

AGENDA FINANCE COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD Monday, July 31st 2017 – 5:30 pm

El Camino Hospital | Conference Rooms A & B (ground floor)

2500 Grant Road, Mountain View, CA 94040

William Hobbs will be participating via teleconference from 99 Degaris Avenue Dartmouth, MA 02748.

MISSION: To advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in matters related to governance, board development, board effectiveness, and board composition, i.e., the nomination and appointment/reappointment process. The Governance Committee ensures the Board and Committees are functioning at the highest level of governance standards.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	CALL TO ORDER / ROLL CALL	John Zoglin, Chair		5:30 – 5:32pm
2.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		5:32 - 5:33
3.	PUBLIC COMMUNICATION a. Oral Comments 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. b. Written Correspondence	John Zoglin, Chair		information 5:33 – 5:36
4.	 CONSENT CALENDAR Any Committee Member or member of the public may remove an item for discussion before a motion is made. Approval Minutes of the Open Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30th, 2017) Minutes of the Open Session of the Finance Committee Meeting (May 30th , 2017) Minutes of the Open Session of the Finance Committee Meeting (May 30th , 2017) FY17 Period 11 Financials Information Article of Interest Progress Against Goals FY 2018 Operating Budget 	John Zoglin, Chair	public comment	motion required 5:36 – 5:38
5.	REPORT ON BOARD ACTIONS <u>ATTACHMENT 5</u>	John Zoglin, Chair		information 5:38 – 5:43
6.	FY17 YEAR END FINANCIALS <u>ATTACHMENT 6</u>	Iftikhar Hussain, CFO	public comment	motion required 5:43 – 6:03
7.	PATIENT PRICE ESTIMATOR ATTACHMENT 7	Terri Manifesto, Sr. Director, Revenue Cycle		information 6:03 – 6:18
8.	UPDATE ON MAJOR CAPITAL PROJECTS <u>ATTACHMENT 8</u>	Ken King, CASO		discussion 6:18 – 6:28
9.	ADJOURN TO CLOSED SESSION	John Zoglin, Chair		motion required 6:28 – 6:29

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

July 5	1, 2017 Page 2			ESTIMATED
	AGENDA ITEM	PRESENTED BY		TIMES
10.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		6:29 - 6:30
11.	 CONSENT CALENDAR Any Committee Member may remove an item for discussion before a motion is made. Approval Gov't Code Section 54957.2. a. Minutes of the Closed Session of the Joint Meeting of the Finance Committee and the Hospital Board. (May 30, 2017) b. Minutes of the Closed Session of the Finance Committee Meeting (May 30, 2017) b. Minutes of the Closed Session of the Finance Committee Meeting (May 30, 2017) Information Health & Safety Code 32106(b). c. Neurointerventional Radiology – Physician Recruitment d. Cardiothoracic ED Call Panel – MV e. Pediatric Consultations ED Call Agreement-MV f. General Surgery ED Call Panel – LG g. Processional Service Agreement for Cancer Center- University Healthcare Alliance 	John Zoglin, Chair		motion required 6:30 – 6:31
12.	 Health & Safety Code 32106(b) For a report & discussion involving health care facility trade secrets: Facilities Project Strategy Update 	Ken King, CASO		discussion 6:31 – 6:51
13.	 <i>Gov't Code Section 54956(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Physician Transaction Compliance Education 	Mary Rotunno, General Counsel		motion required 6:51 – 7:06
14.	ADJOURN TO OPEN SESSION	John Zoglin, Chair		motion required 7:06 – 7:07
15.	RECONVENE OPEN SESSION/ REPORT OUT	John Zoglin, Chair		7:07 – 7:08
	To report any required disclosures regarding permissible actions taken during Closed Session.			
16.	 APPROVAL OF CONTRACTS a. Neurointerventional Radiology – Physician Recruitment b. Cardiothoracic ED Call Panel – MV c. Pediatric Consultations ED Call Agreement _ MV d. General Surgery ED Call Panel – LG e. Processional Service Agreement for Cancer Center- University Healthcare Alliance 	William Faber, MD, CMO Mick Zdeblick, COO Iftikhar Hussain, CFO & Markettea Beneke, Sr. Director Oncology Service Line	public comment	possible motion(s) 7:08 – 7:10
17.	FY18 COMMITTEE PACING PLAN <u>ATTACHMENT 17</u>	John Zoglin, Chair	public comment	possible motion 7:10 – 7:20
18.	CLOSING COMMENTS	John Zoglin, Chair		discussion

Agenda: Finance Committee July 31, 2017 | Page 3

AGENDA ITEM	PRESENTED BY	ESTIMATED TIMES
		7:20 - 7:22
19. ADJOURNMENT	John Zoglin, Chair	motion required 7:22 – 7:23 pm

Upcoming Meetings

- September 25, 2017 -
- -November 27, 2017
- January 29, 2018
- March 26, 2018
 May 29, 2018

a. Minutes of the Open Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30th, 2017)



Minutes of the Joint Open Session of the El Camino Hospital Board of Directors and the Finance Committee Monday, May 30, 2017 El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040 Conference Rooms F & G (ground floor)

Board Members Present	Board Members Absent	Members Excused
Lanhee Chen	Julia Miller	None
Dennis Chiu, Vice Chair	David Reeder	
Neal Cohen, MD, Chair		
Jeffrey Davis, MD	Committee Members Present	<u>Committee Members Absent</u>
Peter Fung, MD	Joseph Chow	Richard Juelis
John Zoglin	Boyd Faust	
-	William Hobbs (via teleconference)	

Ag	enda 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 Finance Committee (the "Committee") was called to order at 5:31pm by Chair Cohen. A verbal roll call was taken. Mr. William Hobbs participated via teleconference. Director Davis joined the meeting at 5:56pm during Agenda Item 4: FY18 Operating and Capital Budget. Director Miller, Director Reeder, and Mr. Richard Juelis were 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.	FY18 OPERATING AND CAPITAL BUDGET	Don Sibery, Interim CEO introduced Mick Zdeblick, COO and Iftikhar Hussain, CFO to present the FY18 Operating and Capital Budget. Mr. Zdeblick provided an overview of how the budget process integrates with the Hospital's strategic planning framework, and the Proposed FY18 Organizational Goals. He noted that the Quality Committee will be reviewing one of the metrics for the organizational goals at its June 5 th meeting. He also outlined the Executive Compensation Committee's recommended change in design for minimum, target, and maximum. He described the benchmarks and methodology for each proposed goal (budgeted operating margin, length of stay, HCAHPS Service Metric: Rate the Hospital, and standardized infection rates for hospital-acquired infections). Director Zoglin and Mr. Zdeblick discussed the evaluation of whether the differences between minimum, target, maximum are statistically meaningful. Staff noted that they will look at the distribution of the benchmark/goal data.	
		In response to Director Zoglin's question, Mr. Zdeblick explained that staff chose to use the Q4 data for performance evaluation because initiatives must be implemented before they can be measured. The Board, Committee, and staff discussed whether the data should be evaluated over the course of the full year or at year's end (in Q4).	
		In response to Mr. Faust's question, Mr. Hussain explained the eventual	

30, 2017 Page 2 alignment of organizational goals with value-based metrics integrated in payor contracts. Mr. Hobbs and Mr. Faust commented that they viewed the threshold goal (% of budgeted operating margin) as too low, recommending 95% instead of 90%. In response to Director Cohen's question, Mr. Zdeblick described efforts to engage physicians in clinical documentation improvements. Mr. Zdeblick also outlined budgetary priorities, including investments in: Strategic plan: \$5 million in "undesignated expenses" at the discretion of the CEO Growth: new surgical robots, physician concierge service, infusion center, spine center, physician recruitments, Winchester Primary Care Center Core Business: New RN Graduates Hiring and Training Program, Community Connect, IT Security, parking management The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed futher in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 (% of budgeted operating margin) as too low, recommending 95% instead of 90%. In response to Director Cohen's question, Mr. Zdeblick described efforts to engage physicians in clinical documentation improvements. Mr. Zdeblick also outlined budgetary priorities, including investments in: Strategic plan: \$5 million in "undesignated expenses" at the discretion of the CEO Growth: new surgical robots, physician concierge service, infusion center, spine center, physician recruitments, Winchester Primary Care Center Core Business: New RN Graduates Hiring and Training Program, Community Connect, IT Security, parking management The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed further in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 to engage physicians in clinical documentation improvements. Mr. Zdeblick also outlined budgetary priorities, including investments in: Strategic plan: \$5 million in "undesignated expenses" at the discretion of the CEO Growth: new surgical robots, physician concierge service, infusion center, spine center, physician recruitments, Winchester Primary Care Center Core Business: New RN Graduates Hiring and Training Program, Community Connect, IT Security, parking management The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed futher in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 Strategic plan: \$5 million in "undesignated expenses" at the discretion of the CEO Growth: new surgical robots, physician concierge service, infusion center, spine center, physician recruitments, Winchester Primary Care Center Core Business: New RN Graduates Hiring and Training Program, Community Connect, IT Security, parking management The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed further in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 discretion of the CEO Growth: new surgical robots, physician concierge service, infusion center, spine center, physician recruitments, Winchester Primary Care Center Core Business: New RN Graduates Hiring and Training Program, Community Connect, IT Security, parking management The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed futher in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 savings from clinical variation improvement. Director Chen requested additional information about the accountability for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed futher in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 for the \$5 million allocated for strategic initiatives at the discretion of the CEO, noting that the topic may be discussed futher in closed session. Mr. Zdeblick outlined specific strategic initiatives for FY18 and their expected net financial results. Iftikhar Hussain, CFO explained that EBIDA (earnings before interest, depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 depreciation, and amortization) will be a new metric for setting earnings targets because of the new bond financing and ongoing construction projects. He also provided an overview of budget assumptions, including: Key financial metrics, highlighting that days cash on hand 	
 remains strong. Expenses in FY16 were higher due to Epic Go-Live, and will go up again in FY18. Key drivers of FY18 operating budget: investments in strategic initiatives, favorable labor variance, interest on new bonds and construction, co-management for clinical variations. Revenue rates assumptions regarding pricing, reimbursement, and other payments (PRIME); expense assumptions, including inflation. Intiatives for the HPO plan (resource utilization, CDI, productivity, pricing, LOS reduction, etc.). IT Initiatives, including Community Connect, enterprise resource planning system (upgrade or get a new system). Capital spending trends and capital project requests. 	
The Board discussed and requested clarifications on inpatient and outpatient volume expectations, delineations of FTEs/vacancies in the budget, and the decline in volume for outpatient laboratory and imaging services over the last few years.	
He also reported that, due to additional investment income, staff will recommend a \$5 million increase in the Board-Designated Community Benefit Endowment Fund for Board approval at its June meeting.	
In response to Director Zoglin's question, Mr. Hussain described filling vacancies gaps and Kathryn Fisk, CHRO described merit increases (3%). In response to Mr. Faust's question, Mr. Hussain explained the	

May 30, 2017 Page 3		
	calculation of the vacancy gap.	
	Director Zoglin expressed concerns that urgent care clinics were not included in the budget.	
	In response to Director Fung's question, Mr. Hussain explained that most commercial contracts are three year contracts and discussed price increases that are in line with others in the industry.	
5. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 6:43 pm pursuant to <i>Health and</i> <i>Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: Strategic Initiatives – Budgetary Implications.	Adjourned to closed session at 6:43 pm.
	Movant: Chiu Second: Fung Ayes: Chen, Chiu, Chow, Cohen, Davis, Faust, Fung, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis, Miller, Reeder Recused: None	
6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:12pm. There were no actions taken during the closed session.	
7. AGENDA ITEM 10: ADJOURNMENT	 Motion: To adjourn at 7:12 pm. Movant: Chen Second: Fung Ayes: Chen, Chiu, Chow, Cohen, Davis, Faust, Fung, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis, Miller, Reeder Recused: None 	Meeting adjourned at 7:12 pm.

Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital and the Finance Committee:

Lanhee Chen Chair, ECH Board Julia Miller Secretary, ECH Board

John Zoglin Chair, Finance Committee

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

b. Minutes of the Open Session of the Finance Committee Meeting (May 30th , 2017)



Minutes of the Open Session of the Finance Committee Tuesday, May 30, 2017

El Camino Hospital | Conference Rooms F&G (ground floor)

2500 Grant Road, Mountain View, CA 94040

]	Members Present Dennis Chiu, Chair Joseph Chow Boyd Faust William Hobbs (via teleco John Zoglin	Members Absent Richard Juelis	
	Agenda Item	Comments/Discussion	Approvals/Action
1.	CALL TO ORDER/ ROLL CALL	The open session meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 7:20 pm by Chair Chiu. A verbal roll call was taken. Mr. William Hobbs participated via teleconference. Mr. Richard Juelis was absent. All other Committee members were present.	
2.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Chiu 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	There were no comments from the public.	
4.	CONSENT CALENDAR	 Mr. Zoglin asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed. Motion: To approve the consent calendar: Minutes of the Open Session of the Finance Committee Meeting (March 27, 2017); FY18 Committee Meeting Dates; FY17 Period 8 Financials; and FY17 Period 9 Financials; and for information: Article of Interest. Movant: Zoglin Second: Faust Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Abstentions: None Absent: Juelis Recused: None 	Consent Calendar approved
5.	REPORT ON BOARD ACTIONS	Chair Chiu briefly reviewed the Board Report as further detailed in the packet.	
6.	FY17 PERIOD 10 FINANCIALS	Iftikhar Hussain, CFO, reviewed the Financial Dashboard with the committee members noting that it has been a very good financial year for El Camino Hospital. All key dashboard metrics are green except for payor mix which is within a percentage point of target. He noted that operating results are ahead of plan due to both higher revenues and lower expenses. Investment income is \$34 million ahead of target. Labor and benefits are the largest portion of the expenses and are favorable due to efficiencies after the EPIC implementation last year and vacant positions in non-patient care areas. In response to Mr. Zoglin's question, Mr. King explained that large month to month changes in capital spending projection reporting to the Committee is	

IVI	lay 30, 2017 Page 2		
		due to the fact that these projections are updated quarterly. Mr. Zoglin requested that large changes in these projections be called out and explained in the Committee's materials.	
		Motion : To recommend that the Board approve the FY17 Period 10 Financials.	
		Movant: Faust Second: Chow Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
7.	FY18 PROPOSED BUDGET	In response to questions from Committee members, Mr. Hussain reported that it is very difficult in ECH's market to reduce expenses by decreasing wages, salaries and benefits so management is focused on attaining operating margin goals though improvements in clinical documentation, length of stay reductions, and clinical variation reductions. Don Sibery, Interim CEO, reported that embedded in the budget is work in Q1 FY18 to identify all fixed positions and achieve \$2million costs reductions in overhead and fixed staffed areas.	
		Motion : To recommend that the Board approve the Proposed FY18 Operating and Capital Budget with the following suggestions:	
		1. Increase the threshold organizational goal to 95% of budgeted operating margin.	
		2. Describe guidelines on spending the proposed \$5 million (or different amount approved by the Board) allocated to the CEO for advancing strategic initiatives.	
		3. Consider reducing FTE's per adjusted occupied bed.	
		4. Consider adequacy of the marketing budget by looking at benchmarks.	
		5. Consider loss of market share in imaging and outpatient laboratory	
		Movant: Hobbs Second: Faust Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
8.	PROPOSED FY18 ORGANIZATIONAL GOALS	The Committee members reiterated a desire to increase the threshold goal to 95% of operating margin, and discussed whether (1) the deltas between the minimum, target and maximum metrics proposed for the LOS, HCAHPS Service, and Hospital Acquired Infection goals are statistically significant and (2) the Q4 measurement period is appropriate. Mick Zdeblick, COO explained that the Executive Compensation Committee recommended equalizing the delta between minimum and target and target and maximum. He also reported that progress against the goals is tracked quarterly even though the proposed measurement period for the management incentive plan is restricted to Q4 results.	

May 30, 2017 Page 3		
	Motion: To recommend that the Board approve the proposed FY18 Organizational Goals with the understanding that the goals with proposed Q4 measurement periods are tracked quarterly by management and the following suggestions:	
	1. Increase the threshold organizational goal to 95% of budgeted operating margin.	
	 Management should provide the Board with validation that the deltas between the minimum, target and maximum metrics proposed for the LOS, HCAHPS Service, and Hospital Acquired Infection goals are statistically significant. 	
	Movant: Zoglin Second: Faust Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
9. UPDATE ON MAJOR CAPITAL PROJECTS	Ken King, CASO, referring to the project timelines in the Committee materials, reported that permitting delays have delayed progress on the North Parking Garage, IMPB and BHS Building construction projects. He also reported that project cost projections have increased through May 2017 due to competition for labor in the local market.	
10. CAPITAL FUNDING REQUESTS	 a. Xi DaVinci Robot – In response to questions from Committee members, Mr. Zdeblick reported deployment of the additional Xi Da Vinci Surgical Robot at the Los Gatos Campus will increase market share and surgical volume resulting in recovery of the full investment in the first year. The Committee requested quarterly reports on the return on this investment. 	Capital funding requests recommended for approval
	b. 828 Winchester Primary Care Clinic Tenant Improvement Mr. King reported that this clinic site is part of the primary care clinic strategy. The request is for leasehold improvements; the lease was approved and executed.	
	c. LG MRI Replacement – Mr. King reported that onsite MRI capability is a necessary service for a hospital and that the funding request includes the equipment, building of a modular structure to house and operate the equipment and a shelter between the modular structure and the two buildings.	
	 d. Feasibility Study & Capital Facilities Project Request – Patient Family Residence – Mr. King explained the concept and need for this project to provide low cost temporary housing for families of ECH's patients. He also reported that the land on which the existing structure sits is owned by the El Camino Healthcare District and the project will ultimately require District Board approval. 	
	Motion : To recommend that the Board approve agenda items 10 a – d 2 Xi DaVinci Robots (\$3,940,000), 828 Winchester PCC Tenant Improvements (not to exceed \$3.6 million), LG MRI Replacement (not to exceed \$3.9 million), and Patient Family Residence Feasibility Study (not to exceed \$500,000) funding requests.	
	Movant: Faust	

-	ay 30, 2017 Page 4		
		Second: Zoglin Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
11.	ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 8:33 pm pursuant to <i>Health & Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Draft Revised Physician Financial Arrangements Review and Approval Policy; pursuant to <i>Health & Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Summary of Physician Financial Arrangements; pursuant to <i>Gov't Code Section 54957.2</i> for approval of Minutes of the Closed Session of the Finance Committee Meeting (March 27, 2017); pursuant to <i>Health & Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Update on Data Governance Project, PSA: Pre-Employment Evaluations and Clearances, MDA: Utilization Management, MDA: Interventional Pulmonology Program.	Adjourned to closed session at 8:33 pm.
		Movant: Zoglin Second: Faust Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
12.	AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 8:46. Agenda Items 12-16 were covered in closed session. During the closed session, the Committee approved the Closed Session Minutes of the Finance Committee Meeting of March 27, 2017 and the Summary of Physician Financial Arrangements by a vote of all members present (Chiu, Chow, Faust, Hobbs, Zoglin). Mr. Juelis was absent.	
13.	AGENDA ITEM 18: APPROVAL OF PHYSICIAN CONTRACTS	 Motion: To recommend that the Board approve the Professional Services Agreement: Pre-Employment Evaluation and Clearances; Medical Director, Utilization Management; and Medical Director, Interventional Pulmonology Program. Movant: Faust Second: Zoglin Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Abstent: Juelis Recused: None 	Physician Contracts recommended for approval
14.	AGENDA ITEM 19: APPROVAL OF DRAFT REVISED PHYSICIAN FINANCIAL ARRANGEMENTS – REVIEW AND APPROVAL POLICY	Motion: To recommend that the Board approve the Draft Revised Physician Financial Arrangements – Review and Approval Policy. Movant: Chow Second: Zoglin Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Abstent: Juelis Recused: None	Policy recommended for approval
15.	AGENDA ITEM 20:	The Committee members discussed adding two goals (1) To Develop	Goals

May 30, 2017 Page 5		
FY18 COMMITTEE GOALS	and Monitor Industry Benchmarks for Operations and Financials and (2) Review of Top Three Service Lines as well as removing Review Results of HPO Plan" as a Committee goal. Mr. Zdeblick commented that the top three service lines are Oncology, HVI and Behavioral Health.	recommended for approval
	Motion : To recommend that the Governance Committee review and recommend for approval the FY18 Finance Committee Goals with revisions as discussed.	
	Movant: Faust Second: Chow Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	
16. AGENDA ITEM 21: FY18 COMMITTEE PACING PLAN	Cindy Murphy, Board Liaison, reported that the Proposed Pacing Plan was developed with the Committee's standard work as well as its FY18 goals in mind. Ms. Murphy commented she would add a third Service Line Report in March as well as the Benchmarking report in November. She also noted that combined Board and Committee Education Sessions were being scheduled for October and April and the Pacing Plan will be updated to reflect that.	
	Motion: To approve the proposed FY18 Pacing Plan. Movant: Chow Second: Zoglin Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Abstent: Juelis Recused: None	
17. AGENDA ITEM 22: CLOSING COMMENTS	Chair Chiu commented that Director Zoglin would likely be chairing the Committee next year, and thanked the Committee members for their service.	
18. AGENDA ITEM 23: ADJOURNMENT	Motion: To adjourn at 9:00 pm. Movant: Zoglin Second: Faust Ayes: Chiu, Chow, Faust, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis Recused: None	Meeting adjourned at 9:00 pm.

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

FY17 Period 11 Financials



Summary of Financial Operations

Fiscal Year 2017 – Period 11 7/1/2016 to 5/31/2017

	Annual				[Month				YTD			
	2015	2016	2017	2017	Ī	PY	CY	Bud/Target	T	PY	CY	Bud/Target		
			Proj.	Bud/Target										
Volume														
Licenced Beds	443	443	443	443		443	443	443		443	443	443		
ADC	246	242	239	245		256	235	247		243	239	246		
Adjusted Discharges	22,342	22,499	23,343	22,992		1,838	2,052	2,007		20,236	21,398	21,147		
Total Discharges	19,637	19,367	19,604	19,781		1,622	1,673	1,720		17,621	17,984	18,207		
Inpatient Cases														
MS Discharges	13,114	13,344	13,577	13,499		1,109	1,180			12,004	12,446	12,419		
Deliveries	5,067	4,717	4,660	4,810		404	377	-		4,316	4,272	4,426		
BHS	901	806	907	901		77	86	-		849	845	837		
Rehab	555	500	459	570		32	30	50		452	421	525		
Outpatient Cases	128,110	139,935	145,560	147,053		11,707	12,728	12,448		128,172	133,430	131,795		
ED	49,106	48,609	48,636	51,258		4,135	4,275	4,440		44,764	44,583	47,007		
Procedural Cases														
OP Surg	6,488	6,070	6,680	6,427		470	533	540		5,536	6,123	5,714		
Endo	2,520	2,324	2,140	2,479		191	167	207		2,140	1,962	2,188		
Interventional	1,998	2,021	2,016	2,323		159	165			1,858	1,848	2,098		
All Other	67,998	80,911	86,088	84,566		6,752	7,588	7,063		73,874	78,914	74,788		
Financial Perf.														
Net Patient Revenues	746,645	772,020	812,625	789,585		69,230	70,653	73,383		698,855	744,907	725,154		
Total Operating Revenue	767,751	795,657	839,074	814,645		70,880	74,454	75,471		718,671	769,151	748,126		
Operating Expenses	689,631	743,044	743,112	764,828		64,060	65,507	64,564		677,510	681,186	693,585		
Operating Income \$	78,120	52,613	95,962	49,817		6,821	8,947	10,907		41,162	87,965	54,541		
Operating Margin	10.2%	6.6%	11.4%	6.1%		9.6%	12.0%	14.5%		5.7%	11.4%	7.3%		
EBITDA \$	128,002	108,554	148,216	109,890		11,685	13,183	15,920		91,235	135,865	107,951		
EBITDA %	16.7%	13.6%	17.7%	13.5%		16.5%	17.7%			12.7%	17.7%	14.4%		
IP Margin ¹	-3.9%	-8.7%	-5.2%	-6.1%		-3.9%	-5.8%			-9.6%	-5.2%	-6.1%		
OP Margin ¹	26.7%	26.7%	34.4%	26.4%		25.8%	36.1%	26.4%		25.2%	34.4%	26.4%		
Payor Mix														
Medicare	46.2%	46.6%	47.7%	46.4%		50.6%	47.8%	46.4%		46.6%	47.7%	46.4%		
Medi-Cal	6.6%	7.4%	7.3%	6.5%		7.4%	8.0%	6.5%		7.3%	7.3%	6.5%		
Commercial IP	24.2%	23.2%	22.3%	24.0%		21.8%	22.2%	24.0%		24.0%	22.3%	24.0%		
Commercial OP	18.7%	18.7%	20.1%	19.0%		18.2%	19.8%			19.3%	20.1%	19.0%		
Total Commercial	42.9%	41.9%	42.4%	43.0%		40.0%	42.0%			43.3%	42.4%	43.0%		
Other	4.3%	4.1%	2.5%	4.1%		2.0%	2.3%	4.1%		2.8%	2.5%	4.1%		
Cost														
Employees	2,452.4	2,542.8	2,500.4	2,551.7		2,529.3	2,536.9	2,556.1		2,590.3	2,500.4	2,551.7		
Hrs/APD	30.45	30.35	29.86	29.40		29.15	30.93	29.20		31.04	29.86	29.40		
Balance Sheet														
Net Days in AR	43.6	53.7	47.5	48.0		53.7	47.5	48.0		53.7	47.5	48.0		
Days Cash	401	361	441	266		361	441	266		361	441	266		
Affiliates - Net I	ncome	(\$000)s)		II									
Ноѕр	94,787	43,043	216,125	67,032		10,062	18,137	11,636		28,706	144,084	62,559		
Concern	1,202	1,823	1,874	2,604		80	(108)	221		1,937	1,249	2,372		
ECSC	(41)	(282)	(138)	2,004		1	(100)	0		(311)	(92)	2,372		
Foundation	710	982	3,265	(450)		180	37	(20)		919	2,177	(477)		
SVMD	106	156	8	0		(67)	(85)	(1)		88	ý 5	(1)		

Green - Equal to or better than budget; Yellow - Unfav by up to 5%; Red - Greater than 5% unfav FY2017 budget presented excludes 2016 and 2017 bonds cost of issuance and interest expense

Inpatient Volume:

- May inpatient acute MS discharges exceeds budget by 0.6% and PY by 6.4%. YTD discharge is also higher than budget by 0.2%.
- Deliveries and Rehab discharges remain soft and are 9.8% and 39.4% below budget for the month and 3.5% and 19.8% below budget YTD.
- Volumes for Behavioral Health (0.9%), General Medicine (4.1%), General Surgery (2.3%), HVI (8.1%), Spine Surgery (10.0%), Urology (5.6%) and GYN (13.7) are all ahead of budget YTD.

