

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

**Thursday, November 16, 2017 – 5:00pm**

El Camino Hospital | Conference Room F (ground floor)  
2500 Grant Road Mountain View, CA 94040

Christine Sublett will be participating via teleconference from 17/C Panthapath, Dhaka 1215, Bangladesh.

**PURPOSE:** To provide 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
<b>1. CALL TO ORDER/ROLL CALL</b>	Sharon Anolik Shakked, Chair		<b>5:00 – 5:01pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:01 – 5:02</b>
<b>3. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Sharon Anolik Shakked, Chair		<b>information</b> <b>5:02 – 5:05</b>
<b>4. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i>  <b>Approval</b> a. <a href="#">Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (September 28, 2017)</a>  <b>Information</b> b. <a href="#">Progress Against FY18 Committee Goals</a>	Sharon Anolik Shakked, Chair	<i>public comment</i>	<b>motion required</b> <b>5:05 – 5:07</b>
<b>5. APPOINTMENT OF VICE CHAIR</b>	Sharon Anolik Shakked, Chair		<b>information</b> <b>5:07 – 5:12</b>
<b>6. REPORT ON BOARD ACTIONS</b> <a href="#">ATTACHMENT 6</a>	Board Members		<b>information</b> <b>5:12 – 5:17</b>
<b>7. KPIs, SCORECARD AND TRENDS</b> <a href="#">ATTACHMENT 7</a>	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>information</b> <b>5:17 – 5:22</b>
<b>8. ADJOURN TO CLOSED SESSION</b>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>5:22 – 5:23</b>
<b>9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:23 – 5:24</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><b>10. CONSENT CALENDAR</b>  <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i></p> <p><b>Approval</b>  <i>Gov't Code Section 54957.2:</i></p> <p>a. Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (September 28, 2017)</p> <p><b>Information</b>  <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i></p> <p>b. Compliance Log (Sep-Oct 2017)                      c. Privacy Log (Sep-Oct 2017)                      d. Internal Audit Work Plan                      e. Committee Pacing Plan</p>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>5:24 – 5:31</b>
<p><b>11.</b> Report involving <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - Report on Internal Audit Activity</p>	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>information</b> <b>5:31 – 5:41</b>
<p><b>12.</b> <i>Health &amp; Safety Code Section 32106(b)</i> for a report and discussion on health care facility trade secrets:                      - ERM Reporting Discussion</p>	Dan Woods, CEO; Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>discussion</b> <b>5:41 – 6:11</b>
<p><b>13.</b> Report involving <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - IT Security Discussion</p>	Deb Muro, Interim CIO		<b>information</b> <b>6:11 – 6:36</b>
<p><b>14.</b> <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters:                      - Executive Session</p>	Sharon Anolik Shakked, Chair		<b>discussion</b> <b>6:36 – 6:42</b>
<p><b>15. ADJOURN TO OPEN SESSION</b></p>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>6:42 – 6:43</b>
<p><b>16. RECONVENE OPEN SESSION/ REPORT OUT</b></p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Sharon Anolik Shakked, Chair		<b>6:43 – 6:44</b>
<p><b>17. ADJOURNMENT</b></p>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>6:44 – 6:45pm</b>

**Upcoming Meetings**

- January 18, 2018
- March 15, 2018
- May 17, 2018

**Board/Committee Educational Gatherings**

- April 25, 2018



**Minutes of the Open Session of the  
Corporate Compliance/Privacy and Internal Audit Committee  
Thursday, September 28, 2017  
El Camino Hospital | Conference Room E  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

