

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS
Wednesday, August 9, 2017 – 5:30 pm
 Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, CA 94040

Julia Miller will be participating via teleconference from 400 Cannery Row, Monterey, CA 93940.

MISSION: To heal, relieve suffering, and advance wellness as your publicly accountable health partner.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	Lanhee Chen, Board Chair		5:30 – 5:32 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		5:32 – 5:33
3. BOARD RECOGNITION <i>Resolution 2017-09</i> ATTACHMENT 3	Cheryl Reinking, RN, CNO	<i>public comment</i>	motion required 5:33 – 5:38
4. FY17 PERIOD 12 FINANCIALS ATTACHMENT 4	Iftikhar Hussain, CFO	<i>public comment</i>	possible motion 5:38 – 5:48
5. QUALITY COMMITTEE REPORT ATTACHMENT 5	David Reeder, Quality Committee Chair		possible motion 5:48 – 5:58
6. GOVERNANCE COMMITTEE REPORT a. Proposed El Camino Hospital Board Competencies b. FY18 Board Education Plan ATTACHMENT 6	Peter Fung, MD, Governance Committee Chair	<i>public comment</i>	possible motion(s) 5:58 – 6:13
7. MV SITE MAJOR CONSTRUCTION STATUS UPDATES ATTACHMENT 7	Ken King, CASO		information 6:13 – 6:28
8. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		information 6:28 – 6:31
9. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair		motion required 6:31 – 6:32
10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		6:32 – 6:33
11. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (June 28, 2017)	Lanhee Chen, Board Chair		motion required 6:33 – 6:35

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.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
b. Minutes of the Closed Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30, 2017)			
12. <i>Health and Safety Code Section 32155</i> , Report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report	Rebecca Fazilat, MD, Mountain View Chief of Staff; J. Augusto Bastidas, MD, Los Gatos Chief of Staff		motion required 6:35 – 6:45
13. <i>Health and Safety Code Section 32155</i> , Report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Organizational Clinical Risks	William Faber, MD, CMO		discussion 6:45 – 6:50
14. Discussion involving <i>Gov't Code Section 54957</i> and <i>54957.6</i> for report and discussion on personnel matters and <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Informational Items	William Faber, MD, CMO		information 6:50 – 6:55
15. Discussion involving <i>Gov't Code Section 54956.9(d)(4)</i> – conference with legal counsel regarding pending litigation: - Kaiser Claims	Mary Rotunno, General Counsel; Iftikhar Hussain, CFO		discussion 6:55 – 7:05
16. Discussion involving <i>Gov't Code Section 54957</i> and <i>54957.6</i> for report and discussion on personnel matters: - Proposed FY18 Executive Incentive Goals	Bob Miller, Executive Compensation Committee Chair		possible motion 7:05 – 7:25
17. Discussion involving <i>Gov't Code Section 54657</i> and <i>54957.6</i> for report and discussion on personnel matters: - Proposed FY18 Executive Base Salaries	Bob Miller, Executive Compensation Committee Chair		discussion 7:25 – 7:40
18. Discussion involving <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Update on SVMDB Board	William Faber, MD, CMO		discussion 7:40 – 7:55
19. Discussion involving <i>Health and Safety Code 32106(b)</i> for report involving health care facility trade secrets: - Strategic Planning Update	Michelle McGowen, Director, Strategic Planning; Tom Enders, Manatt		discussion 7:55 – 8:25
20. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: - Executive Session	Lanhee Chen, Board Chair		discussion 8:25 – 8:30
21. ADJOURN TO OPEN SESSION	Lanhee Chen, Board Chair		motion required 8:30 – 8:31
22. RECONVENE OPEN SESSION / REPORT OUT	Lanhee Chen, Board Chair		8:31 – 8:32

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
To report any required disclosures regarding permissible actions taken during Closed Session.			
23. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 8:32 – 8:34
Approval a. Minutes of the Open Session of the Hospital Board Meeting (June 28, 2017) <i>Reviewed and Recommended for Approval by the Finance Committee</i> b. FY17 Period 11 Financials <i>Physician Contracts</i> c. Neuro-Interventional Radiology – Physician Recruitment d. Cardiothoracic ED Call Panel (MV) e. Pediatric Consultations ED Call Agreement (MV) f. General Surgery ED Call Panel (LG) g. PSA: Cancer Center (UHA) h. Minutes of the Open Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30, 2017) <i>Reviewed and Recommended for Approval by the Medical Executive Committee</i> i. Medical Staff Report			
24. SELECTION OF ECH BOARD MEMBER TO SERVE ON SVMD BOARD	Lanhee Chen, Board Chair	<i>public comment</i>	possible motion 8:34 – 8:37
25. PROPOSED FY18 EXECUTIVE BASE SALARIES	Lanhee Chen, Board Chair	<i>public comment</i>	possible motion 8:37 – 8:39
26. INFORMATIONAL ITEMS a. COO Report	William Faber, MD, CMO		information 8:39 – 8:41
27. BOARD COMMENTS	Lanhee Chen, Board Chair		information 8:41 – 8:44
28. ADJOURNMENT	Lanhee Chen, Board Chair		motion required 8:44 – 8:45pm

Upcoming Meetings

- September 13, 2017
- October 11, 2017
- November 16, 2017
- January 10, 2018
- February 14, 2018
- March 14, 2018
- April 11, 2018
- May 9, 2018
- June 13, 2018

EL CAMINO HOSPITAL BOARD

RESOLUTION 2017-09

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

WHEREAS, the Board of Directors of El Camino Hospital values and wishes to recognize the contribution of individuals who enhance the experience of the hospital's patients, their families, the community and the staff, as well as individuals who in their efforts exemplify El Camino Hospital's mission and values.

WHEREAS, the Board wishes to honor and acknowledge the Mother-Baby Team at Los Gatos for their work in achieving the Baby-Friendly Hospital designation. The Baby-Friendly Hospital Initiative is a global program that was launched by the World Health Organization and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.

The Mother-Baby Team worked over several years to implement the U.S. Baby-Friendly Hospital Initiative's Ten Steps to Successful Breastfeeding. The steps included creating and implementing new policies, educating pregnant women about breastfeeding, encouraging and helping mothers to breastfeed, practicing rooming in so mothers and infants remain together throughout their hospital stay, and establishing breastfeeding support groups. The process also required training and skill building among all levels of staff and implementing audit processes to assure quality in all aspects of maternity care operations. It was a detailed and thorough journey toward excellence in providing evidence-based maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding.

Each year, women give birth to more than 500 babies at El Camino Hospital Los Gatos. The Baby-Friendly Hospital designation helps ensure that all mothers are given the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely. The Los Gatos Mother-Baby Care Team has achieved a 92.2 percent exclusive breastfeeding rate.

WHEREAS, the Board would like to publically acknowledge the Mother-Baby Team at Los Gatos for their excellence in providing evidence-based, maternity care.

NOW, THEREFORE BE IT RESOLVED that the Board does formally and unanimously pay tribute to:

Los Gatos Mother-Baby Care Team

FOR ACHIEVING BABY-FRIENDLY DESIGNATION.

IN WITNESS THEREOF, I have here unto set my hand this **9TH DAY OF AUGUST, 2017**.

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Jeffrey Davis, MD

Peter Fung, MD
Julia Miller
Bob Rebitzer

David Reeder
John Zoglin

JULIA MILLER
SECRETARY/TREASURER,
EL CAMINO HOSPITAL BOARD OF DIRECTORS





El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2017 – Period 12

7/1/2016 to 6/30/2017

	Annual				Month			YTD		
	2015	2016	2017 Proj.	2017 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume										
Licensed Beds	443	443	443	443	443	443	443	443	443	443
ADC	246	242	239	245	248	245	242	243	239	245
Adjusted Discharges	22,342	22,499	23,446	22,992	1,723	2,057	1,845	21,960	23,446	22,993
Total Discharges	19,637	19,367	19,646	19,781	1,548	1,680	1,583	19,169	19,660	19,790
Inpatient Cases										
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
BHS	901	806	909	901	79	77	73	928	923	910
Rehab	555	500	461	570	48	40	46	500	461	570
Outpatient Cases										
ED	128,110	139,935	145,927	147,053	11,755	12,461	11,459	139,926	145,927	143,255
Procedural Cases	49,106	48,609	48,648	51,258	4,135	4,070	4,087	44,764	48,648	51,095
OP Surg	6,488	6,070	6,666	6,427	535	542	497	6,076	6,666	6,211
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
All Other	67,998	80,911	86,491	84,566	6,736	7,540	6,503	84,739	86,491	81,290
Financial Perf.										
Net Patient Revenues	746,645	772,020	832,279	789,585	73,165	87,372	64,432	772,020	832,279	789,585
Total Operating Revenue	767,751	795,657	858,363	814,645	76,986	89,212	66,519	795,657	858,363	814,645
Operating Expenses	689,631	743,044	752,786	764,828	65,534	71,600	62,775	743,044	752,786	756,360
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%
EBITDA \$	128,002	108,554	157,631	109,890	17,319	21,766	8,560	108,554	157,631	116,511
EBITDA %	16.7%	13.6%	18.4%	13.5%	22.5%	24.4%	12.9%	13.6%	18.4%	14.3%
IP Margin ¹	-3.9%	-8.7%	-4.7%	-6.1%	-6.3%	7.3%	-6.1%	-9.4%	-4.7%	-6.1%
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										
Medicare	46.2%	46.6%	47.7%	46.4%	46.1%	47.7%	46.4%	46.6%	47.7%	46.4%
Medi-Cal	6.6%	7.4%	7.3%	6.5%	8.4%	7.0%	6.5%	7.4%	7.3%	6.5%
Commercial IP	24.2%	23.2%	22.3%	24.0%	23.9%	22.4%	24.0%	24.0%	22.3%	24.0%
Commercial OP	18.7%	18.7%	20.2%	19.0%	19.0%	20.6%	19.0%	19.3%	20.2%	19.0%
Total Commercial	42.9%	41.9%	42.5%	43.0%	42.8%	43.0%	43.0%	43.3%	42.5%	43.0%
Other	4.3%	4.1%	2.5%	4.1%	2.6%	2.4%	4.1%	2.8%	2.5%	4.1%
Cost										
Employees	2,452.4	2,542.8	2,510.0	2,549.8	2,524.2	2,585.3	2,527.8	2,584.9	2,510.0	2,549.8
Hrs/APD	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	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
Affiliates - Net Income (\$000s)										
Hosp	94,787	43,043	246,038	67,032	14,336	19,942	4,472	43,043	164,026	67,032
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
Foundation	710	982	3,645	(450)	62	253	27	982	2,430	(450)
SVMD	106	156	293	0	68	190	1	156	195	0

Volume

- Very strong volume in June. Combined volume, measured in adjusted discharges, was 11.5% higher than budget and 19% higher than prior year.
- For the year, combined volume was 2% higher than budget with the growth coming primarily from OP services.
- The OP volume growth is in Behavioral Health 33.3%, Oncology 26.7%, Rehab Services 11.6% and HVI 9.4%.
- The inpatient growth is mainly in general medicine, HVI, general surgery and spine surgery.

Financial Performance:

- June's operating income was very strong driven by high volume and \$8.1M in IGT and Medi-Cal supplemental funding.
- For the year, net income is \$97 million ahead of target; \$47M from operations and \$50M in investment income. Operating income includes two years of IGT, strong volume and expense efficiencies.

Payor Mix:

- Commercial mix is at budget for the month of June and within a percent for the year.

Cost:

- YTD FTEs are under budget by 39.8 FTEs.

Balance Sheet:

- Net days in AR are ahead of target and improved further in June to 44.8 from 47.5 in May. Total cash on hand is still at an all time high of 444 days in June.
- AR will climb during the next 3 months due to Anthem claims hold in July (required due to charge increase) and Nuance transcription malware disruption.

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

(in thousands)	Month to Date (MTD)			Year to Date (YTD)		
	Detail	Net Income Impact	% Net Revenue	Detail	Net Income Impact	% Net 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	1.2%
* 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 from vacancies)	(2,895)			(6,992)		
* 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 depreciation and equipment)	492			4,923		
* Interest Expense - 2017 bonds & Capital Interest 2015 bonds	170			1,250		
Actual Hospital Operations FY2017		17,612	19.7%		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

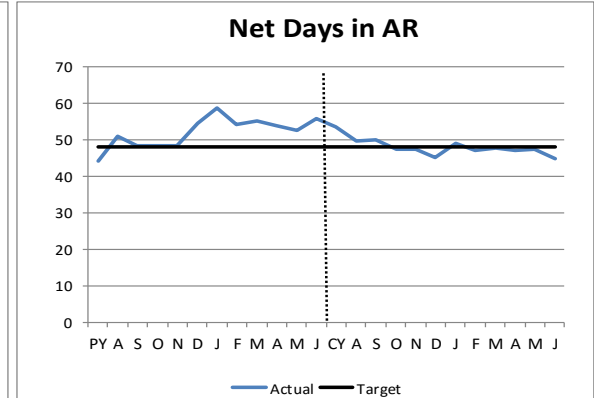
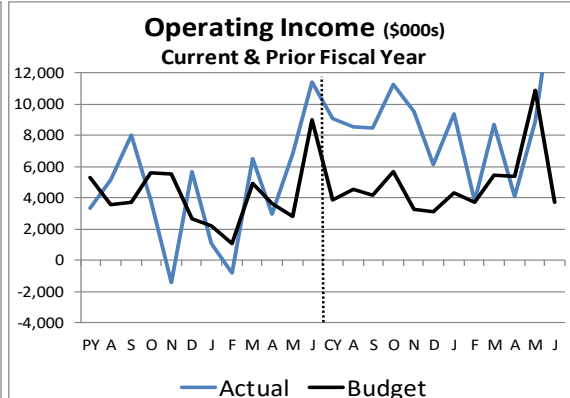
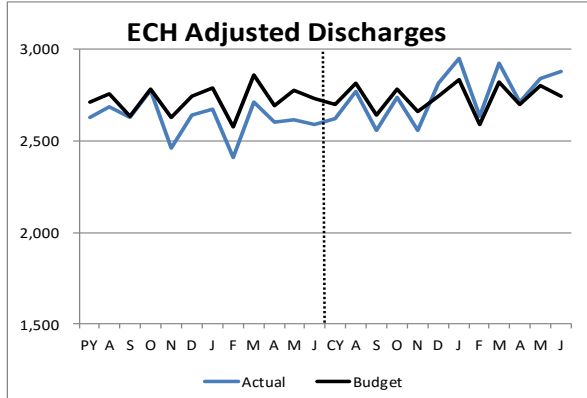
\$ in thousands

	Period 12 - Month			Period 12 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	15,586	2,820	12,765	100,039	46,483	53,555
Los Gatos	2,026	923	1,103	5,539	11,801	(6,262)
Sub Total - El Camino Hospital, excl. Affiliates	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	98,750

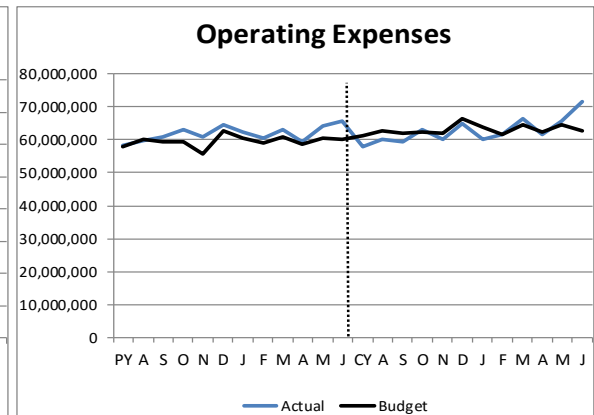
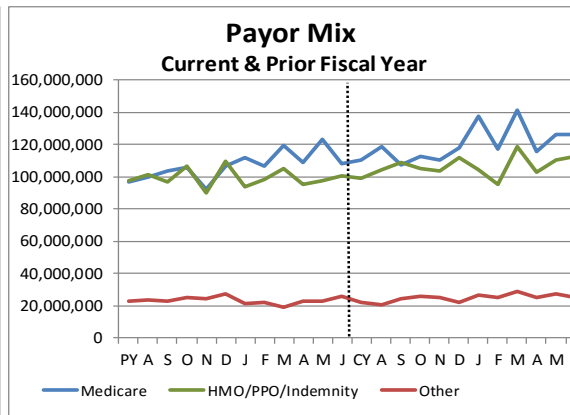
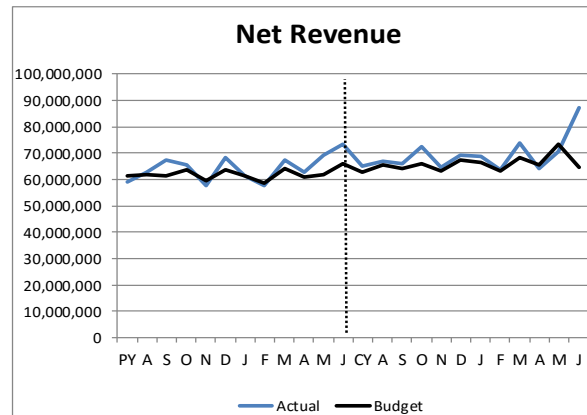
- Investments favorable for June and YTD
- Swap gain for the year due to rise in interest rates.
- Favorable other due to lower SVMMD loss and Pathways investment income.

- Concern unfavorable - \$800 from ops and \$400 in investment due to requirement to invest in fixed income.
- Foundation favorable both June and YTD due to investment income.

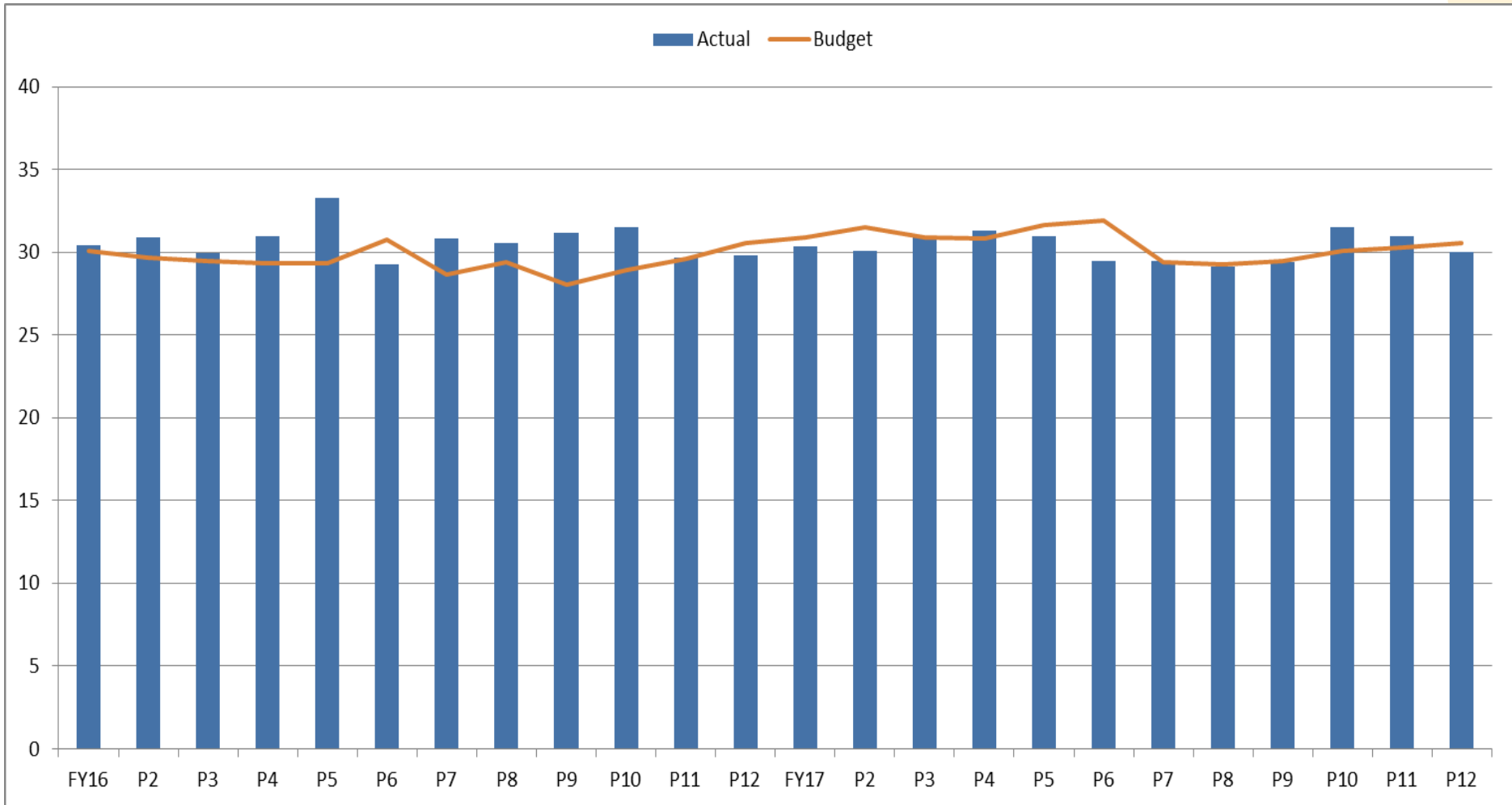
Monthly Financial Trends



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.

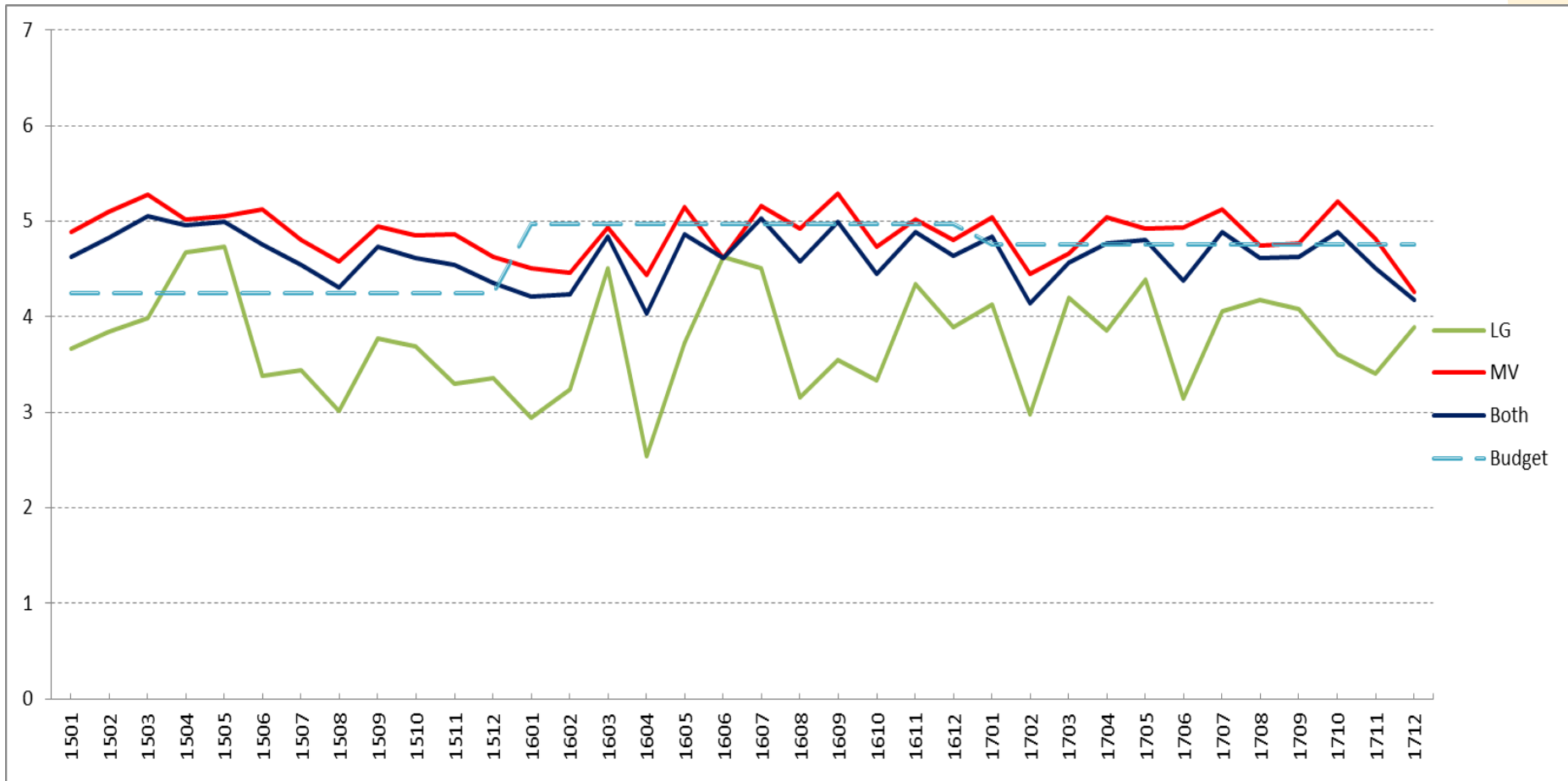


Worked Hours per Adjusted Patient Day



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.

