

AGENDA

CORPORATE COMPLIANCE, PRIVACY AND INTERNAL AUDIT COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD

Thursday, March 15, 2018 – 5:00 pm

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

Bob Rebitzer will be participating via teleconference from 28 Seaverns Ave, Jamaica Plain, MA 02130.

PURPOSE: The Corporate Compliance/Privacy and Internal Audit Committee is responsible for providing direction for both the Corporate Compliance and Internal Audit programs at all locations of El Camino Hospital (ECH). Responsibilities include providing oversight on compliance issues requiring executive-level interaction, assessing physician relationship risk as it relates to compliance, reviewing HIPAA/Privacy laws as they relate to compliance, and directing ECH on compliance strategies. The Committee also serves as the ad-hoc mobilization team for any external investigations and/or actions. Further, additional responsibilities include providing direction and oversight to ongoing internal audit activity and determining appropriate organizational response in order to identify and mitigate organizational risk.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Sharon Anolik Shakked, Chair		5:00 – 5:01pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:01 – 5:02
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Sharon Anolik Shakked, Chair		information 5:02 – 5:05
4. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (January 18, 2018) Information b. Status of FY18 Committee Goals	Sharon Anolik Shakked, Chair	<i>public comment</i>	motion required 5:05 – 5:07
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	Board Members		information 5:07 – 5:10
6. REVIEW PROPOSED FY18 FINANCIAL AUDIT PLAN ATTACHMENT 6	Brian Conner and Joelle Pulver, Moss Adams		information 5:10 – 5:25
7. KPIs, SCORECARD, AND TRENDS ATTACHMENT 7	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:25 – 5:30
8. ADJOURN TO CLOSED SESSION	Sharon Anolik Shakked, Chair		motion required 5:30 – 5:31
9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:31 – 5:32

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (January 18, 2018) Information <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> b. Compliance Log (Jan-Feb 2018) c. Privacy Log (Jan-Feb 2018) d. Internal Audit Work Plan e. Committee Pacing Plan	Sharon Anolik Shakked, Chair		motion required 5:32 – 5:40
11. <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> - Report on Internal Audit Activity	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:40 – 5:50
12. <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> - IT Security Discussion	Deb Muro, CIO		information 5:50 – 6:15
13. <i>Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management:</i> - Executive Session	Sharon Anolik Shakked, Chair		discussion 6:15 – 6:20
14. ADJOURN TO OPEN SESSION	Sharon Anolik Shakked, Chair		motion required 6:20 – 6:21
15. RECONVENE OPEN SESSION/ REPORT OUT	Sharon Anolik Shakked, Chair		6:21 – 6:22
To report any required disclosures regarding permissible actions taken during Closed Session.			
16. COMMITTEE-SELF ASSESSMENT RESULTS ATTACHMENT 16	Sharon Anolik Shakked, Chair		discussion 6:22 – 6:42
17. COMMITTEE CHARTER REVIEW ATTACHMENT 17	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	possible motion 6:42 – 6:47
18. FY19 PROPOSED COMMITTEE GOALS AND MEETING DATES ATTACHMENT 18	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	possible motion 6:47 – 6:59
19. ADJOURNMENT	Sharon Anolik Shakked, Chair		motion required 6:59 – 7:00pm

Upcoming Meetings

- May 9, 2018 (*joint session with Hospital Board to discuss ERM*)
- May 17, 2018

Board/Committee Educational Gatherings

- April 25, 2018



**Minutes of the Open Session of the
Corporate Compliance/Privacy and Internal Audit Committee
Thursday, January 18, 2018
El Camino Hospital | Conference Room E
2500 Grant Road, Mountain View, CA 94040**

Members Present

Sharon Anolik Shakked, Chair
Neysa Fligor, Vice Chair
Lica Hartman
Christine Sublett
John Zoglin

Members Absent

Robert Rebitzer

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Corporate Compliance/Privacy and Internal Audit Committee of El Camino Hospital (the "Committee") was called to order at 5:01pm by Chair Anolik Shakked. A silent roll call was taken. Committee Member Bob Rebitzer was absent. Ms. Fligor joined the meeting at 5:02pm during Agenda Item 4: Consent Calendar. Mr. Zoglin joined at 5:08pm during Agenda Item 5: Policies for Approval. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Anolik Shakked asked if any Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	<p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Meeting Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee (November 16, 2017).</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Fligor, Hartman, Sublett Noes: None Abstentions: None Absent: Rebitzer, Zoglin Recused: None</p>	<i>Consent Calendar approved</i>
5. REPORT ON BOARD ACTIONS	Ms. Fligor reported that at its January 16, 2018 meeting the District Board appointed two new Hospital Board members, Mr. Gary Kalbach and Ms. Julie Kliger. Ms. Fligor also described the application and appointment process.	
6. POLICIES FOR APPROVAL	<p>Diane Wigglesworth, Sr. Director, Corporate Compliance, explained that the Government Investigations policy incorporates edits from outside counsel and the comments from the Committee from the last time it was reviewed.</p> <p>Ms. Sublett and staff discussed how the policy and practice should be mindful of the fact that not everyone carries business cards.</p> <p>In response to Ms. Fligor's questions, Mary Rotunno, General Counsel, noted that the deletions proposed by outside counsel removed language</p>	

	<p>that could be construed as obstruction of justice. Ms. Rotunno and the Committee also discussed the role of the “Employee in Charge” referenced in the policy.</p> <p>Ms. Wigglesworth described the changes to the Physician Financial Arrangements policy, which is being reviewed by both the Finance and Compliance Committees. These changes include providing the summary report of financial arrangements annually instead of twice per year and updating the policy to reflect current practice. There were no additional questions from the Committee.</p> <p>Motion: To recommend that the Board approve the policies: Government Investigations and Physician Financial Arrangements – Review and Approval.</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Fligor, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
<p>7. REVIEW EMPLOYEE IT SECURITY/HIPAA AWARENESS TRAINING CONTENT</p>	<p>Ms. Wigglesworth reviewed the outline of the content covered in IT Security and HIPAA Awareness training modules. She noted that upon completion of the training, employees must attest to a confidentiality statement and a new acceptable use workforce communication procedure.</p> <p>Ms. Wigglesworth explained that the training content is tailored to each employee’s specific role and that these modules are completed annually. The Committee recommended that new hires complete these modules within a maximum of 30 days of initial employment, if that is not already ECH practice.</p> <p>The Committee requested additional information about the process when an employee changes positions within ECH, which may require different training and access.</p>	<p><i>Staff to provide additional information about access/training related to position changes</i></p>
<p>8. KPIs, SCORECARD, AND TRENDS</p>	<p>Ms. Wigglesworth reported that the number of investigations is trending down slightly. She noted that privacy breaches are increasing compared to the prior year. She highlighted that billing and coding incidents are trending down, which aligns with the timing of the implementation and socialization of Epic. She also described some of the events self-reported by the Hospital to the California Department of Public Health (CDPH) in FY18 including unplanned power outages and retained objects (even if a patient was admitted with a retained object). Ms. Wigglesworth noted that ECH has a conservative reporting culture and a good relationship with CDPH.</p>	
<p>9. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 5:28pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (November 16, 2017); pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: for information (Compliance Log, Privacy Log, Internal Audit Follow Up, Internal Audit Work Plan, Committee Pacing Plan); pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Report on Internal Audit Activity; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: ERM Activity and Framework; pursuant to</p>	<p><i>Adjourned to closed session at 5:28pm.</i></p>

	<p><i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: IT Security Discussion; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel matters: Executive Session.</p> <p>Movant: Sublett Second: Fligor Ayes: Anolik Shakked, Fligor, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
10. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open session was reconvened at 7:09pm. Agenda Items 9-16 were covered in closed session.</p> <p>During the closed session, the Committee approved the Closed Session Minutes of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (November 16, 2017) by a unanimous vote of all members present (Anolik Shakked, Fligor, Hartman, Sublett, Zoglin). Mr. Rebitzer was absent.</p>	
11. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:10 pm.</p> <p>Movant: Sublett Second: Fligor Ayes: Anolik Shakked, Fligor, Hartman, Sublett, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	<p>Meeting adjourned at 7:10pm.</p>

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

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

FY18 COMMITTEE GOALS

Corporate Compliance/Privacy and Internal Audit Committee

PURPOSE

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance Committee”) is to advise and assist the El Camino Hospital (ECH) Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Compliance Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: Diane Wigglesworth, Sr. Director, Corporate Compliance

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Sr. Director, Corporate Compliance and at the discretion of the Committee Chair.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review and evaluate Hospital’s plan for IT Security awareness training for organization	<ul style="list-style-type: none"> Q1 FY18 	<ul style="list-style-type: none"> Committee reviews training plan – reviewed at 8/17/17 meeting
2. Review and evaluate Hospital’s policy and education plan regarding responding to government investigations	<ul style="list-style-type: none"> Q1 FY18 	<ul style="list-style-type: none"> Committee reviews policy and education plan – reviewed at 9/28/17 meeting
3. Review reports on the completion of HIPAA Readiness plan milestones for FY18	<ul style="list-style-type: none"> Q2 and Q4 FY18 	<ul style="list-style-type: none"> Committee reviews HIPAA Readiness Plan milestones for FY18 initial Q2 review at 11/16/17 meeting. Additional Q4 milestones to be reviewed on 5/17/18
4. Review and evaluate Management’s recommended ERM framework regarding how the Board will establish its risk appetite and tolerance levels	<ul style="list-style-type: none"> Q1 FY18: Preliminary Framework Report Q2 FY18: Final Recommendations 	<ul style="list-style-type: none"> Committee reviews recommendations Initial recommendations reviewed at 11/16/17 & 1/18/18 meeting, Joint meeting with Hospital Board on 5/9/18 to review ERM scoring and discuss tolerance

