

AGENDA
CORPORATE COMPLIANCE/PRIVACY AND
INTERNAL AUDIT COMMITTEE
OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Thursday, September 28, 2017 – 5:00 pm
 El Camino Hospital | Conference Room E (ground floor)
 2500 Grant Road, Mountain View, CA 94040

PURPOSE: The Corporate Compliance/Privacy and Internal Audit Committee is responsible for providing direction for both the Corporate Compliance and Internal Audit programs at all locations of El Camino Hospital (ECH). Responsibilities include providing oversight on compliance issues requiring executive-level interaction, assessing physician relationship risk as it relates to compliance, reviewing HIPAA/Privacy laws as they relate to compliance, and directing ECH on compliance strategies. The Committee also serves as the ad-hoc mobilization team for any external investigations and/or actions. Further, additional responsibilities include providing direction and oversight to ongoing internal audit activity and determining appropriate organizational response in order to identify and mitigate organizational risk.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Christine Sublett, Committee Member		5:00 – 5:01 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Christine Sublett, Committee Member		5:01 – 5:02
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Christine Sublett, Committee Member		information 5:02 – 5:05
4. CONSENT CALENDAR ITEMS: <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (August 17, 2017) Information b. Status of FY18 Committee Goals	Christine Sublett, Committee Member	<i>public comment</i>	motion required 5:05 – 5:10
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	Christine Sublett, Committee Member		information 5:10 – 5:15
6. POLICY FOR APPROVAL ATTACHMENT 6	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	possible motion 5:15 – 5:20
7. GOVERNMENT INVESTIGATION POLICY AND EDUCATION PLAN ATTACHMENT 7	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:20 – 5:30
8. KPIS, SCORECARD, AND TRENDS ATTACHMENT 8	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:30 – 5:35
9. ADJOURN TO CLOSED SESSION	Christine Sublett, Committee Member		motion required 5:35 – 5:36

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Christine Sublett, Committee Member		5:36 – 5:37
11. CONSENT CALENDAR <i>Any Committee 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 Corporate Compliance/Privacy and Internal Audit Committee Meeting (August 17, 2017) <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> b. Compliance Log (July-Aug. 2017) c. Privacy Log (July-Aug. 2017) d. Internal Audit Work Plan e. Committee Pacing Plan	Christine Sublett, Committee Member		motion required 5:37 – 5:45
12. Health & Safety Code Section 32106(b) for report involving health care facility trade secrets: - Consolidated Financial Statements, 403(b), and Cash Balance Audit Results	Brian Conner, Joelle Pulver, and Bertha Minnihan of Moss Adams, LLP		motion required 5:45 – 6:05
13. Health & Safety Code Section 32106(b) for report involving health care facility trade secrets: - FY17 Physician Payment Summary Report	Diane Wigglesworth, Sr. Director, Corporate Compliance		motion required 6:05 – 6:10
14. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Report on Internal Audit Activity	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 6:10 – 6:15
15. Health and Safety Code Section 32106(b) for report and discussion involving health care facility trade secrets: - ERM Reporting Discussion	Mick Zdeblick, COO; Diane Wigglesworth, Sr. Director, Corporate Compliance		discussion 6:15 – 6:45
16. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - IT Security Discussion	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 6:45 – 6:50
17. Gov't Code Section 54957 for discussion and report on personnel performance matters: - Executive Session	Christine Sublett, Committee Member		discussion 6:50 – 6:55
18. ADJOURN TO OPEN SESSION	Christine Sublett, Committee Member		motion required 6:55 – 6:56
19. RECONVENE OPEN SESSION / REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Christine Sublett, Committee Member		6:56 – 6:57
20. ADJOURNMENT	Christine Sublett, Committee Member		motion required 6:57 – 6:58pm

Upcoming Meetings

- November 16, 2017
- January 18, 2018
- March 15, 2018
- May 17, 2018

Board & Committee Educational Gatherings

- October 25, 2017
- April 25, 2017



**Minutes of the Open Session of the
Corporate Compliance/Privacy and Internal Audit Committee
Thursday, August 17, 2017
El Camino Hospital | Conference Room F
2500 Grant Road, Mountain View, CA 94040**

Members Present
Sharon Anolik Shakked
 (via teleconference)
Lica Hartman
Robert Rebitzer
Christine Sublett
John Zoglin, Chair

Members Absent
 None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Corporate Compliance/Privacy and Internal Audit Committee of El Camino Hospital (the “Committee”) was called to order at 5:02pm by Chair Zoglin. A verbal roll call was taken. Ms. Anolik Shakked participated via teleconference. Mr. Rebitzer arrived at 5:34pm during the closed session. All other Committee members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Zoglin asked if any Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	<p>Chair Zoglin asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Meeting Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee (May 18, 2017).</p> <p>Movant: Sublett Second: Anolik Shakked Ayes: Anolik Shakked, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	<i>Consent Calendar approved</i>
5. REPORT ON BOARD ACTIONS	Chair Zoglin reported that on August 16, 2017 the District Board appointed Ms. Neysa Fligor to fill a vacancy left by Dennis Chiu’s departure. Ms. Fligor will be sworn in and considered for appointment to the Hospital Board. Chair Zoglin also reported that CEO Dan Woods will be starting at ECH at the end of August.	
6. POLICY FOR APPROVAL	<p>Diane Wigglesworth, Sr. Director, Corporate Compliance, explained that the proposed policy revision removes the requirement for District Board approval of physician recruitment loans. She notes that there is no legal requirement for the District Board to approve such loans and the revision will allow for a more agile and timely recruitment process.</p> <p>Motion: To recommend that the Board approve the policy.</p> <p>Movant: Anolik Shakked Second: Sublett</p>	<i>Policy recommended for approval</i>