Neysa Fligor  
Lica Hartman  
Robert Rebitzer  
Christine Sublett  
John Zoglin

**Members Absent**

Sharon Anolik Shakked

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Corporate Compliance/Privacy and Internal Audit Committee of El Camino Hospital (the “Committee”) was called to order at 5:00pm by Committee Member Sublett. A silent roll call was taken. Ms. Anolik Shakked was absent. Mr. Zoglin arrived at 5:08pm during Agenda Item 6: Policy for Approval. All other Committee members were present.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Ms. Sublett asked if any Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. CONSENT CALENDAR</b>	<p>Ms. Sublett 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><b>Motion:</b> To approve the consent calendar: Meeting Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee (August 17, 2017).</p> <p><b>Movant:</b> Fligor <b>Second:</b> Hartman <b>Ayes:</b> Fligor, Hartman, Rebitzer, Sublett, <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Anolik Shakked, Zoglin <b>Recused:</b> None</p>	<i>Consent Calendar approved</i>
<b>5. REPORT ON BOARD ACTIONS</b>	Ms. Sublett referred to the recent Board actions as further detailed in the packet.	
<b>6. POLICY FOR APPROVAL</b>	<p>Diane Wigglesworth, Sr. Director, Corporate Compliance, explained that the proposed policy revisions were so extensive that for ease of review clean, final versions rather than redlines were provided. She summarized the proposed HR Leave of Absence and Government Investigations Policies and explained that the Joint Commission requires Board approval of these policy revisions. Ms. Fligor requested that the HR policy be further amended to clarify the five (5) day requirement for reporting. She also requested that the Government Investigations Policy be amended by adding the word “valid” before “subpoena” and “warrant” when they are used in the document.</p> <p><b>Motion:</b> To recommend that the Board approve the policies: HR Leave of Absence and Government Investigation as further amended.</p>	<i>Policies recommended for approval</i>

	<p><b>Movant:</b> Zoglin  <b>Second:</b> Hartman  <b>Ayes:</b> Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Anolik Shakked  <b>Recused:</b> None</p>	
<p><b>7. GOVERNMENT INVESTIGATION POLICY AND EDUCATION PLAN</b></p>	<p>Ms. Wigglesworth explained that, in light of recent national events, it is important to review this policy with staff. She is working with the Talent Development Department to refresh the compliance training module for all staff related to interactions with law enforcement, some training has already begun via e-mail Intercom communications, and the organization will conduct targeted education for employees most likely to have contact with law enforcement.</p>	
<p><b>8. KPIs SCORECARD, AND TRENDS</b></p>	<p>Ms. Wigglesworth reviewed the KPI Scorecard with the Committee members, noting that the only change was a slight increase in the total number of privacy breaches self-reported to CDPH, but that CDPH did not request any additional follow-up.</p>	
<p><b>9. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:27 pm 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 (August 17, 2017); pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: for information (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: Consolidated Financial Statements, 403(b), and Cash Balance Audit Results; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: FY17 Physician Payment Report; pursuant to <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 Reporting Discussion; pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: IT Security Discussion; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel matters: Executive Session.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Hartman  <b>Ayes:</b> Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Anolik Shakked  <b>Recused:</b> None</p>	<p><b>Adjourned to closed session at 5:27 pm.</b></p>
<p><b>10. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open session was reconvened at 7:00pm. Agenda Items 10-18 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 August 17, 2017, and recommended for approval the FY17 Financial Audit, and the FY17 Physician Payment Summary Report Report by a vote of all members present (Fligor, Hartman,</p>	

	Rebitzer, Sublett, Zoglin). Ms. Anolik Shakked was absent.	
<b>11. AGENDA ITEM 20: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 7:02 pm. <b>Movant:</b> <b>Second:</b> <b>Ayes:</b> Fligor, Hartman, Rebitzer, Sublett, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Anolik Shakked <b>Recused:</b> None	<i>Meeting adjourned at 7:02 pm.</i>

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

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Sharon Anolik Shakked  
Chair, Corporate Compliance/  
Privacy and Internal Audit Committee

DRAFT



## 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"> <li>Q1 FY18</li> </ul>	<ul style="list-style-type: none"> <li>Committee reviews training plan reviewed at 8/17/17 meeting</li> </ul>
2. Review and evaluate Hospital’s policy and education plan regarding responding to government investigations	<ul style="list-style-type: none"> <li>Q1 FY18</li> </ul>	<ul style="list-style-type: none"> <li>Committee reviews policy and education plan reviewed at 9/28/17 meeting</li> </ul>
3. Review reports on the completion of HIPAA Readiness plan milestones for FY18	<ul style="list-style-type: none"> <li>Q2 and Q4 FY18</li> </ul>	<ul style="list-style-type: none"> <li>Committee reviews HIPAA Readiness Plan milestones for FY18 reviewed at 11/16/17 meeting</li> </ul>
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"> <li>Q1 FY18: Preliminary Framework Report</li> <li>Q2 FY18: Final Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Committee reviews recommendations reviewed at 11/16/17 meeting</li> </ul>

#### 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

<b>Item:</b>	Report on ECH and ECHD Board Actions Corporate Compliance/Privacy and Internal Audit Committee November 16, 2017
<b>Responsible party:</b>	Cindy Murphy, Director of Governance Services
<b>Action requested:</b>	For Information
<b>Background:</b>	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.
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b>	None.
<b>Summary and session objectives :</b>	To inform the Committee about recent Board actions.
<b>Suggested discussion questions:</b>	None.
<b>Proposed Committee motion, if any:</b>	None. This is an informational item.
<b>LIST OF ATTACHMENTS:</b>	<ol style="list-style-type: none"> <li>1. Report on ECH and ECHD August and September 2017 Board Actions</li> </ol>