SUBMITTED BY:

John Zoglin

Chair, Corporate Compliance/Privacy and Internal Audit Committee

Diane Wigglesworth

Executive Sponsor, Corporate Compliance/Privacy and Internal Audit Committee

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

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Report on ECH and ECHD Board Actions Corporate Compliance, Privacy and Internal Audit Committee March 15, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	For Information
Background: In FY16, we added this item to each Board Committee agenda to keep Committee members informed about Board actions via a verbal report by the Committee Chair. This written report is intended to supplement the Chair's verbal report.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To inform the Committee about recent Board actions.	
Suggested discussion questions: None.	
Proposed Committee motion, if any: None. This is an informational item.	
LIST OF ATTACHMENTS: 1. Report on ECH and ECHD Board Actions	

February 2018 ECH Board Actions*

1. February 14, 2018
 - a. Approved Changes to Executive Compensation Philosophy, Executive Base Salary Administration Policy and Executive Incentive Plan Policy
 - b. Approved FY18 CIO Base Salary – Deb Muro named CIO
 - c. Approved FY 18 SVMD President Base Salary – Bruce Harrison named President of SVMD
 - d. Approved the Government Investigations and Physician Financial Arrangements Policies
 - e. Approved the PACS Image and Archive System Replacement (\$2.2 million)
 - f. Approved ED Call Panel Agreements for Interventional Radiology, Stroke & Neurology, and Urology at both campuses
 - g. Approved FY18 Period 5 and 6 Financials
 - h. Appointed Director Julie Kliger to the Quality, Patient Care and Patient Experience Committee and the Executive Compensation Committee.
 - i. Considered a proposal to delegate certain decision making authority to the Executive Compensation Committee, and gave direction to the Committee to develop procedures for exercising the proposed authority.
 - j. Approved a revised Board and Committee Education Policy.

January 2018 ECHD Board Actions*

1. January 16, 2018
 - a. Elected Gary Kalbach and Julie Kliger, RN to the El Camino Hospital Board of Directors. Their terms are effective immediately. Mr. Kalbach's term expires on June 30, 2021 and Ms. Kliger's term expires on June 30, 2020.

*This list is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

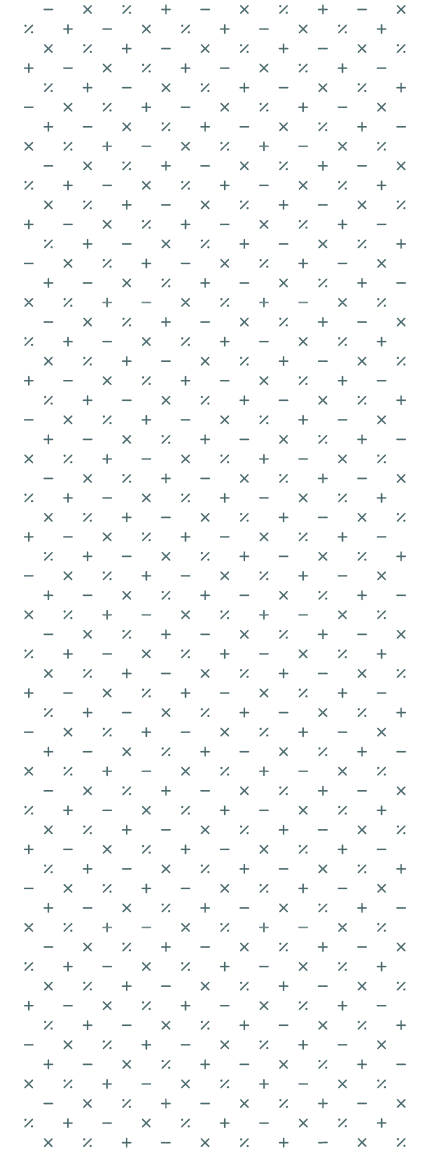
ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Proposed FY 18 Financial Audit Plan Corporate Compliance/Privacy and Internal Audit Committee March 15, 2016
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	For Information
Background: The Compliance Committee is responsible for reviewing the scope and approach of the annual El Camino Healthcare District financial external audit, including the identification of business and financial risk or exposures with the external audit.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives: To review Moss Adams' planned scope and timing of audit and discuss whether any additions or changes to the scope and plan are needed.	
Suggested discussion questions: <ol style="list-style-type: none"> 1. Are there any significant audit findings from previous years that should be reviewed? 2. Are there any new financial reporting standards that should be reviewed? 	
Proposed Committee motion, if any: None proposed. This is an informational item.	
LIST OF ATTACHMENTS: 1. Moss Adams 2018 Audit Entrance Presentation	



Audit Entrance: El Camino Healthcare District

March 15, 2018



AUDIT COMMITTEE

El Camino Healthcare District

Thank you for your continued engagement of Moss Adams LLP, the provider of choice for health care organizations. We are pleased to present our audit plan for El Camino Healthcare District for the year ending June 30, 2018. We would also like to discuss current-year developments and auditing standard changes that will affect our audit.



2

We welcome any questions or input you may have regarding our audit plan and we look forward to working with you.

Your Dedicated Team



Brian Conner, CPA
Partner



Joelle Pulver, CPA
Partner



**Katherine Djiauw,
CPA**
Senior Manager



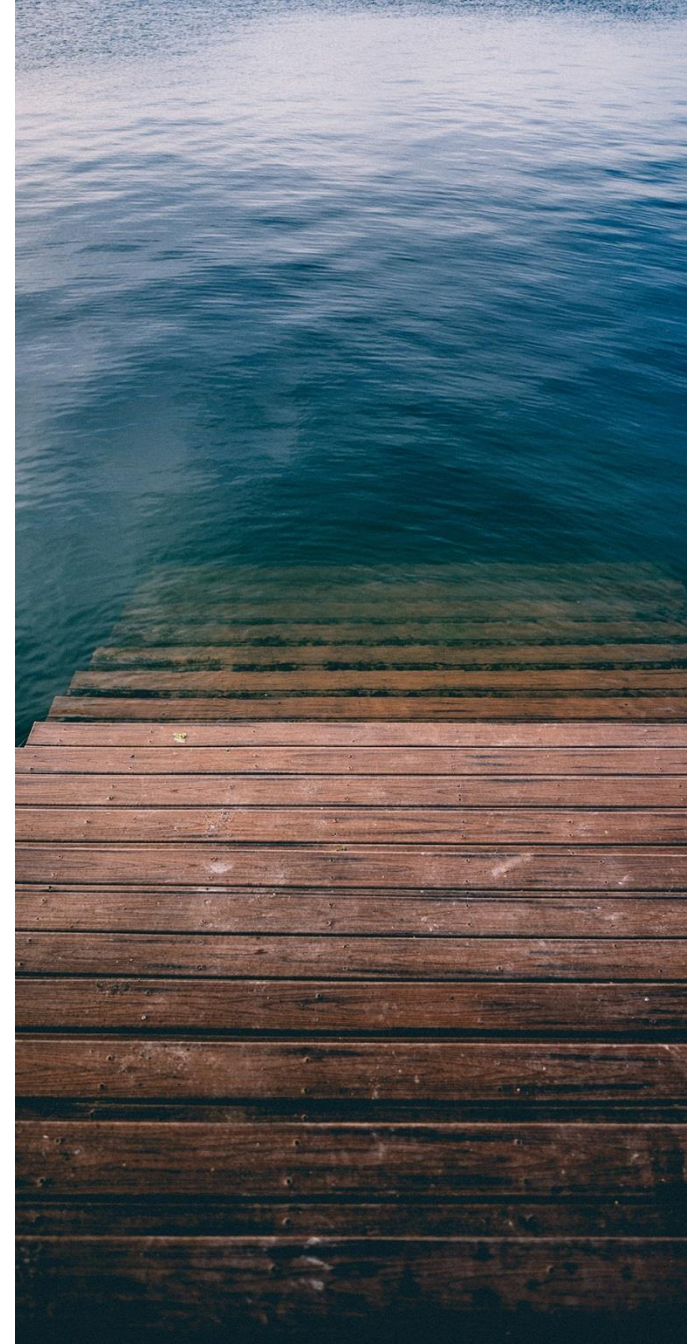
Required Communications to Those Charged with Governance

Now

- Auditor's responsibility under U.S. auditing standards
 - Planned scope and timing of audit
-

Later

- Significant audit findings
- Qualitative aspects of accounting practices
- Difficulties encountered in performing the audit
- Corrected and uncorrected misstatements
- Management representations
- Management consultations with other independent accountants
- Other audit findings or issues



Our Responsibility

Our responsibility under U.S. Generally Accepted Auditing Standards

1

To express our opinion on whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, and in accordance with U.S. GAAP. However, our audit does not relieve you or management of your responsibilities.

2

To perform an audit in accordance with generally accepted auditing standards issued by the AICPA, and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts and design the audit to obtain reasonable, rather than absolute, assurance about whether the consolidated financial statements are free of material misstatement.

3

To consider internal control over financial reporting as a basis for designing audit procedures but not for the purpose of expressing an opinion on its effectiveness or to provide assurance concerning such internal control.

4

To communicate findings that, in our judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.