	<p>Ayes: Anolik Shakked, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
<p>7. REVIEW IT SECURITY AWARENESS TRAINING PLAN</p>	<p>Deb Muro, Interim CIO, outlined the proposed IT Security Awareness Training Plan, highlighting email updates to staff, intensive huddles, and mechanisms with the executive team. She noted that the plan schedules educational topics to strategically link them with current projects in the organization, <i>i.e.</i>, tying education about sending secure emails to the Tiger Text implementation.</p> <p>The Committee and staff discussed 1) employee and physician training through Health Stream modules; 2) metrics to track how effective training is (phishing campaigns, employee interviews, HelpDesk ticket volumes); and 3) plans to socialize new IT policies and procedures.</p> <p>In response to Ms. Sublett’s question, Ms. Muro reported that staff will be implementing a security monitoring system, which will be used to track metrics.</p> <p>The Committee requested that staff provide the content of annual employee training module on HIPAA Privacy and Security and to identify specific metrics to track success of training programs over time.</p>	<p><i>Staff to provide training module and IT program metrics</i></p>
<p>8. REVIEW RECORD RETENTION PERIODS</p>	<p>Ms. Wigglesworth explained that, per the Committee’s request, staff reviewed ECH’s record retention policy to verify that they meet California and federal laws. She reported that ECH’s policy meets legal requirements and are generally shorter than periods recommended by the California Hospital Association’s guidance.</p> <p>The Committee and staff discussed the difficulties of introducing and operationalizing a destruction policy, the use of CHA suggestions, and the risk that permanent retention can pose to an organization.</p> <p>Ms. Wigglesworth noted that in this review, staff determined that some retention periods can be modified to be less stringent, and that the procedure is currently being revised.</p> <p>Ms. Hartman recommended documenting the source used to determine each period of retention in ECH’s policy.</p> <p>The Committee requested that staff provide a recommendation by Q3 regarding the cost-benefit analysis of storage and retention versus management and destruction of emails.</p>	<p><i>Staff to provide recommendation on email retention</i></p>
<p>9. KPIs SCORECARD, AND TRENDS</p>	<p>Ms. Wigglesworth reported: 1) a correction on the KPI scorecard regarding the number of Hospital discharges; 2) that there was a decline from previous years in the total number of breaches that required reporting to the California Department of Public Health; and 3) that vendor cybersecurity concerns would be discussed in the closed session.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 5:32pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of Meeting Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee (March 16, 2017); pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Compliance Activity Log, Privacy Activity Log, Internal Audit Follow Up, Internal Audit Work Plan, Committee Pacing Plan; pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: FY17 Patient Safety/Claims Report; pursuant to</p>	<p><i>Adjourned to closed session at 5:32pm.</i></p>

	<p><i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Report on Internal Audit Activity; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: ERM Activity and Framework; pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Discussion on IT Security; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel matters: Executive Session.</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
<p>11. AGENDA ITEM 20: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 7:24pm. Agenda Items 11-19 were covered in closed session.</p> <p>During the closed session, the Committee approved the Closed Session Minutes of the Corporate Compliance/Privacy and Internal Audit Committee Meeting of May 18, 2017, and recommended for approval the FY17 Patient Safety/Claims Report, and the FY17 Annual Compliance and Privacy Report by a vote of all members present (Anolik Shakked, Hartman, Rebitzer, Sublett, Zoglin).</p>	
<p>12. AGENDA ITEM 21: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:24 pm.</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Rebitzer, Sublett, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Meeting adjourned at 7:24pm.</i></p>

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

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



FY18 COMMITTEE GOALS

Corporate Compliance/Privacy and Internal Audit Committee

PURPOSE

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance Committee”) is to advise and assist the El Camino Hospital (ECH) Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Compliance Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: Diane Wigglesworth, Sr. Director, Corporate Compliance

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Sr. Director, Corporate Compliance and at the discretion of the Committee Chair.

GOALS	TIMELINE by Fiscal Year <small>(Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)</small>	METRICS
1. Review and evaluate Hospital’s plan for IT Security awareness training for organization	<ul style="list-style-type: none"> Q1 FY18 	<ul style="list-style-type: none"> Committee reviews training plan – reviewed at 8/17/17 meeting
2. Review and evaluate Hospital’s policy and education plan regarding responding to government investigations	<ul style="list-style-type: none"> Q1 FY18 	<ul style="list-style-type: none"> Committee reviews policy and education plan – reviewed at 9/28/17 meeting
3. Review reports on the completion of HIPAA Readiness plan milestones for FY18	<ul style="list-style-type: none"> Q2 and Q4 FY18 	<ul style="list-style-type: none"> Committee reviews HIPAA Readiness Plan milestones for FY18
4. Review and evaluate Management’s recommended ERM framework regarding how the Board will establish its risk appetite and tolerance levels	<ul style="list-style-type: none"> Q1 FY18: Preliminary Framework Report Q2 FY18: Final Recommendations 	<ul style="list-style-type: none"> Committee reviews recommendations – framework reviewed at 9/28/17 meeting

SUBMITTED BY:

John Zoglin

Chair, Corporate Compliance/Privacy and Internal Audit Committee

Diane Wigglesworth

Executive Sponsor, Corporate Compliance/Privacy and Internal Audit Committee

Approved by the ECH Board of Directors on June 14, 2017

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Report on ECH and ECHD Board Actions Corporate Compliance/Privacy and Internal Audit Committee September 28, 2017
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	For Information
Background:	In FY16, we added this item to each Board Committee agenda to keep Committee members informed about Board actions via a verbal report by the Committee Chair. This written report is intended to supplement the Chair's verbal report.
Other Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	To inform the Committee about recent Board actions.
Suggested discussion questions:	None.
Proposed Committee motion, if any:	None. This is an informational item.
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. Report on ECH and ECHD August and September 2017 Board Actions

September 2017 ECH Board Actions*

1. September 13, 2017
 - a. Approved a revision to the Investment Committee's Goals.
 - b. Approved additional funding over original approved budget for major construction projects at the Mountain View Campus: Behavioral Health Services Building (\$4.6 million) and Integrated Medical Office Building (\$27.1 million).
 - c. Appointed new Board Member Neysa Fligor to the Executive Compensation Committee and the Corporate Compliance/Privacy and Internal Audit Committee.

August 2017 ECHD Board Actions*

1. August 16, 2017
 - a. After Interviewing 11 Applicants - Appointed Neysa Fligor to the El Camino Healthcare District Board of Directors.
2. August 23, 2017
 - a. Elected Neysa Fligor to the El Camino Hospital Board of Directors.

