an upward trend.

Operating Income:

- Operating margin for September was \$4.3M favorable to budget, \$13.5M favorable year to date. Both revenues and expenses are favorable compared to budget.
- The favorable Net Revenue variance is primarily due to improved rev cycle operations including reduction in denials, Blue Cross rate increase and improvement in charge capture and cash collections.
- Expenses are low in labor by \$1.7M due to favorable productivity and pending PRN rate increase, in addition to positive variances in supplies (+\$357K), leases and rentals costs (+\$88K), and utilities costs (+\$121K).

In September net days in A/R increased slightly from 49.6 in August to 50.0.

Fiscal Year 2017 YTD (7/1/2016-9/30/2016) Waterfall

				Month to Date (MTD)			Year to Date (YTD)		
				Detail	Net Income Impact	% Net Revenue	Detail	Net Income Impact	% Net Revenue
\$ in Thousands									
Net Revenue (FY2017 Budget/FY2017 Actual)				66,055	67,896		198,479	203,534	
Budgeted Hospital Operations FY2017					4,148	6.3%		12,604	6.4%
Net Revenue					1,841	2.7%		5,055	2.5%
*	IP/OP volumes are slightly decreasing. Rev is higher than expected due to improvement in reve cycle processes mainly reduced denials			1,841			5,055		
Labor and Benefit Expense Change					1,705	2.5%		4,364	2.1%
*	Flexing to meet volumes. Productive hours currently under budget by 4.2%			1,705			4,364		
Professional Fees & Purchased Services					(165)	-0.2%		1,324	0.7%
*	Budgeted Medical Director fees/Consultants						939		
*	Repairs/Software			452			1,174		
*	Purchased Services			(617)			(790)		
Supplies					357	0.5%		1,530	0.8%
*	Drug Exp			169			(169)		
*	Medical Supplies (Volumes)			104			894		
*	Misc Net Supplies (Food/Volumes)			84			805		
Other Expenses					410	0.6%		609	0.3%
*	Leases & Rental Fees			88			104		
*	Utilities & Telephone			122			117		
*	Other G&A			201			388		
Depreciation & Interest					155	0.2%		612	0.3%
Actual Hospital Operations FY2017					8,451	12.4%		26,097	12.8%

El Camino Hospital (\$000s) ⁽¹⁾

3 month ending 9/30/2016

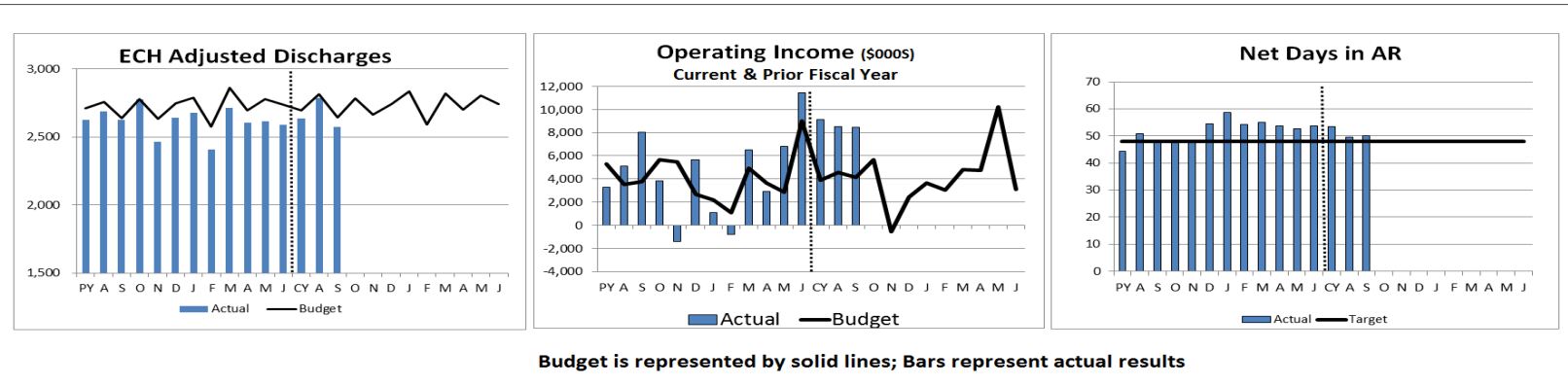
PERIOD 3 FY 2016	PERIOD 3 FY 2017	PERIOD 3 Budget 2017	Variance Fav (Unfav)	Var%
223,532	241,002	237,358	3,643	1.5%
(156,324)	(174,932)	(173,350)	(1,583)	1.0%
67,207	66,069	64,009	2,061	3.2%
1,866	1,827	2,047	(220)	-10.7%
69,073	67,896	66,055	1,841	2.8%
35,828	35,569	37,275	1,705	4.6%
9,564	9,320	9,677	357	3.7%
7,893	8,197	8,032	(165)	-2.1%
3,581	1,798	2,208	410	18.6%
449	468	448	(19)	-4.3%
3,749	4,093	4,267	174	4.1%
61,063	59,445	61,907	2,463	4.0%
8,010	8,451	4,148	4,303	103.7%
(12,506)	(1,076)	729	(1,805)	-247.6%
(4,496)	7,376	4,877	2,499	51.2%
17.7%	19.2%	13.4%	5.7%	
11.6%	12.4%	6.3%	6.2%	
-6.5%	10.9%	7.4%	3.5%	

\$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)

YTD FY 2016	YTD FY 2017	YTD Budget 2017	Variance Fav (Unfav)	Var%
664,907	715,849	712,818	3,031	0.4%
(475,691)	(517,758)	(520,586)	2,827	-0.5%
189,216	198,091	192,232	5,858	3.0%
6,088	5,443	6,247	(804)	-12.9%
195,304	203,534	198,479	5,055	2.5%
105,881	106,838	111,202	4,364	3.9%
29,145	27,598	29,128	1,530	5.3%
22,571	22,658	23,982	1,324	5.5%
8,591	6,737	7,346	609	8.3%
1,349	1,389	1,345	(44)	-3.3%
11,309	12,217	12,873	656	5.1%
178,846	177,437	185,875	8,438	4.5%
16,457	26,097	12,604	13,493	107.1%
(28,274)	14,841	2,187	12,654	578.7%
(11,816)	40,937	14,791	26,147	176.8%
14.9%	19.5%	13.5%	6.0%	
8.4%	12.8%	6.4%	6.5%	
-6.1%	20.1%	7.5%	12.7%	

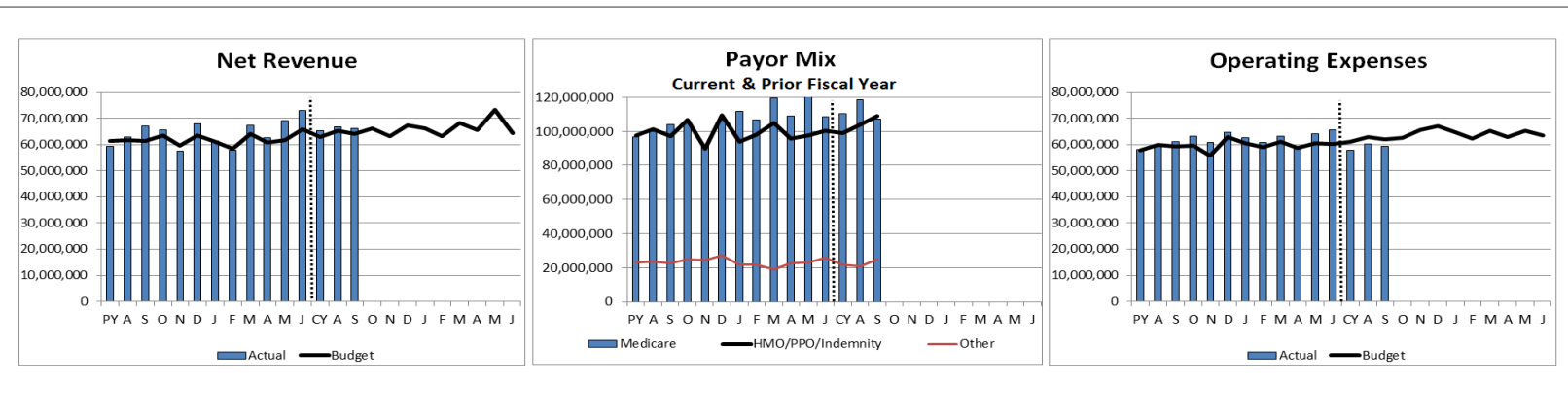
⁽¹⁾ Hospital entity only, excludes controlled affiliates