Audit Process

Internal
Controls



Analytical
Procedures



Substantive
Procedures

Includes information
technology

Revenues and
expenses

Trends, comparisons,
and expectations

Confirmation of
account balances

Vouching to supporting
documentation

Examining objective
evidence

Representations from
attorneys and
management



What is Materiality?

The amount of a misstatement that could influence the economic decisions of users, taken on the basis of the consolidated financial statements.

How It's Calculated:

- Using certain quantitative (e.g., total assets) and qualitative factors (e.g., covenants, expectations, or industry factors)

It's Used To Identify:

- Significant risk areas
- Nature, timing, extent, and scope of test work
- Findings or misstatements



Significant Audit Areas



8

Net Patients Accounts Receivable and Revenue

- Estimate of future results based on past results
- Testing of past results
- Transaction testing
- Ratio analysis
- Predictive revenue analytics
- Revenue cutoff testing

Pension

- Significant assumptions
- Existence and valuation of assets
- Disclosures

Fixed Assets

- Additions related to significant construction projects
- Capitalization of interest costs
- Significant contract disclosures

Consideration of Fraud

Auditors must consider fraud to “improve the likelihood that auditors will detect material misstatements due to fraud in a financial statement audit.”

How we gather information to identify fraud-related risks of material misstatement:

- Brainstorm with team
- Conduct personnel interviews
- Document understanding of internal control
- Consider unusual or unexpected relationships identified in planning and performing the audit

Procedures to be performed:

- Examine general journal entries using a targeted risk profile
- Evaluate policies and accounting for revenue recognition
- Test and analyze significant accounting estimates for biases
- Evaluate the business rationale for significant unusual transactions



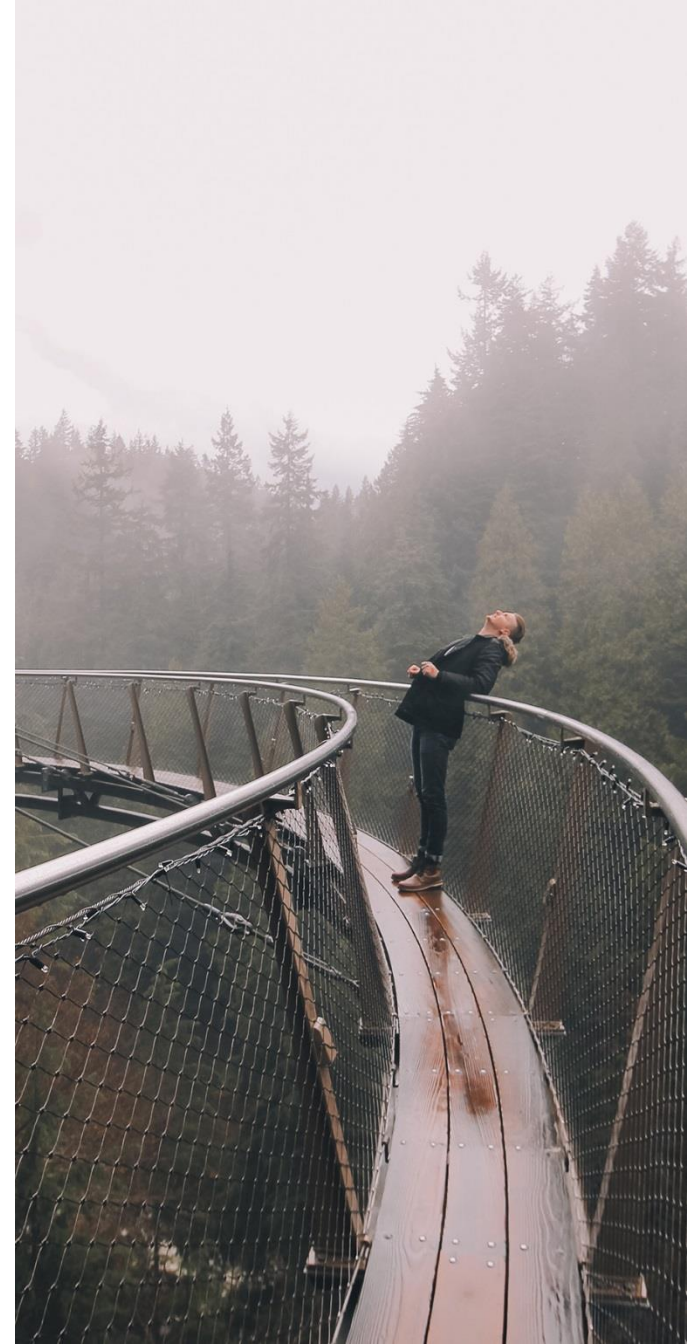
Deliverables

We will issue the following reports:

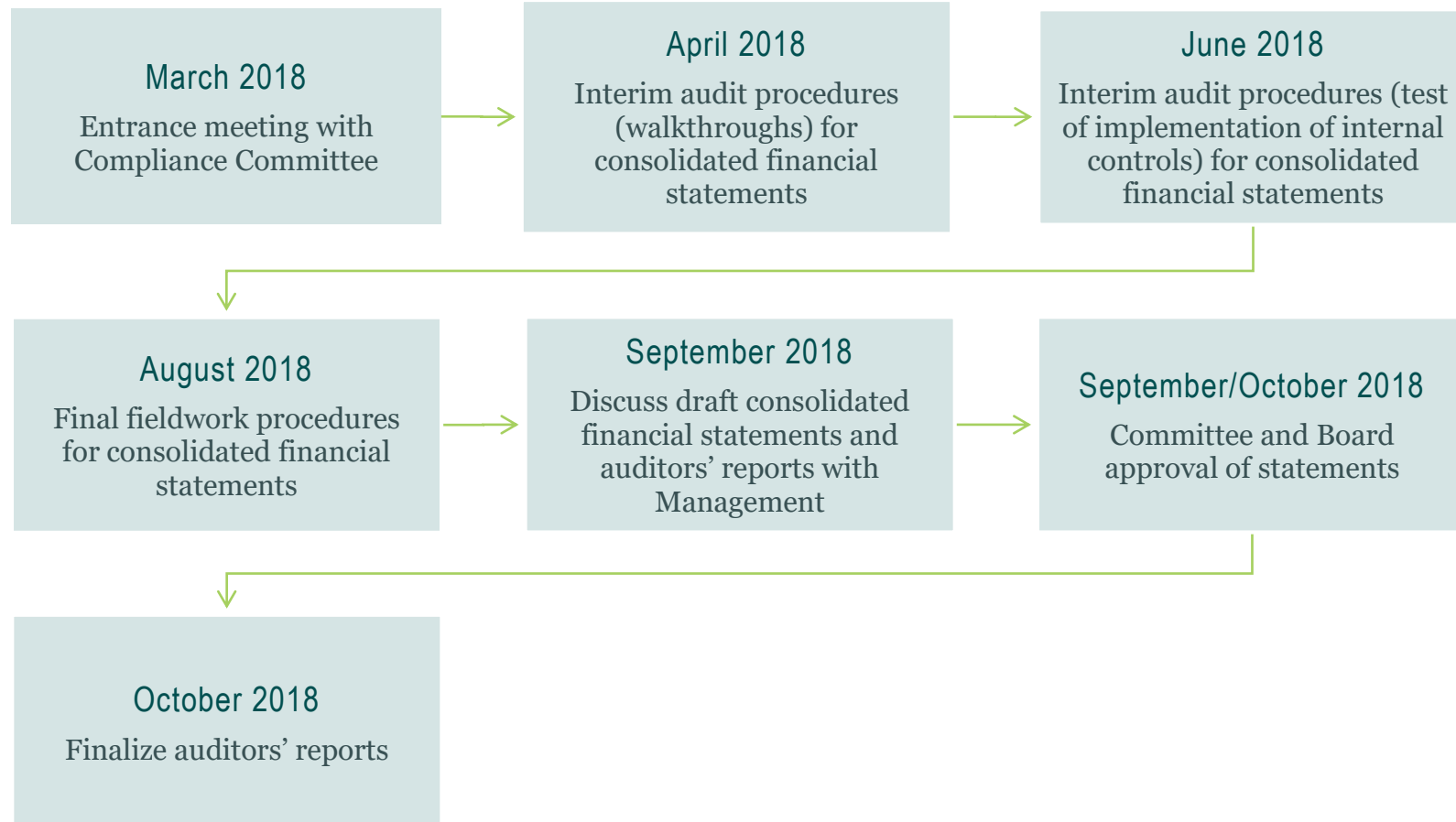
- Audit report on the consolidated financial statements of El Camino Healthcare District as of and for the year ending June 30, 2018
- Audit report on the financial statements of Auxiliary as of and for the year ending June 30, 2018
- Report to Those Charged with Governance (Communicating required matters and other matters of interest)
- Report to Management and the Audit and Compliance Committee (Communicating Internal Control Related Matters Identified in an Audit)

We have also been engaged to perform the following nonattest services:

- Assist in the drafting of the consolidated financial statements
- Assist in the drafting of the Auxiliary financial statements

