El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

AGENDA
REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS
Wednesday, September 13, 2017 – 5:30 pm

Conference Rooms A&B (ground floor) and Medical Staff Conference Room
2500 Grant Road, Mountain View, CA 94040

Jeffrey Davis, MD will be participating via teleconference from 407 Squire Road Revere, MA 02151.

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**	John Zoglin, Board Vice Chair		**5:30 – 5:32 pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	John Zoglin, Board Vice Chair		**5:32 – 5:33**
3.	**BOARD RECOGNITION** *Resolution 2017-10* ATTACHMENT 3	Iftikhar Hussain, CFO	*public comment*	**motion required** **5:33 – 5:38**
4.	**QUALITY COMMITTEE REPORT** ATTACHMENT 4	David Reeder, Quality Committee Chair		**information** **5:38 – 5:48**
5.	**INVESTMENT COMMITTEE REPORT** ATTACHMENT 5	Jeffrey Davis, MD, Investment Committee Chair	*public comment*	**possible motion** **5:48 – 5:53**
6.	**ORGANIZATIONAL GOALS** a. FY17 Organizational Goal Achievement b. FY18 Organizational Goal Update ATTACHMENT 6	Mick Zdeblick, COO	*public comment*	**possible motion** **information** **5:53 – 6:08**
7.	**MV SITE MAJOR CONSTRUCTION STATUS UPDATE AND PROPOSED REVISED BUDGET** ATTACHMENT 7	Ken King, CASO	*public comment*	**possible motion** **6:08 – 6:38**
8.	**PUBLIC COMMUNICATION** a. Oral Comments *This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.* b. Written Correspondence	John Zoglin, Board Vice Chair		**information** **6:38 – 6:41**
9.	**ADJOURN TO CLOSED SESSION**	John Zoglin, Board Vice Chair		**motion required** **6:41 – 6:42**
10.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	John Zoglin, Board Vice Chair		**6:42 – 6:43**

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
11.	**CONSENT CALENDAR** *Any Board Member may remove an item for discussion before a motion is made.* ***Approval*** *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the Hospital Board Meeting (August 9, 2017) *Health and Safety Code Section 32155:* b. FY17 Annual Patient Safety Report	John Zoglin, Board Vice Chair		**motion required** **6:43 – 6:45**
12.	*Health and Safety Code Section 32155*, 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** **6:45 – 6:55**
13.	*Health and Safety Code Section 32155*, Report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Organizational Clinical Risks	William Faber, MD, CMO		**discussion** **6:55 – 7:05**
14.	Discussion involving *Health and Safety Code 32106(b)* for report involving health care facility trade secrets: - Strategic Planning Update	Mick Zdeblick, COO; William Faber, MD, CMO; Jim Owens, Partner, McDermott Will & Emery LLP		**discussion** **7:05 – 7:45**
15.	Discussion involving *Gov't Code Section 54957* and *54957.6* for report and discussion on personnel matters and *Health and Safety Code 32106(b)* for report involving health care facility trade secrets: - Informational Items	Dan Woods, CEO		**information** **7:45 – 7:50**
16.	Report involving *Gov't Code Section 54957* for discussion and report on personnel performance matters: - Executive Session	John Zoglin, Board Vice Chair		**discussion** **7:50 – 7:55**
17.	**ADJOURN TO OPEN SESSION**	John Zoglin, Board Vice Chair		**motion required** **7:55 – 7:56**
18.	**RECONVENE OPEN SESSION / REPORT OUT**	John Zoglin, Board Vice Chair		**7:56 – 7:57**
	To report any required disclosures regarding permissible actions taken during Closed Session.			
19.	**CONSENT CALENDAR ITEMS:** *Any Board Member or member of the public may remove an item for discussion before a motion is made.*	John Zoglin, Board Vice Chair	*public comment*	**motion required** **7:57 -8:00**
	Approval a. Minutes of the Open Session of the Hospital Board Meeting (August 9, 2017) b. Revised FY18 Advisory Committee Assignments			

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
	Reviewed and Recommended for Approval by the Corporate Compliance/Privacy and Internal Audit Committee c. Physician Recruitment Program Policy ***Reviewed and Recommended for Approval by the Medical Executive Committee*** d. Medical Staff Report ***Information*** e. ECHD Ad Hoc Committee Report			
20.	**INFORMATIONAL ITEMS** a. CEO Report	Dan Woods, CEO		**information** **8:00 – 8:02**
21.	**BOARD COMMENTS**	John Zoglin, Board Vice Chair		**information** **8:02 – 8:04**
22.	**ADJOURNMENT**	John Zoglin, Board Vice Chair		**motion required** **8:04 – 8:05pm**

Upcoming Meetings

- October 11, 2017 (*including Joint Meeting with Compliance Committee*)
- November 8, 2017
- January 10, 2018
- February 14, 2018
- March 14, 2018
- April 11, 2018
- May 9, 2018
- June 13, 2018

Board & Committee Educational Gatherings

- October 25, 2017
- April 25, 2017

EL CAMINO HOSPITAL BOARD

RESOLUTION 2017 - 10

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 individuals involved with deploying the hospital's new online price estimator tool. Work began more than a year ago to identify and develop an online tool to provide community members with a price estimate. Members of the Financial Services team explored ways to display and customize estimates. They wanted to provide an easy to use, convenient tool for community members to retrieve personalized pricing for the hospital's most common services and procedures. The team sought the expertise and guidance of vendors with the technology and flexibility to make their vision become reality.

After several months of working with a trusted vendor to develop a customized beta web tool, Financial Services was ready to launch a pilot tool that provides out-of-pocket cost estimates for more than 80 services and procedures. The Marketing & Communications team worked with Financial Services and the vendor partner to seamlessly integrate the tool on the hospital's website and further customize the user's experience. During the three month pilot, 563 community members used the tool to run a query.

The online price estimator tool provides community members with a personalized out-of-pocket cost estimate based on their unique insurance information. It also provides users with the ability to provide feedback directly to the Financial Services team so they can improve the tool, ensure our prices are reasonable, and enhance the financial services offered to patients.

WHEREAS, the Board would like to publicly acknowledge members of the Financial Services and Marketing & Communications team for their commitment to providing excellent, personalized care.

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

Julie Aleman
Kam Dulai
Brian Fong
Monica Frankel
Iftikhar Hussain
Terri Manifesto
Johnna Mohun
Hijinio Reynoso
Karla Romero
Tammra Smith
Jennifer Thrift
Laura Verdugo

FOR THEIR WORK ON IMPROVING PRICE TRANSPARENCY.

IN WITNESS THEREOF, I have here unto set my hand this **13TH DAY OF SEPTEMBER, 2017.**

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Jeffrey Davis, MD
Neysa Fligor
Peter C. Fung, MD
Julia Miller
Bob Rebitzer
David Reeder
John Zoglin

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

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report El Camino Hospital Board of Directors September 13, 2017
	Responsible party:	David Reeder, Quality Committee Chair
	Action requested:	For Information

Background: The Quality Committee meets 10 times per year. The Committee last met on August 28, 2017 and meets next on October 2, 2017.

Summary and session objectives:

1. **Summary of August 28th, 2017 Meeting:**
   a. Clinical Program Presentation: Carol Kemper, MD, Medical Director for Infection Prevention, provided the Committee with an overview of the activities and accomplishments of the ECH Infection Prevention l program. She explained standardized infection ratios and how we compare to other hospitals in the US, based on these ratios. Though ECH performs better than most American hospitals, we still have room to improve with Central Line Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI) and Clostridium difficile (C.Diff) control. A Hospital-acquired A3 Team for the Quality Organization's Goal has been created to bring our performance on these three Hospital-acquired Infections back to the exemplary level of performance ECH had before EPIC implementation. The ultimate goal of the team is zero Hospital-acquired infections. Dr. Kemper also educated the committee on the numerous activities of the department including the completion of over 1,100 ECH construction site infection control assessments performed in FY17. Dr. Kemper recommended annual competencies for nursing staff to address the CAUTI and CLABSI Hospital-acquired infections.
   b. FY17 Quality Dashboard: Catherine Carson, RN, Senior Director/Chief Quality Officer, reviewed the quality dashboard with the Committee and there are no negative trends. We can now say that sepsis fluid bolus administration is a positive trend, following focused efforts to improve awareness and hardwiring orders and protocols.
   c. HCAHPS Enterprise and Emergency Department Performance Review: Michelle Gabriel, Director of Process Improvement, shared that our overall HCAHPS performance is just under target for FY17 with quietness of the hospital being our worse component score. Our ED-specific HCAHPS scores were shared for the first time. Our ED performance is under the 50th percentile on all components. The Patient Experience team will put together a plan of action to address these findings.
   d. ECH Strategic Framework: William Faber, MD, Chief Medical Officer, reviewed the

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ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Strategic Framework accepted by the ECH Board on June 28th, with specific attention to the portions of the framework that address quality and safety. The consensus of the group was that quality and safety should be called out more in the final strategic plan. e. Annual Patient Safety Report: Sheetal Shah, Director of Risk Management, provided her yearly report of safety activities, which included 14 Root Cause Analyses and the formation of 26 performance improvement projects in FY17. Safety event (QRR) reporting continues to decline at a rate of about 5% per year. The crucial conversations course deployment across the enterprise is the main strategy to address that trend. The formation of the Patient Safety Oversite Committee was a major structural improvement in the safety program in FY17.
	Suggested discussion questions: None.
	Proposed Board motion, if any: None
	Attachment: 1. FY17 Quality Dashboard

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Quality and Safety Dashboard (Monthly)

Date Reports Run: 7/11/2017				Baseline	FY17 Goal	Trend	Comments
SAFETY EVENTS		Performance		FY2016	FY2017 goal		
1	**Patient Falls** *Med / Surg / CC Falls / 1,000 CALNOC Pt Days* *Date Period: June 2017*	6/5070	1.18	1.51	1.39 (goal for FY 16)	2SL=2.85; Avg=1.58; -2SL=0.31	Number of falls dropped in June. Maybe attributable to increased concurrent audit of fall risk, signage, arm bands, skid socks, and use of bed and chair alarms by a light duty nurse.
2	★Organizational Goal **Pain reassessment within 60 mins after pain med administration** *Date Period: June 2017*	6987/7816	89.3%	59.8% (Jan-Jun 2016)	75% (min) 80% (mid) stretch goal=90%	2SL=96.82%; Avg=72.82%; -2SL=48.80%	Reassesment rate between 5-60 minutes continued to improve to over 90.6% in June.
3	**Medication Errors** (Overall: reached to patients and near miss) *Errors / 1000 Adj Total Patient Days* *Date Period: June 2017*	41/13978	2.93	2.68	0.00	2SL=4.16; Overall Avg=2.5; -2SL=0.9 overall, Reached to patients, Near miss	Both errors that reach the patient and near miss reporting increased in June.
EFFICIENCY		Performance		Jan-Jun 2016 (6-month avg)	FY 2017 goal		
4	★Organizational Goal **Average Length of Stay (days)** *(Medicare definition, MS-CC, ≥ 65, inpatient)* *Date Period: Julu 2017*	FY17 5169 FY18 July 2017 461	FY17 4.57 FY18 July 2017 4.71	4.78	4.87	2SL=5.16; Target=4.87; Avg=4.69; -2SL=4.21	LOS increased due to several long stay patients discharged in July. Note FY18 began w/July 1st.
5	★Organizational Goal **30-Day Readmission (Rate, LOS-Focused)** *(ALOS-Linked, All-Cause, Unplanned)* *Date Period: June 2017*	FYTD 570/5173 June 2017 54/445	FYTD 10.83 June 2017 11.02	10.76	At or below 12.24	2SL=14.0%; Target=12.24%; Avg=10.82%; -2SL=7.7%	Readmission rate increased to goal in June.

Date Reports Run: 3/12/2017				Baseline	FY17 Goal	Trend	Comments
6	★Organizational Goal **IVF Bolus Ordered within 2 Hours of TOP of Severe Sepsis or Septic Shock** (Patients lacking initial hypotension or lactate <3 excluded) Date Period: June 2017	Goal: 70% (Min); 75%(Max); 80% (Stretch)				(see table below)	Significant improvement in ED physician ordering of fluid bolus w/I 2 hrs of time of presentation.
COMPLICATIONS		Performance		FY 2016	FY 2017		
7	**Surgical Site Infection (SSI)** *SSI per 100 Clean/Clean-contaminated Surgical Procedures* *Date Period: June 2017*	2/585	0.34	0.20	0.18 (goal for FY 16)	2SL=0.51; Avg=0.21; Target=0.18; -2SL=-0.1	Total of 2 SSI (both at MV) 1-craniotomy and 1-hip fracture.
SERVICE		Performance		FY 2016	FY 2017 goal		
8	**Communication with Nurses** *(HCAHPS composite score, top box)* *Date Period: May 2017*	162/202	80.2%	78.0%	78.5%	2SL=84.0; Avg=78.7%; -2SL=73.4%	
9	**Responsiveness of Hospital Staff** *(HCAHPS composite score, top box)* *Date Period: May 2017*	132/196	67.3%	64.9%	66.8%	2SL=72.0%; Avg=65.9%; -2SL=59.7%	
10	★Organizational Goal **Pain management** (HCAHPS composite score, top box) *Date Period: May 2017*	103/137	75.0%	72.5%	73% min 74% max 76% stretch	2SL=80.2%; Avg=74.8%; -2SL=69.3%	
11	**Communication About Medicines** *(HCAHPS composite score, top box)* *Date Period: May 2017*	90/137	65.6%	72.9%	68.3%	2SL=75.6%; Target=68.3%; Avg=66.2%; -2SL=56.8%	

Row 6 trend data:

	Apr	May	Jun	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Number of Sampled Cases	18	19	21	23	30	30	29	30	30	30	30	30	30
Cases with 30ml/kg ordered or NICOM with 3 hours TOP	0	0	0	1	0	0	0	2	1	0	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	25	28
% Compliance with 30ml/kg ordered within 2 hours of TOP	50%	89%	43%	61%	57%	57%	83%	70%	87%	87%	83%	83%	93%
Min Goal	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Investment Committee Report El Camino Hospital Board of Directors September 13, 2017
	Responsible party:	Jeffrey Davis, MD, Chair, Investment Committee
	Action requested:	Possible Motion

Background:

The Investment Committee meets 4 times per year plus a joint meeting with the Finance Committee in January. The Committee last met on August 14, 2017 and meets next on November 13, 2017.

Board Advisory Committee(s) that reviewed the issue and recommendation, if any:

The Investment Committee recommends a revision to its FY18 Committee Goals.

Summary and session objectives:

To update the Board on the work of the Committee.

1. <u>**Progress Against Goals:**</u>

The Committee is on track to complete its FY18 Goals.

Proposed Revised FY18 Committee Goals are based on rotating deep dive format in FY18.

2. **<u>Other FY18 Key Accomplishments Since Last Report To The Board:</u>**

a) Received education on Hedge Funds.
b) Reviewed FY17 investment results showing exceptional results: Surplus cash return was 9.1% vs benchmark of 8.8%; pension plan return was 11.2% vs 10.4% benchmark; the equity fund returns were between 17.6% and 20.1%

3. **<u>Important Future Activities</u>**

At the February 12, 2018 meeting, the Committee will conduct a 5-year review of investment performance under current strategy and advisor.