Monthly Financial Trends



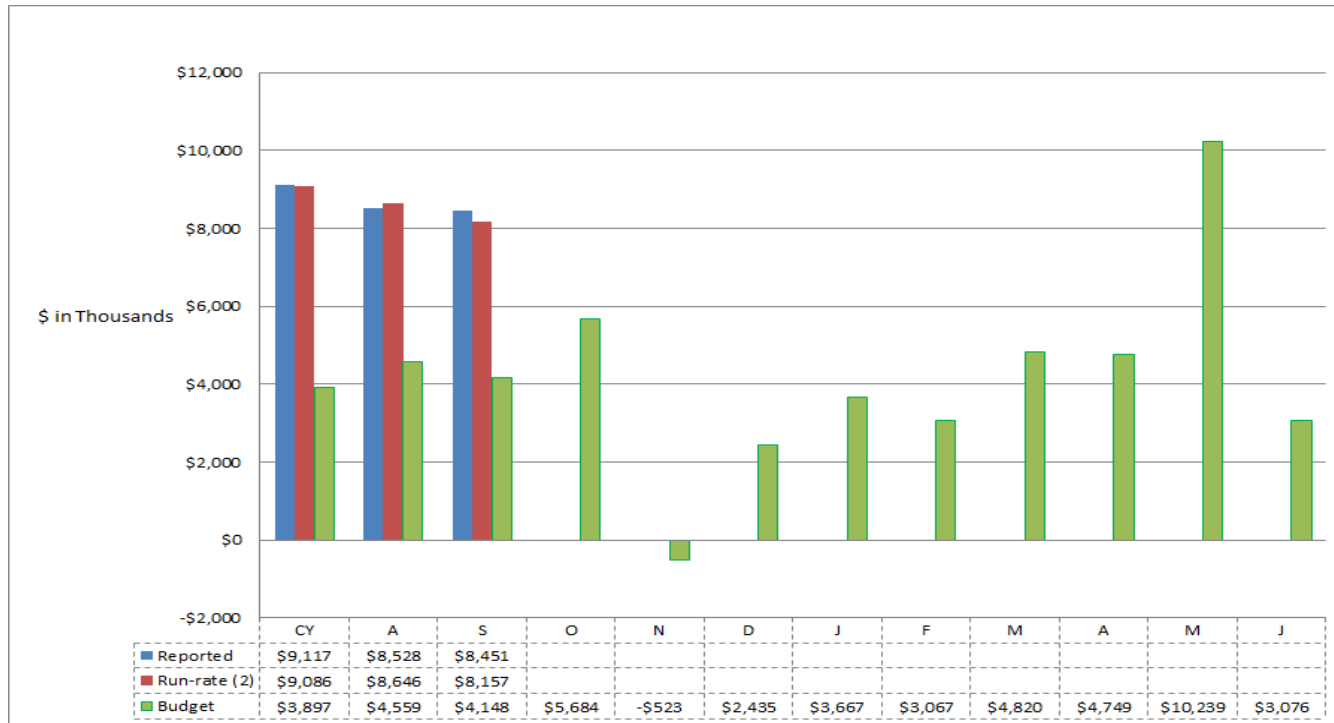
Volume is low mainly in surgeries and endoscopy cases.

AR days increased 0.4 days from August to September.



ECH Operating Margin

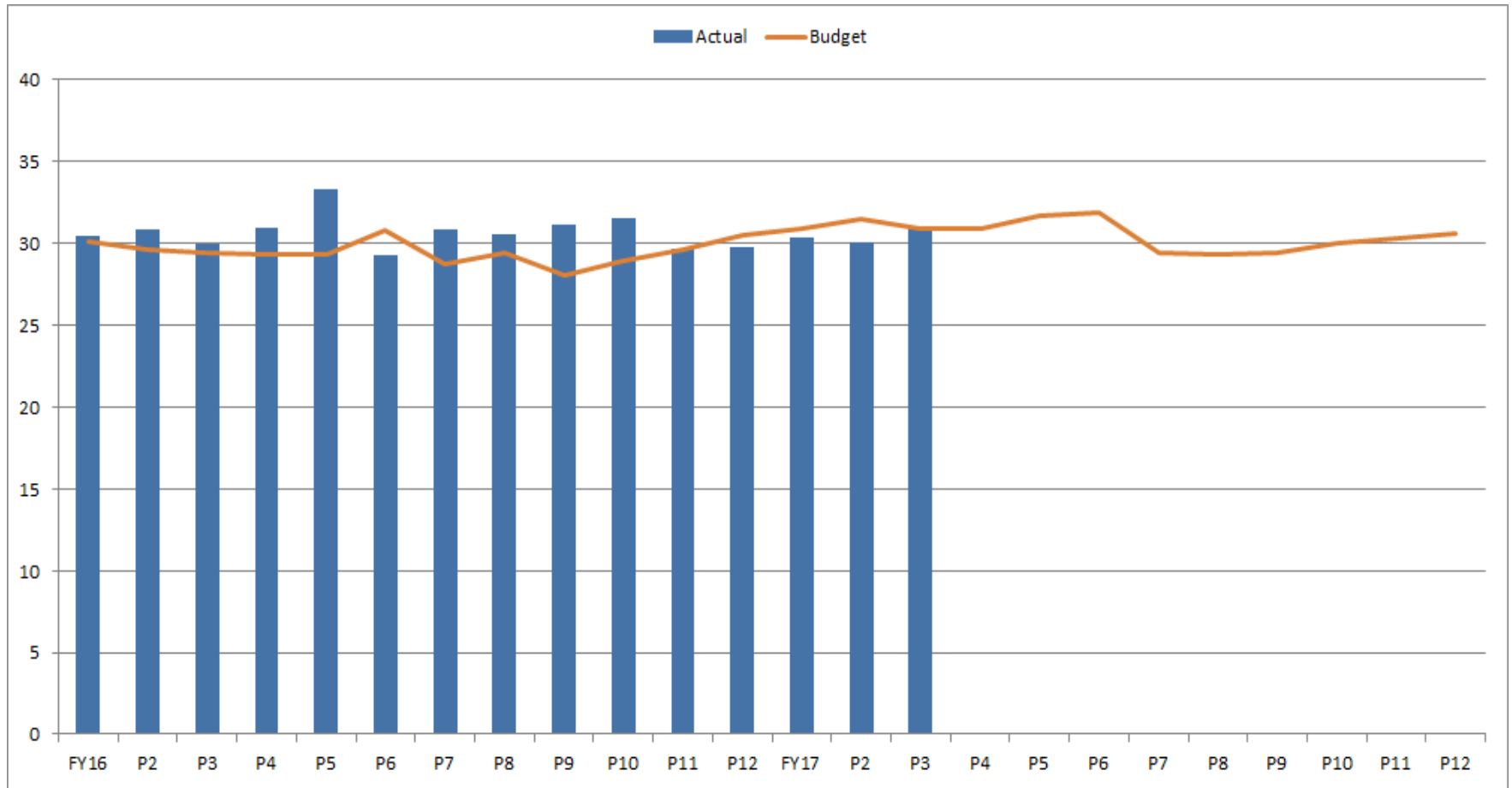
Run rate is booked operating income adjusted for material non-recurring transactions



FY 2017 Actual Run Rate Adjustments (in thousands)

		J	A	S	O	N	D	J	F	M	A	M	J
Revenue Adjustments	RAC Release	\$76	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Insurance Overpayment Release Spine	\$0	\$0	-\$61	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Mcare Settlmt/Appeal/Tent Settlmt/PIP	-\$100	\$158	-\$71	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total	-\$31	\$118	-\$295	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expense Adjustments	Pay-For-Performance Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Actuarial Exp for Workers Comp	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Worked Hours per Adjusted Patient Day



Productivity has improved after EPIC go-live and is about equal to target in September .

Summary of Financial Results

\$ in Thousands

	Period 3 - Month			Period 3 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	8,477	3,098	5,379	24,191	9,604	14,588
Los Gatos	(26)	1,050	(1,076)	1,905	3,000	(1,095)
Sub Total - El Camino Hospital, excl. Affiliates	8,451	4,148	4,303	26,097	12,604	13,493
Operating Margin %	12.4%	6.3%		12.8%	6.4%	
El Camino Hospital Non Operating Income						
Investments	508	1,512	(1,004)	16,671	4,535	12,136
Swap Adjustments	308	0	308	238	0	238
Community Benefit	(1,304)	(283)	(1,021)	(1,624)	(850)	(774)
Other	(588)	(499)	(88)	(444)	(1,498)	1,055
Sub Total - Non Operating Income	(1,076)	729	(1,805)	14,841	2,187	12,654
El Camino Hospital Net Income (Loss)	7,376	4,877	2,499	40,937	14,791	26,147
ECH Net Margin %	10.9%	7.4%		20.1%	7.5%	
Concern	(43)	173	(215)	464	590	(125)
ECSC	(40)	0	(40)	(43)	0	(43)
Foundation	(84)	(85)	0	556	(175)	731
Silicon Valley Medical Development	(43)	(4)	(39)	100	(6)	106
Net Income Hospital Affiliates	(210)	84	(294)	1,075	409	666
Total Net Income Hospital & Affiliates	7,166	4,961	2,205	42,012	15,199	26,813

Favorable variance in other due to JV income mainly Pathways.

Smart Growth Summary FY2017 P3 YTD

	Actual YTD	Budget YTD	Diff	Notes
Deliveries	1,215	1,237	(22)	Delivery charge codes based on post date
NICU Level 2 & 3 Days	671	799	(128)	NICU 173 & 174 charge codes by post date
Inpatient Surgeries	1,065	1,173	(108)	Inpatient surgeries by post date
Outpatient Surgeries	1,463	1,622	(159)	Outpatient surgeries by post date (excludes Endo in OR)
OP Cath Lab Cases	495	506	(11)	Charge codes by service date, count # of patients
OP Endo Cases	541	671	(130)	Charge codes by service date, count # of patients
OP Infusion Cases	959	1,022	(63)	Charge codes by service date, count # of patients
OP Intvl Branch Procedures	126	121	5	Select charge codes by post date + EPIC location of Endo room

Description of variances

Deliveries: Altos Oaks purchased by Stanford / loss of 2 physicians in group / one new recruit added another being sought

Endoscopy: 4 independent physicians account for loss of cases / Los Gatos Endo in OR to improve availability, service line administrator assigned to re-capture splitters

Infusion: Anticipated addition of new medical oncologist delayed by independent physician group

General Surgery: 142 of the 195 loss from FY216 is due to a loss of independent general surgeons due to retirement and new alignment to other hospitals

Orthopedic Surgery: Lost 2 surgeons mid-year at Los Gatos / key Mountain View surgeon on vacation in July. New co-management agreements under discussion to renew service line interest

