

## AGENDA

### COMPLIANCE AND AUDIT COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD

**Wednesday, August 22, 2018 – 5:00 pm**  
 El Camino Hospital, Conference Room E (ground floor)  
 2500 Grant Road, Mountain View, CA 94040

Sharon Anolik Shakked will be participating via teleconference from 330 East Strawberry Drive, Mill Valley, CA 94941.

**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
<b>1. CALL TO ORDER/ROLL CALL</b>	Sharon Anolik Shakked, Chair		<b>5:00 – 5:01pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:01 – 5:02</b>
<b>3. PUBLIC COMMUNICATION</b> 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		<b>information</b> <b>5:02 – 5:05</b>
<b>4. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i>  <b>Approval</b> a. <a href="#">Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (May 17, 2018)</a> b. <a href="#">Minutes of the Joint Open Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting and the El Camino Hospital Board of Directors (May 9, 2018)</a>  <b>Information</b> c. <a href="#">Status of FY19 Committee Goals</a>	Sharon Anolik Shakked, Chair	<i>public comment</i>	<b>motion required</b> <b>5:05 – 5:10</b>
<b>5. REPORT ON BOARD ACTIONS</b> <a href="#">ATTACHMENT 5</a>	Board Members		<b>information</b> <b>5:10 – 5:15</b>
<b>6. POLICIES FOR APPROVAL</b> <a href="#">ATTACHMENT 6</a>	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	<b>motion required</b> <b>5:15 – 5:20</b>
<b>7. COMMITTEE AGENDA ITEMS AND MATERIALS DISCUSSION</b>	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	<b>possible motion</b> <b>5:20 – 5:25</b>
<b>8. KPIs, SCORECARD, AND TRENDS</b> <a href="#">ATTACHMENT 8</a>	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>information</b> <b>5:25 – 5:30</b>
<b>9. ADJOURN TO CLOSED SESSION</b>	Sharon Anolik Shakked, Chair		<b>motion required</b> <b>5:30 – 5:30</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Sharon Anolik Shakked, Chair		<b>5:30 – 5:31</b>
<b>11. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i>  <b>Approval</b> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (May 17, 2018) b. Minutes of the Joint Closed Session of the Corporate Compliance/Privacy and Internal Audit Committee Meeting and the El Camino Hospital Board of Directors (May 9, 2018)  <b>Information</b> <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> c. Compliance Log (May-June 2018) d. Privacy Log (May-June 2018) e. Internal Audit Work Plan f. Committee Pacing Plan	Sharon Anolik Shakked, Chair		<b>motion required 5:31 – 5:35</b>
<b>12.</b> <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		<b>information 5:35 – 6:05</b>
<b>13.</b> <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> - FY18 Patient Safety/Claims Report	Sheetal Shah, Director, Risk Management and Patient Safety		<b>information 6:05 – 6:20</b>
<b>14.</b> <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> - FY18 Annual Compliance and Privacy Report	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>information 6:20 – 6:30</b>
<b>15.</b> <i>Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:</i> - IT Security Discussion	Deb Muro, CIO Brian Kreitzer, CISO		<b>information 6:30 – 6:55</b>
<b>16.</b> <i>Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management:</i> - Executive Session	Sharon Anolik Shakked, Chair		<b>discussion 6:55 – 6:57</b>
<b>17. ADJOURN TO OPEN SESSION</b>	Sharon Anolik Shakked, Chair		<b>motion required 6:57 – 6:58</b>
<b>18. RECONVENE OPEN SESSION/ REPORT OUT</b>	Sharon Anolik Shakked, Chair		<b>6:58 – 6:59</b>
To report any required disclosures regarding permissible actions taken during Closed Session.			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
19. ADJOURNMENT	Sharon Anolik Shakked, Chair		<b>motion required 6:59 – 7:00pm</b>

**Upcoming Meetings:**

- September 27, 2018
- November 15, 2018
- January 31, 2019
- March 21, 2019
- May 16, 2019

**Board & Committee Education:**

October 24, 2018 | April 24, 2019



**Minutes of the Open Session of the  
Corporate Compliance/Privacy and Internal Audit Committee  
Thursday, May 17, 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  
Bob Rebitzer  
John Zoglin