Outpatient Volume:

- OP was ahead of budget for the month of May by 2.2% and prior month last year by 8.7% . YTD OP remains ahead of budget by 1.2% and last year YTD by 4.1%
- OP volume remained strong and ahead of budget YTD especially in Behavioral Health 40.1%, Oncology 31.6%, Rehab Services 14.7% and HVI 14.6%.

Financial Performance:

- Operating Income was behind budget by \$2.0M for the month, but remains ahead YTD by \$33.4. In May, \$6.3M was budgeted as IGT income, but has not been received as of yet due to timing.

Payor Mix:

- Commercial mix decreased from April from 42.7% to 42.0%. YTD PM is still under budget due to higher Medicare.

Cost:

- YTD Paid FTEs is under budget by 51 FTEs.

Balance Sheet:

Net days in AR are ahead of target and improved further in May. Total cash on hand is still at an all time high of 441 days in May.

Budget Variances

Fiscal Year 2017 YTD (7/1/2016-5/31/2017) Waterfall

Fiscal Year 2017 YID (7/1/201		th to Date (M	וסד	Year to Date (YTD)			
	Detail	Net Income	% Net	Detail	Net Income	% Net	
(in thousands)	Detan	Impact	Revenue	Detan	Impact	Revenue	
Budgeted Hospital Operations FY2017		10,907	14.5%		54,541	7.3%	
Net Revenue		(1,017)	-1.4%		21,025	2.7%	
* Volume and Payor Mix	(1,802)	(_)0/	2	978	,020	,	
* Rev cycle improvements	500			9,167			
* Insurance (Payment Variance)				1,120			
* Mcare Settlement	54			3,298			
* BPCI Settlement	76			(2,092)			
* Medi-Cal Supplemental	144			1,510			
* IGT Supplemental				6,535			
* Various Adjustments under \$250k	11			510			
Labor and Benefit Expense Change		622	0.8%		9,708	1.3%	
* Benefits -FICA and WC Cash Replenish	273			(1,404)	,		
* Accrued Time Off - Reprising PRN PTO Banks				1,079			
* Productivity, volume and service mix	(90)			10,039			
* WC Reserve Update based on Favorable Exp				2,524			
* Vacancies filled with purchased services	439			3,073			
* Pay for performance bonus				(3,204)			
* Ratification bonus				(2,400)			
Professional Fees & Purchased Services		(991)	-1.3%		(2,869)	-0 <mark>.4%</mark>	
* Physician Fees - Below Budget in MD Director Fee both May & YTD	79			1,560			
* Consulting Fee - Various Administration and Strategic Planning	(648)			(4,776)			
consultants							
 * Purchased Services - Outside Labor (EPIC Consultants) 	(585)			(4,097)			
* Repairs and Maintenance Fees	163			4,445			
Supplies		(1,489)	-2.0%		58	0.0%	
 * Drug Expense - Offset by \$4.7M in revenue 	(497)			(2,760)			
 Medical Supplies - Structural Heart Valves & Spine Surgery 	(898)			1,426			
* Non Med Supplies - Misc (Food/Volumes)	(94)			1,391			
Other Expenses		138	0.2%		(9)	0.0%	
* Leases & Rental Fees (Facility Building Leases & Imaging	11			(271)			
Equipment Rental YTD)							
* Utilities & Telephone	141			411			
* Other G&A	(13)			(149)			
Depreciation & Interest		777	1.0%		5,511	0.7%	
* Depreciation (Under budget in Facilities Dev and Real Estate &	621			4,431			
ICARE depreciation and equipment)							
* Interest Expense - 2017 bonds & Capital Interest 2015 bonds	156			1,080			
Actual Hospital Operations FY2017		8,947	12.0%		87,965	11.4%	



El Camino Hospital (\$000s)

11 months ending 5/31/2017

PERIOD 11	PERIOD 11	PERIOD 11	Variance			YTD	YTD	YTD	Variance	
FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%	\$000s	FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%
					OPERATING REVENUE					
243,812	264,096	248,699	15,396	6.2%	Gross Revenue	2,520,630	2,754,532	2,661,876	92,656	3.5%
(174,582)	(193,442)	(175,316)	(18,126)	1.0%	Deductions	(1,821,775)	(2,009,625)	(1,936,722)	(72,903)	3.8%
69,230	70,653	73,383	(2,730)	-3.7%	Net Patient Revenue	698,855	744,907	725,154	19,753	2.7%
1,650	3,800	2,088	1,712	82.0%	Other Operating Revenue	19,816	24,245	22,972	1,272	5.5%
70,880	74,454	75,471	(1,017)	-1.3%	Total Operating Revenue	718,671	769,151	748,126	21,025	2.8%
					OPERATING EXPENSE					
39,553	38,903	39,524	622	1.6%	Salaries & Wages	397,620	411,216	420,923	9,708	2.3%
10,866	11,455	9,966	(1,489)	-14.9%	Supplies	106,951	108,254	108,312	58	0.1%
6,769	8,764	7,773	(991)	-12.8%	Fees & Purchased Services	90,355	88,872	86,003	(2,869)	-3.3%
2,008	2,149	2,287	138	6.1%	Other Operating Expense	32,511	24,946	24,937	(9)	0.0%
617	292	448	156	34.8%	Interest	5,575	3,851	4,930	1,080	21.9%
4,247	3,944	4,565	621	13.6%	Depreciation	44,498	44,049	48,480	4,431	9.1%
64,060	65,507	64,564	(943)	-1.5%	Total Operating Expense	677,510	681,186	693,585	12,399	1.8%
6,821	8,947	10,907	(1,960)	-18.0%	Net Operating Income/(Loss)	41,162	87,965	54,541	33,424	61.3%
3,242	9,191	729	8,462	1160.9%	Non Operating Income	(12,455)	56,118	8,018	48,100	599.9%
10,062	18,137	11,636	6,502	55.9%	Net Income(Loss)	28,706	144,084	62,559	81,524	130.3%
10 50/	17.70/	21 10/	2 40/			10 70/	17 70/	14.40/	2.20/	
16.5%	17.7%	21.1%	-3.4%		EBITDA	12.7%	17.7%	14.4%	3.2%	
9.6%	12.0%	14.5%	-2.4%		Operating Margin	5.7%	11.4%	7.3%	4.1%	
14.2%	24.4%	15.4%	8.9%		Net Margin	4.0%	18.7%	8.4%	10.4%	



Non Operating Items and Net Income by Affiliate

\$ in thousands

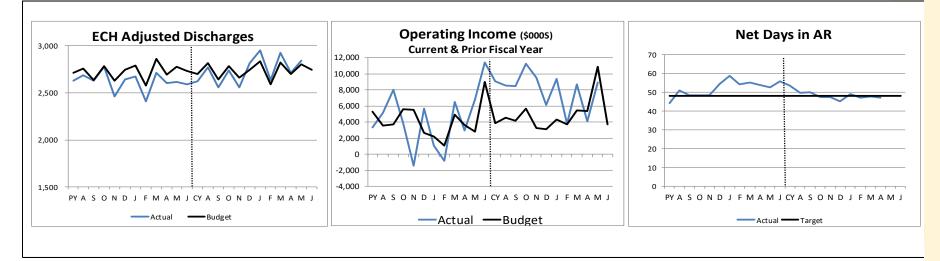
	Per	iod 11 - Mon	th	Pe	eriod 11 - FYT	D
	Actual	Budget	Variance	Actual	Budget	Varian <mark>ce</mark>
El Camino Hospital Income (Loss) from Operations						
Mountain View	9,695	9,786	(91)	84,453	43,663	40,79 <mark>0</mark>
Los Gatos	(748)	1,121	(1,869)	3,512	10,878	(7,36 <mark>6)</mark>
Sub Total - El Camino Hospital, excl. Afflilates	8,947	10,907	(1,960)	87,965	54,541	33,42 <mark>4</mark>
Operating Margin %	12.0%	14.5%		11.4%	7.3%	
El Camino Hospital Non Operating Income						
Investments	10,260	1,512	8,748	59,905	16,628	43,277
Swap Adjustments	(751)	0	(751)	3,030	0	3,030
Community Benefit	(92)	(283)	191	(3,081)	(3,117)	36
Other (IPECH / Foundation)	(226)	(499)	274	(3,736)	(5,494)	1,757
Sub Total - Non Operating Income	9,191	729	8,462	56,118	8,018	48,100
El Camino Hospital Net Income (Loss)	18,137	11,636	6,502	144,084	62,559	81,524
ECH Net Margin %	24.4%	15.4%		18.7%	8.4%	
Concern	(108)	221	(329)	1,249	2,372	(1,122)
ECSC	(9)	0	(9)	(92)	0	(92)
Foundation	37	(20)	57	2,177	(477)	2,654
Silicon Valley Medical Development	(85)	(1)	(84)	5	(1)	7
Net Income Hospital Affiliates	(165)	200	(365)	3,340	1,893	1,447
Total Net Income Hospital & Affiliates	17,972	11,835	6,137	147,423	64,452	82,971

• Investments favorable for May and YTD due to Unrealized Gains on investments.

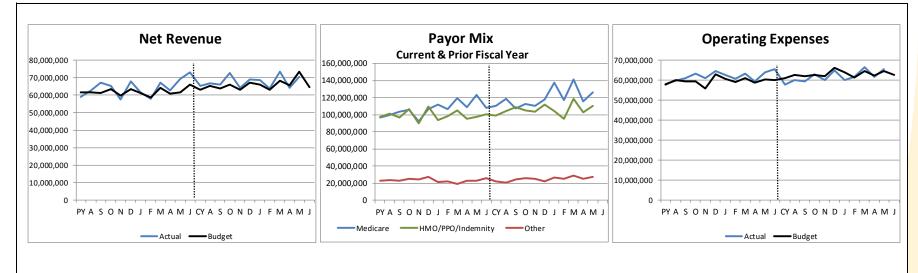
- Concern unfavorable both May and YTD due to medical outside services.
- Swap Adjustments unfavorable for May due to revenue bond swap (-\$751k).
- Foundation favorable both May and YTD due to unrealized investment gain and investment income.



Monthly Financial Trends

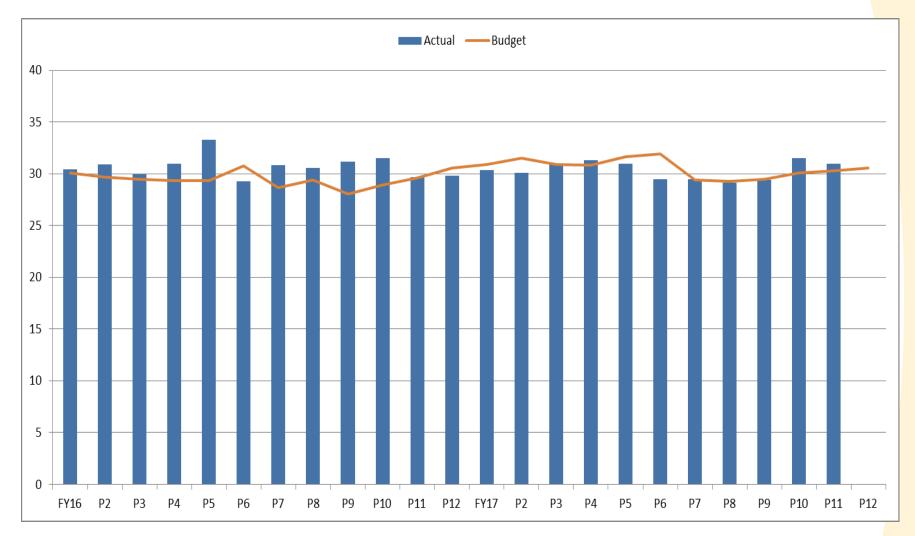


May volume is slightly higher than previous month. MV discharges is at 100.3% of budget and LG discharges is at 95.3% of budget. Operating expenses are higher than budgeted in May due to higher volume and is \$12.4M favorable to budget YTD.





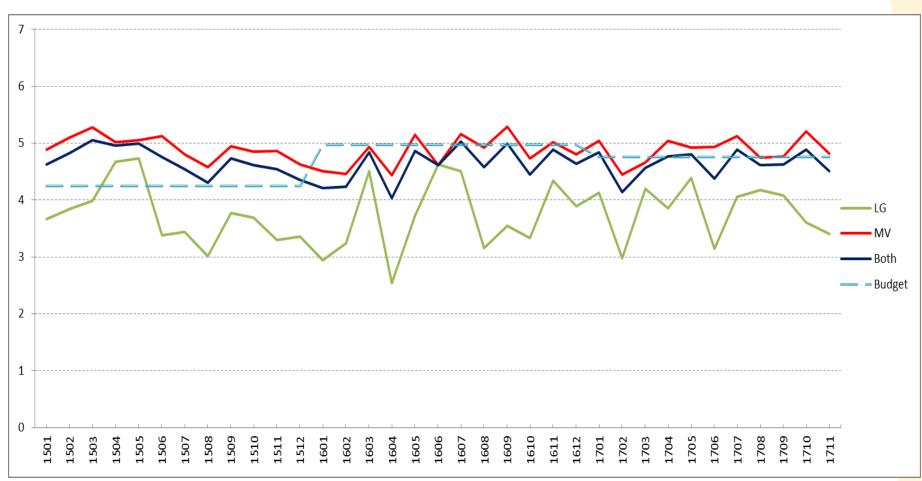
Worked Hours per Adjusted Patient Day



Work hours per adjusted patient day decreased in May, with a slight decrease in IT hours while sitter hours remained the same. Overall, May decreased slightly after an increase in April and has an average of 30.3 worked hours per adjusted patient day for FY 2017.



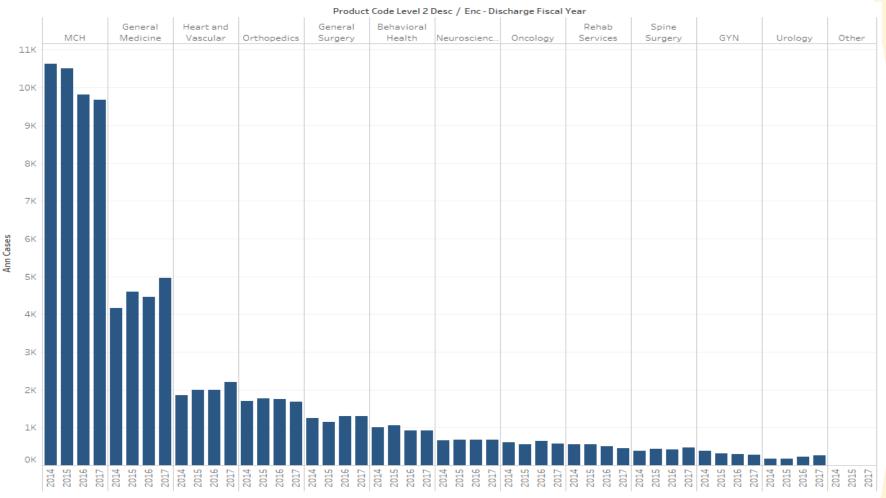
Medicare ALOS



•ALOS is ahead of target as of May. YTD ALOS (4.65) is below budget (4.76) by .11.



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



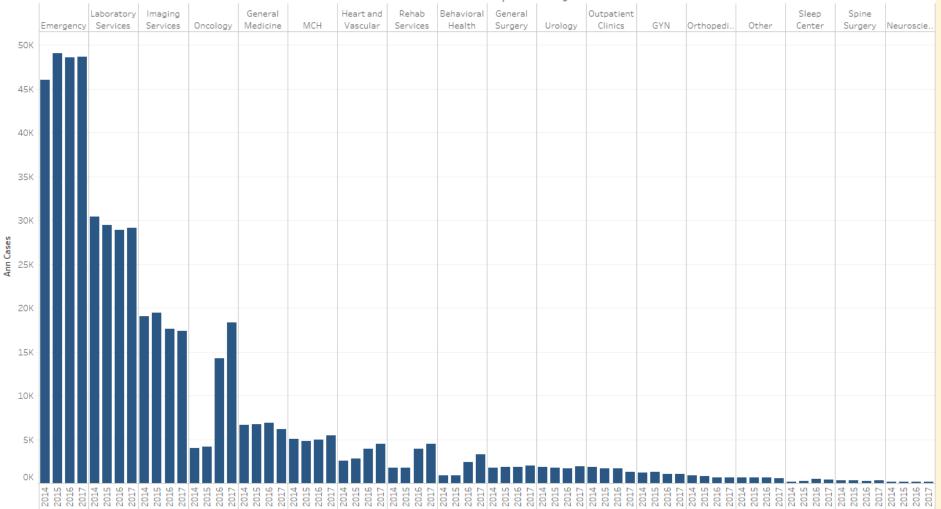
• MCH volume shows a decreasing trend year-over-year and is currently at 96.5% YTD of budget.

Both HVI and General Surgery show an increasing trend year–over-year. HVI is ahead of budget by 8.1% YTD. Similarly
General Surgery is ahead of budget by 2.3% YTD.



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

Product Code Level 2 Desc / Enc - Discharge Fiscal Year



- Behavioral Health, General Surgery, Heart & Vascular, Laboratory Service, MCH, Oncology, Orthopedics, Rehab Services and Urology are all ahead of budget for May as well as YTD.
- Comparing year-over-year, Oncology, MCH, HVI, Behavioral Health shows an increasing trend in volume.



ECH Operating Margin

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

	\$12,000															
	\$10,000	_				⊢										
	\$8,000 -									ŀ						
\$ in Thous	ands _{\$6,000} -									ŀ		h				
	\$4,000 -															
	\$2,000 -								H	Ŀ						
	\$0	CY	А		S	0	N	D		J	F	M	A	M		J
	Reported	\$9,117	\$8,528		,451	\$11,243	\$9,570	\$6,16	59 \$9	9,347	, \$3,803	\$8,704	\$4,086	\$8,947		
	Run-rate (2)	\$8,751	\$8,646		,153	\$6,872	\$10,053	\$7,94	+	0,905	\$2,861	\$6,298	\$2,533	\$8,662		
	Budget	\$3,897	\$4,559		,148	\$5,684	\$3,252	\$3,10	+	4,339	\$3,738	\$5,491	\$5,418	\$10,907	\$	3,743
FY 2017 Actual Run R	Rate Adjustments (in thou		<unfav></unfav>	1												
Revenue Adjustments		,,		J	А	S	0	Ν	D	J	F	М	А	М	J	YTD
, i i i i i i i i i i i i i i i i i i i	Insurance (Payment Va	riance)		335	-	61	145	36	-	-	-	544	-			1,120
	Mcare Settlmt/Appeal/			100	(158)	74	67	67	100	67	947	27	1,953	54 -		3,298
	BPCI Settlement			-	-	-	-	-	-	(2,167)	-	-	-	76 -		(2,092)
	Medi-Cal Supplemental	l		-	-	-	-	-	312	814	240	-	-	144 -		1,510
	IGT Supplemental			-	-	-	6,535	-	-	-	-	-	-			6,535
	Various Adjustments un	nder \$250k		(69)	40	164	25	12	9	131	157	12	19	11 .		510
	Total			366	(118)	299	6,771	115	421	(1,155)	1,344	582	1,972	284 -		10,881
															F	
Expense Adjustments	Pay-For-Performance B	onus		-	-	-	-	-	(2,400)	(403)	(401)	-	-			(3,204)
	Ratification Bonus			-	-	-	(2,400)	-	-	-	-	-	-		•	(2,400)
	Purchases Below Capita			-	-	-	-	(598)	-	-	-	-	-			(598)
	WC Reserve Updates B			-	-	-	-	-	700	-	-	1,824	-		·	2,524
	Other Purchased Servic			-	-	-	-	-	(500)	-	-	-	- (410)		•	(500)
	Accrued Time Off (Repr	ricing of PKN PI	10)	-	-	-	- (2,400)	-	-	- (402)	- (401)	-	(419)		·	(419)
-	Total			•	-	•	(2,400)	(598)	(2,200)	(403)	(401)	1,824	(419)			(4,597)



El Camino Hospital Investment Committee Scorecard March 31, 2017

Updated Quarterly Last update 04/01/17

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY17 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		1Q.	2017	Fiscal Year-to-date			e Inception alized)		May 2016
Surplus cash balance & op. cash (millions)		\$854.8	-					\$657.2	
Surplus cash return		3.3%	3.1%	6.4%	6.4%	5.1%	5.1%	4.0%	5.2%
Cash balance plan balance (millions)		\$238.0	-				-	\$220.6	
Cash balance plan return		4.1%	3.6%	7.7%	7.6%	7.6%	7.0%	6.0%	5.8%
403(b) plan balance (millions)		\$394.4	-						
Risk vs. Return		3-у	ear				e Inception alized)		May 2016
Surplus cash Sharpe ratio		0.82	0.90	-		1.19	1.17	-	0.55
Net of fee return		3.8%	4.2%			5.1%	5.1%		5.2%
Standard deviation		4.5%	4.6%	-	-	4.2%	4.2%		8.6%
Cash balance Sharpe ratio		0.82	0.84	-	-	1.29	1.26	-	0.49
Net of fee return		4.8%	4.8%	-		7.6%	7.0%	-	5.8%
Standard deviation		5.8%	5.6%	-		5.7%	5.5%	-	10.7%
Asset Allocation		1Q.	2017						
Surplus cash absolute variances to target		7.2%	< 10%	-		-		-	-
Cash balance absolute variances to target		6.8%	< 10%	-	-			-	
Manager Compliance		1Q.	2017						
Surplus cash manager flags		16	<19 Green <23 Yellow				-	-	
Cash balance plan manager flags		19	<20 Green <25 Yellow			-	-		



El Camino Hospital

Capital Spending (in millions)

			- ·				
			Total	Total			
			Estimated Cost	Authorized	Spent from		
	Category	Detail	of Project	Active	Inception	2017 Proj Spend	FY 17 YTD Sp <mark>ent</mark>
CIP	EPIC Upgrade			6.1	2.3	6.1	2.3
T Hardw	are, Software, Equi	pment*		5.4	2.2	5.4	2.2
Medical	& Non Medical Equ	ipment FY 16**		4.3	4.2	4.3	4 <mark>.2</mark>
	& Non Medical Equ	ipment FY 17***		10.3	7.3	13.9	7.3
acility P	rojects						
		1245 Behavioral Health Bldg	91.5	91.5	15.2		9.1
		1413 North Drive Parking Expansion	24.5	24.5	15.3		15.7
		1414 Integrated MOB	275.0	275.0	40.7	70.1	28.2
		1422 CUP Upgrade	9.0	9.0	2.0	5.0	1.1
		1430 Women's Hospital Expansion	91.0	6.0	0.1	0.8	0.4
		1425 IMOB Preparation Project - Old Main	3.0	3.0	2.6	0.3	1.9
		1502 Cabling & Wireless Upgrades	2.8	2.8	2.4	2.8	0.3
		1525 New Main Lab Upgrades	1.6	3.1	0.3	2.6	0.4
		1515 ED Remodel Triage/Psych Observation	1.6	0.0	0.0	0.6	0.0
		1503 Willow Pavilion Tomosynthesis	1.3	1.3	0.3	1.3	0.2
		1602 JW House (Patient Family Residence)	2.5	0.0	0.0	0.0	0.0
		Site Signage and Other Improvements	1.0	0.0	0.0	0.2	0.0
		IR Room #6 Development	2.6	0.0	0.0	0.6	0.0
		Nurse Call System Upgrades	2.4	0.0	0.0	0.0	0.0
		1707 Imaging Equipment Replacement (5 or 6	20.7	0.0	0.0	0.0	0.0
		1708 IR/ Cath Lab Equipment Replacement	19.4	0.0	0.0	0.0	0.0
		1709 ED Remodel / CT Triage - Other	5.0	0.0	0.0	0.0	0.0
		Flooring Replacement	1.6	0.0	0.0	0.0	0.0
		1219 LG Spine OR	4.1	4.1	3.2	3.1	2.0
		1313 LG Rehab HVAC System & Structural	3.7	3.7	3.6	1.0	1.9
		1248 LG Imaging Phase II (CT & Gen Rad)	8.8	8.8	6.4	7.8	6.4
		1307 LG Upgrades	19.3	19.3	12.7	6.3	2.6
		1519 LG Electrical Systems Upgrade	1.2	0.0	0.0	0.5	0.0
		1508 LG NICU 4 Bed Expansion	0.0	0.5	0.2	4.0	0.2
		1507 LG IR Upgrades	1.1	0.0	0.0	0.2	0.0
		LG Building Infrastructure Upgrades	1.5	0.0	0.0	1.5	0.0
		1603 LG MOB Improvements (17)	5.0	5.0	0.1	4.0	0.2
		All Other Projects under \$1M	26.4	4.8	40.2	12.2	0.0
			627.6	462.3	145.4	170.8	7 <mark>0.7</mark>
GRAND 1	OTAL			488.4	161.4	200.4	86.7

*Excluding EPIC

** Unspent Prior Year routine used as contingency

***Includes 2 robot purchases

2017 projected spend includes items to be presented for approval during the fiscal year



El Camino Hospital

Updated Quarterly Last update 04/01/17

Capital Spending – Facility Projects (in millions)