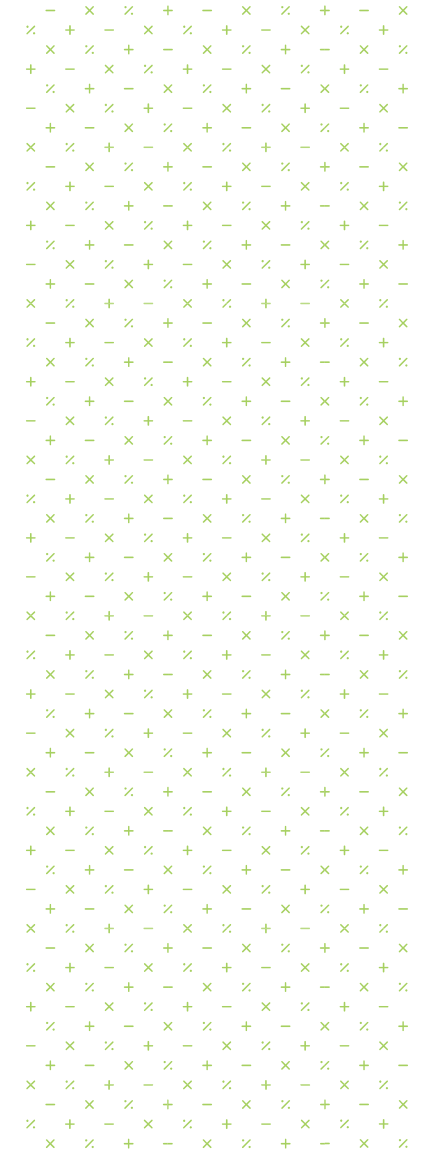


Audit Timing





Accounting Update



New Standards

GASB 74/75 | Financial Reporting for Postemployment Benefits Other than Pension Plans (OPEB)

- Effectively replaces GASB 43 and 45.
- Reporting essentially the same as pensions under Pension Standards (GASB 67 and 68), respectively. Significant footnote disclosure and required supplementary information.
- Effective for ECH for the year ended June 30, 2018.



New Standards

GASB 87 | Leases

- Requires lessees to recognize the assets and liabilities arising from all leases on the balance sheet.
- A lessee should recognize in the statement of financial position a liability to make lease payments (the lease liability) and a right-of-use asset representing its right to use the underlying asset for the lease term.
- There continues to be a differentiation between finance leases and operating leases.
- Effective for ECH for the year ended June 30, 2021.



The material appearing in this presentation is for informational purposes only and should not be construed as advice of any kind, including, without limitation, legal, accounting, or investment advice. This information is not intended to create, and receipt does not constitute, a legal relationship, including, but not limited to, an accountant-client relationship. Although this information may have been prepared by professionals, it should not be used as a substitute for professional services. If legal, accounting, investment, or other professional advice is required, the services of a professional should be sought. Assurance, tax, and consulting offered through Moss Adams LLP. Wealth management offered through Moss Adams Wealth Advisors LLC. Investment banking offered through Moss Adams Capital LLC.



THANK
YOU

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Key Performance Indicators Corporate Compliance/Privacy and Internal Audit Committee March 15, 2018
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	For Information
Background: Key performance indicators were developed to track required elements from the Federal Sentencing Guidelines. These indicators help the Committee monitor activity and review organizational trends.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To review the trending of key indicators. The overall number of issues brought to Compliance and investigations completed during the current fiscal year is consistent for the same time period from the previous fiscal year. During the month of February, there has been a slight increase in the number of issues requiring investigation. A number of the incidents included compliance oversight of SVMMD clinic and the employed physician group. All incidents have been reviewed for corrective action to mitigate further risk. The number of hotline calls remains consistent and the majority of concerns or risks have been brought forth by management or employees directly to the Compliance department.	
Suggested discussion questions: 1. Are there any trends of concern?	
Proposed Committee motion, if any: None. This is an informational item.	
LIST OF ATTACHMENTS: 1. Corporate Compliance Scorecard 2. KPI 2-year Trend Graph	

Corporate Compliance Scorecard FY18

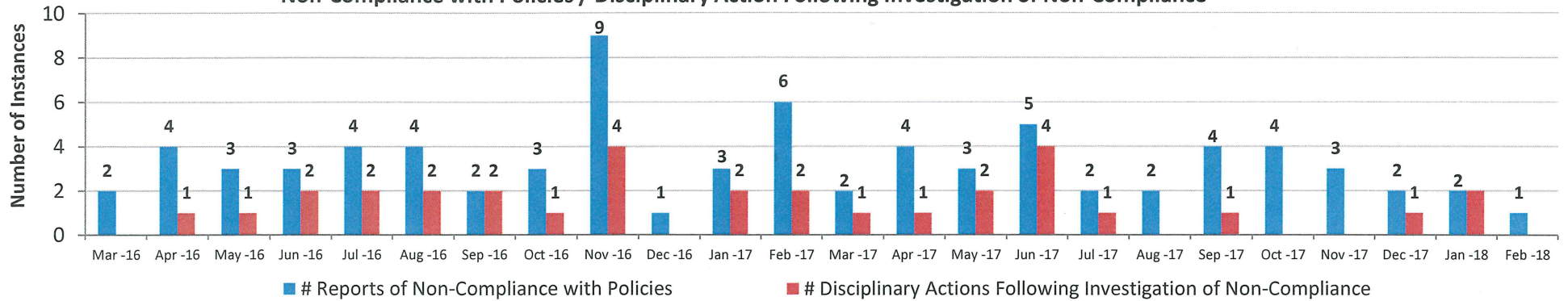
El Camino Hospital

Key Performance Indicator	FY18 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,530	13,340	12,630
Core Elements			
Policies and Procedures	Feb. 2018	Jul - Feb. FY 2018	Jul -Feb FY 2017
Number of reported instance when policies not followed	1	20	32
Number of disciplinary actions due to Investigations	0	5	15
Education and Training	Feb. 2018	Jul - Feb. FY 2018	Jul -Dec. FY 2017
Percentage of new employees trained within 30 days of start date	100%	100%	100%
Investigations	Feb. 2018	Jul - Feb. FY 2018	Jul -Dec. FY 2017
Total number of investigations	32	182	188
Investigations open	1	2	0
Investigations closed	31	180	146
Hotline concerns substantiated	1	12	13
Hotline concerns not substantiated	1	10	13
Average number of days to investigate concerns	7	7	7
Reporting Trends	Feb. 2018	Jul - Feb. FY 2018	Jul -Dec. FY 2017
Anti-Kickback/Stark	8	23	43
EMTALA	0	0	1
HIPAA Reports	13	98	106
HIPAA Security Incidents	1	4	3
Billing or Claims	5	46	62
Conflict of Interest	1	3	8
Reported Events to CMS	Feb. 2018	Jul - Feb. FY 2018	FY 2017 Total
Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	0	0	0
Number of statement of deficiencies issued to ECH	0	0	0
Number of Actual Sanctions, fines or penalties	0	0	0
Reported Events to CDPH	Feb. 2018	Jul - Feb. FY 2018	FY 2017 Total
Number of total regulator events self reported by ECH	1	15	7
Number of self reported events followed up by CDPH	2	8	7
Number of total privacy breaches self reported by ECH	2	12	13
CDPH initiated visits (separate from ECH self reported events)	0	4	10
Number of statement of deficiencies issued to ECH	0	1	2
Number of Actual/Realized Sanctions, fines or penalties	0	0	0
Monitoring and Audit Findings	Feb. 2018	Jul - Feb. FY 2018	FY 2017 Total
Total number of Audit Findings	7	30	37
Number of findings identified has high severity	0	3	11
Monitoring and Audit Findings	Feb. 2018	Jul - Feb. FY 2018	FY 2017 Total
Number of Open Liability Claims	9	9	8
Number of Open Liability Lawsuits	5	5	7

