

AMENDED AGENDA
SPECIAL MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS
Wednesday, February 8, 2017 – 5:30 pm
 Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, CA 94040

Jeffrey Davis, MD will be participating via teleconference from Diamante Unit 207 Boulevard Diamante Cabo San Lucas S/N Baja, Mexico.

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

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|--|-----------------------|--|
| 1. CALL TO ORDER / ROLL CALL | Neal Cohen, MD, Board Chair | | 5:30 – 5:32 pm |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Neal Cohen, MD, Board Chair | | 5:32 – 5:33 |
| 3. QUALITY COMMITTEE REPORT ATTACHMENT 3 | David Reeder, Quality Committee Chair | | information 5:33 – 5:43 |
| 4. FINANCE REPORT | | | |
| a. FY17 Period 6 Financials | Iftikhar Hussain, CFO | <i>public comment</i> | motion required 5:43 – 5:53 |
| b. Finance Committee Report | Dennis Chiu, Finance Committee Chair | | information 5:53 – 5:58 |
| c. Community Benefit Funding – Board-Designated Fund | Iftikhar Hussain, CFO | <i>public comment</i> | possible motion 5:58 – 6:13 |
| 5. PUBLIC COMMUNICATION | Neal Cohen, MD, Board Chair | | information 6:13 – 6:16 |
| 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 | | | |
| 6. ADJOURN TO CLOSED SESSION | Neal Cohen, MD, Board Chair | | motion required 6:16 – 6:17 |
| 7. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Neal Cohen, MD, Board Chair | | 6:17 – 6:18 |
| 8. CONSENT CALENDAR | Neal Cohen, MD, Board Chair | | motion required 6:18 – 6:20 |
| <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 Special Meeting to Conduct a Study Session of the Hospital Board (January 4, 2017) | | | |
| b. Minutes of the Closed Session of the Hospital Board Meeting (January 11, 2017) | | | |
| c. Minutes of the Closed Session of the Special Meeting to Conduct a Study Session of the Hospital Board (January 25, 2017) | | | |

A copy of the agenda for the Special Meeting will be posted and distributed at least twenty four (24) 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 |
|--|--|--|---|
| <p><i>Reviewed and Approved by the Corporate Compliance/Privacy and Internal Audit Committee</i> <i>Gov't Code Section 54957.2:</i> d. Minutes of the Closed Session of the Joint Meeting of the Hospital Board and the Corporate Compliance/Privacy and Internal Audit Committee (November 9, 2016)</p> | | | |
| <p>9. <i>Health and Safety Code Section 32155</i>, Report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report</p> | <p>Rebecca Fazilat, MD, Mountain View Chief of Staff; J. Augusto Bastidas, MD, Los Gatos Chief of Staff</p> | | <p>motion required 6:20 – 6:30</p> |
| <p>10. <i>Health and Safety Code Section 32155</i>, Report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Organizational Clinical Risks</p> | <p>Daniel Shin, MD, Medical Director of Quality Assurance</p> | | <p>discussion 6:30 – 6:40</p> |
| <p>11. <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Kathryn Fisk: - Labor Negotiations Update</p> | <p>Kathryn Fisk, CHRO</p> | | <p>possible motion 6:40 – 6:45</p> |
| <p>12. <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Bundled Payments for Care Improvement</p> | <p>William Faber, MD, CMO</p> | | <p>information 6:45 – 6:55</p> |
| <p>13. 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</p> | <p>Donald Sibery, Interim CEO</p> | | <p>information 6:55 – 7:00</p> |
| <p>14. Discussion involving <i>Gov't Code Section 54957</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: - CEO Search Committee Report</p> | <p>Lanhee Chen, CEO Search Committee Chair</p> | | <p>information 7:00 – 7:05</p> |
| <p>15. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: - Executive Session</p> | <p>Neal Cohen, MD, Board Chair</p> | | <p>discussion 7:05 – 7:10</p> |
| <p>16. ADJOURN TO OPEN SESSION</p> | <p>Neal Cohen, MD, Board Chair</p> | | <p>motion required 7:10 – 7:11</p> |
| <p>17. RECONVENE OPEN SESSION / REPORT OUT</p> | <p>Neal Cohen, MD, Board Chair</p> | | <p>7:11 – 7:12</p> |
| <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p> | | | |

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|-----------------------------|-----------------------|---|
| 18. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | Neal Cohen, MD, Board Chair | <i>public comment</i> | motion required 7:12 – 7:14 |
| <p>Approval</p> <p>a. Minutes of the Open Session of the Special Meeting to Conduct a Study Session of the Hospital Board (January 4, 2017)</p> <p>b. Minutes of the Open Session of the Hospital Board Meeting (January 11, 2017)</p> <p>c. Minutes of the Open Session of the Special Meeting to Conduct a Study Session of the Hospital Board (January 25, 2017)</p> <p><i>Reviewed and Approved by the Corporate Compliance/Privacy and Internal Audit Committee</i></p> <p>d. Minutes of the Open Session of the Joint Meeting of the Hospital Board and the Corporate Compliance/Privacy and Internal Audit Committee (November 9, 2016)</p> <p>e. Board of Director Approval of Policies</p> <p>f. Policy and Procedure Formulation, Approval, and Distribution (Policy on Policies)</p> <p><i>Reviewed and Approved by the Finance Committee</i></p> <p>g. Orthopedic Co-Management Agreement</p> <p>h. Ventilator Replacement Funding</p> <p>i. PT-OT Services Amendment</p> <p>j. FY17 Period 5 Financials</p> <p><i>Reviewed and Approved by the Quality, Patient Care, and Patient Experience Committee</i></p> <p>k. Summary List of Sterile Processing Policies Reviewed with No Changes</p> <p><i>Reviewed and Approved by the Medical Executive Committee</i></p> <p>l. Medical Staff Report</p> | | | |
| 19. INFORMATIONAL ITEMS a. CEO Report | Donald Sibery, Interim CEO | | information 7:14 – 7:16 |
| 20. BOARD COMMENTS | Neal Cohen, MD, Board Chair | | information 7:16 – 7:19 |
| 21. ADJOURNMENT | Neal Cohen, MD, Board Chair | | motion required 7:19 – 7:20 pm |

Upcoming Regular Meetings

- March 8, 2017
- April 12, 2017
- May 10, 2017
- June 14, 2017

Upcoming Study Session

- February 15, 2017

Joint Meeting

- May 31, 2017 (*Joint with Finance Committee*)

ECH BOARD MEETING AGENDA ITEM COVER SHEET

| | |
|---|--|
| Item: | Quality, Patient Care and Patient Experience Committee (“Quality Committee”) Report El Camino Hospital Board of Directors February 8, 2017 |
| Responsible party: | David Reeder, Quality Committee Chair |
| Action requested: | For Information |
| Background: The Quality Committee meets 10 times per year. The Committee last met on January 30, 2017 and meets next on February 27, 2017. | |
| Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None. | |
| <p>Summary and session objectives:</p> <ol style="list-style-type: none"> 1. Progress Against Goals: The Committee is on track to achieve its FY17 targets. 2. Summary of January 30, 2017 Meeting: <ol style="list-style-type: none"> a. Behavioral Health Presentation: Michael Fitzgerald, Executive Director of Behavioral Services, and Reena Trivedi, MD, highlighted the clinical and quality programs of Behavioral Health Services. They reviewed the FY18-20 Proposed Strategic Focus Areas, current services, as well as the core and outcome measures for these services. Mr. Fitzgerald highlighted that unlike other Behavioral Health programs, we have a physician expert that leads each service offering (<i>e.g.</i>, Mood Disorder, Addictions, Adolescent Psych Services, Maternal Psych Services, etc.). He further detailed BHS’s current vision, goals, and action plans for FY16-18. b. FY17 Quality Dashboard: Catherine Carson, Senior Director of Patient Safety and Quality Assurance, presented the newly annotated FY17 Quality Dashboard to the Committee. She reported that nine metrics remain stable, the only exception being a spike in readmissions rate in November, possibly due to increase in respiratory illness. c. Quarterly Quality Dashboard: Ms. Carson presented the California Department of Public Health’s Hospital Infection Report comparing ECH to other hospitals in the area. Going forward, the Quarterly Quality Dashboard will capture ECH global quality status rather than focusing exclusively on exceptions. d. CMO Report: William Faber, MD, CMO, briefly updated the Committee on the current status of the Quality Department and various areas of focus. Dr. Faber announced the addition of Dr. Chelamkuri as the lead of the Palliative Care team, starting February 27, 2017. He further reported on Greeley Subcommittee, Clinical Effectiveness staffing, anticipated reporting improvements, and Mr. Larry Trilop’s completed recommendations for ECH physician strategy and management structure. | |
| Suggested discussion questions: None. | |
| Proposed Board motion, if any: None, this is an information item. | |
| <p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. FY17 Quality Dashboard | |

Quality and Safety Dashboard (Monthly)

Date Reports Run: 1/6/2017

| | | Performance | | Baseline | FY17 Goal | Trend | Comments |
|---------------|--|--|------------------------------------|----------------------------|--------------------------------------|-------|--|
| SAFETY EVENTS | | | | FY2016 | FY2017 | | |
| 1 | Patient Falls Med / Surg / CC Falls / 1,000 CALNOC Pt Days Date Period: November 2016 | 4/4882 | 0.82 | 1.51 | 1.39 (goal for FY 16) | | Team focus on bed/chair alarms and accompanying pts. to & in BR. Decrease may be a function of increased census in November |
| | Pain reassessment within 60 mins after pain med administration Errors / 1000 Adj Total Patient Days Date Period: December 2016 | 7777/9359 | 83.1% | 56.3% (Jan-Jun 2016) | 75% (min) 80% (mid) stretch goal=90% | | New report built in ICARE to capture reassessment data, with weekly team focus on results by department. Recognition for units achieving 99-100% compliance daily. |
| | Medication Errors (Overall: reached to patients and near miss) Errors / 1000 Adj Total Patient Days Date Period: November 2016 | 29/13269 | 2.19 | 2.68 | 0.00 | | Decreases in 2016 due to correction of ICARE issues, and a focus on med errors in 3 groups meeting each month. |
| EFFICIENCY | | Performance | | Jan-Jun 2016 (6-month avg) | FY 2017 | | |
| 4 | ★Organizational Goal Average Length of Stay (days) (Medicare definition, MS-CC, ≥ 65, inpatient) Date Period: December 2016 | FYTD 2446 01-06/16 2509 | FYTD 4.58 01-06/16 4.78 | 4.78 | 4.87 | | |
| | ★Organizational Goal 30-Day Readmission (Rate, LOS-Focused) (ALOS-Linked, All-Cause, Unplanned) Date Period: November 2016 | FYTD 212/1934 01-06/16 288/2497 | FYTD 10.96 01-06/16 11.53 | 11.53 | At or below 12.24 | | 60/384 – 15.32% Spike of readmissions in November due to increase in Pneumonia/Resp.failure to 41% of the readmits over Oct. @ 29%. Unavoidable readmits up to 64%, highest % in 2016. 12% of these readmits were due to medication management., which can be subjective physician practice. Use of ID MD & ID pharmacist consults encouraged. |

| Date Reports Run: 1/6/2017 | | | Baseline | FY17 Goal | Trend | Comments |
|----------------------------|---|-------------|----------|-----------|-----------------------|---|
| COMPLICATIONS | | Performance | | FY 2016 | FY 2017 | |
| 6 | Surgical Site Infection (SSI) SSI per 100 Surgical Procedures Date Period: November 2016 | 2/639 | 0.31 | 0.20 | 0.18 (goal for FY 16) | <p>Increase Oct & Nov: Oct 2 cases: 1 Colon due to abscess after expl. Lap for re-do of colon anastomosis, 1- Exp Lap with repair of hernia w/necrotic abd. Wound Nov 2 cases: 1 Colon w/ resection and tumor debulking, developed abscess & perforated bowel. SSI Task Force initiated at LG</p> |
| SERVICE | | Performance | | FY 2016 | FY 2017 | |
| 7 | Communication with Nurses (HCAHPS composite score, top box) Date Period: Oct 2016 | 213/256 | 83.2% | 78.0% | 78.5% | |
| 8 | Responsiveness of Hospital Staff (HCAHPS composite score, top box) Date Period: Oct 2016 | 154/240 | 64.0% | 64.9% | 66.8% | |
| 9 | Pain management (HCAHPS composite score, top box) Date Period: Oct 2016 | | 76.0% | 72.5% | | <p>HCAHPS is a lagging indicator, and increase due to improvement in pain reassessment noted in item #2.</p> |
| 10 | Communication About Medicines (HCAHPS composite score, top box) Date Period: Oct 2016 | 115/165 | 69.6% | 64.7% | 68.3% | <p>Improvement coincides with work of Medication error task force and reduction in med errors that began in July in item #3.</p> |



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2017 – Period 6
7/1/2016 to 12/31/2016

Dashboard - ECH combined as of December 31, 2016⁽²⁾

| | Annual | | | | | Month | | | YTD | | |
|---|---------|---------|---------|---------------|--------------------|---------|---------|------------|---------|---------|------------|
| | 2014 | 2015 | 2016 | 2017 Proj. | 2017 Bud/Target | PY | CY | Bud/Target | PY | CY | Bud/Target |
| Volume | | | | | | | | | | | |
| Licensed Beds | 443 | 443 | 443 | 443 | 443 | 443 | 443 | 443 | 443 | 443 | 443 |
| ADC | 238 | 246 | 242 | 271 | 245 | 226 | 238 | 236 | 232 | 231 | 237 |
| Adjusted Discharges | 22,206 | 22,342 | 22,499 | 26,913 | 22,992 | 1,869 | 2,074 | 1,952 | 10,982 | 11,214 | 11,592 |
| Total Discharges | 19,427 | 19,637 | 19,367 | 23,006 | 19,781 | 1,625 | 1,708 | 1,680 | 9,419 | 9,586 | 9,934 |
| Financial Performance (\$000s) | | | | | | | | | | | |
| Net Revenues | 721,123 | 746,645 | 772,020 | 808,071 | 789,585 | 68,083 | 68,996 | 67,253 | 380,271 | 404,036 | 388,749 |
| Operating Expenses | 669,680 | 689,631 | 743,044 | 731,382 | 764,828 | 64,550 | 65,037 | 66,309 | 367,631 | 365,691 | 376,659 |
| Operating Income \$ | 70,305 | 78,120 | 52,613 | 106,157 | 49,817 | 5,769 | 6,169 | 3,109 | 24,567 | 53,078 | 24,648 |
| Operating Margin | 9.5% | 10.2% | 6.6% | 12.7% | 6.1% | 8.2% | 8.7% | 4.5% | 6.3% | 12.7% | 6.1% |
| EBITDA \$ | 125,254 | 128,002 | 108,554 | 159,830 | 109,890 | 10,333 | 10,346 | 7,668 | 50,492 | 79,915 | 52,731 |
| EBITDA % | 16.9% | 16.7% | 13.6% | 19.1% | 13.5% | 14.7% | 14.5% | 11.0% | 12.9% | 19.1% | 13.1% |
| IP Margin ¹ | -3.2% | -4.5% | -6.6% | -9.3% | -6.1% | -15.9% | -8.7% | -6.1% | -11.6% | -9.3% | -6.1% |
| OP Margin ¹ | 25.2% | 28.1% | 26.1% | 31.8% | 26.4% | 17.7% | 31.0% | 26.4% | 25.0% | 31.8% | 26.4% |
| Payor Mix | | | | | | | | | | | |
| Medicare | 44.6% | 46.2% | 46.6% | 47.2% | 46.4% | 44.7% | 46.8% | 46.4% | 44.9% | 47.2% | 46.4% |
| Medi-Cal | 6.0% | 6.6% | 7.4% | 7.1% | 6.5% | 7.9% | 5.9% | 6.5% | 7.7% | 7.1% | 6.5% |
| Commercial IP | 25.4% | 24.2% | 23.2% | 22.6% | 24.0% | 23.4% | 22.7% | 24.0% | 23.6% | 22.6% | 24.0% |
| Commercial OP | 18.6% | 18.7% | 18.7% | 20.2% | 19.0% | 18.6% | 21.2% | 19.0% | 19.4% | 20.2% | 18.6% |
| Total Commercial | 44.0% | 42.9% | 41.9% | 42.8% | 43.0% | 42.1% | 43.9% | 43.0% | 43.0% | 42.8% | 42.6% |
| Other | 5.4% | 4.3% | 4.1% | 3.4% | 4.1% | 5.3% | 3.4% | 4.1% | 4.3% | 3.4% | 4.1% |
| Cost | | | | | | | | | | | |
| Employees | 2,435.6 | 2,452.4 | 2,542.8 | 2,458.5 | 2,521.6 | 2,683.0 | 2,480.9 | 2,633.4 | 2,630.4 | 2,458.5 | 2,521.6 |
| Hrs/APD | 29.31 | 30.45 | 30.35 | 30.53 | 31.17 | 33.30 | 29.49 | 31.65 | 31.08 | 30.53 | 31.17 |
| Balance Sheet | | | | | | | | | | | |
| Net Days in AR | 50.9 | 43.6 | 53.7 | 45.2 | 48.0 | 48.5 | 45.2 | 48.0 | 48.5 | 45.2 | 48.0 |
| Days Cash | 382 | 401 | 361 | 406 | 266 | 376 | 406 | 266 | 376 | 406 | 266 |
| Debt to Capitalization | 12.6% | 13.6% | 13.8% | 13.1% | 17.3% | 14.5% | 13.1% | 17.3% | 14.5% | 13.1% | 17.3% |
| MADS | 9.5 | 8.9 | 6.1 | 12.7 | 9.3 | 7.9 | 12.7 | 9.3 | 7.9 | 12.7 | 9.3 |
| Affiliates - Net Income (\$000s) | | | | | | | | | | | |
| Hosp | 118,906 | 94,787 | 43,043 | 131,063 | 67,032 | (2,472) | 11,338 | 3,838 | 5,910 | 65,531 | 29,022 |
| Concern | 1,862 | 1,202 | 1,823 | 952 | 2,604 | (8) | 247 | 206 | 1,115 | 476 | 1,221 |
| ECSC | (5) | (41) | (282) | (105) | 0 | (5) | (1) | 0 | (16) | (52) | 0 |
| Foundation | 3,264 | 710 | 982 | 3,056 | (450) | (236) | 644 | (54) | (65) | 1,528 | (144) |
| SVMD | 32 | 106 | 156 | (19) | 0 | (2) | (41) | (1) | (10) | (10) | (6) |

Inpatient Volume:

- YTD Inpatient discharges are 1.8% higher than prior year but 3.5% below budget.
- Due to the late flu season, census exceed the budget in December with an ADC of 238 comparing to a budget of 236.
- General Medicine and Pulmonary Medicine cases reached the highest level YTD and almost double than last month.
- Other case volume increased includes Heart Failure, Stroke and Cardiac Valve Surgery in December.

Outpatient Volume:

- Overall YTD outpatient volume is flat with PY but 2.9% below budget.

Operating Income:

- Operating Income was ahead of budget by \$3.1M for the month and \$28M YTD . The main contributing factors to a strong financial in December include: 1) improvement in commercial payer mix. YTD payer mix is now ahead of target 2) improvement in charge capture; and 3) productivity improvement
- The improvement in clinical documentation and better managed in denials results a steady improvement in payer reimbursement after EPIC went live.

- Cash collection remain strong in December, resulting a 45.2 Net AR Days

(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

* The FY2017 budget presented excludes 2016 bonds cost of issuance and interest expense since the issuance was delayed.

Budget Variances

| \$ in Thousands | Month to Date (MTD) | | | Year to Date (YTD) | | |
|-----------------|---|-------------------|---------------|--------------------|-------------------|---------------|
| | Detail | Net Income Impact | % Net Revenue | Detail | Net Income Impact | % Net Revenue |
| | Net Revenue (FY2017 Budget/FY2017 Actual) | 69,418 | 71,205 | | 401,307 | 418,769 |
| | Budgeted Hospital Operations FY2017 | | 3,109 | | | 4.5% |
| | Net Revenue | | 1,788 | | 17,462 | 4.2% |
| | * Rev cycle improvements | 1,476 | | 7,105 | | |
| | * Medi-Cal Supplemental | 312 | | 312 | | |
| | * Inter Govt Transfer (IGT) | 0 | | 6,535 | | |
| | * Prime Medi-Cal | 0 | | 3,510 | | |
| | Labor and Benefit Expense Change | | 1,426 | | 5,992 | 1.4% |
| | * Productivity and lower volume | 3,761 | | 11,384 | | |
| | * Pay-for-Performance Bonus Accrual | (2,400) | | (2,400) | | |
| | * Repricing of PTO Bank | 404 | | 404 | | |
| | * Old employee WC settlement | (432) | | (432) | | |
| | * Ratification Bonus to PRN | 93 | | (2,600) | | |
| | * Severance Pay | 0 | | (365) | | |
| | Professional Fees & Purchased Services | | (638) | | 287 | 0.1% |
| | * Physician Fees | (210) | | 677 | | |
| | * Consulting Fee including Premier for HPO, Mercer and COI expense. | (871) | | (1,107) | | |
| | * Purchased Services mainly due to backfill for vacant IT positions | (367) | | (1,848) | | |
| | * Repairs and Maintenance Fees | 810 | | 2,565 | | |
| | Supplies | | 279 | | 3,332 | 0.8% |
| | * Drug Exp (due to higher Infusion Center volume; but offset by higher gross revenue) | (175) | | (1,130) | | |
| | * Medical Supplies | 419 | | 2,992 | | |
| | * Misc Net Supplies (Food/Volumes) | 35 | | 1,470 | | |
| | Other Expenses | | (177) | | 110 | 0.0% |
| | * Leases & Rental Fees (Rental Lease Costs) | 19 | | (75) | | |
| | * Utilities & Telephone (continue on routine PG&E accrual but no payment yet) | 11 | | 310 | | |
| | * Other G&A | (207) | | (16) | | |
| | * MD Income Guarantee forgiveness | 0 | | (109) | | |
| | Depreciation & Interest | | 382 | | 1,247 | 0.3% |
| | * Depreciation (Ongoing depreciation on the Old 2nd & 3rd Fl & GL improvement projects) | 111 | | 1,092 | | |
| | * Interest Expense | 271 | | 155 | | |
| | Actual Hospital Operations FY2017 | | 6,169 | | | 8.7% |
| | | | | | 53,078 | 12.7% |

El Camino Hospital (\$000s)

6 month ending 12/31/2016

| PERIOD 6 FY 2016 | PERIOD 6 FY 2017 | PERIOD 6 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|---------------|
| 243,321 | 252,128 | 249,399 | 2,729 | 1.1% |
| (175,237) | (183,132) | (182,146) | (986) | 1.0% |
| 68,083 | 68,996 | 67,253 | 1,743 | 2.6% |
| 2,236 | 2,210 | 2,165 | 45 | 2.1% |
| 70,320 | 71,205 | 69,418 | 1,788 | 2.6% |
| 37,265 | 40,285 | 41,711 | 1,426 | 3.4% |
| 9,966 | 9,730 | 10,009 | 279 | 2.8% |
| 10,222 | 8,476 | 7,837 | (638) | -8.1% |
| 2,624 | 2,369 | 2,192 | (177) | -8.1% |
| 449 | 177 | 448 | 271 | 60.4% |
| 4,115 | 4,000 | 4,111 | 111 | 2.7% |
| 64,640 | 65,037 | 66,309 | 1,272 | 1.9% |
| 5,680 | 6,169 | 3,109 | 3,060 | 98.4% |
| (4,869) | 5,168 | 729 | 4,439 | 609.0% |
| 811 | 11,336 | 3,838 | 7,499 | 195.4% |
| 14.6% | 14.5% | 11.0% | 3.5% | |
| 8.1% | 8.7% | 4.5% | 4.2% | |
| 1.2% | 15.9% | 5.5% | 10.4% | |

\$000s OPERATING REVENUE

| | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|--------------------------------|----------------|----------------|--------------------|-------------------------|-------------|
| Gross Revenue | 1,351,701 | 1,450,379 | 1,441,546 | 8,833 | 0.6% |
| Deductions | (971,430) | (1,046,343) | (1,052,797) | 6,454 | -0.6% |
| Net Patient Revenue | 380,271 | 404,036 | 388,749 | 15,286 | 3.9% |
| Other Operating Revenue | 11,927 | 14,734 | 12,558 | 2,176 | 17.3% |
| Total Operating Revenue | 392,198 | 418,769 | 401,307 | 17,462 | 4.4% |

OPERATING EXPENSE

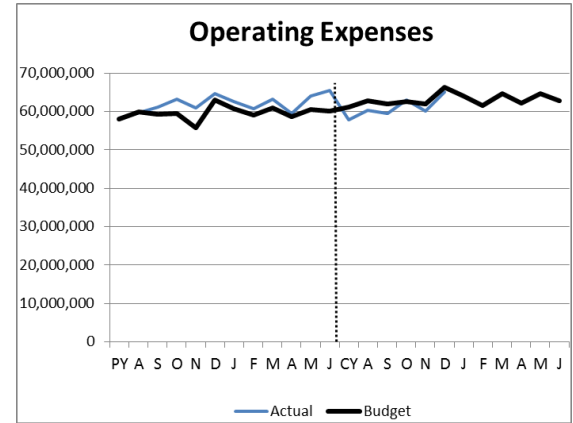
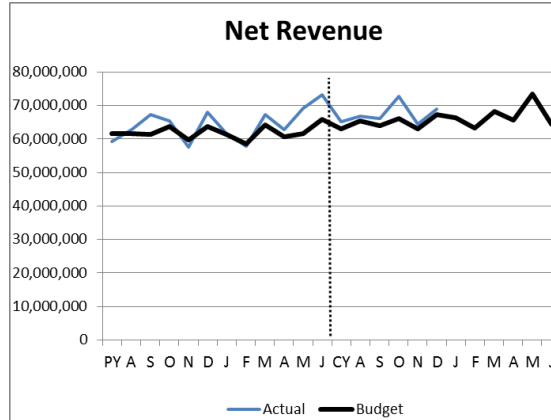
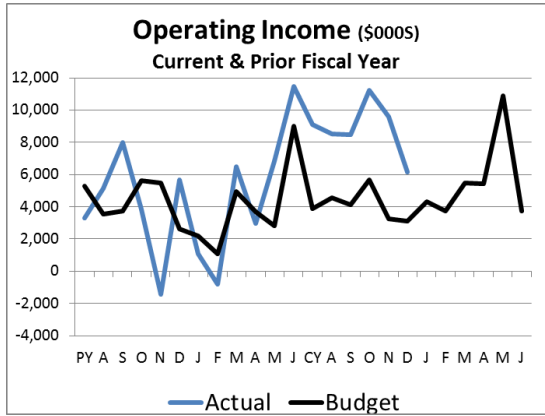
| | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| Salaries & Wages | 213,315 | 222,254 | 228,246 | 5,992 | 2.6% |
| Supplies | 58,356 | 55,706 | 59,038 | 3,332 | 5.6% |
| Fees & Purchased Services | 48,676 | 46,896 | 47,183 | 287 | 0.6% |
| Other Operating Expense | 21,345 | 13,999 | 14,109 | 110 | 0.8% |
| Interest | 2,695 | 2,534 | 2,689 | 155 | 5.8% |
| Depreciation | 23,230 | 24,302 | 25,394 | 1,092 | 4.3% |
| Total Operating Expense | 367,616 | 365,691 | 376,659 | 10,968 | 2.9% |
| Net Operating Income/(Loss) | 24,582 | 53,078 | 24,648 | 28,430 | 115.3% |
| Non Operating Income | (17,162) | 12,451 | 4,374 | 8,078 | 184.7% |
| Net Income(Loss) | 7,420 | 65,530 | 29,022 | 36,508 | 125.8% |

EBITDA 12.9% 19.1% 13.1% 5.9%

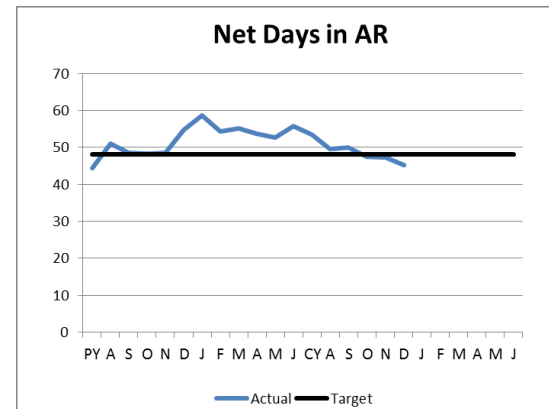
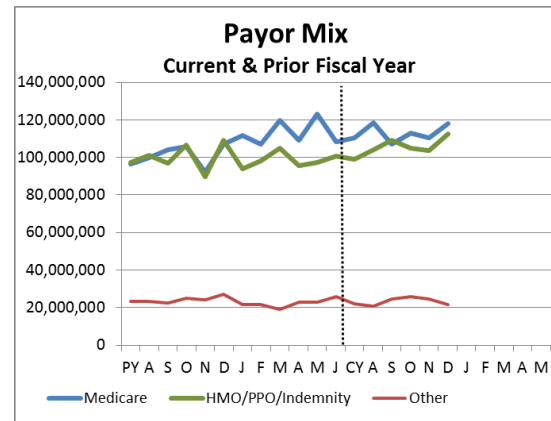
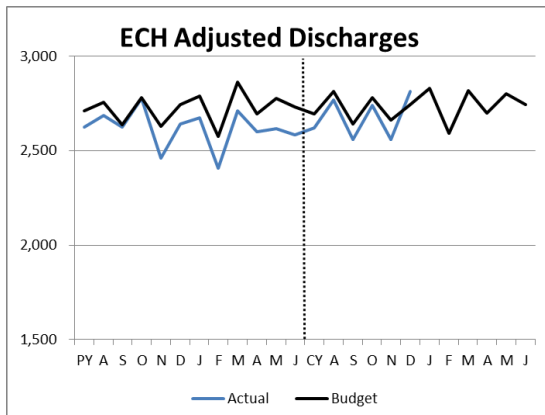
Operating Margin 6.3% 12.7% 6.1% 6.5%

Net Margin 1.9% 15.6% 7.2% 8.4%

Monthly Financial Trends



December volume is strong due to flu season. YTD volume stable compared to PY but below budget.
 AR days ahead of target
 Commercial payor mix improved in December and is now ahead of target for the year.