FACILITY	PROJ	CAPITAL PROJECT DESCRIPTION	TOTAL BUDGET FY17	FY17 PROJECTED SPEND	Variance from Budget
	Mountain View	Campus Master Plan Projects			
1 - Mountain View	1245	BHS Replacement	30,000,000	24,762,757	5,237,243
1 - Mountain View	1413	North Dr Parking Structure Expansion	20,500,000	21,145,944	(645,944
1 - Mountain View		Integrated Medical Office Building	101,500,000	70,087,267	31,412,733
1 - Mountain View		CUP Upgrades	5,000,000	4,967,592	32,408
1 - Mountain View		Women Hosp Expansion	5,500,000	800,000	4,700,000
		l Mountain View Campus Master Plan	162,500,000	121,763,560	40,736,440
		Capital Projects			
1 - Mountain View		Womens Hosp NPC Closeout	222.000	600.334	(282.224
		•	327,000	609,234	(282,234
1 - Mountain View		IMOB Preparation Project - Old Main	1,000,000	3,000,000	(2,000,000
1 - Mountain View		Cabling and Wireless upgrades	400,000	2,800,000	(2,400,000
1 - Mountain View		New Main Lab Upgrades	1,200,000	2,640,000	(1,440,000
1 - Mountain View		ED Remodel Triage / Psych Observation	1,400,000	600,000	800,000
1 - Mountain View		Signage & Wayfinding	300,000	541,500	(241,500
1 - Mountain View	1416	Digital Directories		125,000	(125,000
1 - Mountain View	1503	Breast Imaging Tomography (Excludes \$1M Equip)	300,000	1,300,000	(1,000,000
1 - Mountain View	1316	Willow Pavilion FA Sys and Equip Upgrades	800,000	100,000	700,000
1 - Mountain View	1423	MV MOB TI Allowance		784,000	(784,000
1 - Mountain View		Facilities Planning Allowance	300,000	-	300,000
1 - Mountain View	1523	MV Melchor Suite 309 TI's		464,000	(464,000
1 - Mountain View		Furniture Systems Inventory (17)	250,000	496,000	(246,000
1 - Mountain View		Site Signage & Other Improvements	200,000	100,000	100,000
1 - Mountain View		MV Equipment & Infrastructure Upgrades (17)	300,000		300,000
1 - Mountain View		IR Room #6 Development	500,000	200,000	300,000
1 - Mountain View	1607	JW House (Patient Family Residence)	500,000	200,000	500,000
		I Mountain View Capital Projects	7,777,000	13,759,734	(5,982,734
	Los Gatos Capita	-			
11 - Los Gatos		LG Spine Room Expansion - OR 4	3,100,000	4,100,000	(1,000,000
11 - Los Gatos		LG Rehab HVAC Upgrades	400,000	3,675,000	(3,275,000
11 - Los Gatos		LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	7,250,000	8,100,000	(850,000
11 - Los Gatos		LG Upgrades - Major	7,300,000	14,100,000	(6,800,000
11 - Los Gatos	1327	LG Rehab Building Upgrades	500,000	193,000	307,000
11 - Los Gatos	1346	LG Surgical Lights OR's 5,6 & 7		500,000	(500,000
11 - Los Gatos	1421	LG MOB Improvements	150,000	900,000	(750,000
11 - Los Gatos	1507	LG IR Upgrades	800,000	-	800,000
11 - Los Gatos	1508	LG NICU 4 Bed Expansion	5,000,000	247,000	4,753,000
11 - Los Gatos	1600	LG 825 Pollard - Aspire Phase 2		525,000	(525,000
11 - Los Gatos		LG Building Infrastructure Improvements	1,200,000	_	1,200,000
11 - Los Gatos		LG Facilities Planning	500,000	-	500,000
11 - Los Gatos	1603	LG MOB Improvements (17)	4,000,000	1,500,000	2,500,000
		I Los Gatos Capital Projects	30,200,000	33,840,000	(3,640,000
	Other Strategic	Capital Facility Projects			
Other Cap Fac Proj		Primary Care Clinic (TI's Only) FY 17 (828 Winchester)	1,600,000	1,400,000	200,000
Other Cap Fac Proj		Urgent Care Clinics (TI's Only)	2,400,000	-	2,400,000
	Sub-tota	l Other Strategic Projects	4,000,000	1,400,000	2,600,000
		GRAND TOTAL FACILITIES PROJECTS	5 204,477,000	170,763,294	33,713,706
		GRAND TOTAL FACILITIES PROJECTS	204,477,000	170,703,294	33,713,700

Denotes project has been cancelled or replaced

2017 projected spend includes items to be presented for approval during the fiscal year



Balance Sheet (in thousands)

ASSETS

			Audited
	CURRENT ASSETS	May 31, 2017	June 30, 2016
(1)	Cash	110,567	59,169
	Short Term Investments	133,839	105,284
(2)	Patient Accounts Receivable, net	107,645	120,960
	Other Accounts and Notes Receivable	2,669	4,369
(3)	Intercompany Receivables	1,706	2,200
(4)	Inventories and Prepaids	43,019	39,678
	Total Current Assets	399,445	331,660
	BOARD DESIGNATED ASSETS		
	Plant & Equipment Fund	116,542	119,650
	BHS Building Replacement	14,292	
(5)	Women's Hospital Expansion	9,298	-
	Operational Reserve Fund	100,196	100,196
	Community Benefit Fund	12,200	13,037
	Workers Compensation Reserve Fund	21,434	22,309
	Postretirement Health/Life Reserve Fund	19,745	18,256
	PTO Liability Fund	23,323	22,984
	Malpractice Reserve Fund	1,800	1,800
	Catastrophic Reserves Fund	16,164	14,125
	Total Board Designated Assets	334,993	312,358
(6)	FUNDS HELD BY TRUSTEE	290,704	30,841
	LONG TERM INVESTMENTS	259,382	207,597
	INVESTMENTS IN AFFILIATES	32,624	31,627
	PROPERTY AND EQUIPMENT		
	Fixed Assets at Cost	1,186,789	1,171,372
	Less: Accumulated Depreciation	(527,909)	(485,856)
	Construction in Progress	111,885	46,009
	Property, Plant & Equipment - Net	770,765	731,525
	DEFERRED OUTFLOWS	29,263	29,814
	RESTRICTED ASSETS - CASH	0	
	TOTAL ASSETS	2,117,176	1,675,422

LIABILITIES AND FUND BALANCE

			Audited
	CURRENT LIABILITIES	May 31, 2017	June 30, 2016
(7)	Accounts Payable	26,000	28,519
(8)	Salaries and Related Liabilities	21,294	22,992
	Accrued PTO	23,323	22,984
	Worker's Comp Reserve	2,300	2,300
	Third Party Settlements	12,471	11,314
	Intercompany Payables	58	105
	Malpractice Reserves	1,772	1,936
	Bonds Payable - Current	3,735	3,635
	Bond Interest Payable	3,317	5,459
	Other Liabilities	8,005	10,478
	Total Current Liabilities	99,383	106,830
	LONG TERM LIABILITIES		
	Post Retirement Benefits	19,745	18,256
	Worker's Comp Reserve	19,134	20,009
	Other L/T Obligation (Asbestos)	3,737	3,637
	Other L/T Liabilities (IT/Medl Leases)	-	-
(9)	Bond Payable	531,614	225,857
()	Total Long Term Liabilities	574,230	267,759
	DEFERRED REVENUE-UNRESTRICTED	636	
	DEFERRED INFLOW OF RESOURCES	2,892	2,892
	FUND BALANCE/CAPITAL ACCOUNTS		
	Unrestricted	1,105,043	985,583
	Board Designated	334,993	312,358
	Restricted	0	-
(10)	Total Fund Bal & Capital Accts	1,440,036	1,297,941
	TOTAL LIABILITIES AND FUND BALANCE	2,117,176	1,675,422



El Camino Hospital Comparative Balance Sheet Variances and Footnotes

- (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 nine months, three 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 three quarterly pension contributions of \$2.6M each since July 1, 2016, less reserves for pension expense.
- (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) This reflects the 2017 Revenue Bonds that were issued in March. The total amount now reflects this new issue of \$292M, the bond premium on it of \$21M, less paybacks to the hospital of \$36M for prior construction costs on the 4 major MV projects. Also there still exists \$21M in the LG Project Fund from the 2015A proceeds.
- (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 over June 2016, is that at the end of June we had yet to payout the end of June's payroll (occurred the beginning of July, where here in May the last payroll had been paid out, thus no needed accrued payroll that approximates \$12M.
- (9) The increase is due to the new 2017 debt added as of March 2017, along with the associated bond premium that will be amortized over the life of the new debt.
- (10) The increase is to this year's financial performance (\$87M from Operations and \$56M in Non-Operations income primarily driven by significant incomes from unrealized investment gains).



EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (1 OF 2)

Plant & Equipment Fund – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of \$14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.

Women's Hospital Expansion – established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction.

- **Operational Reserve Fund** originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- **Community Benefit Fund** following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving \$1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of \$800,000 or more a year. \$10 million within this fund is board designated endowment fund formed in 2015 to generate investment income to be used for grants and sponsorships, currently generating approximately \$400,000 a year.



EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (2 OF 2)

Workers Compensation Reserve Fund – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.

Postretirement Health/Life Reserve Fund – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date.

- **PTO (Paid Time Off) Liability Fund** originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- Malpractice Reserve Fund originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than \$50,000. Above \$50,000 our policy with the BETA Healthcare Group kicks in to a \$30 million limit per claim/\$40 million in the aggregate.
- **Catastrophic Loss Fund** was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring \$5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled \$6.8 million that did mostly cover all the necessary repairs.



APPENDIX



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

11 months ending 5/31/2017

PERIOD 11	PERIOD 11	PERIOD 11	Variance			YTD	YTD	YTD	Variance	
FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%	\$000s	FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%
					OPERATING REVENUE					
203,708	220,897	202,591	18,306	9.0%	Gross Revenue	2,070,126	2,262,281	2,168,277	94,005	4.3%
(144,860)	(160,805)	(142,220)	(18,585)	13.1%	Deductions	(1,498,502)	(1,646,517)	(1,579,709)	(66,809)	4.2%
58,848	60,092	60,371	(279)	-0.5%	Net Patient Revenue	571,624	615,764	588,568	27,196	4.6%
1,475	3,630	1,873	1,757	93.8%	Other Operating Revenue	17,693	22,404	20,611	1,793	8.7%
60,323	63,722	62,244	1,478	2.4%	Total Operating Revenue	589,316	638,168	609,179	28,989	4.8%
					OPERATING EXPENSE					
33,014	32,622	32,853	231	0.7%	Salaries & Wages	330,989	341,891	350,450	8,558	2.4%
8,899	9,510	8,154	(1,356)	-16.6%	Supplies	87,366	88,091	88,619	528	0.6%
5,550	7,405	6,526	(879)	-13.5%	Fees & Purchased Services	75,502	73,975	72,303	(1,672)	-2.3%
517	744	593	(152)	-25.6%	Other Operating Expense	15,271	7,488	7,266	(222)	-3.1%
617	292	448	156	34.8%	Interest	5,575	3,851	4,930	1,080	21.9%
3,723	3,453	3,884	431	11.1%	Depreciation	38,926	38,419	41,949	3,529	8.4%
52,319	54,027	52,458	(1,569)	-3.0%	Total Operating Expense	553,630	553,715	565,516	11,801	2.1%
8,003	9,695	9,786	(91)	-0.9%	Net Operating Income/(Loss)	35,686	84,453	43,663	40,790	93.4%
3,242	9,191	729	8,462	1160.9%	Non Operating Income	(12,429)	56,129	8,018	48,110	600.0%
11,245	18,885	10,515	8,371	79.6%	Net Income(Loss)	23,257	140,582	51,681	88,901	172.0%
30 F 0/	71 10/)) 7) 7 0/	1 (0/			10 (0/	10.00/	14.00/	F 00/	
20.5%	21.1%		-1.6%		EBITDA	13.6%	19.9%	14.9%	5.0% C 1%	
13.3%	15.2%	15.7%	-0.5%		Operating Margin	6.1%	13.2%	7.2%	6.1%	
18.6%	29.6%	16.9%	12.7%		Net Margin	3.9%	22.0%	8.5%	13.5%	



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

11 months ending 5/31/2017

PERIOD 11	PERIOD 11	PERIOD 11	Variance			YTD	YTD	YTD	Variance	
FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%	\$000s	FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%
					OPERATING REVENUE					
40,103	43,198	46,108	(2,910)	-6.3%	Gross Revenue	450,504	492,251	493,600	(1,349)	-0.3%
(29,722)	(32,637)	(33,096)	459	-1.4%	Deductions	(323,273)	(363,108)	(357,014)	(6,094)	1.7%
10,382	10,562	13,012	(2,451)	-18.8%	Net Patient Revenue	127,232	129,143	136,586	(7,443)	-5.4%
176	170	215	(45)	-20.7%	Other Operating Revenue	2,124	1,841	2,361	(521)	-22.0%
10,558	10,732	13,227	(2,495)	-18.9%	Total Operating Revenue	129,355	130,984	138,947	(7,964)	-5.7%
					OPERATING EXPENSE					
6,540	6,280	6,671	391	5.9%	Salaries & Wages	66,631	69,324	70,474	1,149	1.6%
1,967	1,945	1,813	(133)	-7.3%	Supplies	19,584	20,163	19,693	(470)	-2.4%
1,219	1,359	1,246	(112)	-9.0%	Fees & Purchased Services	14,853	14,897	13,700	(1,197)	-8.7%
1,490	1,404	1,695	290	17.1%	Other Operating Expense	17,240	17,458	17,671	213	1.2%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
524	491	682	190	27.9%	Depreciation	5,572	5,629	6,531	902	13.8%
11,740	11,480	12,106	626	5.2%	Total Operating Expense	123,880	127,471	128,069	598	0.5%
(1,183)	(748)	1,121	(1,869)	-166.7%	Net Operating Income/(Loss)	5,475	3,512	10,878	(7,366)	-67.7%
0	0	0	0	0.0%	Non Operating Income	(26)	(10)	0	(10)	0.0%
(1,183)	(748)	1,121	(1,869)	-166.7%	Net Income(Loss)	5,449	3,502	10,878	(7,376)	-67.8%
C 20/	2.40/	40.00/	7 50/			0 50/	7.00/	42 50/	F (0/	
-6.2%	-2.4%	13.6%	7.5%		EBITDA	8.5%	7.0%	12.5%	-5.6%	
-11.2%	-7.0%		-15.4%		Operating Margin	4.2%	2.7%	7.8%	-5.1%	
-11.2%	-7.0%	8.5%	-15.4%		Net Margin	4.2%	2.7%	7.8%	-5.2%	



Capital Spend Trend & FY 18 Budget

	Actual	Actual	Actual	Actual	Budget	Projected	Budget
Capital Spending (in 000's)	FY2013	FY2014	FY2015	FY2016	FY2017	FY2017	FY2018
EPIC	-	6,838	29,849	20,798	6,137	6,137	1,922
IT Hardware / Software Equipment	8,019	2,788	4,660	6,483	5,391	5,391	12,238
Medical / Non Medical Equipment*	10,284	12,891	13,340	17,133	10,254	18,185	5,635
Non CIP Land, Land I, BLDG, Additions		22,292	-	4,189	-	-	-
Facilities	9,294	13,753	38,940	48,137	204,477	170,763	211,886
GRAND TOTAL	27,598	58,561	86,789	96,740	226,259	200,476	231,681
*Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17							



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

Category	2012	2013	2014 2	2015 2	2016	Category	2012 2	013 2	014 2	2015	2016
EPIC	-	0 0	6,838	29,849	20,798	Facilities Projects CIP cont.					
IT Hardware/Software Equipment	7,28		2,788	4,660	6,483	1327 - Rehab Building Upgrades	0	0	0	15	20
Medical/Non Medical Equipment	11,20	-	12,891	13,340	17,133	1320 - 2500 Hosp Dr Roofing	0	0	75	81	0
	-	-	22,292	13,340	-	1340 - New Main ED Exam Room TVs	0	0	8	193	0
Non CIP Land, Land I, BLDG, Additions	7,31	1 0	22,292	U	4,189	1341 - New Main Admin	0	0	32	103	0
Facilities Projects CIP						1344 - New Main AV Upgrd	0	0	243	0	0
Mountain View Camputs Master Plan Projects						1400 - Oak Pav Cancer Center	0	0	0	5,208	666
1245 - Behavioral Health Bldg Replace		0 0	1,257	3,775	1,389	1403 - Hosp Drive BLDG 11 TI's	0	0	86	103	0
1413 - North Drive Parking Structure Exp	(0 0	0	167	1,266	1404 - Park Pav HVAC	0	0	64	7	0
1414 - Integrated MOB	(0 0	0	2,009	8,875	1405 - 1 - South Accessibility Upgrades	0	0	0	0	168
1422 - CUP Upgrade		0 0	0	0	896	1408 - New Main Accessibility Upgrades	0	0	0	0	46 106
Sub-Total Mountain View Campus Master Plan		0 0	1,257	5,950	12,426	1415 - Signage & Wayfinding	0	0	0	0	34
			, -			1416 - MV Campus Digital Directories 1423 - MV MOB TI Allowance	0	0	0	0	588
Mountain View Capital Projects			_	_	_	1425 - IMOB Preparation Project - Old Main	0	0	0	0	711
0101 - Hosp Replace	31		0	0	0	1429 - 2500 Hospital Dr Bldg 8 Tl	0	0	0	101	0
0317 - Melchor TI's	11		0	0	0	1432 - 205 South Dr BHS TI	0	0	0	8	15
0704 - 1 South Upgrade		2 0	0	0	0	1501 - Women's Hospital NPC Comp	0	0	0	4	0
9900 - Unassigned Costs	27	9 734	470	3,717	0	1502 - Cabling & Wireless Upgrades	0	0	0	0	1,261
0803 - Park Pav Foundation	27	0 0	0	0	0	1503 - Willow Pavillion Tomosynthesis	0	0	0	0	53
1106 - SHC Project	2,24	5 0	0	0	0	1504 - Equipment Support Infrastructure	0	0	0	61	311
1108 - Cooling Towers	93	2 450	0	0	0	1523 - Melchor Pavillion Suite 309 Tl	0	0	0	0	10
1115 - Womens Hosp TI's	5	0 0	0	0	0	1526 - CONCERN TI	0	0	0	0	37
1118 - Park Pav Roto Care	11	9 0	0	0	0	Sub-Total Mountain View Projects	8,380	8,145	7,219	26,744	5,5 <mark>88</mark>
1120 - BHS Out Patient TI's	47	2 66	0	0	0	0904 - LG Facilities Upgrade	41	2	0	0	0
1129 - Old Main Card Rehab	40	0 9	0	0	0	0907 - LG Imaging Masterplan	162	2 244	774	1,402	17
0817 - Womens Hosp Upgrds	1,24	2 645	1	0	0	1000 - LG Rehab Building	0	244	0	1,402	0
1107 - Boiler Replacement	4	9 0	0	0	0	1005 - LG OR Light Upgrd	108	14	0	0	0
1109 - New Main Upgrades	58	9 423	393	2	0	1102 - LG Joint Hotel	657	0	0	0	0
1111 - Mom/Baby Overflow	26	7 212	29	0	0	1122 - LG Sleep Studies	147	7	0	0	0
1129 - Cardic Rehab Improv		0 0	0	0	0	1220 - Los Gatos VOIP	147	, 147	89	0	0
1132 - Pheumatic Tube Prj	7		0	0	0	1116 - LG Ortho Pavillion	44	177	24	21	0
1204 - Elevator Upgrades	2		30	0	0	1124 - LG Rehab BLDG	11	49	458	0	0
0800 - Womens L&D Expansion	12		1,531	269	0	1128 - LG Boiler Replacement	3	0	0	0	0
1131 - MV Equipment Replace	19	,	0	0	0	1247 - LG Infant Security	0	134	0	0	0
1135 - Park Pavilion HVAC	4		0	0	0	1307 - LG Upgrades	0	376	2,979	3,282	3,511
1208 - Willow Pav. High Risk		, 0 D 110	0	0	0	1308 - LG Infrastructure	0	0	114	0	0
1213 - LG Sterilizers		0 102	0	0	0	1313 - LG Rehab HVAC System/Structural	0	0	0	0	1,597
1225 - Rehab BLDG Roofing		0 102	241	4	0	1219 - LG Spine OR	0	0	214	323	633
1227 - New Main elCU		0 96	241	4	0	1221 - LG Kitchen Refrig	0	0	85	0	0
		0 339	80	0	0	1248 - LG - CT Upgrades	0	0	26	345	197
1230 - Fog Shop				2		1249 - LG Mobile Imaging	0	0	146	0	0
1315 - 205 So. Drive TI's			500	-	0	1328 - LG Ortho Canopy FY14	0	0	255	209	0
0908 - NPCR3 Seismic Upgrds	55		1,224	1,328	240	1345 - LG Lab HVAC	0	0	112	0	0
1125 - Will Pav Fire Sprinkler		9 57	39	0	0	1346 - LG OR 5, 6, and 7 Lights Replace	0	0	0	285	53
1211 - SIS Monitor Install		0 215	0	0	0	1347 - LG Central Sterile Upgrades	0	0	0	181	43
1216 - New Main Process Imp Office		0 19	1	16	0	1421 - LG MOB Improvements	0	0	0	198	65
1217 - MV Campus MEP Upgrades FY13		0 0	181	274	28	Sub-Total Los Gatos Projects	1,174	1,150	5,276	6,246	6,116
1224 - Rehab Bldg HVAC Upgrades		0 11	202	81	14	1550 - Land Acquisition	0	0	0	0	24,007
1301 - Desktop Virtual		0 0	13	0	0	Sub-Total Other Strategic Projects	o	0	0	0	24,007 24,007
1304 - Rehab Wander Mgmt		0 0	87	0	0						
1310 - Melchor Cancer Center Expansion		0 0	44	13	0	Subtotal Facilities Projects CIP	9,553	9,294	13,753	38,940	48,137
1318 - Women's Hospital TI		0 0	48	48	29	Grand Total	35,357	27,598	58,561	86,789	96,740
						Forecast at Beginning of year	47,138	70,503	70,037	101,607	114,025
							1	,		,	,

Article of Interest



WEST

California ER use jumps despite Medicaid expansion

California is the latest state to report that emergency room usage is up despite expanding Medicaid eligibility.

ER visits by people on Medi-Cal, the state's Medicaid program, rose 75% over five years from 800,000 in the first quarter of 2012 to 1.4 million in the last quarter of 2016, according to state data.

Illinois, Massachusetts and Oregon report similar trends, which contradict what policy experts thought would happen if people gained more insurance coverage. They could also give Republican lawmakers the ammunition they need to dramatically overhaul Medicaid.

From 2013 to 2016, enrollment in Medi-Cal grew by 57%; 5 million new members were added, bringing current enrollment to 13.5 million. Medi-Cal now covers more than one-third of all Californians, leading some to claim that it's the closest to universal coverage of any state.

California health officials couldn't explain the rise, but providers say reimbursement rates have been too



low to draw in enough physicians. Therefore, newly enrolled Medi-Cal patients continue to seek care in hospital ERs because they cannot access primary care in physician offices and clinics.

California ranks 47th in the nation for Medicaid payment rates for providers, according to the CMS.

Republicans have already used reports of increased ER use in expansion states and rising spending in the program as reasons to convert Medicaid into a per capita cap system. Medicaid spending nationally rose 4.3% to \$575.9 billion in 2016 with the federal share growing 4.5% to \$363.4 billion, according to the CMS. **–Virgil Dickson**

SOUTH

Greenville Health, Palmetto forming biggest S.C. system

Greenville (S.C.) Health System has agreed to a merger with Palmetto Health to create the largest hospital system in South Carolina.

The new health system would operate 13 hospitals and serve 1.2 million patients annually, Greenville CEO Michael Riordan said, adding that the two systems don't overlap much.

Riordan will be co-CEO of the new

system with his counterpart at Columbia-based Palmetto, Charles Beaman Jr. The system will have combined revenue of about \$4 billion, Riordan said.

With the merger, half of South Carolinians will be within 15 minutes of a hospital or ambulatory site in the new system.

Greenville, which runs six hospitals, has been on the financial rebound since early 2016, according to a recent report by Fitch Ratings. The system suffered a \$15 million operating loss in the first four months of its fiscal 2016 ended Jan. 31—reflecting a mild flu season and the costs of converting to an electronic health record system, according to the report. **—Dave Barkholz**

NORTHEAST

NYU Langone takes on state's largest healthcare union

NYU Langone Medical Center has pitted itself against the state's largest healthcare union, 1199 SEIU, four of its chief hospital competitors and a collective-bargaining unit representing 109 notfor-profit hospitals and nursing homes.

In a recently filed federal lawsuit, NYU Langone alleges that 1199 SEIU and the League of Voluntary Hospitals and Homes of New York have forced it to make about \$25 million in additional payments to the 1199 Benefit Fund for Health and Human Service Employees since it withdrew from the league in March. The payments cover medical, dental and disability benefits.

Other defendants in the lawsuit are Montefiore Medical Center, Mount Sinai Hospital, New York-Presbyterian Hospital and Northwell Health's Long Island Jewish Medical Center.

NYU Langone said in the lawsuit that the league's actions violated federal antitrust law. After the withdrawal, the league no longer represented NYU Langone in negotiations with the union, but the health system was still bound by a 2014 agreement concerning wages and benefits and required to pay dues, according to the complaint. -Jonathan LaMantia and Caroline Lewis, Crain's New York Business



Finance

Hot streak continues for bond market

By Dave Barkholz

Operating out of buildings that are 50 to 100 years old, MetroHealth is due for a major face lift. The Cleveland-based system though faces some significant financial constraints. Serving many of the poor in Cuyahoga County, 50% of its revenue comes from Medicaid; it also cares for a large uninsured population. The county-run health system gets just 3% of its funds from subsidies.

So when time came to raise money for a new 12-story, 270-bed modern hospital on its main campus, Metro-Health turned to a booming bond market. In fact, MetroHealth found so much investor appetite this month for an outsized \$946 million offering that the competition for the bonds drove down the interest rate to less than 5%. MetroHealth had four to five times as many bids for its bonds than the debt available to buy, CEO Dr. Akram Boutros said.

The replacement hospital is scheduled to open in 2022 next to a new 85-bed intensive-care unit tower that opened with operating room suites in July. MetroHealth used operating cashflow for the bulk of that \$95 million ICU tower.

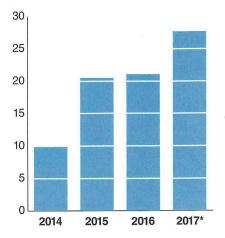
"It's a great time to go to market," said Pierre Bogacz, managing partner of healthcare financial adviser HFA Partners in Tampa, Fla. Hospital bond offerings have exploded over the past year despite a lull in January and February.