### **October and November 2017 ECH Board Actions\***

1. October 11, 2017
  - a. Recognized the Cancer Center at El Camino Hospital for 10 years of providing high quality care.
  - b. Approved the FY18 Period 1 and Period 2 Financials.
  - c. Voted to recommend that the District Board adopt the Governance Committee's Proposals to Revise the ECH Board Member Election and Re-Election Process and the ECH Board Member Position Specification, retaining the same high priority competencies identified in FY17.
  - d. Approved the FY17 Compliance Summary Report and Semi-Annual Physician Expense Report,
  - e. Approved the FY17 Individual Executive Goal Scores and Incentive Plan Payments
  - f. Approved the HR Leave of Absence Policy
  - g. Approved the Annual Financial, 403(b), and Participant Cash Balance Plan Audits
  - h. Approved the Level II NICU Call Panel Agreement
  - i. Approved the Medical Staff Development Plan and Recruitment Budget not to exceed \$5.9 million
  
2. November 8, 2017
  - a. Approved the FY18 Board, Board Chair, and Committee Self-Assessment Tools. The Biennial Committee Assessment will launch in November or early December 2017 and we expect to have results in February. The Annual Board and Board Chair Assessment will launch in the Spring of 2018.
  - b. Approved the Annual Safety Report for the Environment of Care.

### **October 2017 ECHD Board Actions\***

1. October 17, 2017
  - a. Approved the FY17 Year End Consolidated and Stand-Alone Financials
  - b. Approved the FY 17 Financial Audit
  - c. Approved the Revised Budget for Major El Camino Hospital Capital Budgets: Behavioral Health Services Building (additional \$4.6 Million) and Integrated Medical Office Building (additional \$27.1 million).
  - d. Approved the Revised ECH Board Member Election and Re-Election Process and the ECH Board Member Position Specification, retaining the same high priority competencies identified in FY17.
  - e. Re-Elected El Camino Hospital Board Director Lanhee Chen to the El Camino Hospital Board of Directors for a second term of three years, effective July 1, 2018.
  - f. Approved the FY17 Community Benefit Plan Report.

\*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

<b>Item:</b>	Key Performance Indicators Corporate Compliance/Privacy and Internal Audit Committee November 16, 20107
<b>Responsible party:</b>	Diane Wigglesworth, Sr. Director, Corporate Compliance
<b>Action requested:</b>	For Information
<b>Background:</b>	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.
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b>	None.
<b>Summary and session objectives:</b>	To review the trending of key indicators.  The overall number of issues brought to Compliance and investigations completed are trending consistent with the previous fiscal year. Compliance followed up on some concerns regarding documentation in Epic and compliance with Hospital bylaws on physician sign off. 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 CPDH.
<b>Suggested discussion questions:</b>	1. Are there any trends of concern?
<b>Proposed Committee motion, if any:</b>	None. This is an informational item.
<b>LIST OF ATTACHMENTS:</b>	1. Corporate Compliance Scorecard 2. KPI 2-year Trend Graph

# Corporate Compliance Scorecard FY17

## El Camino Hospital

Key Performance Indicator	FY18 Current Month	Current YTD Actual	Prior YTD Actual
<b>Total Number of Hospital Discharges (excluding normal newborn)</b>	<b>1,691</b>	<b>6,551</b>	<b>6,217</b>

### Core Elements

Policies and Procedures	Oct. 2017	Jul - Oct FY18	Jul - Oct FY17
Number of reported instance when policies not followed	4	12	13
Number of disciplinary actions due to Investigations	0	2	7

Education and Training	Oct. 2017	Jul - Oct FY18	Jul - Oct FY17
Percentage of new employees trained within 30 days of start date	100%	100%	100%

Investigations	Oct. 2017	Jul - Oct FY18	Jul - Oct FY17
Total number of investigations	23	83	90
Investigations open	1	3	0
Investigations closed	23	80	90
Hotline concerns substantiated	2	7	9
Hotline concerns not substantiated	4	6	5
Average number of days to investigate concerns	7	7	7