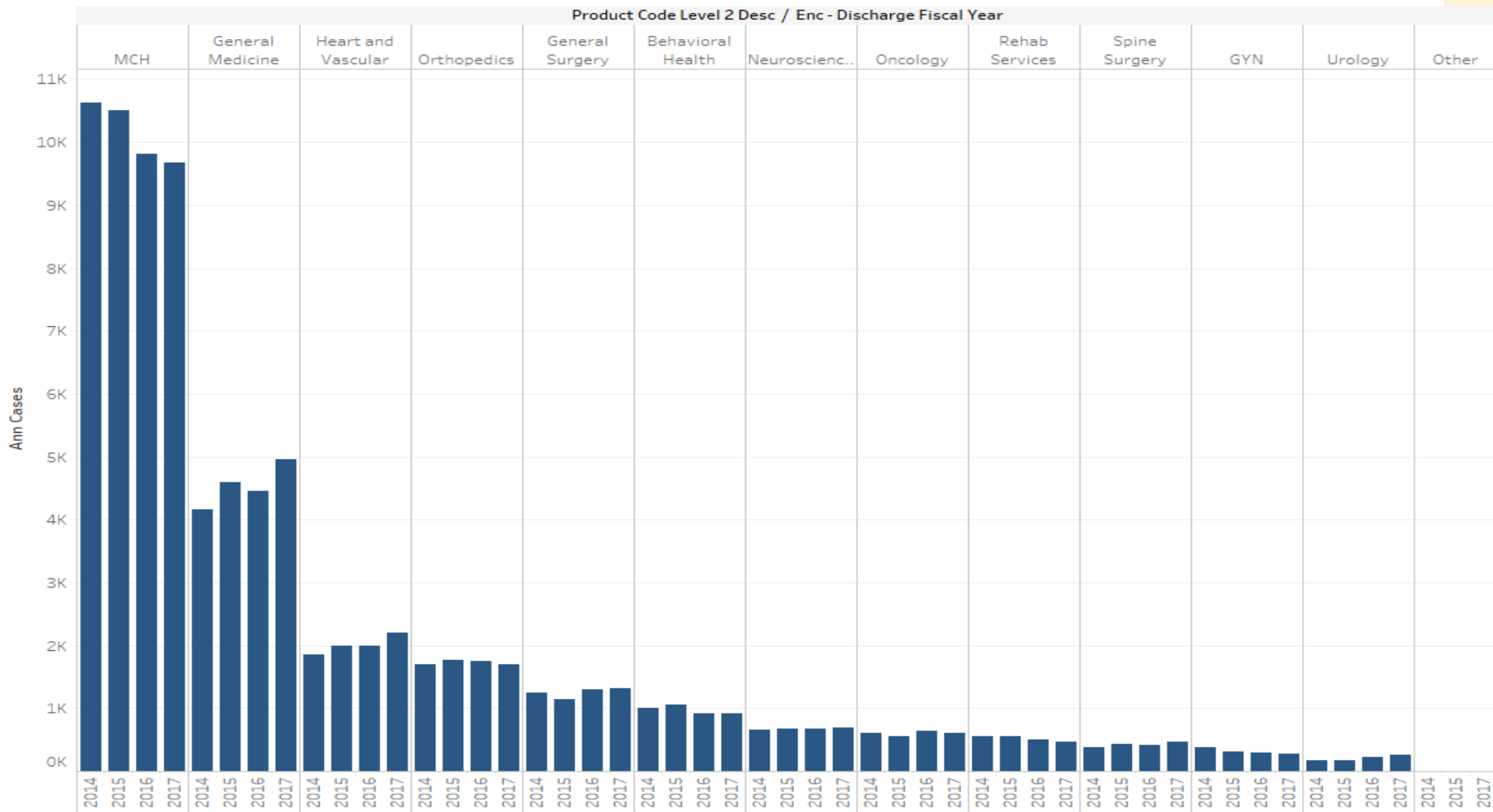
Medicare ALOS



•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

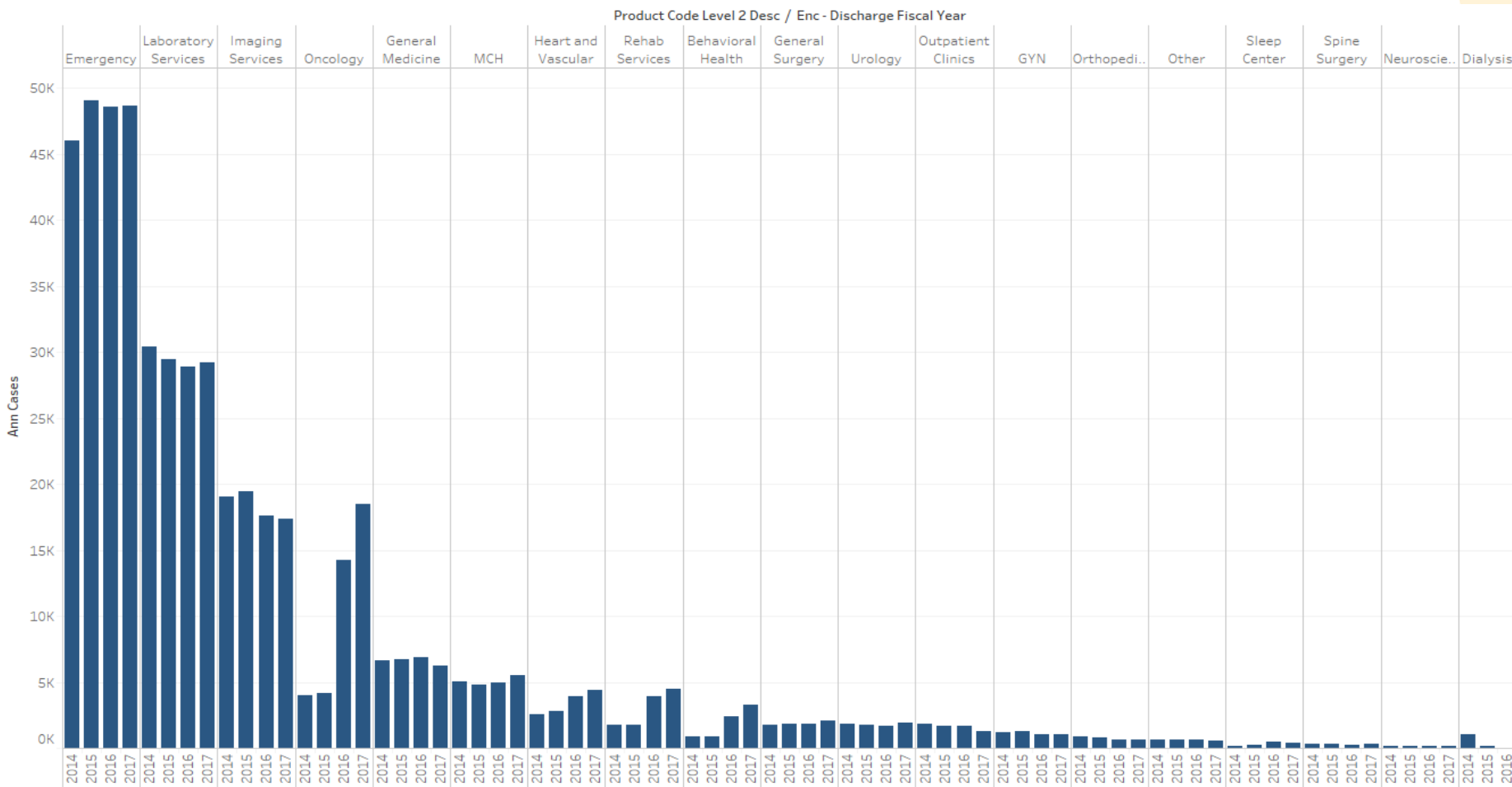
FY 2017 is annualized



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

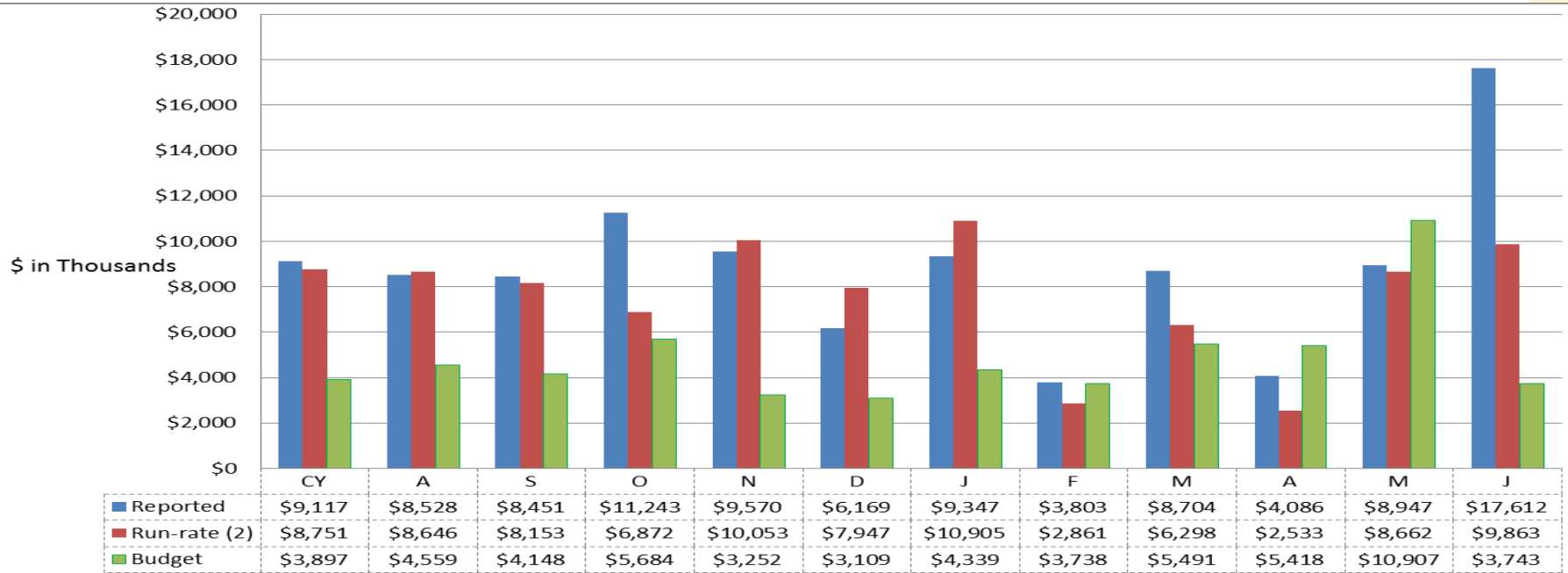
FY 2017 is annualized



- 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



FY 2017 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>

Revenue Adjustments		J	A	S	O	N	D	J	F	M	A	M	J	YTD
Insurance (Payment Variance)		335	-	61	145	36	-	-	-	544	-	-	579	1,698
Mcare Settlmt/Appeal/Tent Settlmt/PIP		100	(158)	74	67	67	100	67	947	27	1,953	54	81	3,379
BPCI Settlement		-	-	-	-	-	-	(2,167)	-	-	-	76	-	(2,092)
Medi-Cal Supplemental		-	-	-	-	-	312	814	240	-	-	144	-	1,510
IGT Supplemental		-	-	-	6,535	-	-	-	-	-	-	-	6,823	13,358
AB 915		-	-	-	-	-	-	-	-	-	-	-	880	880
Various Adjustments under \$250k		(69)	40	164	25	12	9	131	157	12	19	11	(192)	318
Total		366	(118)	299	6,771	115	421	(1,155)	1,344	582	1,972	284	8,171	19,052
Expense Adjustments														
Pay-For-Performance Bonus		-	-	-	-	-	(2,400)	(403)	(401)	-	-	-	-	(3,204)
Ratification Bonus		-	-	-	(2,400)	-	-	-	-	-	-	-	-	(2,400)
Purchases Below Capital Threshold		-	-	-	-	(598)	-	-	-	-	-	-	-	(598)
WC Reserve Updates Based on Fav. Experience		-	-	-	-	-	700	-	-	1,824	-	-	-	2,524
Other Purchased Services (Clinical Informatics)		-	-	-	-	-	(500)	-	-	-	-	-	-	(500)
Other Minor Equipment (TV replacements)		-	-	-	-	-	-	-	-	-	-	-	(422)	(422)
Accrued Time Off (Repricing of PRN PTO)		-	-	-	-	-	-	-	-	-	(419)	-	-	(419)
Total		-	-	-	(2,400)	(598)	(2,200)	(403)	(401)	1,824	(419)	-	(422)	(5,019)

El Camino Hospital Investment Committee Scorecard

June 30, 2017

Key Performance Indicator	Status	El Camino		Benchmark		El Camino		Benchmark		FY17 Year-end Budget	Expectation Per Asset Allocation
		2Q 2017		Fiscal Year-to-date		4y 8m Since Inception (annualized)		May 2016			
Investment Performance											
Surplus cash balance & op. cash (millions)		\$900.5	--	--	--	--	--	\$657.2	--		
Surplus cash return	Green	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	Green	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											
Surplus cash Sharpe ratio	Green	0.83	0.86	--	--	1.26	1.24	--	0.55		
Net of fee return	Green	3.9%	4.1%	--	--	5.4%	5.3%	--	5.2%		
Standard deviation	Green	4.5%	4.5%	--	--	4.1%	4.1%	--	8.6%		
Cash balance Sharpe ratio	Green	0.84	0.79	--	--	1.37	1.31	--	0.49		
Net of fee return	Green	4.9%	4.5%	--	--	7.9%	7.2%	--	5.8%		
Standard deviation	Green	5.7%	5.6%	--	--	5.6%	5.3%	--	10.7%		
Asset Allocation											
Surplus cash absolute variances to target	Green	9.6%	< 10%	--	--	--	--	--	--		
Cash balance absolute variances to target	Green	9.4%	< 10%	--	--	--	--	--	--		
Manager Compliance											
Surplus cash manager flags	Yellow	19	< 19 Green < 23 Yellow	--	--	--	--	--	--		
Cash balance plan manager flags	Yellow	20	< 20 Green < 25 Yellow	--	--	--	--	--	--		

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	FY 17 YTD Spent
CIP	EPIC Upgrade		6.1	2.3	2.8
IT Hardware, Software, Equipment*			5.4	2.7	2.7
Medical & Non Medical Equipment FY 16**			4.3	4.2	4.2
Medical & Non Medical Equipment FY 17***			10.3	5.4	5.4
Facility Projects					
	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 TOTAL			488.4	166.6	97.9

*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	
	June 30, 2017	June 30, 2016
CURRENT ASSETS		
(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 Prepays	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)	(485,856)
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	
	June 30, 2017	June 30, 2016
CURRENT LIABILITIES		
(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		
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
TOTAL LIABILITIES AND FUND BALANCE	2,139,245	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. 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

PERIOD 12 FY 2016	PERIOD 12 FY 2017	PERIOD 12 Budget 2017	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2016	YTD FY 2017	YTD Budget 2017	Variance Fav (Unfav)	Var%
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	4.9%
(130,619)	(142,084)	(142,067)	(17)	0.0%	Deductions	(1,629,121)	(1,788,602)	(1,721,776)	(66,826)	3.9%
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)	-8.7%
996	854	584	(270)	-46.2%	Other Operating Expense	16,267	8,341	7,849	(492)	-6.3%
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	8.4%
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%
14,116	17,916	3,549	14,366	404.8%	Net Income(Loss)	37,374	158,498	55,231	103,267	187.0%
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%	

El Camino Hospital – Los Gatos(\$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										
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%	

* 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 Spend Trend & FY 18 Budget

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	2014	2015	2016	2017	Category	2013	2014	2015	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	1404 - Park Pav HVAC	0	64	7	0	0
Non CIP Land, Land I, BLDG, Additions	0	22,292	0	4,189	0	1405 - 1 - South Accessibility Upgrades	0	0	0	168	95
						1408 - New Main Accessibility Upgrades	0	0	7	46	501
						1415 - Signage & Wayfinding	0	0	0	106	58
						1416 - MV Campus Digital Directories	0	0	0	34	23
						1423 - MV MOB TI Allowance	0	0	0	588	369
Facilities Projects CIP						1425 - IMOB Preparation Project - Old Main	0	0	0	711	1,860
Mountain View Campus Master Plan Projects						1429 - 2500 Hospital Dr Bldg 8 TI	0	0	101	0	0
1245 - Behavioral Health Bldg Replace	0	1,257	3,775	1,389	10,323	1430 - Women's Hospital Expansion	0	0	0	0	464
1413 - North Drive Parking Structure Exp	0	0	167	1,266	18,120	1432 - 205 South Dr BHS TI	0	0	8	15	0
1414 - Integrated MOB	0	0	2,009	8,875	32,805	1501 - Women's Hospital NPC Comp	0	0	4	0	223
1422 - CUP Upgrade	0	0	0	896	1,245	1502 - Cabling & Wireless Upgrades	0	0	0	1,261	367
Sub-Total Mountain View Campus Master Plan	0	1,257	5,950	12,426	62,493	1503 - Willow Pavillion Tomosynthesis	0	0	0	53	257
						1504 - Equipment Support Infrastructure	0	0	61	311	0
Mountain View Capital Projects						1523 - Melchor Pavillion Suite 309 TI	0	0	0	10	59
9900 - Unassigned Costs	734	470	3,717	0	0	1525 - New Main Lab Upgrades	0	0	0	0	464
1108 - Cooling Towers	450	0	0	0	0	1526 - CONCERN TI	0	0	0	37	99
1120 - BHS Out Patient TI's	66	0	0	0	0	Sub-Total Mountain View Projects	8,145	7,219	26,744	5,588	5,535
1129 - Old Main Card Rehab	9	0	0	0	0	Los Gatos Capital Projects					
0817 - Womens Hosp Upgrds	645	1	0	0	0	0904 - LG Facilities Upgrade	2	0	0	0	0
0906 - Slot Build-Out	1,003	1,576	15,101	1,251	294	0907 - LG Imaging Masterplan	244	774	1,402	17	0
1109 - New Main Upgrades	423	393	2	0	0	1005 - LG OR Light Upgrd	14	0	0	0	0
1111 - Mom/Baby Overflow	212	29	0	0	0	1122 - LG Sleep Studies	7	0	0	0	0
1204 - Elevator Upgrades	25	30	0	0	0	1210 - Los Gatos VOIP	147	89	0	0	0
0800 - Womens L&D Expansion	2,104	1,531	269	0	0	1116 - LG Ortho Pavillion	177	24	21	0	0
1131 - MV Equipment Replace	216	0	0	0	0	1124 - LG Rehab BLDG	49	458	0	0	0
1208 - Willow Pav. High Risk	110	0	0	0	0	1247 - LG Infant Security	134	0	0	0	0
1213 - LG Sterilizers	102	0	0	0	0	1307 - LG Upgrades	376	2,979	3,282	3,511	3,081
1225 - Rehab BLDG Roofing	7	241	4	0	0	1308 - LG Infrastructure	0	114	0	0	0
1227 - New Main eICU	96	21	0	0	0	1313 - LG Rehab HVAC System/Structural	0	0	0	1,597	1,904
1230 - Fog Shop	339	80	0	0	0	1219 - LG Spine OR	0	214	323	633	2,163
1315 - 205 So. Drive TI's	0	500	2	0	0	1221 - LG Kitchen Refrig	0	85	0	0	0
0908 - NPCR3 Seismic Upgrds	1,302	1,224	1,328	240	342	1248 - LG - CT Upgrades	0	26	345	197	6,669
1125 - Will Pav Fire Sprinkler	57	39	0	0	0	1249 - LG Mobile Imaging	0	146	0	0	0
1211 - SIS Monitor Install	215	0	0	0	0	1328 - LG Ortho Canopy FY14	0	255	209	0	0
1216 - New Main Process Imp Office	19	1	16	0	0	1345 - LG Lab HVAC	0	112	0	0	0
1217 - MV Campus MEP Upgrades FY13	0	181	274	28	0	1346 - LG OR 5, 6, and 7 Lights Replace	0	0	285	53	22
1224 - Rehab Bldg HVAC Upgrades	11	202	81	14	6	1347 - LG Central Sterile Upgrades	0	0	181	43	66
1301 - Desktop Virtual	0	13	0	0	0	1421 - LG MOB Improvements	0	0	198	65	303
1304 - Rehab Wander Mgmt	0	87	0	0	0	1508 - LG NICU 4 Bed Expansion	0	0	0	0	207
1310 - Melchor Cancer Center Expansion	0	44	13	0	0	1600 - 825 Pollard - Aspire Phase II	0	0	0	0	80
1318 - Women's Hospital TI	0	48	48	29	2	1603 - LG MOB Improvements	0	0	0	0	285
1327 - Rehab Building Upgrades	0	0	15	20	0	Sub-Total Los Gatos Projects	1,150	5,276	6,246	6,116	14,780
1320 - 2500 Hosp Dr Roofing	0	75	81	0	0	1550 - Land Acquisition	0	0	0	24,007	0
1340 - New Main ED Exam Room TVs	0	8	193	0	0	1701 - 828 S Winchester Clinic TI	0	0	0	0	145
1341 - New Main Admin	0	32	103	0	0	Sub-Total Other Strategic Projects	0	0	0	24,007	145
1344 - New Main AV Upgrd	0	243	0	0	0	Subtotal Facilities Projects CIP	9,294	13,753	38,940	48,137	82,953
1400 - Oak Pav Cancer Center	0	0	5,208	666	52	Grand Total	27,598	58,561	86,789	96,740	97,923
						Forecast at Beginning of year	70,503	70,037	101,607	114,025	212,000

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Quality, Patient Care and Patient Experience Committee (“Quality Committee”) Report El Camino Hospital Board of Directors August 9, 2017
Responsible party:	Dave Reeder, Quality Committee Chair
Action requested:	Possible Motion
Background: The Quality Committee meets 10 times per year. The Committee last met on August 7, 2017 and meets next on August 28, 2017.	
Board Advisory Committee(s) that reviewed the issue and recommendation, if any: Cheryl Reinking, RN, CNO, nominated Ina Bauman as a patient advocate member of the Committee. The Committee voted unanimously to recommend the Board appoint Ms. Bauman to the committee.	
Summary and session objectives:	
<p>1. Summary of August 7th, 2017 Meeting:</p> <ul style="list-style-type: none"> a. <u>Clinical Program Presentation</u>: Cardiovascular Surgeon Pei Tsau, MD, provided the committee with an overview of the quality improvement activities and accomplishments of the ECH Cardiovascular Surgery program. The Society of Thoracic Surgeons (STS) ranks Cardiovascular Surgery programs on a scale of one to three stars, with three stars awarded to only the top 5% of programs. El Camino’s Cardiovascular Surgery program is one of only 20 in the United States (out of over 1,000 programs) that received three stars in both Aortic Valve Surgery and Coronary Bypass Surgery outcomes and quality. Our CVS Program is among the highest rated programs in the San Francisco Bay Area. b. <u>FY17 Quality Dashboard</u>: Catherine Carson, RN, Senior Director/Chief Quality Officer, reviewed the FY18 quality dashboard with the committee and there are no negative trends. Ms. Carson also presented a new schema of reporting a greater number of quality indicators in a staggered fashion throughout the year, giving the committee a more fulsome picture of our quality, and also improving the statistical significance of data and validity of trending in doing so. The expanded reporting program will begin in September of 2017. c. <u>Proposed Committee Appointment</u>: Ms. Ina Bauman worked as a registered nurse for 14 years and in outside sales in the medical space for another 7 years. In the mid 1980’s she moved into executive recruiting in the same field. She opened her own recruiting practice in 1995 and spent 20 years as the owner of The Bauman Group which specialized in clinical (MD) recruiting for the biotech industry. She retired in late 2015, has been a volunteer all her life, currently serves as a Board member of North Tahoe Hebrew Congregation in Tahoe Vista, CA, and spends a great deal of time with the Bonnie Addario Lung Cancer Research Foundation and El Camino Hospital. Ms. Bauman also served as a patient advocate on the A3 Pain Reassessment Committee last year. 	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<p>d. <u>FY17 Organizational Goal Achievement</u>. All ECH organizational goals for FY17 were met.</p> <p>e. <u>Patient and Family Advisory Council Update (PFAC)</u>: Michelle Gabriel, Director of Process Improvement, shared plans for the reorganization of the Patient Experience program and progress in the recruitment of the manager of Patient Experience.</p> <p>f. <u>BPCI Update</u>. William Faber, MD, Chief Medical Officer, reviewed the rationale that led ECH to drop its participation in three of the five Medicare Bundled Payment Programs into which ECH entered in 2012. He reminded the committee that ECH participated in the BPCI programs as a learning lab and to develop the infrastructure to service pay-for-value reimbursement models. He reported that ECH has learned a great deal and has developed significant infrastructure that we continue to use for BPCI patients, even though we have exited some of the programs and therefore avoid over a million dollars a year in penalties. Even though pay-for-value products have not yet significantly emerged in this market, the infrastructure ECH has developed for BPCI has been redeployed successfully in the management of our sizeable Medicare losses, and at the same time has improved the quality of patient care. The fundamental reason ECH did not perform well in BPCI programs was a lack of a gain-sharing structure like a CIN to align the financial incentives of physicians with ECH. We were being compared to the performance of systems that have this means of alignment.</p>
	<p>Suggested discussion questions: None.</p>
	<p>Proposed Board motion, if any:</p> <p>To appoint Ina Bauman to the Quality, Patient Care and Patient Experience Committee for a term of service expiring June 30, 2018, renewable annually.</p>
	<p>Attachments:</p> <ol style="list-style-type: none"> 1. Quality Dashboard

Quality and Safety Dashboard (Monthly)

Date Reports Run: 7/11/2017		Baseline	FY17 Goal	Trend	Comments	
SAFETY EVENTS		Performance	FY2016	FY2017 goal		
1	<p>Patient Falls Med / Surg / CC Falls / 1,000 CALNOC Pt Days Date Period: May 2017</p> <p>★Organizational Goal</p>	9/5198	1.73	1.51	1.39 (goal for FY 16)	<p>After review of each fall, Team states that almost half are preventable by use of bed/chair alarms, and staying with the patient while toileting. 1/3 of falls in May were assisted, with no harm to patients from any fall. Focus is on use of bed/chair alarms, and staying w/pt. in BR.</p>
2	<p>Pain reassessment within 60 mins after pain med administration Date Period: June 2017</p> <p>★Organizational Goal</p>	6987/7816	89.4%	59.8% (Jan-Jun 2016)	75% (min) 80% (mid) stretch goal=90%	<p>Efforts by Nursing staff and managers resulted in continuous improvement over the last 17 months. Last data point for June 30, 2017 at 89.4, just 0.6 short of stretch goal. Periodic reporting suggested in FY 2018 to sustain these gains.</p>
3	<p>Medication Errors (Overall: reached to patients and near miss) Errors / 1000 Adj Total Patient Days Date Period: May 2017</p>	30/14158	2.12	2.68	0.00	<p>Near miss reporting up slightly and errors reaching the patient down. Significant errors addressed individually with providers and staff, no trends noted.</p>
EFFICIENCY		Performance	Jan-Jun 2016 (6-month avg)	FY 2017 goal		
4	<p>★Organizational Goal</p> <p>Average Length of Stay (days) (Medicare definition, MS-CC, ≥ 65, inpatient) Date Period: June 2017</p>	<p>FYTD 5169</p> <p>June 2017 405</p> <p>FYTD June 2017 4.14</p>	4.78	4.87	4.87	<p>LOS dropped precipitously over 3 months. Mgr attributes drop to daily Huddle and Vis Board that focuses all Care Coordinators on assisting one another to discharge difficult patient and address barriers to discharge.</p>
5	<p>★Organizational Goal</p> <p>30-Day Readmission (Rate, LOS-Focused) (ALOS-Linked, All-Cause, Unplanned) Date Period: May 2017</p>	<p>FYTD 515/47579</p> <p>May 2017 49/437</p> <p>FYTD Mar 2017 10.83</p> <p>8.58</p>	11.53	At or below 12.24	12.24	<p>Rate is remaining below goal.</p>

Date Reports Run: 3/12/2017		Baseline	FY17 Goal	Trend	Comments										
6	<p>★Organizational Goal</p> <p>IVF Bolus Ordered within 2 Hours of TOP of Severe Sepsis or Septic Shock (Patients lacking initial hypotension or lactate <3 excluded) Date Period: May 2017</p>	<p>Goal: 70% (Min); 75%(Max); 80% (Stretch)</p>			<p>The use of SMART phrases for bolus documentation increased from 43% to 63% in May, which supports meeting this metric. The compliance increased from 25 to 32 records, while the sample increased by 10 cases.</p>										
		Number of Sampled Cases	18	19		21	23	30	30	29	30	30	30	30	40
		Cases with 30ml/kg ordered or NICOM with 3 hours TOP	0	0		0	1	0	0	0	2	1	0	0	0
		Cases with 30ml/kg ordered (or NICOM) ordered with 2 hours TOP	9	17		9	14	17	17	24	21	26	26	25	32
		■ % Compliance with 30ml/kg ordered within 2 hours of TOP	50%	89%		43%	61%	57%	57%	83%	70%	87%	87%	83%	80%
— Min Goal	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%			
COMPLICATIONS		Performance		FY 2016	FY 2017										
7	<p>Surgical Site Infection (SSI) SSI per 100 Clean/Clean-contaminated Surgical Procedures Date Period: May 2017</p>	1/668	0.15	0.20	0.18 (goal for FY 16)							<p>One SSI identified for MV, Total Hip Arthroplasty. MV to begin "nose to toes" initiative w/Total Joint cases: A 2015 study, in JAMA Surgery demonstrated a > 50% decrease in SSI rate in patients undergoing orthopedic implant surgery after implementation of a preop decontamination protocol w/chlorhexidine gluconate (CHG) cloths, intranasal povidone-iodine solution & oral rinse.</p>			
SERVICE		Performance		FY 2016	FY 2017 goal										
8	<p>Communication with Nurses (HCAHPS composite score, top box) Date Period: May 2017</p>	162/202	80.2%	78.0%	78.5%										
9	<p>Responsiveness of Hospital Staff (HCAHPS composite score, top box) Date Period: May 2017</p>	132/196	67.3%	64.9%	66.8%										
10	<p>★Organizational Goal</p> <p>Pain management (HCAHPS composite score, top box) Date Period: May 2017</p>	103/137	75.0%	72.5%	73% min 74% max 76% stretch										
11	<p>Communication About Medicines (HCAHPS composite score, top box) Date Period: May 2017</p>	90/137	65.6%	72.9%	68.3%										