Non Operating Items and Net Income by Affiliate

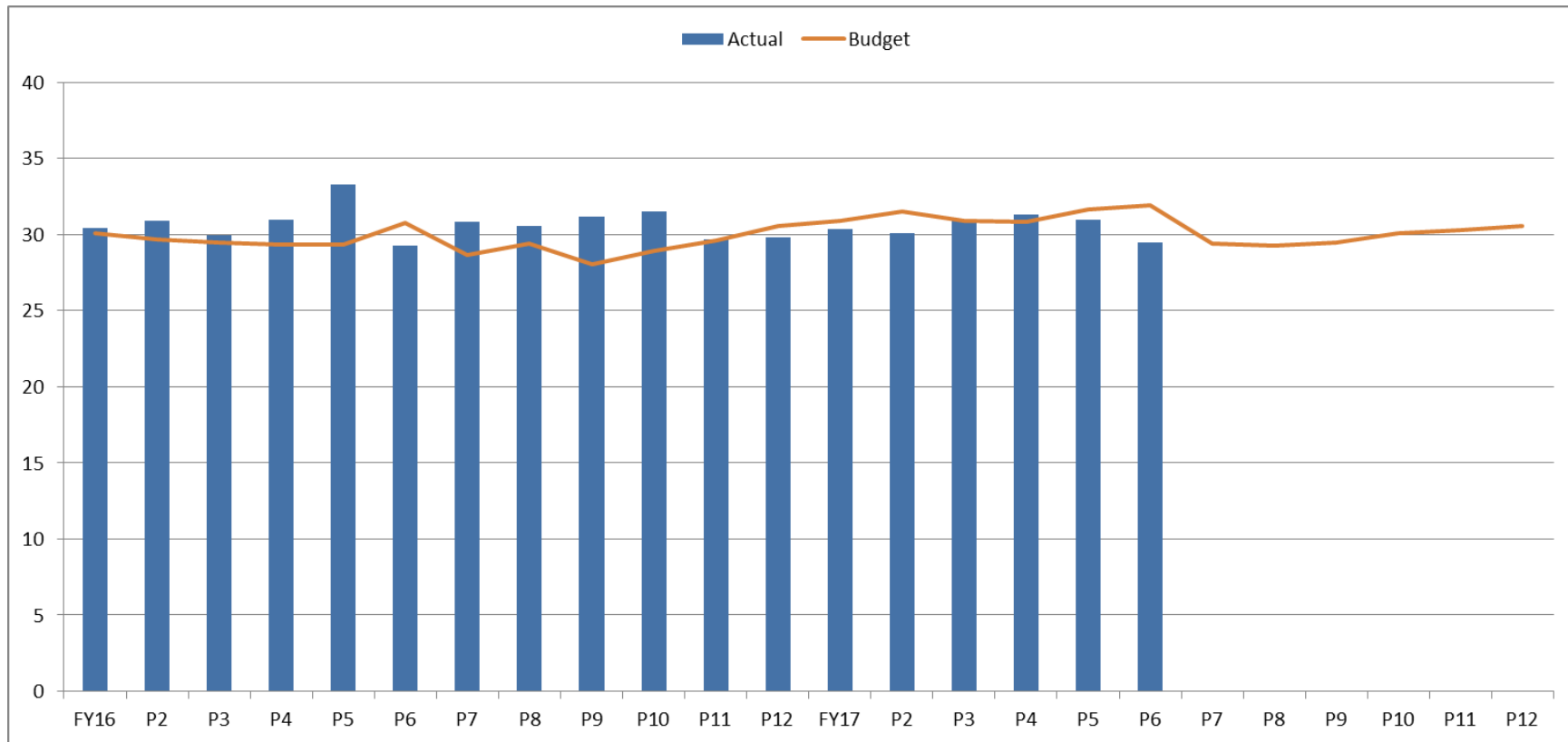
\$ in thousands

| | Period 6 - Month | | | Period 6 - FYTD | | |
|---|------------------|--------------|--------------|-----------------|---------------|---------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| El Camino Hospital Income (Loss) from Operations | | | | | | |
| Mountain View | 5,970 | 2,162 | 3,808 | 50,638 | 18,643 | 31,995 |
| Los Gatos | 199 | 947 | (748) | 2,440 | 6,005 | (3,565) |
| Sub Total - El Camino Hospital, excl. Affiliates | 6,169 | 3,109 | 3,060 | 53,078 | 24,648 | 28,430 |
| Operating Margin % | 8.7% | 4.5% | | 12.7% | 6.1% | |
| El Camino Hospital Non Operating Income | | | | | | |
| Investments | 5,757 | 1,512 | 4,245 | 13,411 | 9,070 | 4,341 |
| Swap Adjustments | 354 | 0 | 354 | 3,434 | 0 | 3,434 |
| Community Benefit | (110) | (283) | 174 | (2,054) | (1,700) | (354) |
| Other | (834) | (499) | (334) | (2,340) | (2,997) | 657 |
| Sub Total - Non Operating Income | 5,168 | 729 | 4,439 | 12,451 | 4,374 | 8,078 |
| El Camino Hospital Net Income (Loss) | 11,336 | 3,838 | 7,499 | 65,530 | 29,022 | 36,508 |
| ECH Net Margin % | 15.9% | 5.5% | | 15.6% | 7.2% | |
| Concern | 247 | 206 | 41 | 476 | 1,221 | (745) |
| ECSC | (1) | 0 | (1) | (52) | 0 | (52) |
| Foundation | 644 | (54) | 698 | 1,528 | (144) | 1,672 |
| Silicon Valley Medical Development | (41) | (1) | (40) | (10) | (6) | (4) |
| Net Income Hospital Affiliates | 75 | 229 | (154) | 1,093 | 920 | 173 |
| Total Net Income Hospital & Affiliates | 11,411 | 4,067 | 7,345 | 66,623 | 29,942 | 36,681 |

Swap gain due to rise in interest rates
Favorable variance in Other due to lower losses at SVMD

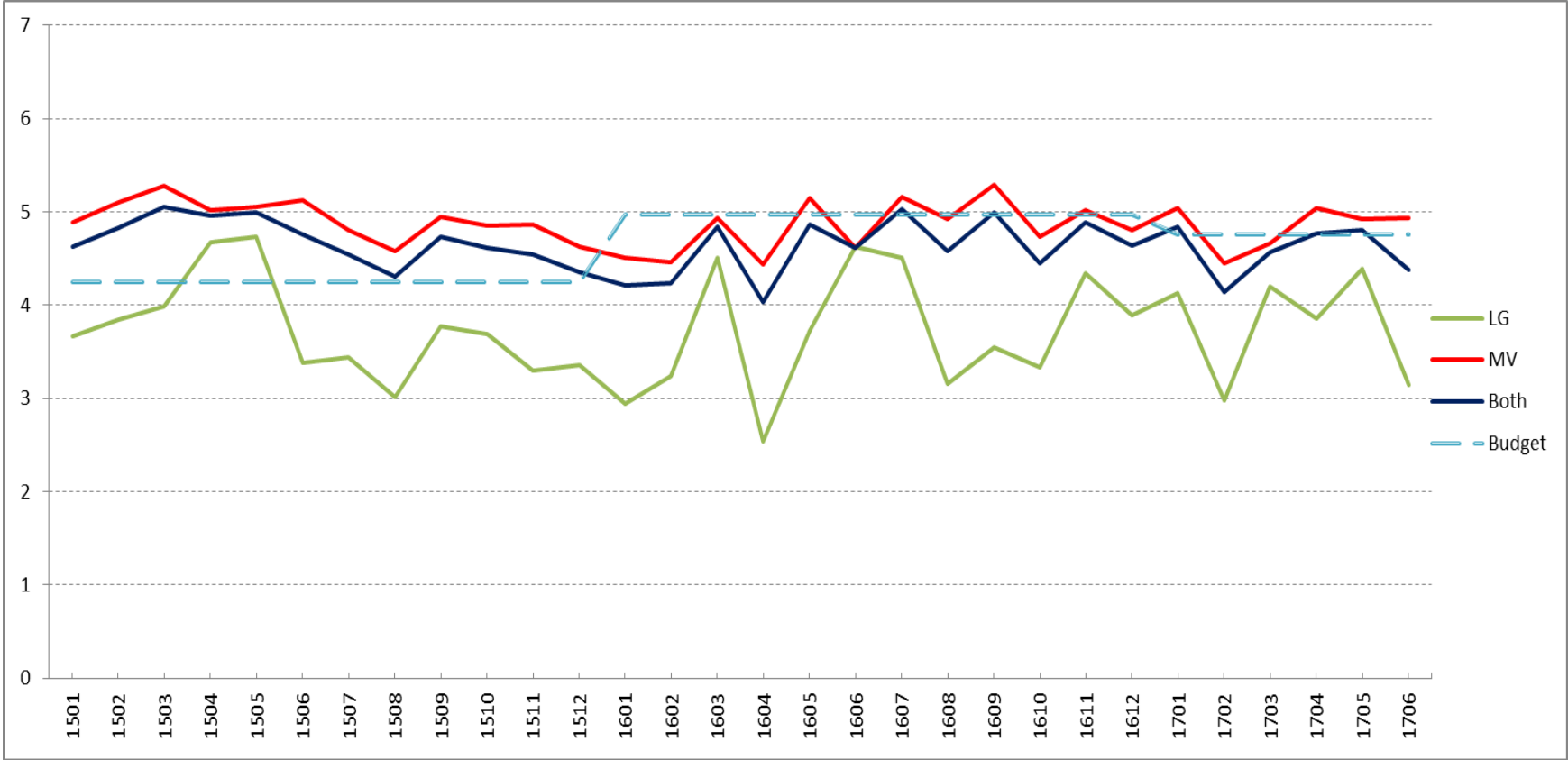
Higher Foundation income due to high unrestricted donations and investment income

Worked Hours per Adjusted Patient Day



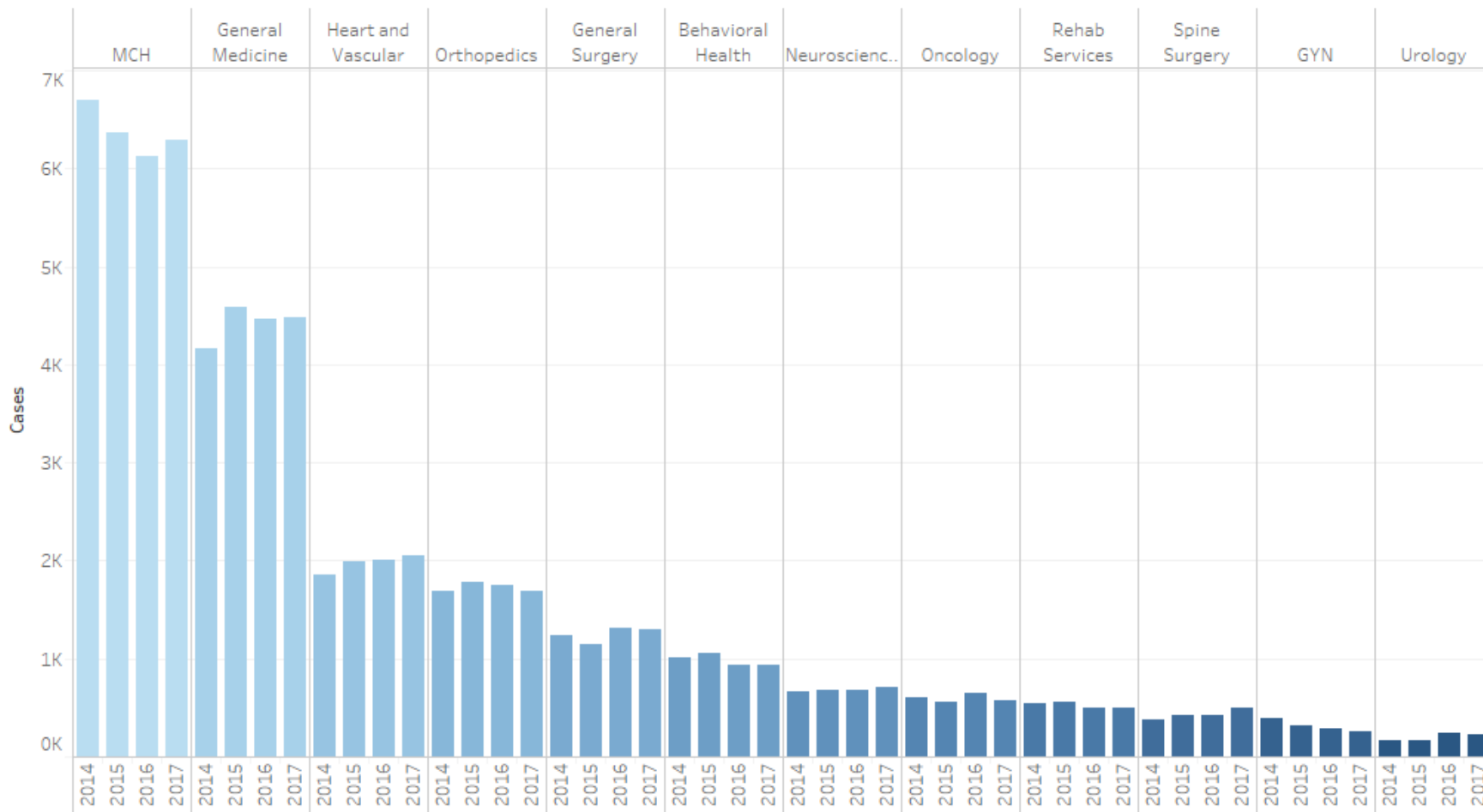
Productivity has improved after EPIC go-live and is favorable compared to budget.

Medicare ALOS



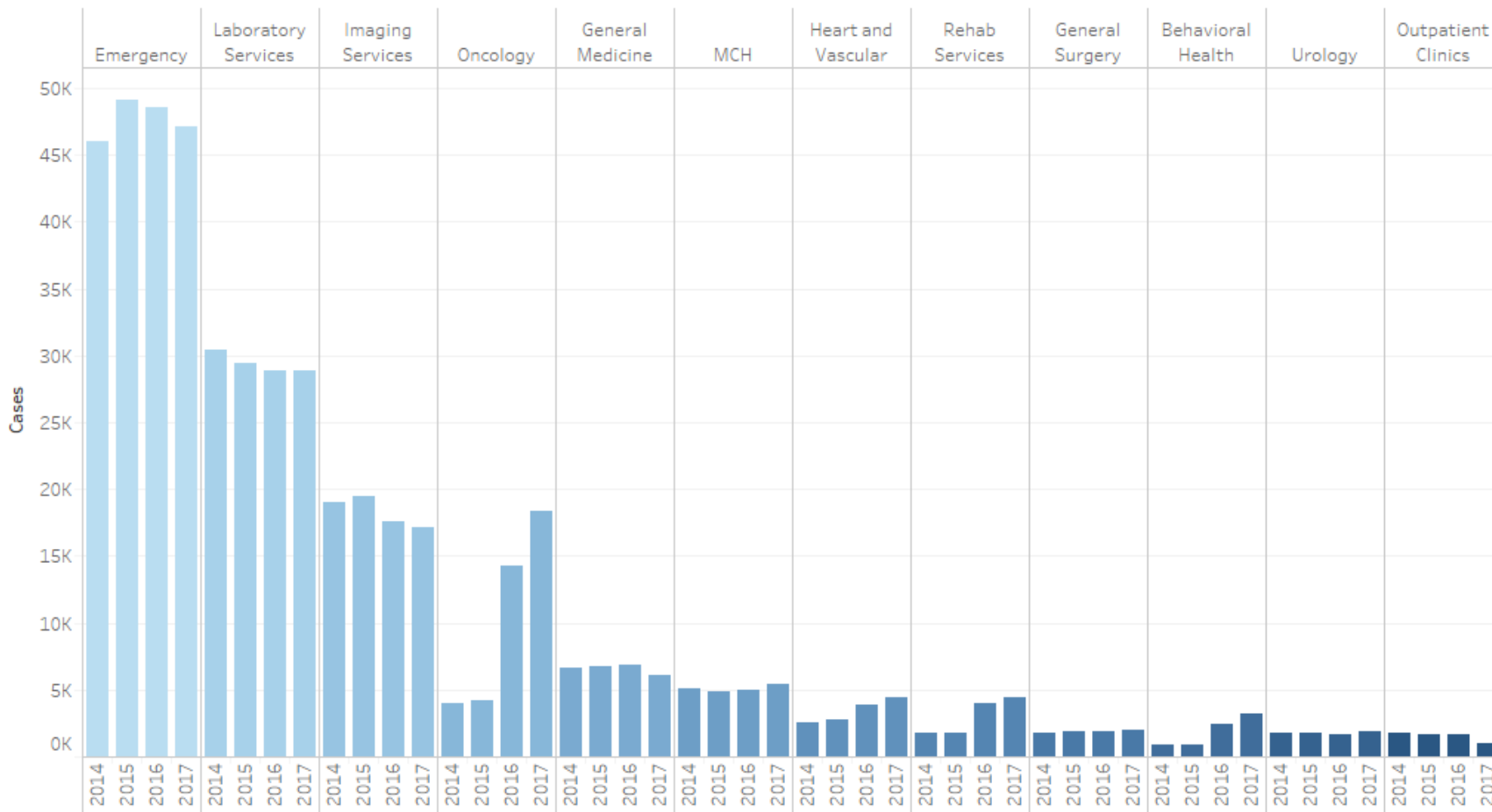
- Medicare margin improves with decreased LOS
- Trend shows improvement in ALOS

El Camino Hospital Volume Annual Trends – Inpatient FY 2017 is annualized



- Maternity volume recovering slightly in FY2017 with growth in Vaginal Deliveries in the 1st quarter. C-section volume has been mostly flat. Lower C-section rate is due to quality efforts by service line MDs
- IP Heart and Vascular volume has increased by 7.7% in FY2017 compared to the same period last FY. The increase is driven by service line MDs desire to build a regional program at ECH. Strong growth was achieved in the following Product Lines: Cardiac Surgery – CABG (22%), Medical – Heart Failure (22.5%), Medical Arrhythmia (25.8%), Structural Heart (25.4%)

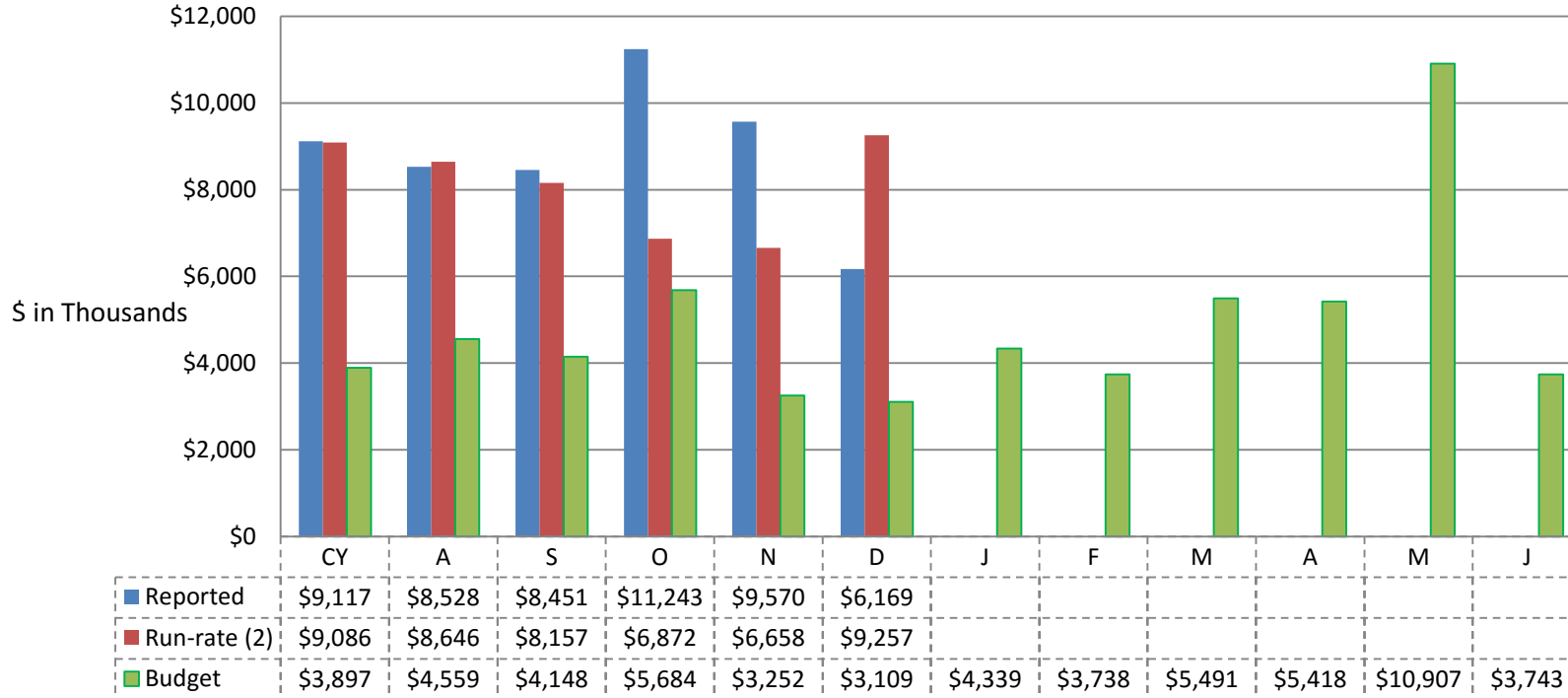
El Camino Hospital Volume Annual Trends – Outpatient FY 2017 is annualized



- Emergency room encounters in FY2017 have declined by 2% compared to the same period last FY.
- Imaging Services volume declined mainly in Mamo but trend will reverse with implementation of Tomo technology
- Outpatient Oncology volume increase due to counting change with EPIC implementation. Actual growth is 2%.

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 | -\$145 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mcare Settlmt/Appeal/Tent Settlmt/PIP | -\$100 | \$158 | -\$71 | -\$67 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| LPCH Adjstmt | -\$8 | -\$41 | -\$19 | -\$25 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Medi-Cal Supplemental | \$0 | \$0 | \$0 | \$0 | \$0 | -\$312 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tricare | \$0 | \$0 | -\$144 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| SVPMG Quarterly Payment | \$0 | \$0 | \$0 | \$0 | \$0 | -\$199 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| IGT Supplemental | \$0 | \$0 | \$0 | -\$6,535 | -\$3,510 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total | -\$31 | \$118 | -\$295 | -\$6,771 | -\$3,510 | -\$512 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Expense Adjustments | | | | | | | | | | | | |
| Pay-For-Performance Bonus | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,400 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Ratification Bonus | \$0 | \$0 | \$0 | \$2,400 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Inst & Minor Med Equipment | \$0 | \$0 | \$0 | \$0 | \$598 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Worker's Comp Settlement | \$0 | \$0 | \$0 | \$0 | \$0 | \$700 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Purchased Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total | \$0 | \$0 | \$0 | \$2,400 | \$598 | \$3,600 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

El Camino Hospital Investment Committee Scorecard

December 31, 2016

| Key Performance Indicator | Status | El Camino | | Benchmark | | El Camino | | Benchmark | | FY17 Year-end Budget | Expectation Per Asset Allocation |
|---|--------|-----------|---------------------------|---------------------|-----------|---------------------------------------|-----------|---------------------------------------|----------|----------------------------|--|
| | | 4Q 2016 | Benchmark | Fiscal Year-to-date | Benchmark | 4y 2m Since Inception (annualized) | Benchmark | 4y 2m Since Inception (annualized) | May 2016 | | |
| Investment Performance | | | | | | | | | | | |
| Surplus cash balance & op. cash (milions) | | \$801.9 | - | - | - | - | - | - | - | \$657.2 | - |
| Surplus cash return | Green | 0.0% | 0.3% | 2.9% | 3.1% | 4.6% | 4.6% | 4.6% | 4.6% | 4.0% | 5.2% |
| Cash balance plan balance (milions) | | \$227.9 | - | - | - | - | - | - | - | \$220.6 | - |
| Cash balance plan return | Green | -0.2% | 0.6% | 3.4% | 3.8% | 7.0% | 6.6% | 7.0% | 6.6% | 6.0% | 5.8% |
| 403(b) plan balance (milions) | | \$362.4 | - | - | - | - | - | - | - | - | - |
| Risk vs. Return | | | | | | | | | | | |
| | | 3-year | | | | 4y 2m Since Inception (annualized) | | | | May 2016 | |
| Surplus cash Sharpe ratio | Green | 0.67 | 0.76 | - | - | 1.06 | 1.05 | 1.06 | 1.05 | - | 0.55 |
| Net of fee return | Green | 3.1% | 3.6% | - | - | 4.6% | 4.6% | 4.6% | 4.6% | - | 5.2% |
| Standard deviation | Green | 4.5% | 4.6% | - | - | 4.3% | 4.3% | 4.3% | 4.3% | - | 8.6% |
| Cash balance Sharpe ratio | Green | 0.65 | 0.69 | - | - | 1.18 | 1.15 | 1.18 | 1.15 | - | 0.49 |
| Net of fee return | Green | 3.8% | 4.0% | - | - | 7.0% | 6.6% | 7.0% | 6.6% | - | 5.8% |
| Standard deviation | Green | 6.0% | 5.8% | - | - | 5.8% | 5.6% | 5.8% | 5.6% | - | 10.7% |
| Asset Allocation | | | | | | | | | | | |
| | | 4Q 2016 | | | | | | | | | |
| Surplus cash absolute variances to target | Green | 7.5% | < 10% | - | - | - | - | - | - | - | - |
| Cash balance absolute variances to target | Green | 5.7% | < 10% | - | - | - | - | - | - | - | - |
| Manager Compliance | | | | | | | | | | | |
| | | 4Q 2016 | | | | | | | | | |
| Surplus cash manager flags | Green | 18 | < 19 Green < 23 Yellow | - | - | - | - | - | - | - | - |
| Cash balance plan manager flags | Yellow | 21 | < 20 Green < 25 Yellow | - | - | - | - | - | - | - | - |

El Camino Hospital

Capital Spending (in millions)

| Category | Detail | Approved | Total Estimated Cost of Project | Total | | Spent from Inception | FY 17 Proj Spend | FY 17 YTD Spent |
|--------------------|--|----------|------------------------------------|------------|--------------|-------------------------|------------------|-----------------|
| | | | | Authorized | Active | | | |
| 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 | 12.0 | 3.3 | 2.0 | |
| | 1219 LG Spine OR | FY13 | 4.1 | 4.1 | 2.6 | 2.7 | 1.3 | |
| | 1414 Integrated MOB | FY15 | 275.0 | 247.0 | 30.0 | 58.2 | 16.2 | |
| | 1413 North Drive Parking Expansion | FY15 | 24.5 | 24.5 | 6.9 | 19.7 | 5.3 | |
| | 1245 Behavioral Health Bldg | FY16 | 91.5 | 72.5 | 10.8 | 17.9 | 3.5 | |
| | 1248 LG Imaging Phase II (CT & Gen Rad) | FY16 | 8.8 | 8.8 | 2.8 | 7.1 | 2.1 | |
| | 1313/1224 LG Rehab HVAC System & Structural | FY16 | 3.7 | 3.7 | 3.0 | 1.6 | 1.2 | |
| | 1502 Cabling & Wireless Upgrades | FY16 | 2.8 | 2.8 | 2.4 | 1.0 | 0.3 | |
| | 1425 IMOB Preparation Project - Old Main | FY16 | 3.0 | 3.0 | 2.5 | 2.5 | 1.8 | |
| | 1430 Women's Hospital Expansion | FY16 | 91.0 | 0.0 | 0.0 | 0.8 | 0.0 | |
| | 1422 CUP Upgrade | FY16 | 9.0 | 7.5 | 1.5 | 4.0 | 0.5 | |
| | 1503 Willow Pavilion Tomosynthesis | FY16 | 1.3 | 1.3 | 0.2 | 0.1 | 0.1 | |
| | 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 | 0.3 | 2.0 | 0.0 | |
| | 1508 LG NICU 4 Bed Expansion | FY16 | 7.0 | 0.5 | 0.2 | 0.2 | 0.2 | |
| | 1520 Facilities Planning Allowance | FY16 | 0.6 | 0.0 | 0.0 | 0.5 | 0.0 | |
| New to FP 3 | 1525 New Main Lab Upgrades | | 1.6 | 0.4 | 0.3 | 2.6 | 0.3 | |
| New to FP 3 | 1515 ED Remodel Triage/Psych Observation | FY16 | 1.6 | 0.0 | 0.0 | 0.6 | 0.0 | |
| New to FP 3 | Site Signage and Other Improvements | | 1.0 | 0.0 | 0.0 | 0.4 | 0.0 | |
| New to FP 3 | IR Room #6 Development | | 2.6 | 0.0 | 0.0 | 0.2 | 0.0 | |
| New to FP 3 | 1602 JW House (Patient Family Residence) | | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | |
| New to FP 3 | 1507 LG IR Upgrades | | 1.1 | 0.0 | 0.0 | 0.2 | 0.0 | |
| New to FP 3 | LG Building Infrastructure Upgrades | | 1.5 | 0.0 | 0.0 | 0.0 | 0.0 | |
| New to FP 3 | 1421 LG MOB Improvements (17) | | 5.0 | 0.9 | 0.7 | 0.2 | 0.1 | |
| New to FP 3 | All Other Projects under \$1M | | 8.6 | 6.7 | 4.6 | 6.3 | 1.7 | |
| | | | 569.9 | 401.2 | 80.7 | 132.7 | 36.7 | |
| GRAND TOTAL | | | | | 427.3 | | 158.8 | 40.2 |

El Camino Hospital

Capital Spending – Facility Projects (in millions)

| Capital Facilities Projects | | Budget & Spend Report | | | |
|--|--|-----------------------|-------------------------------------|-----------------------------|-------------------------|
| (\$ in ,000) | | Approved | A - FY17 Budgeted (Board packet) | D - FY17 Projected Spent | Variance from Budget |
| Mountain View Campus Master Plan Projects | | | | | |
| 1245 | BHS Replacement | FY16 | 30,000 | 17,890 | 12,110 |
| 1413 | North Dr Parking Structure Expansion | FY15 | 20,500 | 19,651 | 849 |
| 1414 | Integrated Medical Office Building | FY15 | 101,500 | 58,230 | 43,270 |
| 1422 | CUP Upgrades | FY16 | 5,000 | 4,025 | 975 |
| 1430 | Womens Hosp Expansion | FY16 | 5,500 | 800 | 4,700 |
| Sub-Total | | | 162,500 | 100,596 | 61,904 |
| Other Capital Facilities Projects (Active/Budgeted) | | | | | |
| 0 | | | | | |
| 0 | | | | | |
| 1501 | Womens Hosp NPC Closeout ⁽¹⁾ | FY16 | 327 | 595 | (268) |
| 1425 | IMOB Preparation Project - Old Main | | 1,000 | 2,466 | (1,466) |
| 1502 | Cabling and Wireless upgrades ⁽¹⁾ | FY16 | 400 | 1,010 | (610) |
| 1525 | New Main Lab Upgrades | | 1,200 | 2,575 | (1,375) |
| 1515 | ED Remodel Triage / Psych Observation | | 1,400 | 600 | 800 |
| 1415 | Signage & Wayfinding | | 300 | 425 | (125) |
| 1416 | Digital Directories ⁽¹⁾ | FY15 | - | 108 | (108) |
| 1503 | Breast Imaging Tomography (Excludes \$1M Equip) ⁽¹⁾ | FY16 | 300 | 1,228 | (928) |
| 1316 | Willow Pavilion FA Sys and Equip Upgrades | | 800 | 100 | 700 |
| 1423 | MV MOB TI Allowance ⁽¹⁾ | FY16 | - | 419 | (419) |
| | Facilities Planning Allowance | | 300 | - | 300 |
| 1523 | MV Melchor Suite 309 TI's ⁽¹⁾ | FY16 | - | 76 | (76) |
| | Furniture Systems Inventory | | 250 | 250 | 0 |
| | Site Signage & Other Improvements | | 200 | 100 | 100 |
| | MV Equipment & Infrastructure Upgrades (17) | | 300 | - | 300 |
| | IR Room #6 Development | | 500 | 200 | 300 |
| 1602 | JW House (Patient Family Residence) | | 500 | - | 500 |
| MV Capital Projects Sub-Total | | | 7,777 | 10,153 | (2,376) |
| 0 | | | | | |
| 1219 | LG Spine Room Expansion - OR 4 | FY13 | 3,100 | 2,717 | 383 |
| 1313 | LG Rehab HVAC Upgrades (CIP# 1313 / 1224) | FY15 | 400 | 1,643 | (1,243) |
| 1248 | LG Imaging & Sterile Processing | | 7,250 | 7,128 | 122 |
| 1307 | LG Upgrades - Major | FY13 | 7,300 | 3,266 | 4,034 |
| 1327 | LG Rehab Building Upgrades | | 500 | 100 | 400 |
| 1346 | LG Surgical Lights OR's 5,6 & 7 ⁽¹⁾ | FY15 | - | 154 | (154) |
| 1347 | LG Central Sterile Upgrades | | - | 40 | (40) |
| 1421 | LG MOB Improvements | | 150 | 219 | (69) |
| 1507 | LG IR Upgrades | | 800 | - | 800 |
| 1508 | LG NICU 4 Bed Expansion | | 5,000 | 247 | 4,753 |
| 1600 | LG 825 Pollard - Aspire Phase 2 ⁽¹⁾ | FY16 | - | 500 | (500) |
| | LG Building Infrastructure Improvements | | 1,200 | - | 1,200 |
| | LG Facilities Planning | | 500 | - | 500 |
| | LG MOB Improvements (17) | | 4,000 | 1,500 | 2,500 |
| LG Capital Projects Sub-Total | | | 30,200 | 17,515 | 12,685 |
| 0 | | | | | |
| | Primary Care Clinic (TI's Only) | | 1,600 | 1,400 | 200 |
| | Urgent Care Clinics (TI's Only) | | 2,400 | - | 2,400 |
| Other Strategic Capital Project Sub-Total | | | 4,000 | 1,400 | 2,600 |
| 0 | | | | | |
| Grand Total Facilities Projects | | | 204,477 | 129,664 | 74,813 |
| ⁽¹⁾ Approved Spending prior to FY17 | | | | | |

Balance Sheet (in thousands)

| ASSETS | | Audited | | LIABILITIES AND FUND BALANCE | | | |
|--|-------------------|------------------|--|------------------------------|------------------|-------|--|
| | December 31, 2016 | June 30, 2016 | December 31, 2016 | June 30, 2016 | | | |
| CURRENT ASSETS | | | | CURRENT LIABILITIES | | | |
| (1) Cash | 100,961 | 59,169 | (7) Accounts Payable | 19,817 | 28,519 | | |
| Short Term Investments | 113,489 | 105,284 | (8) Salaries and Related Liabilities | 28,759 | 22,992 | | |
| (2) Patient Accounts Receivable, net | 101,259 | 120,960 | Accrued PTO | 21,609 | 22,984 | | |
| Other Accounts and Notes Receivable | 3,353 | 4,369 | Worker's Comp Reserve | 2,300 | 2,300 | | |
| (3) Intercompany Receivables | 1,296 | 2,200 | Third Party Settlements | 11,153 | 11,314 | | |
| (4) Inventories and Prepaids | 43,230 | 39,678 | Intercompany Payables | 219 | 105 | | |
| Total Current Assets | 363,588 | 331,660 | Malpractice Reserves | 1,969 | 1,936 | | |
| BOARD DESIGNATED ASSETS | | | | Bonds Payable - Current | 3,635 | 3,635 | |
| Plant & Equipment Fund | 121,003 | 119,650 | (9) Bond Interest Payable | 4,508 | 5,459 | | |
| (5) Women's Hospital Expansion | 9,298 | - | Other Liabilities | 8,451 | 10,478 | | |
| Operational Reserve Fund | 100,196 | 100,196 | Total Current Liabilities | 99,528 | 106,830 | | |
| Community Benefit Fund | 12,890 | 13,037 | LONG TERM LIABILITIES | | | | |
| Workers Compensation Reserve Fund | 22,979 | 22,309 | Post Retirement Benefits | 19,068 | 18,256 | | |
| Postretirement Health/Life Reserve Fund | 19,068 | 18,256 | Worker's Comp Reserve | 20,679 | 20,009 | | |
| PTO Liability Fund | 21,609 | 22,984 | Other L/T Obligation (Asbestos) | 3,692 | 3,637 | | |
| Malpractice Reserve Fund | 1,800 | 1,800 | Other L/T Liabilities (IT/Medl Leases) | - | - | | |
| Catastrophic Reserves Fund | 15,837 | 14,125 | Bond Payable | 223,145 | 225,857 | | |
| Total Board Designated Assets | 324,679 | 312,358 | Total Long Term Liabilities | 266,584 | 267,759 | | |
| (6) FUNDS HELD BY TRUSTEE | 28,238 | 30,841 | DEFERRED INFLOW OF RESOURCES | 2,892 | 2,892 | | |
| LONG TERM INVESTMENTS | 214,297 | 207,597 | FUND BALANCE/CAPITAL ACCOUNTS | | | | |
| INVESTMENTS IN AFFILIATES | 31,828 | 31,627 | Unrestricted | 1,043,372 | 985,583 | | |
| PROPERTY AND EQUIPMENT | | | Board Designated | 324,679 | 312,358 | | |
| Fixed Assets at Cost | 1,180,435 | 1,171,372 | Restricted | 0 | - | | |
| Less: Accumulated Depreciation | (508,511) | (485,856) | (10) Total Fund Bal & Capital Accts | 1,368,051 | 1,297,941 | | |
| Construction in Progress | 72,988 | 46,009 | TOTAL LIABILITIES AND FUND BALANCE | 1,737,056 | 1,675,422 | | |
| Property, Plant & Equipment - Net | 744,913 | 731,525 | | | | | |
| DEFERRED OUTFLOWS | 29,514 | 29,814 | | | | | |
| RESTRICTED ASSETS - CASH | 0 | - | | | | | |
| TOTAL ASSETS | 1,737,056 | 1,675,422 | | | | | |

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

- (1) The increase in cash is due allowing for immediate cash to be available for the recent significant construction projects that have started in MV campus.
- (2) The decrease is primarily due to the significant cash payments the Patient Accounts team has brought in during the four months, two months were in excess of \$70M where the projected budgeted was approximately \$63M per month.
- (3) The decrease is just a timing issue of intercompany payments from one quarter to another. Normally at a fiscal year end, they are higher due to the books being held open for a longer period of time in preparation for audit.
- (4) The increase is principally due to a quarterly pension contribution of \$2.6M.
- (5) A new item, the District allocated its FY 2014 and FY 2015 Capital Appropriation Funds in support of future renovations to the Women's Hospital when the IMOB is completed and those floors become for patient care.
- (6) The decrease is due to additional withdraws from the 2015A Project Fund for the renovations at the Los Gatos campus.
- (7) The decrease is due significant General Contractor payments being accrued at year end, that were subsequently relieved during the first quarter of fiscal year 2017.
- (8) The decrease is due to timing of the release of the bi-weekly payroll liabilities, at June 30 there were 12/14's accrual on the books, at October 31 it was down to 9/14's.
- (9) The decrease is due a semi-annual 2015A bond interest payment made August 1, 2016.
- (10) The increase is due to this fiscal year's P&L affect (\$37M from Operations and \$6M for Non-Operations – primarily due to unrealized investment gain), and the \$9M transfer from the District in support of the future Women's Hospital renovations.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