Total hospital issuance of tax-exempt, fixedrate revenue bonds has reached a pre-recession high of \$27.7 billion in the 12 months ending June 30 with more than a month to go, HFA Partners found. That compares with a strong \$21.1 billion in the previous 12 months and

Hospital bond boom

Tax-exempt fixed-rate revenue bonds issued by hospitals during 12-month periods ending June 30.

(\$ in billions)



*As of May 10 Source: HFA Partners

THE TAKEAWAY

Even health

mixes are

offerings.

completing

systems with

dinged finances

or poor patient

\$1 billion bond

Growth plans from years ago, immediately after the boom of the Affordable Care Act, are now being implemented.

\$20.5 billion in the period before that. By contrast, hospital issues totaled only \$9.4 billion in the 12 months

ended June 30, 2014.

Bogacz said the market is being fueled by a convergence of investors chasing the fairly safe, solid returns that hospital bonds offer as hospitals shake off the recession to raise capital for deferred maintenance and the ongoing patient shift in the industry to ambulatory care.

Like MetroHealth, many health systems are also looking to update their aging infrastructure. Fitch Ratings in a September report noted that hospitals with lower bond ratings had seen the average age of their facilities grow from about 10.5 years in 2008 to 11.5 years in 2015 because they had put off replacing them. Growth plans from years ago, immediately after the boom of the Affordable Care Act, are now being implemented.

Moreover, rates remain near historic lows, making it attractive to borrow now, he said. Highly rated Kaiser Permanente, which carried an A+ rating into its recent bond offering, raised a record \$4.4 billion in three simultaneous issuances at a stellar interest rate of 3.8%.

Chicago-based Presence Health was able to complete a \$1 billion bond offering in August, despite severe operating losses that the system corrected just months before the issuance. The money was used to refinance older bonds, giving Presence Health the breathing room it needed to continue a turnaround that saw the system improve to break even six months after a \$186 million operating loss in 2015, CEO Mike Englehart said.

Both MetroHealth and Presence went into their offerings with bond ratings barely at investment grade.

Bogacz said hospitals might be motivated to issue bonds now before the healthcare market changes under a repeal of the Affordable Care Act.

Beyond financial uncertainty, many hospitals have been studying how quickly patient volumes were moving out of the hospital to ambulatory settings before spending big on new patient towers that might not be needed in the future, said Ryan Freel, senior vice president at healthcare financial advising company Kaufman, Hall & Associates.

8 Modern Healthcare | May 22, 2017

Progress Against Goals



FY18 COMMITTEE GOALS Finance Committee

PURPOSE

The purpose of the Finance Committee is to provide oversight, information sharing, and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for El Camino Hospital (ECH) Board of Directors ("Board"). In carrying out its review, advisory and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

STAFF: Iftikhar Hussain, Chief Financial Officer

The CFO 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 may participate in the meetings upon the recommendation of the CFO and at the discretion of the Committee Chair. The CEO is an ex-officio member of this Committee.

	GOALS	(TIMELINE by Fiscal Year Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)		METRICS
1.	Develop and monitor industry benchmarks for operations and finance	•	Q2 FY18	•	Receive report on operational and financial benchmarks
2.	Review major capital projects	•	Q3 FY18	•	Update on major capital projects in progress (7/31/17 Agenda)
3.	Education Topic: Ambulatory Care Business Model	•	Q1 FY18	•	Presentation at the August meeting (7/31/17 Agenda)
4.	Epic Implementation Review	•	Q2 FY18	•	Presentation at the November meeting
5.	Review top three service lines (HVI, Oncology, BHS)	•	Q1 – Q2 FY18	•	Presentations at September, January, and March meetings

SUBMITTED BY:

Dennis Chiu	Chair, Finance Committee
Iftikhar Hussain	Executive Sponsor, Finance Committee

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

FY 2018 Operating Budget



El Camino Hospital and Affiliates FY18 Operating & Capital Budget ECH Board of Directors June 14, 2017 Don Sibery, Interim CEO Mick Zdeblick, COO Iftikhar Hussain, CFO

Contents

- Context Remarks
- Finance Committee Recommendations
- Strategic Goal and Building Blocks
- FY 18 Organizational Goals
- FY 18 Operating Budget
 - Overview
 - Revenue
 - Volume
 - Expenses
- FY 18 Capital Budget
- Board Designated Community Benefit
- Appendix
 - Affiliate Profit & Loss Statement
 - Non Operating Revenue / Expense



- Consciously move from hospital centric to health centric
- Focus on Silicon Valley rather than just Mountain View, Los Gatos or Santa Teresa
- Preserve Values which exist and bring to life the Values which need support and development
- Act on the Engagement and Culture of Safety Survey Results
- On-board the permanent CEO and look forward to him putting his thumb print on the Strategic Plan initiatives
- Building contemporary HR, Supply Chain, Accounting systems
- Concentrate on preparing the organization for execution on the initiatives which are strategic priorities



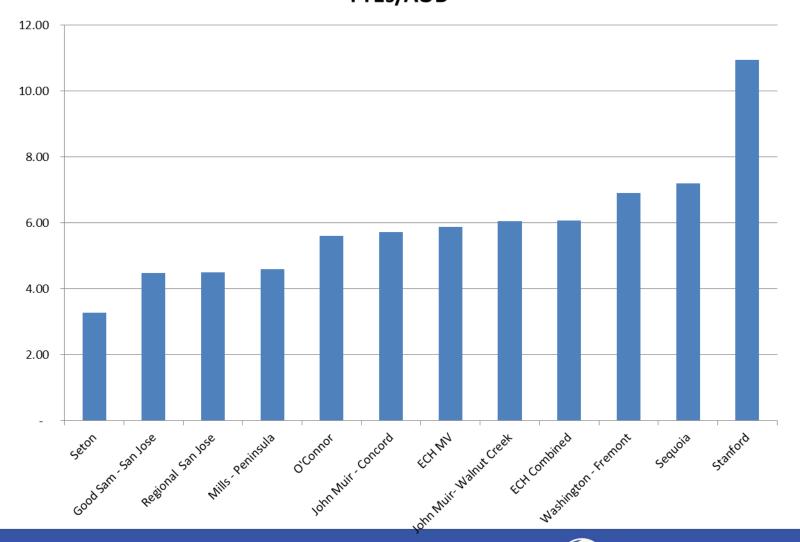
- The capital and operating budget supports clinical volume growth in MV, LG, and ambulatory sites
- Budgeted Operating Income and EBIDTA deserving of an A Bond Rating by Moody's
- Embed Lean principles at all levels of the organization
- Layoff savings, without eliminating or redesigning work, will creep back into the organization over time
- First quarter, identify overhead reductions and implement during the balance of the fiscal year simultaneous with the work redesign or work elimination



- All new FTEs have been paid for by:
 - New revenue to cover the position
 - Cost savings to pay for the position
 - Eliminating another position in order to fill the new position
- We have increased our bench strength with budgeted investments in compliance and legal



Context For The ECH Enterprise During FY 2018 FTEs/AOB



MOUNTAIN VIEW | LOS GATOS



Strategic Plan Fund of \$5,000,000

- How did we arrive at this number?
 - ✓ Felt it was a realistic first year amount to digest as an organization
 - ✓ In order to preserve our A Bond Rating this was the amount we could spend
- Why not \$10,000,000 or more?
 - \checkmark It would impact the EBITDA and the operating margin
 - ✓ Other than capital investments, I felt we could not absorb more operating expenditures than \$5,000,000.



Strategic Plan Fund of \$5,000,000

• How will decisions be made as to its use?

✓ The CEO will present the rational for use of the funds and will bring it forth to the Board or an appropriate Board Committee

• Is the Board restricted to the \$5m Fund amount?

✓ The Board has full discretion as to how much to invest at any point in time. Return on the investment and impact on our A Bond Rating will need to be taken into consideration by the Board at the time



Context for FY18 Goals

Organizational Goals must meet three tests:

- 1. Each employee must be able to contribute personally towards achieving the goal (Line of Sight)
- 2. Goal must be measurable and have an external benchmark
- 3. The goal must move the needle on one of the ECH strategic initiatives



Finance Committee Suggestions

The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

- Increase the threshold organizational goal to 95% of budgeted operating margin.
 - DONE: This change will be incorporated into the Organizational Goals presented later in today's agenda.
- Describe guidelines on spending the proposed \$5 million (or different amount approved by the Board) allocated to the CEO for advancing strategic initiatives.
 - See slide 8 for details
- Consider reducing FTEs per adjusted occupied bed.
 - We will use FY18 to rebuild the Lean structure. The changes from this process will be lasting and improve quality rather than making a rushed change in the FY18 budget.
 - See comments on slides 5.



Finance Committee Suggestions

The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

- Consider adequacy of the marketing budget by looking at benchmarks.
 - We have validated that the marketing budget is adequate. Truven Benchmarks show that the ECH marketing expenses at 84.6 percentile (e.g. only 14.4% percent of like organizations spend more than us).
- Consider loss of market share in imaging and outpatient laboratory.
 - An analysis by payer showed that the highest volume decreases correlated to payers that reimburse outpatient radiology services at fixed rates (i.e. Anthem Blue Cross, United Healthcare, Workers' Comp, and Medicare). The rates are assessed to be similar between free standing facilities and hospitals – with similar patient co payments. Thus, changes to pricing would have no impact to these payers and would provide no incentive for these payers to channel additional business to ECH.
 - We intend to remain competitive with free standing centers by implementing lower rates, offset by higher inpatient rates in our contracts. Mammo volume decline will recover after Tomo implementation.



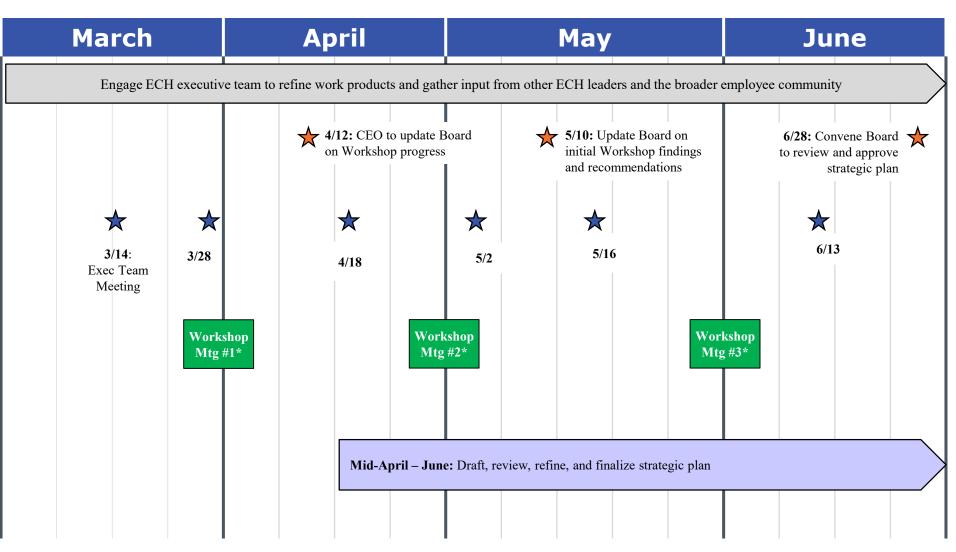
END of DOCUMENT

The rest of this document was presented at the Joint Finance and Board Meeting on May 30, 2017.



12

Project Timeline



*Proposed Workshop meeting dates are contingent on member availability and may vary by Workshop



El Camino Hospital's Mission, Vision & Values

drafted May 2017

Mission

Our mission is to heal, relieve suffering and advance wellness as your publicly accountable health partner

Vision

Our vision is to lead the transformation of healthcare delivery in Silicon Valley

Values

- Quality. We pursue excellence to deliver evidence based care in partnership with our patients and families.
- **Compassion.** We care for each individual uniquely with kindness, respect and empathy.
- **Community**. We partner with local organizations, volunteers and a philanthropic community to provide healthcare services across all stages of life.
- **Collaboration.** We partner for the best interests of our patients, their families and our community using a team approach.
- **Stewardship.** We carefully manage our resources to sustain, grow and enable services that meet the health needs of our community.
- **Innovation** We embrace solutions and forward thinking approaches that lead to better health.
- Accountability. We take responsibility for the impact our actions have on the community and each other.



Strategic Focus

Strategic Focus	Strategic Building Blocks
Physician Alignment	 Physician Collaboration Destination Clinical Programs Preferred Physician Practice Environment
Consumer Alignment	 Provide Patient- and Family-Centered Care Offer a Collaborative Physician Experience Deliver Value to Payers and Employers Engage Community
Operational Excellence	 Lean Organization Financial Sustainability Leverage Assets
Cultural Foundation	 Fostering Effective Teams Enabling and Expecting Excellence Seeking Out and Embracing Innovation



Proposed Next Steps

1. Revise building blocks per Board feedback.

- 2. Incorporate workshop #3 feedback into final presentation.
- 3. Convene Board to review and approve strategic plan on June 28th.



17

FY18 Organizational Goals: For Discussion

- Format and framework of the organizational goals has been approved by the Executive Compensation Committee of the Board.
- Specifically:
 - a threshold goal based on financial performance to budget.
 - three goals that collectively impact the entire organization, generally focused on Quality, Service Affordability, and being Patient Centric.
 - ¹/₂X, X, 2x format for Minimum, Target and Maximum.
- The Quality Committee of the Board needs to review and recommend to the Board the three specific Quality, Service, Affordability, or Patient Centric goals.



FY18 Organizational Goals: For Discussion and Approval [Update to change budget threshold to 95%]

ECH FY18 Organizational Goals								
Organizational Goals FY18	Benchmark	DRAFT 2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	
Threshold Goals Budgeted Operating Margin	90% threshold	Achieved Budget	9	o% of Budgeted		Threshold	FY 18	
Geometric LOS Expected for	External : Expected via Epic Methodology	FY2016: 1.21 (ALOS 4.86 / GMLOS 4.00) FY2017 YTD April: 1.18 (4.81/4.08)	1.12	1.11	1.08	34%	4Q FY18	
	External Benchmark	HCAHPS Baseline: 10/2016 - 12/2016: 75.5 1/2017 - 3/2017: 75.1	77	78	80	33%	4Q FY18	
		July - Dec 2016: CAUTI 1.37, CLABSI .25, C.DIFF .59 Avg of .738	0.670	0.602	0.467	33%	FY18	



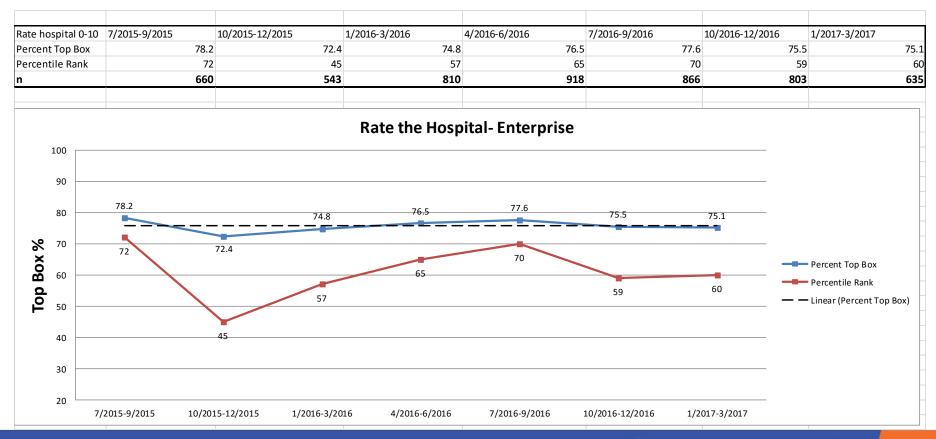
- For the last two years we have set internally focused LOS and Readmission goals, i.e. trend improvement. This year, we are advancing the concept via an external component, expected GMLOS.
- By using an Observed (actual ECH performance) over Expected (GMLOS) ratio, it captures both improvement in LOS management and better coding/ documentation (CDI effort).

CMI impacting GMLOS	Baseline	4.08
	3.0%	4.20
	4.0%	4.25
	6.0%	4.33
ALOS impacted by day reduction	Baseline	4.81
	625	4.71
	750	4.72
	1000	4.67



Camino Hospital°

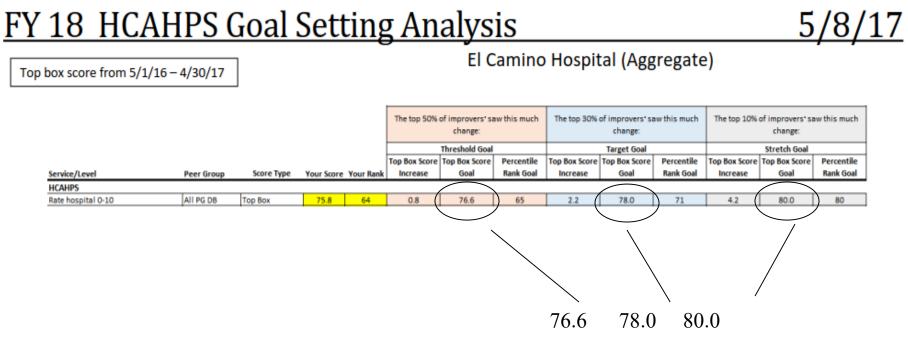
We are recommending "Rate the Hospital" CAHPS as the service goal, it allows for multiple interventions and is a very good capstone metric representing our consumers view of our service.





21

We discussed goal setting options with Press Gainey and they provided the following perspective:



Top xx% of improvers saw this much change: 50%, 30%, 10%:



After good discussion with the Quality Committee of the Board, we have revised our third Organizational Goal to be focused exclusively on quality. We are proposing SIR, specifically focused on CAUTI, CLABSI, and C-DIFF.

STANDARDIZED INFECTION RATIO (SIR)

What is a standardized infection ratio (SIR)?

The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time. The SIR adjusts for patients of varying risk within each facility. The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a summary statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs reported with the baseline U.S. experience (i.e., NHSN aggregate data are used as the standard population), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates that more HAIs were observed than predicted, accounting for differences in the types of patients followed; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted.



23

HAI	Facility – MV	# of HAI	Facility- LG	# OF HAI	AVE SIR	Target SIR	
CAUTI	2016 H2 – 1.817	11	2016 H2 - 0.932	1	1.375		
HX 2015-2016	0.767	20	0.6385	3	0.703	1.039	
CLABSI	2016 H2 – 0.492	2	2016 H2 - 0	0	0.246		
HX 2015-2016	0.31	5	0	1	0.155	0.201	
C.DIFF	2016 Q4-1.185	2016 Q4 - 10	2016 - 0	2016 Q4 - 0	0.593		
HX 2016	0.753	23	0.331	1	0.542	0.567	
AVE SIR CURRENT					0.738		
AVE SIR HX					0.467		
Delta					0.271		
						Infection Rate	
						Index: Target	
1/4 if Delta = Min					0.068	0.670	Minium
½ Delta = X					0.136	0.602	Target
Max = Delta					0.271	0.467	Max



- Minimum is ¼ to historical best (last 4 years)
- Target improvement is ½ to historical best
- Maximum is historical best on all three indicators
- An alternative would be 1 of 3, 2 of 3, 3 of 3 achievement of target SIR per each HAI

In raw numbers the occurrences are small, but the impact is significant.

НАІ Туре	Fiscal Yr 2016	Fiscal Yr 2017 to date (April 2017)
CAUTI	8	18
CLABSI	1	6
C.Diff	17	15



FY18 Operating Budget Overview



26

FY18 Budget and Organizational Priorities

Key Themes:

Invest in our Strategic Plan

- We have established \$5M in budget "undesignated expenses" as a means of funding the initial priorities of the Strategic Plan.
- A portion of this \$5M is funded through a reduction of overhead expenses, both the overhead and release of any funding from the \$5M is at the discretion of the CEO.

Invest in Growth

- Two new Xi Da Vinci Surgical Robots, one dedicated to Los Gatos. (Strategic Plan: Clinical Centers of Excellence)
- Physician Concierge Service in Los Gatos focused on "ease of interaction", e.g. scheduling, preference cards, billing. (Strategic Plan: Physician Alignment)
- Los Gatos Infusion Center: continued growth of our Cancer Center. (Strategic Plan: Physician Alignment and Clinical Centers of Excellence)



FY18 Budget and Organizational Priorities

Key Themes:

Invest in Growth

- Spine Center: a comprehensive spine center in Mountain View (Strategic Plan: Clinical Centers of Excellence)
- Physician recruitments for Silicon Valley Medical Development (SVMD) 11 Primary Care Physicians and 4 Specialists (Strategic Plan: Physician Alignment)
- Winchester Primary Care Center: completion of build out and hiring of physicians and staff. (Strategic Plan: Physician Alignment and Land Assets)



28

FY18 Budget and Organizational Priorities

Key Themes:

Invest in our Core Business

- New RN Graduates Hiring and Training Program: training funds set aside to recruit and train over 20 new RN Grads. (Strategic Plan: Operational Excellence)
- Community Connect: investment in people and subsidy cost as we rollout our instance of Community Connect to independent physicians. (Strategic Plan: Physician Alignment)
- IT Security: investment in both people and systems to enhance our IT security capabilities.
- Parking Management: investment in programs that enable and encourage staff to use alternative modes of transportation to our campus and comply with the parking plan required by the city of MV.
- Lastly, investment in our team to tackle clinical variation, budgeting for a net impact of \$2M.



29

FY18 Strategic Initiatives –

		Summary of FY18 Strategic Priorities	_		
Strategic Plan	-	Initiatives	-	Net Financial Result	
■ Growth		General Surgeries @ LG - add 100 cases		664,806	
		LG Infusion Program - begin in 4Q, FY18		13,808	
		Robotic Surgeries @ LG - add 200 cases		2,552,647	
		Sleep Disorder (OSA) - add 300 cases		27,966	
		Spine Program - add 30 cases		647,965	
		SVMD - recruit 11 PCP and 4 Specialist		(2,496,063)	
Growth Total				1,411,129	
Investment in Core Business		- Reduce Medicare Loss - CDI		3,500,000	
		- Reduce Medicare Loss - Clinical Variation		2,000,000	
		- Reduce Medicare Loss - Medicare ALOS reduction		875,000	
		Community Connect		(2,000,000)	
		IT Security		(1,200,000)	
		Workforce Planning - New Grad Program		(1,600,000)	
Investment in Core Business Tota	al			1,575,000	
🗏 Strategic Plan		Overhead Reduction		1,698,470	
		Strategic Plan		(5,000,000)	
Strategic Plan Total				(3,301,530)	
Grand Total				(315,401)	
* Number in () is reducing revenue			-		



El Camino Hospital & Affiliates

	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	772,173	809,481	835,789	26,308	3.2
Other Operating Revenue	39,407	41,133	41,322	189	0.5
Total Net Revenue	811,580	850,614	877,111	26,497	3.1
XPENSES					
Salaries & Benefits	443,258	453,986	481,417	(27,431)	-5.7
Supplies & Other Expenses	261,488	251,118	264,310	(13,192)	-5.0
Interest	7,193	4,270	8,705	(4,435)	-50.9
Depreciation/Amortization	48,803	48,170	53,442	(5,272)	-9.9
TOTAL EXPENSES	760,746	757,544	807,874	(50,330)	-6.2
PPERATING INCOME	50,834	93,070	69,237	(23,833)	34.4
Non Operating Income	(5,112)	62,267	12,723	49,544	
IET INCOME	45,722	155,337	81,960	(73,377)	-47.2
EBITDA	106,831	145,510	131,384	(14,126)	-9.7
EBITDA Margin Percentage	13.2%	17.1%	15.0%	-2.1%	-12.4
Operating Margin Percentage	6.3%	10.9%	7.9%	-3.0%	-27.9



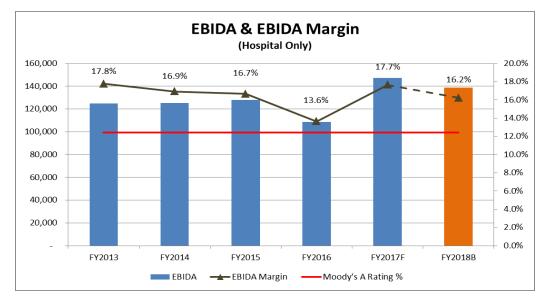
El Camino Hospital FY18 Budget

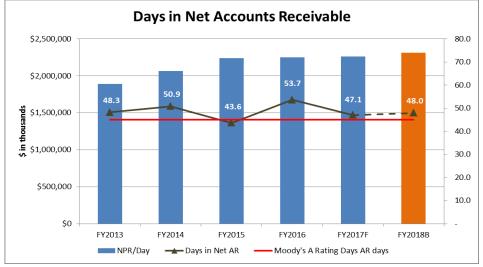
				Change	
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	772,020	809,104	832,066	22,962	2.89
Other Operating Revenue	23,636	24,529	23,129	(1,400)	-5.7
Total Net Revenue	795,657	833,633	855,195	21,562	2.6
XPENSES					
Salaries & Benefits	435,988	446,775	470,357	(23,581)	-5.0
Supplies & Other Expenses	251,115	239,644	245,976	(6,332)	-2.6
Interest	7,193	4,270	8,705	(4,435)	-50.9
Depreciation/Amortization	48,748	48,125	53,067	(4,942)	-9.3
TOTAL EXPENSES	743,044	738,815	778,105	(39,290)	-5.0
DPERATING INCOME	52,613	94,818	77,090	(17,729)	23.0
Non Operating Income	(9,570)	56,313	4,390	(51,923)	
IET INCOME	43,043	151,131	81,480	(69,652)	-46.1
EBITDA	108,554	147,214	138,862	(8,352)	-5.7
EBIDA Margin Percentage	13.6%	17.7%	16.2%	-1.4%	-8.1
Operating Margin Percentage	6.6%	11.4%	9.0%	-2.4%	-20.7
EY HOSPITAL INDICATORS					
Hospital Discharges, excl normal newborns	19,401	19,580	19,705	125	0.6
Total Hospital Patient Days	88,700	87,175	87,656	481	0.6
Adjusted Discharges*	31,379	32,808	32,864	56.0	0.2
Hospital Average Daily Census	243	239	240	1	0.6