Suggested discussion questions: None.

Proposed Board motion, if any:

To approve the proposed revised Investment Committee Goals.

LIST OF ATTACHMENTS:

1. Proposed Revised FY18 Investment Committee Goals

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FY18 COMMITTEE GOALS

Investment Committee

PURPOSE

The purpose of the Investment Committee is to develop and recommend to the El Camino Hospital (ECH) Board of Directors ("Board") the investment policies governing the Hospital's assets, maintain current knowledge of the management and investment funds of the Hospital, and provide oversight of the allocation of the investment assets.

STAFF: **Iftikhar Hussain**, Chief Financial Officer

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or hospital staff may participate in the meetings upon the recommendation of the CFO and at the discretion of the Committee Chair. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review performance of consultant recommendations of managers and asset allocations	• Each quarter - ongoing	• Committee to review selection of money managers and make recommendations to the CFO
2. Educate the Board and Committee: Hedge Fund trends and allocation review	• Q1 FY18	• Completed by the end of Q1
3. Asset Allocation and Investment Policy Review and ERM Framework. ~~Review/revise Executive Dashboard~~	• Q2 ~~Each quarter - ongoing~~	• Completed by November ~~June~~ 2017
4. 5-Year Review of Investment Performance & Advisor (Pavilion)	• Q3	• Complete by February 2018
~~5. Review and evaluate Management's recommended ERM framework regarding how the Board will establish its risk appetite and tolerance levels~~	~~• Q4 FY18~~	~~• Completed by the end of Q4~~

SUBMITTED BY:

Jeffrey Davis, MD — **Chair**, Investment Committee
Iftikhar Hussain — **Executive Sponsor**, Investment Committee

~~**Approved by the ECH Board of Directors on June 14, 2017**~~**To be considered by the ECH Board on September 13, 2017**

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ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	FY17 and FY18 Organizational Goals El Camino Hospital Board of Directors September 13, 2017
	Responsible party:	Mick Zdeblick, COO
	Action requested:	For Possible Motion

Background:

We are pleased to report the following achievements with respect to the Board approved FY17 Organizational Goals.

1. Threshold Goal : 90% of Budgeted Operating Margin – Achieved (Budgeted = 6.1; Actual = 12.3)
2. Quality Goals:
   a. Pain Reassessment – Achieved Target (Target Goal = 80%; Actual = 89%)
   b. Pain Patient Satisfaction – Achieved Maximum (Maximum Goal = 76%; Actual = 76%) (a and b together = 34% of total weighting)
   c. Length of Stay/Readmissions – Achieved Maximum (Max Goal = 4.66/12.39; Actual = 4.57/11.02) – 33% of total weighting
3. Smart Growth Goal: Achieved Minimum (Minimum Goal = 95% of budgeted volume; Actual = 96.5% of budgeted volume) – 33% of total weighting

We will also present an update with respect to the status of the FY18 Organizational Goals.

Board Advisory Committees that reviewed the issue and recommendation, if any:

The Quality Committee has reviewed the scores for the Quality Goals.

Summary and session objectives :

To obtain the Board's approval of the FY17 Organizational Goal Score and update the Board on the progress regarding the FY18 Organizational Goals.

Suggested discussion questions: None.

Proposed Board motion, if any:

To approve the FY17 Organizational Goal Score of 80.7% pending Board approval of the Annual Financial Audit.

LIST OF ATTACHMENTS:

1. PowerPoint Presentation
2. FY17 Organizational Goal Calculations

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FY17 and FY18 Organizational Goals

El Camino Hospital Board of Directors

September 13, 2017

Mick Zdeblick, COO

FY 17 Organizational Goal Results - Final

Prepared: 8/24/2017

	Organizational Goals FY17	Benchmark	2016 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY17 Final
Threshold Goals									
	Budgeted Operating Margin	90% threshold *[Recommended by Exec Comp Consultant (FY16)]*	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% *Nov 2015 (post iCare go-live) to Apr 2016 [6-month measurement]*	75%	80%	90%	34%	Q4 FY 2017	89%
Quality Pain Management	**Pain Patient Satisfaction** (CMS HCAPHS Pain Management % Scored Top Box- **2 month delay**)	Internal Improvement	72.9% *FY 2016 Q1 - Q3 [9-month measurement]*	73%	74%	76%			76%
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: 4.57 Readmission: 11.02% (570/5173)
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	96.5% of Budgeted Volume

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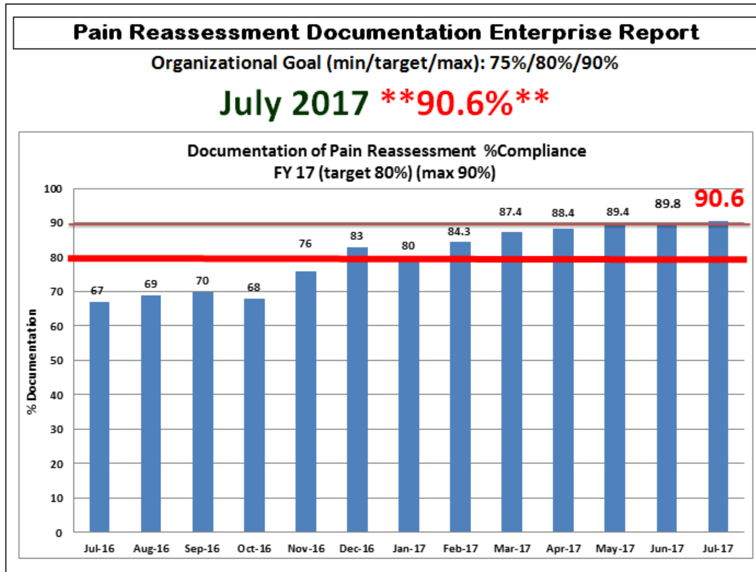
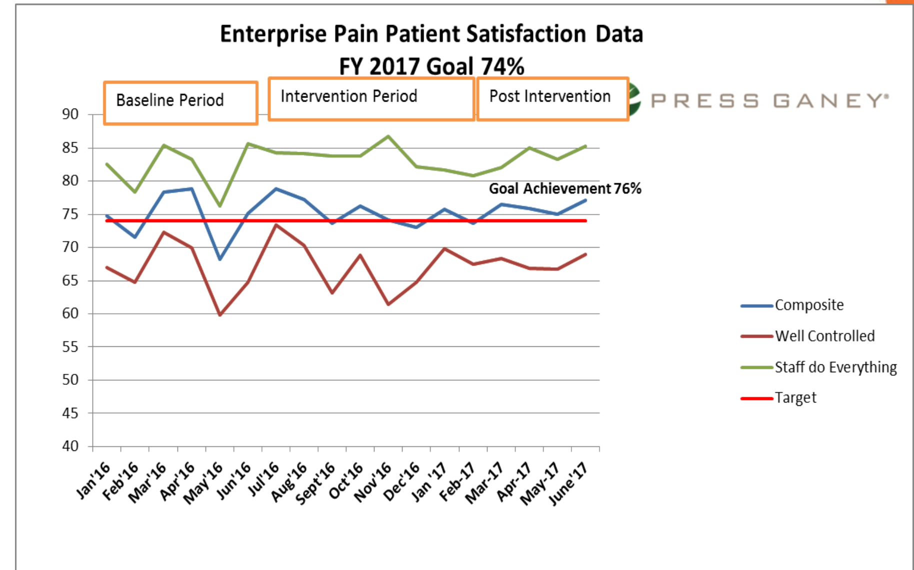
Operating Margin

	Annual			
	2015	2016	2017	2017 Bud/Target
Financial Perf.				
Net Patient Revenues	746,645	772,020	832,279	789,585
Total Operating Revenue	767,751	795,657	858,363	814,645
Operating Expenses	689,631	743,044	752,786	764,828
Operating Income $	78,120	52,613	105,578	49,817
Operating Margin	10.2%	6.6%	12.3%	6.1%

- **Key Initiatives:**
  - Operating margin was $47 million ahead of target mainly driven by revenues.
    - $19 million in unusual items
    - Revenue cycle improvements due to well implemented iCare
    - 3.5% volume growth
    - Well managed operations – expenses were only 1% over prior year

Pain Management Reassessment & Pt. Experience

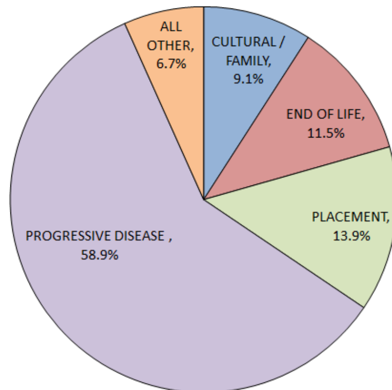




- **Key Initiatives:**
  - Changed iCare to optimize reassessment documentation and iCare compliance reports created
  - Individual RN Coaching completed for two consecutive months below target goal
  - Pain Service Pharmacist hired
  - Huddle Recognition every week for units at 90-100% reassessment compliance
  - Pain Website under development
  - Order sets under review
  - Developing Patient Education for Constipation and Constipation order sets updated
  - Visibility of pain reassessment compliance on all nursing unit vis boards

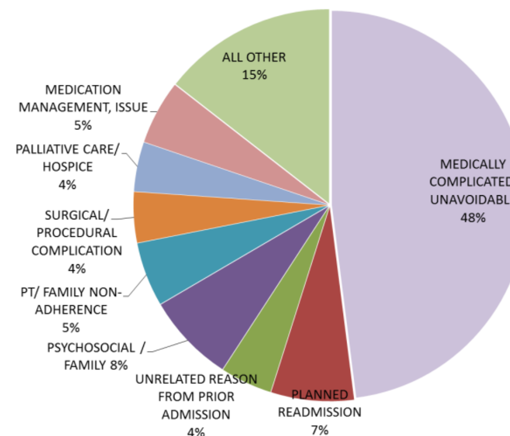
Length of Stay, Readmissions Goal Attainment

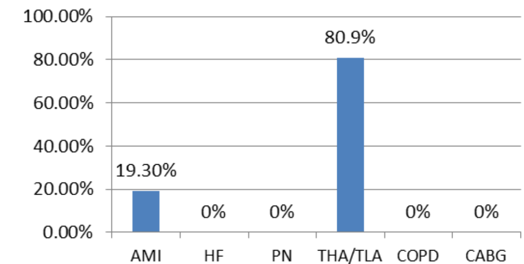
Length of Stay



- Key Initiatives:
  - Weekly LOS review and problem solving for all outlier Medicare pts
  - Daily DC rounds on 2C, 3B, 3C, 4A, 4B, LG
  - Growth of palliative care team, trigger tool—in process
  - Pt-centered DC checklist and rounds
  - Development of Post-Acute Narrow Network—in process

Readmissions





- Key Initiatives:
  - Weekly readmissions review and problem solving for all Medicare < 30 days readmits
  - Weekly meetings w HH agencies
  - Rounds at SNFs
  - TJR and AMI specific improvements
  - Follow up appointment scheduling
  - Pending labs at DC process improvement
  - Telemedicine pilot

Smart Growth

Smart Growth Summary				
FY2017 P12 YTD				
	FY16 Actual YTD	FY17 Actual YTD	FY17 Budget YTD	FY17 Budget Var
Deliveries	4,710	4,646	4,817	(171)
NICU Level 2 & 3 Days	3,033	2,918	3,191	(273)
Inpatient Surgeries	4,508	4,524	4,655	(131)
Outpatient Surgeries	6,099	6,470	6,409	61
OP Cath Lab Cases	1,969	2,063	2,023	40
OP Endo Cases	2,375	2,268	2,655	(387)
OP Infusion Cases	3,723	3,962	4,081	(119)
OP Intvl Bronch Procedure	270	464	481	(17)
Smart Growth Total	26,687	27,315	28,312	

- Year to Year growth was positive
- Year to Year drop in NICU may be a longer term trend as clinical protocols are supporting healthier babies

FY18 Organizational Goals

Board Approval 6/14/17

Organizational Goals FY18	Benchmark	2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY18 through July
Threshold Goals								
Budgeted Operating Margin	95% Threshold	Achieved Budget	95% of Budgeted			Threshold	FY 18	Met
Quality, Patient Safety & iCare								
Arithmetic Observed LOS Average / Geometric LOS Expected for Medicare Population (ALOS /GMLOS)	External: Expected via Epic Methodology	FY 2016: 1.21 (ALOS 4.86/GMLOS 4.00) FY 2017 YTD April: 1.18 (4.81/4.08)	1.12	1.11	1.09	34%	4Q FY18	1.10
HCHAPS Service Metric: Rate Hospital	External Benchmark	HCAHPs Baseline: 10/2016-12/2016: 75.5% 1/2017-3/2017: 75.1%	77%	78%	79%	33%	4Q FY18	78% (preliminary)
Standarized Infection Ratio (SIR) Observed HAIs/Predicted HAIs (Hospital Acquired Infections)	External Benchmark	July- Dec 2016L CAUTI 1.37, CLABSI 0.25, C.DIFF 0.59 Avg: 0.738	0.670	0.602	0.534	33%	FY18	Preliminary HAI data will be available next month

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FY17 Calculations

Organizational Goal Score	33%	67%	100%				
	Min	Target	Max	Weight	Actual result	Score though June	x Weight
Operating Margin		90% threshold				Met	
Pain Reassessment	75%	80%	90%	17%	89%	96.70%	16.44%
Pain Patient Satisfaction	73%	74%	76%	17%	76.0%	100%	17.00%
LOS and Readmission	4.81	4.76	4.66	33%	5%	100%	33.00%
Inpatient/Outpatient Growth	95%	100%	110%	33%	96.5%	43.2%	14.26%
						Total Score	80.70%

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	MV Site Major Construction Status Update and Proposed Revised Budget El Camino Board of Directors September 13, 2017
	Responsible party:	Ken King, CASO
	Action requested:	For Approval
	Background: (See attached 10-Step Memo and Presentation)	
	Other Board Advisory Committees that reviewed the issue and recommendation, if any: Preliminary information was reviewed by the Finance Committee on July 31st with no action requested.	
	Summary and session objectives: To obtain the Board approval of the increase in project budgets for two of the major construction projects.	
	Suggested discussion questions: None.	
	Proposed motion: To approve the increase in the BHS Capitol Project Budget not to exceed $4.6 million and IMOB Capital Project Budget not to exceed $27.1 million.	
	LIST OF ATTACHMENTS: 1. 10-Step 2. PowerPoint Presentation	

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2500 Grant Road
Mountain View, CA 94040-4378
Phone: 650-940-7000
www.elcaminohospital.org

September 13, 2017

To: El Camino Hospital Board of Directors

From: Ken King, CASO

Subject: **Mountain View Campus Master Plan Projects – Revised Budget Request**

1. **Recommendation:** Following a preliminary review with the Finance Committee at their July 31, 2017 meeting, I am requesting that the Board approve revised budgets for two of the Mountain View Campus Master Plan Projects:

	Current	Additional	Revised
Behavioral Health Services Building (BHS)	$91,500,000	**$4,600,000**	$96,100,000
Integrated Medical Office Building (IMOB)	$275,000,000	**$27,100,000**	$302,100,000

2. **Problem/Opportunity Definition:** The Board of Directors has previously authorized the development and funding of the Mountain View Campus Master Plan Projects. The budgets approved in August 2016 for both the BHS and IMOB projects were partially based on the estimated construction costs, but without the benefit of permitted plans and final bids and proposals. The complexity of multi-jurisdictional plan reviews and permits along with design changes resulting from agency code interpretations and the time it has taken to obtain agency approvals has led to higher construction costs.