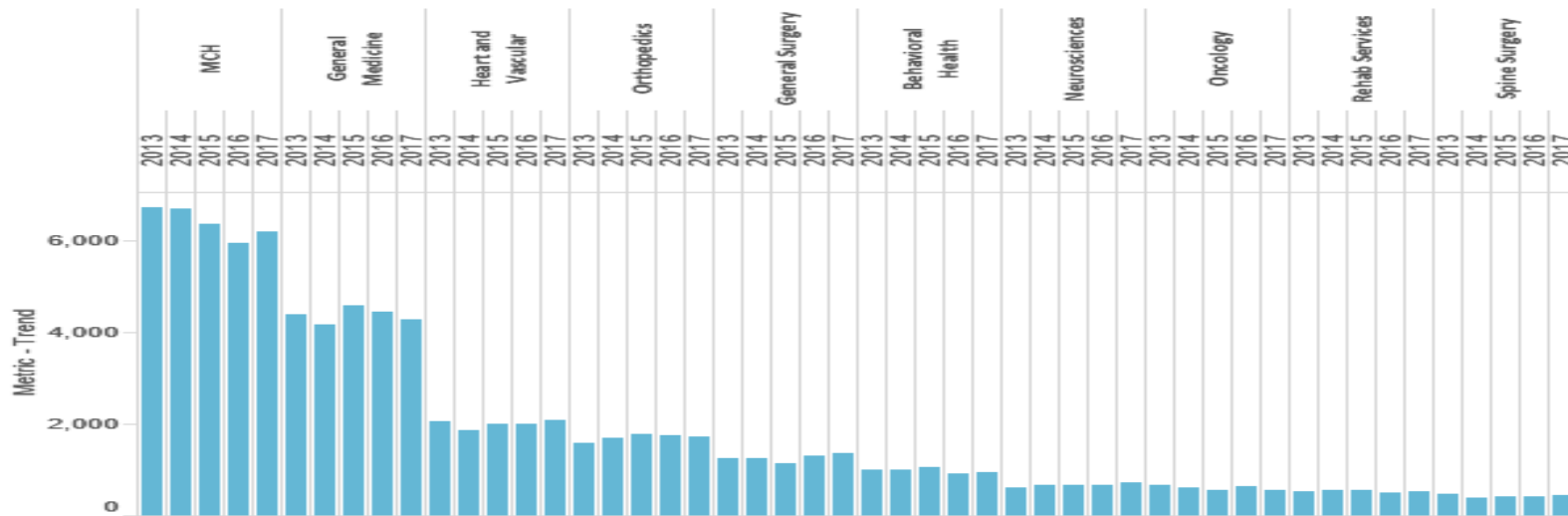
Urology: Work to recapture procedural volume underway, results remain below budget

(1) Hospital entity only, excludes controlled affiliates

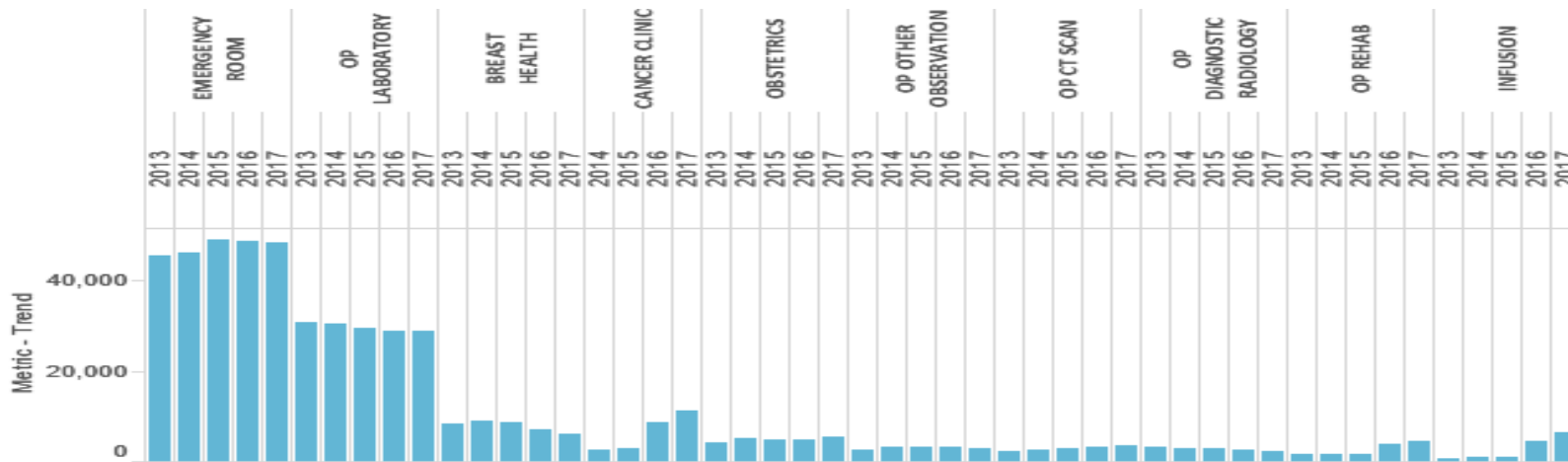
El Camino Hospital Volume Annual Trends

FY 2017 is annualized

IP



OP



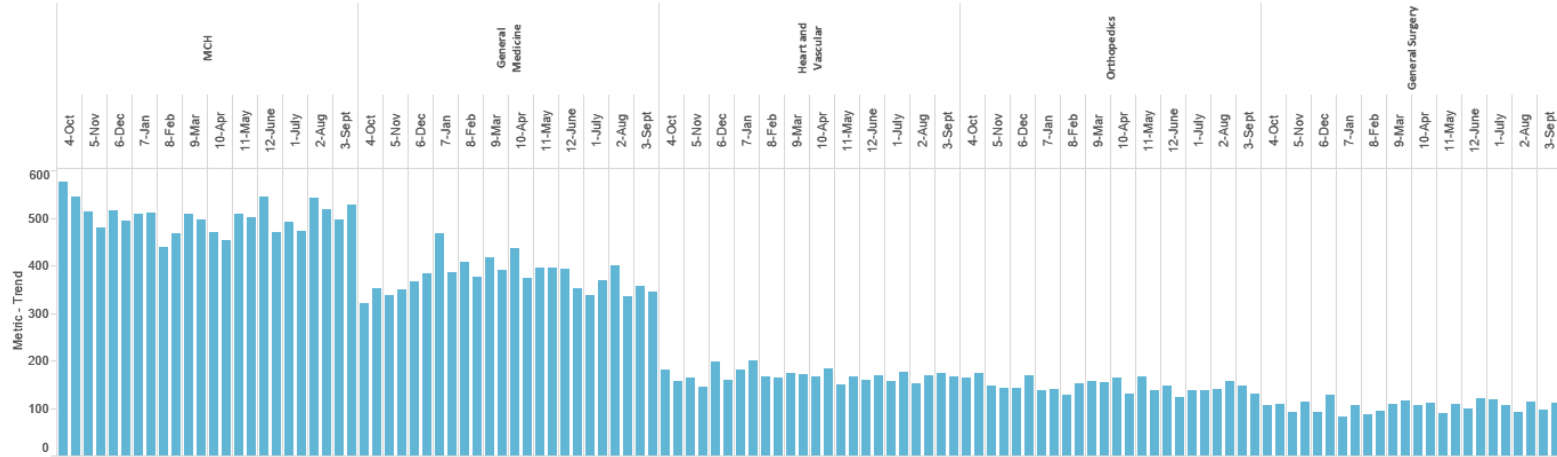
El Camino Hospital Volume Monthly Trends