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Governance Committee Report El Camino Hospital Board of Directors August 9, 2017
Responsible party:	Peter C. Fung, MD, Governance Committee Chair
Action requested:	Possible Motion(s)
<p>Background: The Governance Committee meets 5 times per year. We last met on August 1st and our next meeting is October 3rd. All of our FY18 Committee Goals are paced for completion by the end of FY18.</p> <p>1. <u>FY18 Board Education Plan</u></p> <p><u>Individual Education</u> - Per the Governance Committee’s charter, the Governance Committee is to recommend an annual plan for Hospital Board and Committee Member education, training and development. ECH’s Board and Advisory Committee Continuing Education Policy (“the policy,” last revised May 2015) provides an annual budget of \$4,000 per Board Member for individual continuing education and \$4,000 per Committee for either group or individual education. The Committees have never used their budgets. Between 1 and 3 Board members use their individual budgets each year. Attendance at the Estes Park Conference is most common. Neither staff nor the Governance Committee is recommending any revisions to the budget or to the policy at this time.</p> <p><u>Group Education</u> - The policy also provides for group continuing education. Staff and the Committee are recommending the Board consider the following for FY18:</p> <p>October 29 – November 1, 2017: full Board and CEO attendance at the Estes Park Institute Conference (attachment 1) in San Francisco, CA. Build in time for socializing.</p> <p>Semi-Annual Board & Committee Education Sessions:</p> <p>October 25, 2017: Committee roundtables and speaker Dan Woods, CEO – State of the Organization: Initial Findings and Impressions and Update on Strategic Framework and Implementation Plan. Suggested attendees: Board, Committees, Executive Leadership Team, and Chiefs of the Medical Staff.</p> <p>April 25, 2018: Committee roundtables and “visionary/luminary” guest speaker on “State of the Healthcare Marketplace.” Suggested attendees: Board, Committees, Executive Leadership Team, and Chiefs of the Medical Staff.</p> <p><u>March 3, 2018 Board Retreat</u> – Board only, team-building social retreat</p> <p>2. <u>FY18 Board Competency Matrix</u></p> <p>For FY17, the El Camino Healthcare District Board adopted this Board’s August 2016 recommendation that the District Board consider the following top five priority areas in assessing competency gaps and recruiting ECH Board members:</p>	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	<ol style="list-style-type: none"> 1. Understanding of complex market partnerships 2. Long-range strategic planning 3. Healthcare insurance industry experience 4. Finance experience/entrepreneurship 5. Experience in clinical integration/continuum of care <p>The ECHD Board used the attached competency matrix (see Attachment 2) to conduct a Board competency gap analysis with the assistance of Nygren Consulting (see Attachment 3). The gap analysis was then used to inform ECH Board member recruitment.</p> <p>At its August 1st meeting, the Governance Committee received an update from Michelle McGowen, Senior Director of Strategic Planning, on the recently approved El Camino Hospital Strategic Framework. Informed by Ms. McGowen’s presentation, the Committee discussed and voted to recommend continued use of the competency matrix and competency gap analysis in light of the Strategic Framework.</p> <p>3. <u>Next Governance Committee Meeting (October 3, 2017)</u></p> <p>At our next meeting, the Committee’s main focus will be refining the FY18 Board and Committee Self-Assessment Survey Tool, with particular attention to deepening our inquiry into the effectiveness and possible improvement of the Committee structure that was implemented in 2012.</p>
	<p>Board Advisory Committees that reviewed the issue and recommendation, if any:</p> <p>Governance Committee, recommendations as described above.</p>
	<p>Summary and session objectives:</p> <p>To obtain the Board’s approval of the proposed FY18 Board education plan and FY18 Competency Matrix.</p>
	<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> 1. Should the Board and CEO attend the Estes Park Conference? 1. Does the Board agree with the proposed topics for the Semi- Annual Board and Committee Sessions in FY18? 2. Is the Competency Matrix (Attachment 2) adequate for FY18? 2. Are there any other top priority Board competencies for FY18?
	<p>Proposed Board motions:</p> <ol style="list-style-type: none"> 1. To approve the proposed FY18 Board Education Plan, including attendance of the Board and CEO at the Estes Park Conference. 2. To approve the Proposed FY18 Competency Matrix.
	<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Estes Park Brochure, November 2017 2. Proposed FY18 Competency Matrix 3. FY17 Competency Gap Analysis (Nygren Consulting)

HEALTH CARE

AT A HISTORIC CROSSROAD



San Francisco, California
October 29 – November 1, 2017



THE ESTES PARK INSTITUTE
ESTESPARK.ORG

Health Care at a Historic Crossroad

Every hospital serves a COMMUNITY. Whether the hospital is large or small; rural or urban; independent or system affiliated, the leaders and staff of a hospital care for the health and well-being of the people in their community.

How you do this depends on you. The strength of a leadership team, the culture that is created, the relationships that are built, technology, quality and safety, health reform—these all impact your patients and the community.

This is in addition to simultaneously dealing with the operational side of running a hospital or health system.

This year, Estes Park Institute focuses on helping you meet the changes caused by both of these challenges while maintaining a strong bottom line.

Estes Park Institute

Conference Sessions



An Estes Park Institute conference is designed to be able to meet each individual health care organization and leader's educational goals. We offer a variety of session types and topics, including:

General Sessions

All conference participants come together to hear the latest information from the health care front and are inspired by experts that have been testing and implementing innovative strategies and finding solutions to solve complex problems and challenges affecting health care delivery as a whole.

Washington Insiders

Our Washington insiders debate from both sides of the aisle.

...And Other Major Health Care Topics

Featuring new guest presenters

Breakouts

Registrants self-divide for each of three sets of breakouts—by hospital size and type, by role, and by essential issue. This provides an opportunity to learn and share ideas with other hospitals that understand their particular challenges, exchange information and solutions with those who share their role, and explore the topics that concern them most.

...by Hospital

- Health Care Systems and Their Hospitals
- Independent Hospitals
- Rural Hospitals and Critical Access Hospitals

...by Role

- Board Members
- Physicians/Providers
- CEOs and Executive Team

...by Essential Issue

- Ambulatory Issues
- Medical Staff Future
- Finance and Payment
- Energizing the Workforce
- Quality, Safety, Patient Experience, and Excellence
- ACOs, Bundles, and MACRA

“Excellent presentation. I gained many takeaways to assist with building the right culture at my facility – need to improve on our respect and accountability.”

— Chief Operating Officer

Conference Sessions

(continued)

Workshops

In these small groups, the Estes Park Institute faculty and registrants “roll up their sleeves” and dive into the nuts and bolts of specific issues. Using case studies and success stories, the facilitator engages participants in discussion, enabling them to ask questions that relate to their own organization and leave with a plan to tackle the specific challenge of each workshop. A partial list follows:

- Update on Wellness and Nutrition
- Optimizing the Physician Office Network
- Gainsharing, Contracting, and Quality Improvement
- Government Audit of Hospital-Owned Facilities
- Bundled Payments – A Transition from Volume to Value
- How to Lobby at Home
- Applying EMTALA to On-Call Doctors
- CEO Roundtable
- CMO Roundtable
- Board Chair Roundtable
- Hospital Actions in the Opioid Crisis
- Seven Habits for Safety in Ambulatory Health Care
- Patient-Centered Care – Making the Invisible Visible
- Dealing with Physicians and Health Workers’ Burnout
- Can Exchanges Work? If Not, What Then?
- An ACO for Rural and Critical Access Hospitals
- Imposing Quality and Excellence While Lowering Costs

Fundamentals for New Board Members

Are you a new board member or just feel like you missed out on establishing a firm foundation for serving your hospital? Don't miss our new Board Member Fundamentals, a special session held before the conference opening that will bring you up to speed and prepare you to delve into more complex topics covered throughout the conference.

Fundamentals for New Physician Leaders

Your colleagues' respect led to your recruitment to leadership. Your clinical skills made you an attractive candidate. Your devotion to your patients and the hospital was the reason you agreed to serve. So, what's missing?

What is Leadership? What are new leaders supposed to know? To do? What are priorities? Is there a tool kit? Our Physician Leadership 1.0 is designed to orient you to your new job and the expectations it carries.



San Francisco, California

The Ritz-Carlton, San Francisco | October 29 – November 1, 2017

Sunday

- 1:00 PM - 5:00 PM..... CONFERENCE REGISTRATION
- 3:00 PM - 5:00 PM..... FUNDAMENTALS FOR NEW BOARD MEMBERS
FUNDAMENTALS FOR NEW PHYSICIAN LEADERS
- 5:30 PM - 6:30 PM..... GENERAL SESSION (all registrants together)
- 6:30 PM - 7:30 PM..... CONFERENCE RECEPTION

Monday

- 6:30 AM - 8:00 AM CONTINENTAL BREAKFAST
- 8:00 AM - 9:00 AM GENERAL SESSION (all registrants together)
- 9:00 AM - 9:15 AM 15-MINUTE BREAK
- 9:15 AM - 10:30 AM..... BREAKOUTS BY HOSPITAL TYPE
- 10:30 AM - 10:45 AM 15-MINUTE BREAK
- 10:45 AM - 12:00 PM BREAKOUTS BY INDIVIDUAL LEADERSHIP ROLE

Tuesday

- 6:30 AM - 8:00 AM CONTINENTAL BREAKFAST
- 8:00 AM - 9:40 AM GENERAL SESSION (all registrants together)
- 9:40 AM - 10:00 AM..... 20-MINUTE BREAK
- 10:00 AM - 12:00 PM BREAKOUTS BY ESSENTIAL ISSUE
- 12:00 PM - 1:30 PM LUNCH (*on own*)
- 1:30 PM - 5:00 PM..... WORKSHOPS (Sessions 1-3)

Wednesday

- 6:30 AM - 8:00 AM CONTINENTAL BREAKFAST
- 8:00 AM - 10:15 AM..... WORKSHOPS (Sessions 4 & 5)
- 10:15 AM - 10:30 AM 15-MINUTE BREAK
- 10:30 AM - 11:15 AM..... GENERAL SESSION – “Where We Are Going”
- 11:15 AM CONFERENCE ADJOURNS

Schedule

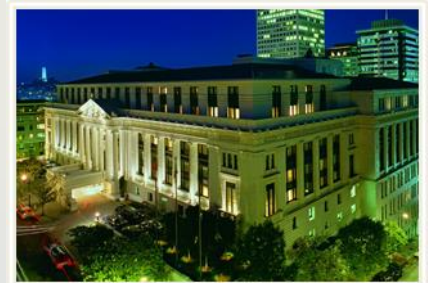


THE
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San Francisco, California



The Ritz-Carlton, San Francisco
October 29 – November 1, 2017



The Estes Park Institute begins a new conference year at a San Francisco historic landmark. Located in the heart of downtown, The Ritz-Carlton, San Francisco is one of the finest hotels to call Nob Hill home. This 1909 Neoclassical building has been transformed into a beautiful retreat of modern classic design. With commanding views of the city, timeless elegance, and impeccable service, this award-winning AAA Five-Diamond hotel is the perfect downtown location. And it's easy to explore the "City by the Bay's" spirited atmosphere and diverse cultural experiences as the historic cable car stops right outside the hotel doors.



THE
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Conference Objective

The objective of an Estes Park Institute conference is for health care leaders to learn and explore—with our health care experts—the current trends, changes, innovations, and solutions to help navigate the challenges presented by health reform and a rapidly changing health care environment.

Target Audience

The Estes Park Institute conference experience is for the entire leadership team—executives, physicians, and trustees. With the future of the community hospital so dependent on cooperation among governance, administration, and physician leaders—especially employed physicians—the Estes Park Institute is committed to the development of these teams.

Community Representatives

Community involvement is another important aspect of health care. When you work together with community leaders and organizations to implement programs that promote health and well-being, everyone benefits.

Tackling the opioid crisis with your local police force, promoting health and wellness through the school district, engaging with government officials to impact legislation—initiatives like these require a more advanced level of understanding for all involved. **That's why, for each conference registrant, we offer complimentary registration for a community representative.**

Community representatives will learn more about the challenges you face as a health care leader and hear innovative ideas for improving public health. This insight and knowledge will lead to improved cooperation and spark ideas for additional collaborative efforts.

Mission

The Estes Park Institute believes health care must have a moral center, and that health care leaders and professionals have the highest duty and responsibility in our society. The mission of Estes Park Institute is to educate teams of health care executives, physicians, and trustees so that they can better serve their patients and all of the people in their local communities, and can exercise leadership in this field. We fulfill that mission by presenting up-to-the-minute information, analysis, and insight into the problems, opportunities, and changes that shape health care in the United States.

Continuing Education

CME/ACCME: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Estes Park Institute. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

ACHE: The Estes Park Institute is authorized to award approximately 16 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

NAMSS: This program has been approved by the National Association of Medical Staff Services for approximately 16 hours of continuing education units. Medical staff services and credentialing professionals are responsible for verifying attendance at continuing education activities relative to their recertification. For your convenience, we will provide a certificate as proof of attendance.

Thank you to our sponsors:



"This conference session provided me with a much better understanding of MACRA... will be able to explain to others."

— Physician Leader

Registration Information

Each Registration Includes:

- Attendance at one Estes Park Institute conference and complimentary attendance for a community representative
- Continental breakfast each morning for registrants and guests
- Opportunities to network with the Estes Park Institute faculty and registrants
- Online access to all presentation, reference, and resource materials
- CME/ACCME, ACHE, and NAMSS credit

Tuition

\$6,700 (each team of four)

\$1,895 (single)

Upon registration, you will be sent hotel reservation information. Tuition for a physician, health care executive, or board member includes attendance at one Estes Park Institute conference and complimentary admittance for a community representative who is not directly affiliated with the health care organization, but who may be involved in community health initiatives.

Faculty Disclosure

In accordance with the Accreditation Council for Continuing Medical Education requirements on disclosure, information about relationships of presenters with commercial interests (if any) will be included in materials distributed at the time of the conference.

Americans With Disabilities Act Statement

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us to better serve you. Please notify us of your needs at least two weeks in advance of the program.



"All relates to my current position as a medical staff leader. I will soon lead both employed and non-employed providers and must work to bridge the working relationship between providers and the hospital."

— Employed Physician Leader

Conference Registration



THE ESTES PARK INSTITUTE

1 ONLINE:
EstesPark.org

2 CALL:
800-727-8225

3 FAX THIS FORM TO:
724-548-1383

4 MAIL THIS FORM TO:
Estes Park Institute
P.O. Box 400
Englewood, CO 80151

Select Conference:

_____ **San Francisco, CA**
The Ritz-Carlton, San Francisco
October 29 - November 1, 2017

_____ **Naples, FL**
The Ritz-Carlton, Naples
January 21-24, 2018

_____ **Maui, HI***
Grand Wailea
February 11-16, 2018

_____ **Phoenix, AZ**
Arizona Biltmore
March 18-21, 2018

_____ **San Antonio, TX**
Hilton Palacio del Rio
April 22-25, 2018

*At the Hawaii conference, Wednesday is an open day for hospital group activities. An additional day of sessions will take place on Thursday, and Wednesday sessions will take place on Friday.

_____ Contact Name		_____ Contact Title	
_____ Contact Email		_____ Contact Phone	_____ Fax
_____ Health Care Organization			_____ Number of Beds
_____ Street Address			
_____ City	_____ State	_____ Zip	
_____ CEO Name		_____ CEO Title	
_____ CEO Email		_____ Name of System (if applicable)	

METHOD OF PAYMENT

- Bill hospital/health system
 Check enclosed (payable to: Estes Park Institute)

TOTAL PAID REGISTRANTS:

_____ \$6,700 (each team of four) _____ \$1,895 (single)

TOTAL AMOUNT DUE: \$ _____

Upon registration, you will be sent accommodation information.

COMMUNITY REPRESENTATIVE

Tuition for a physician, health care executive, or board member includes attendance at one Estes Park Institute conference and complimentary admittance for a community representative who is not directly affiliated with the health care organization, but who may be involved in community health initiatives.

CANCELLATION POLICY

All cancellations must be confirmed in writing. Written cancellations received by the Estes Park Institute 30 or more days prior to the opening of the conference are eligible to receive a refund, less a processing fee of \$150 per person. Cancellations received within 15-29 days of the opening of the conference are not eligible for a refund, but money will be held on account up to 12 months for transfer to another Estes Park Institute conference. Cancellations within 14 days of the opening of the conference and "no show" registrants are not eligible for refund or transfer.

REGISTRANT NAMES

(Space may be reserved and names submitted at a later date. Additional names may be attached on a separate sheet.)

_____ Registrant Name	_____ Registrant Name
_____ Registrant Title	_____ Registrant Title
_____ Registrant Email	_____ Registrant Email
_____ Community Representative	_____ Community Representative
_____ Registrant Name	_____ Registrant Name
_____ Registrant Title	_____ Registrant Title
_____ Registrant Email	_____ Registrant Email
_____ Community Representative	_____ Community Representative

DRAFT FY18 Competency Matrix Rating Tool & Rating Scale

Level of Knowledge/Experience 1 = None (no background/experience) 2 = Minimal 3 = Moderate/Broad 4 = Competent 5 = Expert	Lanhee Chen	Jeffrey Davis, MD	Peter Fung, MD	Julia Miller	Robert Rebitzer	David Reeder	John Zoglin
COLLECTIVE COMPETENCIES							
1. Complex market partnerships							
2. Long-range strategic planning							
3. Health care insurance payors							
4. Finance/entrepreneurship							
5. Clinical integration/continuum-of-care							
6. Health care reform							
7. Oversight of diverse business portfolios							
8. Complex partnerships with clinicians							
9. Experience in more than one area of the continuum of care							
10. Patient care quality and safety metrics							
UNIVERSAL ATTRIBUTES							
1. Analytical Thinker: separates the important from trivial							
2. Collaborative: feels collaboration is essential for success							
3. Community-Oriented: always keeps stakeholders in mind							

A NYGREN CONSULTING PRESENTATION FOR

Date: September 7, 2016
Prepared for: ECH District Board of Directors
Prepared by: JoAnn McNutt, PhD



ECH District Board of Directors
2016 ECH Hospital Board Competency Profile

Results of All Directors

Collective Competencies										Universal Attributes		
Complex Market Partnerships	Long Range Strategic Planning	Healthcare Insurance Payor	Finance/ Entrepreneurship	Clinical Integration/ Continuum of Care	Knowledge of Healthcare Reform	Oversight of Diverse Business Portfolio	Understands Complex Partnerships w/ Clinicians	Experience in More Than One Area of the Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.40	4.20	4.00	4.00	4.60	4.60	4.25	4.60	4.60	4.80	4.75	4.25	4.50
4.00	4.00	3.60	3.75	4.60	4.40	4.20	4.20	4.40	4.75	4.60	4.20	4.25
3.60	4.00	3.40	3.75	4.50	4.20	3.60	4.00	3.75	4.60	4.60	4.00	4.00
3.25	3.75	3.25	3.25	3.50	3.75	3.50	3.60	3.60	3.75	4.20	4.00	4.00
3.25	3.50	3.25	3.25	3.50	3.50	3.25	3.50	3.25	3.25	3.75	3.75	3.80
3.00	3.25	3.00	3.20	3.20	3.50	3.20	3.25	3.00	2.80	3.50	3.75	3.75
2.75	3.00	2.50	2.80	2.50	3.50	3.00	2.75	2.50	2.75	2.75	3.00	3.60
2.00	2.50	2.25	2.50	2.25	3.00	2.25	2.00	2.25	2.50	2.25	3.00	3.40
3.28	3.53	3.16	3.31	3.58	3.81	3.41	3.49	3.42	3.65	3.80	3.74	3.91
Overall = 3.46										Overall = 3.82		

Note

- N=8 (5 District Directors and 3 Hospital Board Members)
- Tomi Ryba is not included in this report.
- Self-ratings are not included in the average scores above.

- 4.00 and Above
- Between 3.00 and 3.99
- Below 3.00

Results Without Neal Cohen

Collective Competencies										Universal Attributes		
Complex Market Partnerships	Long Range Strategic Planning	Healthcare Insurance Payor	Finance/ Entrepreneurship	Clinical Integration/ Continuum of Care	Knowledge of Healthcare Reform	Oversight of Diverse Business Portfolio	Understands Complex Partnerships w/ Clinicians	Experience in More Than One Area of the Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.00	4.00	3.60	3.75	4.60	4.40	4.25	4.20	4.60	4.75	4.75	4.25	4.50
3.60	4.00	3.40	3.75	4.50	4.20	3.60	4.00	3.75	4.60	4.60	4.20	4.25
3.25	3.75	3.25	3.25	3.50	3.75	3.50	3.60	3.60	3.75	4.20	4.00	4.00
3.25	3.50	3.25	3.25	3.50	3.50	3.25	3.50	3.25	3.25	3.75	3.75	4.00
3.00	3.25	3.00	3.20	3.20	3.50	3.20	3.25	3.00	2.80	3.50	3.75	3.75
2.75	3.00	2.50	2.80	2.50	3.50	3.00	2.75	2.50	2.75	2.75	3.00	3.60
2.00	2.50	2.25	2.50	2.25	3.00	2.25	2.00	2.25	2.50	2.25	3.00	3.40
3.12	3.43	3.04	3.21	3.44	3.69	3.29	3.33	3.28	3.49	3.69	3.71	3.93
Overall = 3.33										Overall = 3.78		

Overall Score Decreased by 0.13

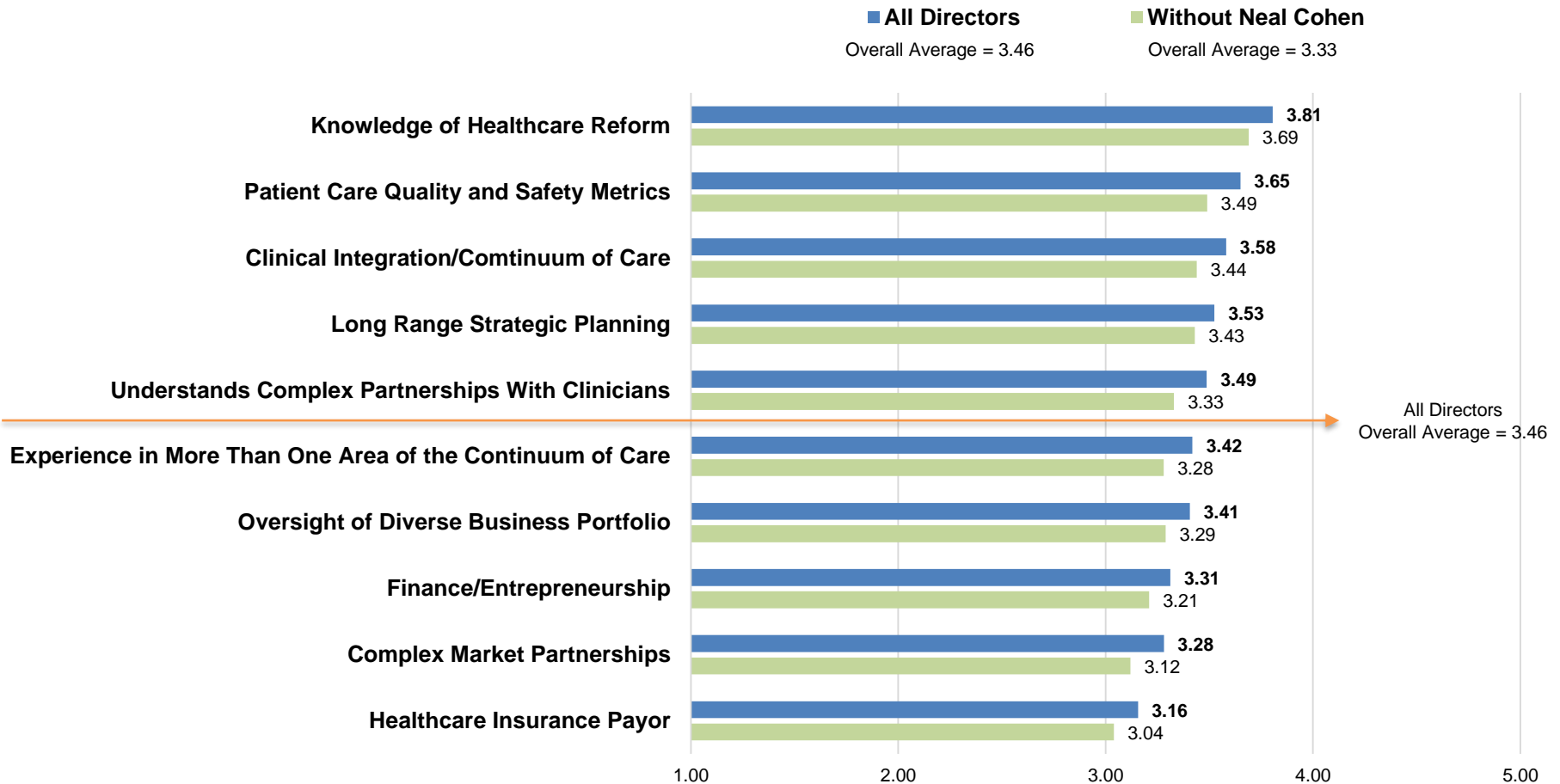
Overall Score Decreased by 0.04

Note

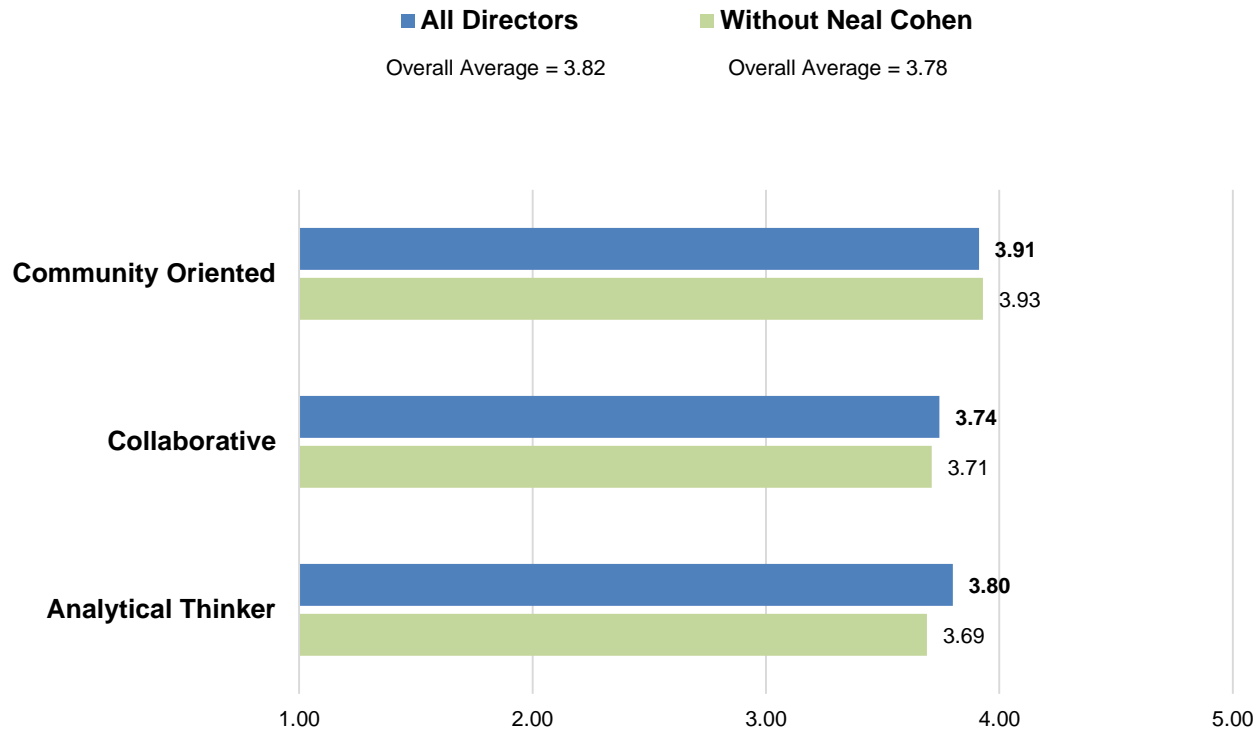
- N=7 (5 District Directors and 2 Hospital Board Members; Neal Cohen's results are not included.)
- Tomi Ryba is not included in this report.
- Self-ratings are not included in the average scores above.