*This list is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Approval of Policies Corporate Compliance/Privacy and Internal Audit Committee September 28, 2017
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	For Possible Motion
Background: As required by Title 22 and The Joint Commission, the Hospital’s governing body must review and approve all organizational policies, plans, and scope of services at least every three years if there are no changes, and, if a policy is new or revised, it must be approved by the Board before the Hospital can adopt it. Policies are being brought to the appropriate Board Advisory Committee for review and recommendation before being placed on the Hospital Board consent calendar for approval. All policies have been internally reviewed and have received appropriate approvals before being presented to a Board Committee.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To review policies and recommend them for Board approval.	
Suggested discussion questions: None.	
Proposed Committee motion, if any: To recommend that the Hospital Board approve the policies.	
LIST OF ATTACHMENTS: 1. Summary of Policy Changes (<i>given how extensive the revisions are, for ease of review, providing final version and not redline</i>) <u>POLICIES:</u> 2. HR Leave of Absence 3. Government Investigation	

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board

Sept. 2017

NEW POLICIES/PROCEDURES			
Document Name	Department	Type of Document	Summary of Document Changes
N/A			
POLICIES WITH MAJOR REVISIONS			
Document Name	Department	Type of Document	Summary of Policy Changes
HR - Leave of Absence	HR	Policy	Major edits to separate Policy from Procedure
Government Investigation	Compliance	Policy	Major edits to reflect recommendations from legal counsel and provide clear guidance to protect organizations.
POLICIES WITH MINOR REVISIONS			
Document Name	Department	Type of Document	Summary of Policy Changes
N/A			
POLICIES WITH NO REVISIONS			
Document Name	Department	Type of Document	
N/A			



POLICY/PROCEDURE TITLE:HR- Leave of Absence (LOA)

CATEGORY: Human Resources

LAST APPROVAL DATE: 1/15

- Policy Procedure Protocol Standardized Procedure Scope of Service
 Practice Guideline

SUB-CATEGORY: Benefits

ORIGINAL DATE: 9/11/94

I. COVERAGE:

This policy applies to El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU or federal or state law, the MOU or federal or state law will prevail.

II. PURPOSE:

The purpose of the policy is to support employees and the Hospital in complying with state, federal, and local leaves laws and to define types of leave of absence allowed under hospital policy.

III. POLICY STATEMENT:

El Camino Hospital provides all leaves required under state and federal laws. In addition, the Hospital has defined types of leaves of absence available to employees under specific circumstances at its discretion.

The Hospital will consider an employee's request for leave under leave laws first. If the request does not meet state or federal regulatory leave criteria, the leave request will then be considered under the Hospital's discretionary leaves.

Employees must report absences or planned absences of 5 or more days to their supervisor and apply for a leave of absence with the Leave Administrator promptly.

Employees may refer to Human Resources (HR) Policies Time Away from Work regarding other protected time off that do not require they apply for a leave of absence (i.e., Jury Duty, School Activities, Time off for Voting, Crime Victim) and HR Policy Education Programs regarding literacy assistance. If other protected time off, other than Jury Duty or Witness Leave, requires the employee to be absent from

POLICY/PROCEDURE TITLE:HR- Leave of Absence (LOA)

work for 5 or more scheduled work days, the employee will be instructed to apply for a Personal Leave of Absence.

Except as otherwise required by law, the maximum duration that an employee is eligible to be on an approved medical leave of absence due to an injury or illness is no more than 12 consecutive months, inclusive of any periods of full- or part-time leave, family and medical leave, pregnancy disability leave, or leave for personal reasons.

IV. PROCEDURE:

The procedures that implement this policy are documented under the following title:

HR—Leaves of Absence (LOA) Procedure (Benefits)

1.

POLICY/PROCEDURE TITLE:HR- Leave of Absence (LOA)

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	5/2017
_____ Medical Committee (if applicable):	
ePolicy Committee:	5/2017
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01, 11/03, 1/04, 12/13/06, 2/17/09, 11/2012, 1/15

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations**CATEGORY: Administrative****LAST APPROVAL DATE:**

SUB-CATEGORY: Administrative Policies and Procedures**ORIGINAL DATE: 9/99****COVERAGE:**

All El Camino Hospital staff, Governing Board, Medical Staff and Contract Personnel

PURPOSE:

This policy establishes the guidelines for the proper response to a contact by a Government or Law Enforcement Official. The purpose of this policy is to enable El Camino Hospital to promptly and cooperatively respond to lawful requests for information or access by Government and Law Enforcement Officials while protecting its interests.

STATEMENT:

El Camino Hospital will cooperate with any request for information or access pursuant to a valid search warrant, subpoena, or other lawful demand; however, El Camino Hospital will assert all protections afforded it by law with respect to any such request. Nothing herein prohibits El Camino staff, Governing Board, Medical Staff or Contract Personnel from reporting possible violations of state or federal law or regulation in good faith to an appropriate governmental agency or entity.

DEFINITIONS:

Employee in Charge - The El Camino Hospital Chief Executive Officer, Corporate Compliance Officer, General Counsel, or Administrator-On-Call.

Government or Law Enforcement Official - An official representative of a federal, state, or local government agency with jurisdiction over El Camino Hospital. Examples of such agencies include, but are not limited to:

1. Mountain View Police Department;
2. Centers for Medicare and Medicaid Services;
3. U.S. Department of Health and Human Services;
4. U.S. Department of Justice; and
5. State of California Department of Justice.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

Government Contact - A Government Contact occurs when, for example:

1. Government or Law Enforcement Official appears in person at El Camino Hospital to execute a search warrant, subpoena, or civil investigative demand;
2. Government or Law Enforcement Official appears in person at El Camino Hospital and asks to speak with a particular person with whom the official does not have a pre-existing appointment;
3. Subpoena or civil investigative demand is received at El Camino Hospital via mail, fax, or e-mail; or
4. Government or Law Enforcement Official appears in person at the home of an El Camino Hospital staff member, Governing Board member, or Medical Staff member regarding activity related to the hospital.

Interviewee - The El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel that a Government or Law Enforcement Official seeks to interview.

Receiving Employee - The El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel who makes the initial contact with a Government or Law Enforcement Official or takes custody of a subpoena or civil investigative demand.

PROCEDURE:

In the event of a Government Contact, all El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel, whether or not a Receiving Employee or Employee in Charge, shall abide by the following procedures.

General

1. All El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel must be courteous, cooperative, and professional in their interactions with Government and Law Enforcement Officials.
2. All Government Contacts must be reported to an Employee in Charge.
3. All El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel should remember that the nature of the Government Contact, including the very fact that such a contact has been made, is sensitive information and should not be shared with anyone other than an Employee in Charge without prior consultation with the General Counsel.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

4. El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel are free to speak or not to speak with Government or Law Enforcement Officials in the event that they are individually questioned about matters concerning their own, non-employment related activities. If an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor decides to speak with Government or Law Enforcement Officials regarding their own, non-employment related activities, they must respond to questions truthfully.
5. If Government or Law Enforcement Officials appear because of an emergency jeopardizing personal safety (for example, a fire, accident, or natural disaster), follow their instructions.