3. **Authority:** As required by policy, capital projects exceeding $500,000 require approval by the Board of Directors.

4. **Process Description:** The final Guaranteed Maximum Price (GMP) proposals received from the contractors on both the BHS and IMOB projects, with the plans and specifications now approved, exceeded the estimates in both budgets. For the past month, we have been reviewing and challenging the proposals to ensure that we are receiving appropriate pricing and value for the permitted scope of work. We have also balanced the risks through the appropriate allocation of allowances and contingencies in order to finalize acceptable GMP agreements. We have also included incentives to reduce costs during the course of construction. Note that all savings from contract allowances, contingencies and incentives that are not spent come back to El Camino Hospital.

   Due to the time sensitivity of needing to release the construction agreements, this request is being presented directly to the Board of Directors without a recommendation from the Finance Committee; however, the information in hand on July 31st was reviewed by the Finance Committee without a request for action.

5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** After careful consideration of various alternative solutions it was determined that proceeding with the projects with increased budgets was the least risky alternative.

6. **Concurrence for Recommendation:** This request is supported by the Executive Leadership Team and the CEO. Note that the El Camino Healthcare District is required to approve the capital budgets

which exceed $25 million. The Healthcare District's approval of the budget increases for both projects will be requested at the regularly scheduled meeting in October.

7. **Outcome Measures and Deadlines:** The target timeline to complete the construction of both the BHS and IMOB Projects has been adjusted to March of 2019.

8. **Legal Review:** There has been no legal review for this request.

9. **Compliance Review:** None at this time.

10. **Financial Review:** The financial health of the organization is able to support the additional capital cost with cash reserves and the proceeds from the $290 million in 2017 Revenue Bonds issued earlier this year.

Attached:

1. MV Master Plan Project Status Update and Budget Revision presentation

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Major Capital Projects Update & Additional Funding Request

September 13, 2017

Hospital Board of Directors

Ken King, Chief Administrative Services Officer

Major Capital Project Scope
Mountain View Master Plan Projects

Projects with Fully Approved Budgets - In Construction Phase

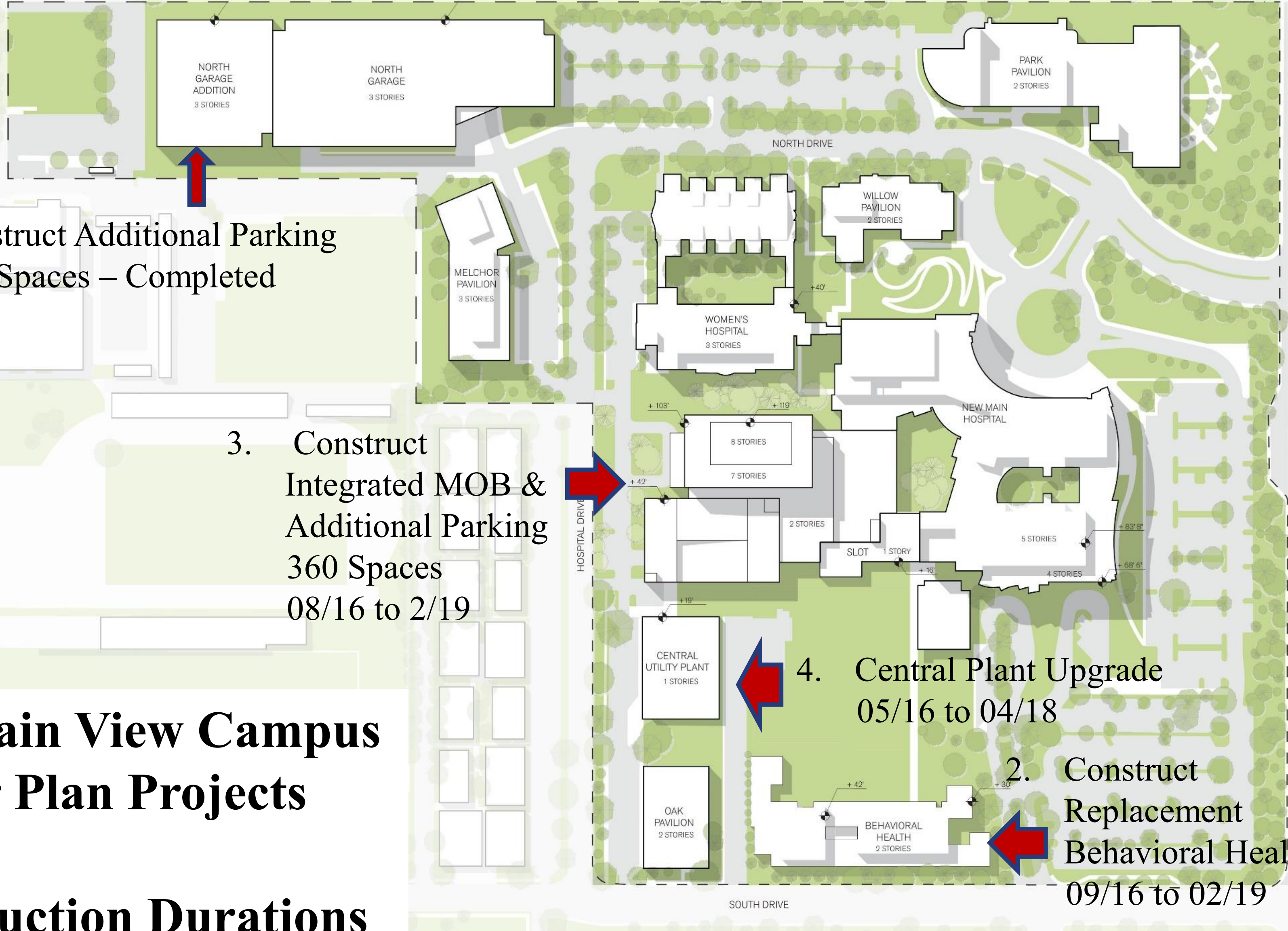
- **North Parking Garage Expansion**
  - 400 Car Expansion Structure with Solar Panels & Upgrades to Existing 850 Car Structure
- **Behavioral Health Services (BHS) Building**
  - New 2-Story BHS Building with 36 Beds & Outpatient Services & Support
- **Integrated Medical Office Building (IMOB) & Parking 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 Project Scope
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 Labor and Delivery Rooms 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



Mountain View Campus Master Plan Projects with Construction Durations

Behavioral Health Services Building Project Site

BHS Site
Photo Date **07/18/17**

Behavioral Health Services Building
Project Site - East

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Behavioral Health Services Building Project Site - West

Integrated Medical Office Building Project Site

IMOB Site
Photo Date 07/18/17

IMOB Site
Photo Date 08/31/17

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

- North Parking Garage Expansion - $24.5 m
  - This project is in the close out phase for the primary construction with only the scheduled installation of the battery system (under a separate agreement) to be completed.
- Behavioral Health Services (BHS) Building - $91.5m
  - Foundation, underground utilities and the slab on grade are progressing on schedule and structural steel fabrication is in process. An increase the project budget has been requested as a result of higher than planned construction costs.
- Integrated Medical Office (IMOB) Building - $275 m
  - The Demolition and Site Utilities Phases are complete. The installation of 318 foundation piles ranging from 40 to 80 feet deep is 98% complete and progressing on schedule. The plans have been approved and the primary permit for the building structure is expected has been issued by the City of Mountain View. An increase the project budget has been requested as a result of higher than planned construction costs.
- Central Utility Plant (CUP) Upgrades - $9 m
  - Construction and equipment installation continues on schedule. There are currently no problems anticipated for completing the upgrades in time to support the new BHS and IMOB projects.

Project Cost Projections – August 31, 2017

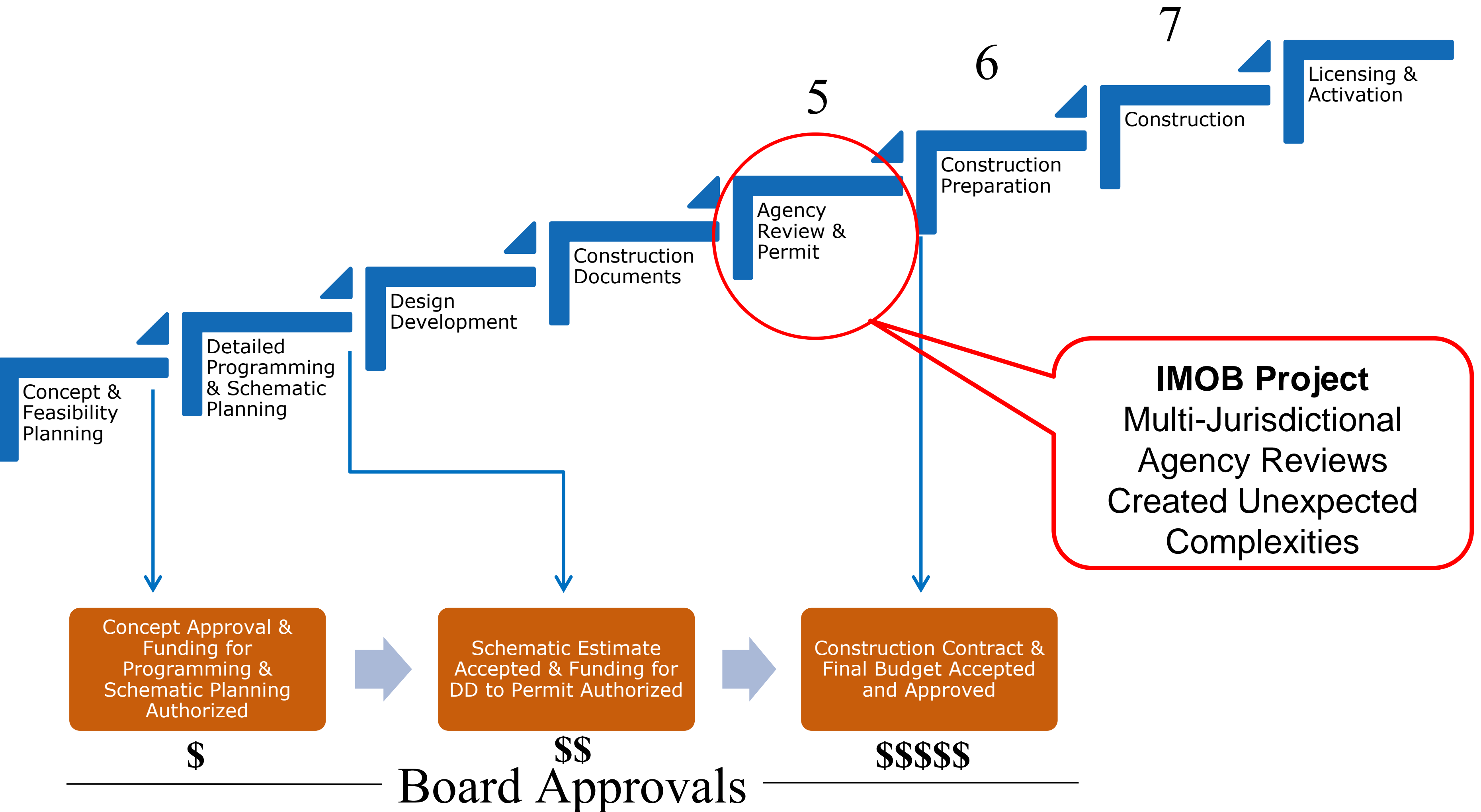
Current Projection - Based on Final GMP Agreements				Updated 08/31	
Through August 31, 2017	Approved Funding	Total Obligated	Paid to Date	Forecasted Cost	Forcasted to Budget Variance
North Drive Parking Structure Expansion	$24,500,000	$24,380,454	$21,056,963	$23,914,602	$585,398
Behavioral Health Services Building	$91,500,000	$50,992,706	$21,895,012	$96,100,000	($4,600,000)
Integrated Medical Office Building & Parking Structure	$275,000,000	$148,484,028	$54,587,014	$302,100,000	($27,100,000)
Central Utiltity Plant Upgrade	$9,000,000	$8,544,116	$2,492,023	$8,924,720	$75,280
Total All Projects	**$400,000,000**	**$232,401,304**	**$100,031,012**	**$431,039,322**	**($31,039,322)**

- To date we have obligated by contract 58% of the Total Project Budgets and paid 43% of the obligated amount, however at this time we are forecasting to spend 108% of the Currently Funded Project Budgets at completion.
- A request to increase the Project Budgets for both the BHS and IMOB Projects is pending approval.
- We have contracted for all of the work that is on the critical path and we are finalizing the GMP agreements with the contractors on both the BHS and IMOB Projects.