**Members Absent**

None

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	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. Mr. Rebitzer joined the meeting at 5:12pm during Agenda Item 6: Committee Charter Review. All other Committee members were present at roll call.	
<b>2. POTENTIAL CONFLICT OF INTEREST</b>	Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. CONSENT CALENDAR</b>	<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><b>Motion:</b> To approve the consent calendar: Meeting Minutes of the Open Session of the Corporate Compliance/Privacy and Internal Audit Committee (March 15, 2018); and for information: Status of FY18 Committee Goals, Compliance Education (provided to Hospital Board on March 14, 2018).</p> <p><b>Movant:</b> Sublett <b>Second:</b> Fligor <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Sublett, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Rebitzer <b>Recused:</b> None</p>	<i><b>Consent Calendar approved</b></i>
<b>5. REPORT ON BOARD ACTIONS</b>	<p>Chair Anolik Shakked referred the Committee to the recent Board actions as further detailed in the packet. Mr. Zoglin reported there will be a Joint Meeting of the Finance Committee and the Board on May 29, 2018 to review the FY19 budget. He noted that additional detail on strategy can be shared in the Committee’s closed session at future meetings.</p> <p>Ms. Fligor reported that the District Board reviewed the Proposed FY19 Community Benefit Grants at its May 15, 2018 and requested that staff provide the Committee with the link to the District Board’s materials for information only.</p>	<i><b>Staff to provide Committee with the link to the District Board’s materials for information</b></i>
<b>6. COMMITTEE CHARTER REVIEW</b>	Diane Wigglesworth, Sr. Director, Corporate Compliance, noted that the proposed revisions reflect the feedback from the Committee at its March 15, 2018 meeting, including 1) updates to the Committee name, 2) reflection of	<i><b>Charter recommen- ed for</b></i>

	<p>all areas of Committee oversight, and 3) more detail regarding IT Security Committee functions.</p> <p>Ms. Wigglesworth reported that Mitch Olejko, outside counsel with Buchalter, explained that independent director appendix was originally included in the Charter due to Sarbanes-Oxley requirements. The Committee discussed the inclusion of the appendix and its application to ECH. Ms. Fligor requested language be added stating that “Members of the Committee shall be independent <b>as defined in Appendix...</b>”</p> <p>Anolik Shakked noted that she had a few requested corrections including:</p> <ul style="list-style-type: none"> <li>- Separating out privacy into its own bullet, rather than consolidating it with corporate compliance, noting that it includes, but is not limited to HIPAA/patient privacy;</li> <li>- Not capitalizing “the Committee” in the paragraph describing the purpose;</li> <li>- Standardizing references to “Information Technology (IT) Security;”</li> <li>- Correcting “advice” to “advise;” and</li> <li>- Adding a missing comma to the header for Specific Duties.</li> </ul> <p>Ms. Sublett suggested expanding the Committee’s scope to include physical security and noting where appropriate in the Charter. The Committee discussed how the Committee’s oversight is related to physical safeguards and access control (tied to IT security) rather than employee and patient safety, which is reviewed by the Quality Committee.</p> <p>The Committee agreed with the proposed changes.</p> <p><b>Motion:</b> To recommend that the Governance Committee and Hospital Board approved the proposed revised Compliance Committee Charter, including the edits discussed above.</p> <p><b>Movant:</b> Sublett  <b>Second:</b> Hartman  <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><i><b>review and approval</b></i></p>
<p><b>7. FY19 PROPOSED COMMITTEE GOALS AND MEETING DATES</b></p>	<p>Ms. Wigglesworth recommended that the Committee have a maximum of four goals and to narrow the field from the five proposed.</p> <p>The Committee agreed to omit Goal #1 and use Goals #2-5 as further detailed in the packet.</p> <p>In response to Mr. Rebitzer’s questions, the Committee discussed the differentiation between Goal #4 (governance, metrics) and Goal #5 (policies).</p> <p>The Committee discussed the verbiage for Goal #5 and suggested that it cover reviewing the Hospital’s medical device security, with Q4 as the applicable time frame. Chair Anolik Shakked and Ms. Sublett noted that this part of the IT security program includes framework, strategy, training, and any applicable policies for medical device security.</p> <p>Ms. Wigglesworth noted that the Committee name change will take effect when the Board approves the Committee’s Charter revisions.</p> <p>In response to Ms. Hartman’s question, Ms. Wigglesworth noted that Goal #3 includes development of a risk escalation process and determining the</p>	<p><i><b>FY19 Goals and Dates recommended for approval</b></i></p>