In-Person Request for Interview at El Camino Hospital

1. When a Government or Law Enforcement Official appears at El Camino Hospital and requests to speak with an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor without an appointment, the person receiving the request shall be deemed the Receiving Employee.
2. The Receiving Employee shall promptly notify an Employee in Charge.
3. The Receiving Employee may not disclose any information or documentation to the Government or Law Enforcement Official without the approval of an Employee in Charge.
4. The Receiving Employee should always be polite and should obtain and record the following information from the investigator or officer:
 - a. The name, agency affiliation, business telephone number and address of all investigators;
 - b. The investigator's business card; and
 - c. The reason for the visit.
5. The Receiving Employee should ask if there is a warrant, subpoena, or investigative demand to be served and request a copy of that document.
6. When a Government or Law Enforcement Official requests an interview without a warrant, subpoena, or civil investigative demand, the Interviewee has no obligation to consent to an interview, but may volunteer to do so. The interviewee may request that legal counsel be present for the interview.
7. The Interviewee may stop the interview at any time, with a request that the investigator return when counsel can be present. Its corporate counsel will

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

represent El Camino Hospital. Employees have the right to their own individual legal counsel at their own expense or to request the hospital's legal counsel. Legal counsel should be present for all interviews.

8. If the Interviewee chooses not to respond to the questions of a Government or Law Enforcement Official or does not consent to an interview, the Government or Law Enforcement Official may have the authority to subpoena the Interviewee to appear before a grand jury or for a deposition. El Camino Hospital will assist the employee in preparing their response by providing legal counsel. Legal counsel will be provided if a potential conflict of interest may exist between hospital departments or between the Interviewee and the hospital.
9. Following any interview, the Interviewee should provide an Employee in Charge with as much information and documentation about the interview as possible.

In-Person Request for Interview not at El Camino Hospital

1. If a Government or Law Enforcement Official requests to interview an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor outside of El Camino Hospital, the Interviewee shall report that request to the Corporate Compliance Officer at (650) 988-7032.
2. When a Government or Law Enforcement Official requests an interview without a warrant, subpoena, or civil investigative demand, the Interviewee has no obligation to consent to an interview, but may volunteer to do so. The interviewee may request that legal counsel be present for the interview.
3. The Interviewee may require that the interview take place during normal business hours either at El Camino Hospital or at another location.
4. The Interviewee may stop the interview at any time, with a request that the investigator return when counsel can be present. Its corporate counsel will represent El Camino Hospital. Employees have the right to their own individual legal counsel at their own expense or to request the hospital's legal counsel. Legal counsel should be present for all interviews.
5. If the Interviewee chooses not to respond to the questions of a Government or Law Enforcement Official or does not consent to an interview, the Government or Law Enforcement Official may have the authority to subpoena the Interviewee to appear before a grand jury or for a deposition. El Camino Hospital will assist the employee in preparing their response by providing legal counsel. Legal counsel will be provided if a potential conflict of interest may exist between hospital departments or between the Interviewee and the hospital.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

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6. Following any interview, the Interviewee should provide an Employee in Charge with as much information and documentation about the interview as possible.

Request for Documents or Access

1. When a Government or Law Enforcement Official appears at El Camino Hospital with a search warrant, subpoena, or investigative demand for documents or information, the person receiving the request shall be deemed the Receiving Employee.
2. The Receiving Employee shall promptly notify an Employee in Charge and request that the Government or Law Enforcement Official on El Camino Hospital premises wait until the Employee in Charge arrives before starting the search.
3. If not the General Counsel, the Employee in Charge shall provide legal counsel with a copy of the search warrant, subpoena, or investigative demand immediately. Please call Administration at 7300/7301 to obtain home and phone numbers of legal counsel. If counsel can be reached by telephone, counsel shall be connected directly to the lead Government or Law Enforcement Officer.
4. If the hospital counsel is not available, the Employee in Charge should contact the U.S. Attorney, Northern District of California at (415) 436-7200 immediately and request that the search be stopped. One can negotiate alternatives to the search and seizure, including provisions to ensure that all existing evidence will be preserved undisturbed. If the U.S. Attorney refuses to stop the search, request agreement to delay the search to enable our hospital to obtain a hearing on the warrant or to consult with hospital counsel regarding the subpoena or investigative demand.
5. El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel must not alter, remove, or destroy permanent documents or records of the hospital. All records are subject to Federal and State of California recognized retention guidelines which are stated in the El_Camino Hospital Health Information Management Services Policies and Procedures, 1.14 Record Retention Rules and Regulations, paragraph D.1. The policy states that Medicare/Medi-Cal patient accounts and charge slips are retained for 5 years, while the Non-Medicare/Medi-Cal accounts are retained for 4 years. The records may be disposed of only in accordance with these guidelines. Once there has been notice of an investigation, the destruction portion of any policy on record retention is suspended.
6. When the Government or Law Enforcement Official presents a search warrant, subpoena, or investigative demand, the investigators have the authority to enter private premises, search for evidence of unlawful or criminal activity, and take those documents listed in the warrant, subpoena, or investigative demand. No

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- staff member has to speak to the investigators, but must provide the documents requested in the warrant, subpoena, or investigative demand.
7. The Employee in Charge shall request a copy of the subpoena, investigative demand, or search warrant and the affidavit providing reason for the issuance of the warrant. The Employee in Charge shall also inspect the subpoena, investigative demand, or search warrant to verify the following:
 - a. that the date the Government Contact falls within the dates on the document;
 - b. that the address on the document matches the physical location of El Camino Hospital; and
 - c. the specific business areas or departments identified in the document.
 8. The Employee in Charge and all other El Camino Hospital staff members, Governing Board members, Medical Staff members, or Contract personnel involved in the search must cooperate with the Government or Law Enforcement Officials, but state that you do not consent to the search.
 - a. The Employee in Charge should instruct the lead Government or Law Enforcement Official that:
 - i. El Camino Hospital objects to the search;
 - ii. The search is unjustified because El Camino Hospital is willing to voluntarily cooperate with the government.
 - b. Under no circumstances should staff obstruct or interfere with the search. Although they should cooperate, any El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel involved in the search should clearly state that cooperation does not constitute “consent to the search.”
 - c. Whenever possible, keep track of all documents and all information the documents contain that are given to the investigators.
 9. The Employee in Charge should attempt to negotiate an acceptable methodology with the Government or Law Enforcement Officials to minimize disruption and allow El Camino Hospital employees to keep track of the process and continue operations necessary to ensure patient safety. Considerations include the sequence of the search; whether Government or Law Enforcement Officials are willing to accept copies in place of originals; and if so, who will make the copies and the arrangements of access to records seized.
 10. The Employee in Charge should point out limitations on the premises to be