Project Budgets

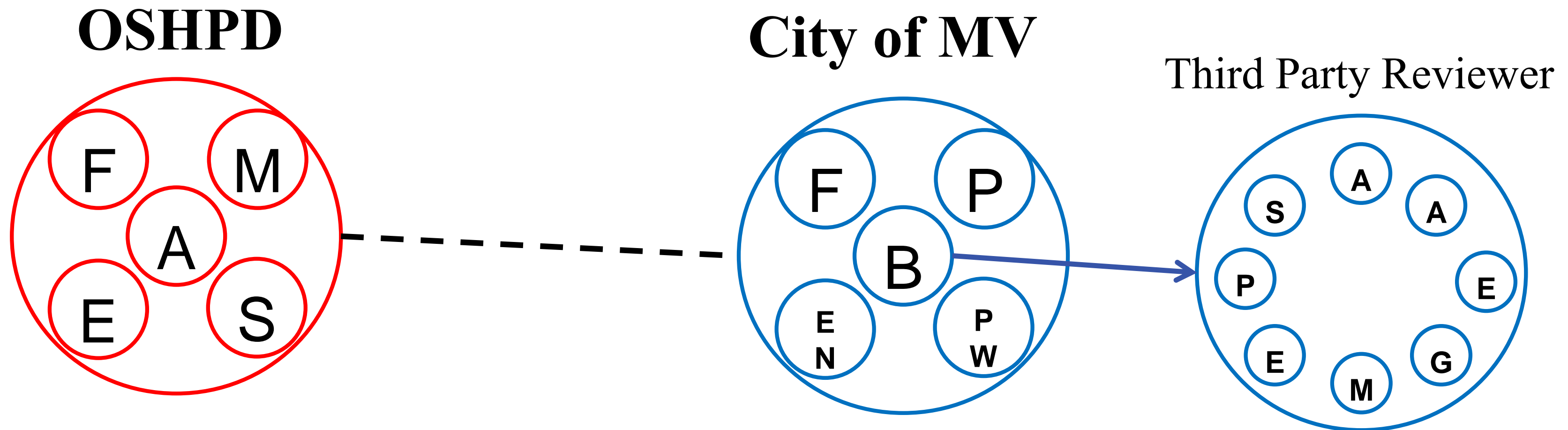
Background Information

Process Background
Facilities Project Development Steps



Agency Reviews & Permits

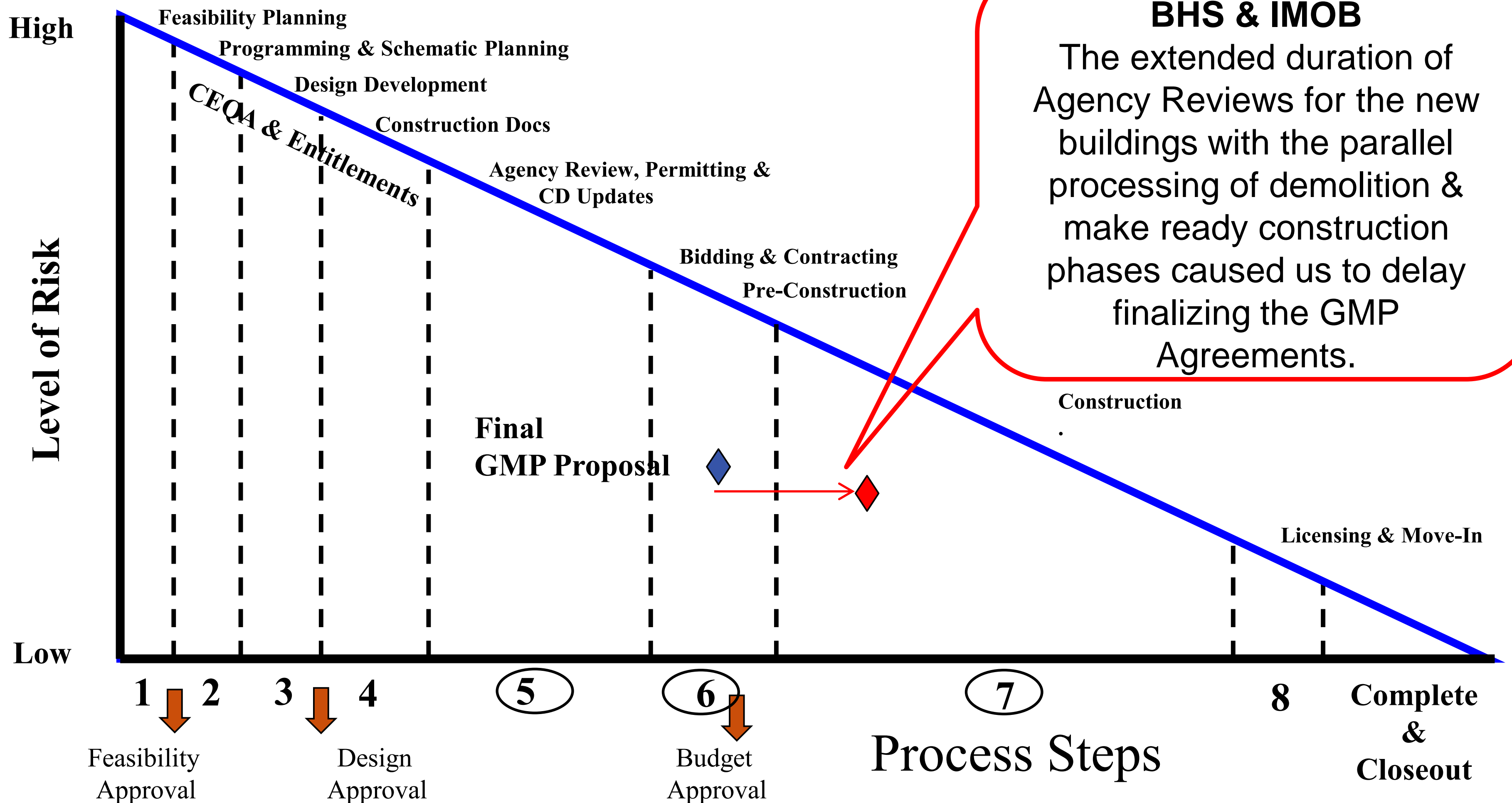
The number of people involved in the plan review and permit process across the state and local jurisdictions created a complex environment to navigate.



The City of MV Building Department Contracts with a Third Party Reviewer For Architectural, ADA, Energy, Green, Mechanical, Electrical, Plumbing, Structural

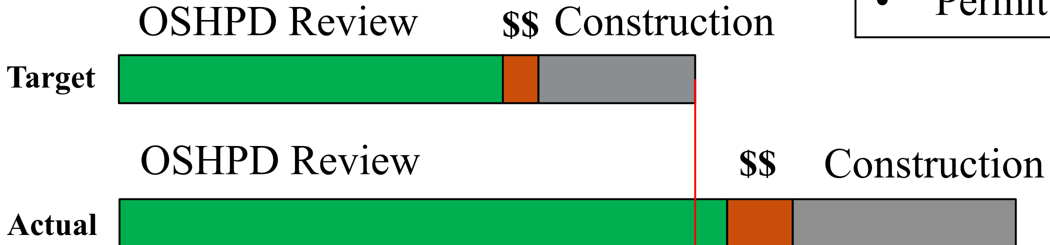
Other Agencies Include
PG&E, SCVWD, BAAQMD, Ca.SWPPP, Cal-Trans,

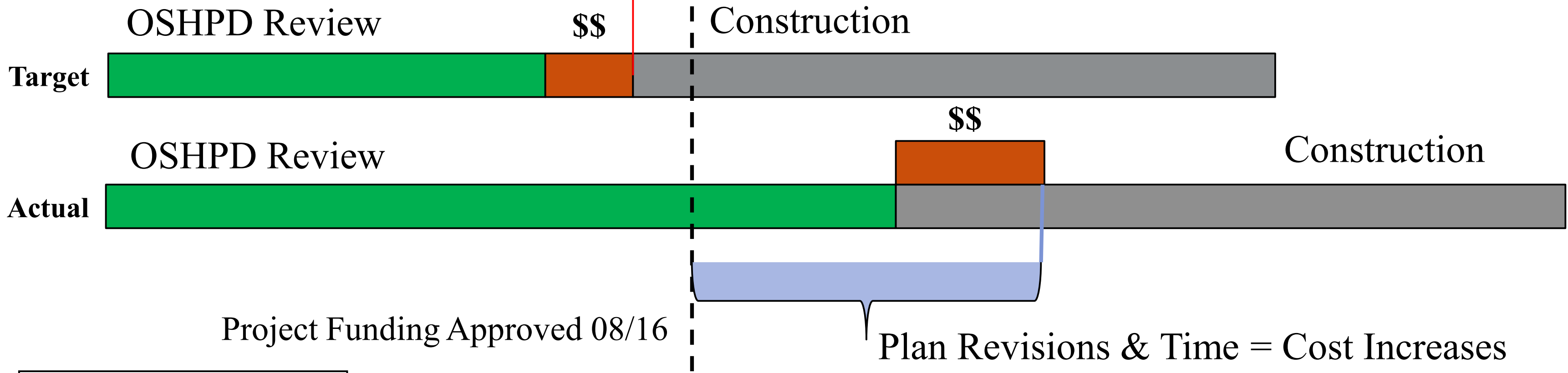
Process Background
Managing Construction Risk through the execution of each Process Step



BHS Project Timelines

- Agency Reviews were much longer than planned.
- Plan Revisions during Reviews were extensive.
- Project Funding was requested anticipating plan approval.
- Permitted Plans required to Finalize GMP.





\$\$ = GMP Finalized

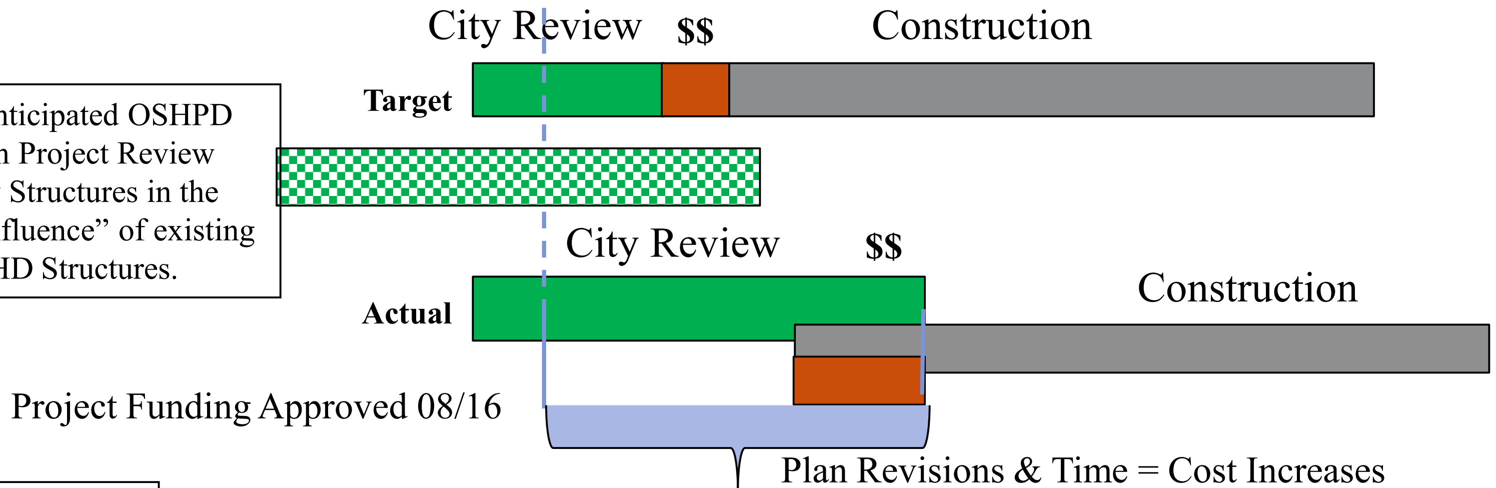
IMOB Project Timelines

- Agency Reviews were much longer than planned.
- Multiple Jurisdictions created complex permit process.
- Plan Revisions during Reviews were extensive.
- Project Funding was requested anticipating plan approval.
- Permitted Plans required to Finalize GMP.

Phase I

Phase II

Actual Unanticipated OSHPD Examination Project Review For New Structures in the "Zone of Influence" of existing OSPHD Structures.



$$ = GMP Finalized

Key Points

- Despite the challenges of lengthy reviews and extended schedules our new facilities will provide a great value to the community for years to come.
- We will continue to diligently manage the process during the construction and activation phases to ensure that the projects are delivered as projected.
- I am supported by a great team of professionals who are committed to the success of our projects.

Project Budgets

Request to Increase Budgets

Behavioral Health Services Project - $ 4.6 million

Integrated Medical Office Building - $27.1 million

Forecast History

Mountain View Master Plan Projects - **Financial Summary & Forecasted Cost**

Through June 30, 2017	Approved Funding	Total Obligated	Paid to Date	Forecasted Cost	Forcasted 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 Utiltity Plant Upgrade	$9,000,000	$8,051,723	$2,047,440	$8,785,435	$214,565
Total All Projects	**$400,000,000**	**$222,290,897**	**$81,187,596**	**$398,204,695**	**$1,795,305**

Reviewed with Finance Committee - Based on Final GMP Proposals — Updated 07/31

Through July 31, 2017	Approved Funding	Total Obligated	Paid to Date	Forecasted Cost	Forcasted to Budget Variance
North Drive Parking Structure Expansion	$24,500,000	$24,380,454	$18,722,153	$23,993,238	$506,762
Behavioral Health Services Building	$91,500,000	$47,953,284	$16,864,789	$96,053,658	($4,553,658)
Integrated Medical Office Building & Parking Structure	$275,000,000	$141,905,436	$43,553,214	$302,044,660	($27,044,660)
Central Utiltity Plant Upgrade	$9,000,000	$8,051,723	$2,047,440	$8,924,720	$75,280
Total All Projects	**$400,000,000**	**$222,290,897**	**$81,187,596**	**$431,016,276**	**($31,016,276)**

Current Projection - Based on Final GMP Agreements — Updated 08/31

Through August 31, 2017	Approved Funding	Total Obligated	Paid to Date	Forecasted Cost	Forcasted to Budget Variance
North Drive Parking Structure Expansion	$24,500,000	$24,380,454	$21,056,963	$23,914,602	$585,398
Behavioral Health Services Building	$91,500,000	$50,992,706	$21,895,012	$96,100,000	($4,600,000)
Integrated Medical Office Building & Parking Structure	$275,000,000	$148,484,028	$54,587,014	$302,100,000	($27,100,000)
Central Utiltity Plant Upgrade	$9,000,000	$8,544,116	$2,492,023	$8,924,720	$75,280
Total All Projects	**$400,000,000**	**$232,401,304**	**$100,031,012**	**$431,039,322**	**($31,039,322)**

Project Cost Projection – Summary Detail

Behavioral Health Services - Project				
	Approved Funding	Previous Projection	07/31/17 Projection - Based on Final GMP Proposal	08/31/17 Projection - Based on Negotiated GMP Agreement
Soft Costs				
Consultants	11,619,425	11,321,000	12,467,289	12,352,077
Permits/Fees	1,266,043	1,270,810	1,226,376	1,237,988
Inspection / Testing	1,363,365	1,363,365	2,485,365	3,046,124
Misc	315,760	315,760	315,760	273,450
Total Soft Costs	**14,564,593**	**14,270,935**	**16,494,790**	**16,909,639**
Construction	**65,935,853**	**71,137,776**	**75,374,785**	**71,260,367**
Furniture, Fixtures & Equipment	**4,184,083**	**4,184,083**	**4,184,083**	**4,377,874**
Project Contingency	**6,815,471**	**0**	**0**	**3,552,120**
Total Project Cost	**91,500,000**	**89,592,794**	**96,053,658**	**96,100,000**
Variance from Currently Approved Funding		1,907,206	(4,553,658)	(4,600,000)

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Primary Factors for Cost Increase – BHS Project

- Structural System Changes during OSHPD Review
  - Significant code interpretation issues resulted in structural system changes late in the review process.
- Labor Increases impacted by schedule
  - Union negotiated wage increases adjust annually.
- Additional testing & inspection requirements of OSHPD
  - Additional Inspectors of Record required to meet requirements
- Increased Soft Costs due to schedule.