APPENDIX

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

6 months ending 12/31/2016

| PERIOD 6 FY 2016 | PERIOD 6 FY 2017 | PERIOD 6 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|---------------|
| 197,489 | 204,773 | 202,929 | 1,844 | 0.9% |
| (139,263) | (148,486) | (148,509) | 22 | 0.0% |
| 58,226 | 56,287 | 54,421 | 1,866 | 3.4% |
| 2,044 | 1,972 | 1,950 | 21 | 1.1% |
| 60,270 | 58,259 | 56,371 | 1,888 | 3.3% |
| 31,166 | 32,941 | 34,738 | 1,797 | 5.2% |
| 8,285 | 7,828 | 8,186 | 358 | 4.4% |
| 8,953 | 7,003 | 6,590 | (413) | -6.3% |
| 1,167 | 854 | 633 | (222) | -35.0% |
| 449 | 177 | 448 | 271 | 60.4% |
| 3,619 | 3,485 | 3,615 | 129 | 3.6% |
| 53,637 | 52,289 | 54,209 | 1,920 | 3.5% |
| 6,633 | 5,970 | 2,162 | 3,808 | 176.1% |
| (4,869) | 5,168 | 729 | 4,439 | 609.0% |
| 1,764 | 11,137 | 2,891 | 8,246 | 285.2% |
| 15.7% | 14.4% | 8.8% | 5.6% | |
| 11.0% | 10.2% | 3.8% | 6.4% | |
| 2.9% | 19.1% | 5.1% | 14.0% | |

| \$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% |
|----------------|----------------|--------------------|-------------------------|---------------|
| 1,100,090 | 1,192,540 | 1,172,962 | 19,578 | 1.7% |
| (797,708) | (857,971) | (858,382) | 411 | 0.0% |
| 302,382 | 334,569 | 314,580 | 19,988 | 6.4% |
| 10,682 | 13,629 | 11,270 | 2,359 | 20.9% |
| 313,064 | 348,198 | 325,851 | 22,347 | 6.9% |
| 177,614 | 184,981 | 189,916 | 4,935 | 2.6% |
| 47,830 | 45,899 | 48,315 | 2,415 | 5.0% |
| 40,634 | 38,904 | 39,653 | 749 | 1.9% |
| 11,753 | 4,113 | 4,354 | 241 | 5.5% |
| 2,695 | 2,534 | 2,689 | 155 | 5.8% |
| 20,246 | 21,127 | 22,281 | 1,153 | 5.2% |
| 300,771 | 297,559 | 307,208 | 9,648 | 3.1% |
| 12,293 | 50,638 | 18,643 | 31,995 | 171.6% |
| (17,162) | 12,462 | 4,374 | 8,088 | 184.9% |
| (4,869) | 63,100 | 23,017 | 40,083 | 174.1% |
| 8.9% | 19.2% | 11.1% | 8.1% | |
| 3.9% | 14.5% | 5.7% | 8.8% | |
| -1.6% | 18.1% | 7.1% | 11.1% | |

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

6 months ending 12/31/2016

| PERIOD 6 FY 2016 | PERIOD 6 FY 2017 | PERIOD 6 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|---------------|
| 45,832 | 47,355 | 46,470 | 885 | 1.9% |
| (35,974) | (34,646) | (33,637) | (1,009) | 3.0% |
| 9,857 | 12,709 | 12,832 | (124) | -1.0% |
| 193 | 238 | 214 | 24 | 11.1% |
| 10,050 | 12,947 | 13,047 | (100) | -0.8% |
| 6,099 | 7,343 | 6,973 | (371) | -5.3% |
| 1,681 | 1,902 | 1,823 | (78) | -4.3% |
| 1,269 | 1,473 | 1,248 | (225) | -18.1% |
| 1,457 | 1,515 | 1,560 | 45 | 2.9% |
| 0 | 0 | 0 | 0 | 0.0% |
| 496 | 514 | 497 | (18) | -3.6% |
| 11,003 | 12,748 | 12,100 | (648) | -5.4% |
| (953) | 199 | 947 | (748) | -79.0% |
| 0 | 0 | 0 | 0 | 0.0% |
| (953) | 199 | 947 | (748) | -79.0% |
| 7.9% | 15.2% | 20.6% | -5.5% | |
| -9.5% | 1.5% | 7.3% | -5.7% | |
| -9.5% | 1.5% | 7.3% | -5.7% | |

| \$000s | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| OPERATING REVENUE | | | | | |
| Gross Revenue | 251,611 | 257,839 | 268,584 | (10,745) | -4.0% |
| Deductions | (173,722) | (188,372) | (194,415) | 6,043 | -3.1% |
| Net Patient Revenue | 77,890 | 69,467 | 74,169 | (4,702) | -6.3% |
| Other Operating Revenue | 1,244 | 1,105 | 1,288 | (183) | -14.2% |
| Total Operating Revenue | 79,134 | 70,572 | 75,457 | (4,885) | -6.5% |
| OPERATING EXPENSE | | | | | |
| Salaries & Wages | 35,701 | 37,273 | 38,330 | 1,057 | 2.8% |
| Supplies | 10,526 | 9,807 | 10,724 | 917 | 8.5% |
| Fees & Purchased Services | 8,042 | 7,992 | 7,530 | (462) | -6.1% |
| Other Operating Expense | 9,592 | 9,885 | 9,755 | (131) | -1.3% |
| Interest | 0 | 0 | 0 | 0 | 0.0% |
| Depreciation | 2,984 | 3,175 | 3,113 | (61) | -2.0% |
| Total Operating Expense | 66,845 | 68,132 | 69,451 | 1,320 | 1.9% |
| Net Operating Income/(Loss) | 12,289 | 2,440 | 6,005 | (3,565) | -59.4% |
| Non Operating Income | 0 | (10) | 0 | (10) | 0.0% |
| Net Income(Loss) | 12,289 | 2,430 | 6,005 | (3,575) | -59.5% |
| EBITDA | 28.8% | 18.6% | 22.0% | -3.4% | |
| Operating Margin | 15.5% | 3.5% | 8.0% | -4.5% | |
| Net Margin | 15.5% | 3.4% | 8.0% | -4.5% | |

ECH BOARD MEETING AGENDA ITEM COVER SHEET

| | |
|--|---|
| Item: | Finance Committee Report El Camino Hospital Board of Directors February 8, 2017 |
| Responsible party: | Dennis Chiu, Chair, Finance Committee |
| Action requested: | For information |
| Background: | The Finance Committee meets 6 times per year. The Committee last met on January 30, 2017 and meets next on March 27, 2017. We also had a joint meeting with the Investment Committee on January 30, 2017 to discuss bond financing and cash projections. |
| Board Advisory Committee(s) that reviewed the issue and recommendation, if any: | None. |
| Summary and session objectives: | To update the Board on the work of the Committee. <ol style="list-style-type: none"> 1. <u>Progress Against Goals:</u> The Committee is on track to complete its FY17 Goals. 2. <u>Other FY17 Key Accomplishments Since Last Report To The Board:</u> <ul style="list-style-type: none"> - Reviewed Men’s Health & Urology Service Line. 3. <u>Important Future Activities:</u> <ul style="list-style-type: none"> - Review Long Term Forecast at the March 27, 2017 meeting. |
| Suggested discussion questions: | None. |
| Proposed board motion, if any: | The Committee recommended approval of the following items. Motions will be handled individually on the agenda or on the consent calendar. <ul style="list-style-type: none"> - Approval of P5 (<i>consent</i>) and P6 Financial Statements (<i>separate item</i>) - Approval for the purchase of the budgeted Ventilator Replacements (Total of 28) at a cost not to exceed \$1.1 million. (<i>consent</i>) - Approval of funding \$400,000 from the Community Benefit Fund in FY18. We are not recommending any changes to the principal due to high capital needs of the facility plan. (<i>separate item</i>) - Approve the following physician contracts (<i>consent</i>): <ol style="list-style-type: none"> a. Orthopedic Co-Management Program b. PT-OT Services Amendment |
| LIST OF ATTACHMENTS: | None. |

ECH BOARD MEETING AGENDA ITEM COVER SHEET

| | |
|--|---|
| Item: | Annual Evaluation of Board Designated Community Benefit Fund El Camino Hospital Board of Directors February 11, 2017 |
| 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. The goal was to provide a stable source of additional community benefit funding. Each year management recommends changes to this fund and the amount of investment income available for the Community Benefit plan for the next fiscal year.</p> <p>The FY17 community benefit budget was increased by \$500,000 in anticipation of investment income from this fund. As of December 31, 2016, the inception to date investment income is \$439,360. We need to recommend the funding for the FY 2018 community benefit program.</p> <p>Note that we commit to the funding as part of the budget before the investment income is earned. In order to keep the funding stable, we use a conservative investment income rate. This conservatism will reduce the risk of having a year where the funding is reduced or not available due to deficit in the endowment fund.</p> <p>Our investment manager has stated that the long term return on surplus cash is 5.2%. Our inception to date return is 4.6%. Management recommends using a 4% rate. We are not recommending any changes to the principal due to high capital needs of the facility plan.</p> |
| Board Advisory Committee(s) that reviewed the issue and recommendation, if any: | At its January 30, 2016 meeting, the Finance Committee voted to recommend Board approval of funding \$400,000 from the Board Designated Community Benefit Fund in FY 2018. |
| Summary and session objectives: | To obtain Board approval of Community Benefit Funding from Board Designated Fund and no changes to the endowment principal |
| Suggested discussion questions: | None. |
| Proposed board motion, if any: | To approve funding \$400,000 from the Board-Designated Community Benefit Fund in FY18 and no changes to the endowment principal. |
| LIST OF ATTACHMENTS: | None. |



**Minutes of the Open Session of the
SPECIAL MEETING TO CONDUCT A STUDY SESSION
AND TO TAKE CERTAIN ACTIONS DESCRIBED IN THE AGENDA
El Camino Hospital Board of Directors
Wednesday, January 4, 2017
2500 Grant Road, Mountain View, CA 94040
Conference Rooms A&B (ground floor)**

Board Members Present

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

Board Members Absent

None

Members Excused

None

| Agenda Item | Comments/Discussion | Approvals/ Action |
|---|---|---|
| 1. CALL TO ORDER/ ROLL CALL | The open session of the Special Meeting to Conduct a Study Session of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:30pm by Chair Cohen. A silent roll call was taken. Directors Chen and Davis were absent at the roll call but joined the meeting during the closed session at 5:35 pm. All other Board members were present for the roll call. | |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Chair 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. ADJOURN TO CLOSED SESSION | <p>Motion: To adjourn to closed session at 5:31pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Closed Session Minutes of the Hospital Board Meeting of November 9, 2016 and the Closed Session Minutes of the Executive Compensation Committee Meeting of September 12, 2016; pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Physician Contracts; pursuant to <i>Gov’t Code Section 54956(d)(2)</i> – conference with legal counsel – pending or threatened litigation, <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets, and <i>Gov’t Code Sections 54957</i> and <i>54957.6</i> for report and discussion on personnel matters and: El Camino Hospital Strategic Priorities and Challenges.</p> <p>Movant: Fung Second: Reeder Ayes: Chiu, Cohen, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen, Davis Recused: None</p> | <i>Adjourned to closed session at 5:31 pm.</i> |
| 4. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT | <p>Open session was reconvened at 8:45pm.</p> <p>During the closed session, the Board approved the Closed Session Minutes of the Hospital Board Meeting of November 9, 2016, and the</p> | |

| | | |
|---|--|---|
| | Closed Session Minutes of the Executive Compensation Committee Meeting of September 12, 2016 by a vote of 6 Directors in favor (Directors Chiu, Davis, Fung, Miller, Reeder, and Zoglin) and 2 Directors absent (Directors Chen and Davis). | |
| 5. AGENDA ITEM 10: 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 Meeting of November 9, 2016, and Minutes of the Open Session of the Executive Compensation Committee Meeting of September 12, 2016.</p> <p>Movant: Reeder Second: Chiu Ayes: Chen, Chiu, Fung, Cohen, Davis, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Consent calendar approved</i> |
| 6. AGENDA ITEM 11: APPROVAL OF SVPMG PALLIATIVE CARE PHYSICIAN | <p>Motion: To approve delegating to the CEO the authority to enter into a new agreement not to exceed \$310,000 plus benefits annually with SV Primary Medical Group, P.C. for the professional and medical director services of a full-time physician for the Palliative Care Program through the Professional Services Agreement currently in place with SV Primary Medical Group, P.C.</p> <p>Movant: Reeder Second: Davis Ayes: Chen, Chiu, Fung, Cohen, Davis, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> | <i>SVPMG Palliative Care Physician approved</i> |
| 7. AGENDA ITEM 12: ADJOURNMENT | <p>Motion: To adjourn at 8:50 pm.</p> <p>Movant: Reeder Second: Zoglin Ayes: Chen, Chiu, Fung, Cohen, Davis, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Meeting adjourned at 8:50 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



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, January 11, 2017
2500 Grant Road, Mountain View, CA 94040
Conference Rooms E, F & G (ground floor)**

Board Members Present

Lanhee Chen
Dennis Chiu, Vice Chair
Jeffrey Davis, MD
Peter Fung, MD
Julia Miller
David Reeder
John Zoglin

Board Members Absent

Neal Cohen, MD, Chair

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 5:32pm by Vice Chair Chiu. A silent roll call was taken. Chair Cohen was absent. Director Chen arrived at 5:50pm during Agenda Item 4: FY17 Period 4 Financials. | |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Director Chiu asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted. | |
| 3. BOARD RECOGNITION | <p>Motion: To approve Resolution 2017-01.</p> <p>Movant: Miller Second: Davis Ayes: Chiu, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen, Cohen Recused: None</p> <p>Director Reeder, Hospital Board Liaison to the Foundation Board of Directors, acknowledged the El Camino Hospital Foundation team for their fundraising prowess to ensure the future of adolescent mental health services at El Camino Hospital.</p> <p>Jodi Barnard, President of the El Camino Hospital Foundation, thanked the Board for their recognition and described the success of the Scrivner Challenge.</p> | <i>Resolution 2017-01 approved</i> |
| 4. FY17 PERIOD 4 FINANCIALS | <p>Iftikhar Hussain, CFO, reported that the Finance Committee has reviewed and approved the October financials and that the November financials are included in the packet for information. He highlighted that for October:</p> <ul style="list-style-type: none"> - Volume was below budget, but similar to last year’s volume. - Operating margin for October was \$5.6 million favorable to budget and \$19.1 million favorable YTD; the favorable net revenue variance for October can be mainly attributed to IGT payments of \$6.5 million. The remaining variance is due to revenue cycle operations: good charge capture and consistent collections. - Now that Epic has been implemented, there is better focus on costs and productivity, which has improved. | <i>FY17 Period 4 Financials approved</i> |

- Breaking it out by Campus, Los Gatos was behind plan and Mountain View was ahead. Mr. Hussain explained that Los Gatos' staffing model means that the cost does not change when volume goes down; he also noted that there are physician recruitment plans in place for General Surgery and Orthopedics to address this.
- As of October and November, there was a delayed flu season, so volume was low. In January, ECH is seeing a lot of flu cases.
- LOS was on a downward trend.
- For capital spending, the \$230 million planned spend this year was higher than previous years due to the large Mountain View campus development projects (Integrated Medical Office Building, Behavioral Health Services Building, and the North Parking Garage).

In response to Director Fung's question, Mr. Hussain explained that the election had a significant effect on the market, which is reflected in the investment income for October.

In response to Director Miller's question, Mr. Hussain clarified occupancy rates: Mountain View is very full (licensed capacity of 300 beds, approx. 250 are full), Los Gatos (licensed capacity of 150 beds, census of about 40).

Director Reeder noted that the data presented is nearly two and a half months old. Mr. Hussain suggested that in future meetings he can present the most current month end financial report available, with the understanding that it may not have been presented to the Finance Committee yet.

Director Reeder also requested a financial summary with fewer items on the Dashboard. He requested that the Finance Committee develop a simplified version for the Board's review. Director Chiu, Chair of the Finance Committee, suggested that any Director who has a concern about the complexity of the packet similar to Director Reeder's submit comments to him via e-mail and he will discuss the format with the Committee.

In response to Director Zoglin's question, Mr. Hussain reported that volume is stable compared to the last year, with fluctuations between both campuses and seasonal upticks due to the flu season. The Board and staff discussed the level of detail that should be brought to the Committee and to the Board.

Director Davis commented that the average length of stay is and has been higher in Mountain View than Los Gatos, and requested a discussion of the standardization of care and differing outcomes between Mountain View and Los Gatos.

In response to Director Chen's question, Mr. Hussain reported that the increased share of Medi-Cal patients is almost entirely due to the Medicaid expansion and the resulting larger patient population.

Motion: To approve the FY17 Period 4 Financials.

Movant: Fung

Second: Zoglin

Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Zoglin

Noes: None

Abstentions: None

Absent: Cohen

Recused: None

| | | |
|--|---|---|
| <p>5. QUALITY COMMITTEE REPORT</p> | <p>Dave Reeder, Chair of the Quality Committee, shared a “Good Catch” and patient story from the Committee’s materials. He reported that the Committee received a review of the clinical and quality programs of the Emergency Department. The Committee also received an update on the upcoming iCare upgrade and its anticipated impacts on staff, physicians, and patients. He noted that this month’s Board materials included a copy of the Quality dashboard.</p> <p>Director Reeder also described his experience rounding with Cheryl Reinking, CNO, and the reports of great care received at ECH.</p> <p>Director Davis complimented staff and highlighted the improvements in scores for responsiveness of hospital staff.</p> | |
| <p>6. MEDICAL SPOTLIGHT: HEART & VASCULAR INSTITUTE</p> | <p>Chad Rammohan, MD, Tej Singh, MD, and Amy Maher, Director, Heart & Vascular Institute (HVI), provided an overview of the strategic initiatives for the last fiscal year. Highlights included:</p> <ul style="list-style-type: none"> - HVI strategies have been aligned with ECH’s goals of quality, service, and affordability. - Ms. Maher outlined the HVI quality review model and participation in 15 national registries, including national average and top decile performance - Dr. Rammohan described the development of regional expertise in related fields because of the research conducted at this community hospital. Ms. Maher noted the streamlined process for research studies, including a standardized questionnaire, newly appointed HVI Research Committee, and designated research coordinators. - They described program developments including: left atrial appendage occlusion (an initial set of 25 cases), electrophysiology (growth and submission to national registries), and Wound Care (unique model, partnership in leadership between PAMF and community physician); - HVI has worked with the marketing team on quality reports and registry outcomes published on the ECH website. - They outlined efforts to increase affordability by reducing costs to patients receiving surgical or interventional procedures (cost-per-case metrics for LAOO (Watchman) program and EVAR cases). - Ms. Maher noted the marked improvement in contribution margin from FY14 to FY17 (due to LOS work for TAVR, MitraClip, Radial Access PCI, decreased blood utilization in cardiac surgery and other cost improvement strategies) - Inpatient volumes are consistent and there has been a steady increase in outpatient volumes (EP ablation, LAAO, and vascular surgery cases). <p>Director Fung commended Ms. Maher, Dr. Rammohan, and Dr. Singh for their work.</p> | |
| <p>7. PUBLIC COMMUNICATION</p> | <p>None.</p> | |
| <p>8. ADJOURN TO CLOSED SESSION</p> | <p>Motion: To adjourn to closed session at 6:38pm 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 54956(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Litigation Update; pursuant to <i>Health and Safety Code</i></p> | <p>Adjourned to closed session at 6:38 pm.</p> |

| | | |
|---|---|---|
| | <p>32106(b) for a report involving health care facility trade secrets: Service Line Review - HVI; pursuant to <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 Committee Report; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p>Movant: Fung Second: Chen Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Cohen Recused: None</p> | |
| <p>9. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</p> | <p>Open session was reconvened at 8:22pm. Director Fung was present for the closed session, was not present when the open session reconvened, but joined the meeting at 8:24 pm, during Agenda Item 21: CEO Position Profile.</p> <p>During the closed session, the Board approved the Medical Staff Report by a unanimous vote in favor of all members present (Directors Chen, Chiu, Davis, Fung, Miller, Reeder, and Zoglin). Director Cohen was absent.</p> | |
| <p>10. AGENDA ITEM 19: CONSENT CALENDAR</p> | <p>Director Chiu 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: Appointment of Foundation Board Member; Appointment of Quality, Patient Care, and Patient Experience Committee Member; Appointment of Compliance Committee Member; Letters of Rebuttable Presumption of Reasonableness; FY17 Period 3 Financials; New Main Hospital Lab Upgrades (MV); Medical Office Building Upgrades (LG); Stryker Laparoscopic Platform; Hospitalist Call Coverage Agreement (LG); Annual Board Self-Assessment and Board Chair Assessment Survey Tools; and the Medical Staff Report.</p> <p>Movant: Reeder Second: Miller Ayes: Chen, Chiu, Davis, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Cohen, Fung Recused: None</p> | <p><i>Consent calendar approved</i></p> |
| <p>11. AGENDA ITEM 20: CEO REPORT</p> | <p>Director Zoglin requested that the items marked TBD on the organizational goals be updated. Mick Zdeblick, COO, reported that those data updates are in progress. There were no additional comments on the CEO Report.</p> | |
| <p>12. AGENDA ITEM 21: CEO POSITION PROFILE</p> | <p>Vice Chair Chiu reported that the Board would not take any action on the CEO Position Profile. In response to Director Zoglin's question Director Chen and staff clarified that the profile will be available to the public.</p> | |
| <p>13. AGENDA ITEM 22: BOARD COMMENTS</p> | <p>Director Reeder requested updates on the Mountain View campus development projects as construction progresses.</p> <p>Director Zoglin acknowledged the passing of Gerry Besson, MD, one of the founders of El Camino Hospital and its first Chief of Staff.</p> | |

| | | |
|--|--|---|
| 14. AGENDA ITEM 23: ADJOURNMENT | Motion: To adjourn at 8:26 pm. Movant: Miller Second: Fung Ayes: Chen, Chiu, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Cohen Recused: None | <i>Meeting adjourned at 8:26 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



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Special Meeting to Conduct a Study Session
Wednesday, January 25, 2017
2500 Grant Road, Mountain View, CA 94040
Medical Staff Conference Room**

Board Members Present

Lanhee Chen
Dennis Chiu, Vice Chair
Neal Cohen, MD, Chair
Jeffrey Davis, MD (via teleconference)
Peter Fung, MD
Julia Miller
David Reeder
John Zoglin (via videoconference)

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 El Camino Hospital Board of Directors (the “Board”) was called to order at 5:34 pm by Chair Cohen. A verbal roll call was taken. All Directors were present except Directors Chen and Davis, with Director Zoglin participating via videoconference. Director Davis joined the closed session via teleconference at 5:41 pm and Director Chen joined the closed session at 5:45pm. | |
| 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. ADJOURN TO CLOSED SESSION | <p>Motion: To adjourn to closed session at 5:35 pm pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Strategic Priorities.</p> <p>Movant: Miller Second: Chiu Ayes: Chiu, Cohen, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen, Davis Recused: None</p> | Adjourned to closed session at 5:35 pm. |
| 4. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT | Open session was reconvened at 8:42pm. There were no actions taken during the closed session. Director Zoglin was not present when open session was reconvened. | |
| 5. AGENDA ITEM 23: ADJOURNMENT | <p>Motion: To adjourn at 8:43 pm.</p> <p>Movant: Miller Second: Chiu Ayes: Chen, Chiu, Cohen, Davis, Fung, Miller, Reeder Noes: None Abstentions: None Absent: Zoglin Recused: None</p> | Meeting adjourned at 8:43pm. |

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

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**Minutes of the Joint Open Session of the
El Camino Hospital Board of Directors
and the Corporate Compliance/Privacy and Internal Audit Committee
Wednesday, November 9, 2016
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms E, F & G (ground floor)**

Board Members Present

Lanhee Chen
Dennis Chiu, Vice Chair
Neal Cohen, MD, Chair
Peter Fung, MD
Julia Miller
David Reeder
John Zoglin

Board Members Absent

Jeffrey Davis, MD

Members Excused

None

Committee Members Present

Sharon Anolik Shakked
Christine Sublett

Committee Members Absent

None

| Agenda Item | Comments/Discussion | Approvals/ Action |
|--|---|----------------------|
| 1. CALL TO ORDER/ ROLL CALL | The joint open session meeting of the Board of Directors of El Camino Hospital (the “Board”) and the Corporate Compliance/Privacy and Internal Audit Committee (the “Committee”) was called to order at 5:33pm by Chair Cohen. A silent roll call was taken. Director Chen joined the meeting during Agenda Item 4: Office of Inspector General Work Plan. Director Davis was absent. All other Board and Committee members were present. | |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Director Cohen asked if any Board or Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were noted. | |
| 3. PUBLIC COMMUNICATION | There were no comments from the public. | |
| 4. OFFICE OF INSPECTOR GENERAL WORK PLAN | <p>Director Chen joined the meeting at 5:34pm.</p> <p>Diane Wigglesworth, Sr. Director, Corporate Compliance, presented a summary of the OIG Audit Work Plan and how it informs ECH’s internal audit work plan.</p> <p>She noted that the purpose of the OIG is to protect the integrity of Health and Human Services programs. The Audit Work Plan summarizes new and ongoing OIG reviews as well as areas of focused attention for the coming year; these plans are dynamic and are updated every year based on OIG audit findings. Ms. Wigglesworth reported that in 2016, the OIG expects to recover of \$3 billion in audit and investigative receivables.</p> <p>Ms. Wigglesworth explained that part of the Corporate Compliance Committee’s responsibility is to review management’s responses to the OIG work plan and assure internal audits incorporate OIG recommendations.</p> <p>She also described the OIG’s enforcement tools (False Claims Act, Anti-Kickback Statutes, etc.) and the 2016 OIG Work Plan focus areas, including hospitals, ambulatory surgical centers, prescription drug programs, and encounter data: CMS oversight of data integrity.</p> <p>Ms. Wigglesworth highlighted the hospital-related focus areas from the OIG Work Plan that she has prioritized on ECH’s internal audit work</p> | |

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|--|---|--|
| | <p>plan. She reported that she focuses on areas with significant financial impact and risk areas for non-compliance with regulations.</p> <p>Director Cohen commented that areas identified by the OIG are not necessarily areas of high risk or concern, but instead highlight significant changes in CMS payments for services; he noted the audits are conducted to ensure that care is appropriate and consistent with patient needs.</p> <p>In response to Director Reeder’s question, Ms. Wigglesworth clarified that ECH has hospital-based clinics, but currently does not have free-standing clinics. She noted that if the organization acquires any free-standing clinics, there are different billing regulations and standards to be met.</p> <p>The Committee members had no additional comments.</p> | |
| <p>5. ADJOURN TO CLOSED SESSION</p> | <p>Motion: To adjourn to closed session at 6:44 pm pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> for conference with legal counsel – pending or threatened litigation: IT Security Update.</p> <p>Movant: Chen Second: Chiu Ayes: Anolik Shakked, Chen, Chiu, Cohen, Fung, Miller, Reeder, Sublett, Zoglin Noes: None Abstentions: None Absent: Davis Recused: None</p> | <p><i>Adjourned to closed session at 6:44 pm.</i></p> |
| <p>6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT</p> | <p>Open session was reconvened at 6:26pm. There were no actions taken during the closed session.</p> | |
| <p>7. AGENDA ITEM 10: ADJOURNMENT</p> | <p>Motion: To adjourn at 6:26 pm.</p> <p>Movant: Chen Second: Miller Ayes: Anolik Shakked, Chen, Chiu, Cohen, Fung, Miller, Reeder, Sublett, Zoglin Noes: None Abstentions: None Absent: Davis Recused: None</p> | <p><i>Meeting adjourned at 6:26 pm.</i></p> |

Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital and the Corporate Compliance/Privacy and Internal Audit Committee:

 Neal Cohen, MD
 Chair, ECH Board

 Peter C. Fung, MD
 ECH Board Secretary

 John Zoglin
 Chair, Corporate Compliance/
 Privacy and Internal Audit Committee

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

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

| NEW POLICIES | | | | |
|---------------------------------------|--|----------------|------------------------|---|
| Policy Number | Policy Name | Department | Revised Date | Summary of Policy Changes |
| | Board of Director Approval of Hospital Policies | Administrative | NEW | New policy to document when a policy requires Board approval. |
| | | | | |
| | | | | |
| POLICIES WITH MAJOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | Administrative: Policy & Procedure Formulation, Approval & Distribution (Policy on Policies) | Administrative | 12/16 | Added content to explain process for review and clarified which committees must review which document |
| | | | | |
| | | | | |
| POLICIES WITH MINOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | | | | |
| | | | | |
| POLICIES WITH NO REVISIONS - REVIEWED | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | |
| | | | | |

| POLICIES TO ARCHIVE | | | | |
|----------------------------|--------------------|-------------------|---------------------|--|
| Policy Number | Policy Name | Department | DATE ARCHIVE | |

TITLE: Board of Director Approval of Hospital Policies

CATEGORY: Administrative

LAST APPROVAL:

TYPE:

Policy

Protocol

Scope of Service/ADT

Standardized Process/Procedure

SUB-CATEGORY:

Board

OFFICE OF ORIGIN:

ORIGINAL DATE:

I. COVERAGE:

All El Camino Hospital Employees, Medical Staff and Volunteers

II. PURPOSE:

To define which hospital policies require approval by the Board of Directors of El Camino Hospital (“the Board”).

III. POLICY STATEMENT:

This Board policy describes the criteria for determining when documents as defined below require approval by the Board, approval. All policies, plans and scopes of services of El Camino Hospital will be approved by the Board a minimum of every 3 years or as required by regulation.

IV. DEFINITIONS :

1. **Policy:** A policy is defined as a brief written statement of intent or principle that determines actions or decisions. Generally, a policy is based on law, regulations, accreditation standards, or leadership decisions.
2. **Plan:** A single document that provides detailed description of provision of particular program or scope of service, often required by regulation. Ex. Disaster Plan, Pandemic Plan, Plan for Provision of Care.
3. **Procedure:** A step-by-step written outline detailing how something is to be accomplished. Procedures answer the “what” and “How do I do it” questions. Ex: Chemotherapy, Administration of.
4. **Protocol:** Defines care and management of a broad patient care issue. A prescriptive, detailed definition of what is to be implemented using precise, sequential steps, preferably evidenced based. Examples include Alcohol Withdrawal, Management of.

TITLE: Board of Director Approval of Hospital Policies
CATEGORY: Administrative
LAST APPROVAL:

5. **Guideline.** Guidelines describe the recommended care approach for a given diagnosis or condition. Guidelines must be evidenced based and are often listed in evidence based data bases.
6. **Standardized Procedure.** The legal mechanism for nurses and nurse practitioners to perform specific functions which would otherwise be considered the practice of medicine. Physician Leadership at El Camino Hospital (ECH) has agreed to allow specific functions to be performed by specific nurses in specific circumstances
7. **Scope of Service:** A document that describes the provision of service of a particular program or department of the hospital.

V. PROCEDURE:

1. All policies, plans and scopes of services requiring Board approval will be reviewed and approved by the appropriate hospital committee prior to coming to the Board. Dates for hospital committee approvals shall be reflected in documents. For clinical policies/plans/scopes of service, the Medical Executive Committee and the E Policy Committee shall approve prior to Board approval. For non-clinical policies, the E Policy Committee shall approve policies prior to Board approval.
2. Policies/Plans/Scopes of Service shall be sent to the designated advisory committee of the Board (eg Quality/Finance/Compliance) for review and recommendation prior to final Hospital Board approval.
3. Procedures, protocols, standardized procedures and guidelines as defined above are reviewed by designated hospital committees identified in the Policy & Procedure Formulation, Approval and Distribution policy, and do not require Board approval.

APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|---|----------------|
| Originating Committee or UPC Committee | |
| Medical Committee (if applicable): | |
| ePolicy Committee: | 12/2016 |
| Medical Executive Committee: | |
| Board of Directors: | |

POLICY/PROCEDURE TITLE: Policy & Procedure Formulation, Approval & Distribution (Policy on Policies)

CATEGORY: Administration

LAST APPROVAL DATE: 10/2015

SUB-CATEGORY: Administration

ORIGINAL DATE: 06/98

I. COVERAGE:

All El Camino Hospital Employees, Medical Staff

~~Volunteers~~

II. PURPOSE:

It is the policy of El Camino Hospital to monitor and control the development, review, revision, modification, approval, and distribution ~~of all of~~ policies, ~~and~~ procedure, plans, protocols, and standardized procedures. ~~The policies and procedures will be reviewed and approved by the El Camino Hospital Board of Directors a minimum of every three years or as required by Title 22.~~

III. STATEMENT:

A. It is the policy of El Camino Hospital to provide a process for the development and implementation of policies and other related documents.

B. All policies and other documents as defined below must be developed with the review and input of all affected policy owners, approved by leadership of the organization and routinely reviewed. This review must be

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CATEGORY: Administration

LAST APPROVAL DATE: 10/2015

minimally every three years unless required more frequently as defined by Title 22 or other regulatory bodies, when there is accreditation or regulatory changes, or when operations or patient care practices changes.

C. The Board of Directors shall approve policies, plans and scopes of services as outlined in the Administrative policy-Board of Director Approval of Hospital Policies.

D. ECH reserves the right to change or eliminate policies and other documents as defined below as needed to comply with regulatory changes or changes in practice. ECH will be responsible for communicating any such actions to the policy owner.

It is the policy of El Camino Hospital to comply the requirements for the development, approval, and ongoing review of policies and procedures, protocols, and standardized procedures as outlined below.

IV. DEFINITIONS

1. **Policy:** A policy is defined as a brief written statement of intent or principle that determines actions or decisions. Generally, a policy is based on law, regulations, accreditation standards, or leadership decisions.
2. **Plan:** A single document that provides detailed description of provision of particular program or scope of service, often required by regulation. Ex. Disaster Plan, Pandemic Plan, Plan for Provision of Care Procedure.
3. **Procedure:** A step-by-step written outline detailing how something is to be accomplished. Procedures answer the "what" and "How do I do it" questions. Ex: Chemotherapy, Administration of.
4. **Protocol:** Defines care and management of a broad patient care issue. A prescriptive, detailed definition of what is to be implemented using precise, sequential steps, preferably evidenced based. Examples include Alcohol Withdrawal, Management of.

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5. **Guideline.** Guidelines describe the recommended care approach for a given diagnosis or condition. Guidelines must be evidenced based and are often listed in evidence based data bases.
6. **Standardized Procedure.** The legal mechanism for nurses and nurse practitioners to perform specific functions which would otherwise be considered the practice of medicine. Standardized procedures are developed collaboratively by nursing, medical staff, and administration at the hospital. By approval of standardized procedures, Medical Staff authorize specific tasks to be performed by specific nurses in specific circumstances for the care of the patient.
7. **Scope of Service:** A document that describes the provision of service of a particular program or department of the hospital.