Prior and Current Fiscal Years

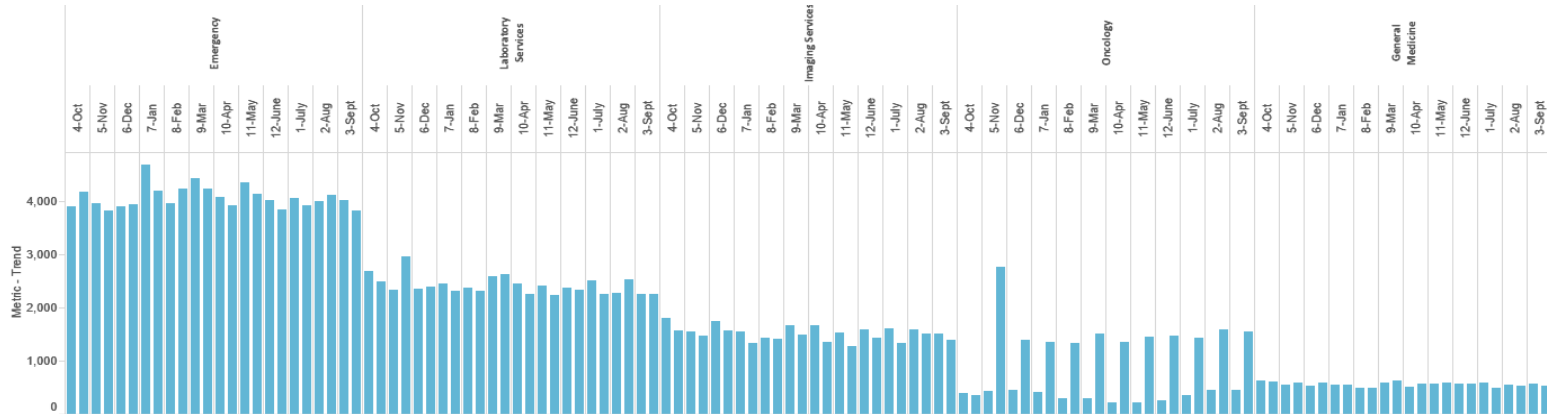
Columns are in PY, CY Order

IP

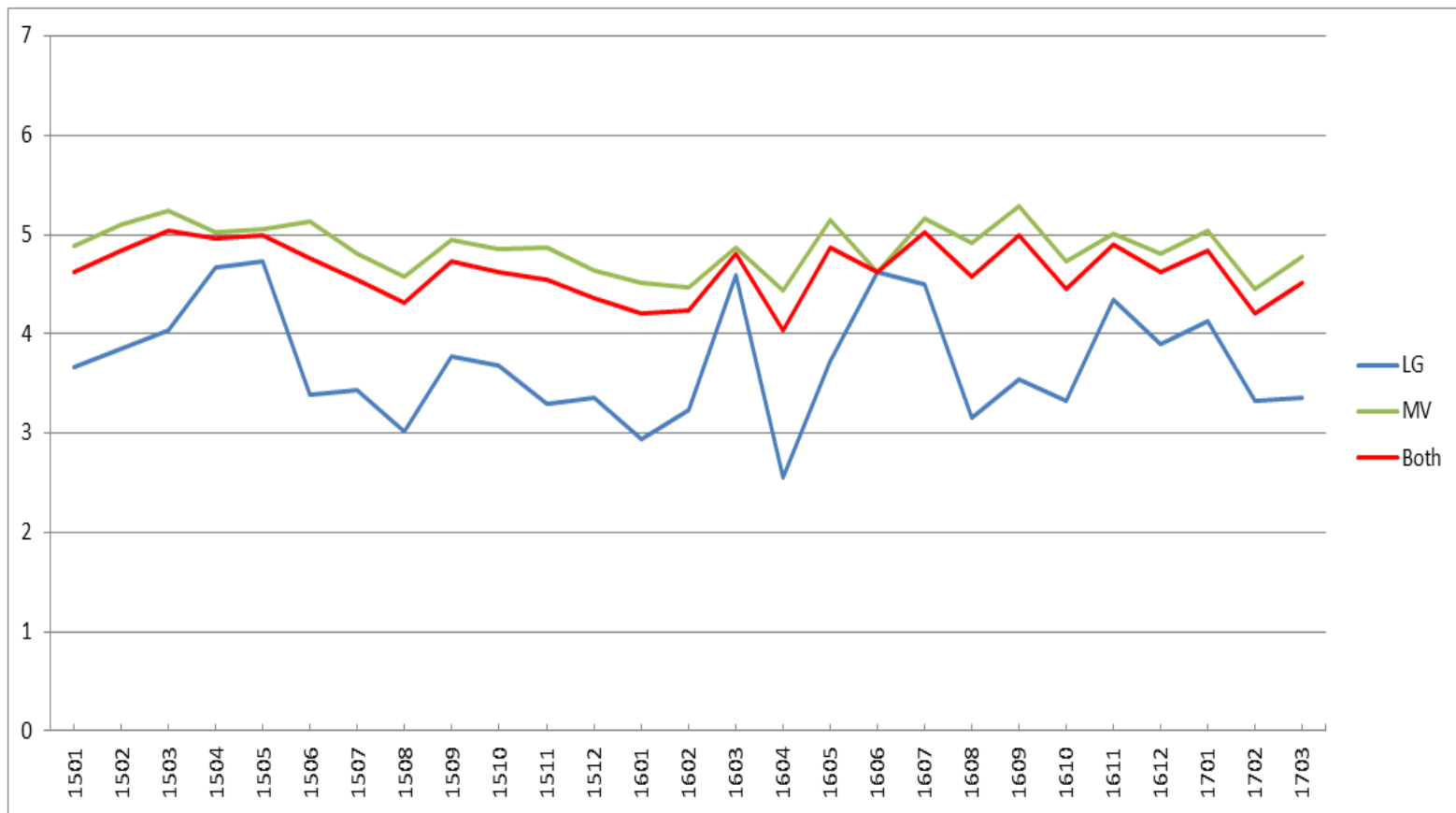
Service Line Trend - clicking on a service line excludes all others. Clicking a second time removes the filter. Filters apply to all graphs below.



OP



Medicare ALOS



- Medicare: Due to DRG reimbursement, financial results usually improve with decreased LOS
- Trend shows improvement in ALOS

El Camino Hospital Investment Committee Scorecard

Updated Quarterly

September 30, 2016

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY17 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		3Q 2016		Fiscal Year-to-date		Since Inception (annualized)		May 2016	
Surplus cash balance & op. cash (millions)		\$773.2	--	--	--	--	--	\$657.2	--
Surplus cash return		2.7%	2.8%	2.7%	2.8%	4.9%	4.8%	4.0%	5.2%
Cash balance plan balance (millions)		\$228.9	--	--	--	--	--	\$220.6	--
Cash balance plan return		3.5%	3.1%	3.5%	3.1%	7.5%	6.8%	6.0%	5.8%
403(b) plan balance (millions)		\$357.1	--	--	--	--	--	--	--
Risk vs. Return		3-year				Since Inception (annualized)		May 2016	
Surplus cash Sharpe ratio		0.89	0.95	--	--	1.10	1.09	--	0.55
Net of fee return		4.1%	4.4%	--	--	4.9%	4.8%	--	5.2%
Standard deviation		4.6%	4.6%	--	--	4.3%	4.4%	--	8.6%
Cash balance Sharpe ratio		0.91	0.91	--	--	1.24	1.18	--	0.49
Net of fee return		5.5%	5.3%	--	--	7.5%	6.8%	--	5.8%
Standard deviation		6.0%	5.8%	--	--	5.9%	5.7%	--	10.7%
Asset Allocation		3Q 2016							
Surplus cash absolute variances to target		6.2%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		5.2%	< 10%	--	--	--	--	--	--
Manager Compliance		3Q 2016							
Surplus cash manager flags		13	< 18	--	--	--	--	--	--
Cash balance plan manager flags		12	< 18	--	--	--	--	--	--

El Camino Hospital

Capital Spending (in millions)

	Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 17 Proj Spend	FY 17 YTD Spent
CIP	EPIC Upgrade				6.1	2.0	6.1	2.0
IT Hardware, Software, Equipment*					5.4	0.3	5.4	0.3
Medical & Non Medical Equipment FY 16**					4.3	0.0	4.3	0.0
Medical & Non Medical Equipment FY 17					10.3	1.1	10.3	1.1
Facility Projects								
		1307 LG Upgrades	FY13	17.3	17.3	11.3	6.3	0.5
		1219 LG Spine OR	FY13	4.1	4.1	2.1	3.1	0.9
		1414 Integrated MOB	FY15	275.0	28.0	19.2	100.0	5.4
		1413 North Drive Parking Expansion	FY15	24.5	24.5	1.8	21.5	0.2
		1245 Behavioral Health Bldg	FY16	91.5	19.0	8.7	36.0	1.4
		1248 LG Imaging Phase II (CT & Gen Rad)	FY16	8.8	8.8	1.3	7.8	0.6
		1313/1224 LG Rehab HVAC System & Structural	FY16	3.7	3.7	2.7	1.0	0.9
		1502 Cabling & Wireless Upgrades	FY16	2.8	2.8	2.1	0.6	0.1
		1425 IMOB Preparation Project - Old Main	FY16	3.0	3.0	2.4	1.0	1.7
		1430 Women's Hospital Expansion	FY16	91.0	0.0	0.0	5.0	0.0
		1422 CUP Upgrade	FY16	9.0	1.5	1.1	5.0	0.1
		1503 Willow Pavilion Tomosynthesis	FY16	1.3	1.3	0.1	1.1	0.0
		1519/1314 LG Electrical Systems Upgrade	FY16	1.2	0.0	0.0	0.5	0.0
		1347 LG Central Sterile Upgrades	FY15	3.7	0.2	0.2	2.0	0.0
		1508 LG NICU 4 Bed Expansion	FY16	7.0	0.5	0.1	4.0	0.1
		1520 Facilities Planning Allowance	FY16	0.6	0.0	0.0	0.5	0.0
		1525 New Main Lab Upgrades		1.6	0.4	0.0	1.6	0.0
		1515 ED Remodel Triage/Psych Observation	FY16	1.6	0.0	0.0	0.6	0.0
		Site Signage and Other Improvements		1.0	0.0	0.0	0.2	0.0
		IR Room #6 Development		2.6	0.0	0.0	0.6	0.0
		1602 JW House (Patient Family Residence)		2.5	0.0	0.0	1.5	0.0
		1507 LG IR Upgrades		1.1	0.0	0.0	0.2	0.0
		LG Building Infrastructure Upgrades		1.5	0.0	0.0	1.5	0.0
		LG MOB Improvements (17)		5.0	0.0	0.0	4.0	0.0
		All Other Projects under \$1M		8.6	7.2	4.2	6.0	0.7
				569.9	122.3	57.4	211.5	12.7
GRAND TOTAL					148.4		237.5	16.1

*Excluding EPIC

** Unspent Prior Year routine used as contingency

FY 17 Facility Project Request (in 000s)