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- searched and on the property to be seized.
- a. Only provide what is specified in the search warrant, subpoena or investigative demand.
 - b. Never consent to an expansion of the search.
 - c. Disputes regarding the scope should be referred to legal counsel for potential discussion with the U.S. Attorney, Northern District of California, or court intervention. El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel should not prevent the investigators from searching areas they claim to have the right to search.
 - d. Government or Law Enforcement Officials generally have the right to seize evidence of crimes that is in their plain view during a search, regardless of whether such evidence is described in the warrant.
11. The Employee in Charge should take appropriate steps to protect other El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel.
- a. The Employee in Charge should send all, except essential department personnel, home or temporarily reassign them to other areas when a warrant, subpoena, or investigative demand is served.
 - b. Selected employees should remain along with the Employee in Charge and/or El Camino Hospital legal counsel to monitor the search.
 - c. Government or Law Enforcement Officials should never be left alone on El Camino Hospital's premises. There should be at least two El Camino Hospital staff members with the investigators at all times.
12. The Employee in Charge should object to any search of privileged or protected documents.
- a. If there is any possibility that the search will compromise privileged or protected information, the Employee in Charge should object on that basis, and instruct legal counsel to raise the issue with the court, if necessary.
 - b. Privileged and protected information is defined as any and all knowledge of value to the institution, which cannot be divulged, except by court order.
13. The Employee in Charge should keep a record regarding the search and should:
- a. ask each Government or Law Enforcement Official for proper identification, including their business cards;

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- b. list the names and positions of all the Government or Law Enforcement Officials with the date and time and verify the list with the lead Government or Law Enforcement Official and request he or she sign it;
 - c. monitor and record the manner in which the search is conducted, noting, in detail, the precise areas and files searched, the time periods when each of them was searched, the manner in which the search was conducted, the Government or Law Enforcement Officials who participated, and which specific files or other materials were taken; and
 - e. if the monitor is ordered to leave, contact the lead Government or Law Enforcement Official: the monitor should only be ordered to move if they are in the way of the search, not to avoid observing the search. Never provoke a confrontation with an agent.
14. If possible, do not release a document to the investigators, unless hospital legal counsel has reviewed it. However, this may not be possible.
15. If possible, the Employee in Charge should keep all privileged, protected, and confidential documents separated and labeled accordingly.
16. If possible, the Employee in Charge should make a record and a copy of all records taken.
- a. If this is not possible, before the Government or Law Enforcement Officials leave El Camino Hospital premises, the Employee in Charge should request an inventory of the documents taken.
 - b. The Employee in Charge should request that the lead Government or Law Enforcement Official note the date and time the search was completed, as well as signs the inventory of documents taken with the Government or Law Enforcement Official's full title, address, and telephone number.
 - c. If the Employee in Charge is unable to make copies of the documents taken at the time of the search, the Employee in Charge should request copies of the documents taken, especially medical records, as these records are required for patient care and this is the most efficient way to inventory the documents taken.
 - d. The Employee in Charge should create a duplicate inventory of the documents seized.
 - e. If the Government or Law Enforcement Officials take any computer hard drives or other electronic media, the Employee in Charge should request to download copies of files from that media, especially if the material is essential to the ongoing operations of El Camino Hospital.

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APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
Legal Review (if applicable):	10/2015
ePolicy Committee:	10/2015
Pharmacy and Therapeutics (if applicable):	
Corporate Compliance Committee:	11/2015
Board of Directors:	01/2016

Historical Approvals:

09/99, 05/01, 03/05, 07/06, 06/09, 10/12

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Government Investigation Policy and Education Plan Corporate Compliance/Privacy and Internal Audit Committee September 28, 2017
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance; Tamara Staff, Director, Talent Development
Action requested:	For Information
Background:	For one of the FY18 Compliance Committee goals, the Committee requested review of the Hospital's government investigations policy to evaluate the appropriate guidelines for response to contact by a government or law enforcement official, and the Hospital's education plan to inform the organization of the policy.
Other Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives:	<p>The Compliance Department reviewed and revised the current Government Investigation Policy and also requested review from outside legal counsel to assure best practice. Counsel recommended a number of additional revisions that were incorporated and reflected in the policy. For ease of review, given how extensive the revisions are, the final version is attached instead of the redline.</p> <p>Compliance has found that staff are generally responding appropriately when dealing with the government or law enforcement officials and are escalating items correctly when needed.</p> <p>Compliance is working with the Talent Development Department to refresh the compliance training to include key highlights of the policy and actions staff should take. The Education Plan includes:</p> <ul style="list-style-type: none"> - Refresh the annual Compliance online training module completed by all staff annually - Conduct a targeted training regarding Government investigations for the Executive Team, Leadership Team, and Hospital Board - Conduct a targeted training regarding Government Investigations for specialized departments with an increased likelihood of having to deal with law enforcement; include Physical Security, Emergency, and House Supervisors. - Raise awareness by contributing periodic articles in the Hospital's newsletter (Intercom) when the topic is in the public media (<i>e.g.</i>, making a connection between the recent incident with the nurse in Utah and our policy).
Suggested discussion questions:	None.
Proposed Committee motion, if any:	None, this is an informational item.
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. ECH Government Investigation Policy (to be discussed and approved prior to this topic in Agenda Item 6: Policies for Approval)



POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

CATEGORY: Administrative

LAST APPROVAL DATE:

SUB-CATEGORY: Administrative Policies and Procedures

ORIGINAL DATE: 9/99

COVERAGE:

All El Camino Hospital staff, Governing Board, Medical Staff and Contract Personnel

PURPOSE:

This policy establishes the guidelines for the proper response to a contact by a Government or Law Enforcement Official. The purpose of this policy is to enable El Camino Hospital to promptly and cooperatively respond to lawful requests for information or access by Government and Law Enforcement Officials while protecting its interests.

STATEMENT:

El Camino Hospital will cooperate with any request for information or access pursuant to a valid search warrant, subpoena, or other lawful demand; however, El Camino Hospital will assert all protections afforded it by law with respect to any such request. Nothing herein prohibits El Camino staff, Governing Board, Medical Staff or Contract Personnel from reporting possible violations of state or federal law or regulation in good faith to an appropriate governmental agency or entity.