Project Cost Projection – Summary Detail

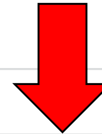
Integrated Medical Office Building - Project				
	Approved Funding	Previous Projection	07/31/17 Projection - Based on Final GMP Proposal	08/31/17 Projection - Based on Negotiated GMP Agreement
Soft Costs				
Consultants	24,007,394	25,548,333	25,897,855	25,915,049
Permits/Fees	4,675,126	2,828,757	3,412,461	2,581,507
Inspection / Testing	2,000,814	1,900,814	2,632,339	2,872,580
Misc	2,716,950	2,385,854	2,716,950	981,096
Total Soft Costs	**33,400,284**	**32,663,758**	**34,659,605**	**32,350,232**
Construction	**211,276,075**	**226,160,356**	**250,244,450**	**246,109,163**
Furniture, Fixtures & Equipment	**17,140,605**	**17,140,605**	**17,140,605**	**17,140,605**
Project Contingency	**13,183,036**	0	**0**	**6,500,000**
Total Project Cost	**275,000,000**	**275,964,719**	**302,044,660**	**302,100,000**
Variance from Currently Approved Funding		(964,719)	(27,044,660)	(27,100,000)

Primary Factors for Cost Increase – IMOB Project

- Changes in Foundation & Structural Systems driven by OSHPD Examination Project.
  - Where new structures impact the "Zone of Influence" of existing OSHPD structures. (Central Plant & Utility Tunnels)
- Increased Testing and Inspections driven by OSHPD Examination Project
  - Extensive Test Pile Program & Additional Soils Inspections
- Labor Increases impacted by schedule
  - Union negotiated wage increases adjust annually.
- Increased Allowances for trade work (finishes) to be bid after the first of the year.
  - To ensure that there are sufficient funds within the GMP contract for all finish elements. (Savings from Allowances return to ECH)

Funding Request

09/13/17



Mountain View Master Plan Projects			
	Currently Approved Funding	Requested Additional Funding	Total Funding with Approved Additional Funding
North Drive Parking Structure Expansion	$24,500,000		$24,500,000
Behavioral Health Services Building	$91,500,000	**$4,600,000**	**$96,100,000**
Integrated Medical Office Building & Parking Structure	$275,000,000	**$27,100,000**	**$302,100,000**
Central Utiltity Plant Upgrade	$9,000,000		$9,000,000
Total All Projects	**$400,000,000**	**$31,700,000**	**$431,700,000**

Requested Motion

To approve the increase in the BHS and IMOB Capital Project Budgets not to exceed $4.6 million for BHS and $27.1 million for IMOB.

Questions?

Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, August 9, 2017
2500 Grant Road, Mountain View, CA 94040
Conference Rooms E, F & G (ground floor)

Board Members Present	**Board Members Absent**	**Members Excused**
Lanhee Chen, Chair	None	None
Jeffrey Davis, MD		
Peter Fung, MD		
Julia Miller		
Robert Rebitzer		
David Reeder		
John Zoglin, Vice Chair		

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 5:30pm by Chair Chen. A silent roll call was taken. Director Rebitzer joined the meeting at 5:34pm and Director Davis joined the meeting at 5:37pm during Agenda Item 4: FY17 Period 12 Financials. All other Board members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Director Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. BOARD RECOGNITION	**Motion:** To approve *Resolution 2017-09*. **Movant:** Zoglin **Second:** Fung **Ayes:** Chen, Fung, Miller, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** Davis and Rebitzer **Recused:** None Cheryl Reinking, RN, CNO recognized the Los Gatos Mother-Baby Care Team for their work in achieving the Baby-Friendly Hospital designation.	***Resolution 2017-09 approved***
4. FY17 PERIOD 12 FINANCIALS	Iftikhar Hussain, CFO, outlined the FY17 Period 12 Financials noting that: - Final numbers for FY17 will be brought to the Board as part of the audit presentation in October. - Operating margin is 12.3%, EBITA margin is 18.4% - For the year, net income is $97 million ahead of target, with $47 million from operations and $50 million in investment income. - Net revenue grew 7.8% over the prior year. - Unusual items for the year totaled $19 million. - Revenue strategies included: work with commercial payors, and the charge capture and denial process in Epic. - Total cash on hand was at an all-time high of 444 days in June. - Because of a strong year, staff recommended an increase in the Board-designated Community Benefit fund to $15 million. He also outlined the PRIME Initiative, working with DHLF and Mayview clinic to improve services for women and behavioral health services for the Medi-Cal population. He noted that staff is working through the backlog in Accounts Receivable	***FY17 Period 12 Financials approved***

	when systems and physician documentation were affected by transcription software issues. Mr. Hussain explained that there will be depreciation when construction projects are completed, and ECH will no longer be able to capitalize interest. Director Miller thanked staff for the increase in the Board-Designated Community Benefit Fund. **Motion:** To approve the FY17 Period 12 Financials **Movant:** Fung **Second:** Miller **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	
5. QUALITY COMMITTEE REPORT	Director Reeder, Chair of the Quality Committee, shared a patient story from the Committee's materials. He reported that the Committee received a presentation from Pei Tsau, MD, about the ECH cardiovascular surgery program. Director Reeder also reported that there were no outliers on the quality dashboard. He noted that the Committee will have a higher level discussion on HCAHPS scores at its next meeting. He reported that the Committee received an update on the Patient and Family-Centered Care and Lean efforts, noting that recruitment of a Patient Experience Manager is still underway. He explained that the Committee had robust discussion around opting-out of participation in three of the five BPCI programs. He explained the Committee has recommended that Ms. Ina Bauman be appointed to the Committee to fill a vacancy created by the departure by one of the Committee's patient advocates. Director Chen requested more information for the Board on the lessons learned from ECH's participation in the BPCI programs. **Motion:** To appoint Ina Bauman to the Quality Committee for a term of service expiring June 30, 2018, renewable annually. **Movant:** Reeder **Second:** Fung **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Ina Bauman appointed to the Quality Committee***
6. GOVERNANCE COMMITTEE REPORT	Director Fung, Chair of the Governance Committee, outlined the Board Education Plan recommended by the Committee and further detailed in the packet (including conference attendance and bi-annual Board & Committee Educational Gatherings). **Motion:** To approve the FY18 Board Education Plan. **Movant:** Fung **Second:** Miller	***FY18 Board Education Plan and FY18 Competency Matrix approved***

DRAFT

 DRAFT

	(Director Zoglin) Friendly Amendment: To extend the Estes Park Conference invitations to include all Committee members. Director Zoglin also suggested presenting the full Strategic Plan in detail to the Committee members. **Second**: Miller **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None **Motion:** To approve the FY18 Competency Matrix. **Movant:** Fung **Second:** Zoglin **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None Chair Chen welcomed Director Rebitzer to the Board.	
7. MV SITE MAJOR CONSTRUCTION STATUS UPDATES	Ken King, CASO, provided an overview of the major capital projects in the construction phase on the MV campus: **North Parking Garage**: Construction is largely completed, and solar panels have been installed. Contractors are replacing pervious concrete, and the project is expected to be completed within budget **Behavioral Health Service Building**: The foundation and underground utilities have been installed. **Integrated Medical Office Building** (and parking structure): Contracts are moving ahead on the installation of foundation piers. ECH is in the final stages of getting final permits for the IMOB. Mr. King noted that final pricing of elements have changed through permitting process, and he will bring that financial impact back to the Board in September. **Central Plan Utility Upgrades**: The project is moving along well. He noted that the proposed Women's Hospital expansion and Old Main Hospital demolition are in the planning and design phase and have been partially budgeted. Mr. King explained that forecasted cost projections will be updated based on the recently submitted final GMP proposals. He reported that 55% of project budgets have been expended, and that the current forecast is that 99.5% of project budgets will be spent. He provided visual updates from August 9, 2017 on the IMOB, BHS, and Central Utility Plant. Mr. King described installation of the foundation for the IMOB, explaining the unanticipated cost and adjusted timeline due to extra double encased foundation piers per state requirements. In response to Director Miller's question, Mr. King explained that the construction has not reached the water table.	
8. PUBLIC COMMUNICATION	Judy van Dyke introduced Carol Carey, President of the Auxiliary, to the Board.	

9. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:11 pm pursuant to *Gov't Code Section 54957.2* for approval of the Minutes of the Closed Session of the Hospital Board Meeting (June 28, 2017), Minutes of the Closed Session of the Joint Meeting of the Finance Committee and Hospital Board (May 30, 2017; pursuant to *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to *Gov't Code Section 54957*and *54957.6* for discussion and report on personnel performance matters and *Health and Safety Code 32106(b)* for a report involving health care facility trade secrets: Informational Items; pursuant to *Gov't Code Section 54956.9(d)(4)* – conference with legal counsel regarding pending litigation: Kaiser Claims; pursuant to *Gov't Code Section 54957*and *54957.6* for discussion and report on personnel performance matters: Proposed FY18 Executive Incentive Goals; pursuant to *Gov't Code Section 54957*and *54957.6* for discussion and report on personnel performance matters: Proposed FY18 Executive Base Salaries; pursuant to *Health and Safety Code 32106(b)* for a report involving health care facility trade secrets: SVMD Board Update; pursuant to *Health and Safety Code 32106(b)* for a report involving health care facility trade secrets: Strategic Planning Update; pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters: Executive Session. **Movant:** Miller **Second:** Davis **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Adjourned to closed session at 6:11 pm.***
10. AGENDA ITEM 22: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 8:42pm. Agenda items 10-21 were addressed in closed session. During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (June 28, 2017), the Minutes of the Closed Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30, 2017), the FY18 Executive Incentive Goals as revised, and the Medical Staff Report by a unanimous vote in favor of all members present (Directors Chen, Davis, Fung, Miller, Rebitzer, Reeder, and Zoglin).	
11. AGENDA ITEM 23: CONSENT CALENDAR	Director Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (June 28, 2017); FY17 Period 11 Financials; Neuro-Interventional Radiology – Physician Recruitment; Cardiothoracic ED Call Panel (MV); Pediatric Consultations ED Call Agreement (MV); General Surgery ED Call Panel (LG); Professional Services Agreement: Cancer Center (UHA); Minutes of the Open Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 30, 2017); and the Medical Staff Report. **Movant:** Davis **Second:** Miller **Ayes:** Chen, Davis, Miller, Rebitzer, Reeder, Zoglin **Noes:** None	***Consent calendar approved***

DRAFT

	Abstentions: None **Absent:** Fung **Recused:** None Director Fung rejoined the meeting.	
12. AGENDA ITEM 24: SELECTION OF ECH BOARD MEMBER TO SERVE ON SVMD BOARD	**Motion:** To select Dr. Fung to serve on the Board of Managers for Silicon Valley Medical Development, LLC. **Movant:** Miller **Second:** Zoglin **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	
13. AGENDA ITEM 25: PROPOSED FY18 EXECUTIVE BASE SALARIES	Director Chen noted that Cindy Murphy, Director of Governance Services, had copies of the proposal available for the public to review. **Motion:** To approve the FY18 Executive Base Salaries as discussed. **Movant:** Zoglin **Second:** Miller Director Reeder voiced support of the recommendations of the Executive Compensation Committee, rather than the proposals in the motion. **Ayes:** Davis, Fung, Miller, Rebitzer, Zoglin **Noes:** Chen, Reeder **Abstentions:** None **Absent:** None **Recused:** None	***FY18 Executive Base Salaries approved***
14. AGENDA ITEM 26: INFORMATIONAL ITEMS	William Faber, MD, CMO, reviewed the status of the achievement of the FY17 organizational goals and noted that final numbers will be presented to the Board at its September meeting.	
15. AGENDA ITEM 27: BOARD COMMENTS	Director Reeder thanked Director Miller for her service on the Gala Committee and noted her contributions to the success of the event.	
16. AGENDA ITEM 28: ADJOURNMENT	**Motion**: To adjourn at 8:48pm. **Movant:** Fung **Second:** Davis **Ayes:** Chen, Davis, Fung, Miller, Rebitzer, Reeder, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Meeting adjourned at 8:48 pm.***

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, ECH Board of Directors

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

DRAFT

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed Revised FY18 Committee Assignments El Camino Hospital Board of Directors September 13, 2017
	Responsible party:	Lanhee Chen, Board Chair
	Action requested:	Possible Motion
	Background: Neysa Fligor was elected to the El Camino Hospital Board of Directors on August 23, 2017. We met and discussed her Committee assignments. I propose she serve as a member of the Executive Compensation Committee and the Corporate Compliance/Privacy and Internal Audit Committee. I also propose we remove me as a member of the Executive Compensation Committee.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives: To obtain the Board's approval of the Proposed Revised FY18 Advisory Committee Assignments.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the Proposed Revised FY18 Advisory Committee Assignments.	
	LIST OF ATTACHMENTS: 1. Proposed Revised FY18 Advisory Committee Assignments.	

PROPOSED REVISED
El Camino Hospital Board of Directors
FY18 Advisory Committee & Liaison Appointments

COMPLIANCE COMMITTEE		
	John Zoglin	**Chair**
BOARD MEMBERS	**Neysa Fligor**	Member
	Robert Rebitzer	Member
COMMUNITY MEMBERS	Sharon Anolik Shakked	Member
	Lica Hartman	Member
	Christine Sublett	Member

GOVERNANCE COMMITTEE		
	Peter Fung, MD	**Chair**
BOARD MEMBERS	**Robert Rebitzer**	Member
COMMUNITY MEMBERS	Gary Kalbach	Member
	Christina Lai	Member
	Peter Moran	Member

EXECUTIVE COMPENSATION COMMITTEE		
	Bob Miller	**Chair**
BOARD MEMBERS	**Neysa Fligor**	Member
	Julia Miller	Member
COMMUNITY MEMBERS	Teri Eyre	Member
	Jaison Layney	Member
	Pat Wadors	Member

INVESTMENT COMMITTEE		
	Jeffrey Davis, MD	**Chair**
BOARD MEMBERS	**John Zoglin**	Member
COMMUNITY MEMBERS	Nicola Boone	Member
	John Conover	Member
	Gary Kalbach	Member
	Brooks Nelson	Member

FINANCE COMMITTEE		
	John Zoglin	**Chair**
BOARD MEMBERS	**David Reeder**	Member
COMMUNITY MEMBERS	Joseph Chow	Member
	Boyd Faust	Member
	William Hobbs	Member
	Richard Juelis	Member

QUALITY COMMITTEE		
	David Reeder	**Chair**
BOARD MEMBERS	**Jeffrey Davis, MD**	Member
	Peter Fung, MD	Member
COMMUNITY MEMBERS	Katherine Anderson	Member
	Mikele Bunce	Member
	Nancy Carragee, RN	Member
	Robert Pinsker, MD	Member
	Wendy Ron	Member
	Melora Simon	Member

LIASONS	
ECH FOUNDATION BOARD	**David Reeder**
COMMUNITY BENEFIT ADVISORY COUNCIL	**Peter Fung, MD**

POLICY/PROCEDURE TITLE: Finance: Physician Recruitment Program Policy

CATEGORY: Administrative
LAST APPROVAL DATE: 02/2016

SUB-CATEGORY: Finance
ORIGINAL DATE: 02/07

COVERAGE:

All El Camino Hospital staff

PURPOSE:

This policy is intended to set forth the procedures by which the Hospital authorizes and undertakes independent physician recruitment activities using recruitment incentives. All activities undertaken to recruit independent physicians and the recruitment of certain primary care allied health professionals by independent physicians shall be taken in full compliance with all applicable local, state and federal laws. This policy does not apply to Hospital's recruitment of any person to be employed or salaried as a W-2 employee by the Hospital or a Hospital Affiliate.