- 4.00 and Above
- Between 3.00 and 3.99
- Below 3.00

Collective Competencies



Universal Attributes



Appendix: 2016 Competency Matrix Rating Tool and Rating Scale

- 1 = Have No Background or Experience
- 2 = Have Minimal Knowledge and Experience
- 3 = Have Moderate/Broad Knowledge and Experience
- 4 = Have Competent Knowledge and Experience
- 5 = Have Expert Knowledge and Experience

ECH Hospital Board Member Competencies (FY17 - Revised August 23, 2016)

- 1 = Have No Background or Experience
- 2 = Have Minimal Knowledge and Experience
- 3 = Have Moderate/Broad Knowledge and Experience
- 4 = Have Competent Knowledge and Experience
- 5 = Have Expert Knowledge and Experience

	Dennis Chiu	Neal Cohen	Jeffrey Davis	Peter Fung	Julia Miller	David Reeder	Tomi Ryba	Lanhee Chen	John Zoglin
I. Collective Competencies									
1. Complex Market Partnerships									
2. Long Range Strategic Planning									
3. Healthcare Insurance Payor									
4. Finance/Entrepreneurship									
5. Clinical Integration/Continuum of Care									
6. Knowledge of Healthcare Reform									
7. Oversight of Diverse Business Portfolio									
8. Understands Complex Partnerships With Clinicians									
9. Experience in More Than One Area of the Continuum of Care									
10. Patient Care Quality and Safety Metrics									
III. Universal Attributes									
1. Analytical thinker: separates the important from trivial									
2. Collaborative: feels collaboration is essential for success									
3. Community oriented: always keeps stakeholders in mind									

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El Camino Hospital[®]

THE HOSPITAL OF SILICON VALLEY

Major Capital Projects Update – For Information

August 9, 2017

Ken King

Chief Administrative Services
Officer

Major Capital Projects – Mountain View Master Plan Projects

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

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

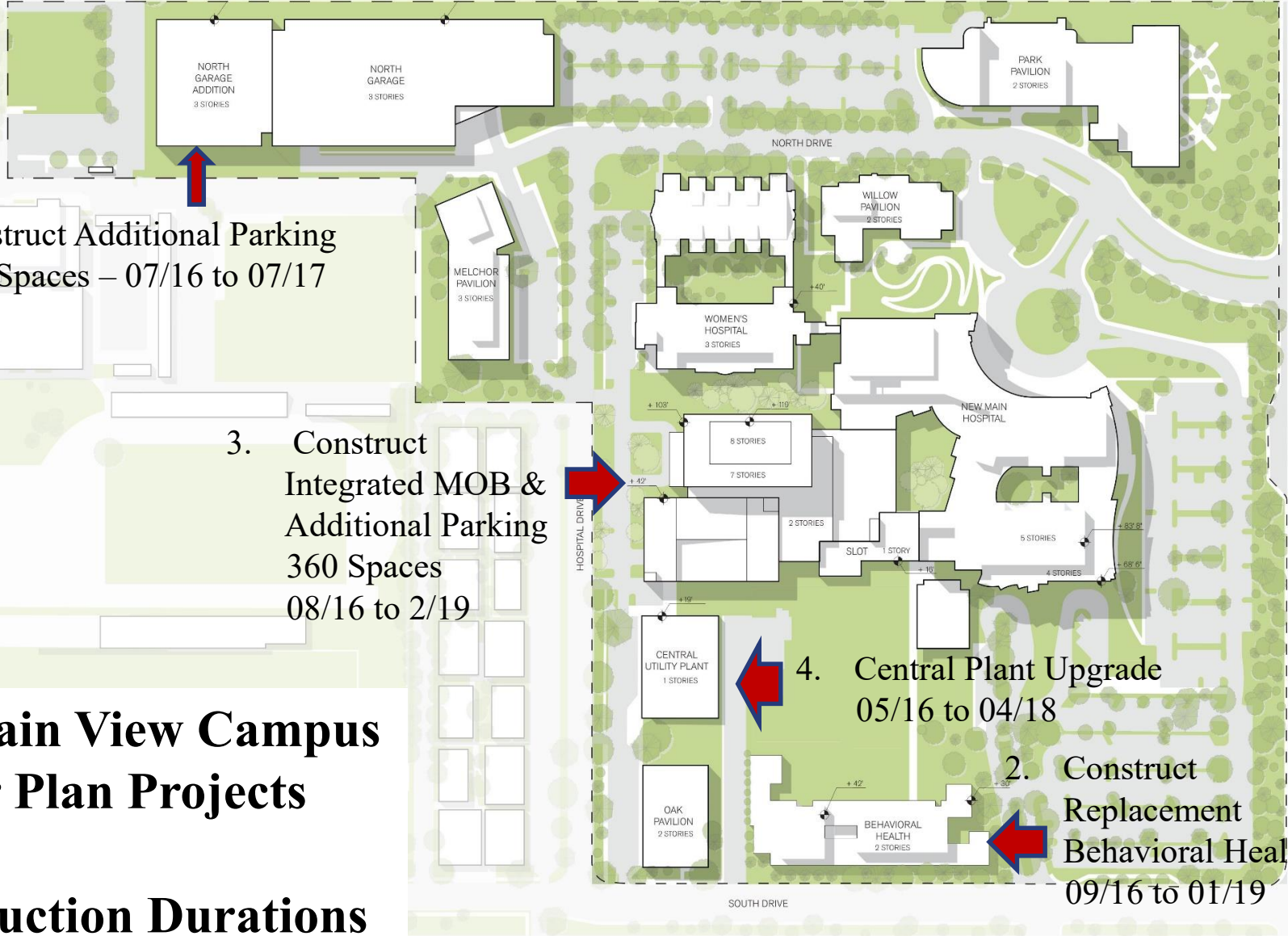
1. Construct Additional Parking
400 Spaces – 07/16 to 07/17

3. Construct
Integrated MOB &
Additional Parking
360 Spaces
08/16 to 2/19

4. Central Plant Upgrade
05/16 to 04/18

2. Construct
Replacement
Behavioral Health
09/16 to 01/19

Mountain View Campus Master Plan Projects with Construction Durations



PROPOSED SITE PLAN

Behavioral Health Services Building Project Site

BHS Site

Photo Date 05/22/17



BHS Site

Photo Date 07/18/17



Integrated Medical Office Building Project Site

IMOB Site
Photo Date 05/22/17

IMOB Site
Photo Date 07/18/17



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 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 72% complete and progressing on schedule. The next permit for the building structure is expected to be issued by the City of Mountain View in early August. The contractor has submitted the final GMP proposal with over 1300 pages of back-up. We are in the process of reviewing and validating the information provided. Schedule critical elements have been released final negotiations of Construction GMP agreement may require additional project funding.

✘ Updated Forecasted Cost Projection to be Presented at September Board Meeting

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 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.

Project Cost Projections – July 18, 2017

Mountain View Master Plan Projects (In Process)				No Update from Prior Report	
Through June 30, 2017	Approved Budget	Total Obligated	Paid to Date	Forecasted Cost	Forecasted to 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 Utility 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 reviewing final pricing that will reflect plan review and permit pricing adjustments.
- Final negotiations of the construction Guaranteed Maximum Price (GMP) contracts may require additional project funding.

Updated Forecasted Cost Projection to be Presented at September Board Meeting

Questions?



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, June 28, 2017
2500 Grant Road, Mountain View, CA 94040
Conference Rooms A&B, E&F (ground floor)**

Board Members Present

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

Board Members Absent

Lanhee Chen

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:35 pm by Chair Cohen. A silent roll call was taken. Director Chen was absent. All other Board members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Cohen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 5:36 pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (June 14, 2017); pursuant to <i>Health and Safety Code 32106(b)</i> for a report involving health care facility trade secrets: Strategic Framework; pursuant to <i>Gov’t Code Section 54957</i> for discussion and report on personnel performance matters: Resolution 2017-07; pursuant to <i>Gov’t Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p>Movant: Reeder Second: Chiu Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p>	Adjourned to closed session at 5:36 pm.
4. AGENDA ITEM 10: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open session was reconvened at 9:00 pm. Agenda items 4-9 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (June 14, 2017) by a unanimous vote in favor of all members present (Directors Chiu, Cohen, Davis, Fung, Miller, Reeder, and Zoglin). Director Chen was absent. The Board also approved Resolution 2017-07, delegating authority to the El Camino Hospital Board Chair holding office at the time of the appointment to take all actions necessary to comply with California Code of Regulations Title 22 Section 70701(a) including the appointment of an Interim Administrator and other such actions required to comply with applicable laws by a unanimous vote in favor of all members present (Directors Chiu, Cohen, Davis, Fung, Miller, Reeder, and Zoglin). Director Chen was absent.</p>	

<p>5. AGENDA ITEM 11: CONSENT CALENDAR</p>	<p>Director Cohen asked if any member of the Board or the public wished to remove an item from the consent calendar.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (June 14, 2017).</p> <p>Movant: Miller Second: Zoglin Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p>	<p><i>Consent calendar approved</i></p>
<p>6. AGENDA ITEM 12: PUBLIC COMMUNICATION</p>	<p>None.</p>	
<p>7. AGENDA ITEM 13: APPROVAL OF STRATEGIC FRAMEWORK</p>	<p>Michelle McGowen, Director of Strategic Planning reported that based on the Board, executive, and manager input, El Camino Hospital has developed the following proposals:</p> <ul style="list-style-type: none"> - Vision: to lead the transformation of healthcare delivery in Silicon Valley; - Mission: to heal, relieve suffering and advance wellness as your publicly accountable health partner; - Values: quality, compassion, community, collaboration, stewardship, innovation, and accountability <p>She also reported that there are three (3) identified major strategic goals and a set of building blocks that ECH intends to move into actionable initiatives; the detailed planning process will be launched over the next several months.</p> <p>Motion: To approve the Strategic Framework.</p> <p>Movant: Chiu Second: Fung Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None</p>	<p><i>Strategic Framework approved</i></p>
<p>8. AGENDA ITEM 14: RESOLUTION 2017-08</p>	<p>Motion: To approve Resolution 2017-08.</p> <p>Movant: Reeder Second: Zoglin Ayes: Chiu, Cohen, Davis, Fung, Miller, Zoglin Noes: None Abstentions: Cohen Absent: Chen Recused: None</p> <p>Director Chiu acknowledged Director Cohen for his five years of service on the El Camino Hospital Board of Directors, four of which were in the role of Chair. He recognized Director Cohen for his mentorship, leadership, and strategic thinking.</p>	<p><i>Resolution 2017-08 approved</i></p>
<p>9. AGENDA ITEM 15: BOARD COMMENTS</p>	<p>The Board thanked Director Cohen for his service on the Board and as Chair.</p> <p>Brenda Taussig, Director of Government and Community Relations,</p>	

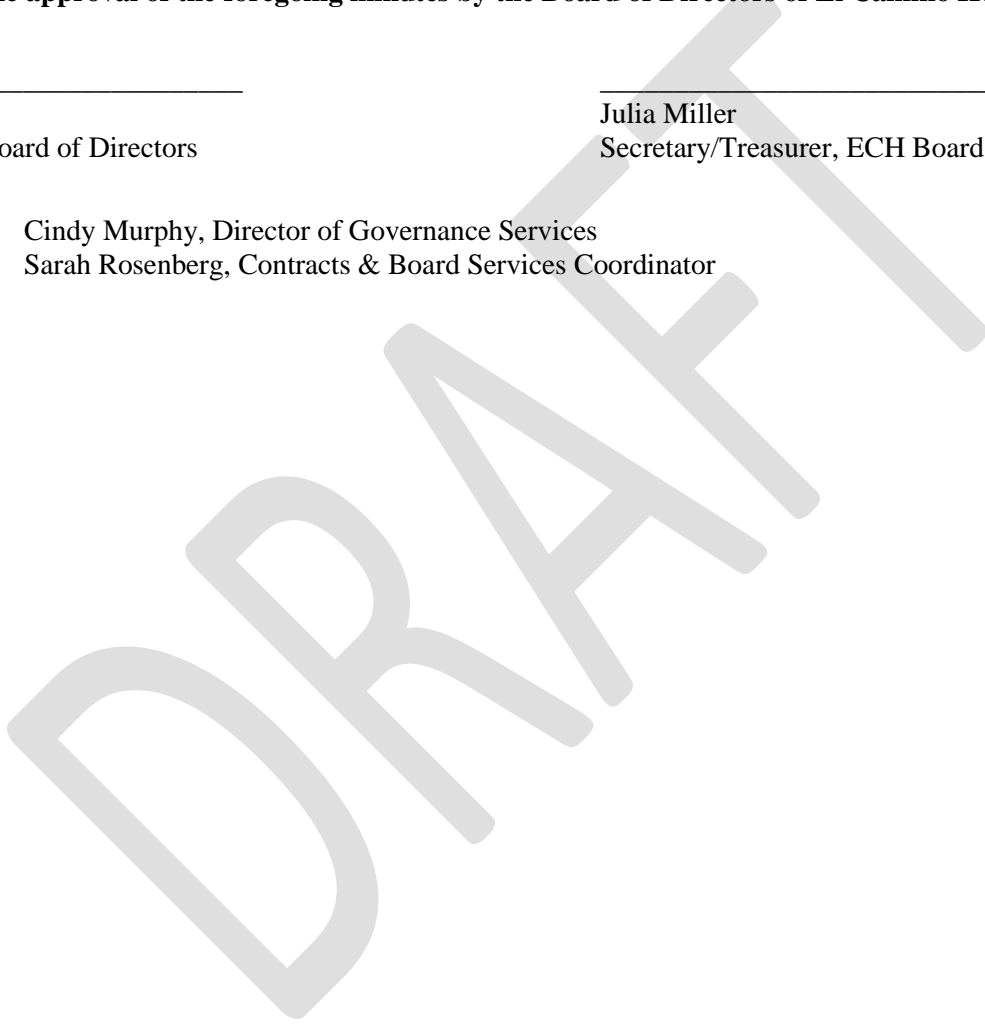
	presented commendations on behalf of State Senator Jerry Hill, State Assemblymember Mark Berman, and County Supervisor Joe Simitian.	
10. AGENDA ITEM 16: ADJOURNMENT	Motion: To adjourn at 9:18 pm. Movant: Fung Second: Miller Ayes: Chiu, Cohen, Davis, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: Chen Recused: None	<i>Meeting adjourned at 9:18 pm.</i>

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

Lanhee Chen
Chair, ECH Board of Directors

Julia Miller
Secretary/Treasurer, ECH Board of Directors

Prepared by: Cindy Murphy, Director of Governance Services
Sarah Rosenberg, Contracts & Board Services Coordinator





El Camino Hospital

THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

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

	Annual				Month			YTD		
	2015	2016	2017 Proj.	2017 Bud/Target	PY	CY	Bud/Target	PY	CY	Bud/Target
Volume										
Licensed Beds	443	443	443	443	443	443	443	443	443	443
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	1,173	12,004	12,446	12,419
Deliveries	5,067	4,717	4,660	4,810	404	377	418	4,316	4,272	4,426
BHS	901	806	907	901	77	86	79	849	845	837
Rehab	555	500	459	570	32	30	50	452	421	525
Outpatient Cases										
ED	128,110	139,935	145,560	147,053	11,707	12,728	12,448	128,172	133,430	131,795
Procedural Cases	49,106	48,609	48,636	51,258	4,135	4,275	4,440	44,764	44,583	47,007
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	198	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%	21.1%	12.7%	17.7%	14.4%
IP Margin ¹	-3.9%	-8.7%	-5.2%	-6.1%	-3.9%	-5.8%	-6.1%	-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%	19.0%	19.3%	20.1%	19.0%
Total Commercial	42.9%	41.9%	42.4%	43.0%	40.0%	42.0%	43.0%	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 Income (\$000s)										
Hosp	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)	0	1	(9)	0	(311)	(92)	0
Foundation	710	982	3,265	(450)	180	37	(20)	919	2,177	(477)
SVMD	106	156	8	0	(67)	(85)	(1)	88	5	(1)

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

(in thousands)	Month to Date (MTD)			Year to Date (YTD)		
	Detail	Net Income Impact	% Net Revenue	Detail	Net Income Impact	% Net 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)			978		
* 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)	-0.4%
* Physician Fees - Below Budget in MD Director Fee both May & YTD	79			1,560		
* Consulting Fee - Various Administration and Strategic Planning consultants	(648)			(4,776)		
* 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 Equipment Rental YTD)	11			(271)		
* 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 & ICARE depreciation and equipment)	621			4,431		
* 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%
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%	

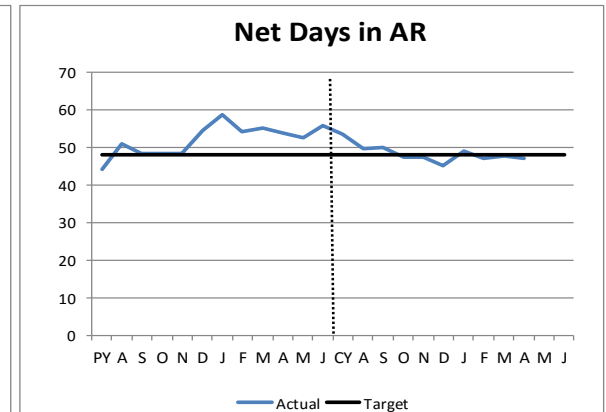
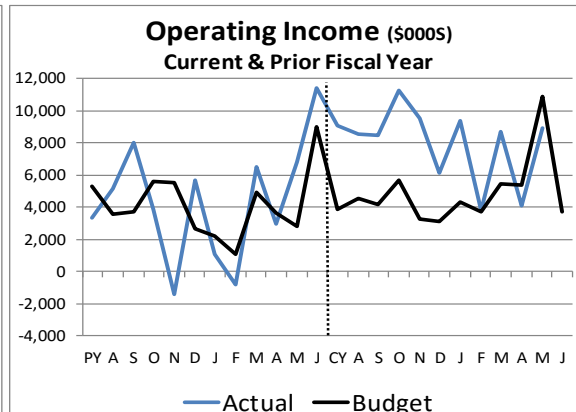
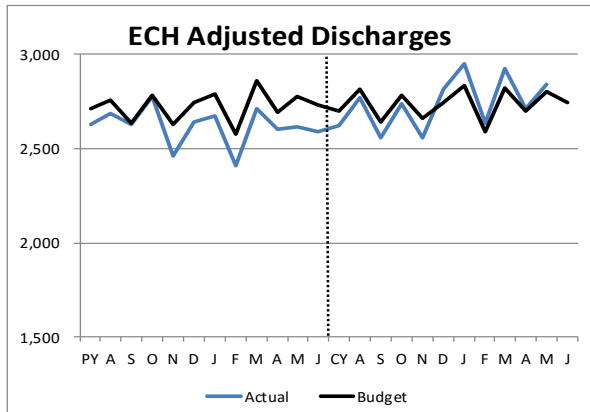
Non Operating Items and Net Income by Affiliate

\$ in thousands

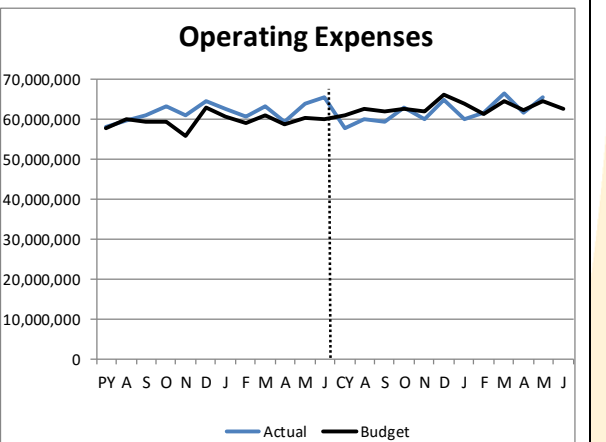
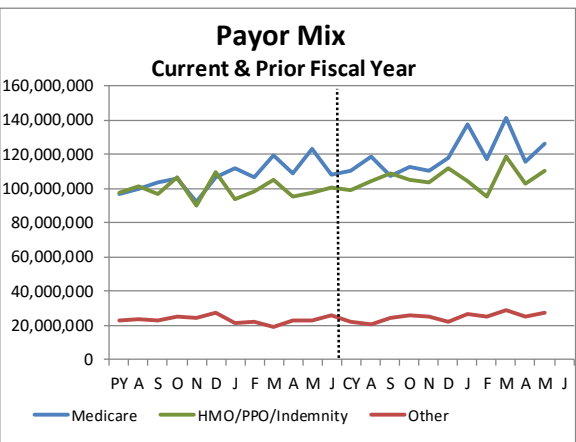
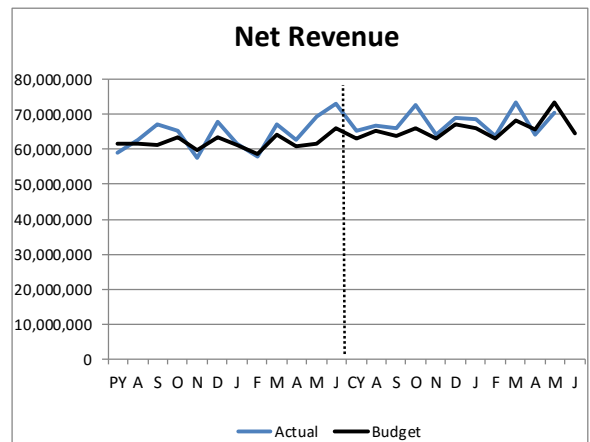
	Period 11 - Month			Period 11 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	9,695	9,786	(91)	84,453	43,663	40,790
Los Gatos	(748)	1,121	(1,869)	3,512	10,878	(7,366)
Sub Total - El Camino Hospital, excl. Affilates	8,947	10,907	(1,960)	87,965	54,541	33,424
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.
- Swap Adjustments unfavorable for May due to revenue bond swap (-\$751k).
- Concern unfavorable both May and YTD due to medical outside services.
- Foundation favorable both May and YTD due to unrealized investment gain and investment income.

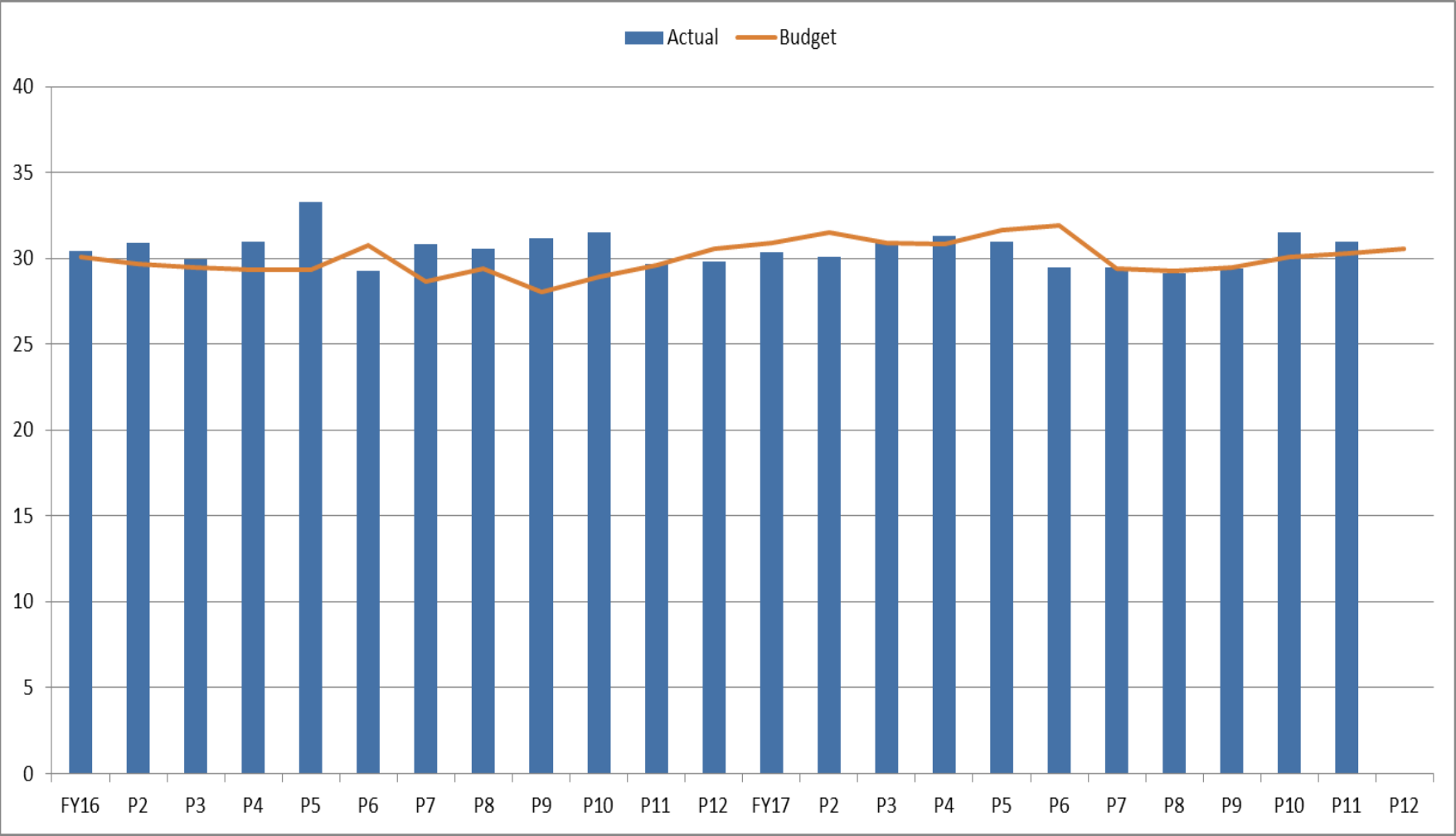
Monthly Financial Trends



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.