V. PROCEDURE:

A. Document Development and Format

1. Documents should be written by the individuals most closely related to the issues with input by persons who have special expertise on the subject matter.
2. Documents should reflect what is considered to be the professional standard of care and match practice. There must be a realistic expectation that compliance with the document can be met.
3. Documents as defined above should be concise, and words and phrases not universally understood should be defined.
- a.4. All policies, procedures, or protocols documents will be developed and revised in the template available on the toolbox on the Policy Tech site, and contain the following elements:
 - b. Purpose section: a:
 - a. A clear and concise purpose to educate readers on what the policy/procedure entails.
 - b. Statement section:

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LAST APPROVAL DATE: 10/2015

c. Definitions

d. Procedure: This section contains a clear and concise step-by-step methodology to be followed for compliance with the purpose and statement.

e. Approval Box: The approvals section will list any committees that are required to approve the policy and the date(s) when they approved it. This section will also list the Board of Directors and the date when it approved the policy. The minutes of these various groups will reflect approval of the policy. Only the most recent date will be reflected in the box. The previous dates will be listed under Historical.

5. ECH nursing uses the reference tool Lippincott for standard nursing procedures and is updated periodically by Lippincott and is available on the Toolbox.

The 2 examples can be used to determine the statement. One statement example can be used, or both. One can also be created if the examples are not used.

6. Procedure:

This section contains a clear and concise step-by-step methodology to be followed for compliance with the policy purpose and statement.

7. Approval Box:

The approvals section will list any committees that are required to approve the policy and the date(s) when they approved it. This section will also list the Board of Directors and the date when it approved the policy. The minutes of these various groups will reflect approval of the policy. Only the most recent date will be reflected in the box. The previous dates will be listed under Historical.

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B. Approval Matrix for ECH Manuals

1. Documents which involve accreditation, state and federal statutory requirements shall be reviewed by Director of Accreditation and/or Risk Management.
- 4-2. Documents which involve compliance with HIPAA and privacy concerns shall consult with the Privacy Officer.
- a-3. In addition to approval matrix below, nursing related documents require approval as follows:
 - a.. All applicable unit based practice councils and Patient Care Leadership committees
 - b. For broad based changes enterprise changes to nursing practice, Central Partnership Council approval is required.
 - c. For approval of standardized procedures, Interdisciplinary Practice Committee is required.
- 4-4. Medical Staff collaboration and approval through the appropriate medical staff committee is required when the content of the policies, procedures, or protocols involves care of the patient.
5. Any policies, procedures, or protocols that will apply to a Mountain View and Los Gatos location must have approval from department managers and medical staff committees from each campus before the policy is sent through the final approval processes.

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LAST APPROVAL DATE: 10/2015

6. Department documents shall be approved by the department manager or designee, and apply to only one department. Approval shall be by department leadership along with matrix below.

| | <u>Administrative</u> | <u>Clinical/Patient Care Services</u> | <u>Emergency/Disaster Management</u> | <u>Human Resources</u> | <u>Infection Prevention</u> | <u>Support Services (Non Clinical Departments)</u> | <u>Safety/Environment* of Care</u> |
|--|-------------------------------------|--|--------------------------------------|-------------------------------------|--|--|-------------------------------------|
| <u>Department/VP Approval</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <u>Central Safety Committee</u> | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> |
| <u>Infection Control Committee</u> <u>** Any document relating to cleaning, prevention of infection across the organization</u> | | <u>** Any document relating to cleaning, prevention of infection across the organization</u> | | | <input checked="" type="checkbox"/> | <u>** Any document relating to cleaning, prevention of infection across the organization</u> | <input type="checkbox"/> |
| <u>Pharmacy and Therapeutics</u> <u>** Any document concerning administration of medication</u> | | <u>** Any document concerning administration of medication</u> | | | <u>** Any document concerning administration of medication</u> | | <input type="checkbox"/> |

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| <u>administration of medication</u> | | | | | | | |
| <u>E Policy Committee</u> | X | X | X | X | X | X | X |
| <u>Medical Executive Committee</u> <u>**Review required for any document relating to care of patient</u> | | X | | | X | | |
| <u>Board of Directors (only policies/scope of services/plans)</u> | | | | | | | |

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- ~~2. Administrative:~~
- ~~a. Administrative Policies and Procedures are developed by Administrative Staff in collaboration with Management and as appropriate the Medical Staff.~~
 - ~~b. These type of policies and procedures are reviewed and approved by:

 - ~~i. Executive Leadership~~
 - ~~ii. E-policy committee~~
 - ~~iii. El Camino Hospital Board of Directors~~
 - ~~iv. This is completed at a minimum of every three years.~~~~

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~~3. Human Resources:~~

- ~~a. Human Resources Policies and Procedures are developed by Human Resources in collaboration with Administrative Staff, and Management Staff;~~
- ~~a. These type of policies and procedures are reviewed and approved by:~~
 - ~~i. Human Resources leadership~~
 - ~~ii. E-policy committee~~
 - ~~iii. El Camino Hospital Board of Directors~~
 - ~~iv. This is completed at a minimum of every three years.~~

~~3. Environment of Care and Emergency Management:~~

- ~~a. Environment of Care Policies and Procedures are developed by Safety Committee Work Groups in collaboration with Safety Committee Work Group members, Management Staff, and Administrative Staff~~
- ~~a. These type of policies and procedures are reviewed and approved by:~~
 - ~~i. Central Safety Committee~~
 - ~~ii. E-policy committee~~
 - ~~iii. El Camino Hospital Board of Directors~~

~~4. This is completed at a minimum of every three years~~~~Infection Control:~~

- ~~Infection Control Policies and Procedures are developed by the Epidemiology Manager in collaboration with Infection Control Committee, Safety Committee, and Administrative Staff;~~
- ~~These type of policies and procedures are reviewed and approved by:~~
 - ~~Infection Control Committee~~
 - ~~Pharmacy and Therapeutics (as applicable)~~
 - ~~E-policy committee~~
 - ~~Medical Executive Committee (MEC)~~

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~~El Camino Hospital Board of Directors~~

~~This is completed at a minimum of every three years.~~

~~5. Patient Care Services:~~

- ~~a. Unit or department-specific Patient Care Policies and Procedures are developed by clinical staff and reviewed and approved by Partnership Councils.~~
- ~~b. Division-wide policies and procedures are developed by clinical management staff.~~
- ~~c. These type of policies and procedures are reviewed and approved by:~~

- ~~i. Patient Care Leadership~~
- ~~ii. Pharmacy and Therapeutics (as applicable)~~
- ~~iii. E-policy committee~~
- ~~iv. Medical Executive Committee (MEC)~~
- ~~v. El Camino Hospital Board of Directors~~
- ~~vi. This is completed at a minimum of every three years.~~

~~8. Medical Staff:~~

- ~~a. Medical Staff Policies and Procedures are developed and approved by the Medical Staff~~
- ~~b. These type of policies and procedures are reviewed and approved by~~
 - ~~i. Pharmacy and Therapeutics Committee when the content of the policy includes medications or biologics~~
 - ~~ii. Medical Executive Committee (MEC)~~
 - ~~iii. El Camino Hospital Board of Directors~~
 - ~~iv. This is completed at a minimum of every three years.~~

~~9. Departmental:~~

- ~~a. Departmental policies, procedures, or protocols have specific application only to one department.~~
- ~~b. Departmental policies, procedures, or protocols are developed by the departmental manager or designee.~~

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- ~~c. Medical Staff collaboration is required when the content of the policies, procedures, or protocols involves care of the patient.~~
 - ~~d. Any policies, procedures, or protocols that will apply to a Mountain View and Los Gatos location must have approval from department managers and medical staff committees from each campus before the policy is sent through the final approval processes.~~
 - ~~e. These type of policies, procedures, or protocols when the content involves care of the patient are reviewed and approved by:
 - ~~i. Service Line Administrative Staff~~
 - ~~ii. Laboratory when the content of the policy includes specimen collection, transfusion procedure, laboratory/pathology procedure, or Point of Care testing~~
 - ~~iii. Pharmacy and Therapeutics Committee when the content of the policy includes medications or biologics.~~
 - ~~iv. E-policy committee~~
 - ~~v. Medical Executive Committee (MEC)~~
 - ~~vi. El Camino Hospital Board of Directors~~
 - ~~vii. This is completed at a minimum of every three years~~~~
 - ~~f. These type of policies or procedures that do not have a direct impact on patient care are reviewed and approved by
 - ~~i. Service Line Administrative Staff~~
 - ~~ii. E-policy committee~~
 - ~~iii. El Camino Hospital Board of Directors~~~~
40. For all policies/procedures identified above, for 90 days after go live with iCare (November 7, 2015), the Board of Directors designates the E Policy Committee of the hospital to review required changes to policies and procedures resulting from that implementation. These policy changes can be implemented as soon as

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CATEGORY: Administration

LAST APPROVAL DATE: 10/2015

~~approved by the E Policy committee and will be sent to MEC and Board of Directors as soon as possible per regular scheduling.~~

~~11. Electronic copies of Administrative, Human Resources, and Environment of Care, Emergency Management, Infection Control, and Patient Care, Medical Staff, and Departmental policies are available on the hospital network in the Hospital Toolbox under the Policy and Procedure site.~~

12. Policy and Procedure Format:

~~a.II. All policies, procedures, or protocols will be developed and revised in the format found directly on the toolbox on the Policy Tech site.~~

~~b.III. Purpose section:~~

~~A clear and concise purpose to educate readers on what the policy/procedure entails.~~

~~Statement section:~~

~~The 2 examples can be used to determine the statement. One statement example can be used, or both. One can also be created if the examples are not used.~~

13.7. Procedure:

~~This section contains a clear and concise step by step methodology to be followed for compliance with the policy purpose and statement.~~

14.8. Approval Box:

~~The approvals section will list any committees that are required to approve the policy and the date(s) when they approved it. This section will also list the Board of Directors and the date when it approved the policy. The minutes of these various groups will reflect approval of the policy. Only the most recent date will be reflected in the box. The previous dates will be listed under Historical.~~

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C. **Distribution:**

- a. Documents defined in this policy are available on the hospital network to all staff, physicians and volunteers.
- b. A copy of the organizations policies will be stored on a USB device that will be maintained in the hospital supervisor office at each campus.

~~13.~~ **D. Policy, Procedure, Protocol Maintenance:**

- a. The original electronic copy of current hospital-wide policies and procedures will be centralized on the hospital network file directory.
- ~~b. All policies and procedures will be reviewed a minimum of every three years, or more often as legislation or practice requires.~~
- ~~e-b.~~ To meet legal requirements, all ~~policies and procedures~~documents in PolicyTech that have been deleted or revised will be archived for a minimum of seven years.
- ~~d-c.~~ Maternal Child Health ~~Policies and Procedures~~documents in PolicyTech will be retained for 25 years.

~~14.~~ **E. Process for Policy, Procedure, Protocol Document Updates in Policy Tech**

- a. All El Camino Hospital staff covered by policies, procedures, or protocols will have "Read Only" access to currently approved ~~policies, procedures, or protocols~~documents through the hospital network via Policy Tech. Any new policy or updates made to ~~the departmental policy, procedures, or protocols~~documents in Policy Tech are to be made through the following process:
 - ~~i. The process starts when a document owner writes the original draft of a policy, procedure, or protocol or revises a current policy, procedure, or protocol document For new documents, the document~~

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~~owner shall use the identified template available in Policy Tech. For revisions to existing documents, the document owner shall begin revisions within Policy Tech in the document itself.~~

- a) If desired, the document owner can collaborate with other writers to complete the first draft.
- b) The document owner then submits the document to review, where each reviewer can accept, revise, or decline the document.
- c) If all reviewers accept it, the document is automatically moved to the approval status.
- d) If revised or declined by one or more reviewers, the document is placed back in draft status, and a task email is sent to the document owner to review the revised or declined document, make the necessary changes, and then resubmit the document for review.
- e) The document goes back to draft status only after all reviewers have accepted, revised, or declined it.
- f) This part of the process can be repeated as many times as necessary to create an acceptable document.
- ii. Once all reviewers approve a subsequent draft, the document is moved automatically to approval status.
 - a) Approvers have the same options as reviewers for dealing with the document (accept, revise, and decline).
 - ~~b) If all approvers accept it, the document is automatically published.~~
 - ~~e)b) If one or more approvers revise or decline the document, it again goes back to draft status where the document owner can again make needed changes and resubmit the document for review or directly to approvalapproval.~~
- iii.—~~The only time a document is not immediately published upon approval is if the document owner designates a publication date sometime in the future. In that case, the document is moved to pending status until that date arrives, and then the document is published.~~

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- ~~iv. As soon as a document is published, task notifications to read the document can be sent to all assigned readers.~~
- ~~v.iii. If an approved document is a new version of an existing document, the previous version is automatically archived when the new version is published~~
- ~~vi.iv. After these steps are completed via Policy Tech for the departmental approval and any other committees that need to approve the policy, the necessary steps for further approval is as follows please see matrix above for approval process. ∴~~
 - ~~vii. Policy is approved at e-policy committee.~~
 - ~~viii. If policy is Administrative, it will then need to be approved by Executive Leadership and go to MEC (Medical Executive Committee) and from there approval from the Board.~~
 - ~~ix. If policy is not Administrative, but involves patient care, it will go to MEC and from there approval from the Board.~~
 - ~~x. If the policy is not administrative and does not involve patient care, it will go straight to the Board for approval.~~
 - ~~xi. For 90 days after go live with iCare (November 7, 2015), the Board of Directors designates the E Policy Committee of the hospital to review required changes to policies and procedures resulting from that implementation. These policy changes can be implemented as soon as approved by the E Policy committee and will be sent to MEC and Board of Directors as soon as possible per regular scheduling.~~
- ~~xii.v. Once approved by the Board and/or MEC, the Policy and Procedure Specialist will be notified and will make the final approval via Policy Tech and publish the document.~~

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POLICY/PROCEDURE TITLE: (Inserted PolicyTech field)

| APPROVAL | APPROVAL DATES |
|--|-----------------------|
| Originating Committee or UPC Committee: | 02/2015 |
| _____ Medical Committee (if applicable): | N/A |
| ePolicy Committee: | 03/2015 |
| Pharmacy and Therapeutics (if applicable): | N/A |
| Corporate Compliance: | 08/2015 |
| Board of Directors: | 10/2015 |

Historical Approvals:

06/98, 08/99, 05/03, 01/04, 03/02/05, 11/06, 09/07, 05/08, 05/09, 08/12, 4/2015

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ECH BOARD MEETING AGENDA ITEM COVER SHEET

| | |
|--|---|
| Item: | Orthopedic Co-Management Agreement – Mountain View El Camino Hospital Board of Directors February 8, 2017 |
| Responsible party: | William Faber, MD, Chief Medical Officer |
| Action requested: | Board Approval |
| <p>Background: There are seven (7) orthopedic physicians who work primarily at the ECH Mountain View campus. An opportunity exists to work together with the physicians and ECH staff to co-manage the Orthopedic Service Line. Co-management provides the ability to collaborate together to improve Orthopedic services.</p> <p>We are asking for approval to pay \$300.00/hour at the 90th percentile for fair market value for six hundred (600) annual hours of services. By providing financial payment for physician time, ECH will be able to improve the quality of patient care, improve the education of physicians and staff, and achieve cost savings through efficiencies led by committees that include orthopedic physicians and ECH staff. The net projected savings in achieving the measureable goals is greater than \$700,000 in efficiencies and material costs.</p> | |
| <p>Other Board Advisory Committees that reviewed the issue and recommendation, if any: Finance Committee.</p> | |
| <p>Summary and session objectives : To seek Board approval of delegating to the CEO the authority to execute a co-management agreement for the Orthopedic Service Line at the Mountain View campus for a two-year term effective March 1, 2017.</p> | |
| <p>Suggested discussion questions: None, this is a consent item.</p> | |
| <p>Proposed Committee motion, if any: To approve delegating to the CEO the authority to execute co-management agreement for the Orthopedic Service Line at the Mountain View campus for a not-to-exceed annual amount of \$236,000.</p> | |
| <p>LIST OF ATTACHMENTS: 1. 10-Step</p> | |

Date: February 8, 2017
To: El Camino Hospital Board of Directors
From: William Faber, MD, Chief Medical Officer
Subject: **Orthopedic Co-Management Agreement – Mountain View**

1. **Recommendation:** We request that the Board of Directors approve delegating to the CEO the authority to execute an Orthopedic Co-Management Agreement for the Mountain View campus at an amount not to exceed \$236,000 per year.
2. **Problem Definition:** There are seven (7) orthopedic physicians who work primarily at the ECH Mountain View campus. An opportunity exists to work together with the physicians and ECH staff to co-manage the Orthopedic Service Line. Co-management provides the ability to collaborate together to improve Orthopedic services.

We are asking for approval to pay \$300.00/hour at the 90th percentile for fair market value for six hundred (600) annual hours of services. By providing financial payment for physician time, ECH will be able to improve the quality of patient care, improve the education of physicians and staff, and achieve cost savings through efficiencies led by committees that include orthopedic physicians and ECH staff.

3. **Authority:** According to ECH Administrative Policies and Procedures 51.00., Board approval is required prior to CEO signature of physician agreements when compensation is above the 75th percentile for fair market value.
4. **Process Description:** Upon Board approval, a co-management agreement for the Orthopedic Service Line at the Mountain View campus will be entered into for a two-year term effective March 1, 2017.
5. **Alternative Solution:** ECH staff could continue to manage the Orthopedic Service Line with less physician involvement and support for major initiatives in quality, efficiencies, education, and affordability.

Strength - ECH has made some progress without physician involvement.

Weakness - Full engagement of physicians has not been possible in the current model of orthopedic programs.

Opportunity - Physician engagement will improve both the quality and efficiencies in the Orthopedic Service Line.

Threat - ECH competitors have started orthopedic co-management programs and physicians may leave ECH to be involved where their incentives are aligned with the hospital system.

6. **Concurrence for Recommendation:** The proposed co-management agreement is supported by the Finance Committee, Interim Chief Executive Officer, Chief Financial Officer, and the Director of Orthopedics.
7. **Outcome Measures/Deadlines:** Measurable annual goals have been established for the co-management agreement in the first year that include improvements in pain management, education, cost of materials, and reduced total cost of care for total joint replacement surgery patients. The maximum annual incentive amount available for full achievement of all goals is \$56,000. New goals will be set in subsequent years based on physician and staff needs in orthopedic services. Other program objectives in orthopedics that are not included in the measureable goals will be addressed by physician and staff committees.
8. **Legal Review:** Legal will review and approve the proposed agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed agreement prior to execution upon confirmation of fair market value by an outside consultant.
10. **Financial Review:** The projected annual cost of the co-management agreement is \$236,000. The net projected savings in achieving the measureable goals is greater than \$700,000 in efficiencies and material costs.

Memorandum Administration

Date: February 8, 2017
To: El Camino Hospital Board of Directors
From: Cheryl Reinking, CNO
Ken King, CASO
Re: **Ventilator Replacements - Budgeted Capital Equipment Request**

Recommendation: The Board Finance Committee recommends Board approval for the purchase of the budgeted Ventilator Replacements (Total of 28) at a cost not to exceed \$1.1 million.

Authority: As required by policy, capital projects exceeding \$500,000 require approval by the Board of Directors.

Problem / Opportunity Definition: The Respiratory Care Services Department has a fleet of (28) twenty-eight Puritan Bennett 840 ventilators that are at the end of their useful life. All of the ventilators in the fleet are between 9 and 13 years old and the manufacturer will no longer support these ventilators after 2017. The new replacement ventilators manufactured by the Drager Corporation will standardize the entire fleet to single model that can be utilized on both adults and infants and it will integrate with other systems and processes such as Epic.

Process Description: The Purchasing department has been successful negotiating better than expected pricing and both Clinical Engineering and Information Technology departments have reviewed the specifications of the equipment for conformance with other systems and operations.

Alternative Solutions: This is a routine replacement of equipment that is vital for patient care and no alternatives were considered.

Concurrence for Recommendation: The Finance Committee, the Operations Council, and the Respiratory Care Services Department support this recommendation.

Outcome Measures / Deadlines: The equipment will be ordered upon approval and will arrive six to eight weeks from the date of order. There will also be a fit up and training process over a period of six to eight weeks before the new ventilators are put into service.

Legal Review: Not Required

Compliance Review: Not Required

Financial Review: The capital budget for FY17 included \$1.394 million for this equipment and the current estimated cost including tax, freight, set up and training is not to exceed \$1.1 million. Note that the existing ventilators will be traded in and we will receive a \$36,000 trade in credit included in the purchase price.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

| | |
|--|---|
| Item: | Amendment to Professional Services Agreement for the Mountain View Neonatal Intensive Care Unit (NICU) with Lucile Salter Packard Children’s Hospital at Stanford to add Physical Therapy and Occupational Therapy Services ECH Board of Directors February 8, 2017 |
| Responsible party: | Mick Zdeblick, Chief Operating Officer; Judy Leydig, Director of Rehabilitation Services |
| Action requested: | Board Approval |
| Background: | The current contractor (DRG) provides only physical therapy for the neonatal NICU patients. Per the NICU Medical Director and clinical staff, the services of an occupational therapist are required to provide state-of-the-art feeding techniques for the NICU patient population and to meet California Children’s Services (CCS) requirements. Additionally, DRG has stated plans to retire soon. After attempting to insource these services over the last nine months, our efforts to match the clinical and administrative skills were unsuccessful. The advanced training and skill sets of the therapists for the NICU patient population are hard to find. In this area, LPCH recruits, hires and supports training of neonatal therapists. As a result, we reached out to them as they are the closest local resource that provides both PT/OT for NICU patients. Their proposal is approximately 30% greater than the current contractor; partially due to the additive OT services and an increase in price. |
| Other Board Advisory Committees that reviewed the issue and recommendation, if any: | Finance Committee |
| Summary and session objectives: | To seek Board of Directors approval of delegating to the CEO the authority to execute an amendment to the current professional services agreement with LPCH to add PT/OT services and, at which time the current contract with DRG will be terminated. |
| Suggested discussion questions: | None, this is a consent item. |
| Proposed Committee motion, if any: | To approve delegating to the CEO the authority to execute an amendment to the current LPCH Professional Services Agreement for PT/OT services which will cost an additional \$19,000.00 per month resulting in an additional \$228,000.00 per year. |
| LIST OF ATTACHMENTS: | 10-Step |

Date: February 8, 2017

To: El Camino Hospital Board of Directors

From: Mick Zdeblick, Chief Operating Officer and
Judy Leydig, Director of Rehabilitation Services

Subject: **Amendment to Professional Services Agreement for the Mountain View Neonatal Intensive Care Unit (NICU) with Lucile Salter Packard Children's Hospital at Stanford to add Physical Therapy and Occupational Therapy Services**

1. **Recommendation:** We request that the Board of Directors approve delegating to the CEO the authority to execute an amendment to the current professional services agreement with Lucile Salter Packard Children's Hospital at Stanford (LPCH) to add Physical Therapy and Occupational Therapy Services (PT/OT) for the neonatal patients in the NICU at El Camino Hospital. The additional monthly contract rate of \$19,000/month will cover two half time therapists (one (1) 0.5 FTE Occupational Therapist (OT) and one (1) 0.5 FTE Physician Therapist (PT)).
2. **Problem Definition:** The current contractor (DRG) provides only physical therapy for the neonatal NICU patients. Per the NICU Medical Director and clinical staff, the services of an occupational therapist are required to provide state-of-the-art feeding techniques for the NICU patient population and to meet California Children's Services (CCS) requirements. Additionally, DRG has stated plans to retire soon. After attempting to insource these services over the last nine months, our efforts to match the clinical and administrative skills were unsuccessful. The advanced training and skill sets of the therapists for the NICU patient population are hard to find. In this area, LPCH recruits, hires and supports training of neonatal therapists. As a result, we reached out to them as they are the closest local resource that provides both PT/OT for NICU patients. Their proposal is approximately 30% greater than the current contractor; partially due to the additive OT services and an increase in price.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Board approval is required prior to CEO signature for all physician agreements with a greater than 10% increase in total compensation.
4. **Process Description:** Upon Board approval, an amendment to the current professional services agreement with LPCH will be entered into to add PT/OT services and, at which time, the current contract with DRG will be terminated. The LPCH and Hospital Rehab Directors are agreeable to sharing education and in-services with the potential for an eventual Neonatal Fellowship Program and to provide opportunities for Hospital therapy staff to track into pediatric and NICU training.

5. **Alternative Solution:** The alternative is to continue with DRG that does not provide Occupational Therapy. With impending retirement, there is a likelihood of losing physical therapy services as well. This request is a proactive means to address both issues.
6. **Concurrence for Recommendation:** The proposed amendment is supported by the Finance Committee, Cheryl Reinking CNO and the Maternal and Child Health team. Dr. Dharshi Sivakumar, Neonatologist, Debbie Groth, Director Maternal and Child Health Services and Jody Charles, Clinical Manager NICU have requested that LPCH provide the PT/OT services.
7. **Outcome Measures/Deadlines:** Providers will be held to the same high standards as physical and occupational therapists. They will be expected to participate in our accreditation standards and quality metrics set by the Joint Commission on Hospital Accreditation and the standards set by the Hospital and the Department of Rehabilitation Services.
8. **Legal Review:** Legal counsel will review the final Agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the proposed Agreement and compensation prior to execution.
10. **Financial Review:** The amendment to the current LPCH Professional Services Agreement for PT/OT services will cost an additional \$19,000.00 per month resulting in an additional \$228,000.00 per year. Comparables are provided in the table below.

| Description | Stanford/ LPCH | Current Contract-Pediatric Resources Group (DRG) |
|---|--|--|
| Base Hourly Rate | \$65.00 | \$73.00 |
| Annual Base Rate | \$135,200 | \$75,920 |
| Benefits | \$54,080 | - |
| Administrative Costs | \$27,040 | - |
| Annual Cost | \$216,320 | \$75,920 |
| Total Hourly Rate | \$104.00/hr | |
| Monthly Cost | \$18,026 | \$6,326 |
| Stanford Children's LPCH Requesting per month | \$19,000 (= \$109.62 total hrly rate) 5.4% profit Annualized Total Cost : \$228,000 | |



El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2017 – Period 5
7/1/2016 to 11/30/2016

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

| | Annual | | | | | | Month | | | YTD | | |
|---|---------|---------|---------|---------|---------|------------|---------|---------|------------|---------|---------|------------|
| | 2013 | 2014 | 2015 | 2016 | 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 | 230 | 245 | 226 | 222 | 236 | 232 | 229 | 237 |
| Adjusted Discharges | 22,379 | 22,206 | 22,342 | 22,499 | 22,800 | 22,992 | 1,769 | 1,826 | 1,929 | 9,481 | 9,500 | 9,630 |
| Total Discharges | 19,970 | 19,427 | 19,637 | 19,367 | 19,246 | 19,781 | 1,511 | 1,520 | 1,648 | 7,987 | 8,019 | 8,240 |
| Inpatient Cases | | | | | | | | | | | | |
| MS Discharges | 13,349 | 12,883 | 13,114 | 13,344 | 13,159 | 13,499 | 1,060 | 1,037 | 1,125 | 5,461 | 5,483 | 5,623 |
| Deliveries | 5,235 | 5,140 | 5,067 | 4,717 | 4,800 | 4,810 | 363 | 378 | 401 | 1,972 | 2,000 | 2,004 |
| BHS | 861 | 857 | 901 | 806 | 775 | 901 | 59 | 64 | 75 | 343 | 323 | 375 |
| Rehab | 525 | 547 | 555 | 500 | 511 | 570 | 29 | 41 | 48 | 211 | 213 | 238 |
| Outpatient | | | | | | | | | | | | |
| ED | 45,525 | 46,056 | 49,130 | 49,927 | 48,242 | 51,258 | 3,928 | 3,847 | 4,272 | 20,571 | 20,101 | 21,360 |
| Procedural Cases | | | | | | | | | | | | |
| OP Surg | 5,911 | 6,444 | 6,479 | 6,053 | 6,415 | 6,427 | 469 | 577 | 536 | 2,637 | 2,673 | 2,678 |
| Endo | 2,242 | 2,492 | 2,520 | 2,322 | 2,119 | 2,479 | 169 | 185 | 207 | 1,014 | 883 | 1,033 |
| Interventional | 1,507 | 1,706 | 1,878 | 1,970 | 2,023 | 2,323 | 150 | 152 | 194 | 862 | 843 | 968 |
| All Other | 64,435 | 69,458 | 68,052 | 79,656 | 83,525 | 84,566 | 9,020 | 6,992 | 7,048 | 30,765 | 34,802 | 35,235 |
| Financial Performance (\$000s) | | | | | | | | | | | | |
| Net Revenues | 686,327 | 721,123 | 746,645 | 772,020 | 804,096 | 789,585 | 57,533 | 64,350 | 63,117 | 312,188 | 335,040 | 321,496 |
| Operating Expenses | 632,353 | 669,680 | 689,631 | 743,044 | 721,571 | 764,828 | 60,958 | 60,159 | 61,927 | 303,081 | 300,654 | 310,350 |
| Operating Income \$ | 69,126 | 70,305 | 78,120 | 52,613 | 119,578 | 49,817 | -1,498 | 9,570 | 3,252 | 18,797 | 46,910 | 21,540 |
| Operating Margin | 9.9% | 9.5% | 10.2% | 6.6% | 14.2% | 6.1% | -2.5% | 13.7% | 5.0% | 5.8% | 13.5% | 6.5% |
| EBITDA \$ | 124,722 | 125,254 | 128,002 | 108,554 | 185,959 | 109,890 | 2,903 | 14,079 | 7,890 | 40,159 | 69,569 | 45,063 |
| EBITDA % | 17.8% | 16.9% | 16.7% | 13.6% | 22.1% | 13.5% | 4.9% | 20.2% | 12.1% | 12.5% | 20.0% | 13.6% |
| IP Margin ¹ | -1.1% | -3.2% | -4.5% | -6.6% | -9.3% | -6.1% | -15.9% | -8.7% | -6.1% | -11.6% | -9.3% | -6.1% |
| OP Margin ¹ | 25.9% | 25.2% | 28.1% | 26.1% | 31.8% | 26.4% | 17.7% | 31.0% | 26.4% | 25.0% | 31.8% | 26.4% |
| Payor Mix | | | | | | | | | | | | |
| Medicare | 46.3% | 44.6% | 46.2% | 46.6% | 46.7% | 46.4% | 44.7% | 46.2% | 46.4% | 44.9% | 46.7% | 46.4% |
| Medi-Cal | 4.9% | 6.0% | 6.6% | 7.4% | 7.4% | 6.5% | 7.9% | 7.9% | 6.5% | 7.7% | 7.4% | 6.5% |
| Commercial IP | 25.3% | 25.4% | 24.2% | 23.2% | 22.5% | 24.0% | 23.4% | 21.5% | 24.0% | 23.6% | 22.5% | 24.0% |
| Commercial OP | 16.9% | 18.6% | 18.7% | 18.7% | 20.0% | 19.0% | 18.6% | 21.2% | 19.0% | 19.4% | 20.0% | 18.6% |
| Total Commercial | 42.2% | 44.0% | 42.9% | 41.9% | 42.5% | 43.0% | 42.1% | 42.7% | 43.0% | 43.0% | 42.5% | 42.6% |
| Other | 6.6% | 5.4% | 4.3% | 4.1% | 3.4% | 4.1% | 5.3% | 3.2% | 4.1% | 4.3% | 3.4% | 4.1% |
| Cost | | | | | | | | | | | | |
| Employees | 2,289.0 | 2,435.6 | 2,452.4 | 2,542.8 | 2,453.6 | 2,521.6 | 2,683.0 | 2,377.3 | 2,556.0 | 2,630.4 | 2,453.6 | 2,521.6 |
| Hrs/APD | 29.72 | 29.31 | 30.45 | 30.35 | 30.72 | 31.17 | 33.30 | 30.96 | 31.65 | 31.08 | 30.72 | 31.17 |
| Balance Sheet | | | | | | | | | | | | |
| Net Days in AR | 47.8 | 50.9 | 43.6 | 53.7 | 47.4 | 48.0 | 48.5 | 47.4 | 48.0 | 48.5 | 47.4 | 48.0 |
| Days Cash | 350 | 382 | 401 | 361 | 409 | 266 | 376 | 409 | 266 | 376 | 409 | 266 |
| Debt to Capitalization | 14.0% | 12.6% | 13.6% | 13.8% | 13.2% | 17.3% | 14.5% | 13.2% | 17.3% | 14.5% | 13.2% | 17.3% |
| MADS | 8.0 | 9.5 | 8.9 | 6.1 | 11.9 | 9.3 | 7.9 | 11.9 | 9.3 | 7.9 | 11.9 | 9.3 |
| Affiliates - Net Income (\$000s) | | | | | | | | | | | | |
| Hosp | 88,820 | 118,906 | 94,787 | 43,043 | 54,193 | 67,032 | (2,472) | 8,449 | 3,980 | 5,910 | 54,193 | 25,184 |
| Concern | 371 | 1,862 | 1,202 | 1,823 | 229 | 2,604 | 214 | 19 | 219 | 1,122 | 229 | 1,015 |
| ECSC | (317) | (5) | (41) | (282) | (51) | 0 | 1 | (1) | 0 | 11 | (51) | 0 |
| Foundation | 1,545 | 3,264 | 710 | 982 | 884 | (450) | 5 | 361 | 9 | 119 | 884 | (90) |
| SVMD | (114) | 32 | 106 | 156 | 31 | 0 | (2) | (31) | 2 | (8) | 31 | (5) |

The FY 2017 budget presented excludes 2016 bonds cost of issuance and interest expense since the issuance was delayed.

Inpatient Volume:

- YTD inpatient discharges are 3.6% below budget and flat compared to prior year.
- IP Service lines below budget are General Medicine (-11.1%) due to mild flu season, Ortho, Oncology and Rehab Services.
- YTD deliveries recovered the previous volume loss. YTD total deliveries was only 0.3% below budget.

Outpatient Volume:

- YTD OP Volume is below budget by 3.1%.
- OP service lines below budget are General Medicine (-10.3%) primarily in Endoscopy (-14.6%) and Observation (-15.1%); Imaging Services (-9.6%) primarily in Diagnostic Radiology (-19.4%) and Mammography (-21.9%); and Orthopedics (-15.5%).

Operation Income:

- Operating income for November was \$6.3M ahead of budget and \$25.4M favorable for the year.
- The favorable total revenue variance for November was mainly attributed to final first year payment for PRIME Medi-Cal payment of \$3.5M.
- Improved in rev cycle operations, reduction in denials and increase in Blue Cross reimbursement rate are all other factors contributed to a \$1.2M favorable net patient revenue.
- Total expenses for the month are lower than budget by \$1.8M. Expenses are low in labor and benefits by \$1.9M primarily due favorable productivity. Negative variances are in drug expense (-\$950K) infusion drugs offset by higher revenues, consulting (-\$117K), and bonds issuance costs (-\$107K).

For the second month AR remained ahead of target. Net days decreased (improvement) from 47.5 in October to 47.4 in November.