	<p>manner of regular reporting to the Board.</p> <p><b>Motion:</b> To recommend that the Governance Committee and Hospital Board approved the Proposed FY19 Committee Goals, revised as noted above.</p> <p><b>Movant:</b> Sublett  <b>Second:</b> Fligor  <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p> <p>The Committee discussed availability for proposed FY19 meeting dates:</p> <ul style="list-style-type: none"> <li>- August 22, 2018</li> <li>- September 27, 2018</li> <li>- November 15, 2018</li> <li>- January 31, 2019</li> <li>- March 21, 2019</li> <li>- May 16, 2019</li> </ul> <p><b>Motion:</b> To recommend that the Governance Committee and Hospital Board approved the Proposed FY19 Committee Dates listed above.</p> <p><b>Movant:</b> Sublett  <b>Second:</b> Zoglin  <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<b>8. KPIs, SCORECARD, AND TRENDS</b>	<p>Ms. Wigglesworth reported that the number of issues brought to and investigated by Compliance is consistent with the previous year. She noted that there has been an increase in the number of IT security issues. She commended staff for reaching out to Compliance in response to incidents and noted that there are no trends of concern.</p>	
<b>9. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:36pm 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 (March 15, 2018); 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>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Report on Internal Audit Assessment and Work Plan pursuant to <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 – Senior Management.</p> <p><b>Movant:</b> Sublett  <b>Second:</b> Hartman  <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Rebitzer, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None</p>	<p><b><i>Adjourned to closed session at 5:36pm.</i></b></p>

	<b>Absent:</b> None <b>Recused:</b> None	
<b>10. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 7:24pm. Agenda Items 9-16 were covered in closed session.  During the closed session, the Committee approved the Closed Session Minutes of the Corporate Compliance/Privacy and Internal Audit Committee Meeting (March 15, 2018) by a unanimous vote of all members present (Anolik Shakked, Fligor, Hartman, Rebitzer (via teleconference) Sublett, Zoglin).	
<b>11. AGENDA ITEM 18: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 7:25pm. <b>Movant:</b> Sublett <b>Second:</b> Zoglin <b>Ayes:</b> Anolik Shakked, Fligor, Hartman, Rebitzer, Sublett, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b>Meeting adjourned at 7:25pm.</b>

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

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



**Minutes of the Joint Open Session of the  
Corporate Compliance/Privacy and Internal Audit Committee  
and the El Camino Hospital Board of Directors  
Wednesday, May 9, 2018  
2500 Grant Road, Mountain View, CA 94040  
Conference Rooms A&B (ground floor)**

**Board Members Present**

Lanhee Chen, Chair  
Jeffrey Davis, MD  
Neysa Fligor  
Peter C. Fung, MD  
Julie Kliger, RN  
Julia E. Miller, Secretary/Treasurer  
Bob Rebitzer  
David Reeder  
John Zoglin, Vice Chair

**Board Members Absent**

Gary Kalbach

**Members Excused**

None

**Committee Members Present**

Sharon Anolik Shakked  
Lica Hartman  
Christine Sublett

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session of the Joint Meeting of the Corporate Compliance/Privacy and Internal Audit Committee (the “Committee”) and the El Camino Hospital Board of Directors (the “Board”) was called to order by Chair Chen at 5:30pm. A silent roll call was taken. Director Davis arrived at 5:34pm and Director Fung arrived at 5:54pm during the closed session. Director Kalbach was absent. All other Board and Committee members were present.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Chen asked if any Board or Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. PUBLIC COMMUNICATION</b>	There were no comments from the public.	
<b>4. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 5:31pm pursuant to <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Compliance Committee Report: Enterprise Risk Management.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Kliger  <b>Ayes:</b> Anolik Shakked, Chen, Fligor, Hartman, Kliger, Miller, Rebitzer, Reeder, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Davis, Fung, Kalbach  <b>Recused:</b> None</p>	<i>Adjourned to closed session at 5:31pm</i>
<b>5. AGENDA ITEM 8: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 6:10pm by Chair Chen. Agenda items 5-7 were addressed in closed session. There were no actions taken in closed session.	
<b>6. AGENDA ITEM 9: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 6:10pm.</p> <p><b>Movant:</b> Reeder  <b>Second:</b> Miller  <b>Ayes:</b> Anolik Shakked, Chen, Davis, Fligor, Fung, Hartman, Kalbach, Kliger, Miller, Rebitzer, Reeder, Sublett, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None</p>	<i>Meeting adjourned at 6:10pm</i>