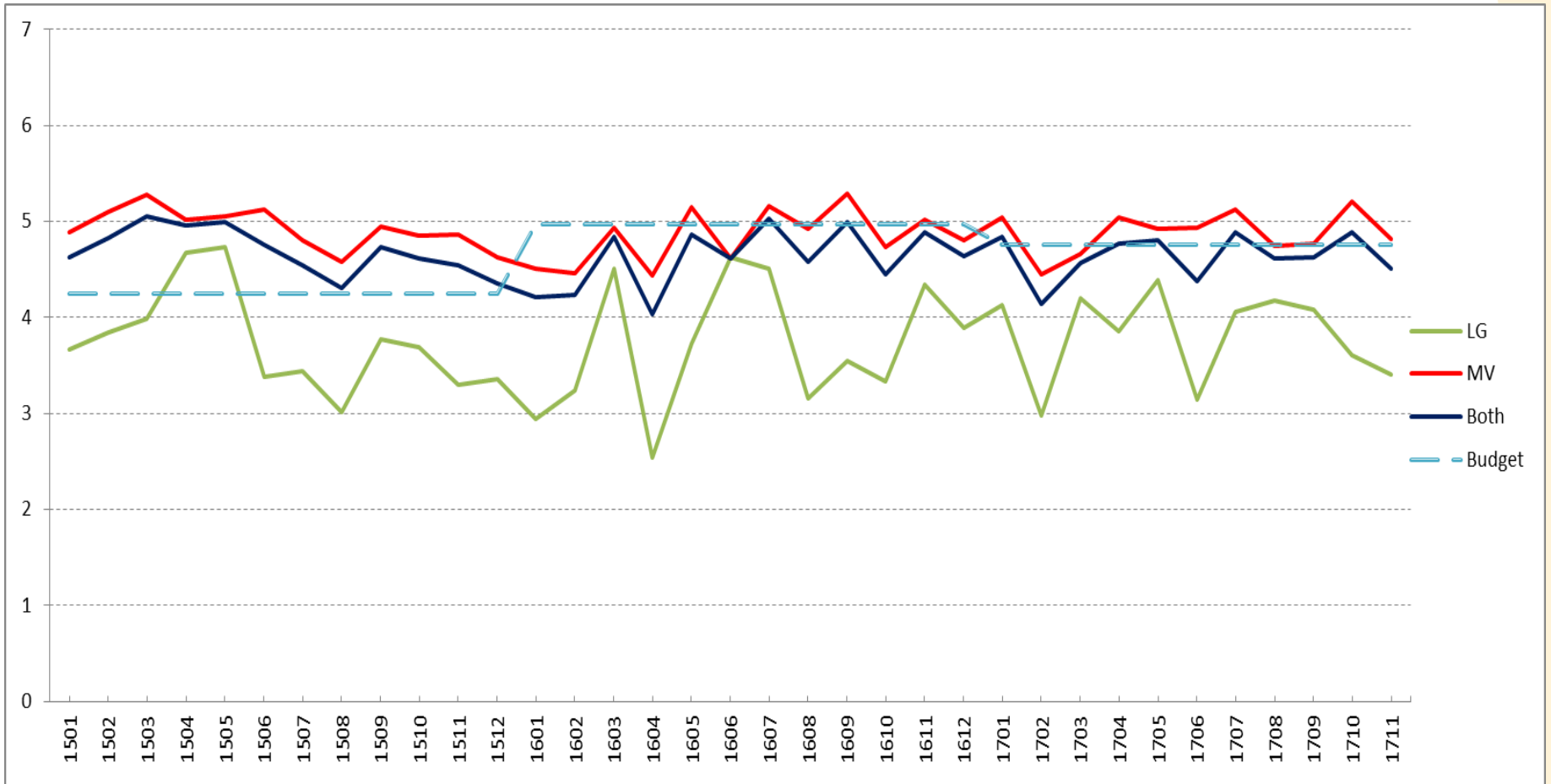


Worked Hours per Adjusted Patient Day



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.

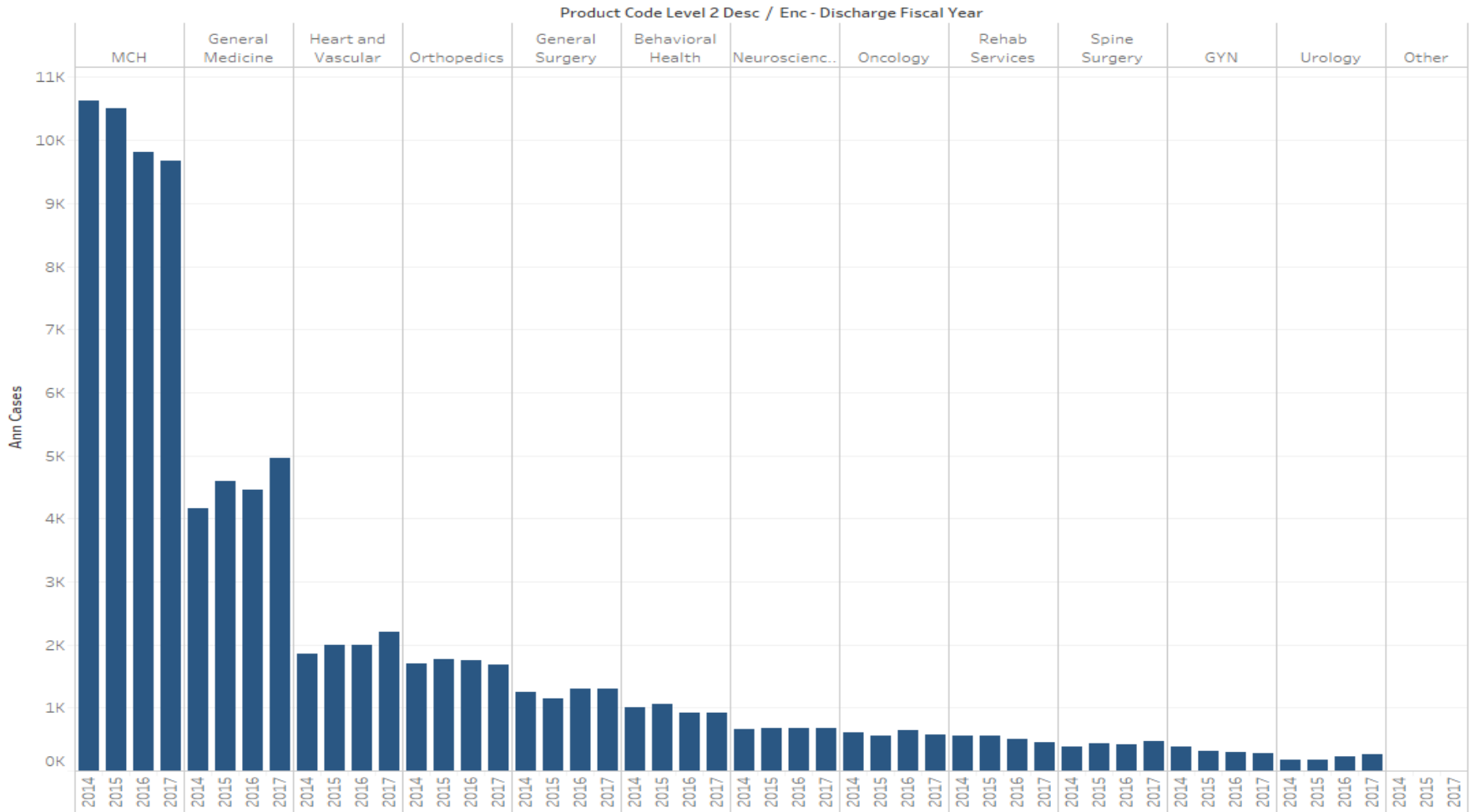
Medicare ALOS



•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

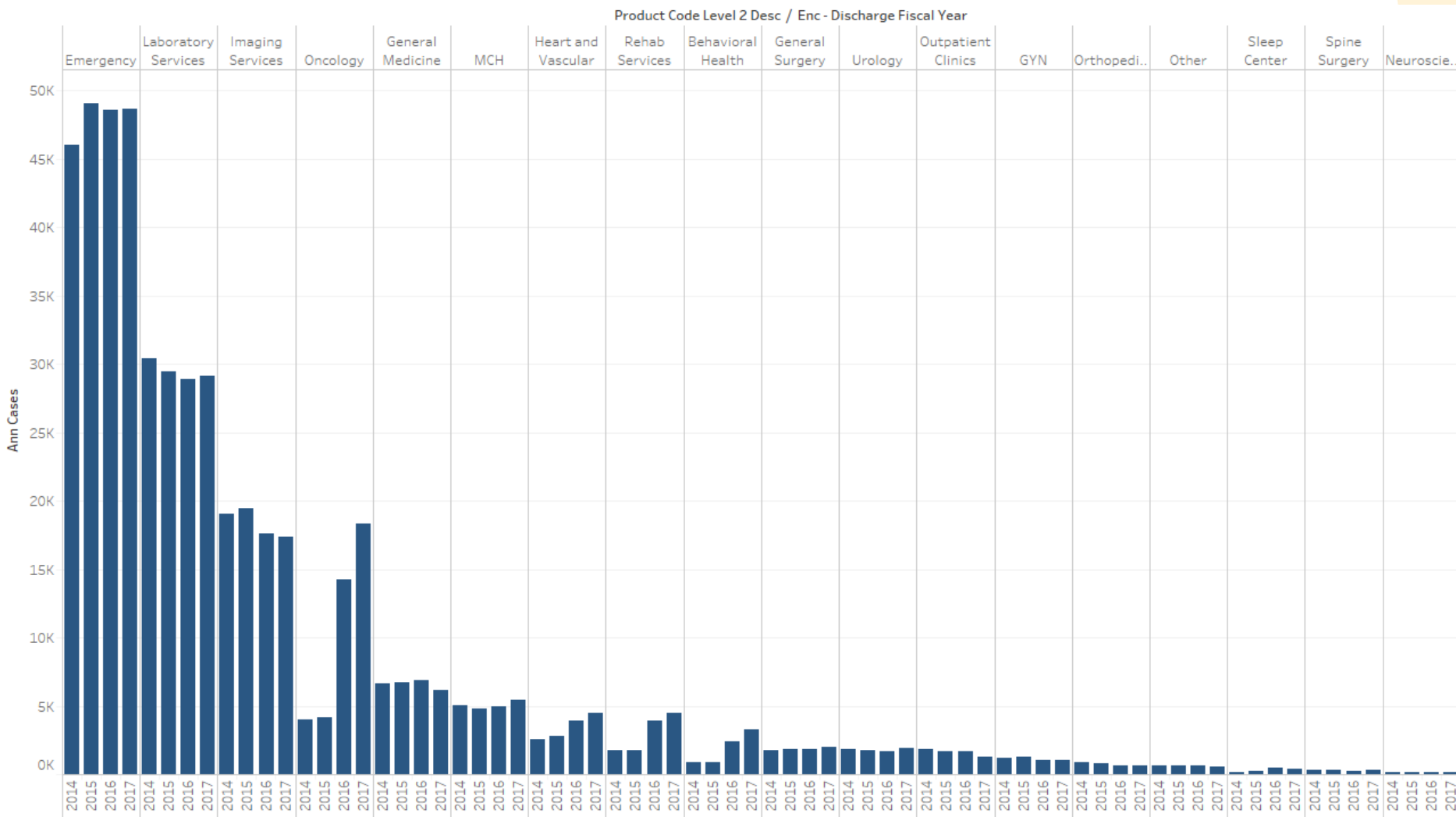
FY 2017 is annualized



- 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

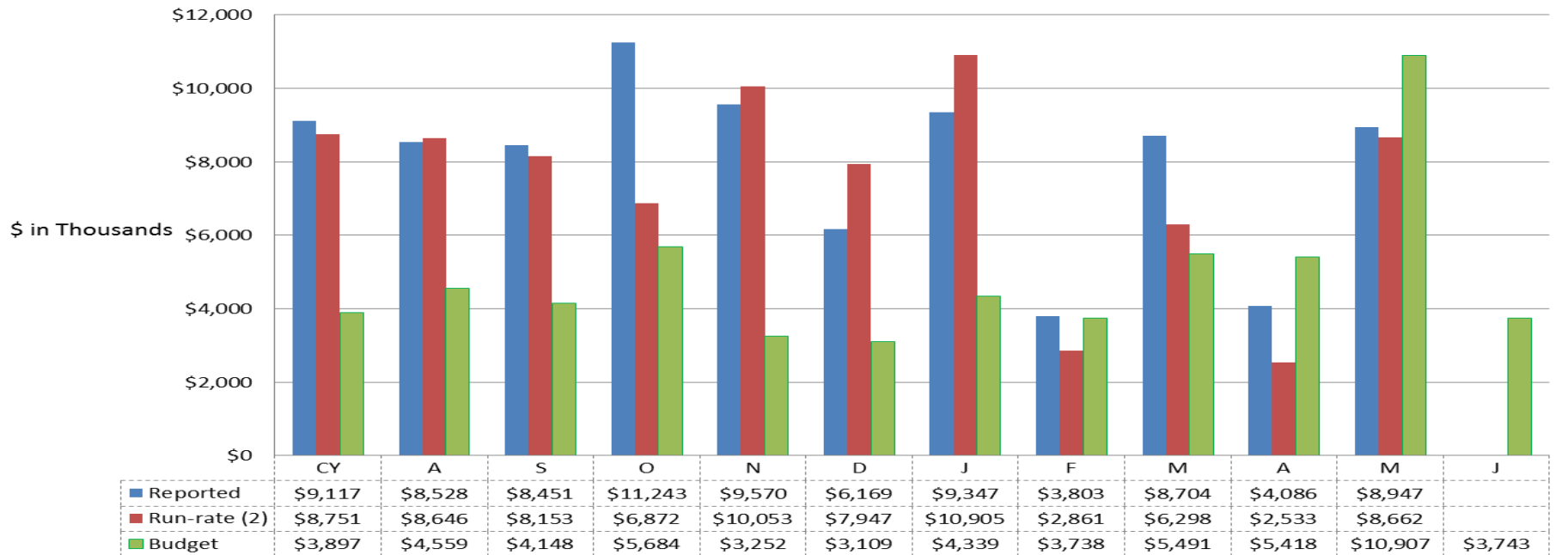
FY 2017 is annualized



- 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



FY 2017 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>

Revenue Adjustments		J	A	S	O	N	D	J	F	M	A	M	J	YTD
Insurance (Payment Variance)		335	-	61	145	36	-	-	-	544	-	-	-	1,120
Mcare Settlmt/Appeal/Tent Settlmt/PIP		100	(158)	74	67	67	100	67	947	27	1,953	54	-	3,298
BPCI Settlement		-	-	-	-	-	-	(2,167)	-	-	-	76	-	(2,092)
Medi-Cal Supplemental		-	-	-	-	-	312	814	240	-	-	144	-	1,510
IGT Supplemental		-	-	-	6,535	-	-	-	-	-	-	-	-	6,535
Various Adjustments under \$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
Expense Adjustments														
Pay-For-Performance Bonus		-	-	-	-	-	(2,400)	(403)	(401)	-	-	-	-	(3,204)
Ratification Bonus		-	-	-	(2,400)	-	-	-	-	-	-	-	-	(2,400)
Purchases Below Capital Threshold		-	-	-	-	(598)	-	-	-	-	-	-	-	(598)
WC Reserve Updates Based on Fav. Experience		-	-	-	-	-	700	-	-	1,824	-	-	-	2,524
Other Purchased Services (Clinical Informatics)		-	-	-	-	-	(500)	-	-	-	-	-	-	(500)
Accrued Time Off (Repricing of PRN PTO)		-	-	-	-	-	-	-	-	-	(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	1Q 2017		Fiscal Year-to-date		4y 5m Since Inception (annualized)		FY17	Expectation
		El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	Year-end Budget	Per Asset Allocation
Investment Performance									
		1Q 2017		Fiscal Year-to-date		4y 5m Since Inception (annualized)		May 2016	
Surplus cash balance & op. cash (millions)		\$854.8	--	--	--	--	--	\$657.2	--
Surplus cash return	Green	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	Green	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-year		Fiscal Year-to-date		4y 5m Since Inception (annualized)		May 2016	
Surplus cash Sharpe ratio	Green	0.82	0.90	--	--	1.19	1.17	--	0.55
Net of fee return	Green	3.8%	4.2%	--	--	5.1%	5.1%	--	5.2%
Standard deviation	Green	4.5%	4.6%	--	--	4.2%	4.2%	--	8.6%
Cash balance Sharpe ratio	Green	0.82	0.84	--	--	1.29	1.26	--	0.49
Net of fee return	Green	4.8%	4.8%	--	--	7.6%	7.0%	--	5.8%
Standard deviation	Green	5.8%	5.6%	--	--	5.7%	5.5%	--	10.7%
Asset Allocation									
		1Q 2017		Fiscal Year-to-date		4y 5m Since Inception (annualized)		May 2016	
Surplus cash absolute variances to target	Green	7.2%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target	Green	6.8%	< 10%	--	--	--	--	--	--
Manager Compliance									
		1Q 2017		Fiscal Year-to-date		4y 5m Since Inception (annualized)		May 2016	
Surplus cash manager flags	Green	16	< 19 Green < 23 Yellow	--	--	--	--	--	--
Cash balance plan manager flags	Green	19	< 20 Green < 25 Yellow	--	--	--	--	--	--

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	2017 Proj Spend	FY 17 YTD Spent
CIP	EPIC Upgrade		6.1	2.3	6.1	2.3
	IT Hardware, Software, Equipment*		5.4	2.2	5.4	2.2
	Medical & Non Medical Equipment FY 16**		4.3	4.2	4.3	4.2
	Medical & Non Medical Equipment FY 17***		10.3	7.3	13.9	7.3
Facility Projects						
	1245 Behavioral Health Bldg	91.5	91.5	15.2	24.8	9.1
	1413 North Drive Parking Expansion	24.5	24.5	15.3	21.1	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 €	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	70.7
GRAND TOTAL			488.4	161.4	200.4	86.7

*Excluding EPIC

** Unspent Prior Year routine used as contingency

***Includes 2 robot purchases

El Camino Hospital

Capital Spending – Facility Projects (in millions)

Updated Quarterly
Last update 04/01/17

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	1414	Integrated Medical Office Building	101,500,000	70,087,267	31,412,733
1 - Mountain View	1422	CUP Upgrades	5,000,000	4,967,592	32,408
1 - Mountain View	1430	Women Hosp Expansion	5,500,000	800,000	4,700,000
Sub-total Mountain View Campus Master Plan			162,500,000	121,763,560	40,736,440
Mountain View Capital Projects					
1 - Mountain View	1501	Womens Hosp NPC Closeout	327,000	609,234	(282,234)
1 - Mountain View	1425	IMOB Preparation Project - Old Main	1,000,000	3,000,000	(2,000,000)
1 - Mountain View	1502	Cabling and Wireless upgrades	400,000	2,800,000	(2,400,000)
1 - Mountain View	1525	New Main Lab Upgrades	1,200,000	2,640,000	(1,440,000)
1 - Mountain View	1515	ED Remodel Triage / Psych Observation	1,400,000	600,000	800,000
1 - Mountain View	1415	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	1602	JW House (Patient Family Residence)	500,000	-	500,000
Sub-total Mountain View Capital Projects			7,777,000	13,759,734	(5,982,734)
Los Gatos Capital Projects					
11 - Los Gatos	1219	LG Spine Room Expansion - OR 4	3,100,000	4,100,000	(1,000,000)
11 - Los Gatos	1313	LG Rehab HVAC Upgrades	400,000	3,675,000	(3,275,000)
11 - Los Gatos	1248	LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	7,250,000	8,100,000	(850,000)
11 - Los Gatos	1307	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		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
Sub-total 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-total Other Strategic Projects			4,000,000	1,400,000	2,600,000
GRAND TOTAL FACILITIES PROJECTS			204,477,000	170,763,294	33,713,706

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	
	May 31, 2017	June 30, 2016
CURRENT ASSETS		
(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	
	May 31, 2017	June 30, 2016
CURRENT LIABILITIES		
(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 FY 2016	PERIOD 11 FY 2017	PERIOD 11 Budget 2017	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2016	YTD FY 2017	YTD Budget 2017	Variance 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%
20.5%	21.1%	22.7%	-1.6%		EBITDA	13.6%	19.9%	14.9%	5.0%	
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 FY 2016	PERIOD 11 FY 2017	PERIOD 11 Budget 2017	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2016	YTD FY 2017	YTD Budget 2017	Variance 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%
-6.2%	-2.4%	13.6%	7.5%		EBITDA	8.5%	7.0%	12.5%	-5.6%	
-11.2%	-7.0%	8.5%	-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

Capital Spending (in 000's)	Actual FY2013	Actual FY2014	Actual FY2015	Actual FY2016	Budget FY2017	Projected FY2017	Budget 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	2015	2016	Category	2012	2013	2014	2015	2016
EPIC	0	0	6,838	29,849	20,798	Facilities Projects CIP cont.					
IT Hardware/Software Equipment	7,289	8,019	2,788	4,660	6,483	1327 - Rehab Building Upgrades	0	0	0	15	20
Medical/Non Medical Equipment	11,203	10,284	12,891	13,340	17,133	1320 - 2500 Hosp Dr Roofing	0	0	75	81	0
Non CIP Land, Land I, BLDG, Additions	7,311	0	22,292	0	4,189	1340 - New Main ED Exam Room TVs	0	0	8	193	0
Facilities Projects CIP						1341 - New Main Admin	0	0	32	103	0
Mountain View Camputs Master Plan Projects						1344 - New Main AV Upgrd	0	0	243	0	0
1245 - Behavioral Health Bldg Replace	0	0	1,257	3,775	1,389	1400 - Oak Pav Cancer Center	0	0	0	5,208	666
1413 - North Drive Parking Structure Exp	0	0	0	167	1,266	1403 - Hosp Drive BLDG 11 TI's	0	0	86	103	0
1414 - Integrated MOB	0	0	0	2,009	8,875	1404 - Park Pav HVAC	0	0	64	7	0
1422 - CUP Upgrade	0	0	0	0	896	1405 - 1 - South Accessibility Upgrades	0	0	0	0	168
Sub-Total Mountain View Campus Master Plan	0	0	1,257	5,950	12,426	1408 - New Main Accessibility Upgrades	0	0	0	7	46
Mountain View Capital Projects						1415 - Signage & Wayfinding	0	0	0	0	106
0101 - Hosp Replace	313	0	0	0	0	1416 - MV Campus Digital Directories	0	0	0	0	34
0317 - Melchor TI's	117	0	0	0	0	1423 - MV MOB TI Allowance	0	0	0	0	588
0704 - 1 South Upgrade	2	0	0	0	0	1425 - IMOB Preparation Project - Old Main	0	0	0	0	711
9900 - Unassigned Costs	279	734	470	3,717	0	1429 - 2500 Hospital Dr Bldg 8 TI	0	0	0	101	0
0803 - Park Pav Foundation	270	0	0	0	0	1432 - 205 South Dr BHS TI	0	0	0	8	15
1106 - SHC Project	2,245	0	0	0	0	1501 - Women's Hospital NPC Comp	0	0	0	4	0
1108 - Cooling Towers	932	450	0	0	0	1502 - Cabling & Wireless Upgrades	0	0	0	0	1,261
1115 - Womens Hosp TI's	50	0	0	0	0	1503 - Willow Pavillion Tomosynthesis	0	0	0	0	53
1118 - Park Pav Roto Care	119	0	0	0	0	1504 - Equipment Support Infrastructure	0	0	0	61	311
1120 - BHS Out Patient TI's	472	66	0	0	0	1523 - Melchor Pavillion Suite 309 TI	0	0	0	0	10
1129 - Old Main Card Rehab	400	9	0	0	0	1526 - CONCERN TI	0	0	0	0	37
0817 - Womens Hosp Upgrds	1,242	645	1	0	0	Sub-Total Mountain View Projects	8,380	8,145	7,219	26,744	5,588
1107 - Boiler Replacement	49	0	0	0	0	0904 - LG Facilities Upgrade	41	2	0	0	0
1109 - New Main Upgrades	589	423	393	2	0	0907 - LG Imaging Masterplan	162	244	774	1,402	17
1111 - Mom/Baby Overflow	267	212	29	0	0	1000 - LG Rehab Building	0	0	0	0	0
1129 - Cardiac Rehab Improv	0	0	0	0	0	1005 - LG OR Light Upgrd	108	14	0	0	0
1132 - Pneumatic Tube Prj	78	0	0	0	0	1102 - LG Joint Hotel	657	0	0	0	0
1204 - Elevator Upgrades	24	25	30	0	0	1122 - LG Sleep Studies	147	7	0	0	0
0800 - Womens L&D Expansion	129	2,104	1,531	269	0	1210 - Los Gatos VOIP	1	147	89	0	0
1131 - MV Equipment Replace	190	216	0	0	0	1116 - LG Ortho Pavillion	44	177	24	21	0
1135 - Park Pavilion HVAC	47	0	0	0	0	1124 - LG Rehab BLDG	11	49	458	0	0
1208 - Willow Pav. High Risk	0	110	0	0	0	1128 - LG Boiler Replacement	3	0	0	0	0
1213 - LG Sterilizers	0	102	0	0	0	1247 - LG Infant Security	0	134	0	0	0
1225 - Rehab BLDG Roofing	0	7	241	4	0	1307 - LG Upgrades	0	376	2,979	3,282	3,511
1227 - New Main eLCU	0	96	21	0	0	1308 - LG Infrastructure	0	0	114	0	0
1230 - Fog Shop	0	339	80	0	0	1313 - LG Rehab HVAC System/Structural	0	0	0	0	1,597
1315 - 205 So. Drive TI's	0	0	500	2	0	1219 - LG Spine OR	0	0	214	323	633
0908 - NPCR3 Seismic Upgrds	554	1,302	1,224	1,328	240	1221 - LG Kitchen Refrig	0	0	85	0	0
1125 - Will Pav Fire Sprinkler	9	57	39	0	0	1248 - LG - CT Upgrades	0	0	26	345	197
1211 - SIS Monitor Install	0	215	0	0	0	1249 - LG Mobile Imaging	0	0	146	0	0
1216 - New Main Process Imp Office	0	19	1	16	0	1328 - LG Ortho Canopy FY14	0	0	255	209	0
1217 - MV Campus MEP Upgrades FY13	0	0	181	274	28	1345 - LG Lab HVAC	0	0	112	0	0
1224 - Rehab Bldg HVAC Upgrades	0	11	202	81	14	1346 - LG OR 5, 6, and 7 Lights Replace	0	0	0	285	53
1301 - Desktop Virtual	0	0	13	0	0	1347 - LG Central Sterile Upgrades	0	0	0	181	43
1304 - Rehab Wander Mgmt	0	0	87	0	0	1421 - LG MOB Improvements	0	0	0	198	65
1310 - Melchor Cancer Center Expansion	0	0	44	13	0	Sub-Total Los Gatos Projects	1,174	1,150	5,276	6,246	6,116
1318 - Women's Hospital TI	0	0	48	48	29	1550 - Land Acquisition	0	0	0	0	24,007
						Sub-Total Other Strategic Projects	0	0	0	0	24,007
						Subtotal Facilities Projects CIP	9,553	9,294	13,753	38,940	48,137
						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

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Neurointerventional Radiology – Physician Recruitment El Camino Hospital Board of Directors August 9, 2017
Responsible party:	William Faber, MD, CMO
Action requested:	For Approval (consent calendar item)
Background:	See attached 10-Step.
Board Advisory Committees that reviewed the issue and recommendation, if any:	Finance Committee recommended approval at its July 31, 2017 meeting.
Summary and session objectives :	To obtain approval of a Neurointerventional Radiology physician recruitment loan with income guarantee.
Suggested discussion questions:	None.
Proposed Board motion, if any:	To approve the recruitment of a Neurointerventional Radiologist with income guarantee, not to exceed \$470,000 annually for one year.
LIST OF ATTACHMENTS:	1. 10-Step

August 9, 2017

To: El Camino Hospital Board of Directors

From: William Faber, MD, CMO

Subject: **Physician Recruitment Loan – Neurointerventional Radiology**

1. **Recommendation:** We request that the Board of Directors approve delegating to management (per policy) the authority to execute a recruitment loan agreement for a one-year income guarantee with a qualified physician specializing in neurointerventional services. The amount of the recruitment loan shall not exceed \$470,000.
2. **Problem/Opportunity Definition:** El Camino Hospital had a physician on the Medical Staff that specialized in neurointerventional procedures from August 2013 through September 2016. That physician provided significant call coverage and special expertise to the Hospital, patients, and the Medical Staff. Since the physician's departure, that service at the Hospital has diminished. As a result, availability of the specialized services for patient care has suffered. Without this service, our Stroke Program will continue to have a lower level of available care.