(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

Fiscal Year 2017 YTD (7/1/2016-11/30/2016) 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) | 65,179 | 69,728 | | 331,890 | 347,564 | |
| Budgeted Hospital Operations FY2017 | | 3,252 | 5.0% | | 21,540 | 6.5% |
| Net Revenue | | 4,550 | 6.5% | | 15,674 | 4.5% |
| * Rev cycle improvements | 1,040 | | | 5,629 | | |
| * Inter Govt Transfer (IGT) | 0 | | | 6,535 | | |
| * Prime Medi-Cal | 3,510 | | | 3,510 | | |
| Labor and Benefit Expense Change | | 1,968 | 2.8% | | 4,566 | 1.3% |
| * Flexing to meet volumes | 2,135 | | | 7,530 | | |
| * Additional accrual for Ratification Bonus to PRN in November | (200) | | | (2,600) | | |
| * Severance Pay | 33 | | | (365) | | |
| Professional Fees & Purchased Services | | (217) | -0.3% | | 925 | 0.3% |
| * Physician Fees | 130 | | | 886 | | |
| * Admin and Consulting Fees (includes Decisive Consulting Solutions expenses \$89K in November) | (307) | | | (236) | | |
| * Purchased Services (includes -\$127K variance for Clinical Informatics) | (668) | | | (1,480) | | |
| * Repairs and Maintenance Fees | 627 | | | 1,755 | | |
| Supplies | | (351) | -0.5% | | 3,053 | 0.9% |
| * Drug Exp (due to higher Infusion Center volume; but offset by higher gross revenue) | (948) | | | (955) | | |
| * Medical Supplies (includes November purchase of 256 Alaris pumps for cost center 8381 approx. \$595K); item was budgeted in capital but unit cost price negotiate down to below capital threshold. | 288 | | | 2,574 | | |
| * Misc Net Supplies (Food/Volumes) | 309 | | | 1,435 | | |
| Other Expenses | | 240 | 0.3% | | 287 | 0.1% |
| * Leases & Rental Fees (Rental Lease Costs) | (46) | | | (94) | | |
| * Utilities & Telephone (continue on routine PG&E accrual but no payment yet) | 53 | | | 299 | | |
| * Other G&A | 329 | | | 191 | | |
| * MD Income Guarantee forgiveness | (96) | | | (109) | | |
| Depreciation & Interest | | 129 | 0.2% | | 865 | 0.2% |
| * Depreciation (Ongoing depreciation on the Old 2nd & 3rd Fl & GL improvement projects) | 151 | | | 981 | | |
| * Interest Expense | (22) | | | (116) | | |
| Actual Hospital Operations FY2017 | | 9,570 | 13.7% | | 46,910 | 13.5% |

El Camino Hospital (\$000s) ⁽¹⁾

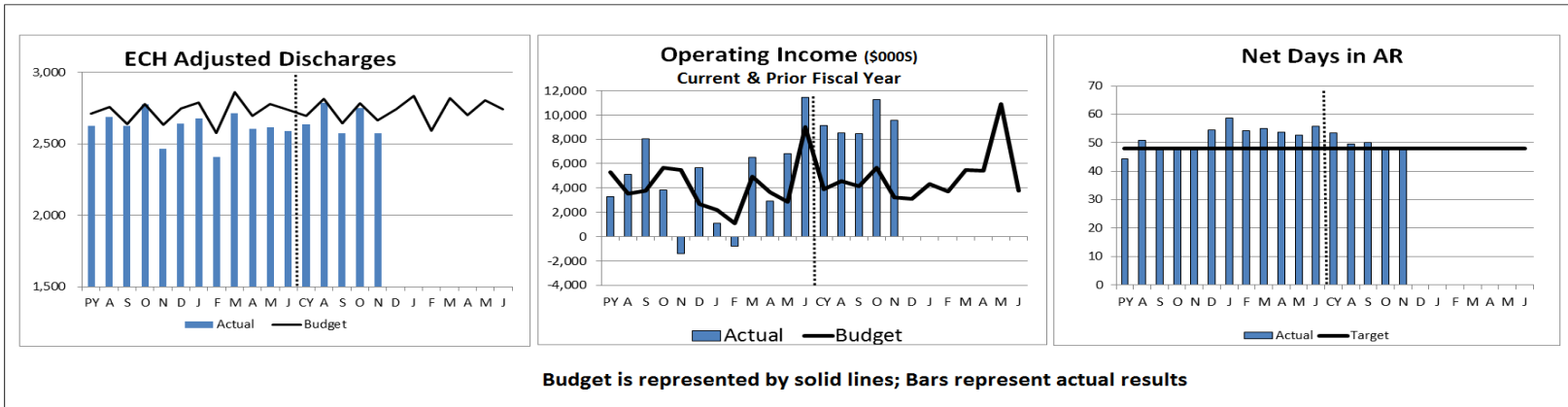
5 month ending 11/30/2016

| PERIOD 5 FY 2016 | PERIOD 5 FY 2017 | PERIOD 5 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|---------------|
| 206,349 | 238,597 | 234,048 | 4,549 | 1.9% |
| (148,816) | (174,248) | (170,931) | (3,316) | 1.0% |
| 57,533 | 64,350 | 63,117 | 1,233 | 2.0% |
| 1,927 | 5,379 | 2,062 | 3,317 | 160.9% |
| 59,460 | 69,728 | 65,179 | 4,550 | 7.0% |
| 34,408 | 35,777 | 37,745 | 1,968 | 5.2% |
| 9,572 | 9,937 | 9,586 | (351) | -3.7% |
| 7,542 | 7,746 | 7,529 | (217) | -2.9% |
| 4,951 | 2,189 | 2,429 | 240 | 9.9% |
| 449 | 470 | 448 | (22) | -4.9% |
| 3,952 | 4,039 | 4,190 | 151 | 3.6% |
| 60,874 | 60,159 | 61,927 | 1,768 | 2.9% |
| (1,414) | 9,570 | 3,252 | 6,318 | 194.3% |
| (856) | (1,121) | 729 | (1,850) | -253.7% |
| (2,270) | 8,449 | 3,980 | 4,468 | 112.3% |
| 5.0% | 20.2% | 12.1% | 8.1% | |
| -2.4% | 13.7% | 5.0% | 8.7% | |
| -3.8% | 12.1% | 6.1% | 6.0% | |

| \$000s | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| OPERATING REVENUE | | | | | |
| Gross Revenue | 1,108,380 | 1,198,251 | 1,192,147 | 6,104 | 0.5% |
| Deductions | (796,192) | (863,211) | (870,651) | 7,440 | -0.9% |
| Net Patient Revenue | 312,188 | 335,040 | 321,496 | 13,544 | 4.2% |
| Other Operating Revenue | 9,690 | 12,524 | 10,394 | 2,131 | 20.5% |
| Total Operating Revenue | 321,878 | 347,564 | 331,890 | 15,674 | 4.7% |
| OPERATING EXPENSE | | | | | |
| Salaries & Wages | 176,050 | 181,969 | 186,535 | 4,566 | 2.4% |
| Supplies | 48,390 | 45,977 | 49,030 | 3,053 | 6.2% |
| Fees & Purchased Services | 38,454 | 38,420 | 39,345 | 925 | 2.4% |
| Other Operating Expense | 18,721 | 11,629 | 11,917 | 287 | 2.4% |
| Interest | 2,246 | 2,357 | 2,241 | (116) | -5.2% |
| Depreciation | 19,115 | 20,302 | 21,283 | 981 | 4.6% |
| Total Operating Expense | 302,976 | 300,654 | 310,350 | 9,696 | 3.1% |
| Net Operating Income/(Loss) | 18,902 | 46,910 | 21,540 | 25,370 | 117.8% |
| Non Operating Income | (12,293) | 7,284 | 3,645 | 3,639 | 99.8% |
| Net Income(Loss) | 6,608 | 54,193 | 25,184 | 29,009 | 115.2% |
| EBITDA | 12.5% | 20.0% | 13.6% | 6.4% | |
| Operating Margin | 5.9% | 13.5% | 6.5% | 7.0% | |
| Net Margin | 2.1% | 15.6% | 7.6% | 8.0% | |

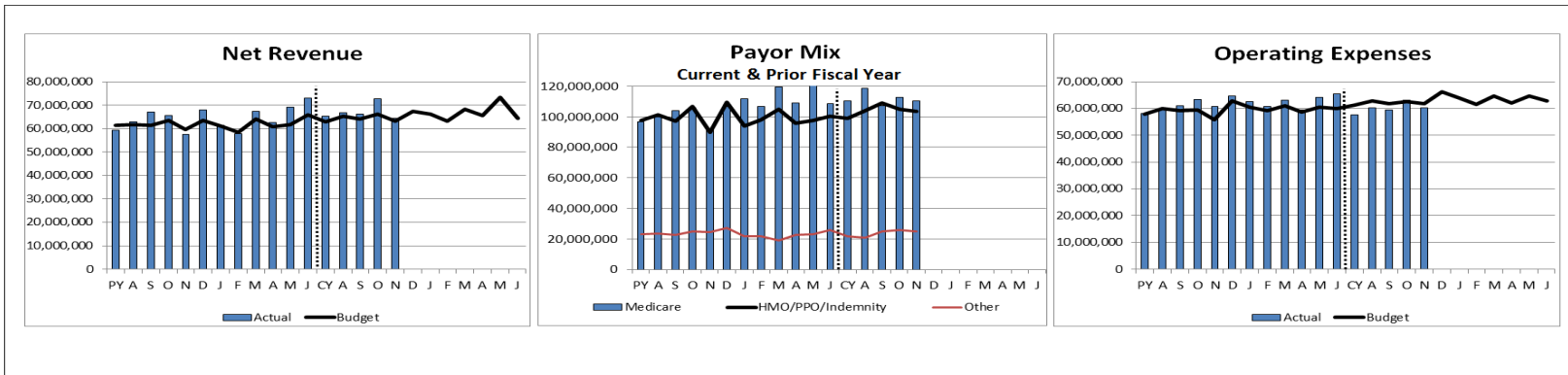
⁽¹⁾ Hospital entity only, excludes controlled affiliates

Monthly Financial Trends



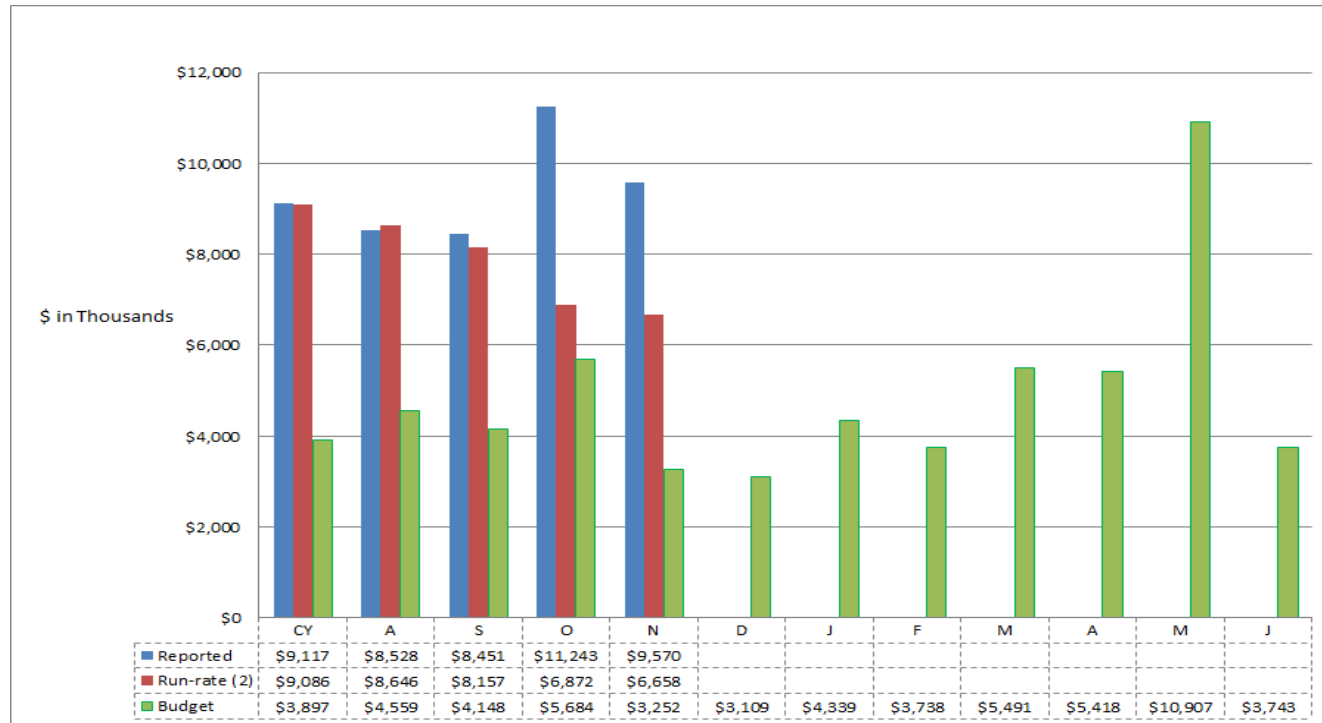
Volume stable compared to PY but below budget

AR days ahead of target and decreased 0.1 days from October to November.



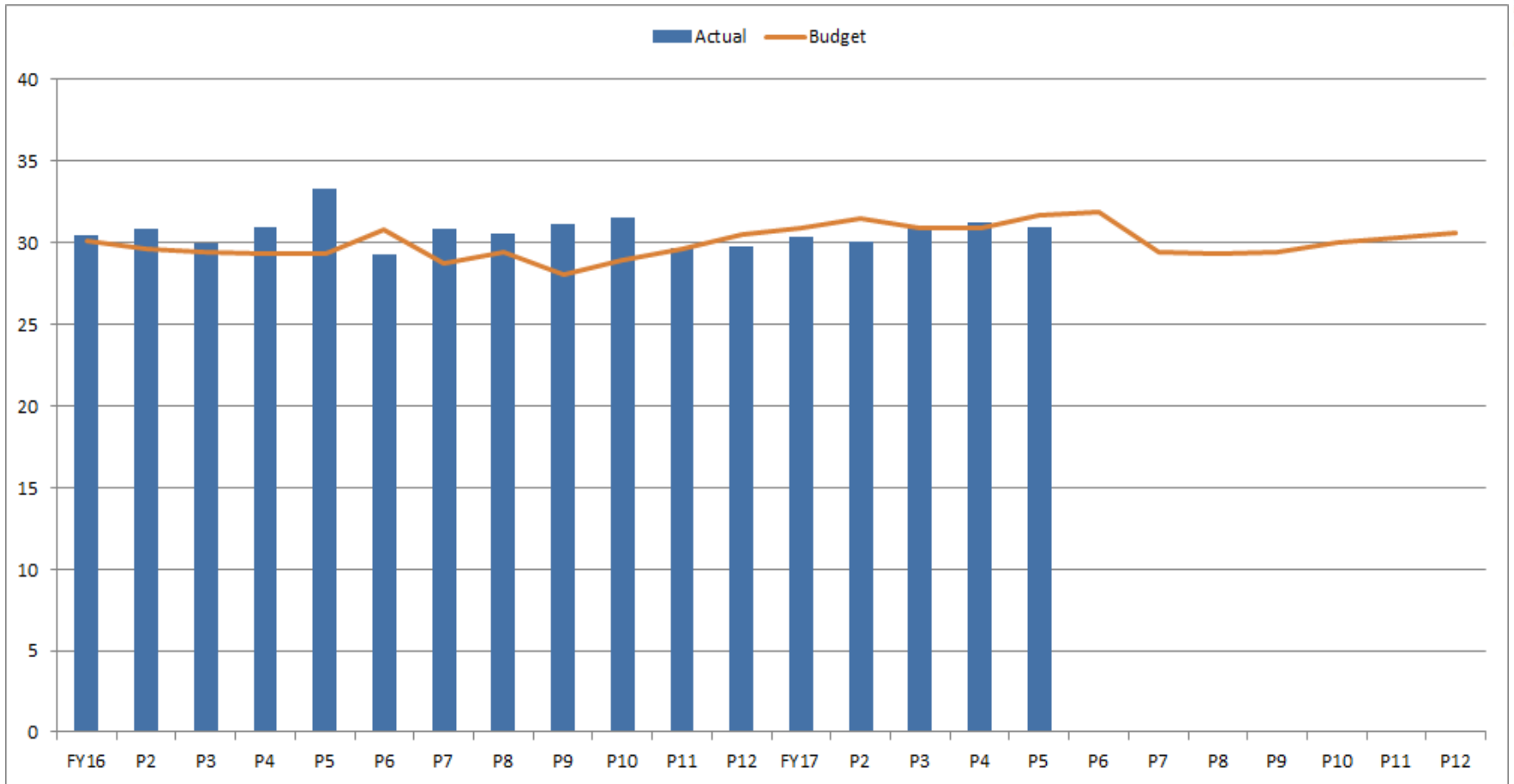
ECH Operating Margin

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 | -\$145 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Mcare Settltm/Appeal/Tent Settltm/PIP | -\$100 | \$158 | -\$71 | -\$67 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | IGT Supplemental | \$0 | \$0 | \$0 | -\$6,535 | -\$3,510 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Prime IGT Misc Income | | | | | | | | | | | | |
| | Total | -\$31 | \$118 | -\$295 | -\$6,771 | -\$3,510 | \$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 |
| | Ratification Bonus | \$0 | \$0 | \$0 | \$2,400 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Inst & Minor Med Equipment | \$0 | \$0 | \$0 | \$0 | \$598 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total | \$0 | \$0 | \$0 | \$2,400 | \$598 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Worked Hours per Adjusted Patient Day



Productivity has improved after EPIC go-live and is lower than target in November.

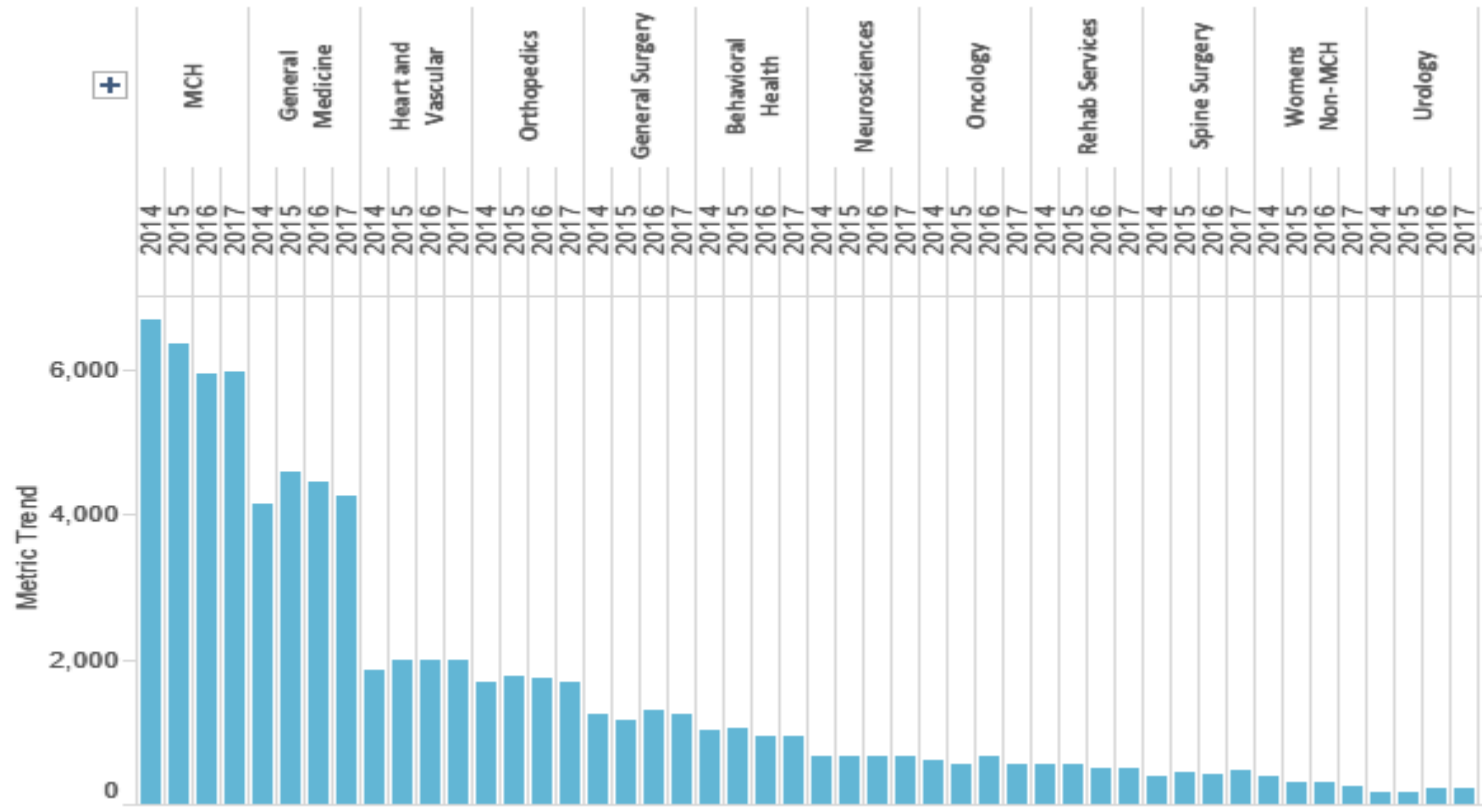
Summary of Financial Results

\$ in Thousands

| | Period 5 - Month | | | Period 5 - FYTD | | |
|---|------------------|--------------|----------------|-----------------|---------------|---------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| El Camino Hospital Income (Loss) from Operations | | | | | | |
| Mountain View | 10,204 | 2,643 | 7,560 | 44,669 | 16,481 | 28,188 |
| Los Gatos | (634) | 608 | (1,242) | 2,241 | 5,058 | (2,817) |
| Sub Total - El Camino Hospital, excl. Affiliates | 9,570 | 3,252 | 6,318 | 46,910 | 21,540 | 25,370 |
| Operating Margin % | 13.7% | 5.0% | | 13.5% | 6.5% | |
| El Camino Hospital Non Operating Income | | | | | | |
| Investments | (2,083) | 1,512 | (3,594) | 7,654 | 7,558 | 96 |
| Swap Adjustments | 1,896 | 0 | 1,896 | 3,080 | 0 | 3,080 |
| Community Benefit | (221) | (283) | 62 | (1,945) | (1,417) | (528) |
| Other | (713) | (499) | (214) | (1,506) | (2,497) | 991 |
| Sub Total - Non Operating Income | (1,121) | 729 | (1,850) | 7,284 | 3,645 | 3,639 |
| El Camino Hospital Net Income (Loss) | 8,449 | 3,980 | 4,468 | 54,193 | 25,184 | 29,009 |
| ECH Net Margin % | 12.1% | 6.1% | | 15.6% | 7.6% | |
| Concern | (254) | 219 | (472) | 229 | 1,015 | (786) |
| ECSC | (1) | 0 | (1) | (51) | 0 | (51) |
| Foundation | 361 | 9 | 352 | 884 | (90) | 975 |
| Silicon Valley Medical Development | (31) | 2 | (33) | 31 | (5) | 36 |
| Net Income Hospital Affiliates | 75 | 229 | (154) | 1,093 | 920 | 173 |
| Total Net Income Hospital & Affiliates | 8,524 | 4,210 | 4,314 | 55,287 | 26,104 | 29,183 |

Favorable variance in revenue bonds SWAP adjustments for November.

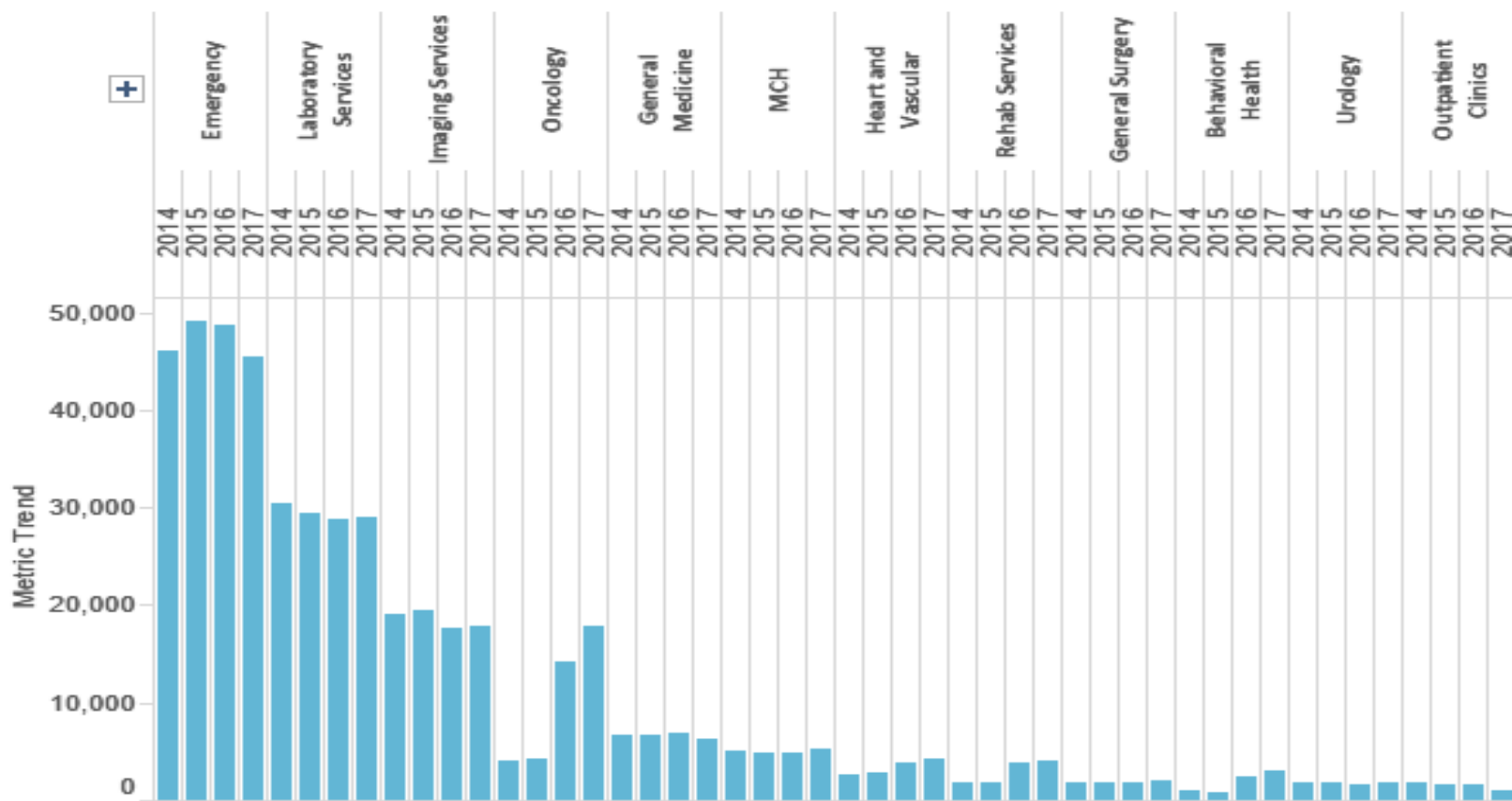
El Camino Hospital Volume Annual Trends – Inpatient FY 2017 is annualized



- Maternity volume is recovering in FY17 due to growth in vaginal deliveries
- General medicine lower in volume due to lower in pulmonary medicine cases
- Other service lines are stable

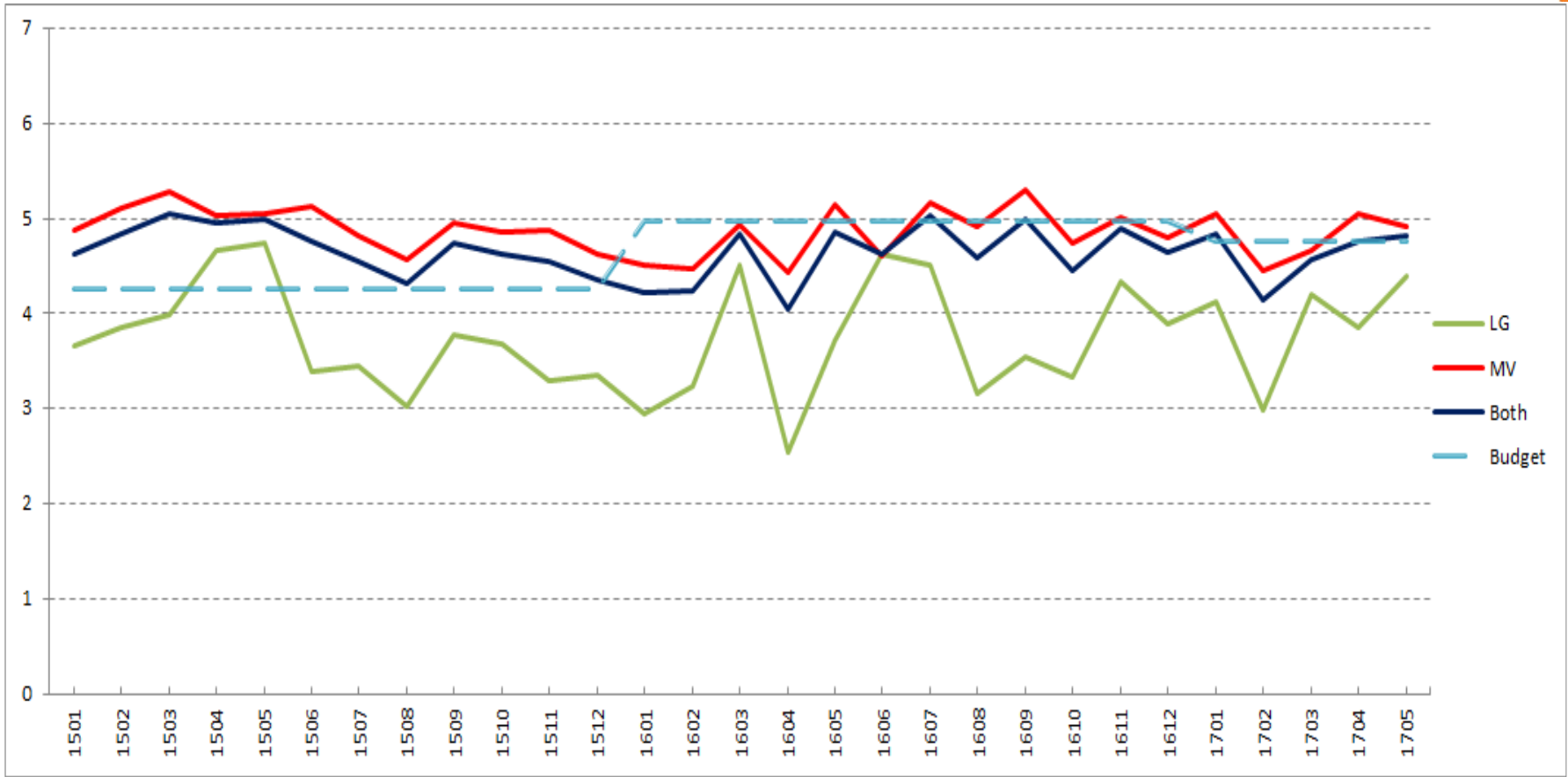
El Camino Hospital Volume Annual Trends – Outpatient

FY 2017 is annualized



- Imaging volume shows a steady decline primarily in Mammo OP volume – Tomo Technology is expected to reverse the decline; Other Imaging procedures shows a slight increase (CT, US, MRI)
- Growth in General Surgery (MV Robotic Surgery has grown by 5%; LG Non-Robotic surgeries grew 16.2%).
- HVI OP volume shows a steady increase Year-Over-Year. FY17 volume grew 4.7% from FY16; products with higher growth include OP EP Ablation, OP Interventional EP procedures.)