	<b>Absent:</b> Kalbach <b>Recused:</b> None	
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**Attest as to the approval of the foregoing minutes by the Corporate Compliance/Privacy and Internal Audit Committee and the Board of Directors of El Camino Hospital:**

\_\_\_\_\_  
Lanhee Chen  
Chair, ECH Board of Directors

\_\_\_\_\_  
Julia E. Miller  
Secretary, ECH Board of Directors

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

DRAFT

## FY19 COMMITTEE GOALS

### Compliance and Audit Committee

#### PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this 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 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 (Executive Sponsor)

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 Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review the Hospital's Compliance Program internal assessment compared to DOJ 2017 Compliance Program guidance on the evaluation of Compliance Programs	Q2 FY19	Committee recommends changes in Compliance Program to Compliance Officer Upcoming / paced
2. Ensure strategic alignment and proper oversight of the Enterprise Risk Management (ERM) Program	Q3 FY19	Committee reviews and provides guidance to the Board on the ERM Program, including developing a risk escalation process and ensuring regular reporting to the Board on ERM Upcoming / paced
3. Review results of IT metrics tracked during the fiscal year to ensure metrics support appropriate oversight	Q4 FY19	Committee reviews and provides recommendations to the CIO Upcoming / paced
4. Review ECH's IT Security Program, specifically as it relates to medical device security	Q4 FY19	Committee reviews controls related to medical device security (including any applicable procedure updates) Upcoming / paced

#### SUBMITTED BY:

**Chair:** Sharon Anolik Shakked

**Executive Sponsor:** Diane Wigglesworth

Approved by the El Camino Hospital Board on June 13, 2018

## ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Report on ECH and ECHD Board Actions Compliance Committee August 22, 2018
<b>Responsible party:</b>	Cindy Murphy, Director of Governance Services
<b>Action requested:</b>	For Information
<b>Background:</b> <p>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 a verbal report by the Chair of the Committee and/or Board members who also serve on the Committee.</p>	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> <p>None.</p>	
<b>Summary and session objectives:</b> <p>To inform the Committee about recent Board actions.</p>	
<b>Suggested discussion questions:</b> None.	
<b>Proposed Committee motion, if any:</b> None. This is an informational item.	
<b>LIST OF ATTACHMENTS:</b> <ol style="list-style-type: none"> <li>1. Report on June 2018 ECH and ECHD Board Actions</li> </ol>	

### **ECH Board Actions\***

1. June 13, 2018
  - a. Approved the following Finance Committee Recommendations:
    - i. FY 18 Period 9 and 10 Financials
    - ii. Proposed FY19 ECH Capital and Operating Budget
    - iii. \$9.6 million Purchase of Enterprise Resource Planning System
    - iv. Revised Charity Care Policy
    - v. Medical Director Agreement Renewals
  - b. Approved the following Governance Committee Recommendations:
    - i. Guidelines for Communication with Staff
    - ii. FY19 Board Goals
    - iii. FY19 Master Calendar
    - iv. FY19 Advisory Committee Goals
    - v. Revised Governance, Compliance and Audit, and Executive Compensation Committee Charters
    - vi. FY19 Slate of Advisory Committee Chairs and Members
  - c. Approved the FY19 ECH Community Benefit Plan awarding a total of \$3,565,000 in funding to 49 grantees
  - d. Approved Revised Executive Compensation Policies in accordance with previously approved delegation of authority to the Executive Compensation Committee
  - e. Approved FY19 Auxiliary Slate of Officers