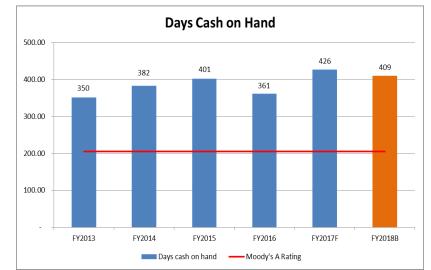
* Adjusted Discharges exclude New Born discharges



Key Financial Metrics



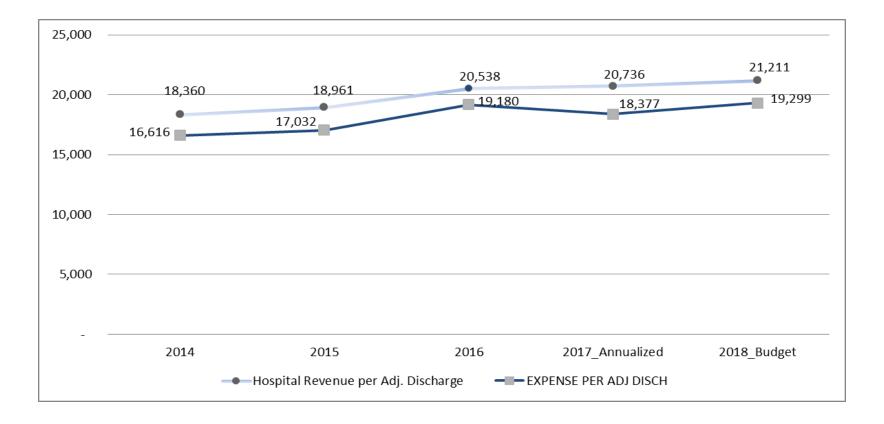




Target source: S&P 2014 A Rated Stand-Alone Hospital Median Ratio (last published 9/1/2015) MOUNTAIN VIEW LOS GATOS



FY18: Revenue & Expense per Adj. Discharge Trend

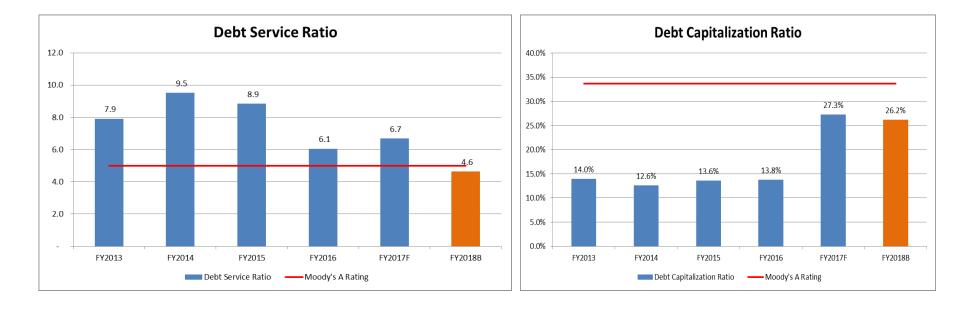




34

MOUNTAIN VIEW LOS GATOS

Key Financial Metrics





35

MOUNTAIN VIEW LOS GATOS

Key Drivers of
FY18 Budget
Operating Margin

			Net Income	% Net
	nds (000s) Favorable/(Unfavorable)	Detail	Impact	Revenue
Expected H	lospItal Operations FY2017		94,818	11.4%
Net Reven	ue		21,562	2.5%
	Revenue from Growth & Price Changes	23,773		
*	Non Recurring unusual items (IGT, AB915)	(1,205)		
*	PRIME project reduced	(3,479)		
*	Other Op Revenue	2,079		
*	Other	394		
Labor Expe	nse Change		(23,581)	-2.8%
*	FY17 Vacancy Gap / FY18 New FTE	(16,276)		
*	Wage increases	(10,989)		
* 1	Volume Increase / New Program	(1,471)		
*	Nursing new grad. program	(1,217)		
*	Performance Bonus not in FY 18 budget	3,080		
*	Ratification Bonus - one time in FY 17	2,417		
*	Medicare LOS reduction	875		
Profession	al Fees & Purchased Services		1,228	0.1%
*	Physician Fees: oncology recruitment, ortho co-management	(2,441)		
	Bond Issuance	3,095		
*	Legal	(754)		
*	Administrative Savings (IT,EVS,Lab)	3,649		
	Traffic mitigation Shuttle Service	(1,121)		
	IT Security	(1,200)		
Supplies			(5,993)	-0.7%
	Central Supply - volumes + Inflation	(1,661)		
	Medical Gases Contract increase	(481)		
	New Programs: IFC (MV/LG), Spine Program, Robotic Surgeries	(816)		
	Drug Expenses: Infusion Volume increase + Inflation	(2,328)		
	Other	(707)		
Other Expe	nses		(1,567)	-0.2%
*	Leases	769		
*	Utilities/Leases	(274)		
	Strategic Planning	(5,000)		
	Clinical Variation net savings	2,000		
	Other	938		
	on & Interest		(9,377)	-1.1%
-	Interest Expense, full year	(4,435)	(0)0777	2.1/0
	New Contruction projects completing	(4,942)		
	lospital Operations FY2018	(1)542)	77,090	9.0%



FY18 Operating Budget Detail Revenue Assumptions



37

MOUNTAIN VIEW | LOS GATOS

FY18 Budget Overview: Revenue Rates

Category	Budget Assumptions
Pricing	Prices to increase to 5.0%
	Overall charges based on OSHPD per case review, ECH pricing remains
	at 35th percentile.
	Inpatient Charges were at 25th percentile
	Outpatient charges were at 50th percentile
Reimbursement	3% rate increase in commerical payors which accounts for 72% of the
	net revenue
	0% rate increase in Medicare accounts, which accounts for 48% of our
	payor mix but 25% of the net revenue; \$6.5M IGT discontinuance but
	expect CDI would improve Medicare payment by ~\$3.5M.
	0% rate increase in Medi-Cal accounts, which accounts for 7.2% payor
	mix of ECH patient population
Other Payment	\$733K Other Operating Revenue from the PRIME Project



Charge Master Pricing Changes with Benchmark Data

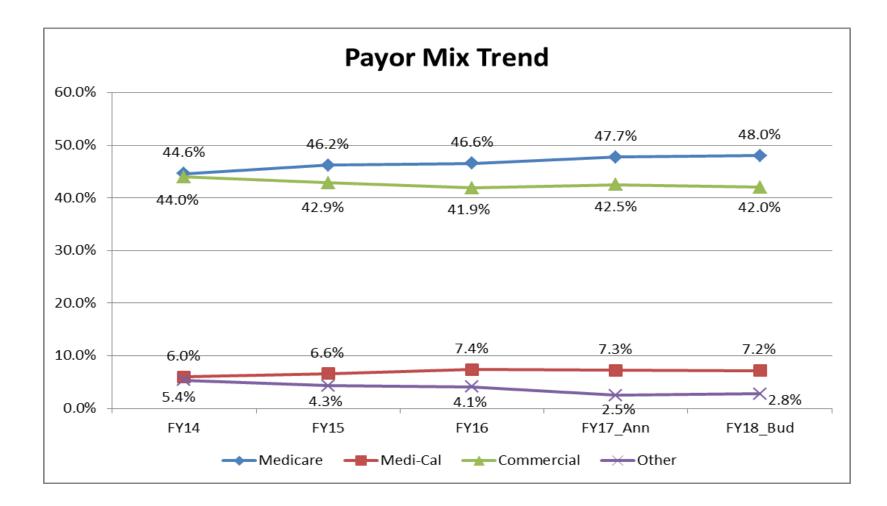
- CMS/OSHPD claim level data shows El Camino Hospital prices below mid-market level compared to the local peer group including Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital and Washington Hospital.
- Even with the 6.0% price increase in FY17, our overall charges remain at the 35th percentile based on OSHPD charge per case review (inpatient @ 25th percentile / outpatient @ 50th percentile).
- To catch up with the market pricing, a 5.0% charge increase is proposed in the FY18 budget

						5-Year
Hospital	2012	2013	2014	2015	2016	Average
EL CAMINO HOSPITAL	0.89%	0.06%	0.90%	5.00%	6.00%	2.57%
STANFORD UNIVERSITY HOSPITAL	9.60%	7.20%	6.90%	6.90%	6.80%	7.48%
REGIONAL MEDICAL CENTER OF SAN JOSE	10.60%	1.36%	5.28%	-1.32%	8.90%	4.96%
SEQUOIA HOSPITAL	5.40%	3.10%	0.00%	2.70%	3.10%	2.86%
WASHINGTON HOSPITAL - FREMONT	0.56%	9.71%	0.97%	2.12%	0.21%	2.71%
GOOD SAMARITAN HOSPITAL- SAN JOSE	9.90%	12.80%	7.10%	4.70%	2.40%	7.38%
O'CONNOR HOSPITAL	0.20%	0.13%	1.02%	0.06%	-19.79%	-3.68%

*Data Source: OSHPD



Payor Mix and Net Revenue Distribution by Payor





FY2018 Operating Budget Detail - Volume



41

MOUNTAIN VIEW | LOS GATOS

Volume Assumptions - Inpatient

Service Line Inpatient Volume Trend

				Serv	ice Line Vol	ume Trend	d & FY18 Volume Projection
Ţ	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes
81	19,430	19,643	19,401	19,580	19,705	0.6%	
Behavioral Health	1,012	1,052	929	912	912	0.0%	Increase operating beds from 18 to 21 after 1 phase construction
General Medicine	4,160	4,591	4,465	4,940	4,679	-5.3%	High volume due to outbreak of flu in FY17; not expecting the same in FY18
General Surgery	1,243	1,150	1,312	1,289	1,306	1.3%	Modest increase due to population growth
Heart and Vascular	1,859	1,998	2,008	2,170	2,082	-4.0%	High volume increase in HVI cases in FY17 related to outbreak of flu; not expecting the same in FY18
MCH	6,695	6,372	6,136	5,845	6,206	6.2%	Phyician recruitment
Neurosciences	667	672	678	680	697	2.4%	Recruitment of Neuro Surgeon beginning in FY18
Oncology	606	564	652	587	572	-2.5%	
							Increase cases due to recuritment of 2 new Orthopedic physicians at LG, increase of Shoulder Replacement
Orthopedics	1,695	1,773	1,750	1,700	1,762	3.6%	and Co-Management at MV
Other	7	5	24	4	- [0.0%	
Rehab Services	547	555	501	469	497	5.9%	Plan to increase higher acute Rehab patients in FY18
Spine Surgery	377	429	418	462	478	3.5%	Recruitment of Spine Surgeon beginning in FY18
Urology	172	169	234	250	240	-3.8%	
Womens Non-MCH	390	313	294	272	275	0.8%	
Grand Total	19,430	19,643	19,401	19,580	19,705	0.6%	
% Change from PY		1.1%	-1.2%	0.9%	0.6%		



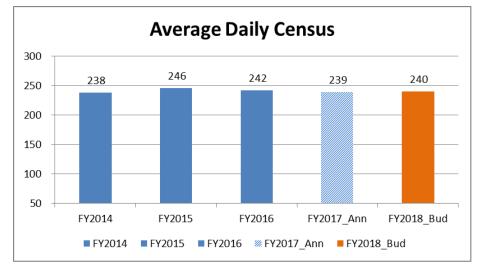
Volume Assumptions - Outpatient

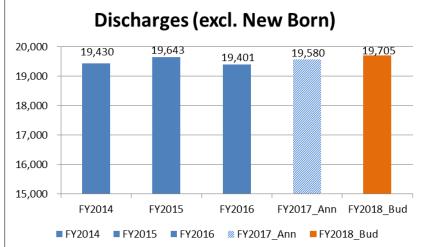
Service Line Outpatient Volume Trend

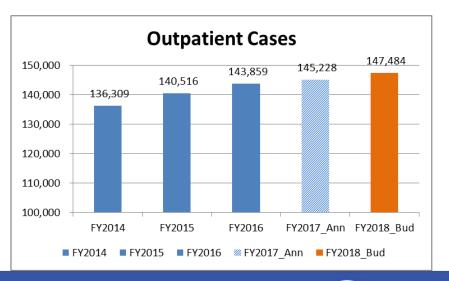
				Servio	e Line Volu	ume Trend	& FY18 Volume Projection
Τ.	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes
∎0	136,309	140,516	143,859	145,228	147,484	1.6%	
Behavioral Health	2,565	2,496	2,859	3,284	3,282	-0.1%	
Emergency	46,025	49,106	48,513	48,231	48,975	0.0%	
General Medicine	6,656	6,735	6,877	6,257	6,504	3.9%	Increase of 10% in Interventional Bronch
General Surgery	1,785	1,866	1,857	2,051	2,049	-0.1%	
Heart and Vascular	3,474	3,749	4,239	4,440	4,392	-1.1%	
Imaging Services	19,025	19,480	17,535	17,248	17,597	2.0%	Projected increase in mammography volume with the install of Tomo.
Laboratory Services	30,413	29,488	28,810	29,165	28,741	-1.5%	
MCH	5,049	4,830	4,944	5,452	5,200	-4.6%	Less OP OB referrals due to one OB physicians retiring and 1 leaving the area.
Neurosciences	132	130	141	149	142	0.0%	
Oncology	10,462	11,673	17,251	18,348	19,438	5.9%	Projected 10% increase in MV Infusion Center and a new LG Infusion Center starting in the 4Q of FY18
Orthopedics	883	791	616	669	588	-12.2%	Lose of OP Orthopedic cases to surrounding ASC
Other	656	633	630	599	703	17.5%	Other Ancially Services (Dietary Theraypy, IV Therapy, EKG)
Outpatient Clinics	1,818	1,706	1,676	1,275	1,450	13.8%	2nd Year of Wound Care Operation projection
Rehab Services	3,878	4,223	4,372	4,396	4,326	-1.6%	
Sleep Center	160	223	498	403	720	78.8%	Recruit for new Sleep specialty physician, expect a 300 case volume increase in FY18
Spine Surgery	293	330	276	288	331	14.9%	New Spine Surgeon starting 2nd half of FY18
Urology	1,823	1,750	1,696	1,913	1,875	-2.0%	
Womens Non-MCH	1,212	1,307	1,069	1,060	1,171	10.5%	Part of the General Surgery and Robotic cases increase in LG and population growth.
Grand Total	136,309	140,516	143,859	145,228	147,484	1.6%	
% Change from PY		3.1%	2.4%	1.0%	1.6%		



Key Hospital Volume Statistics Trend

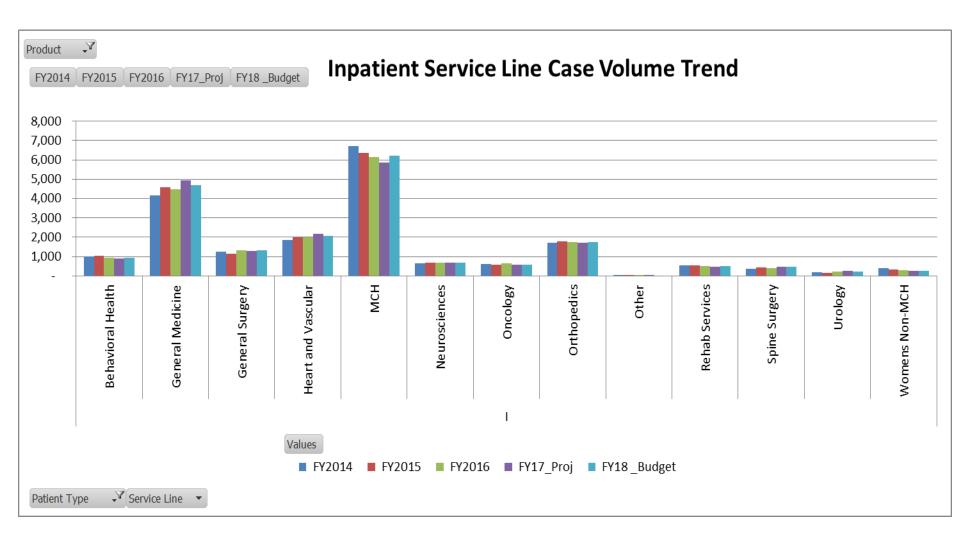








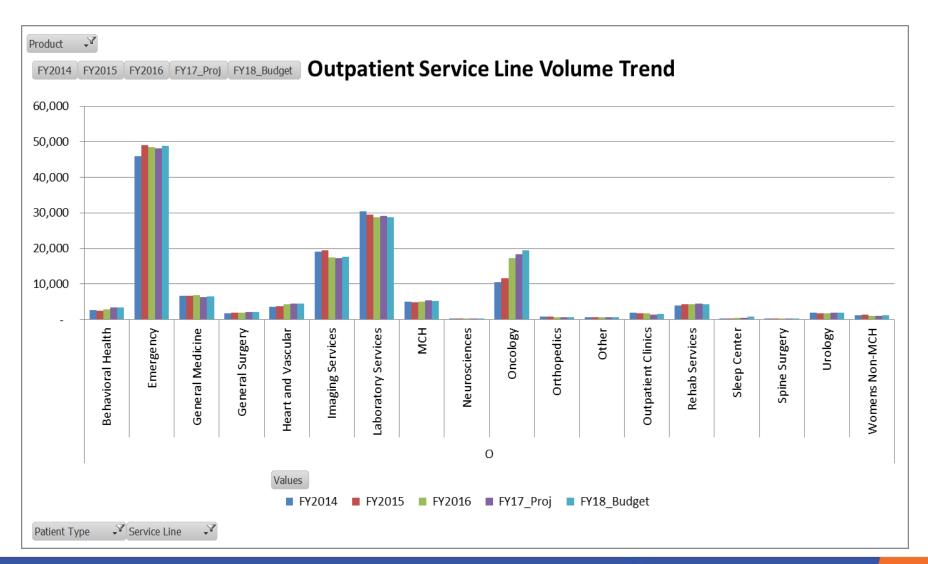
Inpatient Service Line Volume Trend





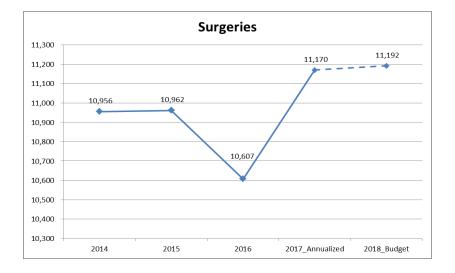


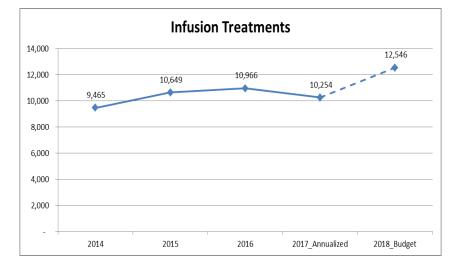
Outpatient Service Line Volume Trend

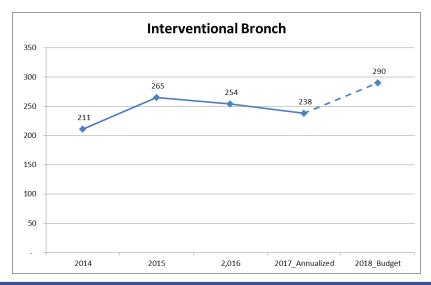


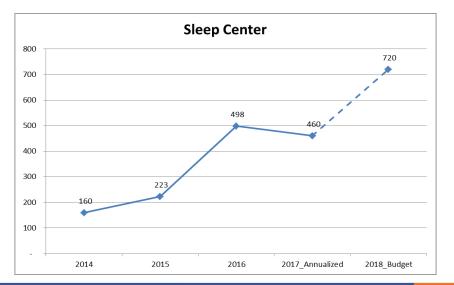


Focus Volume Growth – Ancillary & Procedural Areas











MOUNTAIN VIEW | LOS GATOS

FY18 Operating Budget Detail Expense Assumptions



48

MOUNTAIN VIEW | LOS GATOS

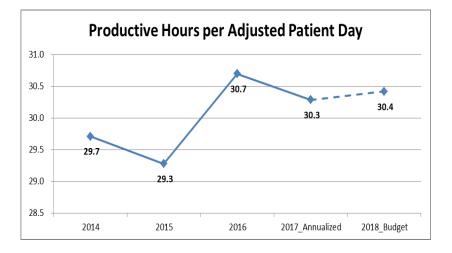
FY18 Budget Overview: Expenses –

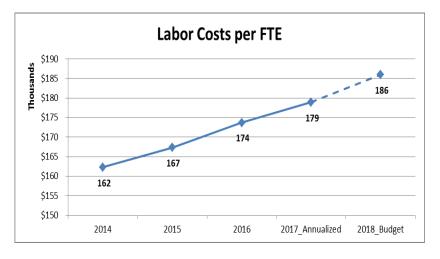
Expense Assumptions

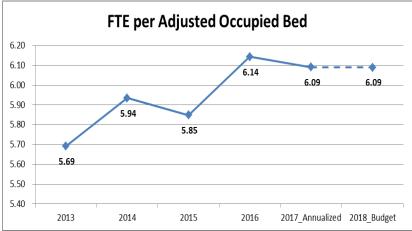
Category	Inflation & Other Expense Assumptions
	Low base in FY17 with 3% inflation resulting an
Group Health	overall reduction comparing to actual FY17
	3.0% increase for 2nd half of FY18; 1.5% overall
Dental	increase in FY18
Pharmaceutical	4.2% inflation on drug cost
Medical Supplies	1.0% overall inflation
Other	2.0% inflation



Key Operational Metrics





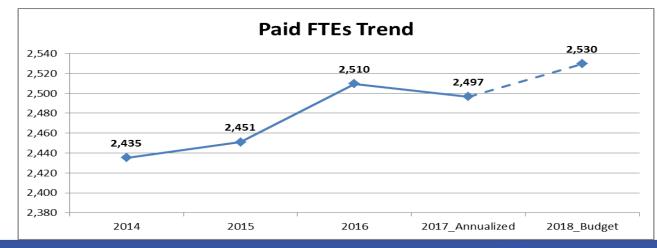


- Productivity remains flat with the support of additional initiatives.
- The 3.9% increase in labor cost is primarily related to salary and benefit rate increase.



FY18 Budgeted Hospital FTE

Hospital Paid FTE			
Starting FTE FY2017 YTD Apr Ann	2,496.64	Volume/New Program	Productivity
LG IFC	0.46	0.46	
OSA (Sleep Ctr)	0.81	0.81	
Spine	1.66	1.66	
LG Robotics 200 cases	5.00	5.00	
Strategic Workforce	6.00	6.00	
PSA (Video Monitoring Implementation)	(3.00)		(3.00)
ALOS Reduction	(4.04)		(4.04)
Other Volume Driven	2.97	2.97	
Change in Target (Run Rate vs BUD18)	(4.63)		(4.63)
Target Reduction (Overhead) Office of COO	(16.36)		(16.36)
Budgeted Vacant Position (Overhead):	30.37		30.37
- IT: 11.3 FTE (backfilled by Purchase Service)			
- CMO / Quality Svcs: 11.5 (partially backfilled by PS)			
Wound Care	2.40	2.40	
Approved FTEs:			
- CDI Manager; Pharmacy Tech (Stewardship); Compliance Manager; Jr.			
Attorney; Benefit Specialist	11.27		11.27
Ending Budget FY18 Paid FTE	2,529.56	19.30	13.61





High Performance Organization (HPO) Initiatives

Work Stream	Focus Area	FY18 Budget
	LOS Reduction (750 days)	875,000
Variation	Resources Utilization Management	2,000,000
	Clinical Documentation	3,500,000
Workflow and Workforce		
	Productivity Target Reduction	1,505,000
Optimization	Incidental Overtime Management	425,000
Supply Chain	Pricing	1,300,000
	Total	9,605,000



High Performance Organization (HPO) Status Update

HPO Plan Reporting & Pro	ojection						
Work Stream	Focus Area	Total Identified	Confirmed Opportunities	FY 2016 Actual	FY17 Implemented - Achieved	FY18 Budget	Remaining HPO Opportunities
	SPD	\$321,054	\$183,282	\$0			\$17,739
	Emergency Department	\$1,612,592	\$1,612,592	\$0	\$1,580,321		\$32,271
Patient Flow and	Periop MV / Endo / Cath	\$1,226,234	\$576,202	\$35,000	\$541,202		\$0
Capacity Management	Periop LG	\$334,732	\$288,394	\$0	\$140,006		\$148,388
	Laboratory	\$1,882,000	\$1,113,782	\$82,068	\$1,031,714		\$0
	Imaging	\$451,000	\$334,200	\$183,000	\$151,200		\$0
	Level and Duration of Care	\$2,367,600	\$2,367,600	\$1,483,445	\$529,273	\$875,000	-\$520,118
	RUM - Blood	\$378,000	\$378,000	\$46,000	\$332,000		\$0
	RUM - Inpatient	\$1,090,417	\$1,090,417	\$0			\$1,090,417
Variation	RUM - Other Services	\$7,926,583	\$7,926,583	\$0	\$1,000,000	\$2,000,000	\$4,926,583
	Care Coordination	\$196,728	\$201,344	\$78,919	\$0		\$122,425
	Quality Cycle Management	\$0		\$0			\$0
	Clinical Documentation	\$3,661,000	\$4,300,000	\$0	\$1,800,000	\$3,500,000	-\$1,000,000
	Benefits	\$4,070,000	\$900,000	\$0	\$900,000		\$0
	IP Nursing & MCH	\$6,320,152	\$1,967,175		\$376,414		\$1,590,761
Vorkflow and Workforce	Productivity Improvement					\$1,505,000	-\$1,505,000
Optimization	Premium Pay	\$3,639,194	\$3,639,194	\$0	\$0	\$425,000	\$3,214,194
	Span of Control	\$31,000	\$0	\$0	\$0		\$0
	Workforce Management	\$0	\$0	\$0			\$0
Revenue Cycle	HIM and Coding	\$356,096	\$356,096	\$0	\$308,000		\$48,096
Enhancement	Revenue Cycle Staffing	\$614,788	\$0	\$0	\$0		\$0
Ennancement	Revenue Cycle Enhancement*	\$3,222,000	\$3,222,000	\$7,360,000			-\$4,138,000
	PPI	\$2,652,120	\$2,652,120	\$1,955,957			\$696,163
	Pricing	\$0	•	\$0		\$1,300,000	-\$1,300,000
Supply Chain	Rx Best Practices	\$50,000	\$0	\$0			\$0
	Drugs	\$1,844,360	\$727,312	\$533,270	\$194,042		\$0
	Endo-Mechanicals	\$658,501	\$658,501	\$0	\$512,000		\$146,501
	Total	\$44,906,151	\$34,494,794	\$11,757,659	\$9,561,715	\$9,605,000	\$3,570,420