Medicare ALOS



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

El Camino Hospital

Capital Spending (in millions)

| Category | Detail | Approved | Total Estimated | | Spent from Inception | FY 17 Proj Spend*** | FY 17 YTD Spent | |
|--|--------------|-------------------------------------|--------------------|-------------------------|----------------------|---------------------|-----------------|-------------|
| | | | Cost of Project*** | Total Authorized Active | | | | |
| CIP | EPIC Upgrade | | | | 6.1 | 2.0 | 6.1 | 2.0 |
| IT Hardware, Software, Equipment* | | | | | 5.4 | 1.0 | 5.4 | 1.0 |
| Medical & Non Medical Equipment FY 16** | | | | | 4.3 | 0.2 | 4.3 | 0.2 |
| Medical & Non Medical Equipment FY 17 | | | | | 10.3 | 1.5 | 10.3 | 1.5 |
| Facility Projects | | | | | | | | |
| | 1307 | LG Upgrades | FY13 | 17.3 | 17.3 | 11.6 | 6.3 | 0.8 |
| | 1219 | LG Spine OR | FY13 | 4.1 | 4.1 | 2.4 | 3.1 | 1.2 |
| | 1414 | Integrated MOB | FY15 | 275.0 | 28.0 | 23.0 | 100.0 | 9.2 |
| | 1413 | North Drive Parking Expansion | FY15 | 24.5 | 24.5 | 2.9 | 21.5 | 1.2 |
| | 1245 | Behavioral Health Bldg | FY16 | 91.5 | 19.0 | 10.3 | 36.0 | 3.0 |
| | 1248 | LG Imaging Phase II (CT & Gen Rad) | FY16 | 8.8 | 8.8 | 1.7 | 7.8 | 1.0 |
| | 1313/1224 | LG Rehab HVAC System & Structural | FY16 | 3.7 | 3.7 | 2.7 | 1.0 | 1.0 |
| | 1502 | Cabling & Wireless Upgrades | FY16 | 2.8 | 2.8 | 2.2 | 0.6 | 0.2 |
| | 1425 | IMOB Preparation Project - Old Main | FY16 | 3.0 | 3.0 | 2.6 | 1.0 | 1.8 |
| | 1430 | Women's Hospital Expansion | FY16 | 91.0 | 0.0 | 0.0 | 5.0 | 0.0 |
| | 1422 | CUP Upgrade | FY16 | 9.0 | 1.5 | 1.2 | 5.0 | 0.2 |
| | 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 | 0.3 | 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 |
| New to FP 3 | 1525 | New Main Lab Upgrades | | 1.6 | 0.4 | 0.2 | 1.6 | 0.2 |
| New to FP 3 | 1515 | ED Remodel Triage/Psych Observation | FY16 | 1.6 | 0.0 | 0.0 | 0.6 | 0.0 |
| New to FP 3 | | Site Signage and Other Improvements | | 1.0 | 0.0 | 0.0 | 0.2 | 0.0 |
| New to FP 3 | | IR Room #6 Development | | 2.6 | 0.0 | 0.0 | 0.6 | 0.0 |
| New to FP 3 | 1602 | JW House (Patient Family Residence) | | 2.5 | 0.0 | 0.0 | 1.5 | 0.0 |
| New to FP 3 | 1507 | LG IR Upgrades | | 1.1 | 0.0 | 0.0 | 0.2 | 0.0 |
| New to FP 3 | | LG Building Infrastructure Upgrades | | 1.5 | 0.0 | 0.0 | 1.5 | 0.0 |
| New to FP 3 | 1421 | LG MOB Improvements (17) | | 5.0 | 0.9 | 0.7 | 4.0 | 0.1 |
| | | All Other Projects under \$1M | | 8.6 | 6.7 | 4.3 | 6.3 | 1.4 |
| | | | | 569.9 | 122.7 | 66.2 | 211.8 | 21.5 |
| GRAND TOTAL | | | | | 148.8 | | 237.9 | 26.1 |

*Excluding EPIC

** Unspent Prior Year routine used as contingency

*** Updated August, 2016

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 | | Audited | | LIABILITIES AND FUND BALANCE | | | |
|--|-------------------|------------------|--|------------------------------|------------------|--|---------|
| | November 30, 2016 | June 30, 2016 | | November 30, 2016 | June 30, 2016 | | Audited |
| | | | | November 30, 2016 | June 30, 2016 | | |
| CURRENT ASSETS | | | | | | | |
| (1) Cash | 104,558 | 59,169 | (7) Accounts Payable | 25,622 | 28,519 | | |
| Short Term Investments | 115,336 | 105,284 | (8) Salaries and Related Liabilities | 20,874 | 22,992 | | |
| (2) Patient Accounts Receivable, net | 99,088 | 120,960 | Accrued PTO | 22,360 | 22,984 | | |
| Other Accounts and Notes Receivable | 3,089 | 4,369 | Worker's Comp Reserve | 2,300 | 2,300 | | |
| (3) Intercompany Receivables | 1,428 | 2,200 | Third Party Settlements | 11,155 | 11,314 | | |
| (4) Inventories and Prepays | 43,917 | 39,678 | Intercompany Payables | 65 | 105 | | |
| Total Current Assets | 367,416 | 331,660 | Malpractice Reserves | 1,936 | 1,936 | | |
| BOARD DESIGNATED ASSETS | | | | | | | |
| Plant & Equipment Fund | 120,503 | 119,650 | Bonds Payable - Current | 3,635 | 3,635 | | |
| (5) Women's Hospital Expansion | 9,298 | - | (9) Bond Interest Payable | 4,065 | 5,459 | | |
| Operational Reserve Fund | 100,196 | 100,196 | Other Liabilities | 6,831 | 10,478 | | |
| Community Benefit Fund | 12,838 | 13,037 | Total Current Liabilities | 95,952 | 106,830 | | |
| Workers Compensation Reserve Fund | 22,979 | 22,309 | LONG TERM LIABILITIES | | | | |
| Postretirement Health/Life Reserve Fund | 18,933 | 18,256 | Post Retirement Benefits | 18,933 | 18,256 | | |
| PTO Liability Fund | 22,360 | 22,984 | Worker's Comp Reserve | 20,679 | 20,009 | | |
| Malpractice Reserve Fund | 1,800 | 1,800 | Other L/T Obligation (Asbestos) | 3,683 | 3,637 | | |
| Catastrophic Reserves Fund | 15,633 | 14,125 | Other L/T Liabilities (IT/Medl Leases) | - | - | | |
| Total Board Designated Assets | 324,540 | 312,358 | Bond Payable | 223,499 | 225,857 | | |
| (6) FUNDS HELD BY TRUSTEE | 28,215 | 30,841 | Total Long Term Liabilities | 266,794 | 267,759 | | |
| LONG TERM INVESTMENTS | | | | | | | |
| | 205,797 | 207,597 | DEFERRED INFLOW OF RESOURCES | | | | |
| INVESTMENTS IN AFFILIATES | | | | | | | |
| | 32,338 | 31,627 | | 2,892 | 2,892 | | |
| PROPERTY AND EQUIPMENT | | | | | | | |
| Fixed Assets at Cost | 1,179,599 | 1,171,372 | FUND BALANCE/CAPITAL ACCOUNTS | | | | |
| Less: Accumulated Depreciation | (504,770) | (485,856) | Unrestricted | 1,031,510 | 985,583 | | |
| Construction in Progress | 58,989 | 46,009 | Board Designated | 324,540 | 312,358 | | |
| Property, Plant & Equipment - Net | 733,819 | 731,525 | Restricted | 0 | - | | |
| DEFERRED OUTFLOWS | | | | | | | |
| | 29,564 | 29,814 | (10) Total Fund Bal & Capital Accts | 1,356,050 | 1,297,941 | | |
| RESTRICTED ASSETS - CASH | 0 | - | TOTAL LIABILITIES AND FUND BALANCE | | | | |
| TOTAL ASSETS | 1,721,687 | 1,675,422 | | 1,721,687 | 1,675,422 | | |

(1) Hospital entity only, excludes controlled affiliates

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

- (1) The increase in cash is due allowing for immediate cash to be available for the recent significant construction projects that have started in MV campus.
- (2) The decrease is primarily due to the significant cash payments the Patient Accounts team has brought in during the four months, two months were in excess of \$70M where the projected budgeted was approximately \$63M per month.
- (3) The decrease is just a timing issue of intercompany payments from one quarter to another. Normally at a fiscal year end, they are higher due to the books being held open for a longer period of time in preparation for audit.
- (4) The increase is principally due to a quarterly pension contribution of \$2.6M.
- (5) A new item, the District allocated its FY 2014 and FY 2015 Capital Appropriation Funds in support of future renovations to the Women's Hospital when the IMOB is completed and those floors become for patient care.
- (6) The decrease is due to additional withdraws from the 2015A Project Fund for the renovations at the Los Gatos campus.
- (7) The decrease is due significant General Contractor payments being accrued at year end, that were subsequently relieved during the first quarter of fiscal year 2017.
- (8) The decrease is due to timing of the release of the bi-weekly payroll liabilities, at June 30 there were 12/14's accrual on the books, at October 31 it was down to 9/14's.
- (9) The decrease is due a semi-annual 2015A bond interest payment made August 1, 2016.
- (10) The increase is due to this fiscal year's P&L affect (\$37M from Operations and \$6M for Non-Operations – primarily due to unrealized investment gain), and the \$9M transfer from the District in support of the future Women's Hospital renovations.

⁽¹⁾ Hospital entity only, excludes controlled affiliates

APPENDIX

Dashboard - Mountain View

| | Annual | | | | | | Month | | | YTD | | |
|---------------------------------------|---------|---------|---------|---------|--------------------|--------------------|---------|---------|------------|---------|---------|------------|
| | 2013 | 2014 | 2015 | 2016 | 2017 Projection | 2017 Bud/Target | PY | CY | Bud/Target | PY | CY | 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 | 69,019 | 72,687 | 5,685 | 5,534 | 5,756 | 29,025 | 28,758 | 29,288 |
| ADC | 198 | 195 | 201 | 199 | 189 | 199 | 190 | 184 | 192 | 190 | 188 | 191 |
| Adjusted Acute Discharges | 18,804 | 18,465 | 18,455 | 18,721 | 19,186 | 18,879 | 1,438 | 1,533 | 1,585 | 7,769 | 7,994 | 7,911 |
| Acute Discharges | 11,206 | 10,718 | 10,825 | 11,105 | 11,042 | 11,082 | 858 | 868 | 924 | 4,502 | 4,601 | 4,617 |
| Inpatient total | | | | | | | | | | | | |
| MS Discharges | 11,206 | 10,718 | 10,825 | 11,105 | 11,042 | 11,082 | 858 | 868 | 924 | 4,502 | 4,601 | 4,617 |
| Deliveries | 4,487 | 4,348 | 4,386 | 4,076 | 4,195 | 4,171 | 318 | 332 | 348 | 1,683 | 1,748 | 1,738 |
| BHS | 861 | 857 | 901 | 806 | 775 | 896 | 59 | 64 | 75 | 343 | 323 | 373 |
| Rehab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OP total | | | | | | | | | | | | |
| ED | 34,920 | 35,447 | 38,443 | 39,005 | 37,798 | 40,212 | 3,086 | 2,980 | 3,351 | 16,116 | 15,749 | 16,756 |
| OP Surg | 2,808 | 3,273 | 3,402 | 3,189 | 3,473 | 3,447 | 260 | 304 | 287 | 1,394 | 1,447 | 1,436 |
| Endo | 1,979 | 2,300 | 2,365 | 2,231 | 2,052 | 2,320 | 161 | 175 | 193 | 950 | 855 | 967 |
| Interventional | 1,496 | 1,689 | 1,856 | 1,947 | 1,990 | 2,302 | 149 | 151 | 192 | 856 | 829 | 959 |
| All Other | 59,665 | 64,061 | 62,322 | 72,398 | 75,854 | 76,743 | 8,447 | 6,407 | 6,395 | 28,869 | 31,606 | 31,976 |
| Financial Performance (\$000s) | | | | | | | | | | | | |
| Net Revenues | 557,533 | 589,420 | 603,788 | 632,800 | 667,877 | 640,625 | 37,996 | 54,001 | 51,212 | 244,156 | 278,282 | 260,160 |
| Operating Expenses | 516,892 | 550,736 | 562,790 | 607,214 | 588,649 | 625,093 | 49,764 | 49,002 | 50,409 | 247,239 | 245,270 | 252,999 |
| Operating Income \$ | 55,324 | 56,518 | 59,684 | 46,918 | 114,199 | 38,016 | -10,044 | 10,204 | 2,643 | 5,555 | 44,669 | 16,481 |
| Operating Margin | 9.7% | 9.3% | 9.6% | 7.2% | 16.2% | 5.7% | -25.3% | 17.2% | 5.0% | 2.2% | 15.4% | 6.1% |
| EBITDA \$ | 105,938 | 105,814 | 103,637 | 96,770 | 174,197 | 90,879 | -6,140 | 14,199 | 6,785 | 24,429 | 64,668 | 37,388 |
| EBITDA % | 18.5% | 17.4% | 16.6% | 14.8% | 24.8% | 13.7% | -15.5% | 24.0% | 12.8% | 9.7% | 22.3% | 13.9% |
| Payor Mix | | | | | | | | | | | | |
| Medicare | 42.0% | 44.0% | 46.4% | 46.2% | 46.1% | 45.0% | 44.6% | 46.1% | 45.0% | 44.3% | 46.1% | 45.0% |
| Medi-Cal | 5.4% | 6.5% | 7.1% | 7.9% | 7.9% | 8.3% | 8.6% | 8.2% | 8.3% | 8.4% | 7.9% | 8.3% |
| Commercial IP | 28.6% | 25.7% | 24.2% | 23.6% | 23.0% | 23.6% | 23.4% | 21.8% | 23.6% | 23.9% | 23.0% | 23.6% |
| Commercial OP | 19.2% | 18.9% | 18.4% | 18.6% | 20.1% | 19.1% | 18.2% | 21.3% | 19.1% | 19.2% | 20.1% | 19.1% |
| Total Commercial | 47.8% | 44.6% | 42.6% | 42.2% | 43.1% | 42.7% | 41.6% | 43.1% | 42.7% | 43.1% | 43.1% | 42.7% |
| Other | 4.8% | 4.9% | 3.9% | 3.7% | 2.9% | 4.0% | 5.3% | 2.6% | 4.0% | 4.2% | 2.9% | 4.0% |
| Cost | | | | | | | | | | | | |
| Employees | 1,901.0 | 2,027.6 | 2,029.9 | 2,163.0 | 2,039.9 | 2,123.0 | 2,267.4 | 1,979.2 | 2,125.9 | 2,207.5 | 2,039.9 | 2,097.7 |
| Hrs/APD | 29.58 | 30.16 | 29.60 | 30.97 | 31.01 | 31.95 | 32.91 | 30.95 | 32.28 | 31.37 | 31.01 | 31.95 |

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 | 37 | 38 | 44 | 42 | 41 | 45 |
| Adjusted Acute Discharges | 3,578 | 3,740 | 3,888 | 3,778 | 3,621 | 4,113 | 331 | 294 | 344 | 1,710 | 1,509 | 1,719 |
| Acute Discharges | 2,143 | 2,165 | 2,289 | 2,239 | 2,117 | 2,417 | 202 | 169 | 201 | 959 | 882 | 1,007 |
| Inpatient total | | | | | | | | | | | | |
| MS Discharges | 2,143 | 2,165 | 2,289 | 2,239 | 2,117 | 2,417 | 202 | 169 | 201 | 959 | 882 | 1,007 |
| Deliveries | 748 | 792 | 681 | 641 | 605 | 639 | 45 | 46 | 53 | 289 | 252 | 266 |
| BHS | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 |
| Rehab | 525 | 547 | 555 | 500 | 511 | 570 | 29 | 41 | 48 | 211 | 213 | 238 |
| OP total | | | | | | | | | | | | |
| ED | 10,605 | 10,609 | 10,687 | 10,922 | 10,445 | 11,046 | 842 | 867 | 921 | 4,455 | 4,352 | 4,603 |
| OP Surg | 3,103 | 3,171 | 3,077 | 2,864 | 2,942 | 2,980 | 209 | 273 | 248 | 1,243 | 1,226 | 1,242 |
| Endo | 263 | 192 | 155 | 91 | 67 | 159 | 8 | 10 | 13 | 64 | 28 | 66 |
| Interventional | 11 | 17 | 22 | 23 | 34 | 21 | 1 | 1 | 2 | 6 | 14 | 9 |
| All Other | 4,770 | 5,397 | 5,730 | 7,258 | 7,670 | 7,823 | 573 | 585 | 652 | 1,896 | 3,196 | 3,259 |
| Financial Performance (\$000s) | | | | | | | | | | | | |
| Net Revenues | 128,794 | 131,702 | 142,858 | 139,221 | 136,219 | 148,960 | 19,537 | 10,349 | 11,905 | 68,032 | 56,758 | 61,336 |
| Operating Expenses | 115,461 | 118,944 | 126,841 | 135,830 | 132,921 | 139,735 | 11,193 | 11,156 | 11,518 | 55,842 | 55,384 | 57,351 |
| Operating Income \$ | 13,802 | 13,787 | 18,436 | 5,695 | 5,379 | 11,801 | 8,546 | -634 | 608 | 13,242 | 2,241 | 5,058 |
| Operating Margin | 10.7% | 10.4% | 12.7% | 4.0% | 3.9% | 7.8% | 43.3% | -6.0% | 5.0% | 19.2% | 3.9% | 8.1% |
| EBITDA \$ | 18,784 | 19,440 | 24,365 | 11,784 | 11,763 | 19,011 | 9,043 | -120 | 1,105 | 15,730 | 4,901 | 7,675 |
| EBITDA % | 14.5% | 14.6% | 16.8% | 8.3% | 8.5% | 12.5% | 45.8% | -1.1% | 9.1% | 22.8% | 8.5% | 12.3% |
| Payor Mix | | | | | | | | | | | | |
| Medicare | 45.5% | 44.0% | 46.1% | 48.2% | 49.5% | 47.5% | 45.2% | 46.6% | 47.5% | 47.8% | 49.5% | 47.5% |
| Medi-Cal | 2.9% | 3.5% | 4.3% | 5.1% | 4.9% | 4.7% | 5.3% | 6.5% | 4.7% | 4.8% | 4.9% | 4.7% |
| Commercial IP | 25.3% | 25.9% | 23.8% | 21.4% | 20.3% | 22.2% | 23.7% | 20.3% | 22.2% | 22.5% | 20.3% | 22.2% |
| Commercial OP | 17.0% | 19.1% | 20.0% | 19.4% | 19.7% | 20.2% | 20.2% | 20.3% | 20.2% | 20.1% | 19.7% | 20.2% |
| Total Commercial | 42.3% | 45.0% | 43.8% | 40.8% | 39.9% | 42.4% | 43.9% | 40.6% | 42.4% | 42.6% | 39.9% | 42.4% |
| Other | 9.3% | 7.5% | 5.8% | 5.9% | 5.7% | 5.5% | 5.6% | 6.3% | 5.5% | 4.9% | 5.7% | 5.5% |
| Cost | | | | | | | | | | | | |
| Employees | 388.0 | 408.1 | 422.6 | 421.8 | 413.8 | 424.0 | 415.6 | 398.1 | 430.1 | 422.9 | 413.8 | 424.0 |
| Hrs/APD | 29.13 | 27.65 | 28.00 | 29.34 | 29.36 | 27.83 | 35.40 | 31.01 | 28.87 | 29.77 | 29.36 | 27.83 |

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

5 months ending 11/30/2016

| PERIOD 5 FY 2016 | PERIOD 5 FY 2017 | PERIOD 5 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|---------------|
| 166,251 | 195,724 | 190,937 | 4,786 | 2.5% |
| (128,255) | (141,723) | (139,726) | (1,998) | 1.4% |
| 37,996 | 54,001 | 51,212 | 2,789 | 5.4% |
| 1,725 | 5,205 | 1,841 | 3,365 | 182.8% |
| 39,721 | 59,206 | 53,052 | 6,154 | 11.6% |
| 28,766 | 29,851 | 31,378 | 1,527 | 4.9% |
| 7,637 | 8,053 | 7,826 | (227) | -2.9% |
| 6,292 | 6,571 | 6,325 | (246) | -3.9% |
| 3,084 | 532 | 739 | 207 | 28.1% |
| 449 | 470 | 448 | (22) | -4.9% |
| 3,454 | 3,525 | 3,693 | 168 | 4.5% |
| 49,681 | 49,002 | 50,409 | 1,407 | 2.8% |
| (9,960) | 10,204 | 2,643 | 7,560 | 286.0% |
| (856) | (1,121) | 729 | (1,850) | -253.7% |
| (10,815) | 9,083 | 3,372 | 5,711 | 169.4% |
| -18.4% | 21.9% | 10.4% | 11.4% | |
| -25.1% | 17.2% | 5.0% | 12.3% | |
| -27.2% | 15.3% | 6.4% | 9.0% | |

| \$000s | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| OPERATING REVENUE | | | | | |
| Gross Revenue | 902,601 | 987,767 | 970,033 | 17,734 | 1.8% |
| Deductions | (658,445) | (709,485) | (709,873) | 388 | -0.1% |
| Net Patient Revenue | 244,156 | 278,282 | 260,160 | 18,122 | 7.0% |
| Other Operating Revenue | 8,638 | 11,657 | 9,320 | 2,337 | 25.1% |
| Total Operating Revenue | 252,794 | 289,939 | 269,480 | 20,459 | 7.6% |
| OPERATING EXPENSE | | | | | |
| Salaries & Wages | 146,448 | 152,040 | 155,178 | 3,138 | 2.0% |
| Supplies | 39,545 | 38,071 | 40,129 | 2,058 | 5.1% |
| Fees & Purchased Services | 31,681 | 31,901 | 33,063 | 1,161 | 3.5% |
| Other Operating Expense | 10,587 | 3,259 | 3,722 | 463 | 12.4% |
| Interest | 2,246 | 2,357 | 2,241 | (116) | -5.2% |
| Depreciation | 16,628 | 17,642 | 18,666 | 1,024 | 5.5% |
| Total Operating Expense | 247,134 | 245,270 | 252,999 | 7,728 | 3.1% |
| Net Operating Income/(Loss) | 5,660 | 44,669 | 16,481 | 28,188 | 171.0% |
| Non Operating Income | (12,293) | 7,294 | 3,645 | 3,650 | 100.1% |
| Net Income(Loss) | (6,634) | 51,963 | 20,126 | 31,837 | 158.2% |
| EBITDA | 7.2% | 20.1% | 11.6% | 8.6% | |
| Operating Margin | 2.2% | 15.4% | 6.1% | 9.3% | |
| Net Margin | -2.6% | 17.9% | 7.5% | 10.5% | |

⁽¹⁾ Hospital only, excludes controlled affiliates

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

5 months ending 11/30/2016

| PERIOD 5 FY 2016 | PERIOD 5 FY 2017 | PERIOD 5 Budget 2017 | Variance Fav (Unfav) | Var% |
|---------------------|---------------------|-------------------------|-------------------------|----------------|
| 40,097 | 42,873 | 43,111 | (237) | -0.6% |
| (20,561) | (32,524) | (31,206) | (1,319) | 4.2% |
| 19,537 | 10,349 | 11,905 | (1,556) | -13.1% |
| 202 | 173 | 221 | (48) | -21.7% |
| 19,739 | 10,522 | 12,126 | (1,604) | -13.2% |
| 5,643 | 5,926 | 6,367 | 441 | 6.9% |
| 1,935 | 1,884 | 1,760 | (124) | -7.1% |
| 1,250 | 1,175 | 1,203 | 29 | 2.4% |
| 1,867 | 1,657 | 1,690 | 33 | 1.9% |
| 0 | 0 | 0 | 0 | 0.0% |
| 498 | 514 | 497 | (17) | -3.4% |
| 11,193 | 11,156 | 11,518 | 362 | 3.1% |
| 8,546 | (634) | 608 | (1,242) | -204.2% |
| 0 | 0 | 0 | 0 | 0.0% |
| 8,546 | (634) | 608 | (1,242) | -204.2% |
| 52.1% | 10.7% | 19.4% | -8.7% | |
| 43.3% | -6.0% | 5.0% | -11.0% | |
| 43.3% | -6.0% | 5.0% | -11.0% | |

| \$000s | YTD FY 2016 | YTD FY 2017 | YTD Budget 2017 | Variance Fav (Unfav) | Var% |
|------------------------------------|----------------|----------------|--------------------|-------------------------|---------------|
| OPERATING REVENUE | | | | | |
| Gross Revenue | 205,779 | 210,484 | 222,115 | (11,630) | -5.2% |
| Deductions | (137,747) | (153,726) | (160,778) | 7,052 | -4.4% |
| Net Patient Revenue | 68,032 | 56,758 | 61,336 | (4,578) | -7.5% |
| Other Operating Revenue | 1,052 | 867 | 1,074 | (207) | -19.2% |
| Total Operating Revenue | 69,084 | 57,625 | 62,410 | (4,785) | -7.7% |
| OPERATING EXPENSE | | | | | |
| Salaries & Wages | 29,602 | 29,929 | 31,357 | 1,428 | 4.6% |
| Supplies | 8,845 | 7,906 | 8,901 | 995 | 11.2% |
| Fees & Purchased Services | 6,773 | 6,519 | 6,282 | (236) | -3.8% |
| Other Operating Expense | 8,135 | 8,370 | 8,195 | (176) | -2.1% |
| Interest | 0 | 0 | 0 | 0 | 0.0% |
| Depreciation | 2,488 | 2,660 | 2,617 | (44) | -1.7% |
| Total Operating Expense | 55,842 | 55,384 | 57,351 | 1,968 | 3.4% |
| Net Operating Income/(Loss) | 13,242 | 2,241 | 5,058 | (2,817) | -55.7% |
| Non Operating Income | 0 | (10) | 0 | (10) | 0.0% |
| Net Income(Loss) | 13,242 | 2,231 | 5,058 | (2,828) | -55.9% |
| EBITDA | 31.8% | 19.4% | 22.3% | -3.0% | |
| Operating Margin | 19.2% | 3.9% | 8.1% | -4.2% | |
| Net Margin | 19.2% | 3.9% | 8.1% | -4.2% | |

⁽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 - Williwow 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 |

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL-QUALITY

| NEW POLICIES | | | | |
|---------------------------------------|--|--------------------|------------------------|---------------------------|
| Policy Number | Policy Name | Department | Date | Summary of Policy Changes |
| | | | | |
| POLICIES WITH MAJOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | | | | |
| POLICIES WITH MINOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | | | | |
| POLICIES WITH NO REVISIONS - REVIEWED | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | |
| | Anesthesia Equipment, Care, Handling, Decontamination, Sterilization of | Sterile Processing | 12/16 | |
| | Automated Mechanical Cart Washer, Operation of | Sterile Processing | 12/16 | |
| | Bronchoscope Care, Handling, Disinfection and Sterilization of | Sterile Processing | 12/16 | |
| | Cleaning and Maintenance of Steam Sterilizers | Sterile Processing | 12/16 | |
| | Consignment Loaned Equipment and Instrumentation, Acquisition and Documentation of | Sterile Processing | 12/16 | |
| | Decontamination of Instrumentation, Rigid Containers and Mobile Patient Care Equipment | Sterile Processing | 12/16 | |
| | Departmental Cleaning | Sterile Processing | 12/16 | |
| | Environmental Design and Safety Control | Sterile Processing | 12/16 | |

| | | | | |
|--|--|--------------------|-------|--|
| | Flashpak Sterilizatoin Container System | Sterile Processing | 12/16 | |
| | High Risk Trays, Decontamination and Assembly | Sterile Processing | 12/16 | |
| | Olympic Sterile Drier, Operation of | Sterile Processing | 12/16 | |
| | Rigid and Flexible Endoscopes, Care, Handling, Disinfection and Sterilization of | Sterile Processing | 12/16 | |
| | Steam Sterilizers, Operation of | Sterile Processing | 12/16 | |
| | Sterrad Sterilization, Operating Instructions for | Sterile Processing | 12/16 | |
| | Supply Storage, Maintenance of | Sterile Processing | 12/16 | |
| | Surgical Instrumentation Handling and Transport Post Procedure | Sterile Processing | 12/16 | |
| | Surgical Instruments, Removing Stains from | Sterile Processing | 12/16 | |
| | Surgical Power Equipment, Care, Handling, Disinfection and Sterilization of | Sterile Processing | 12/16 | |
| | Traffic Control and Work Flow Practices | Sterile Processing | 12/16 | |
| | Ultrasonic Cleaner Monitoring efficacy of the unit with SonoCheck | Sterile Processing | 12/16 | |
| | Ultrasonic Cleaner Monitoring efficacy of the unit with Wash Check | Sterile Processing | 12/16 | |
| | Ultrasonic Cleaner, Operation of | Sterile Processing | 12/16 | |
| | Washer Disinfectors, Routine Cleaning of | Sterile Processing | 12/16 | |
| | Dress Code and Use of PPE | Sterile Processing | 12/16 | |
| | Requested Time Off | Sterile Processing | 12/16 | |
| | Staff Competency, Training and Education | Sterile Processing | 12/16 | |
| | | | | |

Board of Directors Open Session – February 08, 2017

To: El Camino Hospital Board of Directors

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

Date: January 31st, 2017

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of **January 26th, 2017**.

Request Approval of the Following:

Patient Care Policies & Procedures – Policy Summaries (pp. 2-6)

- **New Policies (attached)**
 - Extensive Contact Isolation Precautions (pp. 7-14)
 - Clinical Research (pp. 15-25)
 - My Care Access (pp. 26-29)
 - Smoke Evacuation (pp. 30-33)
 - Dialysis Treatment Area (pp. 34-36)
 - Protocol: Aortic Aneurism Dissection, Suspected or Confirmed, Care of (pp. 37-41)

- **Policies with Major Revisions (See Summary p.2)**
 - Standardized Procedure L&D Ultrasound, Limited obstetrical by Qualified RN in L&D
 - Policy on Policies

- **Policies with Minor / No Revisions (See Summary pp. 2-6)**

Medical Staff Policies & Procedure

- **FPPE Policy (pp. 42-46)**

DECEMBER 2016 SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

| NEW POLICIES | | | | |
|-------------------------------|---|--------------------------|------------------------|---|
| Policy Number | Policy Name | Department | Date | Summary of Policy Changes |
| | Extensive Contact Isolation Precautions | Infection Control | 12/16 | |
| | Clinical Research | Patient Care Services | 12/16 | |
| | My Care Access | HIMS | 12/16 | |
| | Smoke Evacuation | OR and Patient Care | 12/16 | |
| POLICIES WITH MAJOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | Standardized Procedure L&D-Ultrasound, Limited Obstetrical by Qualified RN in L&D | L&D | 12/16 | Update qualifications, education, and training for the L&D RN certified to perform the procedure. Add an annual competency for the L&D RN certified to perform the procedure. |
| | Policy on Policies | Administration | 12/16 | Added content to explain process for review and clarified which committees must review which document |
| POLICIES WITH MINOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | Client Billing Services | Community Transportation | 12/16 | Combined Billing Policies |
| | Transportation Services | Community Transportation | 12/16 | Combined 6 Transportation Policies |
| | Lifeline Intake Information File | Community Transportation | 10/16 | Minor changes |
| | Mobile Radio Communication | Community Transportation | 10/16 | Minor changes |
| | New Client Intake | Community Transportation | 10/16 | Minor changes |
| | New Lifeline Subscriber Information | Community Transportation | 10/16 | Minor changes |

| | | | | |
|--|---|---|-------|--|
| | Imaging interpretation and Turn Around Time | Imaging | 12/16 | The last time we were inspected for MQSA, it was recommended that we edit our TAT policy to specifically call out the MQSA reporting requirements for Mammography. |
| | Sentinel Lymph Node Localization | Imaging | 12/16 | Needed a method of site marking from the surgeon prior to procedure |
| | Automated Temperature Monitoring | Clinical Support/Facilities and Patient Support | 12/16 | Changed process for notification to Hospital Supervisor for departments that are closed and offsite locations. |
| | NICU-Medication Administration in NICU | NICU | 12/16 | Added verbiage regarding adenosine administration and minor grammatical changes |
| | Medication Automatic Stop Order | Pharmacy | 12/16 | Title change, chronic medications will have no end date, pharmacists will receive a report in 88 and 89 days of therapy for chronic medications |
| | Antibiotic Renal Dosing per Pharmacy Protocol for Adult Patients (Non Dialysis) | Pharmacy | 12/16 | Per request of Medical Staff, this protocol will be extended to ongoing renal dose adjustment of antimicrobial agents on this list as needed. Previously, the protocol only covered initial renal dose adjustments. Cefepime dosing recommendations based on the newest IDSA HAP/VAP guidelines. Tamiflu dosing adjustments guidelines were added to the protocol. |
| | Admission Discharge Transfer (ADT) for Labor & Delivery Enterprise | L&D | 12/16 | |
| | ESWL for Patient with Pacemaker or Internal Cardiac Defibrillator LG | OR | 12/16 | Combined policies and added references |
| | Extracorporeal Shock Wave Lithotripsy_ESWL_HM3 and Litho Gold LG | OR | 12/16 | Combined 2 policies into 1 New References |
| | EHR Downtime and Reconciliation | Patient Care | 12/16 | Removed some steps in the procedures and added/revised icons and graphs |
| | Transportation Services | Transportation | 12/16 | |
| | HIMS Patient Amendment of Protected Health Information | HIMS | 12/16 | Title change and took out minor duplicated verbiage |
| | Obtaining Authorization of Release of Protected information | HIMS | 12/16 | Combined HIMS 2.14 and 2.21 title changed to HIMS Authorization and Release of Protected Health Information |
| | Restricting Confidential Communications | HIMS | 12/16 | Title change to HIMS Patient Request to restrict Confidential Communications |
| | Operative Report | HIMS | 12/16 | Added Post Procedure Note |

| | | | | |
|--|--|-------------------|-------------------------------|---|
| | MyCare Access Policy | HIMS | 12/16 | Update Reference Consent Manual |
| | Receiving and Sending Records Offsite Storage | HIMS | 12/16 | Minor changes |
| | Pacemaker, Temporary Transvenous and Epicardial, Mgmt of Pt with | Patient Care | | Coverage areas. Removed old hospital locations and added LG locations Removed procedure step by step, duplicative of Lippincott. Revised Documentation to match current EHR documentation process and align with ECG documentation policy. |
| POLICIES WITH NO REVISIONS - REVIEWED | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | |
| | Workers' Compensation Use and Disclosure of Protected Health Information | HIMS | 12/16 | |
| | Physician Orders | HIMS | 12/16 | |

JANUARY 2017 SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

| NEW POLICIES | | | | |
|--------------------------------------|--|--------------------|-------------------------------|---|
| Policy Number | Policy Name | Department | Date | Summary of Policy Changes |
| | Dialysis Treatment Area | Dialysis | 1/17 | |
| | Protocol: Aortic Dissection, Suspected or Confirmed, Care of | ED/HVI | 1/17 | |
| POLICIES WITH MINOR REVISIONS | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | Summary of Policy Changes |
| | Scope of Services - Imaging Services | Imaging | 1/17 | Changed MRI hours for Los Gatos to reflect current staffing |
| | Radiation Protection Policy | Imaging | 1/17 | The Radiation Safety Officer, Dr. Gopi, revised the exposure limits for employee notification and combined notification levels for all depts. |
| | Cardiac Pacemaker Patient Management | Radiation Oncology | 1/17 | Updated wording |
| | Cerrobend Mold Room Safety | Radiation Oncology | 1/17 | Remove reference to binder no longer kept, Change Manager to Lead Therapist. Change vendor to generic. |
| | Pressure Ulcer Development Reduction in Radiation Oncology | Radiation Oncology | 1/17 | Electronic Medical Record changed to EHR. |
| | Breaks and Lunches | Pharmacy | 1/17 | LG "One pharmacist or one Tech" |
| | Call in Procedure | Pharmacy | 1/17 | |
| | Department Communications Systems (Vocera) | Pharmacy | 1/17 | Minor changes |
| | Expired Medications | Pharmacy | 1/17 | Formating changes |
| | Free Medications | Pharmacy | 1/17 | Title Change and language regarding ED removed |
| | Hand-Off Communication | Pharmacy | 1/17 | |
| | In Charge Pay Premium | Pharmacy | 1/17 | Added language to change verbiage to "Pharmacy Management" |
| | Outpatient Services | Pharmacy | 1/17 | Title change and removed specific medical record system name |
| | Receiving | Pharmacy | 1/17 | Updated |
| | Security | Pharmacy | 1/17 | Title updated Pharmacy Security |
| | Storage | Pharmacy | 1/17 | Several items updated/removed from policy |
| | Unit Dose Packaging Using the Oral Solid Packager | Pharmacy | 1/17 | |
| | Floorstock | Pharmacy | 1/17 | |

| | Unit Inspections of Medication Areas | Pharmacy | 1/17 | CA BOP regulatory change now allows pharmacy technicians and intern pharmacist to perform monthly unit inspections |
|--|--|--------------------|-------------------------------|--|
| | Hemorrhage, Postpartum, Management of the Patient | L&D | 1/17 | 1.Added Line # 14 of Assessment and Intervention to support the process when internal packing is used for patients in L&D |
| | L&D Sponge and Sharps Count in Vaginal Delivery | L&D | 1/17 | Added line #6 in the statement section to support internal packing left in patient. Added line #7 in the procedure section to support documentation of internal packing when used. |
| | C-Section Alert for Emergency Cesarean Section | L&D | 1/17 | Change the title to reflect ALERT and Cleaned up the document so the verbiage is consistent language of ALERT not a Code |
| | Retention and Destruction | HIMS | 1/17 | Additional information regarding secure texting done by clinical staff/providers |
| POLICIES WITH NO REVISIONS - REVIEWED | | | | |
| Policy Number | Policy Name | Department | Review or Revised Date | |
| | Exlipse Treatment Planning System, Physics Quality Assurance | Radiation Oncology | 1/17 | |
| | Measurement of Equipment, Physics Quality Assurance | Radiation Oncology | 1/17 | |
| | Tattoos and the Radiation Oncology patient | Radiation Oncology | 1/17 | |
| | Department Competence Assessments | Pharmacy | 1/17 | |
| | Health Service Industrial Accounts | Pharmacy | 1/17 | |
| | Ordering-Purchasing Systems | Pharmacy | 1/17 | |



POLICY/PROCEDURE TITLE: EXTENSIVE CONTACT Isolation Precautions

CATEGORY: Infection Control
LAST APPROVAL DATE: new policy

SUB-CATEGORY: Isolation Precautions
ORIGINAL DATE: 07/2016

COVERAGE:

All El Camino Hospital Staff
Visitors to El Camino Hospital

PURPOSE:

The purpose of EXTENSIVE CONTACT Isolation precautions is to outline practices to reduce the risk of transmission of Carbapenem-resistant Enterobacteriaceae (CRE) and other extensively drug-resistant organisms (XDRO). The emergence and dissemination of carbapenem resistance among Enterobacteriaceae represents a serious threat to public health. These organisms cause infections that are associated with high overall mortality rates of 48%; they have the potential to spread quickly within a hospital. Patient-to-patient transmission of certain resistant microorganisms occurs either via direct contact or indirectly via the hands of healthcare workers (HCWs), contaminated patient care equipment or environmental surfaces.