### **ECHD Board Actions\***

1. June 19, 2018
  - a. Approved Proposed FY19 ECH Capital and Operating Budget, Consolidated, and ECHD Stand Alone Budget
  - b. Approved ECHD FY 18 YTD Financials
  - c. Allocated \$6,174, 000 to the ECH Women's Hospital Expansion Project
  - d. Approved the ECHD FY19 Community Benefit Plan – awarding \$7,499,335 including awards to 54 grantees as well as sponshorships
  - e. Approved Guidelines for Communication with Staff
  - f. Appointed Neysa Fligor as the District Board's Liaison to the Community Benefit Advisory Council
  - g. Appointed Julie Kiger as an advisor to the FY19 El Camino Hospital Board Member Election and Re-Election Ad Hoc Committee.
  - h. Approved a District Director Vacancy Policy (identified as Alternative A in the Board materials)

\*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

<b>Item:</b>	Approval of Policies Compliance and Audit Committee August 22, 2018
<b>Responsible party:</b>	Diane Wigglesworth, Sr. Director Corporate Compliance
<b>Action requested:</b>	Possible Motion
<b>Background:</b> <p>As required by Title 22 and The Joint Commission, the Hospital's governing body must review and approve all organizational policies, plans, and scope of services at least every three years if there are no changes, and, if a policy is new or revised, it must be approved by the Board before the Hospital can adopt it. Policies are being brought to the appropriate Board Advisory Committee for review and recommendation before being placed on the Hospital Board consent calendar for approval. All policies have been internally reviewed and have received appropriate approvals before being presented to a Board Committee.</p>	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> None.	
<b>Summary and session objectives:</b> <p>Review policies and recommend for Board approval.</p>	
<b>Suggested discussion questions:</b> None.	
<b>Proposed Committee motion, if any:</b> <p>To recommend that the Hospital Board approve the policies.</p>	
<b>LIST OF ATTACHMENTS:</b> <ol style="list-style-type: none"> <li>1. Summary of Policy Changes <i>(For easy of review providing final version and not redline)</i></li> </ol> <b>Policies:</b> <ol style="list-style-type: none"> <li>2. Paid Time Off (PTO) Pay Down</li> <li>3. Leave of Absence</li> <li>4. Extended Sick Leave</li> <li>5. Paid Time Off (PTO)</li> <li>6. Retiree Medical and Dental Insurance Continuation</li> </ol>	

# SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board

Aug. 2018

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
Paid Time Off (PTO) Pay Down Policy	HR	Policy	Minor changes, policy separated from procedure
Leave of Absence	HR	Policy	Minor changes from benefits attorney review
Extended Sick Leave	HR	Policy	Minor changes, policy separated from procedure
Paid Time Off (PTO)	HR	Policy	Minor changes including adding a policy statement & compliance with CA Paid Sick Leave, plus policy separated from procedure
Retiree Medical and Dental Insurance Continuation	HR	Policy	Minor Changes
POLICIES WITH NO REVISIONS			
Document Name	Department	Type of Document	
N/A			

**TITLE:** HR-Paid Time Off (PTO) Pay-Down Policy (HR 5.10)  
**CATEGORY:** Human Resources  
**LAST APPROVAL:** 1/15

**TYPE:** ☒ Policy ☐ Protocol ☐ Practice Guideline ☐ Standardized  
☐ Procedure ☐ Plan ☐ Scope of Service/ADT Procedure  
**SUB-CATEGORY:** Benefits  
**OFFICE OF ORIGIN:** Human Resources  
**ORIGINAL DATE:** 9/94

**I. COVERAGE:**

El Camino Hospital regular full and part-time employees. If there is a conflict between the Hospital policy and the applicable Memorandum of Understanding (MOU), the MOU will prevail.

**II. PURPOSE:**

Although El Camino Hospital encourages employees to use accrued PTO ~~time~~ for time away from work, the Hospital offers a PTO Pay-~~Down~~ option that allows employees to receive cash for accrued PTO time if they elect to do so prior to accruing the PTO time. The Hospital shall provide an election period each calendar year during which an employee may request to pay-down PTO hours that will accrue during the following calendar year.