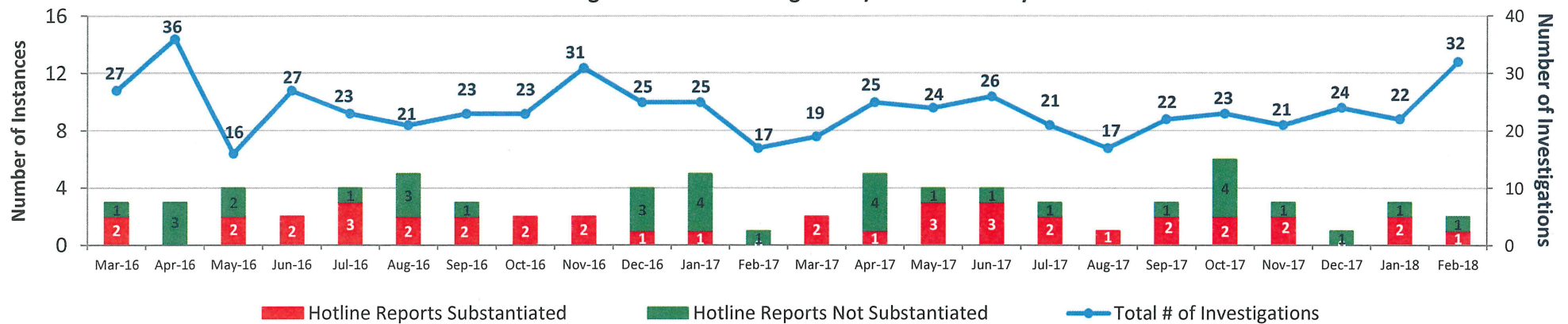
Corporate Compliance

Policies & Procedures

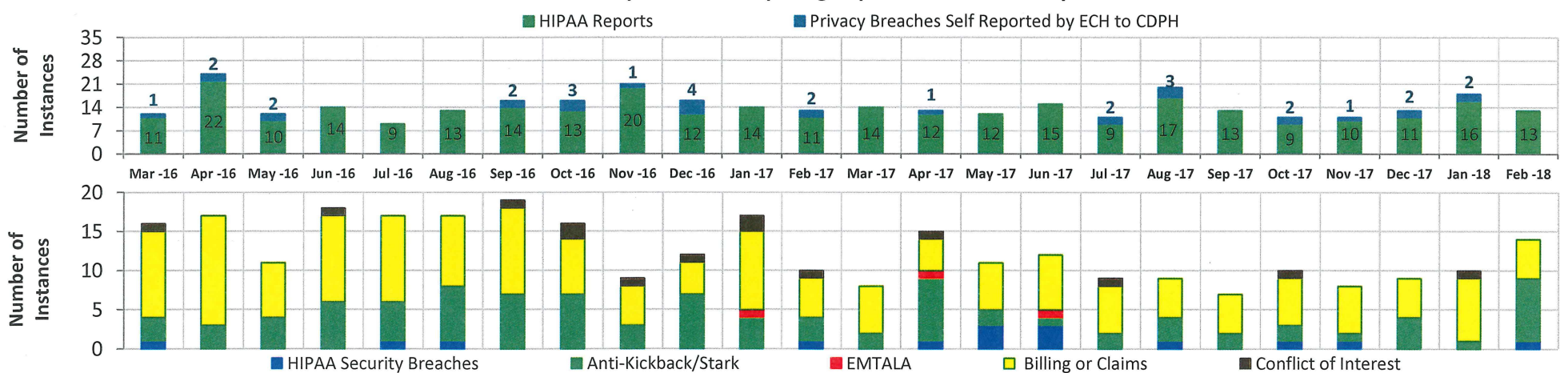
Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Investigations: Total Investigations / Hotline Activity



Privacy Breaches Requiring Report to Outside Entity



ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Biennial Committee Self- Assessment Corporate Compliance, Privacy and Internal Audit Committee March 15, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	Possible Motion
Background: El Camino Hospital's Board Advisory Committees conduct a Biennial Self-Assessment. This survey was conducted in December 2017.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives: For the Committee to review its Self-Assessment, to discuss the findings, and decide whether or not to integrate an area for improvement into the Committee's FY19 Goals.	
Suggested discussion questions: <ol style="list-style-type: none"> 1. Does the Committee agree with the findings of the survey? 2. Should the Committee integrate any of the possible areas for improvement into its FY19 Committee Goals? If yes, which one(s)? 	
Proposed Committee motion, if any: None Proposed. At the discretion of the Committee.	
LIST OF ATTACHMENTS: 1. Biennial Committee Self-Assessment Results.	



NYGREN CONSULTING
GOVERNANCE STRATEGY LEADERSHIP

El Camino Hospital

Corporate Compliance, Privacy and Audit Committee
FY2017-18 Assessment Report



Submitted on: January 25, 2018
Prepared for: Corporate Compliance, Privacy and Audit Committee
Prepared by: JoAnn McNutt, PhD and Zach Morfin, PhD

Introduction

Background

In keeping with the ECH Hospital Board's commitment to effective governance, Nygren Consulting was engaged to conduct the biennial performance assessment of the board committees, providing them with an opportunity to reflect on their performance during the Fiscal Year 2017-2018. The goal of the assessment was to identify the committees' strengths and areas for improvement, which would be integrated into their annual goals. This report provides the results of the Corporate Compliance, Privacy and Audit Committee's ("Compliance Committee") self-assessment.

Interpreting the Results

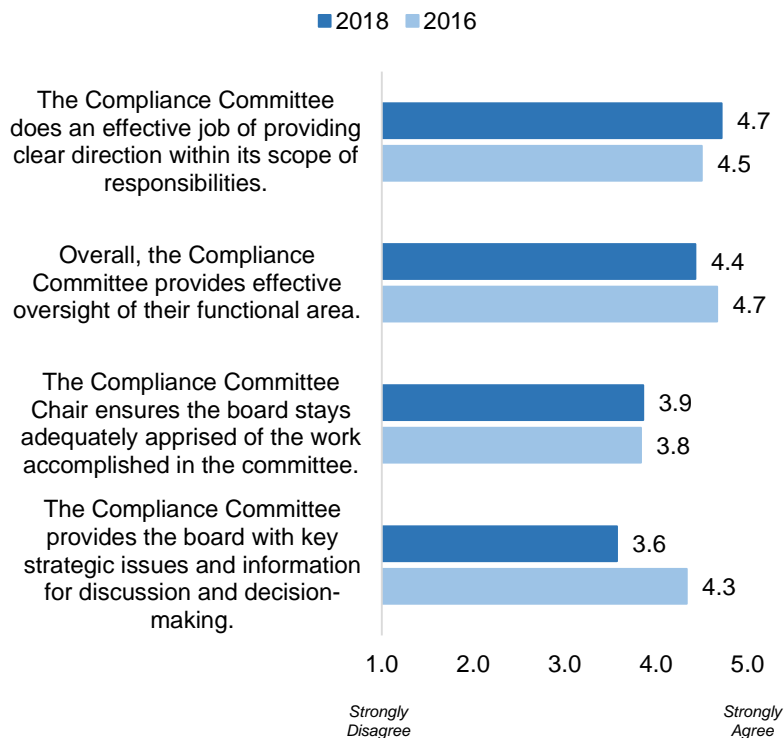
The Compliance Committee assessment tool was comprised of twelve core items and three open-ended questions that applied to all committees, as well as six committee-specific items. Please note that because committee assessments are conducted on a biennial basis, the year-over-year analysis compares the committee's performance in 2018 against 2016.

The purpose of the assessment was to provide directional feedback to the Compliance Committee. The quantitative scores herein are meant to provide insight into how the Compliance Committee perceives its own performance. The assessment is not intended to provide statistically significant results, which cannot be achieved with a small sample size. Average scores are rounded to the nearest tenth decimal point as this will show variation in the ratings.

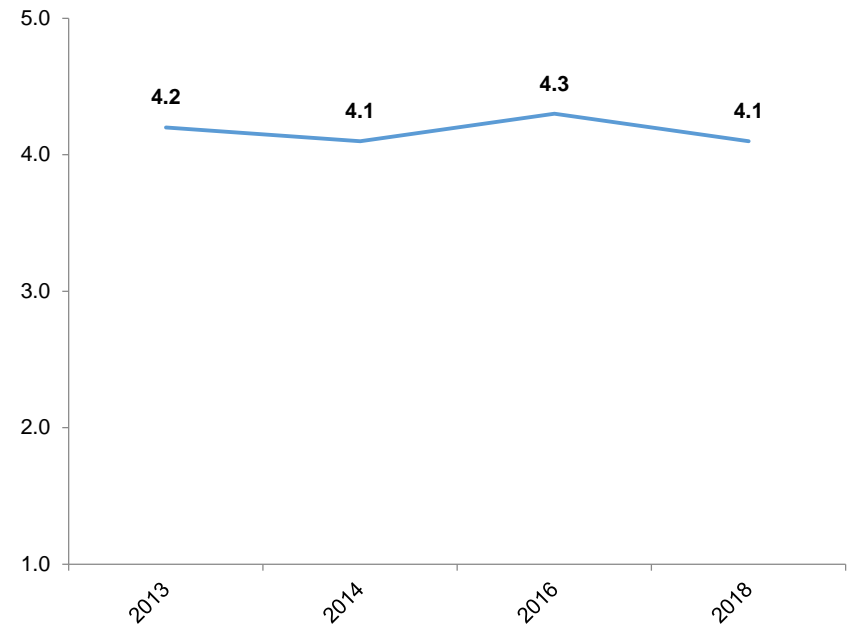
We set 3.5 as the threshold to determine whether a response is favorable. It is rare to achieve a perfect score of 5.0. Occasionally, we see an average score of 4.5 and above on exceptional cases.

Hospital Board's Assessment of the Compliance Committee

Board's Assessment of the Compliance Committee on the Four Standard Items



Board's Assessment of the Compliance Committee Over Time



High-Level Summary of the Committee's Self-Assessment

Participation:

- 11 out of 11 stakeholders participated in the assessment (100%):
 - Non-director committee members = 3
 - Board members = 3
 - Executive leadership team members = 5

Self-Assessment Averages:

2018 = 4.1

2016 = 4.1

2014 = 4.5

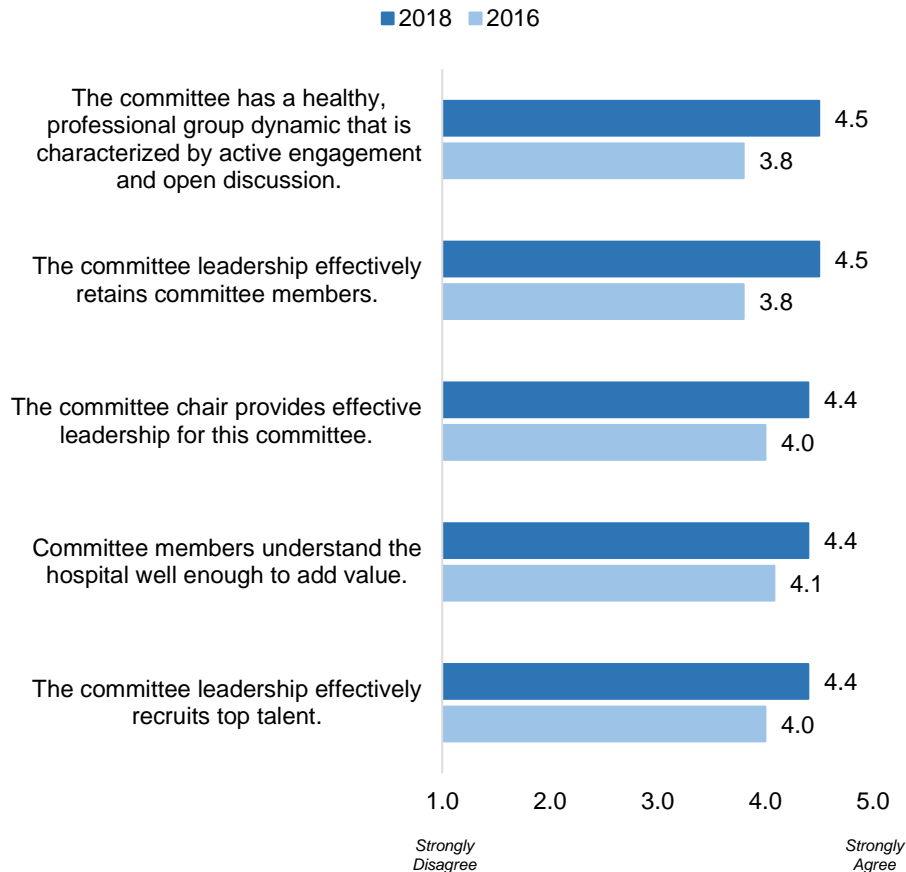
2013 = 4.4

Key Findings:

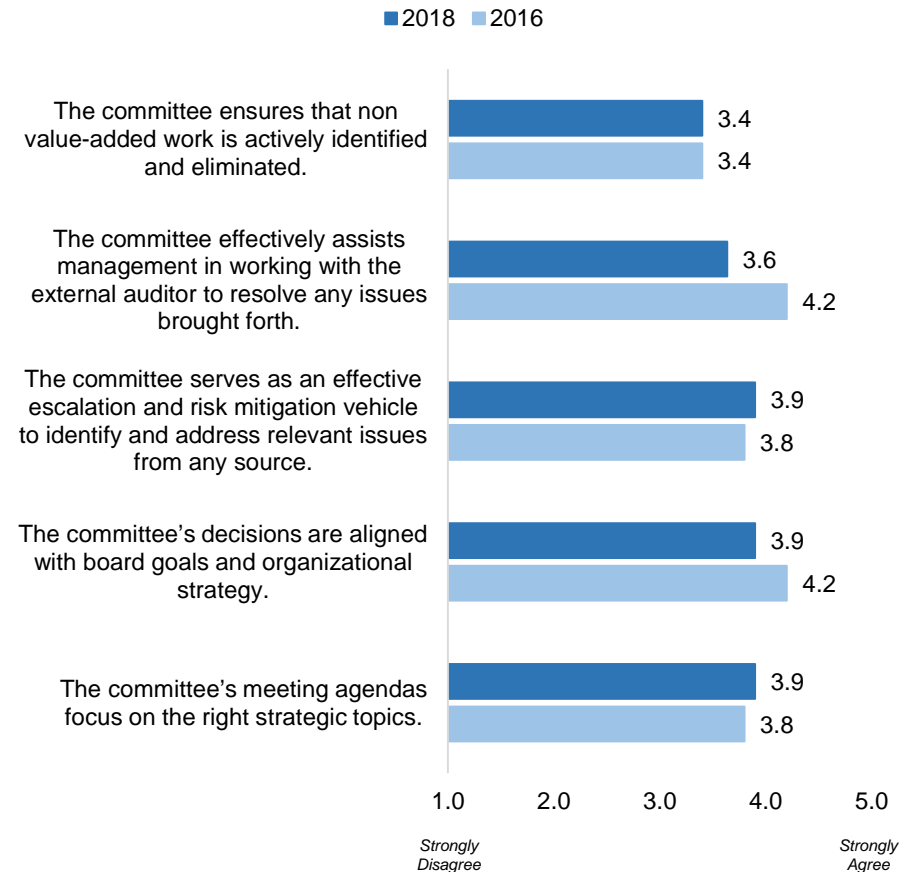
- The committee rated its overall performance the same as in 2016. That said, there were a few notable changes in how certain items were scored. Those that showed the greatest increases are the following:
 - The committee leadership effectively retains committee members. (+0.7)
 - The committee has a healthy, professional group dynamic that is characterized by active engagement and open discussion. (+0.7)
- Items that showed that greatest decreases are the following:
 - The committee effectively assists management in working with the external auditor to resolve any issues brought forth. (-0.6)
- Open-ended comments pointed to the need for the following:
 - Tighter focus on strategy, risk, and mission, and less time spent on ERM and operational details
 - More in-depth information about privacy, compliance requirements and training
 - Higher quality materials that focus on key issues, and that are not so lengthy
 - More collaboration with the board and the Governance and Quality Committees, as appropriate

Highest and Lowest Rated Items

Highest Rated Items



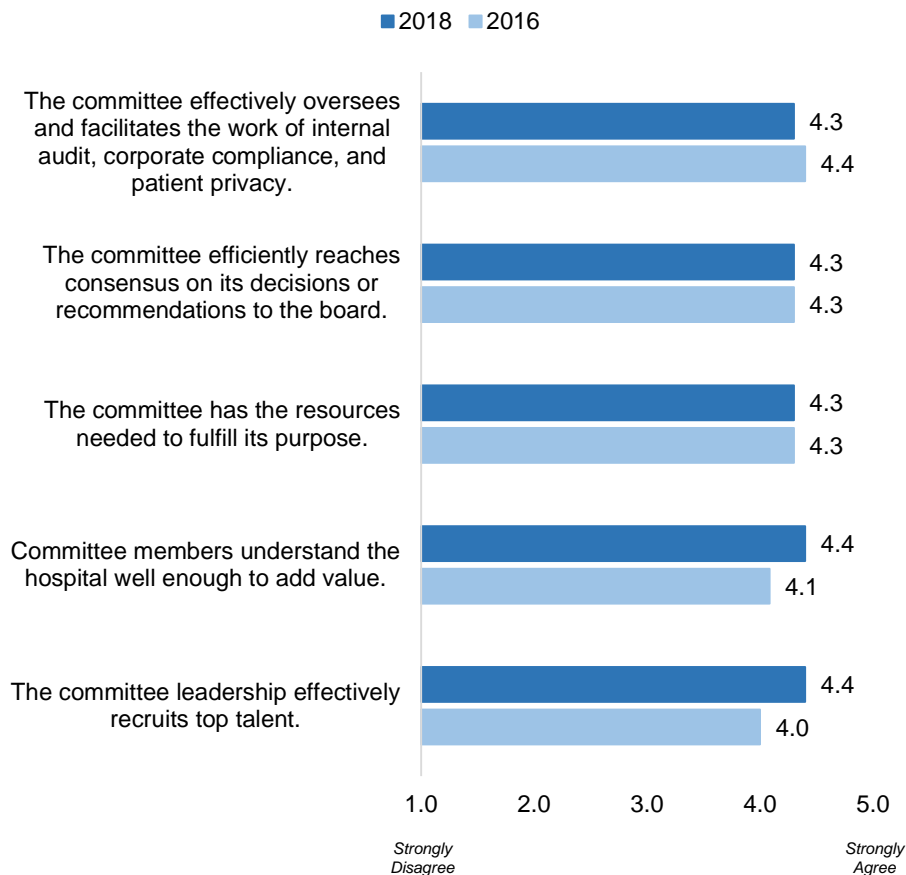
Lowest Rated Items



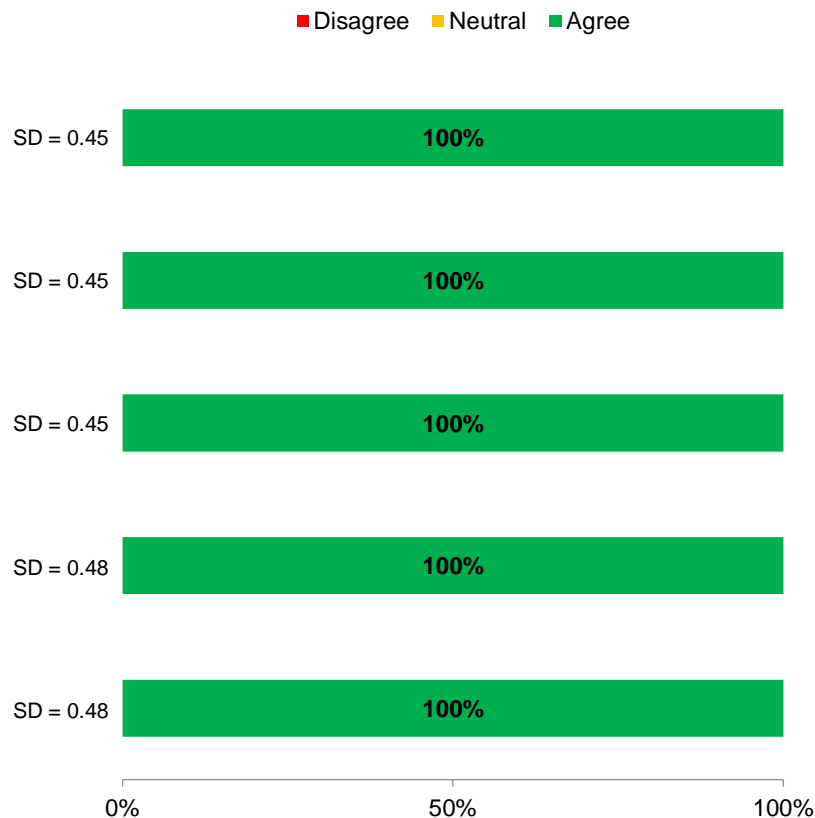
Areas of Greatest Agreement

Areas of agreement are determined by the standard deviation (SD), which is a measure of the dataset's spread around the mean. Higher standard deviations relate to a lower consistency or agreement across ratings for a particular survey item. The lower the SD, the greater agreement there is among respondents. The higher the SD, the less agreement there is among respondents. The distribution of ratings shows the corresponding number of individual ratings of 1 or 2, neutral responses of 3, and favorable responses of 4 or 5.

