



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

Members Present

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

Members Absent

None

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

	<p>Ayes: Anolik Shakked, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
<p>7. REVIEW IT SECURITY AWARENESS TRAINING PLAN</p>	<p>Deb Muro, Interim CIO, outlined the proposed IT Security Awareness Training Plan, highlighting email updates to staff, intensive huddles, and mechanisms with the executive team. She noted that the plan schedules educational topics to strategically link them with current projects in the organization, <i>i.e.</i>, tying education about sending secure emails to the Tiger Text implementation.</p> <p>The Committee and staff discussed 1) employee and physician training through Health Stream modules; 2) metrics to track how effective training is (phishing campaigns, employee interviews, HelpDesk ticket volumes); and 3) plans to socialize new IT policies and procedures.</p> <p>In response to Ms. Sublett's question, Ms. Muro reported that staff will be implementing a security monitoring system, which will be used to track metrics.</p> <p>The Committee requested that staff provide the content of annual employee training module on HIPAA Privacy and Security and to identify specific metrics to track success of training programs over time.</p>	<p><i>Staff to provide training module and IT program metrics</i></p>
<p>8. REVIEW RECORD RETENTION PERIODS</p>	<p>Ms. Wigglesworth explained that, per the Committee's request, staff reviewed ECH's record retention policy to verify that they meet California and federal laws. She reported that ECH's policy meets legal requirements and are generally shorter than periods recommended by the California Hospital Association's guidance.</p> <p>The Committee and staff discussed the difficulties of introducing and operationalizing a destruction policy, the use of CHA suggestions, and the risk that permanent retention can pose to an organization.</p> <p>Ms. Wigglesworth noted that in this review, staff determined that some retention periods can be modified to be less stringent, and that the procedure is currently being revised.</p> <p>Ms. Hartman recommended documenting the source used to determine each period of retention in ECH's policy.</p> <p>The Committee requested that staff provide a recommendation by Q3 regarding the cost-benefit analysis of storage and retention versus management and destruction of emails.</p>	<p><i>Staff to provide recommendation on email retention</i></p>
<p>9. KPIs SCORECARD, AND TRENDS</p>	<p>Ms. Wigglesworth reported: 1) a correction on the KPI scorecard regarding the number of Hospital discharges; 2) that there was a decline from previous years in the total number of breaches that required reporting to the California Department of Public Health; and 3) that vendor cybersecurity concerns would be discussed in the closed session.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 5:32pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of Meeting Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee (May 18, 2017); pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Compliance Activity Log, Privacy Activity Log, Internal Audit Follow Up, Internal Audit Work Plan, Committee Pacing Plan; pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: FY17 Patient Safety/Claims Report; pursuant to</p>	<p><i>Adjourned to closed session at 5:32pm.</i></p>

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

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

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