STATEMENT:

As part of the planning and budget process of the Hospital, the Hospital shall determine whether, during the budget year, it is in the best interest of the public health of the community served by the Hospital to recruit licensed physicians and certain primary care allied health professionals to practice in the community served by the Hospital and whether the Hospital should participate in the recruitment of physicians and certain primary care allied health professionals A plan and budget for such activities shall also be developed consistent with community need and in support of the Hospital's strategic plan and be subject to approval as provided in Section E.

PROCEDURE:

1. **Approval.**

As part of the approval process, the need for recruitment, the recruitment plan and the recruitment budget shall be presented to the Board for its review and approval. ~~and, if and as approved, shall then be presented to the District Board of Directors for its review and approval.~~ Once

approved, the Chief Executive Officer of the Hospital shall have the authority to develop particular recruitment proposals and implement them in accordance with the budget. Any recruitment that is proposed that would exceed the amount budgeted or that in any one case exceeds the amount of $500,000 shall be brought to the Board of the Hospital. ~~and the Board of the District for approval.~~

2. **Permissible Physician Recruitment Incentives.**

Subject to compliance with all applicable laws, permissible physician recruitment incentives shall be no greater than those described in Health and Safety Code Section 32121.3 . Permissible incentives for purpose of this Policy include:

(1) Guaranteeing to a physician a minimum income and expense reimbursement for a period of no more than two years from the opening of the physician's practice.

(2) Guaranteeing leases of necessary equipment by the physician for at least over the life of the equipment

(3) Provision of reduced rental rates of office space in any building owned or leased by the District or any of its affiliated entities, or subsidize rental payments for office space in any other buildings, for a term of no more than three years.

(4) Provision of other recruitment incentives to a physician in exchange for consideration and upon terms and conditions deemed reasonable and appropriate.

Income guarantees must be commercially reasonable and based upon local, regional and national compensation data. Repayments of any income guarantee maybe forgiven if the recruited physician or primary care allied health professional remains in and continues to practice in the service area of the hospital for a specified period of time (for example, five years beyond the guarantee period). Refer to Appendix A regarding the Income/ Salary Guarantee Loan Program.

The Board of the Hospital has determined that the Hospital is in an extraordinarily costly real estate market and that the high cost of real estate is a significant barrier to physicians relocating to the Hospital's primary service area and serving patients and practicing in the communities served by the Hospital. Accordingly, a recruitment incentive may include a second mortgage or the guarantee of a second mortgage not

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to exceed the lesser of $200,000 or 10% of the purchase price (without Hospital Board approval) fully secured by a second mortgage (or third mortgage in the case of a guarantee) on the primary residence of such physician. Interest on such mortgage may be forgiven each year as long as the physician practices in the service area. Refer to Appendix B regarding the Corporate Second Home Mortgage Program.

It has been determined that recruitment expenses (primarily relocation expenses to move the physician into the Hospital's service area) may be reimbursed. As with the Home Second Mortgage Program and Income/ Salary Guarantee Loan Program, it must be demonstrated that there is a community need for the physician's specialty. To assist the physician to relocate into the Hospital's service area, the physician's cost of moving into the area may be reimbursed. All receipts for moving expenses, which may include travel, temporary living, and relocation moving expenses, must be documented and the Request for Reimbursement of Physician Recruiting Expenses (see Appendix C) completed. Reimbursements are only made directly to the physician and not the physician's medical group. These payments become IRS Form 1099 reportable immediately in the year the reimbursement payment is made.

3. **Permissible Recruitment Incentives provided for recruitment of certain primary care allied health professionals by physicians.**

Subject to compliance with all applicable laws, permissible recruitment incentives paid to a physician for compensation of a primary care allied health professional shall be no greater than those described in 42 CFR 411.357(x), which include:

1. Guaranteeing up to fifty percent of the allied health care professional's actual compensation and benefits paid by the physician for a period of no more than two years.

4. **Compliance.**

While recruitment packages may be offered to new physicians who will practice independently, recruitment of physicians and primary allied health professionals to existing practices (including existing solo practices) is preferred. All recruitment incentives support must be paid to the recruited physician or primary care allied health professional and not to any other individual or group. Home Second Mortgage support may be provided to recruit and retain physicians who are also first time home buyers in the service area.

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4.1. Prohibited Provisions.

In addition to full compliance with all applicable provisions of the federal anti-kickback statute, the Stark II legislation, Section 650 of the Business and Professions Code, and all applicable state and federal laws, there may be no contract or understanding with respect to such recruitment that is prohibited by Health and Safety Code Section 32121.3 and any such provision and any contract or any express or implied understanding shall be void. The prohibited provisions are any contract term or understanding that

(1) imposes as a condition any requirement that the patients of the physician, or a quota of the patients of the physician, only be admitted to a specified hospital.

(2) restricts the physician from establishing staff privileges at, referring patients to, or generating business for another entity.

(3) provides payment or other consideration to the physician for the physician referral of patients to the hospital or an affiliated nonprofit corporation.

4.2. Required Provisions.

Any contract with a physician for recruitment or with a physician for the recruitment of a primary care allied health professional which requires inducements to be repaid shall be repaid with interest and every recruitment contract must contain a provision that states that "no payment or other consideration shall be made for the referral of patients to the Hospital or an affiliated nonprofit corporation."

4.3. Other Requirements

All recruitment incentives must comply in all respects with the requirements of the federal and state anti-kickback or rebate and referral laws. Moreover, any such arrangement shall comply with the requirements imposed by Stark II and any regulation promulgated thereunder. Stark II provides with respect to recruitment:

In the case of remuneration which is provided by a hospital to a physician or primary care allied health professional to induce the

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physician or primary care allied health professional to relocate to the geographic area served by the hospital in order to be a member of the medical staff of the hospital, if -

(a) the physician or primary care allied health professional is not required to refer patients to the hospital;

(b) the amount of the remuneration under the arrangement is not determined in any manner that takes into account (directly or indirectly) the volume or value of any referrals of the referring physician or primary care allied health professional; and

(c) the arrangement meets such other requirements as the Secretary of Department of Human and Health Services may impose by as needed to protect against program or patient abuse.

5. **Reporting.**

The CEO shall regularly report to the Board on implemented recruitment activities, whether recruited physicians and primary care allied health professionals have been retained in the community and whether the terms and conditions of such recruitment requiring payment or forgiveness have been followed.

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El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
______Medical Committee (if applicable):	
ePolicy Committee:	01/2016
Pharmacy and Therapeutics (if applicable):	
Finance Committee:	01/2016
Board of Directors:	02/2016

Historical Approvals:

02/01/07, 06/09, 10/12

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El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Board of Directors Open Session – September 13, 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: August 30, 2017

RE: REPORT FROM THE MEDICAL STAFF EXECUTIVE COMMITTEE

This report is based upon the Medical Staff Executive Committee meeting of August 24, 2017.

Request Approval of the Following:

A. Patient Care Policies & Procedures – Policy Summary (pp. 2)
- New Policies/Procedures-None at this time
- Policies with Major Revisions-None at this time
- Policies with Minor/No Revisions
  - Medication Administration (pp 3-9)
  - Medical Staff Peer Review (pp 10-15)

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board

Sept. 2017

NEW POLICIES/PROCEDURES			
Document Name	**Department**	**Type of Document**	**Summary of Document Changes**
N/A			

POLICIES WITH MAJOR REVISIONS			
Document Name	**Department**	**Type of Document**	**Summary of Policy Changes**
N/A			

POLICIES WITH MINOR REVISIONS			
Document Name	**Department**	**Type of Document**	**Summary of Policy Changes**
Medication Administration	Patient Care	Policy	Inserted language to allow bolus from bag for certain medications, Updated language for one step med usage in EPIC, Updated locations where bar coding is used
Medical Staff Peer Review	Medical Staff	Policy	MEC approved with the Additional Revisions are as follows: 1) Section IV, Definitions (2)Care Appropriate, (Bullet 2):Strike "Vast" 2)Section IV, Definitions (4)Opportunity for Improvement Major: Strike "Vast" 3)Section V B, (9): Change to "Cases rated as Opportunity for Improvement Major will automatically ...

POLICIES WITH NO REVISIONS			
Document Name	**Department**	**Type of Document**	
N/A			

SUB-CATEGORY: **Patient Care Services**
ORIGINAL DATE: **5/95**

I. COVERAGE:

Medical and Hospital Staff

II. PURPOSE:

To ensure the safe administration of medications to patients

III. POLICY STATEMENT:

El Camino Hospital complies with all applicable law, regulation, licensure, and professional standards of practice for the administration of medications. Prescriptions or orders for medications will be verified and the patient will be properly identified prior to medication administration. Policies and procedures are in place to ensure the safe administration of medications brought into the hospital by patients and to ensure the safe patient self-administration of medications. A policy and procedure is adhered to regarding the administration of investigational medications.

IV. PROCEDURE:

A. Medication Administration

1. Medications are administered to patients only by licensed and approved personnel: Registered nurses (RN), physicians, and the following: (ref: Interdisciplinary Practice Committee.; Scope of Practice)

   a) Licensed Vocational Nurses (LVN) are allowed to administer medications within the LVN scope of practice.
   b) Respiratory Therapists (RT) are allowed to administer medications within the RT scope of practice.
   c) Physician's Assistants (PA) are allowed to administer medications within the PA scope of practice.

d) Radiologic Technologists administer radiological preparation within their scope of practice.
e) Medical Assistants (MA) administer medications within their scope of practice.
f) Psychiatric Technicians are allowed to administer medications within their scope of service.

2. Before administering a medication, the health care provider administering the medication does the following:

a) Correctly identifies the patient as the one for whom the medication was prescribed or ordered using at least two individual identifiers excluding patient location.
   1) If indicated as outlined in "15.13 Medications, High Risk & High Alert", completes the double check or independent double check with a second appropriate health care provider.
b) Verifies that the medication selected for administration is the correct one based on the medication order and product label.
c) Verifies that the medication is stable based on visual examination for particulates or discoloration and that the medication has not expired.
d) Verifies that there is no contraindication for administering the medication.
e) Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.
f) Scans the medication using Bar Code Scanning Technology.~~, provided that bar code scanning is available on the unit.~~
   ~~a. Bar code scanning of medications is currently deployed on the following units at the Mountain View Campus: 4A Surgical/Pediatrics, 4B Med Surg Oncology, CCU, PCU, 3B Telemetry, 3C Telemetry/Stroke, 2B PreOp Short Stay, PACU, 2C Medical Services, Behavioral Health Services, MBU and 3CW, NICU, Labor and Delivery, and Outpatient Infusion Center and Emergency Department.~~
   ~~b. Bar code scanning of medications is currently deployed on the following units at Los Gatos Campus: OPS, Med/Surg, Ortho Pavilion, Mother Baby, NICU, L&D, PACU and Acute Rehab and Emergency Department.~~
   ~~Respiratory Therapists administering medications on~~

the units listed above (f.a. and f.b.) are expected to use bar code scanning for respiratory medications.

g) Advises the patient, or if appropriate, the patient's family about any potential clinically significant adverse reaction, or other concerns about administering a new medication.

h) Discusses any unresolved, significant concerns about the medication with the patient's physician, prescriber (if different from the physician), and/or relevant staff involved with the patient's care, treatment and services.

i) On inpatient units, review the "Daily Medication List" including side effects with appropriate patient and families.

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3. All prescriptions or orders will be verified by pharmacy with the electronic medical health record (EMREHR) as applicable and the patient will be properly identified prior to medication administration. Medication administration will be documented or charted in the EHMR.

(i) In cases of emergencies when verification is not possible, theThe EHR allows for "One Step Medication" administration which allows for ordering and charting the medication in one step. This method is allowed in the following circumstances:

Emergency Department for Stroke Alerts, STEMI Alerts and Code 3 patients

Need to add additional "One Step Med" language here

4. Administration of designated agents, i.e. chemotherapy, is restricted to nurses who have been certified in the administration of these agents.

   a) Certain medications may only be administered on designated units. See "IV Medication Reference" in the ECH Toolbox for such distinctions.

B. STAT Medications: Stat medications should be administered to patients within 30 minutes of the order entered.

C. Standard Medication Administration Times

Daily 0900
1700 (Warfarin)

BID 0900, 1700 or
0900, 2100

TID 0900, 1300, 1700 or
0900, 1300, 2100

QID 0900, 1300, 1700, 2100

Five Times a Day 0600, 1000, 1400, 1800, 2200

Daily at bedtime 2100

Q1H 0100, 0200, 0300…
Q2H 0100, 0300, 0500…
Q4H 0100, 0500, 0900…
Q6H 0600, 1200, 1800, 0000…
Q8H 0600, 1400, 2200…
Q12H 0900, 2100…

Daily before meals 30 minutes before meals
Daily after meals 1 hour after meals

The administration of medications which are best tolerated with meals (i.e. minerals, vitamins with minerals, corticosteroids, NSAIDS, etc.) will be administered with the meal time schedule, unless specified by the prescriber.

The administration of medications on empty stomach will be scheduled for 30 minutes before meal time, or 1 hour after meal time.

D. Scheduled Medications:

1. New scheduled medication orders (e.g.: antibiotics) which need to be initiated in a timely manner, must have a specified start time, such as "q_hs" with the time specified as "time critical", unless otherwise specified. "Dosing Schedule/Rescheduling Guidelines" table (Appendix A).

2. Scheduled medications are to be given within 30 minutes before or after the scheduled time.

3. Unless medication is not available in a form to administer IV push, bolusing medication from the primary infusion bag is not allowed except for Versed, Ativan, Propofol, Milrinone, Nesiritide, Alteplase, Procainamide, Isoproterenol, Precedex, Cangrelor, and Angiomax. Bolus medication administration shall be documented in the EHR.

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E. Patient Self Administration of Medications

1. In this organization, patients are not allowed to self-administer medications, with the exception of Patient Controlled Analgesia, and insulin pumps as designated by policy. Refer to Patient Care Services Policy and Procedure *Home Insulin Infusion for the Obstetric Patient, Insulin Pump: Patient Use of Insulin Pump in Hospital Non-Obstetric* and *Patient controlled Analgesia (PCA) Therapy: Management of Patient Using* protocol.

F. Patients Own Medications

1. See Patient Care Services Policy and Procedure *Patient's Own Medications.*

G. Administration of Investigational Medications:

1. See Patient Care *Investigational/Experimental Drugs* Policy and Procedure.

H. Medications, High Risk and High Alert

1. See Patient Care *Medications, High Risk and High Alert* Policy and Procedure

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	N/A
ePolicy Committee:	7/2017
Pharmacy and Therapeutics (if applicable):	5/2017
Medical Executive Committee:	8/2017
Board of Directors:	

Historical Approvals:

Pharmacy & Therapeutics Committee: 10/00, 01/02, 02/04, 7/06, 12/06, 01/09, 9/11, 7/13
Patient Care Management Council: 10/00, 01/02, 10/03, 02/05, 6/06, 11/06, 01/06, 01/09, 06/09, 3/12, 7/13
Medical Executive Committee: 4/98, 05/01, 01/02, 02/2004, 03/05, 07/06, 02/07, 02/09, 06/09, 04/26/2012, 07/13, 2/15
Board of Directors: 03/04, 04/05, 08/06, 02/07, 03/09, 07/09, 05/09/2012, 08/13, 3/15

APPENDICES:

Dosing Schedule / Rescheduling Guidelines – APPENDIX A

Schedule is **once daily** = 0900 Hours	
04 05 06 07 08 **09** 10 11	12 13 14 15 16 17 18 19 20 21 22 23 00 01 02 03
Give the first dose now and repeat at 0900 the next day or wait and give dose at 0900	Give the first dose now and repeat at 0900 the following day.