STATEMENT:

EXTENSIVE CONTACT Isolation Precautions will be implemented when a patient has suspected or confirmed colonization or infection with an XDRO organism (refer to Appendix A for case-definition criteria). Patients with a history of XDRO colonization or infection (as defined by Appendix A) will also be placed on EXTENSIVE CONTACT precautions. All cases are reviewed by the Infection Prevention and Control Department to determine if EXTENSIVE CONTACT Precautions are required. Patients with suspected XDRO colonization or infection will be removed from EXTENSIVE CONTACT precautions only by the Infection Control Manager or Infection Control Medical Director. To help prevent the spread of CRE and other highly resistant bacteria, El Camino Hospital reserves the right to require visitor cooperation with Infection Control polices and may restrict visitation within the hospital.

POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

DEFINITION:

Extensive drug resistant organisms (XDRO):

CRE organisms that are considered carbapenemase producers (e.g., KPC, NDM, VIM).

Other organisms that have extensive resistant to multiple categories of antibiotics (as defined by Appendix A).

Note: These organisms are of the greatest concern for spread within a hospital.

Multi drug resistant organisms (MDRO): CRE organisms that are resistant to carbapenems and are not carbapenemase-producing (as defined by Appendix A).

PROCEDURE:

A. Private room

1. It is preferable to place the patient in a room with an anteroom.
2. It is not necessary for the patient to be placed in a negative pressure room.
3. Note: if patient requires dialysis; room must be a designated dialysis room
4. Cohorted rooming may be done upon approval of Infection Control (IC) Medical Director
5. If cohorting approved, location of patient will be decided by Nursing Leadership.

B. Isolation cart

1. Order isolation cart.

C. Room isolation sign

1. Place EXTENSIVE CONTACT sign on the patient's door (includes a "STOP" sign)
2. Sign is to remain on the door until the room has been cleaned after isolation has been discontinued

D. Personal Protective Equipment (PPE):

1. Hand hygiene: use alcohol based hand gel, rub for 20 seconds
2. Before entry into patient's room, don full body PPE ("bunny suit") and gloves
Note: if full body PPE is not available; gown is to be worn
3. Change gloves after each patient care task involving contact with body fluids.
4. Remove all PPE before exiting the patient's room
5. Immediately after removing all PPE, perform hand hygiene.

E. Care Team

1. For all ancillary caregivers and procedures/ tests, all effort should be made to see XDRO patient last.
2. Nursing:

POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

- a. 1:1 or cohorted nursing care is required. Cohorted care must be approved by IC Medical Director of designee. If cohorting care approved, assignments will be decided by Nursing Leadership.
- b. Peer to Peer feedback is to be used to monitor compliance with PPE is worn for ALL who enter the room
PPE: full body PPE, gloves, mask (if applicable for standard precautions)
3. Respiratory therapy:
 - a. May see patient earlier in the shift, with strict adherence to hand hygiene and PPE
4. Phlebotomy
 - a. Limit items brought into the room
 - b. Draw blood at the end of shift, if not STAT
 - c. If STAT order may see patient with strict adherence to hand hygiene and PPE
4. Imaging Services
 - a. Encourage Imaging procedures (e.g. x-ray or ultrasound) to be performed in the room.
 - b. Schedule case: If patient must go to the imaging department the study must be scheduled at the end of the day unless emergent.
 - c. When the Radiology technicians go to the units to take x-rays, the technicians should perform these procedures last.
 - d. The technicians should thoroughly disinfect the portable x-ray machine and plates with Sani wipes after taking x-rays. The plate should be placed into a plastic sleeve prior to taking it into the room.
 - e. EVS: call EVS to perform appropriate terminal cleaning of the area
5. Dialysis:
 - a. Identify one reverse osmosis machine and one dialysis machine to be left in patient's room for duration of dialysis requirement.
 - b. Disinfection of machine post treatment to take place in patients' room.
 - c. Treatment to be performed by dialysis nurse on second half of shift as much as possible.
6. Nutrition services
Use disposable food trays

F. Equipment

1. Dedicate the use of patient care items, including workstations on wheels (WOWs), stethoscopes, glucometer, commodes, portable chairs, electronic thermometer, etc.

G. Visitor guidelines

1. Visitor guidelines are designated to protect visitors. Visitors must follow PPE guidelines. Nurse to instruct visitors on hand hygiene and PPE guidelines.
2. Visitors should avoid all common areas on the patient care unit/ hospital.
 - a. No food or drink within the patient room

POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

- c. Limit personal items within the room as much as possible
3. No more than 2 visitors will be allowed at any one time
4. No visitors under the age of 14 are allowed
5. Call Infection Prevention Manager for extenuating circumstances or guidance needed for visitation needs.

H. Procedures

Perform procedures within the room whenever possible

1. When the patient must leave the room for a procedure: verbal hand off nurse must communicate with the receiving department the patient's isolation status in order to follow EXTENSIVE CONTACT Isolation precautions.

I. Operating Room and procedural areas

1. Case must be scheduled at the end of the day
2. Patient must not wait in the holding area; the patient is brought directly to the OR procedural area.
3. **Staffing will be 1:1 during pre and post anesthesia care**
4. After the staff has transferred the patient from the gurney to the procedural table, linens will be removed and the gurney will be wiped down with a hospital-approved disinfectant before parking it in the hallway.
5. OR and procedural area staff must communicate to the post-anesthesia care unit (PACU) to allow for appropriate staffing.

J. Ambulating patients outside the patient room

1. Patients may ambulate in the hall accompanied by staff if the following conditions are met:
 - a. Patient must perform hand hygiene before exiting room
 - b. Patient should be bathed and wear a clean patient gown
 - c. Any bodily fluids that the patient has must be adequately covered/ contained before patient leaves the room.

K. Environmental Cleaning:

1. Daily cleaning of the room.
 - a. Nursing staff: Clean patient care items (monitoring equipment and electronic devices) with a hospital approved disinfectant.
 - b. Environmental Services Staff (EVS):
 - i. Clean all horizontal surfaces (overbed tables and night stands) and high touch surfaces (e.g. bed rails, light switches, door knobs, sink fixtures, counter top) with a hospital approved disinfectant.
 - ii. Clean the room and bathroom using hospital-approved disinfectant. .

POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

- iii. Clean the floor with a hospital-grade disinfectant.
- iv. Room is cleaned daily by EVS at the end of the shift.

L. Upon discharge

- 1. The room is cleaned as an isolation room using hospital-approved disinfectant.
- 2. Place all soiled linen in the linen bags, including linen soiled with blood or body fluids
- 3. Dispose of trash per routine policies.
- 4. Non-disposable equipment such as patient call bell; telephone, rehab equipment, lift equipment must be cleaned by department prior to use of Xenex.
DO NOT REMOVE until notified by housekeeping that room has been cleaned.
- 4. EVS to perform ATP check of room and equipment (per EVS protocol) after terminal cleaning.
- 5. EVS notifies that the room has been cleaned and UV light (Xenex) machine used and that the sign can be removed.

References:

- 1. CDC. 2012 CRE Toolkit – Guidance for control of Carbapenem-resistant Enterobacteriaceae (CRE) (updated June 2, 2015); <https://www.cdc.gov/hai/organisms/cre/index.html>
- 2. CDC. Carbapenem-resistant Enterobacteriaceae (CRE) infection (updated June 1, 2015); <http://www.cdc.gov/hai/organisms/cre/cre-clinicians.html>
- 1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007
- 2. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2006 Management of Multidrug-Resistant Organisms in Healthcare Settings, October 2006
- 3. CDC. New Carbapenem-Resistant Enterobacteriaceae Warrant Additional Action by Healthcare Providers. CDC Health Advisory, 2013
- 4. CDC. Guidance for control of infections with carbapenem-resistant or carbapenemase producing Enterobacteriaceae in acute care facilities. MMWR 2009;58:256-60.
- 5. CDC. Detection of Enterobacteriaceae Isolates Carrying Metallo-Beta-Lactamase — United States, 2010. MMWR 2010;59:750.

POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

APPENDIX A: XDRO and MDRO

XDRO: Extensive Isolation Contact Precautions

| XDRO: Criteria for resistance | Organisms | Notes |
|--|--|--|
| CP -CRE: carbapenemase – producing Enterobacteriaceae (e.g., KPC, NDM, VIM) | E. coli, Klebsiella pneumoniae, Klebsiella oxytoca | Rule out XDRO CRE: Isolate patient in EXTENSIVE CONTACT isolation precautions until mechanism of resistance clarified by lab |
| Acinetobacter baumannii resistant to meropenem and all aminoglycosides (i.e., tobramycin, gentamicin, amikacin) | Acinetobacter baumannii complex | |
| Pseudomonas aeruginosa resistant to meropenem and aminoglycoside and/or colistin | Pseudomonas aeruginosa | May retain sensitivity to aminoglycosides alone |

MDRO: Contact Isolation Precaution

Refer to Infection Control MDRO policy for guidelines

| XDRO: Criteria for resistance | Organisms | Notes |
|---|--|---|
| Carbapenem-resistant Enterobacteriaceae, not carbapenemase-producers | E coli, Klebsiella pneumoniae, K oxytoca | As defined by the lab: Resistant to any of the carbapenems: Doripenem, Ertapenem, Imipenem, Meropenem |
| ESBL-containing Enterobacteriaceae | E coli, K. pneumoniae, K oxytoca, etc. | Must retain sensitivity to carbapenems/meropenem |
| Carbapenem-resistant non-Enterobacteriaceae, e.g. Pseudomonas spp. (resistance to no more than 2 classes of antibiotics, e.g., carbapenems + FQs) | Pseudomonas spp. | Must retain sensitivity to colistin plus either FQ or aminoglycosides |
| Acinetobacter spp. resistant to meropenem | Acinetobacter spp. | Must retain sensitivity to aminoglycosides and colistin |
| Burkholderia cepacia | All strains B cepacia | Often intrinsically resistant to cephalosporins and meropenem |



POLICY/PROCEDURE TITLE: XDRO Isolation Precautions

EXTENSIVE CONTACT Isolation Patient Management: Tip Sheet

| Component | |
|---------------------------------|---|
| Isolation | Enhanced Contact Precautions (in addition to standard precautions) <ol style="list-style-type: none"> 1. Full body PPE (“bunny suit”) 2. Gloves 3. Face shield mask (if needed for standard precautions) |
| Hand Hygiene | <ol style="list-style-type: none"> 1. All staff should perform hand hygiene frequently including before and after donning gloves and PPE |
| Room placement | <ol style="list-style-type: none"> 1. It is preferable to place the patient in a room with an anteroom. 2. It is not necessary for the patient to be placed in a negative pressure room. 3. Note: if patient requires dialysis; room must be a designated dialysis room |
| Patient Equipment | <ol style="list-style-type: none"> 1. Dedicated medical equipment should be used for the provision of patient stay (Example: glucometer, dialysis machine, soft scan lab, etc.) |
| Staffing | <p>Nursing: Patient requires a 1:1 nurse</p> <ol style="list-style-type: none"> 1. Primary nurse to assist with procedures as appropriate (blood draw) 2. Peer to Peer feedback is to be used to monitor compliance with PPE 3. Nurse to act as a “spotter” for all HCW entering room to check PPE compliance |
| | <p>Care Team: Respiratory therapy/ Physical Therapy/ OT, etc.:</p> <ol style="list-style-type: none"> 1. If unable to care for patient at end of shift, may see patient earlier in the shift, with strict Adherence to hand hygiene and PPE |
| | <p>Phlebotomy: Ask primary nurse to conduct blood draw if feasible</p> <ol style="list-style-type: none"> 1. Limit items brought into the room 2. Draw blood at the end of shift if not STAT |
| Procedures | <p>Surgical/ Imaging/ Endoscopy: Encourage procedures (e.g. x-ray or ultrasound) to be performed in the room if appropriate.</p> <p>Schedule for OR/Endo/Imaging: procedure must be scheduled at the end of the day unless emergent</p> |
| After procedure cleaning | <p>All equipment used must be cleaned with consultation from EVS following the manufacturer’s instructions for use</p> <p>EVS: call EVS to perform appropriate terminal cleaning of the area after procedure</p> |
| Patient Transport | <ol style="list-style-type: none"> 1. Notify receiving department of need for Extensive Contact Precautions 2. Nurse to go with patient assignment is 1:1 3. Wounds are covered and all body fluids are contained 4. Patient shall wear a clean gown and cleanse hands prior to leaving room |
| Room Cleaning-transfer | <ol style="list-style-type: none"> 1. Call EVS: follow protocol for CRE room cleaning 2. Xenex (UV light) terminal room clean upon discharge (or transfer) 3. EVS: perform ATP check of room (per protocol) after terminal cleaning |



POLICY/PROCEDURE TITLE: Infection Control-XDRO Precautions

| APPROVAL | APPROVAL DATES |
|--|-----------------------|
| Infection Control Committee: | 7/16 |
| _____ Medical Committee (if applicable): | N/A |
| ePolicy Committee: | 12/16 |
| Pharmacy and Therapeutics (if applicable): | N/A |
| Medical Executive Committee: | 9/15 |
| Board of Directors: | 10/15 |

Historical Approvals:

Infection Control Committee: 7/19/2016

Board of Directors:



TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Administrative

OFFICE OF ORIGIN: Clinical Research Department

ORIGINAL DATE: February 2016

I. COVERAGE:

El Camino Hospital Employees and Physicians

II. PURPOSE:

The purpose of this policy is to ensure research involving human subjects is assessed, approved and carried out in an ethical and standardized manner at El Camino Hospital (the "Hospital"), with a priority on compliance with applicable laws, Federal regulations and protecting the health, rights and welfare of hospital patients participating as subjects in clinical research.

III. POLICY STATEMENT:

Federal regulations establish requirements for the proper conduct of clinical research and it is the policy of the Hospital that all clinical research shall comply with such regulations. To achieve compliance with this policy, all research conducted using Hospital Resources (as defined below) shall be institutionally considered, reviewed, and approved for activation by the Clinical Research Department and the Hospital IRB before research is conducted at the Hospital. The Director of Clinical Research has enterprise oversight of all research and/or Hospital services supporting research and will implement standardized processes and controls to mitigate patient and organizational risk. Investigators who wish to conduct Research at the Hospital shall comply with all applicable Hospital policies, rules and regulations. The Hospital principles governing the oversight of human subject research are consistent with those of the World Medical Association's Declaration of Helsinki, the Nuremberg Code and the Belmont Report.

IV. DEFINITIONS:

1. **Authorization:** An individual's written permission to allow a Covered Entity to use or disclose specified PHI for a particular purpose. A Covered Entity may not use or disclose PHI for Research purposes without a valid Authorization. When an Authorization cannot be obtained from an individual, the IRB may grant a waiver of the Authorization.
2. **Business Associate:** A person or entity who, on behalf of a Covered Entity, performs or assists in performance of a function or activity involving the use or disclosure of Individually Identifiable Health Information, or PHI.

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TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

3. **Clinical Trial, Protocol, or Investigations Study:** is an objective study of a biomedical test article or test procedure to determine the specific effects (safety and effectiveness) of the test article on Human Subjects. The Study is conducted by an investigator who is licensed by Federal and/or State law.
4. **Covered Entity:** A health plan, a health care clearinghouse, or a health care provider who transmits health information in any medium (electronic, oral, or paper).
5. **Clinical Research Coordinator (CRC):** trained and qualified individual research staff who serve as Principal Investigator delegates and have responsibilities which may include study activation, IRB submission, maintenance of research records and recording of study data, subject consenting, protocol compliance and reporting of deviations, adverse and serious adverse events, and attending sponsor/internal study meetings as required. ECH employees serving as CRC(s), as well as Non-ECH employed CRC(s) must be approved by the IRB on a study basis and comply with all applicable regulations and Hospital policies/procedures in the conduct of research utilizing Hospital Resources.
6. **De-Identified Data:** Section 164.514(a) of the HIPAA Privacy Rule provides that health information is not individually identifiable if it does not identify an individual and if the Covered Entity has no reasonable basis to believe it can be used to identify an individual. De-Identified Data must not include any data elements of Individually Identifiable Health Information as defined below.
7. **Exempt Study:** Research that is exempt from individual consent does not involve human subjects because the data collected meets the definition of a De-Identified Data set (as defined hereinabove). Note that a De-Identified Data set can only be “de-identified” by an ECH employee or Business Associate.
8. **Financial Conflict of Interest (“FCOI”):** means a significant financial interest that could directly and significantly affect the decision-making process related to the design, conduct, or reporting of Research.
9. **Hospital Resources:** includes Hospital facilities, staff, systems, and/or data stored within Hospital records.
10. **Human Subjects:** an individual about whom an investigator conducting research obtains data through Intervention or Interaction with Individually Identifiable Health Information.
11. **Intervention or Interaction:** includes physical procedures performed on an individual, manipulation, communication, or interpersonal contact with an individual or manipulation of an individual’s environment.
12. **Investigator:** means the project director or Principal Investigator and any other person, regardless of title or position, who is responsible for (as opposed to simply assisting with) the design, conduct, or reporting of Research, which may include, for example, collaborators or consultants who are responsible to the Principal Investigator.
13. **IRB:** Institution Review Board (IRB) is the governing body of record and has the authority to approve, require modification in (to secure approval), deem exempt, or disapprove all research activity covered by regulations.

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

14. **Management Plan:** means taking action to address an FCOI, which can include reducing or eliminating the FCOI, to ensure, to the extent possible, that the design, conduct, and reporting of Research will be free from bias and/or the appearance of a conflict of interest.
15. **Nursing Research Council (NRC):** facilitates all Quality Improvement Project review and designation; monitors studies in progress.
16. **Principal Investigator (PI):** means an individual ECH Medical Staff physician or ECH employees who actually conducts a clinical investigation or in the event of an investigation conducted by a team of individuals, is the responsible leader of that team. The PI is responsible for a number of study related activities, including but not limited to, protocol compliance, maintenance of research records, overall supervision of the study, attending investigator meetings, subject recruitment, adverse event and serious adverse event reporting, the timely sign-off on research records, and attending internal study meetings as required.
17. **Private Information:** includes information that an individual can reasonably expect will not be made public, and information about behavior that an individual can reasonably expect will not be observed or recorded.
18. **Protected Health Information (PHI):** HIPAA Privacy Rule defines Protected Health Information as “Individually Identifiable Health Information” that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a Covered Entity or its Business Associates acting as the Covered Entity. Individually Identifiable Health Information means that the identity of the individual is or may be readily ascertained by the investigator or associated with any of the following 18 identifiers, including 1) name, 2) address information other than state, but including street address, city, county, zip code and other equivalent geocodes, 3) all elements of dates (except year) directly related to an individual, including date of birth, admission/discharge date, and date of death, 4) telephone number, 5) fax number, 6) email address, 7) social security number, 8) medical record number, 9) account numbers, 10) vehicle identifiers and serial numbers, 11) certificate/license number, 12) health plan beneficiary identifiers, 13) internet protocol (IP) address number, 14) web universal resource locator (URL), 15) biometrics identifiers, including finger and voice prints, 16) full face photographic images and any comparable images (x-rays), 17) device identifiers and serial numbers, and 18) any other number, characteristic or code that could be used to identify that individual.
19. **Quality Improvement Project:** Systematic patient data-guided activities designed to bring about immediate improvement in healthcare delivery only within ECH, and are not meant to be applied outside of the hospital (i.e. do not meet the Federal definition of “Research” as defined below). All Quality Improvement Projects must be submitted according to the following process:
 - Once study protocol and supporting documents have been fully drafted, complete “New Study Questionnaire” (found on The ECH Too Box) and submit with attachments (protocol, data collection tools, surveys, etc.) to the Nursing Research Council (NRC) Chair for initial study design review and feedback. The nurse or physician submitting the Clinical Quality Improvement Project must receive approval from the impacted unit’s Nursing Manager prior to submission.

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

- Review NRC feedback with impacted unit's Nursing Manager (or their delegate) and revise/resubmit to NRC.
 - NRC Chair will circulate to NRC Approval Committee members for approval.
 - If approved, NRC Chair will submit all study documents to the IRB Chair to confirm study qualifies for Clinical Quality Improvement Project designation.
 - IRB Chair (or their delegate) will issue a formal letter confirming the designation of the project (Quality vs. Research) and include applicable restrictions regarding such designation.
 - **Note that unlike Research, Quality Improvement Projects have publication restrictions for sharing data outside of ECH. It's important to consider and disclose any publication plans during the initial review.**
20. **Research:** 45CFR 46.102(d) defines research as a systematic investigation, including research development, and testing and evaluation, designed to contribute to generalizable knowledge.
 21. **Research Related Care:** refers to services that are provided by the Hospital for Research purposes only. Research related costs are associated with a specific Research study and may be billed to sponsor or third party payers.
 22. **Research Related Subject Injury:** means a medical condition (1) which is caused by and/or directly related to the research study (that is, the condition would not have existed "but for" the subject's participation in the study), and (2) which is in need of diagnosis and treatment as a matter of medical necessity and standard of care.
 23. **Serious Adverse Events:** an adverse event or suspected adverse reaction is considered "serious" if, in the view of either the investigator or sponsor, it results in any of the following outcomes: death, a life-threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, a congenital anomaly/birth defect, or any other adverse event that, based upon appropriate medical judgment, may jeopardize the subject's health and may require medical or surgical intervention to prevent one of the outcomes listed above.
 24. **Sponsor:** means a person or other entity that initiates a clinical investigation, but that does not actually conduct the investigation.
 25. **Standard of Care:** refers to services that are provided by the Hospital in the normal course of treatments absent participation in a Research study. Standard of care related costs are associated with such treatment furnished by or under the supervision of PI and may be billed to third party payers.
 26. **Test Article:** 21 CFR 50.3(j) defines test article as any drug (including a biological product for human use), medical device for human use, a placebo, or any other article subject to regulations under the jurisdiction of the Federal Food and Drug Administration (FDA).

V. PROCEDURE:

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

- A. **Research Approval & Activation:** PI is responsible for obtaining institutional approval through the Hospital Clinical Research Department to conduct research utilizing Hospital Resources. Prior to beginning any research activities, PI(s) shall work within the process set forth by the Director of Clinical Research (see Attachment A), which may be amended from time to time without amendment to this policy. Quality Improvement Projects that are designed to improve clinical care, but may not meet the Federal definition of “Research” (as defined hereinabove) are not considered research for purposes of this Policy, but must follow the study activation process documented within Attachment A to facilitate the approval to use Hospital Resources and allow the IRB to determine whether the proposed study meets the Federal definition.
- B. **Patient Notification of Research and Obtaining Informed Consent for Participation in Research:** PI is responsible for obtaining an individual’s Authorization and documenting informed consent in accordance with Hospital and IRB policy, applicable laws and regulations, except in an Exempt Study where the requirement to obtain informed consent is waived by the IRB of record.
- i. For Exempt Studies, El Camino Hospital informs patients that research is performed in the hospital in the Conditions of Admission.
 - ii. For non-Exempt Studies, informed consents shall be in a form approved by the IRB of record. The PI must fully inform the patient which aspects of their care are related to the research. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, the anticipated benefits and potential risks of the study and the discomfort to be reasonably expected. The subject must be informed of the right to refuse to participate in the study or to withdraw consent at any time shall not compromise their access to hospital services. Investigators are permitted to delegate to appropriate individuals the authority to obtain consent of their behalf; however they are ultimately responsible.
 - a. Informed consents for research that involves the care, diagnosis or treatment of a patient shall be maintained in the hospital medical record.
 - b. For research that does not involve procedures, interventions, or hospital services, consent is stored by the PI in their research files and not in the hospital’s electronic health record.
- C. **Patient Privacy:** “The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes the conditions under which Protected Health Information (PHI) may be used or disclosed by covered entities for research purposes. The Privacy Rule also defines the means by

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

which individuals will be informed of uses and disclosures of their medical information for research purposes, and their rights to access information about them held by Covered Entities.”¹ In accordance with all applicable Federal, State and institutional policies, the Hospital and Investigators shall protect research subject’s PHI that may be obtained, created, used, or disclosed for research purposes.

- D. **Storage and Use of Biological Specimens for Future Research Use:** If biological specimens (e.g. blood, tissue) are to be collected from Hospital patients for use in future IRB approved research, informed consent for the storage and use of such specimens in future research must be obtained as described above in Section B, unless such research is an Exempt Study (as defined above).
- E. **Use of Equipment & Software Provided by Sponsors:** All sponsor-provided equipment and/or software used in the conduct of Research or Quality Improvement Projects at the Hospital shall be reviewed by the Purchasing Department prior to its use. No equipment and/or software shall be shipped to or used at the Hospital unless it has been approved by Purchasing, who will coordinate with other Hospital stakeholders as necessary to conduct a technical evaluation of the equipment and/or software. Sponsors will be required to provide technical information to Purchasing in accordance with current Hospital policies and procedures, which may be amended from time to time without amendment to this policy.
- F. **Reporting Protocol Deviations and Serious Adverse Events:** The PI is responsible for immediately reporting safety related protocol deviations and Serious Adverse Events to Risk Management, Director of Research and IRB. The PI must also promptly report to the IRB, all other unanticipated problems that involve risk to the patients or others, serious or noncompliant events that may impact patient safety, or affect the integrity of the data, suspension or termination of IRB approval of research. The IRB shall promptly notify the Director of Clinical Research of all confirmed Serious Adverse Events that meet the Hospital’s definition of a Research Related Subject Injury. PI shall submit a QRR regarding all Research Related Subject Injuries.
- G. **Records and Files:** In accordance with Federal regulations and contractual obligations, the PI and Clinical Research Department shall maintain the necessary and appropriate documents and records (in paper and/or electronic format as applicable) relevant to each research study. Refer to Administrative policy on Retention and Destruction of Organization Records. Paper files shall be stored in a secured manner.

¹ Office of Civil Rights Health Information Privacy Guidance: Significant Aspects of the Privacy Rule, revised April 3, 2003 is available at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/research.html>

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

H. Billing Compliance & Research Budgeting:

- i. In many instances, Research Related Care may not be charged to third party payors. The PI is responsible for complying with all Medicare and Medicaid policies, rules and regulations regarding financial reimbursement for Research Related Care. Research studies may require a formal coverage analysis to determine what services are covered and what services may not be billed to third party payors.
- ii. PI is responsible for identifying all Research Related Care that is not within routine standard of care and non-therapeutic effort that is required to support the research study. All such services, including use of the facilities, must be included in a study budget and paid for by the study sponsor or PI.
- iii. Internal controls for research billing compliance shall be monitored by the Director of Clinical Research, Hospital Controller and Director of Corporate Compliance. Research Related Services shall be identified by the Clinical Research Department and Department of Finance and billed according to contract and in compliance with applicable laws and regulations. Hospital shall maintain billing records and track all hospital reimbursement associated with Research Related Care.

I. Conflict of Interests Disclosures and Management: To ensure that potential Financial Conflicts of Interest are identified, reviewed and appropriately managed in the conduct of Research and to maintain full compliance with Federal regulations (to include 21 CFR Part 54 and 45 CFR part 50 Subpart F (Promoting Objectivity in Research)), Investigators shall complete research related conflict of interest disclosures in accordance with Hospital policy. The Director of Clinical Research in conjunction with the Director of Corporate Compliance and IRB, shall review all financial disclosures documented by research Investigators within forms and formats that meet applicable regulations. A written record shall be maintained in the Clinical Research Department that documents the nature of the disclosure, information obtained, and the Hospital's conflict Management Plan. Investigators shall comply with disclosure requirements and follow conflict of interest Management Plans (as applicable) during their conduct of the research, updating the Director of Clinical Research, Director of Corporate Compliance and IRB of any FCOI changes during the term of the study. The Director of Corporate Compliance in conjunction with the Director of Clinical Research will monitor compliance with this policy.

J. Pharmacy: All research involving the use of investigational drugs must be reviewed and receive prior approval from the Pharmacy Director. The PI is responsible for compliance with all applicable regulatory requirements and El Camino Hospital's policy entitled, "Investigational Drugs, Devices and Biologics."

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

K. Publication:

- i. Publication of Recruitment & Marketing Materials: All patient recruitment material, including any marketing intended to be seen or heard by potential subjects, must be submitted to the Director of Clinical Research who will work in consultation with Marketing and Communications to review initial drafts for content, as well as ensure compliance with contractual obligations with research sponsors. All final drafts of such recruitment materials must be reviewed and approved by the IRB prior to their use.
- ii. Publication of Research and Quality Improvement Results: Consistent with the Hospital's mission as a non-profit, public benefit institution, it supports Investigator's interest in publishing research findings. To facilitate the internal review of research publications, all manuscripts, abstracts and presentations of research results must be submitted to the Director of Clinical Research to ensure compliance with contractual obligations, as applicable. The Director of Clinical Research shall consult with Hospital resources as necessary in the review of proposed publications.

L. Intellectual Property: In the conduct of Research, the Hospital and Investigators may be required to assign title to certain intellectual property developed in the course of Research. Principal Investigators shall, in addition to themselves, be responsible for ensuring that all Investigators have read, understand, and acknowledge their compliance with all representations, warranties and contractual obligations with respect to the assignment of intellectual property.

M. Compliance with Applicable Law & Research Contractual Terms: In the conduct of research, Investigators shall adhere to current Good Clinical Practices, ICH Guideline, IRB Procedure Manual, and all applicable laws, rules and regulations relating to conduct of research, including without limitation the Food, Drug and Cosmetic Act and regulations and rules, and Title 21 of the Code of Federal Regulations. In addition, Investigators shall understand and comply with all contractual obligations that apply to their role within the conduct of the Study. It shall be the responsibility of the PI to ensure that all Investigators have read, understand, and acknowledge their compliance with such terms and conditions.

N. Insurance Requirements: Investigators shall maintain at their sole cost and expense, either through his/her independent policy or through his/her medical group's policy, with reputable insurance companies, professional liability for research-related activities, in amounts and for such period of time as required by each Study contract. It shall be the responsibility of the PI to ensure that all Investigators have read, understand, and acknowledge their compliance with such insurance requirements.



TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

VI. APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|---|----------------|
| Clinical Research Executive Committee: | |
| IRB: | |
| ePolicy Committee: | |
| Medical Executive Committee: | |
| Board of Directors: | |
| | |
| | |

VII. ATTACHMENTS (if applicable):

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

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

ATTACHMENT A

Study Activation Process

All Research utilizing El Camino Hospital Resources must be processed through the following workflow.

Step 1 – Study Interest:

- Investigator will communicate initial interest to Clinical Research Department and request a Confidentiality Agreement (CDA) to facilitate delivery of study start-up packet (Protocol, Draft ICF, Draft CTA, Draft Budget, etc.). Note that only ECH authorized signatories may sign CDAs (Investigators are not authorized signatories).
- Clinical Research Department will facilitate the review and negotiation of the CDA and delivery of study start-up packet to Investigator for their consideration.
- Investigator will perform a comprehensive review all study start-up information.
- If Investigator confirms interest, he/she shall complete a New Study Questionnaire. If Investigator is not interested in pursuing the study, he/she will notify the Clinical Research Department to terminate start-up efforts.

Step 2 – Service Line Approval:

- Investigator will complete the New Study Questionnaire, sign and submit to Director of Clinical Research who will coordinate review by the appropriate ECH committee (Investigator is required to attend this meeting).

Step 3 – Clinical Research Department’s Feasibility Analysis:

- The Clinical Research Department will compile a feasibility analysis to assess a high level financial impact of conducting the study.

Step 4 – Clinical Research Executive Committee:

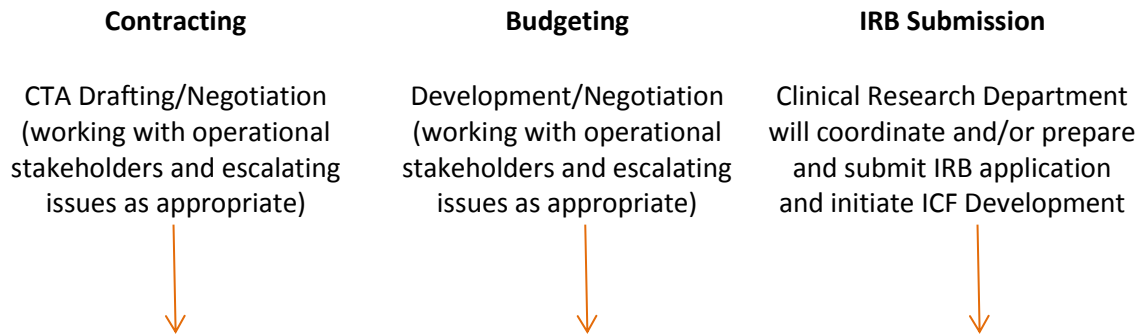
- The Clinical Research Executive Committee (COO, CMO, CFO, CSO, CNO, Chair of Nursing Research Council, Compliance Officer, and Director of Clinical Research) will review all Research proposals monthly for alignment of scientific merit, Hospital research strategy, operational impact, patient safety, and institutional risk. The committee may seek input from Hospital stakeholders as necessary in this assessment.
- Investigators or their delegates are required to provide a brief presentation to support consideration of their studies by the committee during the scheduled monthly meetings (coordinated by the Director of Clinical Research).
- Approval, denial or a request for additional information will be determined by the Clinical Research Executive Committee. Written notice will be provided to Investigator regarding approval status.

TITLE: Clinical Research Policy

CATEGORY:

LAST APPROVAL:

Step 5 – Study Start-Up (parallel processing): Once approved the following activities will begin in parallel



No research may be conducted using El Camino Hospital Resources until full approval for commencement has been granted by the Director of Clinical Research and the IRB.

TITLE: MyCare Access
CATEGORY:
LAST APPROVAL: New Policy

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY:
OFFICE OF ORIGIN: Health Information Management
ORIGINAL DATE:

I. COVERAGE:

El Camino Hospital Personnel

II. PURPOSE:

All patient information is considered confidential. Information that identifies or potentially identifies a patient, or information about a specific patient, will not be disclosed unless authorized by law or by the patient / legal guardian.

This procedure ensures confidentiality of patient information and allows for limited information to be accessed by the patient's legal guardian or designated patient proxy via MyCare.