ECH has recruited a well-qualified specialist to join the Hospital's Medical Staff to provide the specialized services that the Hospital has lost. If approved, he will join a larger regional group that will provide him with the necessary infrastructure and back up coverage, which will improve his ability to serve the Hospital and our patients. The new physician will ensure 24/7 restricted call coverage is available at the Hospital
3. **Authority:** According to Administrative Policies and Procedures 42.00 and 51.00, Finance Committee review and Board approval is required prior to CEO signature for all physician recruitment agreements that have not been previously approved in the Board's approval of the Physician Recruitment Plan.
4. **Process Description:** Upon Board approval, a recruitment loan agreement will be implemented with the recruited physician and the medical group he is joining, effective on a date to be negotiated with the physician.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** Alternatives include discontinuing the specialized services and call panel related to neurointerventional services or recruiting a physician into a solo practice. The first alternative was untenable, and the second would have substantially increased the amount of the recruitment loan and risk of failure or burnout of the physician and his practice.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the COO, CNO, CMO, and many members of the Hospital's Medical Staff. The Finance Committee recommended this request for approval at its July 31, 2017 meeting.
7. **Outcome Measures and Deadlines:** The recruited physician must give notice to his current employer and also move to the area. Approval of this recommendation is requested as soon as

possible, or the candidate may entertain other alternatives. Upon Board approval, the effective date of the new agreement will be negotiated with the physician.

8. **Legal Review:** Legal counsel will review the final agreement and fair market value of the loan prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreement and fair market value of the loan prior to execution.
10. **Financial Review:** The loan amount will be constrained to fair market value limits at a not-to-exceed amount of \$470,000.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Cardiothoracic ED Call Panel (MV) El Camino Hospital Board of Directors August 9, 2017
Responsible party:	Will Faber, MD, CMO
Action requested:	For Approval (consent calendar item)
Background:	See attached 10-Step.
Board Advisory Committees that reviewed the issue and recommendation, if any:	Finance Committee recommended approval at its July 31, 2017 meeting.
Summary and session objectives :	To obtain approval of a Cardiothoracic On-Call Agreement at an increased rate of \$1,200.00/day.
Suggested discussion questions:	None.
Proposed Board motion, if any:	To approve a Cardiothoracic On-Call Agreement at an increased rate of \$1,200.00/day.
LIST OF ATTACHMENTS:	1. 10-Step

August 9, 2017

To: El Camino Hospital Board of Directors
From: William Faber, MD, CMO
Subject: **Cardiothoracic ED Call Panel (MV)**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Interim Administrator and Chief Operating Officer the authority to renew the Mountain View Cardiothoracic On-Call Agreement at an increased rate of \$1,200.00/day.
2. **Problem/Opportunity Definition:** The Hospital has a Cardiothoracic Call Panel at the Mountain View campus in which cardiothoracic surgeons respond when needed for emergency evaluations and surgical interventions for patients in the Mountain View Emergency Department and Cath Lab. Currently, the Mountain View Campus has five PAMF cardiothoracic surgeons contracted at the rate of \$900/day. This rate has been unchanged since September 1, 2012. Mills Peninsula Hospital reportedly pays \$1295/day for Cardiothoracic Call Coverage and Dominican Hospital reportedly pays \$1975/day for Cardiothoracic Call Coverage. PAMF has requested an increase for the renewal of this Agreement and their contract will expire August 31, 2017.

The Hospital negotiated an increased rate of \$1200/day with the PAMF MV Orthopedic Surgeons, which is at the 75th percentile according to MD Ranger reports.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Interim Administrator and Chief Operating Officer signature of physician agreements with a greater than 10% increase in total compensation and annual compensation greater than \$250,000.00.
4. **Process Description:** Upon Board approval, the PAMF Cardiothoracic Call Panel Agreement for the Mountain View campus will be renewed for an additional two years through August 31, 2019 at a not-to-exceed rate of \$1,200/day.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered at this time.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services. The Finance Committee recommended this request for approval at its July 31, 2017 meeting.
7. **Outcome Measures and Deadlines:** Physicians will participate in the peer review process for consultations and subsequent surgeries related to Cardiothoracic Surgery call.
8. **Legal Review:** Legal counsel will review the final agreement prior to execution.
9. **Compliance Review:** Compliance will review and approve the final and proposed compensation prior to execution.

10. **Financial Review:** Compensation will be constrained to a not to exceed amount of \$1200.00 per day and \$438,000.00 year, which is slightly below the 75th percentile for fair market value according to the 2017 Bay Area MD Ranger report for Cardiovascular Surgery (50th percentile is \$1010/day and 75th is \$1240/day). A renewal term of two years will be proposed.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement (MV) El Camino Hospital Board of Directors August 9, 3017
Responsible party:	Mick Zdeblick, Interim Administrator & COO
Action requested:	For Approval (consent calendar item)
Background:	See attached 10-Step
Board Advisory Committees that reviewed the issue and recommendation, if any:	Finance Committee recommended approval at its July 31, 2017 meeting.
Summary and session objectives :	To obtain approval of an ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement renewal for the Mountain View campus at an amount not to exceed \$110,000 per year.
Suggested discussion questions:	None.
Proposed Board motion, if any:	To approve an ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement renewal for the Mountain View campus at an amount not to exceed \$110,000 per year.
LIST OF ATTACHMENTS:	1. 10-Step

August 9, 2017

To: El Camino Hospital Board of Directors

From: Mick Zdeblick, Chief Operating Officer

Subject: **ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement (MV)**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Interim Administrator/Chief Operating Officer the authority to execute an ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement renewal for the Mountain View campus at an amount not to exceed \$110,000 per year.
2. **Problem/Opportunity Definition:** There has been an increased need for 24/7 Hospitalist on-call ED Pediatric Consultation services. In FY16, there were 22 pediatric patients requiring on-call pediatric consults in the Mountain View ED. In FY17, the request from the Mountain View ED has more than doubled with 58 pediatric patients requiring on-call pediatric consults.

We are asking for approval to increase pay for 24/7 on-call pediatric consultation in the Mountain View ED and post-surgical co-management from \$50,000 to \$110,000 per year.

3. **Authority:** According to ECH Administrative Policies and Procedures 51.00., Finance Committee review and Board approval is required prior to Interim Administrator/Chief Operating Officer signature of physician agreements when there is a greater than 10% increase in compensation.
4. **Process Description:** Upon Board approval, an ED On-Call Pediatrics Consultation & Surgical Co-Management Care Agreement renewal for the Mountain View campus will be entered into for an additional two-year term effective August 1, 2017.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered at this time.
6. **Concurrence for Recommendation:** The proposed Agreement is supported by the Directors, Maternal Child Health and Critical Care Services. The Finance Committee recommended this request for approval at its July 31, 2017 meeting.
7. **Outcome Measures and Deadlines:** Physicians will participate in the peer review process for consultations and care related to Pediatrics Consultation and Surgical Co-Management Care.
8. **Legal Review:** Legal counsel will review the final amendment prior to execution.
9. **Compliance Review:** Compliance will review and approve the final amendment and compensation prior to execution.

10. **Financial Review:** The projected annual cost of the co-management agreement is not to exceed \$110,000 per year which is approximately \$301/day and falls below the 50th percentile according to the 2017 Bay Area MD Ranger Report for pediatrics (50th percentile is \$340/day).

ECH BOARD MEETING AGENDA ITEM COVER SHEET

Item:	General Surgery ED Call Panel (LG) El Camino Hospital Board of Directors August 9, 2017
Responsible party:	William Faber, MD, CMO
Action requested:	For Approval (consent calendar item)
Background:	See attached 10-Step.
Board Advisory Committees that reviewed the issue and recommendation, if any:	Finance Committee recommended approval at its July 31, 2017 meeting.
Summary and session objectives :	To obtain approval of renewing the Los Gatos General Surgery ED On-Call Agreements at an increased rate of \$1,000.00/day.
Suggested discussion questions:	None.
Proposed Board motion, if any:	To approve renewing the Los Gatos General Surgery ED On-Call Agreements at an increased rate of \$1,000.00/day.
LIST OF ATTACHMENTS:	1. 10-Step

August 9, 2017

To: El Camino Hospital Board of Directors

From: William Faber, MD, CMO

Subject: **General Surgery ED Call Panel (LG)**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Interim Administrator/Chief Operating Officer the authority to renew the Los Gatos General Surgery ED On-Call Agreements at an increased rate of \$1,000.00/day.
2. **Problem/Opportunity Definition:** The Hospital has a General Surgery Call Panel at the Los Gatos campus in which general surgeons respond when needed for emergency evaluations and surgical interventions for patients in the Los Gatos Emergency Department and Acute Rehabilitation Unit. Currently, the Los Gatos Campus has thirteen general surgeons contracted at the rate of \$900/day. This rate has been unchanged since the inception of the panel July 2009. Good Samaritan Hospital reportedly pays \$1,200/day for General Surgery Call Coverage. Several physicians on the panel have requested an increase for the renewal of their Agreements which expire July 31, 2017. A one-month extension to these Agreements will be entered into while obtaining Board approval. The effective date of the new agreements will be September 1, 2017.

The Hospital will negotiate a rate not to exceed \$1,000/day with the physicians, which is slightly above the 50th percentile according to the 2017 Bay Area MD Ranger report for General Surgery (50th percentile is \$950/day and 75th is \$1,280/day).
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Interim Administrator and Chief Operating Officer signature of physician agreements with a greater than 10% increase in total compensation.
4. **Process Description:** Upon Board approval, the General Surgery Call Panel Agreements for the Los Gatos campus will be entered into for a two-year term additional two years at a not to exceed rate of \$1,000/day.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered at this time.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services. The Finance Committee recommended this request for approval at its July 31, 2017 meeting.
7. **Outcome Measures and Deadlines:** Physicians will participate in the peer review process for consultations and subsequent surgeries related to General Surgery call.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.

9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.

10. **Financial Review:** Compensation will be constrained to a not to exceed amount of \$1000.00 per day which is slightly above the 50th percentile according to the 2017 Bay Area MD Ranger report for General Surgery (50th percentile is \$950/day and 75th is \$1,280/day). A renewal term of two years will be proposed.

Date: August 9, 2017
To: El Camino Hospital Finance Committee
From: Iftikhar Hussain, CFO
Markettea Beneke, Sr. Director, Oncology Service Line

Subject: Renewal of Professional Services Agreement for the Cancer Center

1. **Recommendation:** We request that the Board of Directors approve delegating to the Interim Administrator/Chief Operating Officer the authority to renew Professional Services Agreement with University HealthCare Alliance (UHA) at a net cost of \$750,000 per year. The approval is subject to FMV review to be conducted by legal counsel.
2. **Problem/Opportunity Definition:** The services were originally covered by an agreement with VMOC and assigned to UHA on November 30, 2016. The assigned agreement ends on August 31, 2017. The net economic terms in the proposed agreement are the same as the current agreement. UHA bills and collects the revenues, which are in turn assigned to ECH. ECH pays UHA for professional services provided by ECH physicians and allied health professionals.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Interim Administrator/Chief Operating Officer signature of physician agreements with a greater than 10% increase in total compensation and annual compensation greater than \$250,000.00.
4. **Process Description:** Upon Board approval, the UHA contract will be renewed for one year beginning September 1, 2017 or earlier subject to completion of the FMV.
5. **Alternative Solution:** The agreement covers two physicians plus 1.25 FTE allied health professionals. ECH service line risk is reduced by recruiting an oncologist through SVPMG. However, program volume still requires the UHA physicians.
6. **Concurrence for Recommendation:** Approval is supported by the CMO. The Finance Committee recommended this request for approval at its July 31, 2017 meeting.
7. **Outcome Measures/Deadlines:** Physicians will participate in the peer review process and there is bonus for achieving quality goals in the contract.
8. **Legal Review and Compliance Review:** Legal counsel has reviewed the proposed terms and will review the final Agreement prior to execution.
9. **Financial Review:** Physician compensation is between the P75 and P90 under the proposed terms. The final terms will be subject to FMV review prior to execution



**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

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

Board Members Absent

Julia Miller
David Reeder

Members Excused

None

Committee Members Present

Joseph Chow
Boyd Faust
William Hobbs (via teleconference)

Committee Members Absent

Richard Juellis

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<p>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 Juellis were absent. All other Board and Committee members were present.</p>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<p>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.</p>	
<p>3. PUBLIC COMMUNICATION</p>	<p>There were no comments from the public.</p>	
<p>4. FY18 OPERATING AND CAPITAL BUDGET</p>	<p>Don Sibery, Interim CEO introduced Mick Zdeblick, COO and Iftikhar Hussain, CFO to present the FY18 Operating and Capital Budget.</p> <p>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 5th 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).</p> <p>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.</p> <p>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).</p> <p>In response to Mr. Faust’s question, Mr. Hussain explained the eventual</p>	

	<p>alignment of organizational goals with value-based metrics integrated in payor contracts.</p> <p>Mr. Hobbs and Mr. Faust commented that they viewed the threshold goal (% of budgeted operating margin) as too low, recommending 95% instead of 90%.</p> <p>In response to Director Cohen’s question, Mr. Zdeblick described efforts to engage physicians in clinical documentation improvements.</p> <p>Mr. Zdeblick also outlined budgetary priorities, including investments in:</p> <ul style="list-style-type: none">- 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 <p>The Board, the Committee, and Mr. Zdeblick discussed the expected savings from clinical variation improvement.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">- 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.- Initiatives 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. <p>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.</p> <p>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.</p> <p>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</p>	
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	<p>calculation of the vacancy gap.</p> <p>Director Zoglin expressed concerns that urgent care clinics were not included in the budget.</p> <p>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.</p>	
<p>5. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:43 pm pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: Strategic Initiatives – Budgetary Implications.</p> <p>Movant: Chiu Second: Fung Ayes: Chen, Chiu, Chow, Cohen, Davis, Faust, Fung, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis, Miller, Reeder Recused: None</p>	<p><i>Adjourned to closed session at 6:43 pm.</i></p>
<p>6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 7:12pm. There were no actions taken during the closed session.</p>	
<p>7. AGENDA ITEM 10: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:12 pm.</p> <p>Movant: Chen Second: Fung Ayes: Chen, Chiu, Chow, Cohen, Davis, Faust, Fung, Hobbs, Zoglin Noes: None Abstentions: None Absent: Juelis, Miller, Reeder Recused: None</p>	<p><i>Meeting adjourned at 7:12 pm.</i></p>

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

Board of Directors Open Session – August 8, 2017

To: El Camino Hospital Board of Directors

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

Date: July 27, 2017

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of June 22, 2017.

Request Approval of the Following:

1. Summary of Policies/Protocols for Review and Approval (pp 2-4)
2. New Policies – See attached Report (pp 5-98)
3. Policies with Major Revisions:
 - Management of Serious Safety Events and Red Alert Procedure (pp 99-104)
 - Medical Staff Code of Conduct (pp 105-107)
4. Policies with Minor/No Revisions (not included):
 - Reporting of Abuse, Elder or Dependent

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - BOARD

Aug-17

NEW POLICIES/PROCEDURES

Document Name	Department	Type of Document	Summary of Document Changes
3.01 Risk Management Program	IT Security Policies	Policy	
4.01 Information Security Policy	IT Security Policies	Policy	
5.01 Internal Organization	IT Security Policies	Policy	
5.02 External Parties	IT Security Policies	Policy	
6.01 Compliance with Legal Requirements	IT Security Policies	Policy	
6.02 Compliance with Security and Standards, and Technical Compliance	IT Security Policies	Policy	
6.03 Information System Audit Considerations	IT Security Policies	Policy	
7.01 Responsibility for Assets	IT Security Policies	Policy	
7.02 Information Classification	IT Security Policies	Policy	
8.01 Secure Areas	IT Security Policies	Policy	
8.02 Equipment Security	IT Security Policies	Policy	
9.01 Documented Operating Procedures	IT Security Policies	Policy	
9.02 Control Third Party Service Delivery	IT Security Policies	Policy	
9.03 System Planning and Acceptance	IT Security Policies	Policy	
9.04 Protection Against Malicious and Mobile Code	IT Security Policies	Policy	
9.05 Information Back-Up	IT Security Policies	Policy	

9.06 Network Security Management	IT Security Policies	Policy	
9.07 Media Handling	IT Security Policies	Policy	
9.08 Exchange of Information	IT Security Policies	Policy	
9.09 Electronic Commerce Services	IT Security Policies	Policy	
9.10 Monitoring	IT Security Policies	Policy	
10.01 Security Requirements of Information Systems	IT Security Policies	Policy	
10.02 Correct Processing in Applications	IT Security Policies	Policy	
10.03 Cryptographic Controls	IT Security Policies	Policy	
10.04 Security of System Files	IT Security Policies	Policy	
10.05 Security in Development and Support Processes	IT Security Policies	Policy	
10.06 Technical Vulnerability Management	IT Security Policies	Policy	
11.01 Reporting Information Security Incidents and Weaknesses	IT Security Policies	Policy	
11.02 Management of Information Security Incidents and Improvements	IT Security Policies	Policy	
12.01 Information Security Aspects of Business Continuity Management	IT Security Policies	Policy	
13.01 Openness and Transparency	IT Security Policies	Policy	
13.02 Individual Choice and Participation	IT Security Policies	Policy	
13.03 Correction	IT Security Policies	Policy	

13.04 Collection, Use and Disclosure	IT Security Policies	Policy	
Secure Texting	IT Security Policies	Policy	
POLICIES WITH MAJOR REVISIONS			
Management of Serious Safety Events and Red Alert Procedure	Quality Administration	Policy	Revised definition of what is Red Alert, Elimination of Orange and Yellow Alert, Clarified reporting to Board and actions needed in response to Red Alert, Replacing Serious Reportable Event
Code of Conduct	Medical Staff	Policy	Policy has been fully revised replacing "Disruptive Intimidating Behavior Policy"
POLICIES WITH MINOR REVISIONS			
Document Name	Department	Type of Document	Summary of Policy Changes
Reporting of Abuse, Elder or Dependent	Care Coordination	Policy	Revised purpose and policy statement, reporting location updated
POLICIES WITH NO REVISIONS			
Document Name	Department	Type of Document	

TITLE: Information Systems - 9.08 Exchange of Information

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Ensure the exchange of information within an organization and with any external entity is secured and protected, and carried out in compliance with relevant legislation and exchange agreements.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that information containing ePHI, PII, FIN or business sensitive data shall be transmitted in a manner that is secure and prevents unauthorized access or disclosure. Terms and conditions for secure information exchange shall be defined, documented, maintained and communicated to workforce members, business associates and agents.

IV. DEFINITIONS (if applicable):

- IT** - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 9.08 Exchange of Information

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

VI. PROCEDURE:

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

A. 9.s Information Exchange Policies and Procedures

9.t Exchange Agreements

9.u Physical Media in Transit

9.v Electronic Messaging

9.w Interconnected Business Information Systems

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD shall coordinate reviews with support from the ISO to verify that information exchange safeguards and technical controls are effective, clearly defined, documented and communicated to appropriate stakeholders.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 9.08 Exchange of Information

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 13.01 Openness and Transparency

CATEGORY: 13.0 Privacy Practices

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure openness and transparency about policies, procedures, and technologies that directly affects individuals and/or their individually identifiable health information.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to support the patient's right to be informed on the potential uses and disclosures of their PHI. HIMS shall be the official ECH department for maintaining and facilitating privacy practice information that affects patients and/or their individually identifiable health information.

IV. DEFINITIONS (if applicable):

IT - Information Technology

ISD - Information Services Division

ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 13.01 Openness and Transparency
CATEGORY:	13.0 Privacy Practices
LAST APPROVAL:	

VI. PROCEDURE:

The procedure that implements this policy is documented under the following title:

A. 13.a Notice of Privacy Practices

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. HIMs with support from the ISO shall verify that privacy practice safeguards and controls are implemented.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	
Information Services Division - CIO	
Technical Services - Directory	
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 10.01 Security Requirements of Information Systems
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure that security is an integral part of information systems.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure information systems, IT assets, and medical devices are assessed for security vulnerabilities prior to deploying them into production. Security requirements and controls shall be identified during the acquisition process and mitigating safeguards and controls shall be maintained throughout the information systems, IT assets, or medical device lifecycle.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

- VI. **PROCEDURE:**
 The procedure that implements this policy is documented under the following title:

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 10.01 Security Requirements of Information Systems
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

A. 10.a Security Requirements Analysis and Specification

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD and information systems, IT assets and medical devices' owners shall coordinate security vulnerability assessments and mitigations with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Services - 10.02 Correct Processing in Applications
CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure the prevention of errors, loss, unauthorized modification or misuse of information in applications, controls shall be designed into applications, including user developed applications to ensure correct processing. These controls shall include the validation of input data, internal processing and output data.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that application functionality and data error checking is performed and documented. Controls shall be designed into the applications to ensure correct processing. These controls shall include the validation of input data, internal processing and output data.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Services - 10.02 Correct Processing in Applications
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 10.b Input Data Validation

10.c Control of Internal Processing

10.d Message Integrity

10.e Output Data Validation

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD and information systems, IT assets and medical devices' owners shall conduct reviews with support from the ISO to verify that safeguards and controls for correct processing in applications are addressed.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Services - 10.02 Correct Processing in Applications
CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 10.03 Cryptographic Controls
CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To protect the confidentiality, authenticity and integrity of information by cryptographic means. A policy shall be developed on the use of cryptographic controls. Key management should be in place to support the use of cryptographic techniques.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that cryptographic keys shall be protected against modification, loss, and unauthorized destruction. Custodians shall be identified in writing and trained on key management policies and procedures.

IV. DEFINITIONS (if applicable):

IT - Information Technology

ISD - Information Services Division

ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 10.03 Cryptographic Controls
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

VI. PROCEDURE:

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

**A. 10.f Policy on the Use of Cryptographic Controls
10.g Key Management**

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD with support from the ISO shall verify that key management policies and procedures are complied with.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 10.04 Security of System Files
CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure the security of system files, access to system files and program source code shall be controlled, and IT projects and support activities conducted in a secure manner.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that information systems, information assets and medical devices requiring cryptographic controls shall be approved by management prior to being installed. Access to program source code shall be restricted and a record of individuals with access shall be documented and maintained for the system lifecycle.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 10.04 Security of System Files
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

VI. PROCEDURE:

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

- A. 10.h Control of Operational Software**
- 10.i Protection of System Test Data**
- 10.j Access Control to Program Source Code**

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD and information systems, information assets and medical devices' owners with support from the ISO shall coordinate cryptographic software installation processes and practices.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	
Information Services Division - CIO	
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 10.04 Security of System Files

CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance

LAST APPROVAL:

VIII. **ATTACHMENTS (if applicable):** N/A

TITLE:	Information Systems - 10.05 Security in Development and Support Processes
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure the security of application system software and information through the development process, project and support environments shall be strictly controlled.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure changes to information systems, IT assets, and medical devices comply with change control procedures. The implementation of changes, patches, service packs and other updates or modifications shall be controlled through formal change control procedures.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 10.05 Security in Development and Support Processes
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

VI. PROCEDURE:

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

- A. 10.k Change Control Procedure**
- 10.l Outsourced Software Development**

B. Progressive Sanction

1. A progressive sanction process consistent with the “HR-Discipline and Discharge” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD and information systems, IT assets and medical devices' owners with support from ISO shall verify that changes are compliant with change control procedures.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 10.05 Security in Development and Support Processes
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

Historical Approvals:

VIII. **ATTACHMENTS (if applicable):** N/A

Information Systems - 10.06 Technical Vulnerability Management
CATEGORY: 10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To reduce the risks resulting from exploitation of published technical vulnerabilities, technical vulnerability management shall be implemented in an effective, systematic, and repeatable way with measurements taken to confirm its effectiveness.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure information systems, IT assets, and medical devices are protected from technical vulnerabilities. Vulnerability management process and procedures shall be implemented in an effective, systematic manner with metrics to track and validate vulnerability remediation effectiveness.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

	Information Systems - 10.06 Technical Vulnerability Management
CATEGORY:	10.0 Information Systems Acquisition, Development, and Maintenance
LAST APPROVAL:	

VI. PROCEDURE:

The procedure that implements this policy is documented under the following title:

A. 10.m Control of Technical Vulnerabilities

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD with support from the ISO shall simulate security incident response activities to determine stakeholder and workforce members’ awareness and procedure effectiveness to properly report and reduce the risk to an acceptable level.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

Information Systems - 10.06 Technical Vulnerability Management

CATEGORY:

10.0 Information Systems Acquisition, Development, and Maintenance

LAST APPROVAL:

VIII. **ATTACHMENTS (if applicable):** N/A

TITLE: Information Systems - 11.01 Reporting Information Security Incidents and Weaknesses

CATEGORY: 11.0 Information Security Incident Management

LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure information security events and weaknesses associated with information systems are handled in a manner allowing timely corrective action to be taken.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure workforce members, business associates and agents are informed on their responsibility to report any security incident or security weakness involving information systems, IT assets, and medical devices to the ECH Helpdesk or ECH leader. The ECH Helpdesk or ECH leader shall communicate the security incident or security weakness assessment to the ISO.

- IV. **DEFINITIONS (if applicable):**
IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 11.01 Reporting Information Security Incidents and Weaknesses
CATEGORY:	11.0 Information Security Incident Management
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 11.a Reporting Information Security Events

11.b Reporting Security Weaknesses

B. Progressive Sanction

1. A progressive sanction process consistent with the “HR-Discipline and Discharge” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD shall collaborate with support from the ISO to address and mitigate security incidents and security weaknesses.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 11.01 Reporting Information Security Incidents and Weaknesses
CATEGORY:	11.0 Information Security Incident Management
LAST APPROVAL:	

Historical Approvals:

VIII. **ATTACHMENTS (if applicable):** N/A

TITLE: Information Systems - 11.02 Management of Information Security Incidents and Improvements

CATEGORY: 11.0 Information Security Incident Management

LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure a consistent and effective approach to the management of information security incidents.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure security incidents for information systems, IT assets, and medical devices or responded to in an orderly and effective manner. Management responsibilities and procedures shall be defined, documented, maintained and communicated to the stakeholders. A formal incident response program shall be established and internal coordination practices shall be reviewed and tested annually.