Schedule is **twice daily** or every 12 Hours = 0900 & 2100 Hours	
04 05 06 07 08 **09** 10 11 12 13 14 15 16	17 18 19 20 **21** 22 23 00 01 02 03
Give the first dose now and repeat at 2100	Give the first dose now and repeat at 0900

Schedule is **three times** daily = 0900, 1300 & 1700 or 2100 Hours		
04 05 06 07 08 **09** 10 11 12	**13** 14 15 16 **17** 18 19	20 **21** 22 23 00 01 02 03
Give the first dose now and repeat at 1300 or 1700	Give the first dose now and repeat at 2100	Give the first dose now and repeat at 0900

Schedule is **every eight** hours = 0600, 1400 & 2200 Hours

04 05 **06** 07 08 09 10 11 12	13 **14** 15 16 17 18 19	20 21 **22** 23 00 01 02 03
Give the first dose now and repeat at 1400	Give the first dose now and repeat at 2200	Give the first dose now and repeat at 0600

Schedule is **four times** daily = 0900, 1300, 1700 & 2100 Hours			
05 06 07 08 **09** 10	11 12 **13** 14 15	16 **17** 18 19 20	**21** 22 23 00 01 02 03 04
Give the first dose now and repeat at 1300	Give the first dose now and repeat at 1700	Give the first dose now and repeat at 2100	Give the first dose now and repeat at 0900

Schedule **every six** hours = 0600, 1200, 1800 & 0000 Hours			
02 03 04 05 **06** 07	08 09 10 11 **12** 13	14 15 16 17 **18** 19	20 21 22 23 **00** 01
Give the first dose now and repeat at 1200	Give the first dose now and repeat at 1800	Give the first dose now and repeat at 0000	Give the first dose now and repeat at 0600

Schedule **every four** hours = 0100, 0500, 0900, 1300 & 1700 & 2100 Hours					
01 02 03 04	**05** 06 07 08	**09** 10 11 12	**13** 14 15 16	**17** 18 19 20	**21** 22 23 00
Give first dose now and repeat at 0500	Give first dose now and repeat at 0900	Give first dose now and repeat at 1300	Give first dose now and repeat at 1700	Give first dose now and repeat at 2100	Give first dose now and repeat at 0100

Schedule **five times** daily = 0600, 1000, 1400 & 1800 & 2200 Hours				
05 **06** 07 08	09 **10** 11 12	13 **14** 15 16	17 **18** 19 20	21 **22** 22 23 00 01 02 03 04
Give first dose now and repeat at 1000	Give first dose now and repeat at 1400	Give first dose now and repeat at 1800	Give first dose now and repeat at 2200	Give first dose now and repeat at 0600

Antibiotics, cardiac medications (except for nitroglycerin), phenytoin, theophylline, other anti-convulsant drugs should be administered on an hourly regimen (e.g.: every six hours, every eight hours and not three times daily, four times daily). The pharmacist will automatically convert these drugs (drug classes) to an hourly schedule if the physician specified three or four times daily at the time of the order entry.

TYPE:	☑ Policy ☐ Procedure	☐ Protocol ☐ Standardized Process/Procedure	☐ Scope of Service/ADT
SUB-CATEGORY:	***Medical Staff***		
OFFICE OF ORIGIN:	***Medical Staff Services***		
ORIGINAL DATE:	February 2013		

I. COVERAGE:
All members of the medical staff

II. PURPOSE:
To assure standards of care are maintained at El Camino Hospital and to provide a process for peer review of the medical staff.

III. POLICY
It is the policy of El Camino Hospital to have a process for peer review of the medical staff to evaluate the quality of care provided to patients. A peer or peers of the Practitioner responsible for the patient's care will participate in the review as described below. All activities related to peer review are protected by California Evidence Code 1157 and will remain confidential.

IV. DEFINITIONS

1. **Practitioner-** The word Practitioner used throughout this policy means both licensed independent practitioner and allied health practitioner.
2. **Care Appropriate:** The Practitioner care provided was consistent or compliant with either:
   - best clinical practices (including evidenced based medicine when available),
   - common practices for the ~~vast~~ majority of Practitioner in those circumstances, defined medical staff expectations for all general competencies (e.g. medical staff bylaws, rules, regulations or medical staff of hospitals policies), or generally accepted medical ethics

~~Care Inappropriate~~3. **Opportunity for Improvement-Minor**: The Practitioner's care varied from the appropriate rating either because:

- a majority of physicians on the committee (but not all) would not have provided care in that manner under those circumstances;

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- the care was **not** definitely a major opportunity for improvement but an alternative approach was viewed as consistently better practice.
- while the care was not appropriate, the level of significance of issue was relatively low as part of the overall care provided in that case.

4. **Opportunity for Improvement, Major:** The physician care varied from the appropriate rating either because the ~~vast~~ majority of physicians on the committee would not have provided care in that manner under those circumstances and the level of significance of issue was relatively high.

~~3. varied from the appropriate rating either because the vast majority of Practitioners on the committee would not have provided care in that manner under those circumstances and the level of significance of issue was relatively high.~~

~~4. Further Care Review Required: The Practitioner care varied from the appropriate rating either because:~~

~~▪ a majority of Practitioner on the committee (but not all) would not have provided care in that manner under those circumstances or~~

~~▪ the care was not clearly inappropriate but an alternative approach was viewed as consistently better practice.~~

~~▪ while the care was not appropriate, the level of significance of issue was relatively low as part of the overall care provided in that case.~~

~~5.~~ 5. **Care Exemplary:** The practitioner's care was rated appropriate and all or some significant component of the care was performed exceptionally well despite difficult circumstances.

6.

~~6.~~ **Complex Issue**: For the purposes of this policy, a complex issue is one which involves any of the following and results in referral to Leadership Council: requires immediate or expedited review, involves practitioners from two or more departments Involves practitioners from two or more departments or specialties, involves the department chief, involves professional conduct/disruptive physician behavior, involves possible practitioner impairment, involves pattern despite prior interventions, prior performance improvement plan with recurrence of issues, EMTALA violations or Serious Safety Event identified.

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V. PROCEDURE:

A. Case Selection and Referral for Peer Review

1. The peer review process will evaluate any occurrence or practice pattern that may contribute to an adverse patient outcome. The process shall be applied in an objective, uniform and consistent fashion to the entire Medical Staff.

2. Case selection for peer review may be initiated by the Clinical Effectiveness Department, Chief of Staff, Chief Medical Officer, Medical Staff Department Chairs, medical staff members, or other clinical staff members. Sources for identifying cases for review include but are not limited to direct referrals, chart reviews, quality indicators, data from hospital data collection systems, referrals from medical staff committees, patient or family complaints and incident reports (QRRs). These screens are applied objectively and uniformly to the entire Medical Staff.

3. Case referrals are reviewed by clinical staff in Clinical Effectiveness and the Medical Directors for Quality and Safety for suitability for peer review. Cases may be closed, trended for practitioner performance, referred to Department peer review committees, or referred to Leadership Council for complex issues as defined above. Decisions shall be documented in the appropriate database used by Clinical Effectiveness for quality monitoring.

4. Clinical Effectiveness staff shall enter referrals for peer review and complete required documentation on the Peer Review Assessment form.

B. Peer Review Procedure

1. The Executive Committee of the Department of the Practitioner or the designated peer review committee will conduct the peer review in accordance with the Medical Staff Bylaws.

   a. The Department Executive Committee may, from time to time, appoint an ad hoc subcommittee to deliberate a specific peer review issue if other expertise is necessary to adequately assess a peer.

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b. Cases referred to the Leadership Council shall be reviewed by members to identify appropriate venue for review of case. Appropriate venues include departmental peer review, review by Care Review Committee or need for external review. Cases shall be referred as requested by the Leadership Council.

c. In instances where the Department Executive Committee or the practitioner is concerned that an unbiased review cannot be satisfied, the Care Review Committee may review or an external review may be requested by either party.

d. External Reviews may be initiated by either the Care Review Committee or the MEC. External Peer Review is an impartial evaluation of a practitioner's clinical performance or professional conduct which, for whatever reason, cannot be resolved internally. Situations which may require external peer review include:

i) Conflicting conclusions by peer review bodies that affect a practitioner's membership or privileges (when internal reviewers submit conflicting or vague recommendations or fail to agree).
ii) Lack of internal expertise – when the only practitioners on the medical staff with expertise to review the specialty are associates, partners, or direct competitors of the practitioner under review.
iii) Conflict of interest – i.e. one practitioner reviewing a partner's performance would trigger a conflict of interest.
iv) New technology – When the medical staff does not have the necessary tools to assess whether a practitioner requesting privileges possesses the required skills and competence.
v) Miscellaneous issues – The MEC may use external peer reviewers whenever it is deemed appropriate.

2. Customarily, a Department Executive Committee will complete the peer review process within 90 days of receipt of a case.

3. The Peer Review Assessment form shall be forwarded to the Peer Review Practitioner assigned to review the case.

4. The involved practitioner shall be notified that the case will be reviewed and the involved practitioner shall be given an opportunity to respond to the inquiry or specific questions by presence at the committee (virtually or in person), or in writing (email communication or written response letter). If the practitioner does not respond to inquiry of committee within reasonable time frame, the case shall be reviewed without the practitioner's input.

5. The Department Peer Review Committee or designated peer review committee shall review the case and complete the Peer Review Assessment form in its entirety, including final case evaluation using definitions above to rate care. Decisions of the Department Peer Review Committee will be determined by majority vote.

6. The Practitioner shall be notified of the conclusions of the committee and expected actions if necessary. Information shall also be documented in the practitioner's credentials file as appropriate. Available action items include but are not limited to: no action warranted, educational opportunity identified and letter sent to practitioner, trend-monitor practice over time, discussion with Department chairman, referral to physician well-being committee, formal letter in practitioner's credentials file, formal counseling by Department Chair with formal improvement plan or proctoring, recommendation of FPPE.

7. Documentation of the peer review shall be maintained in the appropriate databases and available for use for ongoing monitoring of medical staff.

8. Peer review is considered confidential and privileged information. Discussions of peer review are confined to meetings and committees designated to complete this function. Discussion may include fact-finding and phone calls between officers, the practitioner and other peer review bodies. Confidentiality of the process includes protecting the identity of individuals making complaints to the department executive committee and reviewers.

a. Those individuals and entities legally permitted access to peer review include the following but are not limited to:

1) Practitioner whose credential's file is being requested.
2) Officers of the practitioner's department.
3) Medical Staff Officers, Quality Assessment Medical Director, Medical Director of Service, Administration: CEO or designee.

4) Regulatory Agencies, Joint Commission, Federal and State agencies.
5) Legal Counsel for the Medical Staff.
6) Medical Staff Services personnel.
7) Clinical Effectiveness staff
8) Board of Directors during appointment and reappointment period.
9) Other Department Executive Committees only if germane to privileging process.

b. Practitioner's access to peer review records must take place in the Medical Staff Office. Access for other individuals or entities listed above must have prior approval by the Chief of Staff or Quality Assessment Medical Director. Under no circumstances should issues be discussed with non-involved individuals and at no time may copies of minutes or peer review records be given to practitioners unless there is a judicial review hearing.

9. Cases rated as ~~inappropriate or further review required~~ Opportunity for Improvement Major will automatically be forwarded to the Care Review Committee for review of findings and action plan. Summaries of all cases determined to be appropriate shall also be periodically reviewed by designated members of the Care Review Committee to ensure that reviews are being conducted fairly and consistently.

VI. APPROVAL:

Approving Committees and Authorizing Body	**Approval Dates**
Medical Staff Planning:	1/2017
ePolicy Committee:	2/2017
Medical Executive Committee:	8/2017
Board of Directors:	
Historical Approvals:	*February 2013, October 2014*

ECH BOARD MEETING AGENDA ITEM COVER SHEET

<table>
<tr><td></td><td>Item:</td><td>Request for Participation in ECH Board Competency Matrix Survey
El Camino Hospital (“ECH”) Board of Directors
September 13, 2017</td></tr>
<tr><td></td><td>Responsible party:</td><td>John Zoglin, Chair, El Camino Hospital Director Election Ad Hoc Committee (This is a Committee of the El Camino Healthcare District Board of Directors)</td></tr>
<tr><td></td><td>Action requested:</td><td>For Information</td></tr>
<tr><td></td><td colspan="2">Background:
In accordance with Section A1 of the El Camino Healthcare District (“ECHD”) Board’s approved “Process for Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors (“Process”),” the ECHD Board appointed Dave Reeder and me as members of an Ad Hoc Committee. The Committee is tasked with working with staff and making recommendations during FY18 to the ECHD Board regarding election and re-election of Non-District Board Members (“NDBM”) to the ECH Board. The ECHD Board also appointed Christina Lai, a member of the ECH Board’s Governance Committee, as our advisor.
During our first meeting on August 24th, we reviewed the Process in detail. While we recognize that Section A3 of the Process provides only for the ECHD Board Members to participate in the ECH Board Competency Matrix Survey, we believe it is appropriate for the ECHD Board to consider the views of all ECH Board members. We will ask the ECH Governance Committee, the ECH Board, and ultimately the ECHD Board to formally revise the Process. However, in the interests of having complete survey data ready for the ECHD Board’s October 17, 2017 meeting, we would like to invite all ECH Board members to participate in the survey in the next two weeks so that the ECHD Board can determine how to apply the results at its October meeting.
In addition, we will also ask the Governance Committee (and the ECH and ECHD Boards) to consider a few other revisions to the Process (timing, participation of one of the NDBMs in the interviews, etc.)</td></tr>
<tr><td></td><td colspan="2">Committees that reviewed the issue and recommendation, if any:
El Camino Hospital Director Election Ad Hoc Committee invites the full ECH Board to participate in the ECH Board Competency Matrix Survey.</td></tr>
<tr><td></td><td colspan="2">Summary and Session Objectives:
To inform all El Camino Hospital Board Members that an opportunity to participate in the ECHD Board’s annual ECH Board Competency Matrix Survey will be forthcoming.</td></tr>
<tr><td></td><td colspan="2">Suggested discussion questions: None. This is an informational item.</td></tr>
<tr><td></td><td colspan="2">Proposed Board motion(s), if any: None. This is an informational item.</td></tr>
</table>

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	LIST OF ATTACHMENTS: 1. Process for Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors. 2. Proposed FY18 Competency Matrix (*Approved by ECH Board on August 9, 2017; will be presented to the ECHD Board on October 17, 2017*)

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Phone: 650-940-7300
www.elcaminohealthcaredistrict.org

BOARD OF DIRECTORS

Dennis W. Chiu, JD
Patricia A. Einarson, MD
Julia E. Miller
David Reeder
John L. Zoglin

Process for Re- Election and Election
Of Non-District Board Members
To The El Camino Hospital Board of Directors.*

A. Timeline

1. Previous FYQ4: The District Board Chair shall appoint a District Director as Chair of an Ad Hoc Committee and the Board shall approve the appointment of one additional District Director as a member of the Committee. The Board shall also approve the appointment of a member of the El Camino Hospital Governance Committee (who has been referred by the Chair of the Governance Committee) as an advisor to the Ad Hoc Committee.
2. FYQ1 – Regular District Board Meeting:
   Prior to Meeting, District Board Chair (i) asks the El Camino Hospital Director, who is not also a member of the District Board whose term is next to expire (Non District Board Member "NDBM") to declare interest and (ii) informs the District Board of intent (via Board packet).
3. FYQ2 – Regular District Board Meeting:
   a. Prior to the Meeting, District Board Members:
      i. Complete the ECH Board Competency Matrix and ECH Board Member Re-Election Report Surveys
      ii. Review Position Specification in place at time of election to the Hospital Board and the ECH Board Member NDBM Job Description.
   b. At the Meeting: Discuss portfolio of skills needs.
4. FYQ2 – Regular District Board Meeting:
   a. Prior to the Meeting:
      i. Ad Hoc committee analyzes evaluations, (3) (a) above, interviews the NDBM, and develops recommendation regarding re-election of NDBM to the Hospital Board.
      ii. Hospital Board develops revised recommended Position Description if the District Board requests it to do so.
   b. At the Meeting:
      i. District Board considers re-election of NDBM.
      ii. If NDBM is re-elected, the Hospital Board shall be notified.
      iii. If NDBM is not re-elected, the District Board will authorize external recruitment of a new NDBM.
5. FYQ3 – Begin external search if necessary.
6. FYQ3 – Regular District Board Meeting:
   a. Ad Hoc Committee to present an interim update to the District Board.

i. Incorporate Board feedback into further recruitment efforts.
ii. Plan for interviews – direct staff to schedule.