**III. POLICY STATEMENT:**

The employee must elect PTO ~~Pay-Down~~ in the calendar year prior to the calendar year in which pay-down(s) will occur. Employees with less than one year of service at the time of election are not eligible for ~~PTO Pay-down~~.

The employee must accrue the PTO hours in the same calendar year in which pay-down is received and those hours must be accrued prior to the pay-down date. The Hospital will establish the specific payout dates. Not more than 160 hours of PTO may be paid-down each year.

Once the election to pay-down PTO is made, the employee cannot amend or rescind the request.

The employee must maintain a minimum balance of 50 hours in their PTO bank after the PTO ~~Pay-down~~ is made. No pay-down of fewer than 8 hours will be permitted.

Pay-down of accrued PTO is paid at an employee's base hourly ~~wage rate~~ ;(i.e., without no differentials, overtime, etc.) will be paid.

**IV. DEFINITIONS (if applicable):**

- N/A

**V. REFERENCES:**

- N/A

**TITLE:** HR-Paid Time Off (PTO) Pay-Down Policy (HR 5.10)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

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**VI. PROCEDURE:**

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

**HR- Paid Time Off (PTO) Pay-Down Procedure**

~~A. Each fall, the Hospital will announce the annual election period for PTO Pay downs to be paid the following year. Each year, the Hospital will determine the pay down dates, the maximum number of hours available for pay down, and will publish the **PTO Pay ddown Request form**. **PTO Pay ddown Request** forms will be available during the election period on Employee Self-Service and in the Payroll and Human Resources Departments.~~

~~B. Employees will submit requests using the **PTO Pay ddown Request** form. The form must be completed and received in the Payroll Department by the last work day of the calendar year for pay downs in the following calendar year. Only one election form may be submitted each calendar year and the employee cannot rescind or amend the request. In no circumstance will Payroll accept PTO Pay ddown request forms during the calendar year in which pay down is to be paid.~~

~~—— 1. PTO pay ddowns are considered income and will be paid as supplemental income. Thus, federal and state taxes will be withheld at supplemental tax rates per IRS and state regulations, plus SDI and FICA taxes. In addition, PTO pay ddowns are subject to any wage attachments/garnishments in effect.~~

~~—— 2. Payroll will determine eligibility for each PTO Pay ddown based on hours accrued during the year and the number of hours in each employee's PTO bank.~~

~~a. If the employee has accrued a sufficient number of PTO hours between January 1 and the pay down date in the calendar year that includes the pay down date (net of any PTO hours previously received as a pay down during that period) and will have 50 hours remaining in their PTO bank if PTO pay ddown requested is made, the pay down will be made as requested.~~

~~b. If the employee has not accrued a sufficient number of hours between January 1 and the pay down date in the calendar year that includes the pay down date (net of any PTO hours paid down during that period) and/or will not have a PTO balance of 50 hours if pay down requested occurs, the employee will receive only the pay down amount available at the time of the pay down. No pay down of fewer than 8 hours will be permitted.~~

~~c. If an employee terminates employment prior to the PTO pay ddown date, the election will be voided and the employee will receive pay for their accrued PTO~~



**TITLE:** HR-Paid Time Off (PTO) Pay-Down Policy (HR 5.10)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

~~balance.~~

**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
HR Leaders Group	5/18
ePolicy Committee:	6/18
Medical Executive Committee:	N/A
Compliance Board:	
Historical Approvals:	9/94, 2/98, 3/01, 11/03, 11/06, 12/08, 3/09, 6/09, 10/10, 12/10, 11/12, 1/15

**VIII. ATTACHMENTS: N/A**

**TITLE:** HR- Leaves of Absence (LOA) (HR 5.08)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 9/17

**TYPE:**

- ☒ Policy
 ☐ Protocol
 ☐ Practice Guideline
 ☐ Standardized Procedure  
☐ Procedure
 ☐ Plan
 ☐ Scope of Service/ADT

**SUB-CATEGORY:** Benefits

**OFFICE OF ORIGIN:** Human Resources

**ORIGINAL DATE:** 9/94

**I. COVERAGE:**

This policy applies to El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable [Memorandum of Understanding \(-MOU\)](#) or federal or state law, the MOU or federal or state law will prevail.