Areas of Greatest Agreement

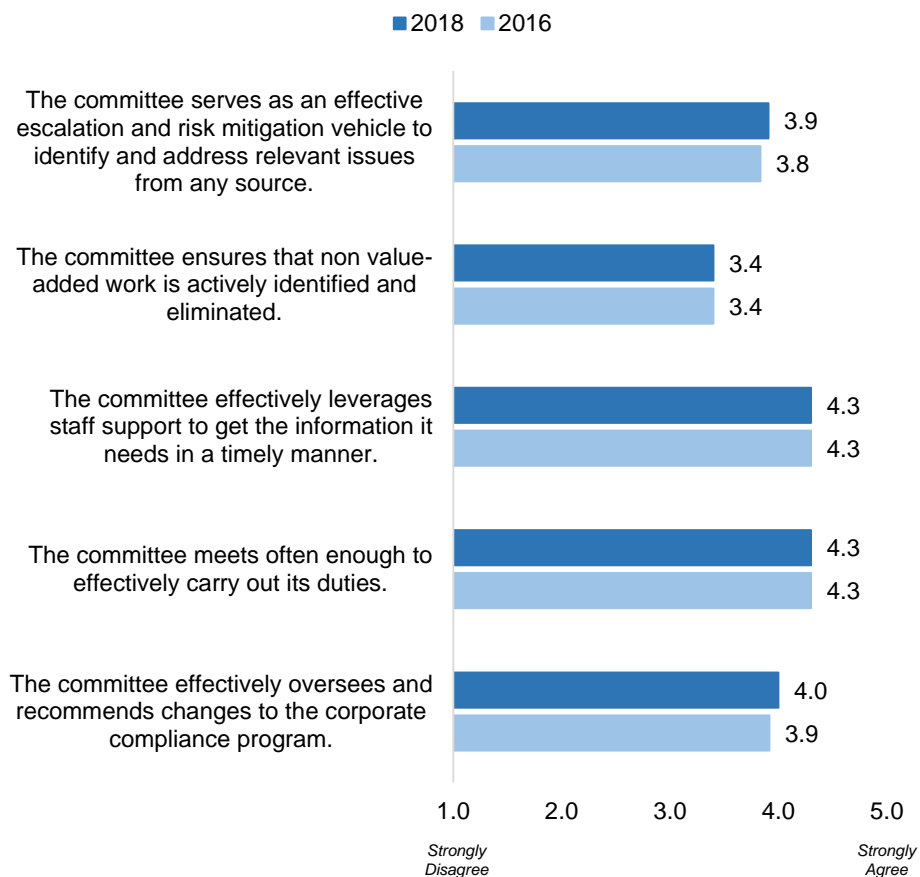


Distribution of Ratings

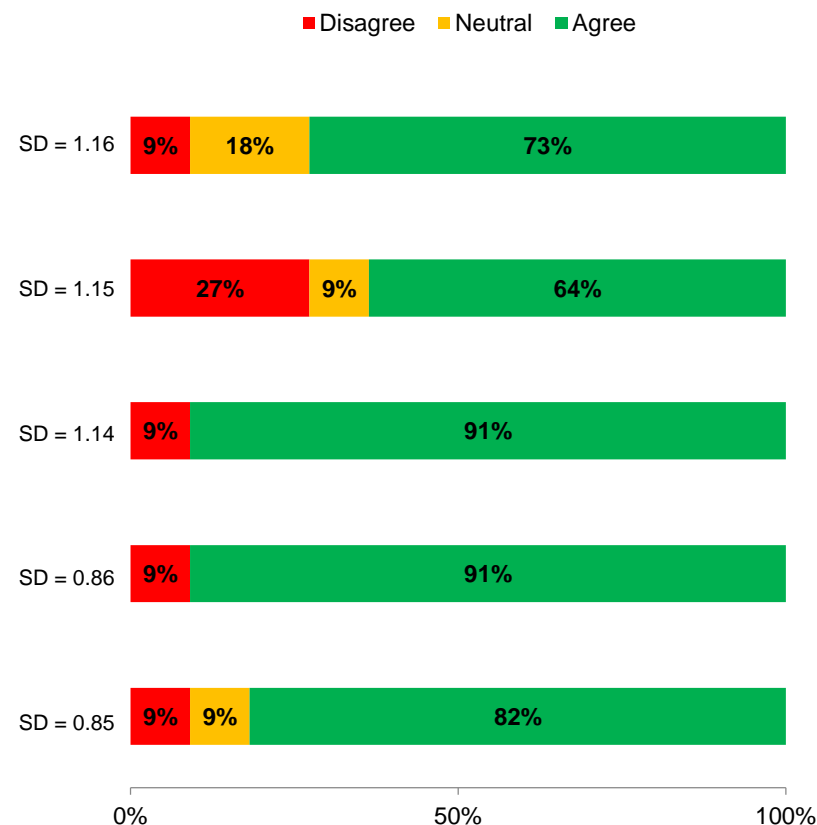


Areas of Least Agreement

Areas of Least Agreement



Distribution of Ratings



Detailed Results by Item

The table below shows all survey items, sorted highest to lowest by 2018 rating. The *Difference* column represents the difference in ratings between the committee's 2018 vs. 2016 ratings. A positive difference indicates items where committee members rated the committee's performance **higher** than in 2016. Conversely, a negative difference indicates where members rated the committee's performance **lower** than in 2016.

Items Sorted Highest to Lowest by Stakeholder Rating	↓ 2018	2016	N	Difference
The committee leadership effectively retains committee members.	4.5	3.8	11	0.7
The committee has a healthy, professional group dynamic that is characterized by active engagement and open discussion.	4.5	3.8	11	0.7
The committee chair provides effective leadership for this committee.	4.4	4.0	10	0.4
The committee leadership effectively recruits top talent.	4.4	4.0	11	0.4
Committee members understand the hospital well enough to add value.	4.4	4.1	11	0.3
The committee meets often enough to effectively carry out its duties.	4.3	4.3	11	0.0
The committee effectively leverages staff support to get the information it needs in a timely manner.	4.3	4.3	11	0.0
The committee has the resources needed to fulfill its purpose.	4.3	4.3	11	0.0
The committee efficiently reaches consensus on its decisions or recommendations to the board.	4.3	4.3	11	0.0
The committee effectively oversees and facilitates the work of internal audit, corporate compliance, and patient privacy.	4.3	4.4	11	-0.1
The committee effectively oversees and makes recommendations on the selection and work of the external auditor.	4.3	4.0	11	0.3
The committee effectively oversees and recommends changes to the corporate compliance program.	4.0	3.9	11	0.1
The committee actively encourages continuous improvement of policies and procedures for corporate accountability, integrity, and privacy.	4.0	4.4	11	-0.4
The committee's meeting agendas focus on the right strategic topics.	3.9	3.8	11	0.1
The committee's decisions are aligned with board goals and organizational strategy.	3.9	4.2	11	-0.3
The committee serves as an effective escalation and risk mitigation vehicle to identify and address relevant issues from any source.	3.9	3.8	11	0.1
The committee effectively assists management in working with the external auditor to resolve any issues brought forth.	3.6	4.2	11	-0.6
The committee ensures that non value-added work is actively identified and eliminated.	3.4	3.4	11	-0.1

Thematic Summaries of the Qualitative Feedback

Opportunities for Improvement

- A few committee members shared their appreciation for the quality of the meeting materials and responsiveness from management. At the same time, while there has been improvement, a few said the materials are too detailed and lengthy.
- Two members suggested tightening the committee's agendas by reducing the number of topics and focusing on the vital few decisions and key areas of input.
- Several shared that the committee's agendas do not make an explicit connection to the hospital's strategy or mission, and that the committee needs to be more informed and proactive when it comes to strategy and risk.
- The Enterprise Risk Management program seems to have taken a disproportionate amount of time on the committee's agenda, though still requires monitoring.
- More collaboration with the board and the Quality and Governance Committees was requested.
- Two individuals commented that more information regarding compliance requirements and training would be helpful.



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ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Biennial Committee Charter Review Corporate Compliance/Privacy and Internal Audit Committee March 22, 2016
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	Possible Motion
<p>Background: The Governance Committee's charter provides that it will ensure that each Board Advisory Committee reviews its Charter every other year. The Compliance Committee last reviewed its Charter in May 2016. The Governance Committee will review any proposed revisions and make a recommendation to the Board.</p> <p>Staff does not have any specific recommendations to revise the Charter at this time.</p>	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: N/A	
<p>Summary and session objectives: For the Committee to review its Charter and discuss whether (1) it is meeting the mandates of its Charter and (2) any desired changes.</p>	
<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> 1. Are there any Compliance Committee activities provided in the Charter that the Committee is not performing? 2. Are there any activities the Compliance Committee should be engaging in that are not provided in the Charter? 	
<p>Proposed Committee motion, if any:</p> <p>None proposed. At the discretion of the Committee.</p>	
<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Current CC Charter (last revised November 12, 2014) 	

Corporate Compliance/Privacy and Internal Audit Committee Charter

Purpose

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance and Audit Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls and processes of the organization and the engagement, independence and performance of the internal auditor and external auditor. The Compliance and Audit Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

Authority

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on compliance, privacy, IT security or audit related issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

Membership

- The Compliance and Audit Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- The Committee may also include 2-4 external (non-Hospital Board member) members with expertise in compliance, privacy, enterprise risk, IT security, audit and/or financial management expertise.

- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30th each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board Director, the Vice-Chair of the Committee shall be a Hospital Board Director.

Conflict of Interest

Members of the Committee shall be independent as to conflicts of interest with El Camino Hospital pursuant to the Conflict of Interest Policy. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board (see appendix).

Any member of a Board or Board committee who has a conflict of interest with respect to a proposed contract, transaction, relationship, arrangement or activity shall refrain from the deliberations and vote on any matter related to the contract, transaction or arrangement. Such member, however, may be present to answer questions and provide information needed by the Board or Board Committee for its deliberations. The Board Chair may appoint one or more qualified individuals to take the place of any affected member of a Board or Board Committee with regard to the matter or interest being considered. Any such reconstituted Committee shall be considered to have all rights, authority and obligations of the Corporate Compliance/Privacy and Audit Committee.

Staff Support and Participation

The Director of Corporate Compliance/Privacy Officer (“Corporate Compliance Officer”) shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair’s consideration. Additional members of the executive team may participate in the Committee meetings upon the recommendation of the Corporate Compliance Officer and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee’s primary role is to provide oversight and to advise the management team and the Board on matters pertaining to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track corporate compliance, privacy, IT Security and enterprise risk management for the Committee’s review and subsequent approval by the Board. It is the management team’s responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for monitoring that performance metrics are being met to the Board’s expectations and requiring explanation of any deficiencies and reporting to the Board such deficiencies.

Specific Duties

The specific duties of the Corporate Compliance/Privacy and Audit Committee include the following:

A. Corporate Compliance/Privacy

- Oversee the activities of the Corporate Compliance program and all subcommittees providing support relative to corporate compliance, HIPAA/Patient Privacy and IT Security.
- Advise the organization on Enterprise Risk Management structure and provide oversight of Enterprise Risk reporting metrics and measurements to help monitor organizational risks.
- Advise the organization on corporate compliance implementation strategies. Review strategies for improving the corporate compliance program(s) and recommend for approval by the Board.
- Review with management the assessment of physician relationship risk as it relates to Stark laws, anti-kickback statutes, and other compliance rules and regulations.
- Encourage continuous improvement of policies and procedures for corporate accountability, integrity, and privacy. Review the organization's policy oversight guidelines and oversee the process being systematic and robust.

B. Internal Audit Functions

- Provide direction related to findings and recommendations of internal audits performed.
- Provide direction for issues relating to internal audit responses by management.
- Review the annual internal audit priorities for the organization.
- Serve as the ad-hoc governance team regarding non routine investigations or action taken by external agencies and authorities against ECH.
- Recommend policies and processes for approval by the Board relating to systems of internal controls for finance.
- Oversee the work of independent compliance, audit and privacy staff.
- Provide escalation vehicle from any source to identify and address relevant issues.

C. External Audit Functions

- Make recommendations to the Board regarding the external financial audit firm selection, retention and when necessary, replacement.
- Review the expected fee for the audit and assure that the fee is fair to the organization and is compatible with a full, complete and professional audit. Make recommendations to the Board.
- Review the scope and approach of the annual audit, including the identification of business and financial risks and exposures, with the external auditor.
- Meet with the auditor and management, as needed, to resolve issues regarding financial reporting, and make recommendations to the Board for discussion and action.
- Any services provided by the external auditors, outside the scope of the annual audit of financial statements must be presented to the Committee for pre-approval.
- Ensure that the external auditors have the opportunity to meet with the Board to present the annual audit report and financial statements.
- At the completion of the annual audit examination, review with management and the external auditors the following:
 - a. The organization's annual financial statements and related footnotes.
 - b. The external auditor's audit of the financial statements and the auditor's report thereon.
 - c. Judgments about the quality, not just the acceptability of accounting principles and the clarity of the financial disclosure practices used or proposed to be used, and particularly the degree of aggressiveness or conservatism of accounting principles and underlying estimates.
 - d. Any significant changes in scope required in the external auditor's plan.
 - e. Any serious difficulties or disputes with management encountered during the course of the audit.
- Conduct an executive session if necessary to allow the Committee to meet privately with the auditor.
- Review all significant financial communications to external parties (e.g., public, press, lenders, creditors and regulators), ensuring they are prepared

in accordance with generally accepted accounting principles and fairly represent the financial condition of ECH.

- Review and recommend for approval by the Board the audit firm's annual engagement proposal and review the independent auditor's performance.

Independence of the External Auditor

It is the Committee's responsibility to confirm the independence of the external auditor on an annual basis through a written statement. The statement shall confirm their independence and address services or relationships that may impact independence. The lead and concurring partner on the audit engagement team may not serve for more than five years unless special circumstances exist and with the approval of the Board. Members of the external audit team are prohibited from employment at ECH in a financial role within one year of leaving the external audit firm.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for review and approval.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24 hour notice.

Approved as Revised: November 12, 2014

Appendix

Definition of Independent Director – Compensation and Internal Audit Committee

1. An independent director is a more limited and narrow classification of director than otherwise required by law and is not meant to expand or limit the definition of interested director for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on particular committees to independent directors to avoid even the appearance of a conflict of interest.
2. A member of the Board of Directors of El Camino Hospital shall be deemed to be an independent director so long as such director (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the director):
 - i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars (\$10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a director;
 - ii. does not own an interest in an entity, or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a director is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the director in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each director appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent director as defined above.
5. Note: Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.

Approved as Revised – November 12, 2014

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Proposed FY19 Committee Goals and Meeting Dates Corporate Compliance/Privacy and Internal Audit Committee March 15, 2018
Responsible party:	Diane Wigglesworth, Sr. Director, Corporate Compliance
Action requested:	Possible Motion
Background: Every year, each of the Advisory Committees develops goals for the upcoming fiscal year. The Governance Committee reviews draft goals for all Committees and makes recommendations for approval to the Hospital Board. Also attached are the proposed meeting dates for FY19. The entire Committee meeting calendar for all Board Advisory Committees will be reviewed by the Governance Committee and recommended to the Board for approval in June.	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives: To review the proposed FY19 Committee goals and advise if changes are recommended. To review the proposed Committee meeting dates.	
Suggested discussion questions: 1. Are the proposed Committee goals appropriate? Measurable? 2. Are there any conflicts for any of the proposed FY19 dates?	
Proposed Committee motion, if any: 1. To recommend that the Governance Committee recommend and the Board approve the Proposed FY19 Compliance Committee goals. 2. To recommend that the Governance Committee recommend and the Board approve the Proposed FY19 Compliance Committee dates.	
LIST OF ATTACHMENTS: 1. Proposed FY19 Corporate Compliance/Privacy and Internal Audit Committee Goals 2. Proposed FY19 Committee Meeting Dates	

PROPOSED

FY19 COMMITTEE GOALS

Corporate Compliance/Privacy and Internal Audit Committee

PURPOSE

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance Committee”) is to advise and assist the El Camino Hospital (ECH) Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Compliance Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: Diane Wigglesworth, Sr. Director, Corporate Compliance

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Sr. Director, Corporate Compliance and at the discretion of the Committee Chair.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Based on the FY18 Committee Self-Assessment, review options to reduce the number of agenda items or materials covered in the meetings.	<ul style="list-style-type: none"> Q1 FY19 	<ul style="list-style-type: none"> Committee agrees on FY19 Pacing Plan Committee gives staff specific feedback on how best to provide governance-level materials
2. Review the Hospital’s Compliance Program internal assessment compared to DOJ 2017 Compliance Program guidance on evaluation of Compliance Programs	<ul style="list-style-type: none"> Q2 FY19 	<ul style="list-style-type: none"> Committee recommends changes in Compliance Program to Compliance Officer
3. Incorporate Board feedback from Joint Meeting into Committee’s oversight of Enterprise Risk Management Program	<ul style="list-style-type: none"> Q3 FY19 	<ul style="list-style-type: none"> Committee reviews and provides recommendations to the Board
4. Review results of IT metrics tracked during the fiscal year to ensure metrics support appropriate oversight.	<ul style="list-style-type: none"> Q4 FY19 	<ul style="list-style-type: none"> Committee reviews and provides recommendations to the Board

SUBMITTED BY:

Sharon Anolik Shakked
 Diane Wigglesworth

Chair, Corporate Compliance/Privacy and Internal Audit Committee
Executive Sponsor, Corporate Compliance/Privacy and Internal Audit Committee

Compliance Committee Meetings

Proposed FY19 Dates

RECOMMENDED ECC DATE THURSDAYS	CORRESPONDING HOSPITAL BOARD DATE
Thursday, August 23, 2018	Wednesday, September 12, 2018
Thursday, September 27, 2018	Wednesday, October 10, 2018
Thursday, November 15, 2018	Wednesday, January 9, 2019
Thursday, January 17, 2019	Wednesday, February 13, 2019
Thursday, March 21, 2019	Wednesday, April 10, 2019
Thursday, May 16, 2019	Wednesday, June 12, 2019