DEFINITIONS:

Employee in Charge - The El Camino Hospital Chief Executive Officer, Corporate Compliance Officer, General Counsel, or Administrator-On-Call.

Government or Law Enforcement Official - An official representative of a federal, state, or local government agency with jurisdiction over El Camino Hospital. Examples of such agencies include, but are not limited to:

1. Mountain View Police Department;
2. Centers for Medicare and Medicaid Services;
3. U.S. Department of Health and Human Services;
4. U.S. Department of Justice; and
5. State of California Department of Justice.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

Government Contact - A Government Contact occurs when, for example:

1. a Government or Law Enforcement Official appears in person at El Camino Hospital to execute a search warrant, subpoena, or civil investigative demand;
2. a Government or Law Enforcement Official appears in person at El Camino Hospital and asks to speak with a particular person with whom the official does not have a pre-existing appointment;
3. a subpoena or civil investigative demand is received at El Camino Hospital via mail, fax, or e-mail; or
4. a Government or Law Enforcement Official appears in person at the home of an El Camino Hospital staff member, Governing Board member, or Medical Staff member regarding activity related to the hospital.

Interviewee - The El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel that a Government or Law Enforcement Official seeks to interview.

Receiving Employee - The El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel who makes the initial contact with a Government or Law Enforcement Official or takes custody of a subpoena or civil investigative demand.

PROCEDURE:

In the event of a Government Contact, all El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel, whether or not a Receiving Employee or Employee in Charge, shall abide by the following procedures.

General

1. All El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel must be courteous, cooperative, and professional in their interactions with Government and Law Enforcement Officials.
2. All Government Contacts must be reported to an Employee in Charge.
3. All El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel should remember that the nature of the Government Contact, including the very fact that such a contact has been made, is sensitive information and should not be shared with anyone other than an Employee in Charge without prior consultation with the General Counsel.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

4. El Camino Hospital staff, Governing Board members, Medical Staff members, and Contract personnel are free to speak or not to speak with Government or Law Enforcement Officials in the event that they are individually questioned about matters concerning their own, non-employment related activities. If an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor decides to speak with Government or Law Enforcement Officials regarding their own, non-employment related activities, they must respond to questions truthfully.
5. If Government or Law Enforcement Officials appear because of an emergency jeopardizing personal safety (for example, a fire, accident, or natural disaster), follow their instructions.

In-Person Request for Interview at El Camino Hospital

1. When a Government or Law Enforcement Official appears at El Camino Hospital and requests to speak with an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor without an appointment, the person receiving the request shall be deemed the Receiving Employee.
2. The Receiving Employee shall promptly notify an Employee in Charge.
3. The Receiving Employee may not disclose any information or documentation to the Government or Law Enforcement Official without the approval of an Employee in Charge.
4. The Receiving Employee should always be polite and should obtain and record the following information from the investigator or officer:
 - a. The name, agency affiliation, business telephone number and address of all investigators;
 - b. The investigator's business card; and
 - c. The reason for the visit.
5. The Receiving Employee should ask if there is a warrant, subpoena, or investigative demand to be served and request a copy of that document.
6. When a Government or Law Enforcement Official requests an interview without a warrant, subpoena, or civil investigative demand, the Interviewee has no obligation to consent to an interview, but may volunteer to do so. The interviewee may request that legal counsel be present for the interview.
7. The Interviewee may stop the interview at any time, with a request that the investigator return when counsel can be present. Its corporate counsel will

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

represent El Camino Hospital. Employees have the right to their own individual legal counsel at their own expense or to request the hospital's legal counsel. Legal counsel should be present for all interviews.

8. If the Interviewee chooses not to respond to the questions of a Government or Law Enforcement Official or does not consent to an interview, the Government or Law Enforcement Official may have the authority to subpoena the Interviewee to appear before a grand jury or for a deposition. El Camino Hospital will assist the employee in preparing their response by providing legal counsel. Legal counsel will be provided if a potential conflict of interest may exist between hospital departments or between the Interviewee and the hospital.
9. Following any interview, the Interviewee should provide an Employee in Charge with as much information and documentation about the interview as possible.

In-Person Request for Interview not at El Camino Hospital

1. If a Government or Law Enforcement Official requests to interview an El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contractor outside of El Camino Hospital, the Interviewee shall report that request to the Corporate Compliance Officer at (650) 988-7032.
2. When a Government or Law Enforcement Official requests an interview without a warrant, subpoena, or civil investigative demand, the Interviewee has no obligation to consent to an interview, but may volunteer to do so. The interviewee may request that legal counsel be present for the interview.
3. The Interviewee may require that the interview take place during normal business hours either at El Camino Hospital or at another location.
4. The Interviewee may stop the interview at any time, with a request that the investigator return when counsel can be present. Its corporate counsel will represent El Camino Hospital. Employees have the right to their own individual legal counsel at their own expense or to request the hospital's legal counsel. Legal counsel should be present for all interviews.
5. If the Interviewee chooses not to respond to the questions of a Government or Law Enforcement Official or does not consent to an interview, the Government or Law Enforcement Official may have the authority to subpoena the Interviewee to appear before a grand jury or for a deposition. El Camino Hospital will assist the employee in preparing their response by providing legal counsel. Legal counsel will be provided if a potential conflict of interest may exist between hospital departments or between the Interviewee and the hospital.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

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6. Following any interview, the Interviewee should provide an Employee in Charge with as much information and documentation about the interview as possible.