III. REFERENCES:

1. California Hospital Association Consent Manual, 2016

IV. PROCEDURE:

1. Patients Requesting MyCare Access:

- A. By default, patients who are registered at El Camino Hospital receive a MyCare activation code upon discharge. This information is located on the patients After Visit Summary (AVS).
- B. The auto-generated activation code expires 14 days from the date of discharge or service.
- C. Patients may also call the Health Information Management (HIM) Department or contact MyCare Help via email to request an activation code.
- D. If the patient contacts the HIM Department, the following will occur:
 1. A request is taken and routed to the MyCare team for follow-up

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TITLE: MyCare Access

CATEGORY:

LAST APPROVAL: New Policy

2. A MyCare team member will contact the patient via email or phone to verify demographic information which includes patient name, date of birth, last four digits of the social security number and additional information if needed.
 3. Once the patient's identity has been verified, an activation code is generated and sent to the patient via email or USPS.
2. Requesting Adult Proxy Access of Minor Patient:
- A. Parent, legal guardian or conservator can request Proxy access to a minor's chart by completing a MyCare Child Proxy access form.
 - B. El Camino Hospital will validate the parent, legal guardian or conservatorship relationship of the minor patient.
 - C. Once validated and approved, a MyCare account will be created for proxy use.
 - D. Limited access is granted based on the minor's age due to state and federal patient privacy regulations.
 1. Minors 0 -11 years of age: Proxy will be able to view general medical record information, schedule appointments and send a message to the provider.
 2. Minors 12 – 17 years of age: Proxy will be able to schedule appointments and send a message to the provider

Proxy access of a minor patient will terminate when the minor patient turns 18 years of age.

3. Requesting Adult Proxy Access of Minor Patient:

- A. A patient 18 years of age and older can designate a proxy by completing a MyCare Adult proxy form and a MyCare Adult proxy release of protected health information authorization.
- B. El Camino hospital will validate the patient's request and authorization.
- C. Once validated and approved, a MyCare account will be created for proxy use.

TITLE: MyCare Access

CATEGORY:

LAST APPROVAL: New Policy

D. The Authorization for Release of Protected Health Information is valid for 10 years from the date of patient signature unless otherwise specified. Proxy access will expire on the specified date of expiration if not renewed.

4. Patients Requesting a Password Reset or Re-activation of their MyCare Account:

- A. Patients will undergo the same verification process as a new patient requesting access.
- B. Once patient's identity has been verified, a temporary password will be generated and provided to patient or account will be re-activated.

5. Patients Requesting a Deactivation of their MyCare Account:

- A. Patients will undergo the same verification process as a new patient Requesting access.
- B. Once patient's identity has been verified, the account will be deactivated and a notation entered regarding the deactivation request.



TITLE: MyCare Access
CATEGORY:
LAST APPROVAL: New Policy

APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|--|-----------------------|
| Originating Committee or UPC Committee | |
| (name of) Medical Committee (if applicable): | |
| ePolicy Committee: | 12/2016 |
| Pharmacy and Therapeutics (if applicable): | |
| Medical Executive Committee: | |
| Board of Directors: | |
| | |
| Historical Approvals: | |

POLICY/PROCEDURE TITLE: SURGICAL SMOKE EVACUATION

CATEGORY: Patient Care

LAST APPROVAL DATE: New

SUB-CATEGORY: Operating Room

ORIGINAL DATE:

COVERAGE:

Operating Room Staff

PURPOSE:

To provide directions to the perioperative staffs to reduce patients and perioperative personnel exposure to surgical smoke. By enforcing safe practices it is expected that patients and surgical staff will reduce the risk for injury related to the use of laser technology and electrical devices.

STATEMENT:

It is the policy of El Camino Hospital that when surgical smoke (ie, plume) produced by heat-generating instruments during operative or invasive procedures (eg, electrosurgical units [ESUs], lasers) will be captured and filtered using a smoke evacuator device or in-line filters positioned on suction lines.

DEFINITIONS:

Surgical smoke: The gaseous products of burning organic material created as a result of the destruction of tissue by lasers, electrosurgical units (ESUs), ultrasonic devices, power instruments, and other heat-producing surgical tools. Surgical smoke can contain toxic gases and vapors such as benzene; hydrogen cyanide; formaldehyde; bioaerosols; dead and live cellular material, including blood fragments; and viruses. At high concentrations, surgical smoke causes ocular and upper-respiratory tract irritation in health care workers and creates obstructive visual problems for the surgeon. Surgical smoke has unpleasant odors and has been shown to have mutagenic potential.

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POLICY/PROCEDURE TITLE: SURGICAL SMOKE EVACUATION

CATEGORY: Patient Care

LAST APPROVAL DATE: New

POLICY:

- ❖ The circulating RN will assess each surgical procedure requiring the use of heat-producing instruments that could generate plume and will provide means to remove it from the OR environment.
- ❖ Surgical smoke will be removed using a smoke evacuation system during open and laparoscopic procedures.
 - A smoke evacuation unit with a 0.1 micron filter (*eg, ultra-low particulate air [ULPA] or high efficiency particulate air [HEPA]*) will be used.
 - Connect the corrugated smoke evacuation tubing with a smooth inner lumen directly to the smoke evacuator.
 - Attach devices to the smoke evacuator that will automatically start and stop the smoke evacuator as surgical smoke is being generated, if available.
 - The suction wand will be kept as close as possible but no greater than 2 inches from the source of the smoke.
 - When a central suction system is used to evacuate smoke, a 0.1 micron in-line ULPA filter will be used.
 - Suction tubing no longer than 12 feet in length with a suction tip attached will be used or the suction tubing may be attached directly to the ESU hand piece.
 - Surgical smoke will be evacuated throughout the laparoscopic procedure by using a laparoscopic smoke evacuation device.
 - The smoke evacuation device will have a 0.1-micron filtration capability.
 - The release of the pneumoperitoneum will be performed using a closed system, which may involve a 0.1-micron in-line filter on the suction line, a smoke evacuation system that employs an irrigation/suction probe, or a smoke evacuator equipped to manually release insufflated gases.
 - Standard precautions will be used when disposing of used smoke evacuator filters, tubing, and wands.

DOCUMENTATION

The perioperative RN will document the use of surgical plume evacuation equipment and other devices used to evacuate plume during operative or other invasive procedures on the intraoperative record.

COMPETENCY

Perioperative personnel who provide care to patients undergoing operative or other invasive procedures during which surgical smoke is produced will receive education and complete competency validation activities on surgical smoke, including but not limited to:

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POLICY/PROCEDURE TITLE: SURGICAL SMOKE EVACUATION

CATEGORY: Patient Care

LAST APPROVAL DATE: New

- exposure risk associated with surgical smoke;
- protective measures required during smoke producing procedures;
- use of smoke evacuation equipment; and
- cleaning, decontamination, and maintenance procedures for smoke evacuation equipment and related accessories.

REFERENCES

Petersen C, ed. *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2010.

Recommended practices for electrosurgery. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2013:134-135.

Recommended practices for laser safety in perioperative settings. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2013:147-148.

Recommended practices for minimally invasive surgery. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2013:168.

| APPROVAL | APPROVAL DATES |
|--|----------------|
| Originating Committee or UPC Committee: | 3/2015 |
| _____ Medical Committee (if applicable): | |
| ePolicy Committee: | 12/2016 |
| Pharmacy and Therapeutics (if applicable): | |
| Medical Executive Committee: | |
| Board of Directors: | |

Historical Approvals

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POLICY/PROCEDURE TITLE: (Inserted PolicyTech field)

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TITLE: Dialysis Treatment Area (Mountain View Only)

CATEGORY: Patient Care Services

LAST APPROVAL:

TYPE:

- Policy
- Procedure
- Protocol
- Standardized Process/Procedure
- Scope of Service/ADT
- Practice Guideline

SUB-CATEGORY: *Dialysis Services*

OFFICE OF ORIGIN: *Patient Care Resources*

ORIGINAL DATE:

I. COVERAGE:

Inpatient Dialysis Treatment Area, Rooms 2332 and 2333; MV Campus only.

II. PURPOSE:

The purpose of the Dialysis Treatment Area is to provide consistent process for procedures for dialysis patients.

Hemodialysis, peritoneal dialysis, and apheresis can be performed on stable patients in the Dialysis Treatment Area. Patients who may be treated in the Dialysis Treatment Area include:

1. Medical and Surgical patients from 2B Short Stay, 2C Medical Services, 4A Surgical Services and 4B Medical/Surgical Oncology Services.
2. Level 1 cardiac monitoring patients with remote telemetry monitoring from 3B Telemetry and 3C Telemetry/Stroke.
3. Isolation patients in the above patient care units can be cared for in the Dialysis Treatment Area with the following criteria:
 - i. Patients with CRE and active clostridium difficile infection who are having diarrhea will be excluded.
 - ii. Simultaneous treatment of multiple isolated patients as a cohort in the Dialysis Treatment Area may be considered if the patients are isolated for the same organism.
 - iii. Infection control nurses will be consulted to confirm appropriateness for any situation in which isolated cohorts are being considered.

III. POLICY STATEMENT:

Hemodialysis, peritoneal dialysis, apheresis, and other dialysis procedures performed in the Dialysis Treatment Area will be initiated and managed by the inpatient dialysis nurse and patient care technician staff.

TITLE: Dialysis Treatment Area (Mountain View Only)

CATEGORY: Patient Care Services

LAST APPROVAL:

IV. PROCEDURE:

A. Transportation

1. Patients will be moved to the Dialysis Treatment Area by the patient transport team, with the exception of 2C patients, as they will be transported by unit staff.
2. The primary care nurse will request the transport team to transport the patient to the Dialysis Treatment Area.
3. Once the dialysis treatment is complete, the dialysis nurse will request the transport team to transport the patient back to their room.

B. Medication

1. The primary care nurse is responsible for administering and managing all scheduled regular medications for patients being treated in the Dialysis Treatment Area.
2. The dialysis nurse is responsible for administering and managing all dialysis medications for the patient during dialysis treatment, including PRN medications.

C. RN Responsibilities

1. Handoff
 - i. The primary nurse will do a complete patient handoff to the dialysis nurse before the initiation of dialysis treatment.
 - ii. After treatment is complete, the dialysis nurse will do a complete patient handoff to the primary nurse.
2. Activities of Daily Living
 - i. While in the dialysis treatment area, daily care activities (to include, but not limited to: turning, repositioning, hygiene care, and other activities of daily living) are to be managed by the dialysis nurse and would not require the primary nurse to leave the floor to go to the dialysis treatment area. For safe patient handling operations and other care needs that cannot be done safely with less than two people, the dialysis nurse may enlist help from support staff working on the patient's primary unit.



TITLE: Dialysis Treatment Area (Mountain View Only)

CATEGORY: Patient Care Services

LAST APPROVAL:

V. APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|--|----------------|
| Originating Committee or UPC Committee | |
| (name of) Medical Committee (if applicable): | |
| ePolicy Committee: | |
| Pharmacy and Therapeutics (if applicable): | |
| Medical Executive Committee: | |
| Board of Directors: | |
| | |
| Historical Approvals: | |

| | |
|-----------------------|---|
| TITLE: | Protocol: Aortic Aneurysm Dissection, Suspected or Confirmed, Care of (MV) only |
| CATEGORY: | |
| LAST APPROVAL: | |

| | |
|--------------------------|--|
| TYPE: | <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure |
| SUB-CATEGORY: | EMERGENCY DEPARTMENT |
| OFFICE OF ORIGIN: | HEART AND VASCULAR INSTITUTE |
| AUTHORS: | Lynn Taylor |
| ORIGINAL DATE: | 9/9/16 |

I. OUTCOME:

Patients experiencing symptomatic aortic aneurysm dissection will be referred to the appropriate surgical group (Cardiothoracic or Vascular) with confirmation of the dissection by Computed Tomography (CT).

II. SUPPORTIVE DATA:

Aortic aneurysm dissection is a rare disease with an estimated incidence of 5-30 cases per million per year³. Acute ascending aortic dissection is a life threatening emergency and requires urgent surgical intervention. Left untreated, the mortality rate for ascending aortic dissection is 1% to 2% per hour during the first 24-48 hours, reaching 75% at 2 weeks and 91% mortality at 1 year¹.

The 30 day mortality rate for acute descending aortic dissection is lower at 10%³. Aggressive antihypertensive treatment is the standard of care in most uncomplicated descending aortic dissections. If further intervention is needed the treatment choices include vascular surgery or thoracic endovascular aortic repair⁵.

Two classification systems for aortic dissections exist:

- 1) The Stanford Aortic Dissection classification incorporates two types:
 - Type A: includes the ascending and descending aorta, 5cm or greater⁶.
 - Type B: dissections involve only the descending aorta, 6cm or greater⁶.
- 2) The DeBakey classification system differentiates three types.
 - Type I: begin at the ascending aorta and extends through the aortic arch.
 - Type II: involves only the ascending aorta

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TITLE:

Protocol: Aortic Aneurysm Dissection, Suspected or Confirmed, Care of (MV) only

CATEGORY:

LAST APPROVAL:

Type III: includes the descending aorta and may be further classified as above or below the diaphragm

III. CONTENT:

A. Patient arrives to the Emergency Department with back pain or possible aortic dissection

1. STAT CT of chest, abdomen, pelvis and legs (if needed) is ordered by the physician.
2. The Emergency Department Physician is informed by the Radiologist of the aortic dissection.
3. The appropriate surgical team (see B & C below) is notified about the dissection. Medical or surgical treatment depends on the type of aneurysm. For ascending aortic dissection the prognosis is poor and surgery is usually performed immediately.
4. * Asterisk indicates MD order required
5. The nurse to provide supportive care to the patient.
 - a. Monitor vital signs.
 - b. Start Esmolol Drip* to prevent strain on the aneurysm. Aortic dissections require strict blood pressure control. Systolic blood pressure to be maintained at less than 140 mmHg.
 - c. Assess and document back and abdominal pain.
 - d. Provide pain management as ordered by physician.
 - e. Question the patient regarding the sensation of palpation in the abdomen Document tenderness and or distention of the abdomen.
 - f. Check and document peripheral circulation, including pulses, temperature and color of skin.
 - g. Monitor for presence of complications: Hypotension, cardiac dysrhythmias, low urine output, excessive anxiety and changes in consciousness,
 - h. The patient will transfer to the critical care unit.

B. Type A Dissection (Ascending Aorta Dissection)

1. Notify on-call Cardiothoracic Surgeon

TITLE:

Protocol: Aortic Aneurysm Dissection, Suspected or Confirmed, Care of (MV) only

CATEGORY:

LAST APPROVAL:

2. Surgeon to arrive in ER within 30 minutes to assess patient
3. The operating room will be notified of emergent surgery after CT confirmation of the dissection and the Cardiothoracic Surgeon's assessment.
4. On call operating room staff will be called in during off hours.

C. Type B Dissection(Descending Aorta Dissection: below subclavian artery)

1. Notify on-call Vascular Surgeon.
2. Vascular Surgeon to arrive in ER within 30 minutes to assess patient.
3. The vascular surgeon will:
 - a. Complete and document pulse checks on arrival and repeat pulse assessment in 8 and 16 hours.
 - b. Consult with the on call Cardiologist for blood pressure control and inpatient admission orders.
3. Cardiologist will continue management of patient until the patient is transferred from the critical care unit to a lower acuity of care.

IV. DEFINITIONS (if applicable):

A. An aortic dissection is a serious condition in which the inner wall of the Aorta, the main blood vessel branching off the heart, is damaged or is torn. Blood enters the tear most often in the intimal lining of the vessel and causes the medial layer to weaken and separate⁷.

B. The Aorta has three layers, the intima, media and adventitia. A weakening of the arterial wall can occur on any layer. The weakening develops into an aneurysm or the vessel wall sustains a tear (dissection) causing bleeding between the layers. With aneurysm or dissection, blood is diverted from circulation, an obstruction or hematoma is created causing decreased circulating volume, cardiac output, and end organ perfusion⁶.

V. CROSS REFERENCES:

None

TITLE: Protocol: Aortic Aneurysm Dissection, Suspected or Confirmed, Care of (MV) only

CATEGORY:

LAST APPROVAL:

VI. DOCUMENTATION

1. Physician documentation per Progress Note and/or History and Physical.
2. Nursing documentation per unit standards, vital signs, medications given and responses.

APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|--|---|
| Originating Committee of UPC Committee: | 9/12/16 Emergency Department 1/12/17 Heart & Vascular Department |
| ePolicy Committee: | |
| Pharmacy and Therapeutics (if applicable): | 9/15/16 Pharmacy and Therapeutics |
| Medical Executive Committee: | |
| Board of Directors: | |
| Historical Approvals: | |

VII. REFERENCES:

1. Afifi, R.O. et al. Ruptured acute type A aortic dissection. *Annals Thoracic Surgery*. 2016;101:64-71.
2. Afifi, R.O. et al. Outcomes of patients with acute type B (DeBakey III) aortic dissection. *Circulation*. 2015; 132:748-754. DOI: 10.1161/CIRCULATIONAHA.115.015302
3. Dherange, P.A. et al. Dissecting the unspeakable: a fatal case of aortic dissection. *BMJ Case Rep* Published online: 6/8/2016 DOI: 10.1136/bcr-2015-210469.
4. Huang, X. et al. Endovascular repair of Stanford B aortic dissection using two stent grafts with different sizes. *Journal of Vascular Surgery*. 2015; 62: 43-48.
5. Khanafer, A. et al. Recent changes in the management of aortic dissection. *New Zealand Medical Association*: 2015: Vol. 128, No. 1419.
6. Mercer-Deadman, P. Aortic dissections, aneurysms and ruptures: An emergency perspective. *Canadian Journal of Emergency Nursing*: 2014 Vol.37, No. 1
7. *Mosby Dictionary of Medicine, Nursing & Health Professionals*: 2006 Mosby Elsevier, St Louis, Missouri

VIII. ATTACHMENTS (if applicable):

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

TITLE: Protocol: Aortic Aneurysm Dissection, Suspected or Confirmed, Care of (MV) only

CATEGORY:

LAST APPROVAL:

| | |
|-----------------------|--|
| TITLE: | Medical Staff- Focused Professional Practice Evaluation (FPPE) |
| CATEGORY: | Administration |
| LAST APPROVAL: | 10/2015 |

| | |
|--------------------------|---|
| TYPE: | <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure |
| SUB-CATEGORY: | <u>Medical Staff</u> |
| OFFICE OF ORIGIN: | Medical Staff Services |
| ORIGINAL DATE: | November 2008 |

I. COVERAGE:

All members of the medical staff

II. PURPOSE:

To define the process for focused professional practice evaluation (FPPE) of medical staff members at El Camino Hospital. The primary goal is to use FPPE as a tool to assess and ensure competence as part of El Camino Hospital's commitment to quality.

III. POLICY STATEMENT:

FPPE is conducted to assist the medical staff in assessing current clinical competence of medical staff members at El Camino Hospital under the following circumstances:

- Initially requested privileges of all new medical staff members
- Current medical staff members seeking additional privileges
- When questions arise regarding a practitioner's professional performance that may affect the provision of safe, high-quality patient care

IV. REFERENCES:

- ~~1.~~ [The Joint Commission Standards 2009/2010 Comprehensive Accreditation Manual for Hospitals, The Joint Commission, January 2017 Update](#)
- ~~2.~~1. The FPPE Toolbox – HCPro, Inc, 2008
- ~~3.~~2. Briefings on Credentialing – September 2008, Vol. 17, No. 9

V. PROCEDURE:

- A. FPPE For Initially Requested Privileges And For New Or Additional Privileges:
1. Evaluation period: The evaluation period for initially requested procedures/admissions of new appointees shall be twelve (12) months. If a practitioner fails to complete the assigned proctoring within 12 months, the privileges that still require proctoring will be relinquished (after 30 days written notice to practitioner).
 2. Terms of evaluation: Approved evaluation methods may include chart review (both concurrent and retrospective), monitoring clinical practice patterns, direct observation, review of quality indicators, external peer review, discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel), practitioner's clinical care provided in the office or in another hospital or healthcare institution.

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|-----------------------|--|
| TITLE: | Medical Staff- Focused Professional Practice Evaluation (FPPE) |
| CATEGORY: | Administration |
| LAST APPROVAL: | 10/2015 |

The terms of evaluation may vary from one department to another (as predetermined by each department); however, procedures crossing specialty lines will have uniform evaluation requirements.

3. ED/On Call: Practitioners who are initially appointed to the medical staff may not serve alone – that is, without his/her proctor – in the emergency department or on call until all required proctoring (either concurrent or retrospective, as determined by the departments) has been completed and the practitioner has been removed from proctoring by the department chief.
4. Duties and responsibilities of department chiefs: Each medical staff department chief shall be responsible for:
 - a) Assisting the department in establishing a minimum number of cases/procedures to be evaluated and determining when a proctor must be present. When there are privileges that cross specialty lines, the Care Review Committee will advise with regard to the minimum number of cases/procedures to be reviewed.
 - b) If at any time during a proctoring period, the proctor notifies the department chief that he or she has concerns about the practitioner’s competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendations of the proctor, the department chief shall then review the medical records of the patient(s) treated by the practitioner being proctored —and shall take one of the following actions:
 - 1) Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient
 - 2) Develop an action plan for the practitioner which may include
 - (a) Require practitioner to complete additional educational activities
 - (b) Concurrent consultation
 - (c) Impose additional or revised proctoring requirements
 - (d) Coadmitting privileges
 - (e) Other (at department chief’s discretion)
 - 3) Recommend corrective action be taken pursuant to Medical Staff Bylaws, Article 7.
5. Duties and responsibilities of the medical staff office (MSO): The MSO shall:
 - a) Notify the practitioner being evaluated and any assigned proctor of the following information:
 - 1) Evaluation requirements as predetermined by the department
 - 2) The name and telephone numbers of the practitioner being proctored and the proctor, as well as the proctoring forms to be completed
 - 3) A copy of the FPPE policy and procedure
 - b) Develop a mechanism (in coordination with health information department and clinical effectiveness department) to track admissions, procedures, and clinical practice patterns of the practitioner being evaluated

| | |
|-----------------------|--|
| TITLE: | Medical Staff- Focused Professional Practice Evaluation (FPPE) |
| CATEGORY: | Administration |
| LAST APPROVAL: | 10/2015 |

- c) Periodically contact both the proctor and practitioner being proctored to ensure that proctoring and chart reviews are being conducted as required
 - d) Periodically submit a report to the appropriate departments of evaluation activity for all practitioners being evaluated
 - e) At the conclusion of the evaluation period, submit a summary report on each practitioner being evaluated to the department chief or his/her designee.
6. Circumstances under which monitoring by an external source is required: When the situation exists in which no other physician is qualified or credentialed to serve as a proctor or a conflict of interest has been declared, an outside proctor may be retained. An outside proctor may be granted temporary privileges to serve in a proctoring capacity.

In addition to the specialty- and privilege- specific issues, proctoring will also address the six general competencies of practitioner performance: Medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; systems-based practice; patient care. ~~technical/clinical quality, service quality, patient safety, resource use, relations, and citizenship, to the extent observed in the course of the proctoring.~~

7. Duties and responsibilities of practitioners being proctored: Practitioners being proctored shall:
- a) Notify the proctor of each case where care is to be evaluated and, when required, do so in sufficient time to allow the proctor to observe or review concurrently. For elective surgical or invasive procedures for which direct observation is required, the practitioner must secure agreement from the proctor to attend the procedure. In an emergency, the practitioner may arrange for proctoring by another member of the medical staff with appropriate independent privileges or admit and treat the patient; however, the practitioner must notify the proctor as soon as reasonably possible.
 - b) Have the prerogative of requesting from the department chief a change of proctor if disagreements with or incomplete proctoring duties by the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship.
 - c) Inform the proctor of any unusual incident(s) associated with his or her patients.
 - d) Ensure documentation of the satisfactory completion of his or her proctorship, including the completion and delivery of proctorship forms and the summary proctor report to the MSO.
 - e) If the proctorship forms and summary proctor report are not completed and submitted to the MSO by the end of a proctoring period, the privileges of a provisional appointee subject to proctoring, or the additional or new privileges which are the subject of proctoring for any other member of the medical staff, shall be automatically suspended. Failure to obtain submission of completed proctorship forms prior to the time for submission of the physician's next reappointment application shall be treated as a voluntary relinquishment of the privileges that were subject to proctoring.
8. Duties and responsibilities of the proctor: The proctor shall:

| | |
|-----------------------|--|
| TITLE: | Medical Staff- Focused Professional Practice Evaluation (FPPE) |
| CATEGORY: | Administration |
| LAST APPROVAL: | 10/2015 |

- a) As predetermined by the department:
 - 1) Directly observe the procedure being performed
 - 2) Concurrently observe medical management for the medical admission
 - 3) Retrospectively review the completed medical record following discharge
 - b) Complete proctoring forms and ensure their confidentiality and delivery to the MSO
 - c) If at any time during the proctoring period the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor shall promptly notify the department chief and may recommend that:
 - 1) The department chief intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient
 - 2) The department chief review the case for possible peer review, pursuant to the [QA/Medical Staff Peer Review policy \(Medical Staff Policy #13-5\)](#)
 - 3) Additional or revised proctoring requirements be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored
 - 4) The appointee's continued appointment and clinical privileges be referred to the MEC.
9. Liability of proctor: A practitioner serving solely as a proctor, for the purpose of assessing and reporting on the competence of another practitioner, is an agent of the medical staff. The proctor shall receive no compensation directly or indirectly from any patient for this service, and he or she shall have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor, or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the proctored practitioner.
10. Completion of proctorship: At the end of the proctoring period, the department chief or his/her designee shall determine one or more of the following:
- a) Whether a sufficient number of cases done at El Camino Hospital have been presented for review to properly evaluate the clinical privileges requested
 - b) If a sufficient number of cases have not been presented for review, whether the proctoring period or provisional appointment should be extended
 - c) For provisional appointees, make a recommendation for permanent membership and continued clinical privileges as requested, recommend an additional proctoring period or continued provisional staff status not to exceed an additional year, or not recommend permanent membership and continued clinical privileges as requested
 - d) For new or additional privileges, make a recommendation to independently perform the requested privileges, recommend an additional proctoring period, or not recommend continued clinical privileges as requested
- B. FPPE For Physician Performance Issues:

| | |
|-----------------------|--|
| TITLE: | Medical Staff- Focused Professional Practice Evaluation (FPPE) |
| CATEGORY: | Administration |
| LAST APPROVAL: | 10/2015 |

FPPE shall be conducted when questions arise regarding a practitioner’s professional performance that may affect the provision of safe, high-quality patient care that have been identified through the peer review process, ongoing feedback reports, or pursuant to the corrective action plan. Any such issues identified by a Department or Division must be reported to the Care Review Committee.

Triggers that may initiate this process include but are not limited to:

- Significant deviation from accepted standards of practice
- Sentinel Events or Near Misses
- Adverse or negative performance trends
- Notification of a significant NPDB report
- Notification of a significant Medical Board of CA licensing report
- Repeated failure to follow medical staff/hospital policy
- Significant staff or patient complaint(s)
- Low- or no- volume practitioner
- Upon recommendation of the department chief

The determination to assign a period of FPPE should be based on the practitioner’s current clinical competence, practice behavior, and ability to perform the privileges at issue. Other existing privileges in good standing should not be affected by this decision.

The terms, methods, and duration of the evaluation period shall be determined by Department or Division Chief, Department or Division Executive Committee, in consultation with the Department Executive Committee or the Care Review Committee. FPPEs shall be subject to ongoing review by the Care Review Committee. Fill out an FPPE form (revise the Credentialing/FPPE Forms as appropriate) and report to MEC. Follow the FPPE on the Department Exec Cmte agenda and the Care Review Tracking Tool until the FPPE has been completed – report completion to MEC.

VI. APPROVAL:

| APPROVING COMMITTEES AND AUTHORIZING BODY | APPROVAL DATES |
|---|--|
| Medical Staff Planning: | August 18, 2015 |
| ePolicy Committee: | |
| Medical Executive Committee: | September 24, 2015 |
| Board of Directors: | October 14, 2015 |
| Historical Approvals: | November 2008, January 2010, July 2012 |

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Date: February 8, 2017
 To: El Camino Hospital Board of Directors
 From: Donald Sibery, Interim CEO
 Re: CEO Report - Open Session

| Organizational Goals FY17 | | Benchmark | 2016 ECH Baseline | Minimum | Target | Maximum | Weight | Performance Timeframe | FY17 through Dec | |
|---|---|--|---|--|--|--|-----------|-----------------------|------------------|---|
| Threshold Goals | | | | | | | | | | |
| Budgeted Operating Margin | | 90% threshold <i>[Recommended by Exec Comp Consultant (FY16)]</i> | 105% of Budgeted | 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 | 56.3% <i>Nov 2015 (post iCare go-live) to Apr 2016 [6-month measurement]</i> | 75% | 80% | 90% | 34% | Q4 FY 2017 | | 71.9% |
| | 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% | | | | 74.80% |
| 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: 4.58 Readmission: 11.05% (268/2425) |
| 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 | 94.26% of FY17 Budget | 95% of Budgeted Volume | 100% of budgeted Volume | 110% of Budgeted Volume | 33% | FY 17 | | 92.93% of Budgeted Volume |

**El Camino Hospital Auxiliary
Activity Report to the Hospital Board
February 15, 2017**

January Highlights:

- In lieu of the elimination of the WOW card program and the inception of the new staff recognition portal, the Auxiliary has been working with HR and Marketing to establish its own interactive recognition system. We hope to launch this new program at the beginning of Volunteer Week in April.
- The Hooks and Needles group, working with donated yarn from the American Heart Association, created 200 red baby caps. These will be distributed to all newborns, during the month of February, to highlight February Heart month.
- The Auxiliary participated in the Day of Remembrance, on January 10th, to honor nine of our volunteers who passed this last year, along with hospital staff and family members.
- Our organization is facing some challenges, not the least of which is our dwindling numbers. To help mitigate some of the issues with onboarding volunteers, we are working with the administration to help us problem solve these issues. The hospital's support is paramount in our ability to recruit and retain our volunteers.

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of February 8, 2017

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

Membership Data:

Senior Members

| | | |
|--------------------|------------|---------------------------------|
| Active Members | 383 | -1 relative to previous month |
| Dues Paid Inactive | 89 | (Includes Associates & Patrons) |
| Leave of Absence | 14 | |
| Subtotal | 486 | |

Resigned in Month 4
Deceased in Month 2

Junior Members

| | | |
|--------------------|------------|-------------------------------|
| Active Members | 252 | -4 relative to previous month |
| Dues Paid Inactive | 0 | |
| Leave of Absence | 3 | |
| Subtotal | 255 | |

Total Active Members 635

Total Membership 741

Combined Auxiliary Hours from Inception (to December 31, 2016): 5,682,110

Combined Auxiliary Hours for FY2016 (to December 31, 2016): 47,021

Combined Auxiliary Hours for December 2016: 6,733



Memorandum

DATE: January 25, 2017

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 6

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 6, the Foundation secured \$831,196, bringing total FY 2017 revenue to \$5,402,839, which is 88% of the annual goal.

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 – SOLD OUT

February 16, 2017 – Allied Professionals Seminar, benefiting planned giving. Christopher Hoyt,, Professor of Law at University of Missouri – Kansas City School of Law, will talk about “What’s Ahead in the Changing Tax Landscape: Focusing on Charitable Planning and Retirement Accounts in First and Second Marriages.”

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

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

Memorandum

DATE: January 25, 2017

TO: El Camino Hospital Board of Directors

FROM: Lane Melchor, Chair, El Camino Hospital Foundation Board of Directors
Jodi Barnard, President, El Camino Hospital Foundation

SUBJECT: Report on Foundation Activities FY 2017 – Period 6

ACTION: For Information

During the month of December, the Foundation raised \$831,196. This brings total revenue secured to date in fiscal year 2017 to \$5,402,839. As of December 31, 2016, the halfway point for the fiscal year, the Foundation has reached 88% of our fundraising goal.

Major Gifts

The Foundation received \$285,000 in major gifts during December. Marla and Jim de Broekert donated \$250,000, of which \$156,513 was designated for the Scrivner challenge to fully endow El Camino Hospital's youth and young adult mental health services. This gift put the Scrivner Challenge over the top, six months ahead of schedule. With the completion of the challenge and receipt of Mary and Doug Scrivner's matching contribution, ASPIRE has a \$2 million endowment. The remainder of the de Broekert's gift went to the El Camino Fund, to be allocated to meet emerging needs in support of the hospital's strategic priorities. The Foundation also received a \$25,000 gift from a grateful patient, designated for the NICU

Planned Gifts

In December, the Foundation received \$65,593 in the category of planned gifts. This includes the realization of planned gift revenue from two trusts as well as a new charitable gift annuity agreement.

Special Events

- ***Scarlet Masquerade*** – The Foundation received \$76,395 in ticket sales and sponsorships. The gala benefit for the South Asian Heart Center will be held on March 18, 2017 at Mountain Winery in Saratoga. It is nearly sold out.
- ***Norma's Literary Luncheon*** – The Foundation received \$44,950 in table sponsorships and ticket sales for the luncheon, which benefits women's health services. This year the event will celebrate its 5th anniversary. It will take place on February 2, 2017 at Sharon Heights Golf & Country Club. The featured author will be novelist and Pulitzer Prize

winning journalist Anna Quindlen. Three hundred people are expected to attend and the event is sold out.

Annual Giving

During December, the Foundation raised \$163,115 toward the Annual Giving goal as a result of direct mail, online giving, Hope to Health memberships, and the annual Employee Giving Campaign. Additional payroll donations carried over from the 2016 Employee Giving Campaign will be reflected in the January fundraising report.



ECH Foundation Fundraising Report

FY17 Income figures through December 31, 2016 (Period 6)

| ACTIVITY | | FY17 YTD (7/1/16 - 12/31/16) | FY17 Goals | FY17 % of Goal | Difference Period 5 & 6 | FY16 YTD (7/1/15 - 12/31/15) | FY15 YTD (7/1/14 - 12/31/14) |
|-------------------|------------------------------|---------------------------------|--------------------|-------------------|----------------------------|---------------------------------|---------------------------------|
| Major Gifts | | \$395,000 | \$2,500,000 | 16% | \$285,000 | \$1,562,737 | \$391,200 |
| Planned Gifts | | \$3,445,418 | \$1,000,000 | 345% | \$65,593 | \$163,178 | \$1,209,298 |
| Special Events | Sapphire Soirée | \$6,750 | \$850,000 | 1% | \$0 | \$31,700 | \$11,600 |
| | Golf | \$269,600 | \$325,000 | 83% | \$0 | \$326,205 | \$326,650 |
| | Scarlet Masquerade | \$80,295 | \$300,000 | 27% | \$76,395 | \$47,491 | \$7,645 |
| | Norma's Literary Luncheon | \$45,400 | \$145,000 | 31% | \$44,950 | \$86,900 | \$71,400 |
| Annual Gifts | | \$325,233 | \$550,000 | 59% | \$163,115 | \$402,165 | \$438,993 |
| Grants* | | | - | - | - | \$51,583 | \$332,250 |
| Investment Income | | \$835,142 | \$500,000 | 167% | \$196,143 | \$358,709 | \$441,366 |
| TOTALS | | \$5,402,839 | \$6,170,000 | 88% | \$831,196 | \$3,030,668 | \$3,230,402 |

*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.