7. FYQ4 – Regular District Board Meeting:
    a. Prior to the Meeting: Ad Hoc Committee to summarize interviews for the Board packet and make a recommendation to the District Board
    b. District Board Considers AD Hoc Committee recommendation and votes to elect new NDBM to the Hospital Board.

8. This process to be confirmed by the District Board annually when the process is complete.

9. The following matters are delegated to the El Camino Hospital Board Governance Committee:
    a. FYQ3 – Review and recommend changes to the survey tools identified in section 3(a)(i).
    b. FYQ3 – Review and recommend changes to this process.
    c. FYQ3 – Review and recommend changes to NDBM Position Specification and Job Description.
    d. Participate in the recruitment effort of new NDBM by referring a member to advise the Ad Hoc Committee as described in #1 above.

B. <u>General Competencies</u>
1. Understanding of the vital role El Camino Hospital plays in the broader region.
2. Loyalty to El Camino Hospital's charitable purposes.
3. Knowledge of healthcare reform (Affordable Care Act) implications.
4. Ability to understand and monitor the following:
    a. Diverse portfolio of businesses and programs
    b. Complex partnerships with clinicians
    c. Programs to create a continuum of care
    d. Investment in technology
    e. Assumption of risk for population health
    f. Resource allocation
    g. Quality metrics
5. Commitment to continuing learning.
6. Demonstrated strategic thinking.
7. Efforts to recruit potential Advisory Committee members.
8. Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.

C. <u>Portfolio Skill Set</u>
1. Complementary to skill sets of other Board members (gap-filling).
2. Applicable to the then current market. (See, Competency Matrix)

D. <u>Other Criteria</u>
1. Positive working relationship with other Board members.
2. Productive working relationship with the El Camino Hospital CEO.
3. Attendance at Board and Committee meetings.
4. See, Competency Matrix.

**Approved 12/9/2014; revised 3/17/2015; revised 6/14/2016; revised 1/25/2017.*

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**	**Neysa Fligor**	**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								

Date: September 13, 2017

To: El Camino Hospital Board of Directors

From: Dan Woods, CEO

Re: CEO Report - Open Session

Organizational Goals FY18	Benchmark	2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY18 through July
Threshold Goals								
Budgeted Operating Margin	95% Threshold	Achieved Budget	95% of Budgeted			Threshold	FY 18	Met
Quality, Patient Safety & iCare								
Arithmetic Observed LOS Average / Geometric LOS Expected for Medicare Population (ALOS /GMLOS)	External: Expected via Epic Methodology	FY 2016: 1.21 (ALOS 4.86/GMLOS 4.00) FY 2017 YTD April: **1.18** (4.81/4.08)	1.12	1.11	1.09	34%	4Q FY18	1.10
HCHAPS Service Metric: Rate Hospital	External Benchmark	HCAHPs Baseline: 10/2016-12/2016: **75.5%** 1/2017-3/2017: **75.1%**	77%	78%	79%	33%	4Q FY18	78% (preliminary)
Standarized Infection Ratio (SIR) Observed HAIs/Predicted HAIs (Hospital Acquired Infections)	External Benchmark	July- Dec 2016L CAUTI 1.37, CLABSI 0.25, C.DIFF 0.59 Avg: **0.738**	0.670	0.602	0.534	33%	FY18	Preliminary HAI data will be available next month

El Camino Hospital Auxiliary

Membership Report to the Hospital Board
Meeting of September 13, 2017

Combined Data as of July 31, 2017 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	378	- 4 Net change compared to previous month
Dues Paid Inactive	101	(Includes Associates & Patrons)
Leave of Absence	16	
Subtotal	**495**	

Resigned in Month	7
Deceased in Month	0

Junior Members

Active Members	250	+12 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	10	
Subtotal	**260**	

Total Active Members	**628**
Total Membership	**755**

Combined Auxiliary Hours from Inception (to July 31, 2017): 5,829,468

Combined Auxiliary Hours for FY2017 (to July 31, 2017): 6,967

Combined Auxiliary Hours for July 2017: 6,967

Hooks & Needles hours for July estimated.

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road
Mountain View, CA 94040-4378
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Memorandum

DATE: August 29, 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 12 & FY 2018 Period 1

ACTION: For Information

On June 30, 2017, the Foundation completed its three-year strategic fundraising plan that began on July 1, 2014. During this time the Foundation raised $25,137,498, exceeding goal by $4 million. July marked the start of the new fiscal year, FY18. During period one the Foundation secured a total of $131,646.

FY 17 Period 12 Financial Performance

Beginning in FY18, the Foundation's fundraising report will include financial performance relative to the department's operating budget (salaries and benefits, and other operating expenses), cash-in-bank and return on investment. FY17 financial highlights include:

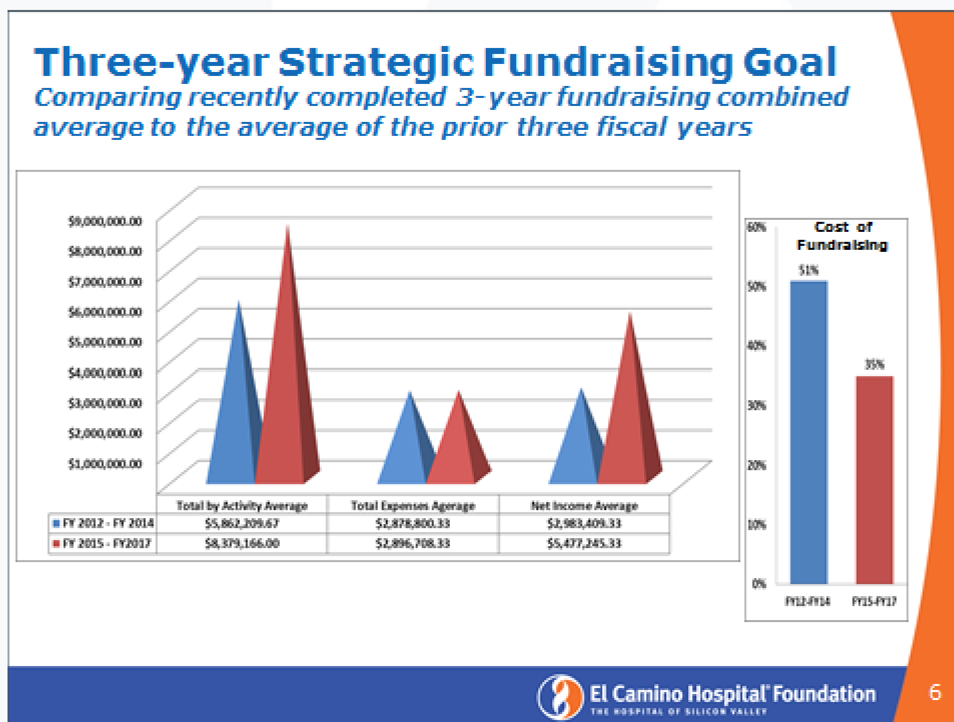
- Personnel expense: Exactly on budget
- Fees, purchased services, general administration: $265,000 under budget due to watchful management of all fundraising and cultivation expenses
- Support transferred to El Camino Hospital: over $2.5 million
  - $2,188,896 for clinical and program operation support
  - $371,000 for capital equipment purchases
- Foundation assets: Reached an all-time high of $35 million
- Investment cash flow: $645,000 positive variance with an investment return of 5.9%

FY17 Period 12 Fundraising Performance

The Foundation completed its three-year strategic fundraising plan at the close of FY17 period 12. The aim was to build a culture of philanthropy focused on identifying, cultivating, asking, and stewarding donors for $21 million to support the hospital's strategic priorities. By end of FY17 period 12, the Foundation had raised $25,137,498, exceeding the three-year goal by $4 million.

Comparing the recently completed three-year fundraising combined average to the fundraising average for the prior three fiscal years, the Foundation accomplished the following:

- ➢ Increased total philanthropic support by 41% to $8.3 million
- ➢ Increased net income by 77% to $16.3 million
- ➢ Reduced the cost of fundraising by 69% to 35%



<u>FY 18 Period 1 Fundraising Performance</u>

Major & Planned Gifts

Beginning this fiscal year, the Foundation will track major and planned gifts together in the fundraising report. The Foundation received $51,199 in July. This included two unrestricted major gifts of $20,000 and more than $31,000 from Sereno Group Real Estate for the ASPIRE endowment.

Special Events

- **Golf** – The 22nd annual El Camino Heritage Golf Tournament will be held on Monday, October 23, 2017 at Sharon Heights Golf & Country Club. Proceeds will go to the Taft

Center for Clinical Research at El Camino Hospital. Tournament registration opened in July and by July 31 the Foundation had received $31,500 toward the event.

- **Norma's Literary Luncheon** – The luncheon will be held on Thursday, February 8, 2018 at Sharon Heights Golf & Country Club. Jacqueline Winspear, author of the Maisie Dobbs mystery series, will be the featured speaker. Proceeds will benefit the new patient family residence.

- **Scarlet Ball** – The annual gala benefit for the South Asian Heart Center will be held on Saturday evening March 17, 2018 at Dolce Hayes Mansion in San Jose.

- **Spring Event** – The Foundation is changing the format of our annual gala benefit, which is held each spring. The new event will replace Sapphire Soirée and will raise funds for mental health and addiction services instead of cancer. Any FY18 gifts from Sapphire Soirée will be reflected under this category. In July, the Foundation received a belated donation of $1,000 from a Sapphire Soirée guest.

Annual Giving

In July, the Foundation raised $47,847 in annual gifts from Hope to Health membership renewals, Circle of Caring, responses from the spring direct mail appeal, and online donations. Just over half of the donations were made to support the Path of Hope campaign. For a gift of $2,500 donors can inscribe their name and a unique word of hope on a brick along the walkway into the new mental health pavilion.

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Memorandum

DATE: August 29, 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 12 & FY 2018 Period 1

ACTION: For Information

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.

The Foundation completed its three-year strategic fundraising plan at the close of FY17 period 12. During this time the Foundation raised $25,137,498, exceeding goal by $4 million. During period one of FY18, the new fiscal year, the Foundation secured $131,646.

Upcoming Events

Please mark your calendars:

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 patient and family-centered care at El Camino Hospital.

March 17, 2018 – Scarlet Ball at the Dolce Hayes Mansion, benefiting the South Asian Heart Center's diabetes research initiative.

ECH Foundation Fundraising Report

FY17 Income figures through June 30, 2017 (Period 12)

ACTIVITY		FY17 YTD (7/1/16 - 6/30/17)	FY17 Goals	FY17 % of Goal	Difference Period 11 & 12	FY16 YTD (7/1/15 - 6/30/16)	FY15 YTD (7/1/14 - 6/30/15)
Major Gifts		$589,250	$2,500,000	24%	$0	$1,902,863	$4,036,423
Planned Gifts		$3,624,069	$1,000,000	362%	$0	$2,156,916	$2,365,771
Special Events	**Sapphire Soirée**	$788,360	$850,000	93%	$41,101	$936,240	$627,386
	Golf	$273,100	$325,000	84%	$0	$326,205	$326,650
	Scarlet Masquerade	$315,295	$300,000	105%	$0	$292,180	$283,776
	Norma's Literary Luncheon	$153,300	$145,000	106%	$0	$245,106	$126,577
Annual Gifts		$587,582	$550,000	107%	$68,755	$507,745	$567,820
Grants*		-	-	-	-	$64,833	$514,080
Investment Income		$1,138,296	$500,000	228%	$71,553	$1,319,905	$1,067,770
TOTALS		***$7,469,252***	***$6,170,000***	***121%***	***$181,409***	***$7,751,993***	***$9,916,253***

*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.

El Camino Hospital® Foundation
THE HOSPITAL OF SILICON VALLEY

FOUNDATION PERFORMANCE

FY18 Fundraising Report through 7/31/17

ACTIVITY		FY18 YTD (7/1/17 -7/31/17)	FY18 Goals	FY18 % of Goal	FY17 YTD (7/1/16 - 7/31/16)	FY16 YTD (7/1/15 - 7/31/15)
Major & Planned Gifts		$51,199	$3,750,000	1%	$3,291,994	$895,055
Special Events	**Spring Event**	$1,000	$600,000	0%	$6,500	$21,500
	Golf	$31,500	$300,000	11%		
	South Asian Heart Center		$300,000	0%	$2,500	$1,660
	Norma's Literary Luncheon	$100	$150,000	0%		$50,000
Annual Gifts		$47,847	$550,000	9%	$11,789	$27,122
Grants*		-	-	-		$26,333
Investment Income		$20,265	$500,000	4%	$83,655	$48,063
TOTALS		***$151,911***	***$6,150,000***	***2%***	***$3,396,438***	***$1,069,733***

*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 & Planned Gifts activity line pending funding level.

Highlighted Assets through 6/30/17

Board Designated Allocations	$1,204,977
Donor Endowments	$3,061,714
Operational Endowments	$14,032,843
Pledge Receivables	$2,703,197
Restricted Donations	$9,104,597
Unrestricted Donations	$1,665,211

5.9% Investment Return through 6/30/17