Impact of IT Initiatives FY - 17 to FY18

IT Initiatives for FY18

	Additional Operating	Budgeted Capital Cost
Description	Expense for FY18	FY18 (Adjusted)
ERP (Enterprise Resource Planning System)	895,500	4,725,500
IS Baseline: Software, Devices, Network, Server, Storage & Telecom	-	3,069,650
PACS, VNA, Universal Viewer Enterprise Imaging IT	-	2,286,400
iCare Program	-	1,922,000
IS Secuirty Program	-	964,500
Community Connect (Company 91)	1,802,068	675,000
Total FY18	2,697,568	13,643,050



Capital Budget FY18



MOUNTAIN VIEW | LOS GATOS

FY18 Capital Spending Trend

Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Projected FY2017	Budget FY2018		
EPIC	6,838	29,849	20,798	6,137	1,922		
IT Hardware / Software Equipment	2,788	4,660	6,483	5,391	12,238		
Medical / Non Medical Equipment*	12,891	13,340	17,133	18,185	5,635		
Non CIP Land, Land I, BLDG, Additions	22,292	-	4,189	-	-		
Facilities	13,753	38,940	48,137	170,763	211,886		
GRAND TOTAL	58,561	86,789	96,740	200,476	231,681		
*Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17							



FY18 IT / Imaging Capital Request (in 000s)

FY18 IT & Imaging Requested Capital	FY18 Budgeted Commitment	FY18 Budgeted Spend
iCare Program (EPIC)	1,922	1,922
EPIC Total	1,922	1,922
ERP	4,725	4,725
PACS, VNA, Universal Viewer Enterprise Imaging IT	2,286	2,286
IS Security Program	965	965
IS Baseline: Storage - Baseline Primary & Backup S	882	882
IS Baseline: Network - Baseline Replacement & Main	771	771
IS Baseline: Server - Baseline Replacement & Main	717	717
Community Connect (Company 91)	675	675
Convert all CR equipments to DR	357	357
IS Baseline: Software Upgrades: Existing Software	250	250
IS Baseline: Devices - Baseline Deviec Replacement	250	250
All Other*	361	361
IT Hardware/Software Equipment/Imaging	12,238	12,238



FY18 Equipment Capital Request (in 000s)

FY18 Medical / Non Medical Equipment Requested Capital	FY18 Budgeted Spend
Centralized ECG Monitoring	1,300
Siemens CT scanner	600
ARIA Optimization Solution	600
Navigation Unit (Electromagnetic Navigational Bronch Unit)	300
All Other*	2,835
Total	5,635



FY18 Facility Project Request with Details (in 000s) 1 of 2

FY18 Budgeted Commitment		FY18 Budgeted Spend
\$0	**	\$51,400
\$0	**	\$3,354
\$0	**	\$130,100
\$0	**	\$4,032
\$6 <i>,</i> 000	**	\$7,000
\$6,000] [\$195,886
\$0	*	\$500
\$0	*	\$1,000
\$800		\$700
\$600		\$0
\$1,000		\$100
\$0	*	\$2,000
\$2,500		\$0
\$2,400		\$0
\$20,700		\$0
\$19,400		\$0
\$5,000		\$0
\$600		\$0
\$800		\$0
\$1,600		\$0
\$55,400		\$4,300
	Budgeted Commitment \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$6,000 \$6,000 \$6,000 \$6,000 \$2,000 \$2,500 \$2,400 \$20,700 \$2,400 \$20,700 \$19,400 \$5,000 \$600 \$1,600	Budgeted Commitment



FY18 Facility Project Request with Details (in 000s) 2 of 2

	FY18 Budgeted Commitment		FY18 Budgeted Spend
Los Gatos Capital Projects			
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	\$0	**	\$700
LG Upgrades - Major	\$0	**	\$5,000
LG Rehab Building Upgrades	\$0	**	\$500
LG IR Upgrades	\$1,100		\$0
LG Facilities Planning	\$800		\$0
LG MOB Improvements (17)	\$0	*	\$3,500
LG Nurse Call System Replacement (M/S, Ortho, Women's, ED	\$2,800		\$0
LG OPS Expansion & Physician Lounge	\$850		\$0
LG Observation Unit (Conversion of ICU 2)	\$1,800		\$0
LG Security System	\$460		\$0
LG Pharmacy USP800 Upgrades	\$400		\$0
LG Men's Health Clinic TI's	\$450		\$0
LG Cancer Center	\$1,900		\$0
Sub-Total Los Gatos Projects	\$10,560]	\$9,700
Other Strategic Capital Projects			
Primary Care Clinic (TI's Only)	\$0	*	\$2 <i>,</i> 000
Urgent Care Clinics (Tis Only)	\$3,800		\$0
New 28K MOB (Courthouse Prop)	\$22,400		\$0
Sub-Total Other Strategic Capital Projects	\$26,200]	\$2,000
Grand Total Facilities Projects	\$98,160]	\$211,886
*Board approved from prior years ୦፝႞ዄጬፙጟኯኯኯኯ፼፼ፙ% p <mark>a</mark> rtiըტৈኇuፙዿቁፙኇ <mark></mark> m prior years	🚺 El Camino Hospital		

THE HOSPITAL OF SILICON VALLEY

Board Designated Community Benefit Endowment Fund

- In FY16, the Board established an endowment to provide investment income to fund community benefit.
- We agreed to evaluate whether the fund should be increased during the annual budget cycle.
- Recommendation
 - Endowment funding evaluation in FY17 Q3 determined the budgeted amount for FY18 Community Benefit to be \$500k.
 - Increase community benefit endowment fund by \$5 million –
 50% increase over the amount established in 2016.

	<u>FY14</u>	<u>FY15</u>	<u>FY16</u>	FY17_Ann	FY18_Bud
Community Benefit	(1,477,050)	(2,397,226)	(2,716,041)	(3,586,367)	(3,400,000)



Appendix



62

MOUNTAIN VIEW | LOS GATOS

CONCERN – FY18 Budget Financial

CONCERN (\$ in thousands)								
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change			
REVENUES								
Other Operating Revenue	15,755	16,604	18,090	1,486	9.09			
Total Net Revenue	15,755	16,604	18,090	1,486	9.09			
EXPENSES								
Salaries & Benefits	5,754	5,283	5,694	(411)	-7.25			
Supplies & Other Expenses	8,721	9,620	11,432	(1,813)	-15.99			
Interest	-	-	-	-	0.09			
Depreciation/Amortization	42	29	31	(1)	-3.75			
TOTAL EXPENSES	14,518	14,932	17,157	(2,225)	-13.09			
DPERATING INCOME	1,238	1,672	934	(738)	79.19			
Non Operating Income	585	(43)	497	539				
NET INCOME	1,823	1,629	1,430	(199)	-12.29			
Operating EBIDA	1,280	1,701	964	(737)	-43.3			
EBIDA Margin Percentage	8.1%	10.2%	5.3%	-4.9%	-48.0			
Operating Margin Percentage	7.9%	10.1%	5.2%	-4.9%	-48.7			

CONCERN Commentary

CONCERN Initiatives:

- Implement our Technology Roadmap required by our largest tech customers
 - Video Counseling
 - Texting for service requests
 - Company specific online portal
 - Digital therapeutics including online interventions for depression and anxiety
- Implement Phase II of EAPExpert CRM Platform to streamline claims payment, clinical documentation and employer customized reporting
- Increase the size of the provider network nationally by 10%
- Become licensed/certified in 6 states as required by the DMHC

Margin

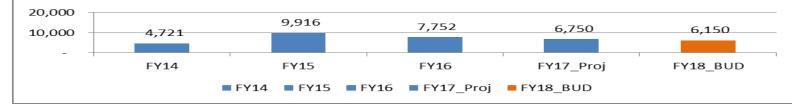
 Margin remains healthy but is declining due to price competition from national insurance companies and industry wide increase in utilization



Foundation - FY18 Budget Financial

FOUNDATION (\$ in thousands)						
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change	
REVENUES						
Other Operating Revenue	-	-	-	-	\$0	
Total Net Revenue	-	-	-	-	0%	
EXPENSES						
Salaries & Benefits	1,430	1,579	1,686	(107)	-6%	
Supplies & Other Expenses	1,489	1,228	1,667	(438)	-26%	
Interest	-	-	-	-	0%	
Depreciation/Amortization	13	13	13	-	0%	
TOTAL EXPENSES	2,933	2,821	3,366	(545)	-16%	
OPERATING INCOME	(2,933)	(2,821)	(3,366)	(545)	-16%	
Non Operating Income	3,915	5,388	4,102	(1,286)		
NET INCOME	982	2,568	737	(1,831)	-71%	
Operating EBIDA	(2,920)	(2,807)	(3,352)	(545)	19%	





FY 18 fundraising goal is low pending organizational strategic plan



SVMD – FY18 Budget Financial

SVMD (\$ in thousands)								
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change			
REVENUES								
Net Patient Service Revenue	153	377	3,723	3,346	1009			
Othe Operating Revenue	-	-	102	102				
Total Net Revenue	153	377	3,826	3,346	09			
EXPENSES								
Salaries & Benefits	85	348	3,681	(3,333)	-919			
Supplies & Other Expenses	162	519	5,235	(4,716)	-90%			
Interest	-	-	-	-	0%			
Depreciation/Amortization	-	2	331	(329)	0%			
TOTAL EXPENSES	247	869	9,247	(8,378)	-91%			
OPERATING INCOME	(94)	(491)	(5,421)	(4,930)	-919			
Non Operating Income	250	600	3,735	3,135				
NET INCOME	156	109	(1,686)	(1,795)	-16539			
Operating EBIDA	(94)	(489)	(5,090)	(4,601)	9409			
EBIDA Margin Percentage	-61.6%	-129.8%	-133.1%	-3.3%	2.55			
Operating Margin Percentage	-61.6%	-130.3%	-141.7%	-11.4%	8.8			



SVMD – Primary Care Clinic

- Primary care physicians: Recruit 11 MDs (5 starting Oct and 6 starting Jan); total of 7.68 FTEs by end of the year.
- Specialists: Recruit 4 MDs (starting Jan); total of 2 FTEs by end of the year.

Primary Care Clinic	
	Total
REVENUES	
Net Patient Service Revenue	3,723,065
Total Net Revenue	3,723,065
EXPENSES	
Salaries & Benefits	3,415,750
Supplies	123,573
Purchased Services	2,090,901
Facility Expenses*	494,306
Other General and Administrative	91,845
Depreciation	2,753
TOTAL EXPENSES	6,219,128
OPERATING INCOME	(\$2,496,063)
TOTAL FTEs	9.68
Loss per MD FTE	(\$257,783)
Primary Care Clinic Administration Expenses	1,238,667

*Facility Expenses: Lease/Repairs & Maintenance/Utilities



Non-Operating Revenue Detail

	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
on Operating Revenue Detail					
Investments	(1,710)	59,376	18,100	(41,277)	-69.5%
Swap Adjustments	(3,214)	4,537	-	(4,537)	-100.09
Bond Amortization	1,611	266	70	(196)	-73.7%
Community Benefit	(2,716)	(3,586)	(3,400)	186	-5.2%
Support for Foundation	(1,783)	(1,783)	(1,783)	-	0.09
Support for SVMD	(213)	(459)	(5,380)	(4,921)	1072.89
Investment in Satellite Dialysis	(434)	(573)	(425)	148	-25.9%
Gain/ <loss> on Community Connect</loss>	-	-	-	-	
Gain/ <loss> on Pathways</loss>	143	1,471	500	(971)	-66.09
Other	(1,254)	(2,936)	(3,292)	(355)	12.19
	(9,570)	56,313	4,390	(51,923)	-929



68

ATTACHMENT 5

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Report on ECH and ECHD Board Actions				
	Finance Committee				
	July 31, 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 Comm	ittees that reviewed the issue and recommendation, if any:				
None.					
Summary and session object	ives :				
To inform the Committee abo	out recent Board actions.				
Suggested discussion question	ons:				
None.					
Proposed Committee motior	n, if any:				
None. This is an informational item.					
None. This is an informationa	in item.				
None. This is an informationa					



June 2017 ECH Board Actions*

- 1. June 14, 2017
 - a. Approved the FY17 Period 10 Financials
 - b. Approved the FY18 Operating and Capital Budget
 - c. Approved the FY 18 Community Benefit Plan awarding approximately \$3.2 million in grants and sponsorships.
 - d. Approved the FY18 CEO and Executive Salary Ranges
 - e. Approved recommended revisions to the Executive Benefits Design Plan increasing Long-Term Disability Benefits
 - f. Approved Funding for the Xi Da Vinci Robot, 828 Winchester Tenant Improvements, Los Gatos MRI Replacement, and Initial Development Steps for Patient Family Residence
 - g. Approved FY18 Board Committee Appointments and Re-Appointments
 - h. Approved FY18 Advisory Committee Goals
 - i. Approved Recommended Revisions to the Physician Financial Arrangements Review and Approval Policy authorizing the CEO to execute certain agreements not to exceed \$1 million.
 - j. Approved the FY18 Organizational Goals
 - k. Approved the Management of Serious Events and Red Alert Patient safety Policy
 - 1. Approved Employment of Dan Woods as El Camino Hospital's CEO.
- 2. June 28, 2017
 - a. Approved the El Camino Hospital Strategic Framework.
 - b. Adopted a Resolution acknowledging Neal Cohen's 5 years of service on the Hospital Board.

June 2017 ECHD Board Actions*

- 1. June 14, 2017
 - a. Approved the Selection of Dan Woods as El Camino Hospital's CEO.
- 2. June 20, 2017
 - a. Approved the FY18 El Camino Hospital Capital and Operating Budget
 - b. Approved the FY18 Community Benefit program awarding approximately \$7 million in grants and sponsorships
 - c. Elected Board Officers:
 - i. Chair Peter C. Fung, MD
 - ii. Vice Chair Julia Miller
 - iii. Secretary/Treasurer John Zoglin
 - d. Voted to fill the vacancy on the ECHD Board created by Dennis Chiu's resignation by appointment at a meeting scheduled for August 16, 2017.
 - e. Elected John Zoglin and Dave Reeder to serve on an Ad hoc Committee that will make recommendations to the District Board regarding selection of ECH Board Members.

*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.

Christina Lai, a member of the Hospital's Governance Committee, will serve as Advisor to the Committee.

- 3. June 28, 2017
 - a. Approved the El Camino Hospital Strategic Framework.
 - b. Adopted a Resolution acknowledging Dennis Chiu's nearly 5 years of service on the District and Hospital Boards.
 - c. Approved a revision to the El Camino Hospital Bylaws expanding the Board to 10 seats, but removing the CEO as a voting member of the Board.

*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.

ATTACHMENT 6



Summary of Financial Operations

Fiscal Year 2017 – Period 12 7/1/2016 to 6/30/2017

-		Ann	ual			Month		Г		YTD		
-	2015	2016	2017	2017	PY		ud/Target		PY	CY B	ud/Target	
			Proj.	Bud/Target								Volume
Volume												Very strong volume in June. Combined
Licenced Beds	443	443	443	443	443	443	443		443	443	443	volume, measured in adjusted discharges,
ADC	246	242	239	245	248	245	242		243	239	245	was 11.5% higher than budget and 19%
Adjusted Discharges	22,342	22,499	23,446	22,992	1,723	2,057	1,845		21,960	23,446	22,993	higher than prior year.
Total Discharges	19,637	19,367	19,646	19,781	1,548	1,680	1,583		19,169	19,660	19,790	 For the year, combined volume was 2%
Inpatient Cases												higher than budget with the growth coming
MS Discharges	13,114	13,344	13,616	13,499	1,020	1,175	1,080		13,024	13,616	13,500	
Deliveries	5,067	4,717	4,660	4,810	401	388	385		4,717	4,660	4,810	primarily from OP services.
BHS	901	806	909	901	79	77	73		928	923	910	The OP volume growth is in Behavioral
Rehab	555	500	461	570	48	40	46		500	461	570	Health 33.3%, Oncology 26.7%, Rehab Services 11.6% and HVI 9.4%,
Outpatient Cases	128,110	139,935	145,927	147,053	11,755	12,461	11,459		139,926	145,927	143,255	 The inpatient growth is mainly in general
ED	49,106	48,609	48,648	51,258	4,135	4,070	4,087		44,764	48,648	51,095	
Procedural Cases												medicine, HVI, general surgery and spine
OP Surg	6,488	6,070	6,666	6,427	535	542	497		6,076	6,666	6,211	surgery.
Endo	2,520	2,324	2,159	2,479	184	197	190		2,324	2,159	2,378	
Interventional	1,998	2,021	1,963	2,323	165	112	182		2,023	1,963	2,281	Financial Performance:
All Other	67,998	80,911	86,491	84,566	6,736	7,540	6,503		84,739	86,491	81,290	- June's operating income was very strong
Financial Perf.												driven by high volume and \$8.1M in IGT
Net Patient Revenues	746,645	772,020	832,279	789,585	73,165	87,372	64,432		772,020	832,279	789,585	and Medi-Cal supplemental funding.
Total Operating Revenue	767,751	795,657	858,363	814,645	76,986	89,212	66,519		795,657	858,363	814,645	- For the year, net income is \$97 million
Operating Expenses	689,631	743,044	752,786	764,828	65,534	71,600	62,775		743,044	752,786	756,360	ahead of target; \$47M from operations
Operating Income \$	78,120	52,613	105,578	49,817	11,451	17,612	3,743		52,613	105,578	58,285	-
Operating Margin	10.2%	6.6%	12.3%	6.1%	14.9%	19.7%	5.6%		6.6%	12.3%	7.2%	and \$50M in investment income.
EBITDA \$	128,002	108,554	157,631	109,890	17,319	21,766	8,560		108,554	157,631	116,511	Operating income includes two years of
EBITDA %	16.7%	13.6%	18.4%	13.5%	22.5%	24.4%	12.9%		13.6%	18.4%	14.3%	IGT, strong volume and expense
IP Margin ¹	-3.9%	-8.7%	-4.7%	-6.1%	-6.3%	7.3%	-6.1%		-9.4%	-4.7%	-6.1%	efficiencies.
OP Margin ¹	26.7%	26.7%	34.0%	26.4%	26.3%	33.3%	26.4%		25.3%	34.0%	26.4%	
Payor Mix												Payor Mix:
Medicare	46.2%	46.6%	47.7%	46.4%	46.1%	47.7%	46.4%		46.6%	47.7%	46.4%	- Commercial mix is at budget for the month
Medi-Cal					46.1%	47.7% 7.0%		-	46.6%	47.7%		of June and within a percent for the year.
Commercial IP	6.6% 24.2%	7.4% 23.2%	7.3% 22.3%	6.5% 24.0%	23.9%	22.4%	6.5% 24.0%		7.4% 24.0%	7.3% 22.3%	6.5% 24.0%	of Julie and within a percent for the year.
Commercial OP	24.2% 18.7%	23.2% 18.7%	22.3%	24.0% 19.0%	23.9% 19.0%	22.4% 20.6%	24.0% 19.0%	•	24.0% 19.3%	22.3%	24.0% 19.0%	
Total Commercial	42.9%	41.9%	42.5%	43.0%	42.8%	43.0%	43.0%	-	43.3%	42.5%	43.0%	the second se
Other	42.9%	41.9%	42.5%	43.0%	2.6%	2.4%	43.0%		2.8%	42.5%	43.0%	Cost:
Cost	4.370	4.170	2.370	4.170	2.070	2.470	4.170		2.0/0	2.370	4.170	- YTD FTEs are under budget by 39.8
												FTEs.
Employees	2,452.4	2,542.8	2,510.0	2,549.8	2,524.2		2,527.8		2,584.9	2,510.0	2,549.8	
Hrs/APD Balance Sheet	30.5	30.4	30.3	30.6	29.8	30.1	30.6		29.2	30.3	30.6	Balance Sheet:
												- Net days in AR are ahead of target and improved further in June to 44.8 from 47.5
Net Days in AR	43.6	53.7	44.8	48.0	53.7	44.8	48.0		53.7	44.8	48.0	
Days Cash	401	361	444	266	361	444	266		361	444	266	in May. Total cash on hand is still at an all
Affiliates - Net I	ncome	• •	Js)									time high of 444 days in June. - AR will climb during the next 3 months
Ноѕр	94,787	43,043	246,038	67,032	14,336	19,942	4,472		43,043	164,026	67,032	due to Anthem claims hold in July
Concern	1,202	1,823	2,087	2,604	(114)	142	233		1,823	1,391	2,604	
ECSC	(41)	(282)	(158)	0	29	(14)	0		(282)	(105)	0	(required due to charge increase) and
Foundation	710	982	3,645	(450)	62	253	27		982	2,430	(450)	Nuance transcription malware disruption.
SVMD	106	156	293	0	68	190	1		156	195	0	Comino Hospital

Green - Equal to or better than budget; Yellow - Unfav by up to 5%; Red - Greater than 5% unfav FY2017 budget presented excludes 2016 and 2017 bonds cost of issuance and interest expense

Budget Variances

Fiscal Year 2017 YTD (7/1/2016-6/30/2017) Waterfall

	Mor	nth to Date (M	TD)	Ye	ear to Date (YTI	D)
	Detail	Net Income	% Net	Detail	Net Income	% Net
(in thousands)		Impact	Revenue		Impact	Revenue
Budgeted Hospital Operations FY2017		3,743	5.6%		58,285	7.2%
Net Revenue		22,693	25.4%		43,718	5.1%
* Volume and Payor Mix	14,022			14,667		
* Rev cycle improvements	500			10,000		
* Insurance Payment Variances	579			1,698		
* Mcare Settlement	81			3,379		
* BPCI Settlement				(2,092)		
* Medi-Cal Supplemental				1,510		
* IGT Supplemental	6,823			13,358		
* AB 915 (Medi-Cal OP Supplemental payment)	880			880		
* Various Adjustments under \$250k	(192)			318		
Labor and Benefit Expense Change		759	0.9%		10,467	1.29
 Benefits - No accrual in Pension and WC due low actuarial estimates 	548			(855)	,	
* Accrued Time Off - Repricing PRN PTO.				1,146		
* Productivity, vacancies and volume mix	211			13,256		
* WC Reserve Update based on Favorable Exp				2,524		
* Pay for performance bonus				(3,204)		
* Ratification bonus				(2,400)		
Professional Fees & Purchased Services		(5,614)	-6.3%	()/	(8,483)	-1.0%
* Physician Fees - Bonus Paid & VMOC 5 month reserve	(317)			1,243	(-//	
* Consulting Fee - Various Administration, Legal, FP&A and HR consultants	(2,058)			(6,834)		
* Purchased Services - Outside Labor (Informatics offset by lower labor	(2,895)			(6,992)		
from vacancies)						
* Maintenance Fees (Annual service contract renewals)	(344)			4,100		
Supplies	()	(4,262)	-4.8%	.,	(4,204)	-0.5%
* Drug Expense - Offset by revenue	(1,353)	(-)/		(4,112)	()	
 Medical Supplies - Year end inventory adjustment 	(2,259)			(833)		
* Non Med Supplies - \$422k due to patient TV replacement.	(650)			741		
Other Expenses		(369)	-0.4%		(378)	0.0%
* Leases & Rental Fees (mainly mobile CT at LG during upgrade)	4			(268)		
* Bad Debt Expense	(73)			(73)		
* Utilities & Telephone	62			473		
* Other G&A	(362)			(511)		
Depreciation & Interest	(662	0.7%	()	6,173	0.7%
* Depreciation (Under budget in Facilities Dev and Real Estate & ICARE	492	002	070	4,923	0,270	0.77
depreciation and equipment)				.,= 10		
 * Interest Expense - 2017 bonds & Capital Interest 2015 bonds 	170			1,250		
Actual Hospital Operations FY2017	2.0	17,612	19.7%	1,200	105,578	12.3%

El Camino Hospital (\$000s)

12 months ending 6/30/2017

PERIOD 12	PERIOD 12	PERIOD 12	Variance			YTD	YTD	YTD	Variance	
FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%	\$000s	FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%
					OPERATING REVENUE					
234,757	263,963	238,936	25,027	10.5%	Gross Revenue	2,755,387	3,018,494	2,900,812	117,682	4.1%
(161,592)	(176,591)	(174,504)	(2,086)	1.0%	Deductions	(1,983,367)	(2,186,216)	(2,111,227)	(74,989)	3.6%
73,165	87,372	64,432	22,940	35.6%	Net Patient Revenue	772,020	832,279	789,585	42,693	5.4%
3,820	1,840	2,087	(247)	-11.8%	Other Operating Revenue	23,636	26,085	25,059	1,025	4.1%
76,986	89,212	66,519	22,693	34.1%	Total Operating Revenue	795,657	858,363	814,645	43,718	5.4%
					OPERATING EXPENSE					
38,368	37,480	38,239	759	2.0%	Salaries & Wages	435,988	448,696	459,163	10,467	2.3%
11,037	14,036	9,774	(4,262)	-43.6%	Supplies	117,988	122,290	118,085	(4,204)	-3.6%
7,664	13,420	7,806	(5,614)	-71.9%	Fees & Purchased Services	98,019	102,292	93,809	(8,483)	-9.0%
2,598	2,509	2,140	(369)	-17.3%	Other Operating Expense	35,109	27,455	27,077	(378)	-1.4%
1,618	278	448	170	38.0%	Interest	7,193	4,128	5,379	1,250	23.2%
4,249	3,876	4,368	492	11.3%	Depreciation	48,748	47,925	52,848	4,923	9.3%
65,534	71,600	62,775	(8,824)	-14.1%	Total Operating Expense	743,044	752,786	756,360	3,574	0.5%
11,451	17,612	3,743	13,869	370.5%	Net Operating Income/(Loss)	52,613	105,578	58,285	47,293	81.1%
2,885	2,330	729	1,601	219.7%	Non Operating Income	(9,570)	58,448	8,747	49,701	568.2%
14,336	19,942	4,472	15,470	345.9%	Net Income(Loss)	43,043	164,026	67,032	96,994	144.7%
22.5%	24.4%	12.9%	11.5%		EBITDA	13.6%	18.4%	14.3%	4.1%	
14.9%	19.7%	5.6%	14.1%		Operating Margin	6.6%	12.3%	7.2%	5.1%	
18.6%	22.4%	6.7%	15.6%		Net Margin	5.4%	19.1%	8.2%	10.9%	



Non Operating Items and Net Income by Affiliate

\$	in	thousands
----	----	-----------

	Period 12 - Month			Pe	eriod 12 - FYT	D
	Actual	Budget	Variance	Actual	Budget	Varian <mark>ce</mark>
El Camino Hospital Income (Loss) from Operations						
Mountain View	15,586	2,820	12,765	100,039	46,483	53,55 <mark>5</mark>
Los Gatos	2,026	923	1,103	5,539	11,801	(6,26 <mark>2)</mark>
Sub Total - El Camino Hospital, excl. Afflilates	17,612	3,743	13,869	105,578	58,285	47,293
Operating Margin %	19.7%	5.6%		12.3%	7.2%	
El Camino Hospital Non Operating Income						
Investments	3,014	1,512	1,502	62,919	18,140	44,779
Swap Adjustments	399	0	399	3,429	0	3,429
Community Benefit	(50)	(283)	234	(3,131)	(3,400)	269
Other (IPECH / Foundation)	(1,033)	(499)	(533)	(4,769)	(5,993)	1,224
Sub Total - Non Operating Income	2,330	729	1,601	58,448	8,747	49,701
El Camino Hospital Net Income (Loss)	19,942	4,472	15,470	164,026	67,032	96,994
ECH Net Margin %	22.4%	6.7%		19.1%	8.2%	
Concern	142	233	(91)	1,391	2,604	(1,213)
ECSC	(14)	0	(14)	(105)	0	(105)
Foundation	253	27	226	2,430	(450)	2,880
Silicon Valley Medical Development	190	1	188	195	(0)	195
Net Income Hospital Affiliates	571	262	310	3,911	2,155	1,756
Total Net Income Hospital & Affiliates	20,513	4,734	15,779	167,936	69,186	98,75 <mark>0</mark>

•

Investments favorable for June and YTD ٠

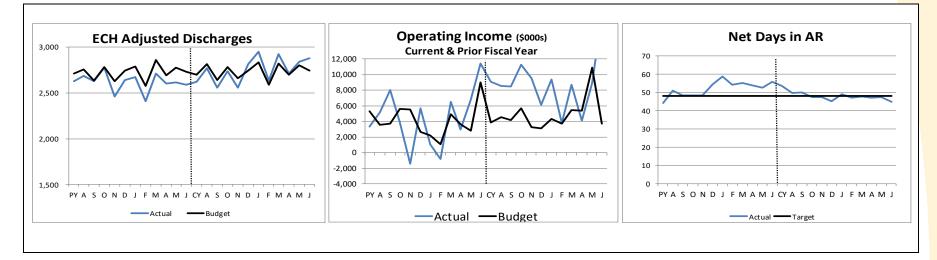
٠

- Concern unfavorable \$800 from ops and \$400 in investment due to requirement to invest in fixed income.
- Swap gain for the year due to rise in interest rates. Favorable other due to lower SVMD loss and Pathways . investment income.