Request for Documents or Access

1. When a Government or Law Enforcement Official appears at El Camino Hospital with a search warrant, subpoena, or investigative demand for documents or information, the person receiving the request shall be deemed the Receiving Employee.
2. The Receiving Employee shall promptly notify an Employee in Charge and request that the Government or Law Enforcement Official on El Camino Hospital premises wait until the Employee in Charge arrives before starting the search.
3. If not the General Counsel, the Employee in Charge shall provide legal counsel with a copy of the search warrant, subpoena, or investigative demand immediately. Please call Administration at 7300/7301 to obtain home and phone numbers of legal counsel. If counsel can be reached by telephone, counsel shall be connected directly to the lead Government or Law Enforcement Officer.
4. If the hospital counsel is not available, the Employee in Charge should contact the U.S. Attorney, Northern District of California at (415) 436-7200 immediately and request that the search be stopped. One can negotiate alternatives to the search and seizure, including provisions to ensure that all existing evidence will be preserved undisturbed. If the U.S. Attorney refuses to stop the search, request agreement to delay the search to enable our hospital to obtain a hearing on the warrant or to consult with hospital counsel regarding the subpoena or investigative demand.
5. El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel must not alter, remove, or destroy permanent documents or records of the hospital. All records are subject to Federal and State of California recognized retention guidelines which are stated in the El_Camino Hospital Health Information Management Services Policies and Procedures, 1.14 Record Retention Rules and Regulations, paragraph D.1. The policy states that Medicare/Medi-Cal patient accounts and charge slips are retained for 5 years, while the Non-Medicare/Medi-Cal accounts are retained for 4 years. The records may be disposed of only in accordance with these guidelines. Once there has been notice of an investigation, the destruction portion of any policy on record retention is suspended.
6. When the Government or Law Enforcement Official presents a search warrant, subpoena, or investigative demand, the investigators have the authority to enter private premises, search for evidence of unlawful or criminal activity, and take those documents listed in the warrant, subpoena, or investigative demand. No

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- staff member has to speak to the investigators, but must provide the documents requested in the warrant, subpoena, or investigative demand.
7. The Employee in Charge shall request a copy of the subpoena, investigative demand, or search warrant and the affidavit providing reason for the issuance of the warrant. The Employee in Charge shall also inspect the subpoena, investigative demand, or search warrant to verify the following:
 - a. that the date the Government Contact falls within the dates on the document;
 - b. that the address on the document matches the physical location of El Camino Hospital; and
 - c. the specific business areas or departments identified in the document.
 8. The Employee in Charge and all other El Camino Hospital staff members, Governing Board members, Medical Staff members, or Contract personnel involved in the search must cooperate with the Government or Law Enforcement Officials, but state that you do not consent to the search.
 - a. The Employee in Charge should instruct the lead Government or Law Enforcement Official that:
 - i. El Camino Hospital objects to the search;
 - ii. The search is unjustified because El Camino Hospital is willing to voluntarily cooperate with the government.
 - b. Under no circumstances should staff obstruct or interfere with the search. Although they should cooperate, any El Camino Hospital staff member, Governing Board member, Medical Staff member, or Contract personnel involved in the search should clearly state that cooperation does not constitute “consent to the search.”
 - c. Whenever possible, keep track of all documents and all information the documents contain that are given to the investigators.
 9. The Employee in Charge should attempt to negotiate an acceptable methodology with the Government or Law Enforcement Officials to minimize disruption and allow El Camino Hospital employees to keep track of the process and continue operations necessary to ensure patient safety. Considerations include the sequence of the search; whether Government or Law Enforcement Officials are willing to accept copies in place of originals; and if so, who will make the copies and the arrangements of access to records seized.
 10. The Employee in Charge should point out limitations on the premises to be

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- searched and on the property to be seized.
- a. Only provide what is specified in the search warrant, subpoena or investigative demand.
 - b. Never consent to an expansion of the search.
 - c. Disputes regarding the scope should be referred to legal counsel for potential discussion with the U.S. Attorney, Northern District of California, or court intervention. El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel should not prevent the investigators from searching areas they claim to have the right to search.
 - d. Government or Law Enforcement Officials generally have the right to seize evidence of crimes that is in their plain view during a search, regardless of whether such evidence is described in the warrant.
11. The Employee in Charge should take appropriate steps to protect other El Camino Hospital staff members, Governing Board members, Medical Staff members, and Contract personnel.
- a. The Employee in Charge should send all, except essential department personnel, home or temporarily reassign them to other areas when a warrant, subpoena, or investigative demand is served.
 - b. Selected employees should remain along with the Employee in Charge and/or El Camino Hospital legal counsel to monitor the search.
 - c. Government or Law Enforcement Officials should never be left alone on El Camino Hospital's premises. There should be at least two El Camino Hospital staff members with the investigators at all times.
12. The Employee in Charge should object to any search of privileged or protected documents.
- a. If there is any possibility that the search will compromise privileged or protected information, the Employee in Charge should object on that basis, and instruct legal counsel to raise the issue with the court, if necessary.
 - b. Privileged and protected information is defined as any and all knowledge of value to the institution, which cannot be divulged, except by court order.
13. The Employee in Charge should keep a record regarding the search and should:
- a. ask each Government or Law Enforcement Official for proper identification, including their business cards;

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- b. list the names and positions of all the Government or Law Enforcement Officials with the date and time and verify the list with the lead Government or Law Enforcement Official and request he or she sign it;
 - c. monitor and record the manner in which the search is conducted, noting, in detail, the precise areas and files searched, the time periods when each of them was searched, the manner in which the search was conducted, the Government or Law Enforcement Officials who participated, and which specific files or other materials were taken; and
 - e. if the monitor is ordered to leave, contact the lead Government or Law Enforcement Official: the monitor should only be ordered to move if they are in the way of the search, not to avoid observing the search. Never provoke a confrontation with an agent.
14. If possible, do not release a document to the investigators, unless hospital legal counsel has reviewed it. However, this may not be possible.
15. If possible, the Employee in Charge should keep all privileged, protected, and confidential documents separated and labeled accordingly.
16. If possible, the Employee in Charge should make a record and a copy of all records taken.
- a. If this is not possible, before the Government or Law Enforcement Officials leave El Camino Hospital premises, the Employee in Charge should request an inventory of the documents taken.
 - b. The Employee in Charge should request that the lead Government or Law Enforcement Official note the date and time the search was completed, as well as signs the inventory of documents taken with the Government or Law Enforcement Official's full title, address, and telephone number.
 - c. If the Employee in Charge is unable to make copies of the documents taken at the time of the search, the Employee in Charge should request copies of the documents taken, especially medical records, as these records are required for patient care and this is the most efficient way to inventory the documents taken.
 - d. The Employee in Charge should create a duplicate inventory of the documents seized.
 - e. If the Government or Law Enforcement Officials take any computer hard drives or other electronic media, the Employee in Charge should request to download copies of files from that media, especially if the material is essential to the ongoing operations of El Camino Hospital.