Reporting Trends	Oct. 2017	Jul - Oct FY18	Jul - Oct FY17
Anti-Kickback/Stark	2	9	12
EMTALA	0	0	0
HIPAA Reports	9	48	49
HIPAA Security Incidents	1	2	2
Billing or Claims	5	22	38
Conflict of Interest	1	2	3

Reported Events to CMS	Oct. 2017	Jul - Oct FY18	FY:2017 Actual
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	Oct. 2017	Jul - Oct FY18	FY:2017 Actual
Number of total regulator events self reported by ECH	3	13	7
Number of self reported events followed up by CDPH	0	6	7
Number of total privacy breaches self reported by ECH	2	7	13
CDPH initiated visits (separate from ECH self reported events)	0	4	10
Number of statement of deficiencies issued to ECH	0	1	2
Number of Actual/Realized Sanctions, fines or penalties	0	0	0

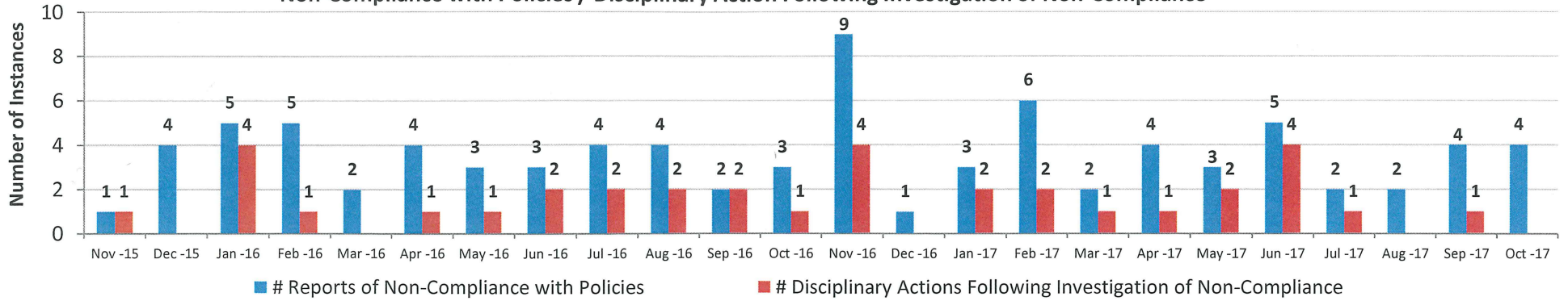
Monitoring and Audit Findings	Oct. 2017	Jul - Oct FY18	FY:2017 Actual
Total number of Audit Findings	3	11	37
Number of findings identified has high severity	2	3	11

Monitoring and Audit Findings	Oct. 2017	Jul - Oct FY18	FY:2017 Actual
Number of Open Liability Claims	7	7	8
Number of Open Liability Lawsuits	9	9	7

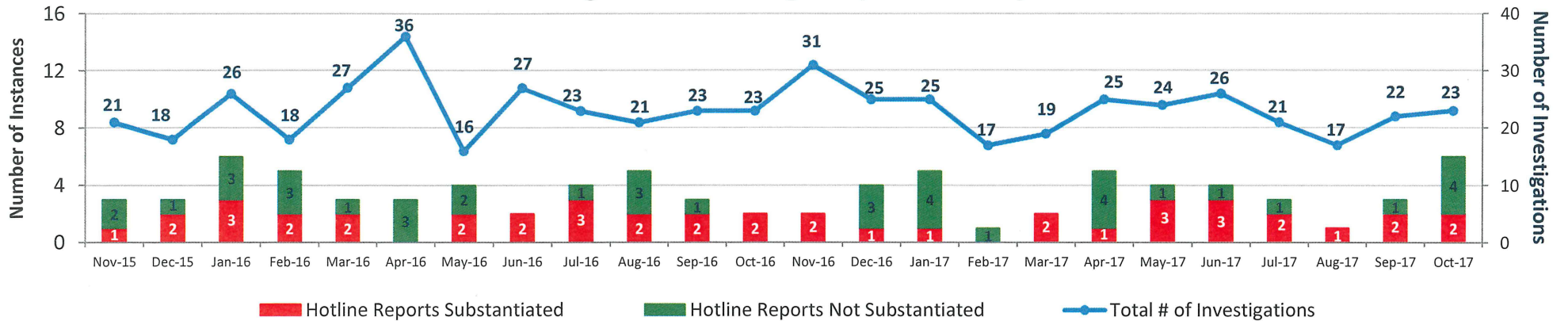
# Corporate Compliance

## 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