	(Board Packet) Budgeted FY 17	(FY 17 Cashflow Projections) Projected FY 17*	Variance
Mountain View Campus Master Plan Projects			
1245 BHS Replacement	\$30,000	\$36,000	(\$6,000)
1413 North Dr. Parking Structure Expansion	\$20,500	\$21,500	(\$1,000)
1414 Integrated Medical Office Building	\$101,500	\$100,000	\$1,500
1422 CUP Upgrades	\$5,000	\$5,000	\$0
1430 Womens Hosp Expansion	<u>\$5,500</u>	<u>\$5,000</u>	<u>\$500</u>
Sub-Total Mountain View Campus Master Plan**	\$162,500	\$167,500	(\$5,000)
Mountain View Capital Projects			
1501 Womens Hosp NPC Closeout	\$327	\$527	(\$200)
1425 IMOB Preparation Project - Old Main	\$1,000	\$990	\$10
1502 Cabling and Wireless upgrades	\$400	\$600	(\$200)
1525 Histology Fume Hood Upgrades	\$1,200	\$1,570	(\$370)
1515 ED Remodel Triage/Psych Observation	\$1,400	\$600	\$800
1415 Signage & Wayfinding	\$300	\$500	(\$200)
1503 Breast Imaging Tomography	\$300	\$1,100	(\$800)
1316 Willow Pavilion FA Sys and Equip Upgrades	\$800	\$200	\$600
Furniture Systems Inventory	\$250	\$500	(\$250)
Site Signage & Other Improvements	\$200	\$200	\$0
MV Equipment & Infrastructure Upgrades	\$300	\$600	(\$300)
IR Room #6 Development	\$500	\$600	(\$100)
1602 JW House (Patient Family Residence)	\$500	\$1,500	(\$1,000)
Facilities Planning Allowance	<u>\$300</u>	<u>\$600</u>	<u>(\$300)</u>
Sub-Total Mountain View Projects	\$7,777	\$10,087	(\$2,310)
Los Gatos Capital Projects			
1219 LG Spine Room Expansion - OR 4	\$3,100	\$3,100	\$0
1313 LG Rehab HVAC Upgrades	\$400	\$1,000	(\$600)
1248 LG Imaging Phase II (CT & Gen Rad)	\$7,250	\$7,750	(\$500)
1307 LG Upgrades - Major	\$7,300	\$6,300	\$1,000
1327 LG Rehab Building Upgrades	\$500	\$655	(\$155)
1507 LG IR Upgrades	\$800	\$200	\$600
1508 LG NICU 4 Bed Expansion	\$5,000	\$4,000	\$1,000
LG Building Infrastructure Improvements	\$1,200	\$1,500	(\$300)
LG MOB Improvements (17)	\$4,000	\$4,000	\$0
LG Facilities Planning	\$500	\$500	\$0
1421 LG MOB Improvements	<u>\$150</u>	<u>\$638</u>	<u>(\$488)</u>
Sub-Total Los Gatos Projects	\$30,200	\$29,643	\$557
Other Strategic Capital Projects			
Primary Care Clinic (TI's Only)	\$1,600	\$1,600	\$0
Urgent Care Clinics (TI's Only)	<u>\$2,400</u>	<u>\$2,400</u>	<u>\$0</u>
Sub-Total Strategic Capital Projects	\$4,000	\$4,000	\$0
Grand Total Facilities Projects	\$204,477	\$211,230	(\$6,753)

*FY 2017 Cashflow based on August 2016 Information

** Board Approved

El Camino Hospital⁽¹⁾

Balance Sheet (Thousands)

ASSETS

	September 30, 2016	Unaudited June 30, 2016
CURRENT ASSETS		
Cash	78,772	59,169
Short Term Investments	113,913	105,284
Patient Accounts Receivable, net	103,252	116,059
Other Accounts and Notes Receivable	3,194	4,369
Intercompany Receivables	1,483	2,200
Inventories and Prepaids	40,395	43,278
Total Current Assets	341,010	330,359
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	122,134	119,650
Women's Hospital Expansion	8,961	-
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	13,021	13,037
Workers Compensation Reserve Fund	22,548	22,309
Postretirement Health/Life Reserve Fund	18,662	18,256
PTO Liability Fund	22,539	22,984
Malpractice Reserve Fund	1,800	1,800
Catastrophic Reserves Fund	14,773	14,125
Total Board Designated Assets	324,634	312,358
FUNDS HELD BY TRUSTEE	28,177	30,841
LONG TERM INVESTMENTS	213,605	207,597
INVESTMENTS IN AFFILIATES	32,564	31,148
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,176,595	1,171,372
Less: Accumulated Depreciation	(497,411)	(485,856)
Construction in Progress	51,083	46,009
Property, Plant & Equipment - Net	730,266	731,525
DEFERRED OUTFLOWS	26,772	22,518
RESTRICTED ASSETS - CASH	0	0
TOTAL ASSETS	1,697,028	1,666,346

LIABILITIES AND FUND BALANCE

	September 30, 2016	Unaudited June 30, 2016
CURRENT LIABILITIES		
Accounts Payable	18,492	28,519
Salaries and Related Liabilities	15,867	22,992
Accrued PTO	22,539	22,984
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	13,827	11,314
Intercompany Payables	67	105
Malpractice Reserves	1,936	1,936
Bonds Payable - Current	3,635	3,635
Bond Interest Payable	3,177	5,459
Other Liabilities	2,983	2,684
Total Current Liabilities	84,822	101,929
LONG TERM LIABILITIES		
Post Retirement Benefits	18,662	18,256
Worker's Comp Reserve	20,248	20,009
Other L/T Obligation (Asbestos)	3,665	3,637
Other L/T Liabilities (IT/Medl Leases)	-	-
Bond Payable	226,341	226,580
Total Long Term Liabilities	268,916	268,482
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,018,656	983,577
Board Designated	324,634	312,358
Restricted	0	0
Total Fund Bal & Capital Accts	1,343,290	1,295,935
TOTAL LIABILITIES AND FUND BALANCE	1,697,028	1,666,346

⁽¹⁾ Hospital entity only, excludes controlled affiliates

APPENDIX

Dashboard - Mountain View

	Annual						Month			YTD		
	2013	2014	2015	2016	2017	2017	PY	CY	Bud/Target	PY	CY	Bud/Target
					Projection	Bud/Target						
Volume												
Licensed Beds	300	300	300	300	300	300	300	300	300	300	300	300
Acute Patient Days	72,245	71,084	73,360	73,010	69,960	72,687	5,893	5,742	5,894	17,501	17,490	17,623
ADC	198	195	201	199	192	199	196	191	196	190	190	192
Adjusted Acute Discharges	18,804	18,465	18,455	18,721	19,118	18,879	1,565	1,552	1,562	4,645	4,779	4,750
Acute Discharges	11,206	10,718	10,825	11,105	11,100	11,082	904	915	923	2,698	2,775	2,776
Inpatient total												
MS Discharges	11,206	10,718	10,825	11,105	11,100	11,082	904	915	923	2,698	2,775	2,776
Deliveries	4,487	4,348	4,386	4,076	4,228	4,171	325	366	347	1,019	1,057	1,044
BHS	861	857	901	806	768	896	68	42	75	214	192	224
Rehab	0	0	0	0	0	0	0	0	0	0	0	0
OP total												
ED	34,920	35,447	38,443	39,005	38,292	40,212	3,231	3,060	3,349	9,638	9,573	10,068
OP Surg	2,808	3,273	3,402	3,189	3,336	3,447	264	265	287	807	834	863
Endo	1979	2,300	2,365	2,231	2,060	2,320	196	185	193	592	515	581
Interventional	1496	1,689	1,856	1,947	2,056	2,302	156	163	192	488	514	576
All Other	59,665	64,061	62,322	72,398	75,552	76,743	4,998	3,294	6,392	15,313	18,888	19,215
Financial Performance (\$000s)												
Net Revenues	557,533	589,420	603,788	632,800	655,660	640,625	54,169	55,399	51,866	152,393	163,915	155,592
Operating Expenses	516,892	550,736	562,790	607,214	578,581	625,093	47,238	48,568	50,598	145,495	144,645	151,601
Operating Income \$	55,324	56,518	59,684	46,918	96,766	38,016	8,553	8,477	3,098	12,336	24,191	9,604
Operating Margin	9.7%	9.3%	9.6%	7.2%	14.3%	5.7%	15.3%	14.9%	5.8%	7.8%	14.3%	6.0%
EBITDA \$	105,938	105,814	103,637	96,770	144,746	90,879	12,254	12,505	7,289	23,500	36,186	22,225
EBITDA %	18.5%	17.4%	16.6%	14.8%	21.4%	13.7%	22.0%	21.9%	13.6%	14.9%	21.4%	13.8%
Payor Mix												
Medicare	42.0%	44.0%	46.4%	46.2%	46.5%	45.0%	45.5%	45.3%	45.0%	44.5%	46.5%	45.0%
Medi-Cal	5.4%	6.5%	7.1%	7.9%	7.3%	8.3%	8.2%	7.4%	8.3%	8.5%	7.3%	8.3%
Commercial IP	28.6%	25.7%	24.2%	23.6%	23.3%	23.6%	23.6%	24.7%	23.6%	23.8%	23.3%	23.6%
Commercial OP	19.2%	18.9%	18.4%	18.6%	19.6%	19.1%	19.0%	19.4%	19.1%	19.4%	19.6%	19.1%
Total Commercial	47.8%	44.6%	42.6%	42.2%	43.0%	42.7%	42.6%	44.1%	42.7%	43.1%	43.0%	42.7%
Other	4.8%	4.9%	3.9%	3.7%	3.2%	4.0%	3.6%	3.3%	4.0%	3.8%	3.2%	4.0%
Cost												
Employees	1,901.0	2,027.6	2,029.9	2,163.0	2,054.0	2,123.0	2,122.2	2,052.8	2,124.9	2,081.5	2,054.0	2,094.5
Hrs/APD	29.58	30.16	29.60	30.97	30.76	31.92	29.96	31.34	31.64	30.95	30.76	31.92