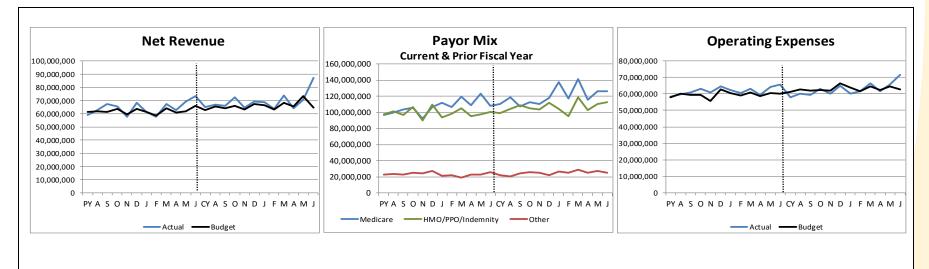
Foundation favorable both June and YTD due to investment income.



Monthly Financial Trends

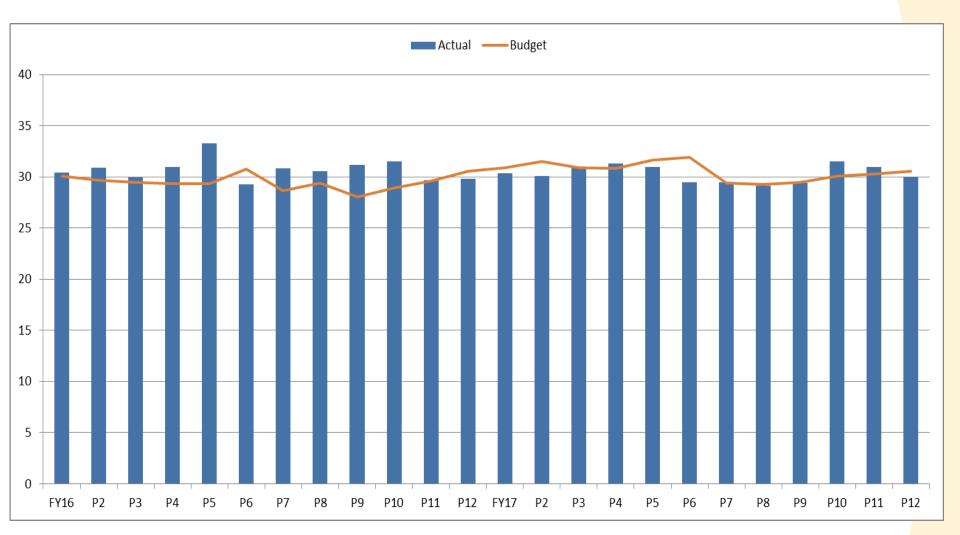


June volume is higher than budgeted for the month by 4.9% and slightly higher YTD at 0.5%. Operating expenses are higher than budgeted in June due to higher volume and is \$3.6M favorable to budget YTD.





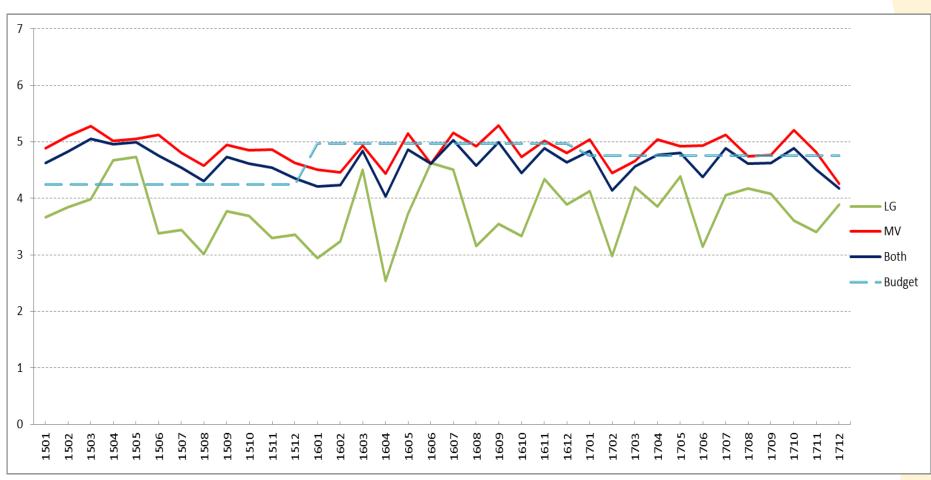
Worked Hours per Adjusted Patient Day



Work hours per adjusted patient day decreased in June, with a decrease in both IT and sitter hours. Overall the month of June is 30.1 worked hours per adjusted patient day and 30.3 average YTD.



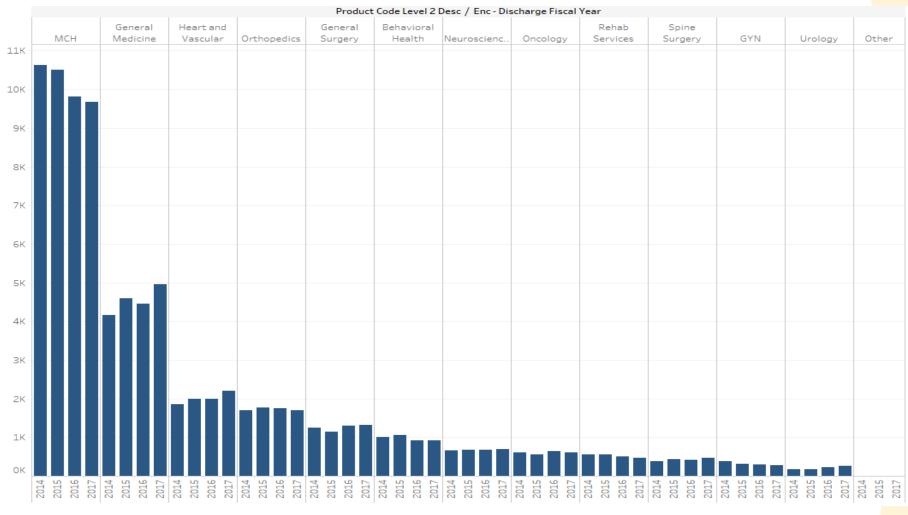
Medicare ALOS



•ALOS is ahead of target as of June. YTD ALOS (4.60) is below budget (4.76) by .16.



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



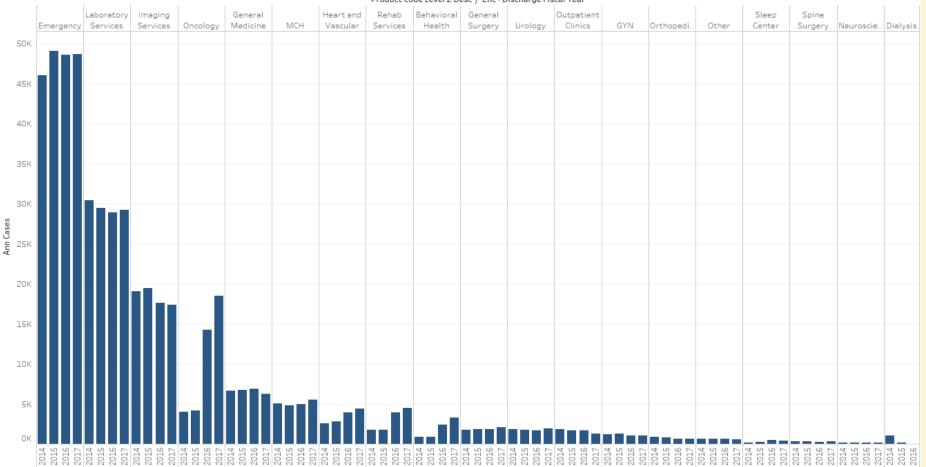
• MCH volume shows a decreasing trend year-over-year and is currently at 96.8% YTD of budget.

Ann Cases

 Both HVI, General Surgery, Neuroscience and Spine Surgery show an increasing trend year–over-year. HVI is ahead of budget by 8.5% YTD, General Surgery is ahead of budget by 3.1%, Neuroscience is slightly behind budget by 0.7% and Spine Surgery is ahead by 11.9%.

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

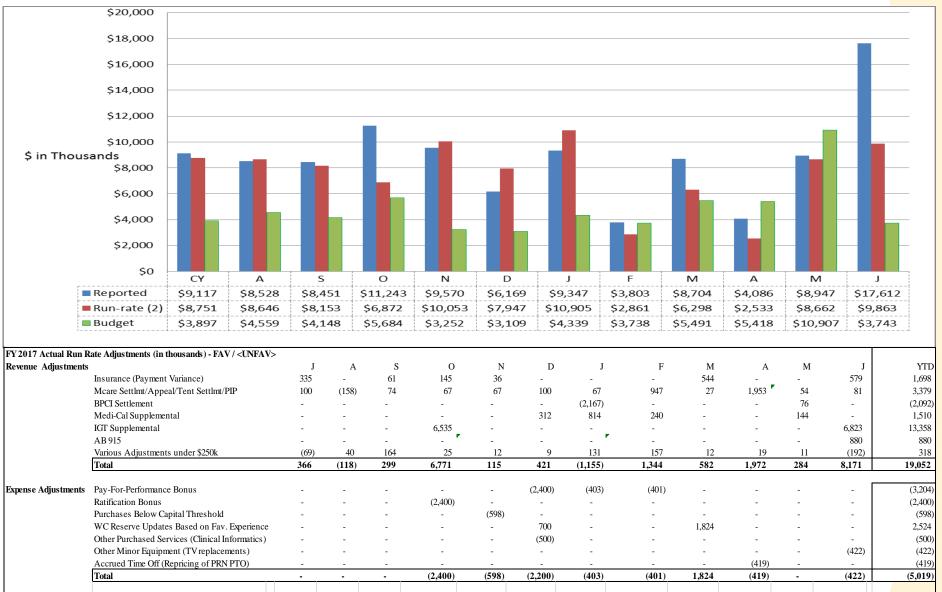
Product Code Level 2 Desc / Enc - Discharge Fiscal Year



 Comparing year-over-year, Emergency, Oncology, MCH, HVI, Behavioral Health and General Surgery shows an increasing trend in volume and Behavioral Health, Emergency, General Surgery, Heart & Vascular, Laboratory Service, MCH, Oncology, Orthopedics, Rehab Services and Urology are all ahead of budget YTD.

ECH Operating Margin

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





El Camino Hospital Investment Committee Scorecard June 30, 2017

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY17 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		2Q	2017	Fisc al Ye	ar-to-date		e Inception alized)		May 2016
Surplus cash balance & op. cash (millions)		\$900.5						\$657.2	
Surplus cash return		2.4%	2.1%	8.9%	8.7%	5.4%	5.3%	4.0%	5.2%
Cash balance plan balance (millions)		\$243.8						\$220.6	
Cash balance plan return		3.1%	2.4%	11.2%	10.3%	7.9%	7.2%	6.0%	5.8%
403(b) plan balance (millions)		\$406.6							
Risk vs. Return		3-у	ear				e Inception alized)		May 2016
Surplus cash Sharpe ratio		0.83	0.86			1.26	1.24		0.55
Net of fee return		3.9%	4.1%			5.4%	5.3%		5.2%
Standard deviation		4.5%	4.5%			4.1%	4.1%		8.6%
Cash balance Sharpe ratio		0.84	0.79			1.37	1.31		0.49
Net of fee return		4.9%	4.5%			7.9%	7.2%		5.8%
Standard deviation		5.7%	5.6%			5.6%	5.3%		10.7%
Asset Allocation		2Q	2017						
Surplus cash absolute variances to target		9.6%	< 10%						
Cash balance absolute variances to target		9.4%	< 10%						
Manager Compliance		2Q	2017						
Surplus cash manager flags		19	<19 Green <23 Yellow	-		-	-		
Cash balance plan manager flags		20	<20 Green <25 Yellow	-	-	-	-	-	-



El Camino Hospital

Capital Spending (in millions)

			Total	Total		
			Estimated Cost	Authorized	Spent from	
	Category	Detail	of Project	Active	Inception	FY 17 YTD Spent
CIP	EPIC Upgrade			6.1	2.3	2.8
IT Hardwar	e, Software, Equipr	nent*		5.4	2.7	2.7
Medical &	Non Medical Equip	ment FY 16**		4.3	4.2	4.2
Medical &	Non Medical Equip	ment FY 17***		10.3	5.4	5.4
Facility Pro	jects					
		1245 Behavioral Health Bldg	91.5	91.5	16.4	10.3
		1413 North Drive Parking Expansion	24.5	24.5	17.3	18.1
		1414 Integrated MOB	275.0	275.0	42.0	32.8
		1422 CUP Upgrade	9.0	9.0	2.1	1.2
		1430 Women's Hospital Expansion	91.0	6.0	0.4	0.5
		1425 IMOB Preparation Project - Old Main	3.0	3.0	2.6	1.9
		1502 Cabling & Wireless Upgrades	2.8	2.8	2.4	0.4
		1525 New Main Lab Upgrades	1.6	3.1	0.4	0.5
		1515 ED Remodel Triage/Psych Observation	1.6	0.0	0.0	0.0
		1503 Willow Pavilion Tomosynthesis	1.3	1.3	0.3	0.3
		1602 JW House (Patient Family Residence)	2.5	0.0	0.0	0.0
		Site Signage and Other Improvements	1.0	0.0	0.0	0.0
		IR Room #6 Development	2.6	0.0	0.0	0.0
		Nurse Call System Upgrades	2.4	0.0	0.0	0.0
		1707 Imaging Equipment Replacement (5 or 6	20.7	0.0	0.0	0.0
		1708 IR/ Cath Lab Equipment Replacement	19.4	0.0	0.0	0.0
		1709 ED Remodel / CT Triage - Other	5.0	0.0	0.0	0.0
		Flooring Replacement	1.6	0.0	0.0	0.0
		1219 LG Spine OR	4.1	4.1	3.3	2.2
		1313 LG Rehab HVAC System & Structural	3.7	3.7	3.7	1.9
		1248 LG Imaging Phase II (CT & Gen Rad)	8.8	8.8	7.1	6.7
		1307 LG Upgrades	19.3	19.3	13.4	3.1
		1519 LG Electrical Systems Upgrade	1.2	0.0	0.0	0.0
		1508 LG NICU 4 Bed Expansion	0.0	0.5	0.2	0.2
		1507 LG IR Upgrades	1.1	0.0	0.0	0.0
		LG Building Infrastructure Upgrades	1.5	0.0	0.0	0.0
		1603 LG MOB Improvements (17)	5.0	5.0	0.2	0.3
		All Other Projects under \$1M	26.4	4.8	40.4	2.7
			627.6	462.3	152.1	83.0
GRAND TO	TAL			488.4	166.6	97.9

GRAND TOTAL

*Excluding EPIC

** Unspent Prior Year routine used as contingency

***Includes 2 robot purchases

2017 projected spend includes items to be presented for approval during the fiscal year



Balance Sheet (in thousands)

ASSETS

		Audited
CURRENT ASSETS	June 30, 2017	June 30, 2016
(1) Cash	125,547	59,169
Short Term Investments	138,303	105,284
(2) Patient Accounts Receivable, net	109,443	120,960
Other Accounts and Notes Receivable	2,628	4,369
(3) Intercompany Receivables	1,519	2,200
(4) Inventories and Prepaids	41,583	39,678
Total Current Assets	419,023	331,660
BOARD DESIGNATED ASSETS		
Plant & Equipment Fund	131,153	119,650
(5) Women's Hospital Expansion	9,298	-
Operational Reserve Fund	100,196	100,196
Community Benefit Fund	12,237	13,037
Workers Compensation Reserve Fund	21,434	22,309
Postretirement Health/Life Reserve Fund	19,880	18,256
PTO Liability Fund	23,268	22,984
Malpractice Reserve Fund	1,634	1,800
Catastrophic Reserves Fund	16,575	14,125
Total Board Designated Assets	335,675	312,358
(6) FUNDS HELD BY TRUSTEE	287,006	30,841
LONG TERM INVESTMENTS	257,391	207,597
INVESTMENTS IN AFFILIATES	32,864	31,627
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,188,826	1,171,372
Less: Accumulated Depreciation	(531,785)	(485 <i>,</i> 856)
Construction in Progress	121,031	46,009
Property, Plant & Equipment - Net	778,072	731,525
DEFERRED OUTFLOWS	29,213	29,814
RESTRICTED ASSETS - CASH	0	
TOTAL ASSETS	2,139,245	1,675,422

LIABILITIES AND FUND BALANCE

		Audited
CURRENT LIABILITIES	June 30, 2017	June 30, 2016
(7) Accounts Payable	25,886	28,519
Salaries and Related Liabilities	24,989	22,992
Accrued PTO	23,268	22,984
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	10,776	11,314
Intercompany Payables	84	105
Malpractice Reserves	1,634	1,936
Bonds Payable - Current	3,735	3,635
Bond Interest Payable	7,462	5,459
Other Liabilities	4,831	10,478
Total Current Liabilities	104,965	106,830
LONG TERM LIABILITIES		
Post Retirement Benefits	19,880	18,256
Worker's Comp Reserve	19,134	20,009
Other L/T Obligation (Asbestos)	3,746	3,637
Other L/T Liabilities (IT/Medl Leases)	-	-
(8) Bond Payable	527,311	225,857
Total Long Term Liabilities	570,071	267,759
DEFERRED REVENUE-UNRESTRICTED	567	
DEFERRED INFLOW OF RESOURCES	2,892	2,892
FUND BALANCE/CAPITAL ACCOUNTS	4 4 9 5 9 7 5	005 500
Unrestricted	1,125,075	985,583
Board Designated	335,675	312,358
Restricted	0	-
(9) Total Fund Bal & Capital Accts	1,460,750	1,297,941
	2 4 2 0 2 4 5	4 675 400
TOTAL LIABILITIES AND FUND BALANCE	2,139,245	1,675,422



ام ما المرب ٨

El Camino Hospital Comparative Balance Sheet Variances and Footnotes

- (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. Note that we have in place a routine to seek repayment from the 2017 bond proceeds, we will be reducing this balance by at least \$40M and transfer it into various investments given upcoming recommendations from our investment consultant.
- (2) The decrease is primarily due to the significant cash payments the Patient Accounts team has brought in during the nine months, four 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 three quarterly pension contributions of \$2.6M each since July 1, 2016, less reserves for pension expense.
- (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) This reflects the 2017 Revenue Bonds that were issued in March. The total amount now reflects this new issue of \$292M, the bond premium on it of \$21M, less paybacks to the hospital of \$36M for prior construction costs on the 4 major MV projects. Also there still exists \$21M in the LG Project Fund from the 2015A proceeds.
- (7) The decrease is due to significant General Contractor payments being accrued at year end, that were subsequently relieved during the first quarter of fiscal year 2017.
- (8) The increase is due to the new 2017 debt added as of March 2017, along with the associated bond premium that will be amortized over the life of the new debt.
- (9) The increase is to this year's financial performance (\$105M from Operations and \$58M in Non-Operations income primarily driven by significant incomes from unrealized investment gains).



EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (1 OF 2)

Plant & Equipment Fund – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of \$14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.

Women's Hospital Expansion – established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction.

- **Operational Reserve Fund** originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- **Community Benefit Fund** following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving \$1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of \$800,000 or more a year. \$10 million within this fund is board designated endowment fund formed in 2015 to generate investment income to be used for grants and sponsorships, currently generating approximately \$400,000 a year.



EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (2 OF 2)

Workers Compensation Reserve Fund – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.

Postretirement Health/Life Reserve Fund – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date.

- **PTO (Paid Time Off) Liability Fund** originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- Malpractice Reserve Fund originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than \$50,000. Above \$50,000 our policy with the BETA Healthcare Group kicks in to a \$30 million limit per claim/\$40 million in the aggregate.
- **Catastrophic Loss Fund** was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring \$5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled \$6.8 million that did mostly cover all the necessary repairs.



APPENDIX



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

12 months ending 6/30/2017

OPERATING REVENUE 191,795 215,092 194,124 20,968 10.8% Gross Revenue 2,261,921 2,477,374 2,362,401 114,973 4.	
191,795 215,092 194,124 20,968 10.8% Gross Revenue 2,261,921 2,477,374 2,362,401 114,973 4	00/
	00/
(130,619) (142,084) (142,067) (17) 0.0% Deductions (1,629,121) (1,788,602) (1,721,776) (66,826) 3.	.9%
	.9%
61,176 73,008 52,057 20,951 40.2% Net Patient Revenue 632,800 688,772 640,625 48,147 7.	.5%
3,639 1,676 1,872 (197) -10.5% Other Operating Revenue 21,332 24,080 22,483 1,596 7.	.1%
64,815 74,684 53,929 20,754 38.5% Total Operating Revenue 654,131 712,851 663,108 49,743 7	.5%
OPERATING EXPENSE	
31,699 30,922 31,825 904 2.8% Salaries & Wages 362,688 372,813 382,275 9,462 2.	.5%
9,134 11,885 8,000 (3,885) -48.6% Supplies 96,500 99,976 96,619 (3,357) -3.	.5%
6,405 11,778 6,562 (5,216) -79.5% Fees & Purchased Services 81,907 85,753 78,865 (6,888) -8	3.7%
996 854 584 (270) -46.2% Other Operating Expense 16,267 8,341 7,849 (492) -6.	5.3%
1,618 278 448 170 38.0% Interest 7,193 4,128 5,379 1,250 23.	.2%
3,732 3,382 3,690 308 8.4% Depreciation 42,659 41,801 45,638 3,837 8.	3.4%
53,584 59,098 51,109 (7,989) -15.6% Total Operating Expense 607,214 612,813 616,625 3,812 0.	.6%
11,231 15,586 2,820 12,765 452.6% Net Operating Income/(Loss) 46,918 100,039 46,483 53,555 115	.2%
2,885 2,330 729 1,601 219.7% Non Operating Income (9,544) 58,459 8,747 49,712 568	3.3%
14,116 17,916 3,549 14,366 404.8% Net Income(Loss) 37,374 158,498 55,231 103,267 187	.0%
r	
25.6% 25.8% 12.9% 12.9% EBITDA 14.8% 20.5% 14.7% 5.8%	
17.3% 20.9% 5.2% 15.6% Operating Margin 7.2% 14.0% 7.0% 7.0%	
21.8% 24.0% 6.6% 17.4% Net Margin 5.7% 22.2% 8.3% 13.9%	



19

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

12 months ending 6/30/2017

PERIOD 12	PERIOD 12	PERIOD 12	Variance				YTD	YTD	Variance	
FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%	\$000s	FY 2016	FY 2017	Budget 2017	Fav (Unfav)	Var%
					OPERATING REVENUE					
42,962	48,870	44,811	4,059	9.1%	Gross Revenue	493,466	541,121	538,411	2,710	0.5%
(30,973)	(34,506)	(32,437)	(2,069)	6.4%	Deductions	(354,245)	(397,614)	(389,451)	(8,163)	2.1%
11,989	14,364	12,375	1,989	16.1%	Net Patient Revenue	139,221	143,507	148,960	(5,454)	-3.7%
181	164	215	(51)	-23.5%	Other Operating Revenue	2,305	2,005	2,576	(571)	-22.2%
12,171	14,528	12,589	1,939	15.4%	Total Operating Revenue	141,526	145,512	151,536	(6,025)	-4.0%
					OPERATING EXPENSE					
6,669	6,559	6,414	(145)	-2.3%	Salaries & Wages	73,300	75,883	76,888	1,005	1.3%
1,903	2,151	1,774	(377)	-21.3%	Supplies	21,488	22,314	21,467	(847)	-3.9%
1,259	1,642	1,244	(398)	-32.0%	Fees & Purchased Services	16,112	16,539	14,944	(1,595)	-10.7%
1,602	1,655	1,556	(99)	-6.4%	Other Operating Expense	18,842	19,114	19,227	114	0.6%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
517	495	678	184	27.1%	Depreciation	6,089	6,124	7,209	1,086	15.1%
11,950	12,502	11,666	(835)	-7.2%	Total Operating Expense	135,830	139,973	139,735	(238)	-0.2%
220	2,026	923	1,103	119.6%	Net Operating Income/(Loss)	5,695	5,539	11,801	(6,262)	-53.1%
(0)	0	0	0	0.0%	Non Operating Income	(26)	(10)	0	(10)	0.0%
220	2,026	923	1,103	119.6%	Net Income(Loss)	5,669	5,528	11,801	(6,273)	-53.2%
6.1%	17.4%	12.7%	13.0%		EBITDA	8.3%	8.0%	12.5%	-4.5%	
1.8%	13.9%	7.3%	6.6%		Operating Margin	4.0%	3.8%	7.8%	-4.0%	
1.8%	13.9%	7.3%	6.6%		Net Margin	4.0%	3.8%	7.8%	-4.0%	
11,950 220 (0) 220 6.1% 1.8%	12,502 2,026 0 2,026 17.4% 13.9%	11,666 923 0 923 12.7% 7.3%	(835) 1,103 0 1,103 13.0% 6.6%	-7.2% 119.6% 0.0%	Total Operating Expense Net Operating Income/(Loss) Non Operating Income Net Income(Loss) EBITDA Operating Margin	135,830 5,695 (26) 5,669 8.3%	139,973 5,539 (10) 5,528 8.0% 3.8%	139,735 11,801 0 11,801 12.5% 7.8%	(238) (6,262) (10) (6,273) -4.5% -4.0%	-0.2% -53.1% 0.0%

* Due to a 5.8% lower in cases and 9.4% lower in patient days comparing to budget and a requirement to maintain core staffing, LG generated a less favorable operating margin (4% below budget) in FY17.



Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Actual FY2017	Budget FY2017	Budget FY2018			
EPIC	6,838	29,849	20,798	2,755	6,137	1,922			
IT Hardware / Software Equipment	2,788	4,660	6,483	2,659	5,391	12,238			
Medical / Non Medical Equipment*	12,891	13,340	17,133	9,556	10,254	5,635			
Non CIP Land, Land I, BLDG, Additions	22,292	-	4,189	-	-	-			
Facilities	13,753	38,940	48,137	82,953	204,477	98,160			
GRAND TOTAL	58,561	86,789	96,740	97,923	226,259	117,955			
*Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17									



	El Camino Hospital Capital Spending (in thousands) FY 2012 – FY 2016										
Category	2013 2	2014 2	2015 2	2016	2017	Category	2013	2014 2	2015 2	2016	2017
EPIC	0	6,838	29,849	20,798	2,755	Facilities Projects CIP cont.					
IT Hardware/Software Equipment	8,019	2,788	4,660	6,483	2,659	1403 - Hosp Drive BLDG 11 TI's	0	86	103	0	0
Medical/Non Medical Equipment	10,284	12,891	13,340	17,133	9,556		0	64	7	o	0
Non CIP Land, Land I, BLDG, Additions	10,204	22,292	13,340	4,189	3, 33 0 0	1405 - 1 - South Accessibility Upgrades	0	0	0	168	95
Non Cir Land, Land I, DEDG, Additions	U	22,232	Ŭ	4,105	0	1408 - New Main Accessibility Upgrades	0	0	7	46	501
Facilities Projects CIP						1415 - Signage & Wayfinding	0	0	0	106	58
•						1416 - MV Campus Digital Directories	0	0	0	34	23
Mountain View Campus Master Plan Projects						1423 - MV MOB TI Allowance	0	0	0	588	369
1245 - Behavioral Health Bldg Replace	0	1,257	3,775	1,389		1425 - IMOB Preparation Project - Old Main	0	0	0	711	1,860
1413 - North Drive Parking Structure Exp	0	0	167	1,266	18,120	1429 - 2500 Hospital Dr Bldg 8 TI	0	0	101 0	0 0	0 464
1414 - Integrated MOB	0	0	2,009	8,875	32,805		0	0	8	15	464
1422 - CUP Upgrade	0	0	0	896	1,245	1432 - 205 South Dr BHS 11 1501 - Women's Hospital NPC Comp	0	0	8 4	15	223
Sub-Total Mountain View Campus Master Plan	0	1,257	5,950	12,426	62,493	1502 - Cabling & Wireless Upgrades	0	0	4	1,261	367
Mountain View Capital Projects						1502 - Cabing & Whereas Opprates	0	0	0	53	257
	72.4	470	2 717	0	0	1504 - Equipment Support Infrastructure	0	0	61	311	0
9900 - Unassigned Costs	734	470	3,717	0	0	1523 - Melchor Pavillion Suite 309 Tl	0	0	0	10	59
1108 - Cooling Towers	450	0	0	0	0	1525 - New Main Lab Upgrades	0	0	0	0	464
1120 - BHS Out Patient TI's	66	0	0	0	0	1526 - CONCERN TI	0	0	0	37	99
1129 - Old Main Card Rehab	9	0	0	0	0	Sub-Total Mountain View Projects	8,145	7,219	26,744	5,588	5 <mark>,535</mark>
0817 - Womens Hosp Upgrds	645	1	0	0	0	Los Gatos Capital Projects					
0906 - Slot Build-Out	1,003	1,576	15,101	1,251	294	0904 - LG Facilities Upgrade	2	0	0	0	0
1109 - New Main Upgrades	423	393	2	0	0	0907 - LG Imaging Masterplan	244	774	1,402	17	0
1111 - Mom/Baby Overflow	212	29	0	0	0		14	0	0	0	0
1204 - Elevator Upgrades	25	30	0	0	0	1122 - LG Sleep Studies	7	0	0	0	0
0800 - Womens L&D Expansion	2,104	1,531	269	0	0	1210 - Los Gatos VOIP	147	89	0	0	0
1131 - MV Equipment Replace	216	, 0	0	0	0	1116 - LG Ortho Pavillion	177	24	21	0	0
1208 - Willow Pav. High Risk	110	0	0	0	0	1124 - LG Rehab BLDG	49	458	0	0	0
1213 - LG Sterilizers	102	0	0	0	0	1247 - LG Infant Security	134	0	0	0	0
1225 - Rehab BLDG Roofing	102	241	4	0	0	1307 - LG Upgrades	376	2,979	3,282	3,511	3 <mark>,081</mark>
6	96	241	4	0		1308 - LG Infrastructure	0	114	0	0	0
1227 - New Main eICU			-		0	1313 - LG Rehab HVAC System/Structural	0	0	0	1,597	1 <mark>,904</mark>
1230 - Fog Shop	339	80	0	0	0	1219 - LG Spine OR	0	214	323	633	2 <mark>,163</mark>
1315 - 205 So. Drive TI's	0	500	2	0	0	0	0	85	0	0	0
0908 - NPCR3 Seismic Upgrds	1,302	1,224	1,328	240	342	1248 - LG - CT Upgrades	0	26 146	345 0	197 0	6,669 0
1125 - Will Pav Fire Sprinkler	57	39	0	0	0	1249 - LG Mobile Imaging 1328 - LG Ortho Canopy FY14	0	255	209	0	0
1211 - SIS Monitor Install	215	0	0	0	0	1325 - LG OTTHO CAHOpy F114 1345 - LG Lab HVAC	0	112	209	0	0
1216 - New Main Process Imp Office	19	1	16	0	0	1346 - LG OR 5, 6, and 7 Lights Replace	0	0	285	53	22
1217 - MV Campus MEP Upgrades FY13	0	181	274	28	0	1347 - LG Central Sterile Upgrades	0	0	181	43	66
1224 - Rehab Bldg HVAC Upgrades	11	202	81	14	6	1421 - LG MOB Improvements	0	0	198	65	303
1301 - Desktop Virtual	0	13	0	0	0	1508 - LG NICU 4 Bed Expansion	0	0	0	0	207
1304 - Rehab Wander Mgmt	0	87	0	0	0	•	0	0	0	0	80
1310 - Melchor Cancer Center Expansion	0	44	13	0	0	1603 - LG MOB Improvements	0	0	0	0	285
1318 - Women's Hospital TI	0	48	48	29	2	Sub-Total Los Gatos Projects	1,150	5,276	6,246	6,116	14,780
1327 - Rehab Building Upgrades	0	-0 0	15	20	-	1550 - Land Acquisition	0	0	0	24,007	0
0.0	0		81		-		0	0	0	24,007	145
1320 - 2500 Hosp Dr Roofing	-	75		0	0	Sub-Total Other Strategic Projects	0	0	0	24,007	145
1340 - New Main ED Exam Room TVs	0	8	193	0	0						
1341 - New Main Admin	0	32	103	0	0	Subtotal Facilities Projects CIP	9,294	13,753	38,940	48,137	82,953
1344 - New Main AV Upgrd	0	243	0	0	0	Grand Total	27,598	58,561	86,789	96,740	97,923
1400 - Oak Pav Cancer Center	0	0	5,208	666	52	Forecast at Beginning of year	70,503	70,037	101,607	114,025	212,000

ATTACHMENT 7



Perfecting the Patient Financial Experience Revenue Cycle Presentation to: Finance Committee July 31, 2017

Terri Manifesto, Sr. Director, Revenue Cycle

New Patient Portal Launched May 8, 2017 Self-Service Price Estimator and Quick Pay tool

Our Vision

- We wanted to provide our patients and prospective patients with a realtime customized out of pocket estimate so they can instantly and on demand 24/7 run their own estimate from any digital or mobile device.
- The estimate would be tailored to each persons benefits and combines our payer contract information and our charge master data for our high volume, non emergent most shoppable services.
- We wanted to provide consumers with a transparent, fast access, convenient tool and to respect their time without having to call our office or wait for a return call for an estimate.
- To provide a quick pay option that is fast, and easy for Legacy accounts, Epic HB and PB as well as any collection agency payments



Results

Our patients, prospective patients and consumers now have the ability to:

- Create their own estimate 24/7 from wherever they are from any mobile device
- Contact us to schedule an appointment
- ➤ Get help understanding your bill
- ➤ Use Quick pay to pay bill without log in
- > Learn about financial assistance & charity care,



Details

- Service selections at this time include EKG-EEG, Lab, Maternity, OT,PT,ST, PDC, Colonoscopy and Radiology/Imaging
- Consumers can see all insurance plans we accept
- Patients can pay their bill for Legacy, Epic HB, PB and collection agency accounts
- Individuals can contact our financial counselors through e-mail to obtain a more complex estimate
- Patients can call or e-mail our customer service team



The Journey

- ECH is the 1st Hospital in California to launch a self service estimator tool working with Passport as a beta project
- We are 2nd in the nation to implement this tool, 1st was St. Clair Hospital in Pittsburgh PA
- RFS was submitted scored and approved for this project March 21, 2016
- Launched May 8, 2017



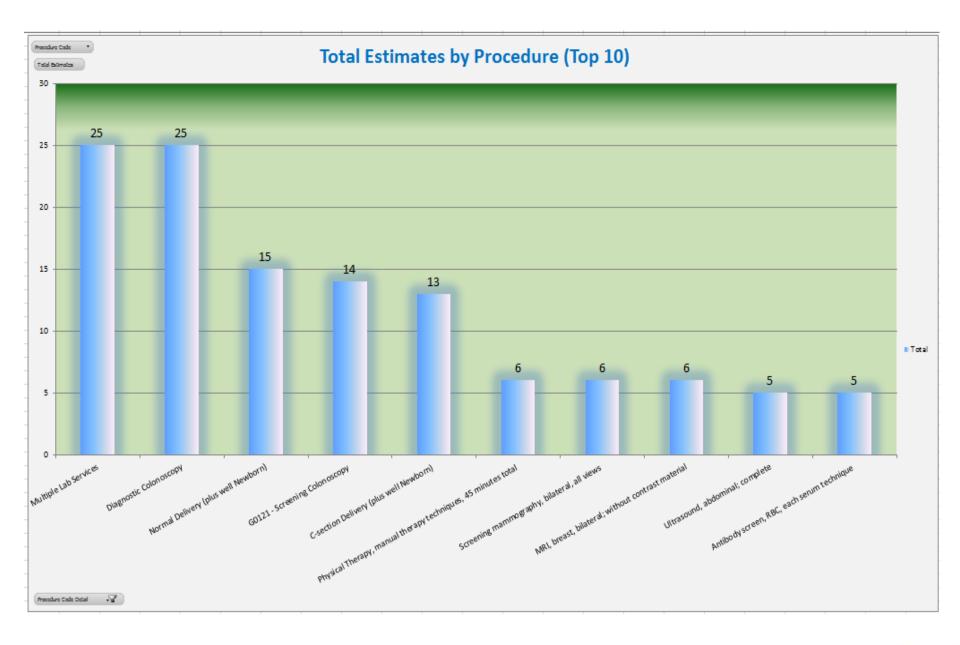
Estimate and Quick Pay Stats

- From 5/15 7/18 <u>495</u> people ran an estimate for our services
- From 5/8 7/14 = 1,207 patients made a quick pay payment
- Payments = <u>\$467,612</u>

<u>Detail:</u>

HB729PB46

Legacy 432



MOUNTAIN VIEW | LOS GATOS



Marketing Communication Plan

- It's time to start publically promoting the new tool
- <u>Objectives</u>
 - Build awareness of tool features, benefits and services supported
 - Grow current and prospective patient use of the tools
 - Create engagement with physician offices to support awareness of tool by patients
- <u>Strategy for current and prospective patients</u>
 - Newsletters, website, social media, fliers in ECH waiting rooms, Healthperks
- Internal and External Stakeholders
 - All Leaders and other forums
 - Intercom
 - Flier for Physician Offices
 - Physician Briefing
 - ECH Newsletters



Next Steps

- Add more services to select from including surgeries based on claim volume as we have in our desktop version today
- Track activity in more detail and by service line
- Research if patient ran an estimate and if they actually came in for that service
- Listen to patients and the community with feedback on the tool



ATTACHMENT 8



Major Capital Projects Update – For Information

July 18, 2017 Ken King Chief Administrative Services Officer

Major Capital Projects – Mountain View Master Plan Projects Background Info – No Change

Projects with Fully Approved Budgets - In Construction Phase

North Parking Garage Expansion

 400 Car Expansion Structure with Solar Panels & Upgrades to Existing 850 Car Structure

Behavioral Health Services (BHS) Building

• New 2-Story BHS Building with 36 Beds & Outpatient Services & Support

• Integrated Medical Office Building (IMOB) & Parking Structure

 New 7-Story Structure housing hospital services on G,1 and 2 with leased medical office space on floors 3-6, with 360 Car Parking Structure adjacent. Includes connection to new main hospital on 3 levels.

Central Utility Plan Upgrades

• Utility systems upgrades designed to serve the new BHS and IMOB projects.



Major Capital Projects – Mountain View Master Plan Projects Background Info – No Change

Projects with Partial Budgets - In Planning & Design Phase

Women's Hospital Expansion

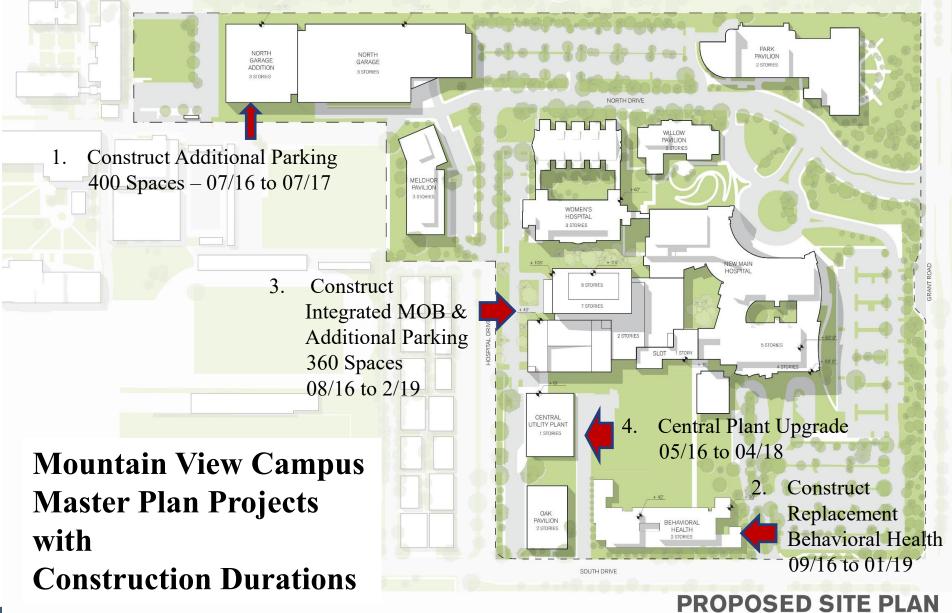
Remodel of existing building to move post partum to 52 private rooms on the 2nd and 3rd Floors, Expand the NICU to 32 beds on the north side of 1st Floor and Expand Labor and Delivery with anti-partum beds and additional LDR's on the south side of 1st Floor.

Old Main Hospital Demolition & Related Site Work

 Demolition of Old Main Hospital, Connection structure between BHS and New Main Hospital and a new Service Yard and Loading Dock Access along with finished grading and landscaping.



Projects Under Construction – No Change



El Camino Hospital®

CAMPUS BUILD-OUT

WRNSSTUDIO

Behavioral Health Services Building Project Site

BHS Site Photo Date 05/22/17 BHS Site Photo Date 07/18/17





Integrated Medial Office Building Project Site

IMOB Site Photo Date 05/22/17 IMOB Site Photo Date 07/18/17





Project Timeline Report – The past Year No Change

		Mountain Veiw Campus Devleopme	ent Project	S												
		Big Picture Schedule Update May 2017														Target
			May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Completion
																Date
1		EIR & Planned Community Permit Process	Entitlements													Complete
2		Relocation of Departments & Services	Construction Prep	aration Move F	Project											Complete
3	Plan 5/16	North Parking Garage Expansion	Plan Approval & P	ermit (City of	Construction											
4	Actual 5/17		Plan Approval & P	ermit (City of I	VIV) x Cons	truction										July-17
5		Behavioral Health Services - Building														
6	Plan 5/16	BHS Phase I - Partial Demo & Site Prep	Plan Approval & P	ermit (OSHPE	D) Construc	ction										
7	Actual 5/17		Plan Approval & P	ermit (OSHPE	0 & City of MV)	Co	nstruction									Complete
8	Plan 5/16	BHS Phase II - New Building Construction	Plan Approval & P	ermit (OSHPE))		Constr	uction								
9	Actual 5/17		Plan Approval & P	ermit (OSHPD))								Co	Instruction		Jan-19
10		Integrated Medical Office Building														
11	Plan 5/16	IMOB Make Ready - Sitwork	Plan Approval & P	ermit (City of	Construction											_
12	Actual 5/17				Plan Approval &	FConstruction										Complete
13	Plan 5/16	IMOB Make Ready - Demolition of North Addition	Plan Approval & P	ermit (OSHPD))	Construction										
14	Actual 5/17					x	Construction									Complete
15	Plan 5/16	IMOB New Main Connector Construction	Plan Approval & P	ermit (OSHPE	& City of MV)			Construction								
16	Actual 5/17											x	Hold Start of (Construction	C	o Apr-19
17	Plan 5/16	IMOB New Building & Parking Construction	Plan Approval & P	ermit (City of I	WV & OHSPD)			Construction								
18	Actual 5/17				Plan Approval &	Permit (City of	MV & OHSPD))							x	o Feb-19
19	Plan 5/16	Central Plant Upgrades	Plan Approval & P	ermit (OSHPE))					Constructio	on					
20	Actual 5/17		Plan Approval & P	ermit (OSHPE))			x H	lold Start of Cons	truction					Constru	cti Apr-18

The North Parking Garage is tracking on schedule, however the target completion dates for BHS and IMOB have been pushed out four months to reflect the impact of the extremely wet winter and the complexity of the multi-jurisdictional permitting issues that were unanticipated.



Project Cost Projections – July 18, 2017

Mountain View Master Plan Projects (In Process)				No Upate from Prior Report	
					Forcasted to
Through June 30, 2017	Approved Budget	Total Obligated	Paid to Date	Forecasted Cost	Budget Variance
North Drive Parking Structure Expansion	\$24,500,000	\$24,380,454	\$18,722,153	\$23,861,747	\$638,253
Behavioral Health Services Building	\$91,500,000	\$47,953,284	\$16,864,789	\$89,592,794	\$1,907,206
Integrated Medical Office Building & Parking Structure	\$275,000,000	\$141,905,436	\$43,553,214	\$275,964,719	(\$964,719)
Central Utiltity Plant Upgrade	\$9,000,000	\$8,051,723	\$2,047,440	\$8,785,435	\$214,565
Total All Projects	\$400,000,000	\$222,290,897	\$81,187,596	\$398,204,695	\$1,795,305

- To date we have obligated by contract 55% of the Total Project Budgets, however at this time we are forecasting to spend 99.5% of the Total Project Budgets at completion.
- The forecast is based on proposals and bids that have not yet been accepted.
- We have contracted for all of the work that is on the critical path and we are currently awaiting final pricing that will reflect plan review and permit pricing adjustments.
- Final negotiations of the construction contracts may require additional project funding.



Mountain View Campus Development Projects Status Update – July 18, 2017

- North Parking Garage Expansion \$24.5 m
 - The expansion portion of the Garage is in use and the construction is substantially complete with only the installation of new landscaping to be completed. The installation of Solar Panels on the existing garage is nearly complete and the commissioning of new systems and equipment is underway. This project is projected to be completed within budget.

• Behavioral Health Services (BHS) Building - \$91.5m

- The early sequence of construction is in full swing. Foundation and underground utilities are progressing on schedule and structural steel fabrication has begun. Final negotiations of the Construction GMP items not yet contracted for may require additional project funding.

• Integrated Medical Office (IMOB) Building - \$275 m

- The Demolition and Site Utilities Phases are complete. The OSHPD "Examination Project" for construction impacting "OSHPD" structures has been approved and the excavation and foundation permits from the City of Mountain View were issued on May 26th. The installation of 318 foundation piles ranging from 40 to 80 deep is 60% complete and progressing on schedule. The next permit for the building structure is expected to be issued by the City of Mountain View at the end of July. The contractor is finalizing the GMP Proposal and initial indicators point to higher than projected costs for various elements of construction. Schedule critical elements have been released final negotiations of Construction GMP agreement may require additional project funding.



Mountain View Campus Development Projects Update - July 18, 2017

- Central Utility Plant (CUP) Upgrades \$9 m
 - The OSHPD Permit for this project has been issued and we are have finalized the construction GMP Agreement with the contractor. It is projected that this project will be within the approved budget. Construction and equipment installation is progress. There are currently no problems anticipated for completing the upgrades in time to support the new BHS and IMOB projects.



Separator Page

ATTACHMENT 17

Finance Committee

Updated July 12, 2017

	FY18 FC Pacing Plan – Q1				
July 31, 2017	August 2017	September 25, 2017			
 Meeting Minutes (May 2017), any policies Financial Report (FY17 Period 11, 12) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Physician Transaction Compliance Education Year-End Financial Report 	No scheduled meeting	 Meeting Minutes (July 2017), any policies Financial Report (FY18 Period 1, 2) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Payor Update Summary of Physician Financial Arrangements (Year-End) Service Line Review Quarterly Report: ROI for LG Capital Spend (e.g. Surgical Robot) Medical Staff Development Plan Education Topic: Ambulatory Care Business Model (presentation) 			
	FY18 FC Pacing Plan – Q2				
October 2017	November 27, 2017	December 2017			
	 Meeting Minutes (September 2017), any policies Financial Report (FY18 Period 3,4) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Long-Term Financial Forecast Epic Implementation Review (presentation) Report on Financial and Operational Benchmarks Quarterly Report: ROI for LG Capital Spend (e.g. Surgical Robot) Service Line Review 	No scheduled meeting			
10/25 – Board and Committee Education Session					

Finance Committee

Updated July 12, 2017

	FY18 FC Pacing Plan – Q3	
January 29, 2018	February 2018	March 26, 2018
 **Joint Meeting with the Investment Committee Meeting Minutes (November 2017), any policies Financial Report (FY18 Period 5,6) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Service Line Review 	No scheduled meeting	 Meeting Minutes (January 2018), any policies Financial Report (FY18 Period 7,8) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Preview FY19 Budget Part # 1 Discuss and recommend FY19 Committee Goals Discuss FY19 Committee Dates Biennial Review of Committee Charter Payor Update Summary of Physician Financial Arrangements (Mid-Year) Quarterly Report: ROI for LG Capital Spend (e.g. Surgical Robot)
	FY18 FC Pacing Plan – Q4	
April 2018	May 29, 2019	June 2018
 **Proposal – Preview FY19 Budget Part # 2 mtg. O Hopefully held the last week in April (Monday, April 23rd?) O 60 – 90 minute meeting 	 **Joint Meeting with the Hospital Board on the Operating & Capital Budget Meeting Minutes (March 2018), any policies Financial Report (FY18 Period 9,10) Physician Contracts Capital Funding Requests Review Major Capital Projects in progress Info: Progress Against Goals, Pacing Plan, Article, Report on Board Actions Review and recommend FY19 Budget Review Self-Assessment Results (FY18, FY20) every two years Quarterly Report: ROI for LG Capital Spend (e.g. Surgical Robot) 	No scheduled meeting
4/25 – Board and Committee Education Session		