**II. PURPOSE:**

The purpose of the policy is to support employees and the Hospital in complying with state, federal, and local leaves laws and to define types of leave of absence allowed under hospital policy. A leave of absence is considered an absence of 5 or more days.

**III. POLICY STATEMENT:**

- A. El Camino Hospital provides all leaves required under state and federal laws. In addition, the Hospital has defined types of leaves of absence available to employees under specific circumstances at its discretion.
- B. The Hospital will consider an employee's request for leave under leave laws first. If the request does not meet state or federal regulatory leave criteria, the leave request will then be considered under the Hospital's discretionary leaves.
- C. Employees must report absences or planned absences of 5 or more days to their supervisor and apply for a leave of absence with the Leave Administrator promptly, [and may apply for a leave of absence such as Family Medical Leave or Pregnancy Disability Leave of less than 5 days.](#)
- D. Employees may refer to Human Resources (HR) Policies Time Away from Work regarding other protected time off that do not require they apply for a leave of absence ([e.g.](#), Jury Duty, School Activities, Time off for Voting, Crime Victim) and HR Policy Education Programs regarding literacy assistance. If other protected time off, other than Jury Duty or Witness Leave, requires the employee to be absent from work for 5 or more scheduled work days, the employee will be instructed to apply for a Personal Leave of Absence [if eligible with the Leave Administrator.](#)
- E. Except as otherwise required by law, the maximum duration that an employee is eligible to be on an approved medical leave of absence due to an injury or illness is no more than 12

**TITLE:** HR- Leaves of Absence (LOA) (HR 5.08)**CATEGORY:** Human Resources**LAST APPROVAL:** 9/17

consecutive months, inclusive of any periods of full- or part-time leave, family and medical leave, pregnancy disability leave, or leave for personal reasons, [unless continued leave is a reasonable accommodation and does not present an undue hardship](#).

**IV. DEFINITIONS: N/A****V. REFERENCES: N/A****VI. PROCEDURE:**

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

**HR—Leaves of Absence (LOA) Procedure**

**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
HR Leaders Group	5/18
ePolicy Committee:	6/18
Medical Executive Committee:	N/A
Compliance Board:	
Historical Approvals:	9/94, 5/98, 3/01, 11/03, 1/04, 12/06, 2/09, 11/12, 1/15

**VIII. ATTACHMENTS: N/A**

**TITLE:** HR- Extended Sick Leave-ESL (HR-5.04)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 5/13

**TYPE:**

☒ Policy
 ☐ Protocol
 ☐ Practice Guideline
 ☐ Standardized Procedure  
☐ Procedure
 ☐ Plan
 ☐ Scope of Service/ADT

**SUB-CATEGORY:** Benefits

**OFFICE OF ORIGIN:** Human Resources

**ORIGINAL DATE:** 10/95

**I. COVERAGE:**

~~All Regular full- and part-time (0.4 FTE or more) El Camino Hospital employees staff. If there is a conflict between the Hospital policy and the applicable Memorandum of Understanding (MOU), the MOU will prevail.~~

**II. PURPOSE:**

In addition to Paid Time Off (PTO), benefit-eligible employees earn Extended Sick Leave (ESL). ESL is provided to complement PTO and integrate with State Disability Insurance (SDI), Paid Family Leave (PFL), or Workers' Compensation in the event of an extended illness. ESL is not intended as a substitute for PTO. ~~In addition~~ An employee may use his or her annual ESL accrual for time off to care for an ill family member.

**III. POLICY STATEMENT:**

~~Examples may include: It is the policy of El Camino Hospital to comply with federal and state laws offer benefit-eligible employees extra additional paid time off benefits to employees (and their immediate family members) dealing with long-term medical conditions, paid time to recover from their own illnesses or to care for immediate family members, comply with all mandatory reporting requirements for \_\_\_\_\_~~  
 It is the procedure of El Camino Hospital regarding \_\_\_\_\_ to ensure patient safety

**IV. DEFINITIONS: N/A**

**V. REFERENCES: N/A**

**VI. PROCEDURE:**

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

HR- Extended Sick Leave- ESL Procedure

A. ESL Accrual:

1. Employees classified as regular full-time and part-time accrue ESL on the basis of work status (FTE). A full-time employee accrues five (5) days per year, accrued in equal amounts throughout the year. A part-time employee accrues a prorated amount in