Dashboard - Los Gatos

	Annual						Month			YTD		
	2013	2014	2015	2016	2017 Projection	2017 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	42	43	45	43	41	46	41	42	46	44	40	45
Adjusted Acute Discharges	3,578	3,740	3,888	3,778	3,664	4,113	476	298	343	1,061	916	1,032
Acute Discharges	2,143	2,165	2,289	2,239	2,104	2,417	275	175	201	574	526	605
Inpatient total												
MS Discharges	2,143	2,165	2,289	2,239	2,104	2,417	189	175	201	574	526	605
Deliveries	748	792	681	641	604	639	61	55	53	184	151	159
BHS	0	0	0	0	0	14	0	0	1	0	0	3
Rehab	525	547	555	500	524	570	44	39	47	133	131	143
OP total												
ED	10,605	10,609	10,687	10,922	10,660	11,046	910	884	920	2,706	2,665	2,766
OP Surg	3,103	3,171	3,077	2,864	2,820	2,980	258	243	248	783	705	738
Endo	263	192	155	91	16	159	7	2	13	31	4	40
Interventional	11	17	22	23	32	21	1	1	2	5	8	5
All Other	4,770	5,397	5,730	7,258	8,028	7,823	418	650	652	1,323	2,007	1,959
Financial Performance (\$000s)												
Net Revenues	128,794	131,702	142,858	139,221	136,703	148,960	13,039	10,671	12,143	36,823	34,176	36,640
Operating Expenses	115,461	118,944	126,841	135,830	131,166	139,735	10,995	10,876	11,310	33,352	32,792	34,274
Operating Income \$	13,802	13,787	18,436	5,695	7,622	11,801	2,287	-26	1,050	4,121	1,905	3,000
Operating Margin	10.7%	10.4%	12.7%	4.0%	5.5%	7.8%	17.2%	-0.2%	8.5%	11.0%	5.5%	8.0%
EBITDA \$	18,784	19,440	24,365	11,784	14,062	19,011	2,783	507	1,574	5,565	3,516	4,596
EBITDA %	14.5%	14.6%	16.8%	8.3%	10.1%	12.5%	21.0%	4.7%	12.7%	14.9%	10.1%	12.3%
Payor Mix												
Medicare	45.5%	44.0%	46.1%	48.2%	49.1%	47.5%	50.9%	40.7%	47.5%	48.0%	49.1%	47.5%
Medi-Cal	2.9%	3.5%	4.3%	5.1%	4.7%	4.7%	3.8%	6.0%	4.7%	4.5%	4.7%	4.7%
Commercial IP	25.3%	25.9%	23.8%	21.4%	20.7%	22.2%	20.9%	25.9%	22.2%	23.1%	20.7%	22.2%
Commercial OP	17.0%	19.1%	20.0%	19.4%	20.2%	20.2%	19.0%	19.4%	20.2%	19.8%	20.2%	20.2%
Total Commercial	42.3%	45.0%	43.8%	40.8%	40.9%	42.4%	40.0%	45.3%	42.4%	42.9%	40.9%	42.4%
Other	9.3%	7.5%	5.8%	5.9%	5.4%	5.5%	5.4%	8.1%	5.5%	4.7%	5.4%	5.5%
Cost												
Employees	388.0	408.1	422.6	421.8	416.3	423.4	425.9	420.5	429.4	429.5	416.3	423.4
Hrs/APD	29.13	27.65	28.00	29.34	28.96	27.68	30.12	29.19	27.30	28.26	28.96	27.68

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

3 month ending 9/30/2016

PERIOD 3 FY 2016	PERIOD 3 FY 2017	PERIOD 3 Budget 2017	Variance Fav (Unfav)	Var%
182,633	198,553	193,387	5,166	2.7%
(128,464)	(143,154)	(141,521)	(1,633)	1.2%
54,169	55,399	51,866	3,532	6.8%
1,622	1,647	1,830	(183)	-10.0%
55,791	57,045	53,696	3,350	6.2%
29,781	29,596	31,035	1,439	4.6%
7,936	7,616	7,941	325	4.1%
6,502	7,010	6,777	(233)	-3.4%
2,148	318	653	334	51.2%
449	468	448	(19)	-4.3%
3,253	3,560	3,743	183	4.9%
50,069	48,568	50,598	2,029	4.0%
5,722	8,477	3,098	5,379	173.6%
(12,506)	(1,076)	729	(1,805)	-247.6%
(6,784)	7,401	3,827	3,574	93.4%
14.7%	19.7%	11.2%	8.5%	
10.3%	14.9%	5.8%	9.1%	
-12.2%	13.0%	7.1%	5.8%	

\$000s	YTD FY 2016	YTD FY 2017	YTD Budget 2017	Variance Fav (Unfav)	Var%
OPERATING REVENUE					
Gross Revenue	541,525	594,217	580,134	14,083	2.4%
Deductions	(389,132)	(430,302)	(424,542)	(5,760)	1.4%
Net Patient Revenue	152,393	163,915	155,592	8,323	5.3%
Other Operating Revenue	5,438	4,922	5,613	(692)	-12.3%
Total Operating Revenue	157,831	168,837	161,205	7,631	4.7%
OPERATING EXPENSE					
Salaries & Wages	87,728	89,001	92,530	3,530	3.8%
Supplies	23,970	22,932	23,875	943	3.9%
Fees & Purchased Services	18,525	18,696	20,173	1,476	7.3%
Other Operating Expense	4,107	2,021	2,402	381	15.8%
Interest	1,349	1,389	1,345	(44)	-3.3%
Depreciation	9,815	10,606	11,277	671	5.9%
Total Operating Expense	145,495	144,645	151,601	6,956	4.6%
Net Operating Income/(Loss)	12,336	24,191	9,604	14,588	151.9%
Non Operating Income	(28,274)	14,851	2,187	12,664	579.1%
Net Income(Loss)	(15,937)	39,042	11,791	27,252	231.1%
EBITDA	12.5%	19.2%	11.5%	7.8%	
Operating Margin	7.8%	14.3%	6.0%	8.4%	
Net Margin	-10.1%	23.1%	7.3%	15.8%	

⁽¹⁾ Hospital only, excludes controlled affiliates

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

3 month ending 9/30/2016

PERIOD 3 FY 2016	PERIOD 3 FY 2017	PERIOD 3 Budget 2017	Variance Fav (Unfav)	Var%
40,899	42,449	43,972	(1,523)	-3.5%
(27,860)	(31,778)	(31,829)	51	-0.2%
13,039	10,671	12,143	(1,472)	-12.1%
243	180	217	(37)	-17.2%
13,282	10,851	12,360	(1,509)	-12.2%
6,046	5,973	6,239	266	4.3%
1,628	1,704	1,736	32	1.9%
1,391	1,187	1,255	68	5.4%
1,433	1,480	1,556	76	4.9%
0	0	0	0	0.0%
496	533	524	(9)	-1.7%
10,995	10,876	11,310	434	3.8%
2,287	(26)	1,050	(1,076)	-102.4%
0	0	0	0	0.0%
2,287	(26)	1,050	(1,076)	-102.4%
30.4%	16.2%	22.8%	-6.7%	
17.2%	-0.2%	8.5%	-8.7%	
17.2%	-0.2%	8.5%	-8.7%	

\$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 2016	YTD FY 2017	YTD Budget 2017	Variance Fav (Unfav)	Var%
123,382	121,632	132,684	(11,052)	-8.3%
(86,559)	(87,456)	(96,044)	8,588	-8.9%
36,823	34,176	36,640	(2,465)	-6.7%
650	521	633	(112)	-17.7%
37,473	34,697	37,274	(2,577)	-6.9%
18,153	17,838	18,671	834	4.5%
5,176	4,666	5,253	587	11.2%
4,045	3,962	3,809	(153)	-4.0%
4,484	4,716	4,945	228	4.6%
0	0	0	0	0.0%
1,494	1,610	1,596	(14)	-0.9%
33,352	32,792	34,274	1,482	4.3%
4,121	1,905	3,000	(1,095)	-36.5%
0	(10)	0	(10)	0.0%
4,121	1,895	3,000	(1,105)	-36.8%
25.0%	20.9%	22.4%	-1.5%	
11.0%	5.5%	8.0%	-2.6%	
11.0%	5.5%	8.0%	-2.6%	

⁽¹⁾ Hospital only, excludes affiliates

El Camino Hospital Capital Spending (in thousands) FY 2012 – FY 2016

Category	2012	2013	2014	2015	2016
IT Hardware/Software Equipment	7,289	8,019	2,788	4,660	6,483
Medical/Non Medical Equipment	11,203	10,284	12,891	13,340	11,846
Non CIP Land, Land I, BLDG, Additions	7,311	0	22,292	0	30,274