This shall include:

- Responsibilities and Procedures
- Learning from Information Security Incidents
- Collection of Evidence

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 11.02 Management of Information Security Incidents and Improvements

CATEGORY: 11.0 Information Security Incident Management

LAST APPROVAL:

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 11.c Responsibilities and Procedures

11.d Learning from Information Security Incidents

11.e Collection of Evidence

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD with support from the ISO shall simulate security incident response activities to determine stakeholder and workforce members’ awareness and procedure effectiveness to properly treat and report the incident.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE:	Information Systems - 11.02 Management of Information Security Incidents and Improvements
CATEGORY:	11.0 Information Security Incident Management
LAST APPROVAL:	

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 12.01 Information Security Aspects of Business Continuity Management
CATEGORY:	12.0 Business Continuity Management
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure that strategies and plans are in place to counteract interruptions to business activities and to protect critical business processes from the effects of major failures of information systems or disasters and to ensure their timely resumption.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure reasonable and cost effective processes are developed and maintained for business continuity throughout the ECH enterprise. Business continuity strategies and procedures shall be implemented for information systems, IT assets, and medical devices that processes, stores or transmits ePHI, PII, FIN or business sensitive data.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 12.01 Information Security Aspects of Business Continuity Management
CATEGORY:	12.0 Business Continuity Management
LAST APPROVAL:	

Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 12.a Including Information Security in the Business Continuity Management

12.b Business Continuity and Risk Assessment

12.c Developing and Implementing Continuity Plans Including Information Security

12.d Business Continuity Planning Framework

12.e Testing, Maintaining and Re-Assessing Business Continuity Plans

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Leaders with support from the ISO shall verify that business continuity strategies and procedures exist for information systems, IT assets, and medical devices.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE:	Information Systems - 12.01 Information Security Aspects of Business Continuity Management
CATEGORY:	12.0 Business Continuity Management
LAST APPROVAL:	

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 13.02 Individual Choice and Participation
CATEGORY: 13.0 Privacy Practices
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure individuals are provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital (ECH) to support the patient’s right for confidentiality regarding request to restrict uses or disclosure of their PHI. HIMS shall be the official ECH department for addressing patient rights to protection and confidentiality of PHI.

- IV. **DEFINITIONS (if applicable):**
IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 13.02 Individual Choice and Participation

CATEGORY: 13.0 Privacy Practices

LAST APPROVAL:

VI. PROCEDURE:

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

A. 13.b Rights to Protection and Confidentiality

13.c Authorization Required

13.d Opportunity Required

13.e Authorization or Opportunity Not Required

13.f Access to Individual Information

13.g Accounting of Disclosures

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. HIMS with support from the ISO shall verify that privacy practice safeguards and controls are implemented.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 13.02 Individual Choice and Participation
CATEGORY: 13.0 Privacy Practices
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 13.03 Correction
CATEGORY: 13.0 Privacy Practices
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure individuals are provided with a timely means to dispute the accuracy of their individually identifiable health information and to have erroneous information corrected or to have a dispute documented if their requests are denied.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital (ECH) to support the patient’s right to have incorrect medical records amended. HIMS shall be the official ECH department for facilitating and maintaining the correction of patient records.

- IV. **DEFINITIONS (if applicable):**
IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 13.03 Correction
CATEGORY:	13.0 Privacy Practices
LAST APPROVAL:	

VI. PROCEDURE:

The procedure that implements this policy is documented under the following title:

A. 13.h Correction of Records

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. HIMS with support from the ISO shall verify that privacy practice safeguards and controls are implemented.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 13.03 Correction

CATEGORY: 13.0 Privacy Practices

LAST APPROVAL:

TITLE: Information Systems - 13.04 Collection, Use and Disclosure

CATEGORY: 13.0 Privacy Practices

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure individually identifiable health information is collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose, or purposes, and never to discriminate inappropriately.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital (ECH) to ensure all members of the workforce, businesses associates and agents are informed and educated on all safeguards implemented for the protection of the collection, use and disclosure of ECH's patient PHI. Safeguard and security controls shall be assured through contracts, monitoring and audits to mitigate non-compliance and breaches. HIMSS shall be the official ECH department for facilitating privacy practices for required uses and disclosures of PHI.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card

TITLE: Information Systems - 13.04 Collection, Use and Disclosure

CATEGORY: 13.0 Privacy Practices

LAST APPROVAL:

Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 13.i Required Uses and Disclosures

13.j Permitted Uses and Disclosures

13.k Prohibited or Restricted Uses and Disclosures

13.l Minimum Necessary Use

13.m Confidential Communications

13.n Organizational Requirements

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. HIMS with support from the ISO shall verify that privacy practice safeguards and controls are implemented.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 13.04 Collection, Use and Disclosure
CATEGORY: 13.0 Privacy Practices
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 3.01 <u>IT Security</u> Risk Management Program
CATEGORY:	3.0 Risk Management
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To develop and implement a Risk Management Program that addresses Risk Assessments, Risk Mitigation and Risk Evaluations.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure that a Risk Management program shall be developed, implemented, and maintained to assess how the enterprise is achieving compliance to determine risk exposure related to information systems, IT assets, or medical devices. Action shall be taken to mitigate risks to an acceptable level using an Information Security Continual Monitoring (ISCM) methodology.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 3.01 IT Security Risk Management Program

CATEGORY: 3.0 Risk Management

LAST APPROVAL:

VI. PROCEDURE:

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

A. 3.a Risk Management Program Development

3.b Performing Risk Assessments

3.c Risk Mitigation

3.d Risk Evaluation

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The ISD with support from the ISO shall conduct an annual risk evaluation and analysis to ensure administrative, technical, and physical safeguards for information systems, IT assets, and medical devices are effective and adequate.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 3.01 IT Security Risk Management Program
CATEGORY: 3.0 Risk Management
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 4.01 Information Security Policy
CATEGORY:	4.0 Security Policy
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To provide management direction in line with business objectives and relevant laws and regulations, demonstrate support for, and commitment to information security through the issue and maintenance of an information security policies across the organization.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that our Information Security policies are approved by the Board of Directors, published and communicated to all stakeholders and workforce members. Where appropriate the workforce members shall be required to attest that they are aware of the policies and procedures. The following administrative safeguards shall appropriately include:

1. Awareness and Training
2. Contingency Planning
3. Documentation and Records
4. IT Organization and Management Roles and Responsibilities
5. Policies and Procedures
6. Requirements (Legal and Contractual)
7. Third Parties and Contractors

IV. DEFINITIONS (if applicable):

- IT** - Information Technology
- ISD** - Information Services Division

***NOTE:** Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.*

TITLE: Information Systems - 4.01 Information Security Policy

CATEGORY: 4.0 Security Policy

LAST APPROVAL:

ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 4.a Information Security Policy Document

4.b Review of the Information Security Policy

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The ISD with support from the ISO shall verify annually that the Information Security safeguards and documents are current and effective.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 4.01 Information Security Policy
CATEGORY: 4.0 Security Policy
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
ePolicy Committee:	
Technical Services Directory:	2/2017
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 5.01 Internal Organization <u>and Oversight of IT Security</u>
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	
TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To maintain the security of the organization’s information and information assets (data centers and offices that process covered information).

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that a Chief Information Security Officer (CISO) shall be appointed to provide oversight across the ECH enterprise for the Security Program, governance, risk, and compliance. The CISO will ensure cost effective administrative, physical, and technical safeguards are developed and implemented to protect ECH’s information systems, IT assets, and medical devices. This includes any media or devices that stores, processes or transmits ePHI, PII, FIN or other sensitive information.

IV. DEFINITIONS (if applicable):

- IT - Information Technology
- ISD - Information Services Division
- ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 5.01 Internal Organization <u>and Oversight of IT Security</u>
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	

Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 5.a Management Commitment to Information Security

5.b Information Security Coordination

5.c Allocation of Information Security Responsibilities

5.d Authorization Process for Information Assets and Facilities

5.e Confidentiality Agreements

5.f Contact with Authorities

5.g Contact with Special Interest Groups

5.h Independent Review of Information Security

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The ISD with support from the ISO shall schedule annual self-audits to evaluate compliance and mitigate unacceptable risk conditions.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE:	Information Systems - 5.01 Internal Organization <u>and Oversight of IT Security</u>
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 5.02 Oversight of IT Security of External Parties, Products and Services
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. COVERAGE:**
This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers
- II. PURPOSE:**
To ensure that the security of the organization’s information and information assets, are not reduced by the introduction of external party products or services.
- III. POLICY STATEMENT:**
It is the policy of El Camino Hospital to ensure that internal stakeholder coordination and safeguards shall be implemented across the ECH enterprise to prevent unauthorized access and unwanted risk that could be introduced to ECH’s information systems, IT assets, or medical devices through the acquisition of external party products or services.
- IV. DEFINITIONS (if applicable):**
IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office
- V. REFERENCES:**
This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

Comment [CC1]: Is this about External parties (people) or external products brought in by ECH staff. It is about External parties than ECH HR policies do not apply.

TITLE:	Information Systems - 5.02 Oversight of IT Security of External Parties, Products and Services
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	

VI. PROCEDURE:

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

- A. 5.i Identification of Risks Related to External Parties**
- 5.j Addressing Security When Dealing with Customers**
- 5.k Addressing Security in Third Party Agreements**

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The ISD with support from the ISO shall verify that end user training and awareness is provided to the workforce.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 5.02 Oversight of IT Security of External Parties, Products and Services
CATEGORY:	5.0 Organization of Information Security
LAST APPROVAL:	

VIII. **ATTACHMENTS (if applicable):** N/A

TITLE: Information Systems - 6.01 Compliance with Legal Requirements
CATEGORY: 6.0 Compliance
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that the design, operation, use, and management of information systems adheres to applicable laws, statutory, regulatory or contractual obligations, and any security requirements.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that applicable statutory, regulatory and contractual requirements shall be explicitly defined and documented. Individual responsibilities to comply with these requirements shall be communicated to stakeholders and workforce members.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 6.01 Compliance with Legal Requirements

CATEGORY: 6.0 Compliance

LAST APPROVAL:

VI. PROCEDURE:

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

A. 6.a Identification of Applicable Legislation

6.b Intellectual Property Rights

6.c Protection of Organizational Records

6.d Data Protection and Privacy of Covered Information

6.e Prevention of Misuse of Information Assets

6.f Regulation of Cryptographic Controls

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Compliance with support from the ISO shall verify that end user training and awareness is provided to stakeholders and workforce members. Any non-compliance matters related to this policy shall be documented and mitigated with oversight from Compliance.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 6.01 Compliance with Legal Requirements
CATEGORY: 6.0 Compliance
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 6.02 Compliance with IT Security and Standards, and Technical Compliance
CATEGORY:	6.0 Compliance
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that the design, operation, use and management of information systems adheres to organizational security policies and standards.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital that leaders shall ensure all security procedures within their area of responsibility are carried out correctly to achieve compliance with ECH's security policies and standards. If any non-compliance is found the leaders shall take appropriate actions to report, resolve and to ensure that non-compliance does not become systematic.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 6.02 Compliance with <u>IT</u> Security and Standards, and Technical Compliance
CATEGORY:	6.0 Compliance
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 6.g Compliance with Security Policies and Standards

6.h Technical Compliance Checking

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Compliance and leaders shall coordinate self-audits with support from the ISO to evaluate compliance with security standards in their respective areas.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

TITLE:	Information Systems - 6.02 Compliance with <u>IT</u> Security and Standards, and Technical Compliance
CATEGORY:	6.0 Compliance
LAST APPROVAL:	

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 6.03 Information System Audit Considerations

CATEGORY: 6.0 Compliance

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Ensure the integrity and effectiveness of the information systems audit process.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital (ECH) that audit checks on information systems, IT assets, and medical devices shall be planned and coordinated to minimize long term disruptions to ECH business operation and processes. Access to audits tools shall be controlled and protected to prevent unauthorized access, misuse or compromised.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

TITLE: Information Systems - 6.03 Information System Audit Considerations
CATEGORY: 6.0 Compliance
LAST APPROVAL:

A. 6.i Information Systems Audit Controls
6.j Protection of Information Systems Audit Tools

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Compliance and Technical Service shall schedule self-audits with support from the ISO to account for audit tools and to verify that proper use and safeguards are effective.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

***NOTE:** Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.*

TITLE: Information Systems - 7.01 Responsibility for Assets

CATEGORY: 7.0 Asset Management

LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that management requires ownership and defined responsibilities for the protection of information assets.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital that information systems, IT assets, and medical devices shall be identified, documented, and maintained in an inventory system (spreadsheet, database, or vendor asset management system). All information systems and information assets shall have an assigned designated ECH organization owner.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office
CE – Clinical Engineering

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 7.01 Responsibility for Assets
CATEGORY:	7.0 Asset Management
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 7.a Inventory of Assets

7.b Ownership of Assets

7.c Acceptable Use of Assets

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The ISD including CE shall schedule self-audits with support from the ISO to verify that the inventory system exists and is maintained in accordance to security standards.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

TITLE: Information Systems - 7.01 Responsibility for Assets
CATEGORY: 7.0 Asset Management
LAST APPROVAL:

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE:	Information Systems - 7.02 Information Classification
CATEGORY:	7.0 Asset Management
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 To ensure that information receives an appropriate and consistent level of protection.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital that information systems, IT assets, and medical devices shall be appropriately classified in terms of its value, legal requirements, sensitivity (ePHI, PII, FIN and business sensitive) and criticality to the organization. It shall be the responsibility of the information system and information asset owners to define the classification and to conduct periodic reviews to ensure protective safeguards remain effective.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 7.02 Information Classification
CATEGORY:	7.0 Asset Management
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 7.d Classification Guidelines

7.e Information Labeling and Handling

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Information systems, IT assets, and medical devices’ owners shall coordinate reviews with support from the ISO to verify information classification safeguards are properly implemented and communicated.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

***NOTE:** Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.*

TITLE: Information Systems - 7.02 Information Classification

CATEGORY: 7.0 Asset Management

LAST APPROVAL:

Historical Approvals:

VIII. **ATTACHMENTS (if applicable):** N/A.

TITLE: Information Systems - 8.01 Secure Areas

CATEGORY: 8.0 Physical and Environmental Security

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security

OFFICE OF ORIGIN: InfoSec (ECH Solutions Group)

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To prevent unauthorized physical access, damage, and interference to organization’s premises and information.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that security perimeters are used to protect areas that contain information (ePHI, PII, FIN & Sensitive Data) and critical information systems, IT assets, and medical devices. The security perimeters shall consist of controlled access to locked rooms, containers, alarmed areas, video surveillance, manned reception desks or card controlled entry areas.

IV. DEFINITIONS (if applicable):

- IT** - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 8.01 Secure Areas

CATEGORY: 8.0 Physical and Environmental Security

LAST APPROVAL:

VI. PROCEDURE:

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

A. 8.a Physical Security Perimeter

8.b Physical Entry Controls

8.c Securing Offices, Rooms, and Facilities

8.d Protecting Against External and Environmental Threats

8.e Working in Secure Areas

8.f Public Areas, Delivery, and Loading Areas

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Physical Security with support from the ISO shall evaluate the controls implemented for areas containing critical information systems, IT assets, and medical devices to determine their effectiveness and work collaboratively to implement appropriate corrective actions. Physical Security shall be engaged to address physical perimeters and safeguards required to secure the areas.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 8.01 Secure Areas
CATEGORY: 8.0 Physical and Environmental Security
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 8.02 Equipment Security

CATEGORY: 8.0 Physical and Environmental Security

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To prevent loss, damage, theft or compromise of assets and interruption to organization’s activities.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital that equipment (computers, servers, telecommunication, medical devices, power supplies, etc.) shall be sited when possible and reasonable, and protected to reduce risks from environmental threats and hazards, and opportunities for unauthorized access. All equipment, information systems, IT assets, and medical devices containing storage media shall be checked to ensure that ePhi, PII, FIN or business sensitive information and licensed software has been sanitized or securely overwritten prior to release from ECH’s premises.

IV. DEFINITIONS (if applicable):

- IT** - Information Technology
- ISD** - Information Services Division
- ISO** - Information Security Office
- Sited** – to secure or build (something) in a particular place

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card

TITLE: Information Systems - 8.02 Equipment Security

CATEGORY: 8.0 Physical and Environmental Security

LAST APPROVAL:

Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 8.g Equipment Siting and Protection

8.h Supporting Utilities

8.i Cabling Security

8.j Equipment Maintenance

8.k Security of Equipment Off-Premises

8.l Secure Disposal or Re-Use of Equipment

8.m Removal of Property

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Physical Security shall be engaged to address physical perimeter and safeguards required to secure the equipment. Information systems, IT assets, and medical devices’ owners shall coordinate equipment sanitizing or secure overwrites with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 8.02 Equipment Security
CATEGORY: 8.0 Physical and Environmental Security
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 9.01 Documented Operating Procedures

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that operating procedures are documented, maintained, and made available to all users who need them.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that security operating procedures and safeguards for information systems, information assets, and medical devices shall be documented, maintained, and communicated to stakeholders and workforce members who need them. The operating procedures shall describe change management and segregation of duties for development, test, and production environments.

IV. DEFINITIONS (if applicable):

- IT** - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 9.01 Documented Operating Procedures

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

VI. PROCEDURE:

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

A. 9.a Documented Operations Procedures

9.b Change Management

9.c Segregation of Duties

9.d Separation of Development, Test, and Operational Environments

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Information systems, information asset and medical devices’ owners shall coordinate reviews with support from the ISO to verify that security operating procedures exist, are maintained and communicated to appropriate workforce members.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 9.01 Documented Operating Procedures
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 9.02 Control Third Party Service Delivery

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that third party service providers maintain security requirements and levels of service as part of their service delivery agreements.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that internal coordination and security controls for third party service delivery shall be documented, maintained, and communicated to all stakeholders and workforce members to ensure the services; reports and records provided by the third party are frequently monitored, reviewed and audited for compliance to the service delivery agreement.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE:	Information Systems - 9.02 Control Third Party Service Delivery
CATEGORY:	9.0 Communications and Operations Management
LAST APPROVAL:	

VI. PROCEDURE:

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

A. 9.e Service Delivery

9.f Monitoring and Review of Third Party Services

9.g Managing Changes to Third Party Services

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. The owner of the third party service provider relationship with the assistance of the ISD shall coordinate reviews with support from the ISO to ensure internal coordination and security controls are effective.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 9.03 System Planning and Acceptance

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

To ensure that systems meet the businesses current and projected needs to minimize failures.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital that leaders shall ensure the requirements and acceptance criteria for new information systems, information assets and medical devices located within their respective areas of authority are defined, documented and tested when appropriate. No information system, information asset or medical device shall be placed into production without obtaining formal acceptance from leadership.

IV. DEFINITIONS (if applicable):

IT - Information Technology

ISD - Information Services Division

ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

TITLE: Information Systems - 9.03 System Planning and Acceptance
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

VI. PROCEDURE:

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

A. 9.h Capacity Management
9.i System Acceptance

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Information systems, IT assets, and medical devices’ leaders shall coordinate compliance reviews with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

***NOTE:** Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.*

TITLE:	Information Systems - 9.04 Protection Against Malicious and Mobile Code
CATEGORY:	9.0 Communications and Operations Management
LAST APPROVAL:	

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Information Security Office
OFFICE OF ORIGIN:	Information Services Division
ORIGINAL DATE:	

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 Ensure that integrity of information and software is protected from malicious or unauthorized code.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure that information systems, information assets and medical devices shall have prevention, detection and recovery controls to protect against malicious code. User awareness training on malicious code shall be provided to the workforce.

- IV. **DEFINITIONS (if applicable):**
 IT - Information Technology
 ISD - Information Services Division
 ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

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TITLE:	Information Systems - 9.04 Protection Against Malicious and Mobile Code
CATEGORY:	9.0 Communications and Operations Management
LAST APPROVAL:	

VI. PROCEDURE:

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

- A. 9.j Controls Against Malicious Code**
- 9.k Controls Against Mobile Code**

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Information systems, IT assets, and medical devices’ owners shall ensure proper controls are in place to protect against malicious code, and coordinate refresher training for their respective users with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Information Systems - 9.04 Protection Against Malicious and Mobile Code
CATEGORY:	9.0 Communications and Operations Management
LAST APPROVAL:	

Historical Approvals:

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 9.05 Information Back-Up
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

- I. **COVERAGE:**
 This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:
 1. El Camino Hospital Employees, Physicians, Partners
 2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
 3. Students, Interns, Instructors, Volunteers

- II. **PURPOSE:**
 Ensure the maintenance, integrity, and availability of organizational information.

- III. **POLICY STATEMENT:**
 It is the policy of El Camino Hospital to ensure that back-up controls for information systems, information assets and medical devices that stores ePHI or critical business data shall be implemented and the restore capabilities shall be frequently tested for functionality.

- IV. **DEFINITIONS (if applicable):**
 _IT - Information Technology
 _ISD - Information Services Division
 _ISO - Information Security Office

- V. **REFERENCES:**
 This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 9.05 Information Back-Up
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

VI. PROCEDURE:

The procedure that implements this policy is documented under the following title:

A. 9.1 Back-up

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (**ISO**) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. Information systems, IT assets, and medical devices’ owners of ePHI or critical business data shall coordinate back-up and restore tests with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 9.06 Network Security Management

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Ensure the protection of information in networks and protection of the supporting network infrastructure.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure that networks shall be managed and controlled to protect the ECH enterprise from threats and to maintain security for the information systems, information assets and medical devices on the network.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

- A. 9.m Network Controls**
9.n Security of Network Services

TITLE: Information Systems - 9.06 Network Security Management
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD shall coordinate reviews with support from the ISO to evaluate the effectiveness of network security management.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Services - 9.07 Media Handling
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Prevent unauthorized disclosure, modification, removal or destruction of information assets, or interruptions to business activities.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure media handling procedures are defined, documented, maintained and communicated to the workforce members who need them. Information systems, information assets and medical devices that process, stores, or transmit ePHI, PII, FIN or business sensitive data shall be sanitized or degaussed prior to release from ECH premise. Media shall be destroyed by A NAID certified vendor when no longer needed and disposition records shall be acquired and maintained in Technical Services.

IV. DEFINITIONS (if applicable):

IT - Information Technology

ISD - Information Services Division

ISO - Information Security Office

NAID – (National Association for Information Destruction) is an international trade association for companies providing information destruction services for ePHI and other business sensitive data.

TITLE: Information Services - 9.07 Media Handling
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 9.o Management of Removable Media

9.p Disposal of Media

9.q Information Handling Procedures

9.r Security of System Documentation

B. RESPONSIBILITIES:

1. Information systems, IT assets and medical device owners and workforce members possessing media shall coordinate media sanitizing, degaussing or destruction with support from the ISO.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE: Information Systems - 9.09 Electronic Commerce Services

CATEGORY: 9.0 Communications and Operations Management

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security Office

OFFICE OF ORIGIN: Information Services Division

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Ensure the security of electric commerce services, and their secure use.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to protect on-line transactions generated by information systems and information assets from fraudulent activity, contract dispute, and unauthorized disclosure or modification. Documented agreements shall be executed and maintained for electronic commerce arrangements with service providers.

IV. DEFINITIONS (if applicable):

IT - Information Technology
ISD - Information Services Division
ISO - Information Security Office

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

- A. 9.x Electronic Commerce Services**
- 9.y On-line Transactions**

TITLE: Information Systems - 9.09 Electronic Commerce Services
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

9.z Publicly Available Information

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD shall coordinate reviews with support from the ISO to verify safeguards and technical controls for electronic commerce service are effective and functional.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Systems - 9.10 Monitoring
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure

SUB-CATEGORY: Information Security Office
OFFICE OF ORIGIN: Information Services Division
ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital information systems, IT assets, or medical devices. The workforce members maybe defined as follows:

1. El Camino Hospital Employees, Physicians, Partners
2. Independent Contractors, Contract Services Personnel, Registry/Temporary Agency Personnel
3. Students, Interns, Instructors, Volunteers

II. PURPOSE:

Ensure information security events are monitored and recorded to detect unauthorized information processing activities in compliance with all relevant legal requirements.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to ensure information systems, IT assets, and medical devices with security event capabilities are activated to detect unauthorized information processing activities. Monitoring procedures shall be established to check for unauthorized activities. Information systems, IT assets, and medical devices connected to the network shall have their logs routed and retained in a centralized SIEM system.

IV. DEFINITIONS (if applicable):

IT - Information Technology

ISD - Information Services Division

ISO - Information Security Office

SIEM – (Security Information and Event Management) provides real-time analysis of security alerts generated by network hardware and applications.

V. REFERENCES:

This policy enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, Joint Commission Information Management, Payment Card

TITLE:	Information Systems - 9.10 Monitoring
CATEGORY:	9.0 Communications and Operations Management
LAST APPROVAL:	

Industry (PCI), National Institute of Standards and Technology (NIST) plus other applicable state laws and standards.

VI. PROCEDURE:

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

A. 9.aa Audit Logging

9.ab Monitoring System Use

9.ac Protection of Log Information

9.ad Administrator and Operator Logs

B. Progressive Sanction

1. A progressive sanction process consistent with the “**HR-Discipline and Discharge**” policy may be enforced by the Information Security Office (ISO) for IT Security policy and procedure violations that are caused by negligence or unawareness.
2. Workforce members may be requested to attend Security Awareness training specifically designed to mitigate misunderstandings regarding individual responsibilities to comply with policies and procedures.

C. RESPONSIBILITIES:

1. ISD shall coordinate reviews with support from the ISO to ensure security logging is enabled and the centralized SIEM system is accurately populated and monitored.
2. The ISO shall provide leadership and guidance to all business functions in regards to identifying and mitigating security and compliance concerns that impacts access to information and information assets.
3. The ISO shall facilitate consultation support sessions to implement toolsets, standards and technical safeguards that incorporate stakeholder business objectives. Enterprise security risk matters will be communicated to the IT Security Program Executive Steering Committee for awareness and decision.

TITLE: Information Systems - 9.10 Monitoring
CATEGORY: 9.0 Communications and Operations Management
LAST APPROVAL:

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
InfoSec – CISO	2/2017
Information Services Division - CIO	3/2017
Technical Services - Directory	2/2017
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable): N/A

TITLE: Information Security - Secure Texting

CATEGORY: Information Security

LAST APPROVAL:

TYPE:

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

SUB-CATEGORY: Information Security

OFFICE OF ORIGIN: InfoSec (ECH Solutions Group)

ORIGINAL DATE:

I. COVERAGE:

This policy applies to all workforce members, business associates and agents that access or uses El Camino Hospital IT assets or infrastructure. The workforce members may be defined as follows:

- El Camino Hospital Employees
- Physicians
- Independent Contractors
- Contract Services Personnel
- Registry/Temporary Agency Personnel
- Students, Interns, and Instructors
- Partners
- Volunteers

II. PURPOSE:

To ensure the exchange of information via texting within ECH and with any external entity is secured, protected and carried out in compliance with the relevant regulatory and legal requirements.