POLICY/PROCEDURE TITLE: Corporate Compliance: Government Investigations

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
Legal Review (if applicable):	10/2015
ePolicy Committee:	10/2015
Pharmacy and Therapeutics (if applicable):	
Corporate Compliance Committee:	11/2015
Board of Directors:	01/2016

Historical Approvals:

09/99, 05/01, 03/05, 07/06, 06/09, 10/12

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Key Performance Indicators Corporate Compliance/Privacy and Internal Audit Committee September 28, 2017
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	For Information
Background:	Key performance indicators were developed to track required elements from the Federal Sentencing Guidelines. These indicators help the Committee monitor activity and review organizational trends.
Other Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives:	To review the trending of key indicators. Compliance investigated various reported concerns regarding billing integrity and potential documentation errors. All concerns were investigated and corrective actions implemented. Compliance is working with legal counsel regarding some physician contract issues. There was a slight increase in the total number of privacy breaches self-reported by the Hospital to CDPH. No additional follow up was requested by CDPH.
Suggested discussion questions:	1. Are there any trends of concern?
Proposed Committee motion, if any:	None. This is an informational item.
LIST OF ATTACHMENTS:	1. Corporate Compliance Scorecard 2. KPI 2-year Trend Graph

Corporate Compliance Scorecard FY18

El Camino Hospital

Key Performance Indicator	FY18 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,643	3,286	3,116

Core Elements

Policies and Procedures	Aug. 2017	Jul - Aug FY18	Jul - Aug FY17
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Number of reported instance when policies not followed	2	4	8
Number of disciplinary actions due to Investigations	0	1	4

Education and Training	Aug. 2017	Jul - Aug FY18	Jul - Aug FY17
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Percentage of new employees trained within 30 days of start date	100%	100%	100%
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Investigations	Aug. 2017	Jul - Aug FY18	Jul - Aug FY17
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Total number of investigations	21	38	44
Investigations open	2	3	0
Investigations closed	19	35	44
Hotline concerns substantiated	1	3	5
Hotline concerns not substantiated	0	1	4
Average number of days to investigate concerns	7	7	7

Reporting Trends	Aug. 2017	Jul - Aug FY18	Jul - Aug FY17
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Anti-Kickback/Stark	3	5	12
EMTALA	0	0	0
HIPAA Reports	17	26	22
HIPAA Security Incidents	1	1	2
Billing or Claims	5	10	20
Conflict of Interest	0	1	0

Reported Events to CMS	Aug. 2017	Jul - Aug FY18	FY17 Actual
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Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	0	0	0
Number of statement of deficiencies issued to ECH	0	0	0
Number of Actual Sanctions, fines or penalties	0	0	0

Reported Events to CDPH	Aug. 2017	Jul - Aug FY18	FY17 Actual
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Number of total regulator events self reported by ECH	2	4	7
Number of self reported events followed up by CDPH	2	4	7
Number of total privacy breaches self reported by ECH	3	5	13
CDPH initiated visits (separate from ECH self reported events)	1	3	10
Number of statement of deficiencies issued to ECH	0	1	2
Number of Actual/Realized Sanctions, fines or penalties	0	0	0

Monitoring and Audit Findings	Aug. 2017	Jul - Aug FY18	FY17 Actual
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Total number of Audit Findings	3	5	37
Number of findings identified has high severity	0	1	11

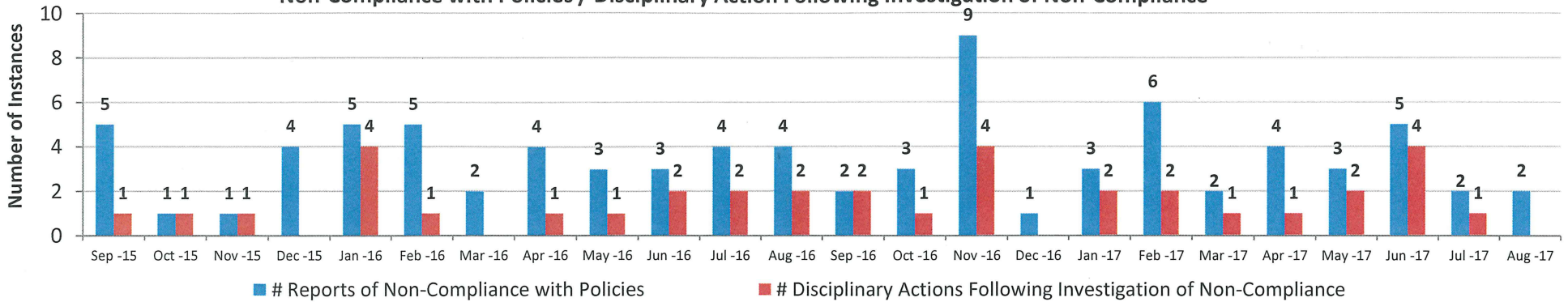
Monitoring and Audit Findings	Aug. 2017	Jul - Aug FY18	FY17 Actual
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Number of Open Liability Claims	8	8	8
Number of Open Liability Lawsuits	6	8	7

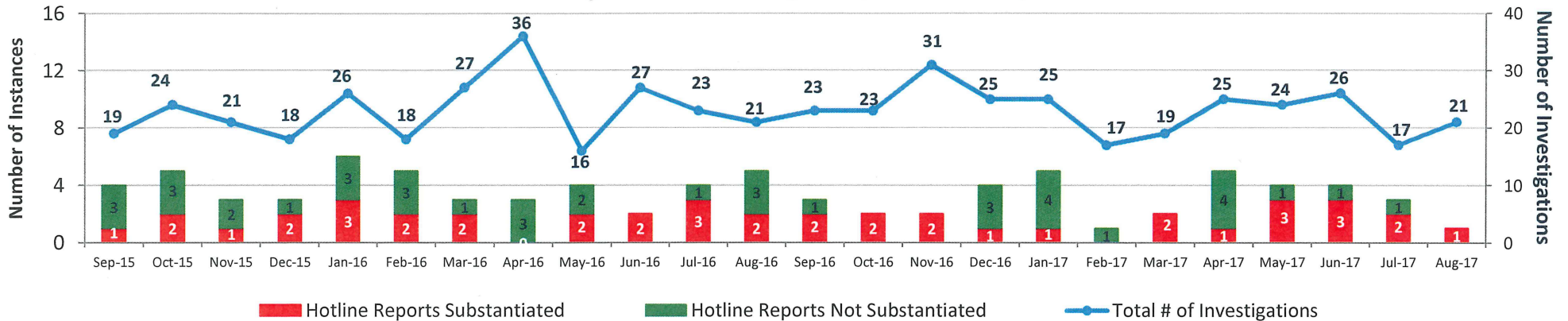
Corporate Compliance

Policies & Procedures

Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Investigations: Total Investigations / Hotline Activity



Privacy Breaches Requiring Report to Outside Entity