Facilities Projects CIP

0101 - Hosp Replace	313	0	0	0	0
0317 - Melchor TI's	117	0	0	0	0
0701 - Cyberknife	0	0	0	0	0
0704 - 1 South Upgrade	2	0	0	0	0
0802 - Willow Pavillion Upgrades	0	0	0	0	0
0805 - Women's Hospital Finishes	0	0	0	0	0
0809 - Hosp Renovations	0	0	0	0	0
0815 - Orc Pav Water Heater	0	0	0	0	0
0816 - Hospital Signage	0	0	0	0	0
0904 - LG Facilities Upgrade	41	2	0	0	0
0907 - LG Imaging Masterplan	162	244	774	1,402	17
1000 - LG Rehab Building	0	0	0	0	0
1104 - New Main CDU TV's	0	0	0	0	0
9900 - Unassigned Costs	279	734	470	3,717	0
0803 - Park Pav Foundation	270	0	0	0	0
1005 - LG OR Light Upgrd	108	14	0	0	0
1101 - Melchor Pavilion - Genomics	0	0	0	0	0
1102 - LG Joint Hotel	657	0	0	0	0
1106 - SHC Project	2,245	0	0	0	0
1108 - Cooling Towers	932	450	0	0	0
1115 - Womens Hosp TI's	50	0	0	0	0
1118 - Park Pav Roto Care	119	0	0	0	0
1120 - BHS Out Patient TI's	472	66	0	0	0
1122 - LG Sleep Studies	147	7	0	0	0
1129 - Old Main Card Rehab	400	9	0	0	0
0817 - Womens Hosp Upgrds	1,242	645	1	0	0
0906 - Slot Build-Out	0	1,003	1,576	15,101	1,251
1107 - Boiler Replacement	49	0	0	0	0
1109 - New Main Upgrades	589	423	393	2	0
1111 - Mom/Baby Overflow	267	212	29	0	0
1129 - Cardic Rehab Improv	0	0	0	0	0
1132 - Pneumatic Tube Prj	78	0	0	0	0
1204 - Elevator Upgrades	24	25	30	0	0
1210 - Los Gatos VOIP	1	147	89	0	0
0800 - Womens L&D Expansion	129	2,104	1,531	269	0
1116 - LG Ortho Pavillion	44	177	24	21	0
1124 - LG Rehab BLDG	11	49	458	0	0
1128 - LG Boiler Replacement	3	0	0	0	0
1131 - MV Equipment Replace	190	216	0	0	0
1135 - Park Pavilion HVAC	47	0	0	0	0
1208 - Willow Pav. High Risk	0	110	0	0	0
1213 - LG Sterilizers	0	102	0	0	0
1225 - Rehab BLDG Roofing	0	7	241	4	0
1227 - New Main eICU	0	96	21	0	0
1230 - Fog Shop	0	339	80	0	0
1247 - LG Infant Security	0	134	0	0	0
1307 - LG Upgrades	0	376	2,979	3,282	3,511
1308 - LG Infrastructure	0	0	114	0	0
1313 - LG Rehab HVAC System/Structural	0	0	0	0	1,597
1315 - 205 So. Drive TI's	0	0	500	2	0
0908 - NPCR3 Seismic Upgrds	554	1,302	1,224	1,328	240

Category	2012	2013	2014	2015	2016
Facilities Projects CIP cont.					
1125 - Will Pav Fire Sprinkler	9	57	39	0	0
1211 - SIS Monitor Install	0	215	0	0	0
1216 - New Main Process Imp Office	0	19	1	16	0
1217 - MV Campus MEP Upgrades FY13	0	0	181	274	28
1219 - LG Spine OR	0	0	214	323	633
1221 - LG Kitchen Refrig	0	0	85	0	0
1224 - Rehab Bldg HVAC Upgrades	0	11	202	81	14
1245 - Behavioral Health Bldg Replace	0	0	1,257	3,775	1,389
1248 - LG - CT Upgrades	0	0	26	345	197
1249 - LG Mobile Imaging	0	0	146	0	0
1301 - Desktop Virtual	0	0	13	0	0
1304 - Rehab Wander Mgmt	0	0	87	0	0
1310 - Melchor Cancer Center Expansion	0	0	44	13	0
1318 - Women's Hospital TI	0	0	48	48	29
1327 - Rehab Building Upgrades	0	0	0	15	20
1320 - 2500 Hosp Dr Roofing	0	0	75	81	0
1328 - LG Ortho Canopy FY14	0	0	255	209	0
1340 - New Main ED Exam Room TVs	0	0	8	193	0
1341 - New Main Admin	0	0	32	103	0
1344 - New Main AV Upgrd	0	0	243	0	0
1345 - LG Lab HVAC	0	0	112	0	0
1346 - LG OR 5, 6, and 7 Lights Replace	0	0	0	285	53
1347 - LG Central Sterile Upgrades	0	0	0	181	43
1400 - Oak Pav Cancer Center	0	0	0	5,208	666
1403 - Hosp Drive BLDG 11 TI's	0	0	86	103	0
1404 - Park Pav HVAC	0	0	64	7	0
1405 - 1-South Accessibility Upgrades	0	0	0	0	168
1408 - New Main Accessibility Upgrades	0	0	0	7	46
1413 - North Drive Parking Structure Exp	0	0	0	167	1,266
1414 - Integrated MOB	0	0	0	2,009	8,875
1415 - Signage & Wayfinding	0	0	0	0	106
1416 - MV Campus Digital Directories	0	0	0	0	34
1421 - LG MOB Improvements	0	0	0	198	65
1422 - CUP Upgrade	0	0	0	0	896
1423 - MV MOB TI Allowance	0	0	0	0	588
1425 - IMOB Preparation Project - Old Mai	0	0	0	0	711
1429 - 2500 Hospital Dr Bldg 8 TI	0	0	0	101	0
1432 - 205 South Dr BHS TI	0	0	0	8	15
1501 - Women's Hospital NPC Comp	0	0	0	4	0
1502 - Cabling & Wireless Upgrades	0	0	0	0	1,261
1503 - Willow Pavilion Tomosynthesis	0	0	0	0	53
1504 - Equipment Support Infrastructure	0	0	0	61	311
1523 - Melchor Pavilion Suite 309 TI	0	0	0	0	10
1526 - CONCERN TI	0	0	0	0	37
1550 - Land Acquisition	0	0	0	0	24,007
Subtotal Facilities Projects CIP	9,553	9,294	13,753	38,940	48,136
Grand Total	35,357	27,598	51,723	56,940	96,739
Forecast at Beginning of year	47,138	70,503	70,037	65,420	114,025

CEO Report



Date: November 9, 2016
 To: El Camino Hospital Board of Directors
 From: Donald C. Sibery, Interim CEO
 Re: CEO Report - Open Session

This report was authored by former President and CEO Tomi Ryba and is provided in favor of a detailed update rather than a superficial report based upon my initial understanding of the status of many initiatives.

Organizational Goals FY17		Benchmark	2016 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY17 through Sep	
Threshold Goals										
Budgeted Operating Margin		90% threshold <i>[Recommended by Exec Comp Consultant (FY16)]</i>	TBD	90% of Budgeted			Threshold	FY 17		Met
Quality, Patient Safety & iCare										
Quality Pain Management	Pain Reassessment (% Pain Reassessment Documented within 60 min on RN Flowsheet)	Internal Improvement	76.19% <i>Nov 2015 (post iCare go-live) to Apr 2016 [6-month measurement]</i>	75%	80%	90%	34%	Q4 FY 2017		63.80%
	Pain Patient Satisfaction (CMS HCAPHS Pain Management % Scored Top Box- 2 month delay)	Internal Improvement	72.9% <i>FY 2016 Q1 - Q3 [9-month measurement]</i>	73%	74%	76%				74.30%
LOS & Readmission	Achieve Medicare Length of Stay Reduction while Maintaining Current Readmission Rates for Same Population (Readmission - 45 day delay)	Internal Improvement	FY16 Max Goal 4.86 LOS Readmission Target 12.39%	4.81 .05 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.76 .10 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.66 .20 Day Reduction from FY16 Max, Readmission at or below FY16 Target	33%	FY17		LOS: 4.50 Readmission: 10.02% (118/1178)
Smart Growth										
Achieve budgeted inpatient growth (surgical and procedural cases plus Deliveries and NICU), and budgeted outpatient growth (surgical and procedural cases plus infusion).		Internal Documentation	TBD	95% of Budgeted Volume	100% of budgeted Volume	110% of Budgeted Volume	33%	FY 17		91.39% of Budgeted Volume

MV Campus Master Site Development

- **North Garage Expansion** is progressing on schedule and in compliance with work hours and truck traffic restrictions on Grant Road required by the City of Mountain View. Initial completion date for the structure is the end of March 2017, with the installation of solar panels on the top level of both the new and existing structure to be completed by early June.
- **Integrated Medical Office Building (IMOB)** make-ready site utilities and demolition is progressing on schedule. Hazardous materials abatement is complete in the North Addition and the structural demolition will begin the first week of November. The plan review process and anticipated building permits for the new structures are pending final reviews by the City of Mountain View.
- **Behavioral Health Services (BHS)** Phase I site preparation and partial demolition is underway and efforts to secure the OSHPD Building Permit for the new building continue, but are about three weeks behind schedule. This is not yet a negative impact on the critical path and all efforts are being made to address the issues. A ceremonial ground breaking event is scheduled for November 3rd at 2:00 PM.
- **Central Utility Plant (CUP)** Upgrades project has been permitted by OHSPD and the GMP contract is being finalized. Construction activities are scheduled to begin in mid-November.

Operations

- Implemented Employee Recognition Bonus for 2,729 employees.
- AR is at 56.1 days with Candidate for Bill (CFB) at 5.5 days exhibiting improved metrics over goal. Total charges Increased by 1.4 million with payments decreased by 3.1 million possibly impacted by seasonal volume changes. Denials stable at 5.3.
- Demolition affecting Behavioral Health inpatient program has begun, reducing **our** inpatient capacity from 24 to 17 beds. It is anticipated that by February capacity will rise to 21 beds. This reduction in capacity may result in additional ED wait times.
- We have launched the first-ever GI call panel for ED backup at Mountain View as of October 1st, 2016. We are now covered for these services 24/7/365.
- September cash remained strong at \$ 72.5 Million. This is \$6.7 Million over goal.
- Abbott launched an outreach campaign in an effort to lobby CMS to reassign the DRG code for hospitals performing MitraClip procedures. As of October 1, 2016, the new MS-DRG codes for TMVR procedures have been assigned. This change has resulted in a 100% increase in base pay rates.