III. POLICY STATEMENT:

It is the policy of El Camino Hospital (ECH) that only the ECH approved secure text messaging application may be used when sending text messages containing electronic patient health information (ePHI), or any personally identifiable information (PII), including, social security numbers, names, addresses or financial account information.

IV. DEFINITIONS:

Secure Text Message - electronic communication handled through encrypted means.

V. REFERENCES:

HIPAA (HiTECH) 164.312(e)(2)(ii) Transmission Security Encryption.
Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate.
Policy Use of cellular phones with the hospital.
Policy Physician Orders for approved methods of transmitting physician orders.

VI. PROCEDURE:

- A. The secure text messaging application will be installed on all desktops to be used as the primary device for secure texting. While this application can also be used on personal devices it is at the discretion of the user and not the responsibility of El Camino Hospital. Please refer to policy Use of cellular phones with the hospital.
- B. Texting unencrypted electronic protected health information (ePHI), personally identifiable information (PII); financial or other sensitive data is not permitted and is a violation of this policy. Texting of patient images taken outside of the secure text messaging application is not permitted and is a violation of this policy.

TITLE: Information Security - Secure Texting
CATEGORY: Information Security
LAST APPROVAL:

- C. The secure text messaging application is not approved for transmitting physician orders. Please refer to Policy 3.04 Physician Orders v2 for approved methods of transmitting physician orders.
- D. Physicians must sign the Secure Texting Physician User Agreement to acquire ECH's approval and a license to use the secure text messaging application. Secure text messages containing photographic or other images used to make clinical decisions must be forwarded to HIMMS for inclusion in the Legal Medical Record.
- E. Non-physician workforce members must sign the Secure Texting User Agreement form to use the secure text messaging application. ECH Leader approval must be obtained in writing to download and use the secure mobile messaging application on a personal device. Such use on a personal device is at the sole discretion of the user and not required by El Camino Hospital
- F. Only authorized users will be provisioned with secure text messaging application accounts. Accounts must be disabled within 24 hours of being notified that a user has terminated employment or no longer requires the secure text messaging capabilities to perform job duties. This action also applies to personally owned devices that were approved to have the secure text message application installed.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	
(name of) Medical Committee (if applicable):	
ePolicy Committee:	5/2017
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	5/2017
Board of Directors:	
Historical Approvals:	

VIII. ATTACHMENTS (if applicable):

N/A

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

TYPE:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Protocol <input type="checkbox"/> Scope of Service/ADT <input type="checkbox"/> Procedure <input type="checkbox"/> Standardized Process/Procedure
SUB-CATEGORY:	Quality & Quality Issue Reporting
OFFICE OF ORIGIN:	Clinical Effectiveness
ORIGINAL DATE:	01/2015

I. COVERAGE:

All El Camino Hospital staff, medical staff, and volunteers.

II. PURPOSE:

1. To provide a safe clinical environment for patients at El Camino Hospital; to foster a culture of patient safety; and to provide transparent reporting of patient safety events.
2. To clarify how the most serious safety events are identified; to ensure that effective actions are taken to address the event; and prevent recurrence of similar events in the future.
3. To ensure that hospital leadership, including the ECH Board of Directors, is notified of serious patient safety events in a timely manner (as defined below) to allow the opportunity for review, discussion and oversight for monitoring of action plans associated with these events to ensure sustainability of solutions.

III. POLICY STATEMENT:

This policy is designed to provide a process for categorizing patient safety events, including serious safety events, defining those events that reach the level of a Red Alert, ensuring compliance with all regulatory requirements for oversight of adverse events and to outline the procedure for notifying ECH leadership and the ECH Board of serious safety events.

IV. DEFINITIONS:

1. **Adverse Event** means an untoward incident, therapeutic misadventure, iatrogenic injury or other unexpected event with the potential for harm and is directly associated with the care or services provided within the Hospital.
2. **Disclosure** is defined as a communication between a healthcare professional and a patient, family members or the patient's proxy that acknowledges the occurrence of an error or unanticipated outcome, and describes what happened and the link between the event and the outcome in a manner that is meaningful to the patient.
3. **Error** as defined by the Institute of Medicine in 2001 means a failure of a planned action to be completed as intended. Errors are preventable adverse effects of care, whether or not it is evident or harmful to the patient. Errors are unintended, undesirable and result from a defect or failure in diagnostic, therapeutic, or supportive process, at any point in the continuum of care. Errors can be the result of human error or system failure and are not necessarily an act of negligence.
4. **Near Miss** is an unplanned event that did not result in injury, illness, or damage but had the potential to do so. Near miss is also an event, circumstance, condition or behavior which has the potential to cause injury, illness, or accidental release but did not actualize due to chance, corrective action and/or timely intervention.

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

5. **QRR** is a written Quality Review Report and El Camino's term for the process by which ECH staff members confidentially document their concerns about an identified or suspected adverse event or a near miss.
6. **Patient Safety Oversight Committee** is a committee that meets weekly to review and categorize serious patient safety events, and is comprised of the Chief Medical Officer, Chief Operating Officer, Chief Nursing Officer, Medical Director for Quality Assurance, Associate Chief Medical Officer, Chief Quality Officer, Director of Risk Management and Director of Medical Staff Services.
7. **Red Alert** is the process undertaken in response to a subset of Serious Safety Events defined below which requires notification of hospital and Board leadership within a specified timeframe and initiates expedited investigation and action planning. See Appendix A for a list of criteria for invoking a Red Alert. Safety events of lesser severity are reported by other means.
8. **Root Cause Analysis (RCA)** is a structured method used to analyze serious adverse events to identify the contributing causal factors involved. The RCA process includes participants from all disciplines and services which might have information related to the event. The RCA is designed to be non-disciplinary and transparent, ensuring open and collaborative dialog and problem-solving. RCAs may be performed on events not designated as a Red Alert.
9. **Safety Event Classification** is a system of definitions and a decision making algorithm for the classification of safety events developed by Healthcare Performance Improvement (HPI). The classification is based on the degree of harm that results from a deviation from expected performance or standard of care and is outcomes based.
 - a. **Serious Safety Event** is a deviation from generally accepted standards of performance that reaches the patient and results in either moderate to severe harm to a patient or death of a patient.
 - b. **Near Miss Safety Event** is an event that does not reach the patient and the error is caught by a detection barrier or by chance.
10. **Sentinel Event** is defined by the Joint Commission (TJC) as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.

V. REFERENCES:

1. *Joint Commission Sentinel Event Policy*, CAMG Update 1, July 2016
2. *To Err is Human: Building a Safer Health System*, Kohn LT, Corrigan JM, Donaldson MS, eds. (Committee on Quality of Health Care in America, Institute of Medicine) Washington, DC, USA: National Academies Press; 2000
3. *Serious Reportable Events in Healthcare – 2011 Update: A Consensus Report*, National Quality Forum
4. California Health and Safety code 1279.1
5. *SEC & SSER Patient Safety Measurement System for Healthcare*, Healthcare Performance Improvement, May 2011
6. *Root Cause Analysis and Action Plan Framework*, the Joint Commission

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

V. PROCEDURE:

A. Management of Patient Safety Events

1. All adverse events will be reported immediately. The person who identifies the adverse event shall ensure immediate notification to the unit charge nurse or department supervisor, who will then notify the patient's physician and hospital manager or house supervisor, depending on the type of event. If the person identifying the event is a physician or other licensed clinician, he or she should report it immediately to the CMO, Associate CMO or Medical Director for Quality Assurance. Any clinical information, supplies or equipment that might have been associated with the adverse event should be immediately sequestered and preserved with the assistance of the charge nurse or immediate supervisor of the primary respondent per ECH Medical Equipment Management Policy 5.09. A QRR will be completed as per policy.
2. The physician, manager, or house supervisor will provide a detailed description of the event through a QRR. If a patient was harmed, Risk Management should be notified immediately. Clinical Effectiveness staff shall initiate the investigation of the event and inform the Senior Director of Quality, the Associate Chief Medical Officer and/or Medical Director for Quality and Safety. The investigation may include, but not be limited to, reviewing the patient's medical record, interviewing involved staff and physicians to determine what occurred and assessing the magnitude of the event.
3. The patient's physician or a designated hospital representative will disclose the adverse event to the patient and/or family and document this disclosure in the patient's electronic health record. See Administrative policy "Disclosure of Unanticipated Outcome Information" for additional guidance.
4. Clinical Effectiveness or Risk Management will notify the Director of Accreditation and Public Reporting, who will determine what, if any, formal reporting to regulatory agencies is required pursuant to Administrative Policy "Adverse Event Reporting to Regulatory Agencies".
5. Clinical Effectiveness or Risk Management staff (whichever is aware of the event soonest) will determine if the specific event will be discussed at the next Patient Safety Oversight Committee (PSOC) or whether earlier notification of PSOC is required based on the severity of the event. Analysis and categorization of the event will be performed by the PSOC, which also has the responsibility to determine whether the event requires an RCA or should trigger a Red Alert, and if so, the need for and timing of event analysis. The PSOC will assign a clinical PSOC committee member to oversee the RCA for applicable events. See Appendix A for a definition of Serious Events that trigger a Red Alert.
6. Evaluation of Serious Safety Events and Near Miss Events shall be by Root Cause Analysis (RCA) or other applicable quality analysis and improvement method. Performance Improvement teams may be formed as a result of any patient safety event evaluation.
7. Aggregated reports of patient safety events, including Serious Safety and Near Miss Events, will be reported quarterly to the QI/Patient Safety Committee, and the Medical Staff Quality Council. An annual report on actions taken to improve patient safety, in response to actual occurrences and near miss events, will be presented to both the Quality Committee of the Board and the Hospital Board.
8. All reports, investigations and action plans resulting from evaluation of patient safety events are considered to be confidential quality improvement activities protected by California Evidence Code 1156 and 1157 and must be treated as such.

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

B. Designation and Management of Red Alerts

1. When it is determined by the PSOC that a serious safety event merits initiating a Red Alert, in addition to steps required above, the following process shall apply:
 - a. The CMO (or designated alternate) will notify the CEO, the Chair of the Hospital Board and the Chair of the Quality Committee of the Board within eight (8) hours of the PSOC's determination that a Red Alert has occurred. The Board Chair, or Chair of the Quality Committee, if the Board Chair is not available, will determine if immediate notification of the entire board is required. In most cases, communication with the entire Hospital Board will be completed as part of a regularly scheduled Board meeting.
 - b. For serious events triggering a Red Alert, an RCA will be scheduled within 5 days.
 - c. All participants in the care of the patient at the time of the event, including staff and physicians, shall be invited (and expected to attend) the RCA. If a key participant is not able attend the RCA, Clinical Effectiveness staff shall interview the individual separately. The RCA review team may also include the, Senior Director of Quality Improvement and Patient Safety/Chief Quality Officer, Chief Nursing Officer, Medical Director for Quality Assurance, Director of Risk Management, Directors or Managers of the specific departments involved, and additional representation from Administration and Medical Staff as appropriate.
2. The following steps should be completed before an RCA is convened, including, but not limited to:
 - a. Event investigation which includes interviews with relevant staff and medical staff and may include the patient and/or family members.
 - b. Detailed timelines completed by those involved in the event.
 - c. An inventory and review of all pertinent policies and procedures.
 - d. A literature review regarding the event and current evidence-based standards of care.
 - e. The review team shall utilize the Joint Commission's Root Cause Analysis and Action Plan Framework for guidance in performing the RCA, and the RCA and Action Plan shall be appropriately documented and monitored by the Risk Management team along with the Patient Safety Oversight Committee. The goal for completion of the Action Plan is within seven (7) days of the event and implementation will occur up to 45 days of the RCA.
 - f. A senior clinician trained in event analysis* assigned by the PSOC will direct the RCA process and report to the Patient Safety Oversight Committee results of the RCA and the resulting Action Plans.
 - g. A summary of Red Alert events and action plans shall be reported to the Quality Committee of the Board each month and quarterly to the Hospital Board. An annual report on actions taken to improve patient safety, in response to actual occurrences and near miss events, will be presented to both the Quality Committee of the Board and the Hospital Board.
 - h. A summary of events reported to California Department of Public Health under Health and Safety Code 1279.1 that were not designated as a Red Alert shall be included in the quarterly report to the Quality Committee of the Board.

*Senior clinicians eligible to direct serious safety event investigations and analysis at ECH include: The Chief Medical Officer, The Chief Nursing Officer, The Medical Director for Quality Assurance, The Associate Chief Medical Officer, the Senior Director of Quality Improvement and Patient Safety and the Director of Accreditation and Public Reporting, all of which have a medical or nursing degree and specific training in safety event review.

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

VI. APPROVAL:

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

VII. ATTACHMENTS

Appendix A Serious Events triggering Red Alert reporting and activity

The following serious safety events will be used as the basis for calling Red Alerts:

1. A Serious Safety Event which results in death of a patient or moderate/severe harm to a patient and is reportable to CDPH under Health and Safety Code Section 1279.1:
 - a. Surgery performed on a wrong body part, wrong patient or wrong surgical procedure that is inconsistent with the documented informed consent for that patient.
 - b. Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
 - c. Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
 - d. Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
 - e. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
 - f. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
 - g. An infant discharged to the wrong person.
 - h. Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision-making capacity.
 - i. A patient suicide or attempted suicide resulting in serious disability due to patient actions after admission, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

TITLE:	Management of Serious Safety Events and Red Alert Procedure
CATEGORY:	Administration
LAST APPROVAL:	1/2015

- j. A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
 - k. A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
 - l. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
 - m. Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility.
 - n. Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. "Hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.
 - o. A patient death or serious disability due to spinal manipulative therapy performed at the health facility.
 - p. A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
 - q. A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility.
 - r. A patient death associated with a fall.
 - s. A patient death or serious disability associated with the use of restraints or bedrails.
 - t. The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds.
 - u. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
 - v. The abduction of a patient of any age.
 - w. The sexual assault on a patient within or on the grounds of the facility.
 - x. An adverse event or series of adverse events that cause the death or serious disability* of a patient, personnel, or visitor.
2. In addition to "Never Events" defined above, the PSOC may determine that a deviation has occurred from generally accepted performance standards and results in an event that has caused a patient's death or moderate/severe harm to a patient.
 3. The PSOC may determine that an event has occurred that may rise to the level of severe risk to the hospital from adverse legal, regulatory or publicity risk.

***Serious disability** means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

TITLE: Medical Staff- Medical Staff Code of Conduct and Professional Behavior
CATEGORY: Administration
LAST APPROVAL: 01/2015

TYPE: Policy Protocol Scope of Service/ADT
 Procedure Standardized Process/Procedure
SUB-CATEGORY: Medical Staff
OFFICE OF ORIGIN: Medical Staff Services
ORIGINAL DATE: October 2008

I. COVERAGE:

El Camino Hospital Medical Staff

II. PURPOSE:

The purpose is to ensure a safe, cooperative, and professional health care environment.

III. POLICY STATEMENT:

It is the policy of the Medical Staff of El Camino Hospital that the physicians and allied health practitioners understand and agree to adhere to a code of conduct and professional behavior. New and current practitioners of the El Camino Hospital Medical Staff will sign an acknowledgement of receipt of this policy at the time of appointment and reappointment, respectively.

IV. DEFINITIONS :

A. Acceptable behavior is defined as behavior that enables others to perform their duties and responsibilities effectively, promotes the orderly conduct of the organization, and results in respectful and constructive communication. Examples of acceptable behavior include, but are not necessarily limited to:

1. Demonstration of dignity, respect, courtesy, cooperation and presentation of a positive and professional image when dealing with all patients and coworkers.
2. Respectful communication in a calm and professional manner.
3. Addressing disagreements professionally, factually and timely.
4. Communication with department and intradepartmental team members that is accurate and timely.

B. Disruptive or inappropriate behavior is defined as behavior that disrupts the operation of the hospital, affects the ability of others to do their jobs or to practice competently, or creates a hostile work environment for hospital employees, physicians, allied health practitioners, patients or other individuals. The Medical Staff will not tolerate disruptive behavior, which may include but is not limited to:

1. Rude, vulgar or abusive conduct toward, or in the presence of, patients, nurses, hospital employees, other practitioners or visitors.
2. Non-constructive criticism or disparagement addressed to, or about, a recipient in a way as to intimidate, belittle or to infer stupidity or incompetence.

TITLE:	Medical Staff- Medical Staff Code of Conduct and Professional Behavior
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3. Impertinent and/or inappropriate comments written or illustrated in the patient's medical records or other official documents that impugn the quality of care in the hospital or malign particular practitioners, employees or hospital policy.
4. Deliberate destruction or stealing of hospital property, including medical records.
5. Disrupting hospital case management, committee or peer review functions.
6. Disrupting hospital personnel's ability to perform their assigned functions.
7. Harassment by a medical staff or Allied Health Staff member against any individual (other medical staff member, Allied Health Staff member, hospital employee, patient or visitor) on the basis of race, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, age, religion, or sexual orientation. "Sexual harassment" is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings or posters). Sexual harassment may include, but is not limited to, unwelcome advances, requests for sexual favors, and any other verbal, visual or physical conduct of a sexual nature when 1) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion or other aspects of employment; or 2) this conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment.

V. PROCEDURE:

- A. Reporting. Any physician, allied health practitioner, employee, patient, or visitor may report unprofessional conduct of a medical staff member through the following channels: submission of an incident report (QRR) or communication with hospital or medical staff leadership which can be verbal, by email, in writing or in person. The report shall be forwarded to the Clinical Effectiveness Department for documentation.
- B. Investigation:
 1. Once a report of unprofessional behavior regarding a medical staff member is reported, the matter will be referred to the relevant QA Medical Director to investigate the incident. Investigation should include discussion with involved medical staff member and others as deemed appropriate. **The medical staff member shall have a full opportunity to respond to the concerns during the entirety of the investigative process.** The QA Medical Director shall make a determination of whether the incident requires no action or further review. The QA Medical Director shall review this determination with the Department Chair. If the Medical Director and Department Chair disagree on the need for further review, the issue shall be referred to and decided by the Leadership Council.
 2. If further review is required, the QA Medical Director shall refer the incident to the appropriate medical staff committee **or department** for further review and

TITLE: Medical Staff- Medical Staff Code of Conduct and Professional Behavior
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LAST APPROVAL: 01/2015

action. The medical staff member shall have the opportunity to respond to concerns at this level, either in accordance with this Policy or the applicable provisions of the Medical Staff Bylaws, Rules and Regulations or Department/Committee policies.

3. Medical Staff officers may take corrective action up to, and including, termination of the practitioner’s membership and privileges in the Medical Staff using processes defined in the Medical Staff Bylaws.

C. Appropriate documentation shall be entered in the medical staff member’s file.

D. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Medical Staff Office Planning:	5/17
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	11/08, 9/10, 11/12,1/15

E. ATTACHMENTS:

Code of Conduct Acknowledgement Form (See Attachments top right hand corner)



Date: August 9, 2017
 To: El Camino Hospital Board of Directors
 From: Mick Zdeblick, Chief Operating Officer
 Re: COO Report - Open Session

Organizational Goals FY17	Benchmark	2016 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY17 through May	
Threshold Goals									
Budgeted Operating Margin	90% threshold <i>[Recommended by Exec Comp Consultant (FY16)]</i>	105% of Budgeted	90% of Budgeted			Threshold	FY 17	Met	
Quality, Patient Safety & iCare									
Quality Pain Management	Pain Reassessment (% Pain Reassessment Documented within 60 min on RN Flowsheet)	Internal Improvement	56.3% <i>Nov 2015 (post iCare go-live) to Apr 2016 [6-month measurement]</i>	75%	80%	90%	34%	Q4 FY 2017	79%
	Pain Patient Satisfaction (CMS HCAPHS Pain Management % Scored Top Box - 2 month delay)	Internal Improvement	72.9% <i>FY 2016 Q1 - Q3 [9-month measurement]</i>	73%	74%	76%			75%
LOS & Readmission	Achieve Medicare Length of Stay Reduction while Maintaining Current Readmission Rates for Same Population (Readmission - 45 day delay)	Internal Improvement	FY16 Max Goal 4.86 LOS Readmission Target 12.39%	4.81 .05 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.76 .10 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.66 .20 Day Reduction from FY16 Max, Readmission at or below FY16 Target	33%	FY17	LOS: 4.60 Readmission: 10.91% (515/4722)
Smart Growth									
Achieve budgeted inpatient growth (surgical and procedural cases plus Deliveries and NICU), and budgeted outpatient growth (surgical and procedural cases plus infusion).	Internal Documentation	94.26% of FY17 Budget	95% of Budgeted Volume	100% of budgeted Volume	110% of Budgeted Volume	33%	FY 17	96.7% of Budgeted Volume	

ECHA Activity Report to ECH Board – July 2017

June Highlights:

- The Auxiliary is in the process of developing an educational component for the junior volunteers, in which these young volunteers will be instructed on a myriad of programs and activities at El Camino Hospital. The program has been named “The Lowdown” and will be comprised of 35+ short presentations on a variety of subjects (such as: The Fogarty Institute, robotic surgery, Telecare, Cardiac and Pulmonary Wellness program, the new buildings, community benefits, etc., to name a few). Preliminary interaction with these volunteers has indicated a very high positive response to implementing this kind of instruction as part of their volunteer training. It is hoped that this program will commence sometime in early fall.
- Several Auxiliary volunteers participated in the **Longest Day** event on June 21st, at which 22 activity aprons were made for the dementia patients, primarily in the 2C area of the hospital. This event is promoted by the Alzheimer’s Association as a day in which to acknowledge those struggling with this disease. Many staff members also participated.
- The major focus of a recent Chair meeting was the subject of the importance of Cybersecurity, both here in the hospital, as well as personally. It was determined that it would be beneficial to host an expanded seminar to which senior members of the community would be invited. Plans for this meeting are in process and the event is planned for October (date, time and place to be determined).
- The Auxiliary honored its Road Runners and Shuttle Cart drivers with a fun barbeque on June 27th in Cuesta Park. In addition to some good food, a number of fun and funny activities were provided for everyone to enjoy. These social events give members of the service an opportunity to get to know one another, because everyone works on different days.

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of August 9, 2017

Combined Data as of June 30, 2017 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	382	+1 Net change compared to previous month
Dues Paid Inactive	96	(Includes Associates & Patrons)
Leave of Absence	18	
Subtotal	496	

Resigned in Month 8
Deceased in Month 0

Junior Members

Active Members	238	-1 Net change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	15	
Subtotal	253	

Total Active Members 620

Total Membership 749

Combined Auxiliary Hours from Inception (to June 30, 2017): 5,728,795
Combined Auxiliary Hours for FY2016 (to June 30, 2017): 93,706
Combined Auxiliary Hours for June 2017: 6,980

Memorandum

DATE: July 26, 2017

TO: El Camino Hospital Board of Directors

FROM: David Reeder, Hospital Board Liaison to the Foundation Board of Directors

SUBJECT: Report on Foundation Activities FY 2017 – Period 11

ACTION: For Information

During period 11, the Foundation secured \$684,434. This brought total revenue to \$6,603,408 as of May 30, 2017. Final results for fiscal year 2017 are still being calculated and will be reported next month. By June 30, the projection for fundraising will be in the range of \$7.35 million.

The Foundation would like to recognize Hospital Board member, Julia Miller, for her service on the Foundation's Sapphire Soiree Gala committee. Her efforts added significant value to the success of the Gala and the Foundation during the last year that included:

- Google, a new corporate table sponsor for the Gala
- Sobrato Family, a new table sponsor for the Gala
- Gary Danko luncheon, a live auction item for the Gala which sold twice yielding \$33,000
- Mike Fox table as an additional table sponsor increasing from 2 tables to 3 tables for the Gala
- Opened a door with Microsoft which lead to the Foundation using this gift for their Board Retreat which included use of the facility and food service all with no charge
- \$500 donation from PG&E, a new corporate donor
- Sharks jersey signed by all team members that will be used in the 2017 Golf Tournament auction

Please note the following upcoming events:

- *October 23, 2017* – 22nd annual El Camino Heritage Golf Tournament at Sharon Heights Golf & Country Club, benefiting innovation at the Taft Center for Clinical Research
- *February 8, 2018* – 6th annual Norma's Literary Luncheon featuring mystery writer Jacqueline Winspear benefiting a women's health condition.
- *March 17, 2018* – Scarlet Ball at the Dolce Hayes Mansion, benefiting the South Asian Heart Center

Mission Statement: *El Camino Hospital Foundation advances health care through philanthropy by raising funds that support El Camino Hospital's strategic priorities, foster innovation, and support patient and family-centered care.*

Memorandum

DATE: July 26, 2017

TO: El Camino Hospital Board of Directors

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

SUBJECT: Report on Foundation Activities FY 2017 – Period 11

ACTION: For Information

During the month of May, the Foundation raised \$684,434, which brings total revenue secured through period 11 to \$7,287,842. As of May 31, the Foundation reached 118% of our annual fundraising goal. It is expected that FY17 will end in the range of \$7.35 million. Final results for FY17 are still being calculated and will be reported next month.

Major Gifts

In May, the Foundation received two unrestricted major gifts totaling \$40,000, bringing the total received through period 11 to \$589,250.

Special Events

- ***Sapphire Soirée*** – The gala benefit for the Cancer Center was held on April 29, 2017 and, due to the timing, the majority of gifts were processed in May. In period 11, the Foundation received \$527,859 in sponsorships, fund-in-need appeal paddle raises, and straight donations, bringing total proceeds to \$747,259.
- ***Scarlet Masquerade*** – The Foundation received an additional \$12,851 in expected payments for commitments made to support the South Asian Heart Center’s annual fundraising gala. The total raised as of May 31 was \$315,295. The sold-out event, attended by 304 guests, took place on March 18, 2017 at Mountain Winery in Saratoga and had the highest yield on record.

Annual Giving

In May, the Foundation raised \$31,355 toward the annual giving goal in response to direct mail, Circle of Caring, and online donations. Additional follow-up and outreach to annual donors, both online and through mail, continued through the end of the fiscal year and the results will be reported next month.



ECH Foundation Fundraising Report

FY17 Income figures through May 31, 2017 (Period 11)

ACTIVITY		FY17 YTD (7/1/16 - 5/31/17)	FY17 Goals	FY17 % of Goal	Difference Period 10 & 11	FY16 YTD (7/1/15 - 5/31/16)	FY15 YTD (7/1/14 - 5/31/15)
Major Gifts		\$589,250	\$2,500,000	24%	\$40,000	\$1,733,292	\$3,961,423
Planned Gifts		\$3,624,069	\$1,000,000	362%	\$0	\$746,216	\$2,080,771
Special Events	Sapphire Soirée	\$747,259	\$850,000	88%	\$527,859	\$498,667	\$547,386
	Golf	\$273,100	\$325,000	84%	\$0	\$326,205	\$326,650
	Scarlet Masquerade	\$315,295	\$300,000	105%	\$12,851	\$292,030	\$277,017
	Norma's Literary Luncheon	\$153,300	\$145,000	106%	\$0	\$220,006	\$126,577
Annual Gifts		\$518,827	\$550,000	94%	\$31,355	\$482,019	\$521,359
Grants*		-	-	-	-	\$64,833	\$512,980
Investment Income		\$1,066,743	\$500,000	213%	\$72,369	\$1,236,728	\$1,067,714
TOTALS		\$7,287,842	\$6,170,000	118%	\$684,434	\$5,599,996	\$9,421,877

*Beginning in FY17 Grants is no longer an activity line. Any grants received in the future will either be reflected in the Annual Gifts or Major Gifts activity line pending funding level.