- The ECH Wound Care Center will begin seeing patients next week. ECH has partnered with PAMF and community providers and will begin outpatient treatment for patients with complex wounds. A new and comprehensive wound care module has been built in iCare allowing us to collect quality data and outcomes metrics for this patient population.
- From the ECH Foundation's Cancer Center General Fund, we purchased the Varian Calypso Beacon Transponder. This machine will allow us to be the only organization in Northern California utilizing the machine for more than just prostate cancers. We will also include liver, breast, and eventually lung cancers as well to improve/increase accuracy.

Patient Experience

CAHPS	2015	2016	FY17 TD	FY17TD Percentile
Rate hospital 0-10	75.6	76.4 ▲	78.2▲	72 nd
Recommend hospital	82.3	82.3	83.0▲	84 th
Cleanliness of hospital	73.3	74.9 ▲	75.8▲	57 th
Quietness of hospital	60.1	58.6 ▼	61.4▲	50 th
Comm w/ Nurses	77.5	78.6 ▲	80.5▲	48 th
Response of Hosp Staff	66.1	65.4 ▼	68.4▲	56 th
Comm w/ Doctors	83.5	83.8 ▲	86.5▲	84 th
Hospital Environment	66.7	66.7	68.6▲	55 th
Pain Management	70.6	74.7 ▲	76.2▲	81 st
Comm About Medicines	63.1	66.8 ▲	68.5▲	77 th
Discharge Information	86.4	85.3 ▼	86.9▲	41 st
Care Transitions	55.9	55.6 ▼	58.1▲	74 th

- FY17 to date HCAHPS score have shown improvement in every domain. Only two domains are currently below the 50th percentile, while several are near or have eclipsed the top quartile. Nursing leadership rounding strategy has focused on real time feedback and problem solving leading to real time gains in patient's perceptions of their experiences.
- Patient and Family Centered Care domain has momentum as 4 ECH staff members head to a site visit and learning opportunities at the Planetree International Conference October 30 – Nov 2. A separate delegation will head to the Sharp Health System on December 2nd. Learning opportunities are focused on increasing family involvement.

Community Outreach

- Community Benefit launched Hypertension Health Hubs in conjunction with the American Heart Association. Over 300 community members were screened for high blood pressure.
- Completed the following outreach events:
 - SITA event (drama play) – 600 attendees
 - Sunnyvale Temple -75 attendees, 32 biometrics
 - Shirdi Sai Parivaar – 200 attendees, 92 biometrics
 - Western Digital – 600 attendees
 - BAPS Health Fair – 300 attendees
- Supported the following community agency events through sponsorships: Pathways, PACT, Next Door Solutions for Domestic Violence, Indian (Native American) Health Center, Adolescent Counseling Center, Alzheimer's Association, Momentum for Mental Health, Abilities United, Strides for Life Colon Cancer, City of Mountain View Senior Center, Silicon Valley of Non-Profits.
- Scheduled GoNoodle media event at the Campbell Union School District.
- ECH sponsored and staff attended the Adolescent Services' "Out to Eat" event benefitting services for LGBT youth.
- A large, enthusiastic group of staff from our Los Gatos hospital attended the Los Gatos Chamber of Commerce Annual dinner – a great chance to meet with local business leaders and elected officials.
- Board and staff attended the Silicon Valley Council of Nonprofits "Be Our Guest" Luncheon, and submitted a pumpkin in the very competitive pumpkin decorating contest. This event is attended by a large number of nonprofit leaders and elected officials. Julia Miller was our "Celebrity Server" this year.
- This fall, we hosted a Women's Health lecture series focused on the topics of sex and menopause, breast health and bone health. Presented by physician experts, the lectures were well attended by more than 180 local women.
- As a main sponsor of the American Heart Association's Silicon Valley Heart & Stroke Walk, ECH was represented with a team of more than 60 walkers, an interactive booth, and heart health message presented by Greg Walton in the opening ceremony.

**El Camino Hospital Auxiliary
Activity Report to the Hospital Board
Meeting of November 8, 2016**

October Highlights:

- Members of the Communications Committee are meeting with various services in an effort to follow through on responses solicited from the general survey completed in May. The expectation is to learn from these volunteers where improvements need to be made, as well as to reinforce good communication practices.
- The Auxiliary is in the process of establishing its own archival data base. The current software program to which it subscribes continues to escalate costs, and the Auxiliary believes it can manage the archival information on its own. In addition, the Auxiliary is redefining staff roles and enhancing staff responsibilities in the area of tracking volunteer information, both internally (Auxiliary) and externally (ECH).
- Our annual holiday decorating plans are being formalized. We chose to expand our decorating commitments to include the Cancer Center. Due to wear and tear, it was necessary to purchase 5 new trees this year. All told, the Auxiliary will have expended close to \$15K on holiday décor this year.
- Several Auxiliary volunteers helped the Marketing Department place the hospital's new branding posters throughout the hospital. In addition, members of the Marketing Department have been working to help the Auxiliary with its branding and recruitment campaign.

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

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

Membership Data:

Senior Members

Active Members	432	Same as previous month
Dues Paid Inactive	106	(Includes Associates & Patrons)
Leave of Absence	23	
Subtotal	561	

Resigned in Month 6
Deceased in Month 0

Junior Members

Active Members	257	+4 Relative to previous month
Dues Paid Inactive	0	
Leave of Absence	0	
Subtotal	257	

Total Active Members 689

Total Membership 818

Combined Auxiliary Hours from Inception (to September 30, 2016): 5,659,527
Combined Auxiliary Hours for FY2016 (to September 30, 2016): 24,438
Combined Auxiliary Hours for September 2016: 7,755

Memorandum

DATE: October 26, 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 2017 – Period 3

ACTION: For Information

El Camino Hospital Foundation advances health care through philanthropy by raising funds that support El Camino Hospital's strategic priorities, foster innovation, and support patient and family-centered care.

During period 3, the Foundation secured \$302,465, bringing total FY 2017 revenue to \$3,854,005, which is 62% of the annual goal.

105 golfers and a dozen wine enthusiasts attended the 21st annual El Camino Heritage Golf Tournament on October 10, 2017. Proceeds are benefiting the Scrivner Challenge to endow adolescent mental health services at El Camino Hospital. Final fundraising results will be published in the period 4 fundraising report.

Upcoming Events

Please mark your calendars and plan to support one or more of the following events:

February 2, 2017 – 5th anniversary Norma's Literary Luncheon, benefiting women's health services and featuring Pulitzer Prize winning author Anna Quindlen

February 16, 2017 – Allied Professionals Seminar, benefiting planned giving

March 18, 2017 – Scarlet Masquerade (formerly Scarlet Night), benefiting the South Asian Heart Center

April 29, 2017 – Sapphire Soirée, celebrating the Cancer Center's 10th anniversary

Memorandum

DATE: October 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 2017 – Period 3

ACTION: For Information

During the month of September, the Foundation raised \$302,465, bringing total revenue secured to date in fiscal year 2017 to \$3,854,005, which is 62% of goal for the year.

Planned Gifts

The Foundation received \$67,129 in period 3, which were payments for two realized legacy gifts. To date in fiscal year 2017, the Foundation has received a total of \$3,322,253 in this category.

Special Events

- ***El Camino Heritage Golf Tournament*** – The Foundation received \$118,575 in sponsorships, registrations and other donations for the 21st annual El Camino Heritage Golf Tournament during the month of September, bringing us to \$155,800, nearly half way to goal. The tournament was held at The Club at Ruby Hill in Pleasanton on October 10, 2017 to benefit the Scrivner Challenge for adolescent mental health services. One hundred five golfers and a dozen wine enthusiasts attended. The October fundraising report will reflect additional golf income received leading up to the tournament and raised at the event.

Annual Giving

In September, the Foundation received \$12,622 in annual gifts, bringing the total secured by end of period 3 to \$46,689. Because of the nurses' union's informational strike, the Foundation delayed sending out the Employee Giving mailing until October, which led to a temporary dip in revenue for the month of September compared to prior years. However, the response to the mailing has been very positive and we expect Annual Giving to increase as we approach the end of the calendar year. Annual gifts received in period 3 include Hope to Health membership donations and online gifts.

ECH Foundation Fundraising Report

FY17 Income figures through September 30, 2016 (Period 3)

ACTIVITY		FY17 YTD (7/1/16 - 9/30/16)	FY17 Goals	FY17 % of Goal	Difference Period 2 & 3	FY16 YTD (7/1/15 - 9/30/15)	FY15 YTD (7/1/14 - 9/30/14)
Major Gifts		\$70,000	\$2,500,000	3%	\$0	\$1,070,000	\$35,000
Planned Gifts		\$3,322,253	\$1,000,000	332%	\$67,129	\$100,055	\$1,026,850
Special Events	Sapphire Soirée	\$6,750	\$850,000	1%	\$0	\$21,500	\$6,600
	Golf	\$155,800	\$325,000	48%	\$118,575	\$128,025	\$145,225
	Scarlet Night	\$2,500	\$300,000	1%	\$0	\$5,060	\$4,245
	Norma's Literary Luncheon		\$145,000	0%		\$50,000	\$45,250
Annual Gifts		\$46,689	\$550,000	8%	\$12,622	\$85,408	\$73,691
Grants*		-	-	-		\$26,333	\$151,750
Investment Income		\$250,013	\$500,000	50%	\$104,139	\$206,081	\$237,799
TOTALS		\$3,854,005	\$6,170,000	62%	\$302,465	\$1,692,462	\$1,726,410

*Beginning in FY17 Grants is no longer an activity line. Any grants received in the future will either be reflected in the Annual Gifts or Major Gifts activity line pending funding level.



El Camino Hospital® Foundation
THE HOSPITAL OF SILICON VALLEY