**TITLE:** HR- Extended Sick Leave-ESL (HR-5.04)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 5/13

~~accordance with her/his work status (FTE). Temporary and per diem employees do not accrue ESL. may refer to Policy.~~

~~2. There is no limit to the number of ESL hours that may accrue.~~

~~B. ESL Utilization:~~

~~1. Although eligible employees accrue ESL from the date of employment, it may not be utilized until the employee completes her/his initial provisional period. (Refer to HR Policy 3.07 Policy 3.07 Provisional Period.)~~

~~2. ESL hours are required to be used as follows:~~

~~a. On the fifth day of absence the employee has been sick for more than four (4) calendar days, as verified in writing by a physician. The employee must apply for a Leave of Absence (Refer to HR policy 5.08). ESL will not be granted without medical documentation supporting the ESL request.~~

~~b. On the first day if the employee has a documented work related injury and is eligible for Workers' Compensation benefits. In this case the ESL will integrate with Workers' Compensation benefits.~~

~~c. On the first day if the manager will not allow the employee to work during the incubation period following an **on-the-job** exposure to a communicable disease. This applies to the waiting period for Workers' Compensation only.~~

~~1)~~

~~3. may to HR~~

~~4. An employee may use their annual ESL accrual for time off to care for an ill child, parent, spouse, registered domestic partner or child of a domestic partner starting when the employee was missed more than four (4) calendar days of work. The employee must apply for a Leave of Absence (Refer to HR Policy 5.08). ESL will not be granted without medical documentation supporting the ESL request.~~

~~A. ESL hours may be used for Lost work time during the first four (4) calendar days of illness are charged to PTO; or under the following:~~

~~1. b. Immediately:~~

~~1. \_\_\_\_\_~~

~~— (1) \_\_\_\_\_ If the employee is admitted to a hospital; or~~

**TITLE:** HR- Extended Sick Leave-ESL (HR-5.04)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 5/13

~~1. (2) If the employee is admitted to an Ambulatory Surgery Center or has outpatient surgery performed by licensed medical/dental practitioner; or~~

~~3. (3) If the employee has a documented work related injury and is eligible for Workers' Compensation benefits. In this case the ESL will integrate with Workers' Compensation benefits; or~~

~~(4) If the manager will not allow the employee to work during the incubation period following an on the job exposure to a communicable disease. This applies to the waiting period for Workers' Compensation only. At the completion of the incubation period the employee will return to work if the disease does not develop or will be covered by Workers' Compensation if the disease does develop.~~

~~a. An employee may use the annual ESL accrual for time off to care for an ill child, parent, spouse, registered domestic partner or child of a registered domestic partner if the eligible family member is admitted to a hospital, or an Ambulatory Surgery Center, or has outpatient surgery performed by a licensed medical/dental practitioner and requires care by the employee. Documentation must be provided to HR. ESL hours may be used immediately if the dependent is admitted to a hospital or has outpatient surgery and requires care by the employee.~~

~~4. ESL hours may not be used when the manager will not allow the employee to work during the incubation period following an off the job exposure to a communicable disease. In this case, the employee will be required to use PTO.~~

#### General Provisions and Limitations

~~5. PTO hours must be used when ESL hours have been exhausted, except that the employee is not required to use PTO during a Pregnancy Disability or Personal LOA.~~

~~A.~~

~~5. ESL hours may not be converted to cash or PTO hours.~~

~~6. ESL hours are eliminated when the employee terminates employment except for sick time accruals converted to ESL at the inception of the PTO Plan (January 1978). If the employee converted sick time accruals to ESL at that time, she/he is entitled to a thirty percent (30%) redemption of those hours at her/his current base hourly rate upon termination. Any ESL taken since January 1978 must be deducted from this old accrual before any redemption may be paid.~~

**TITLE:** HR- Extended Sick Leave-ESL (HR-5.04)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 5/13

~~7. ESL hours accrued are zeroed out when an employee transfers from a benefit eligible to a per diem position. If the employee later transfers from a per diem position to a benefit eligible position, they will start accruing from a zero balance.~~

~~8. ESL hours accrued are zeroed out when an employee transfers from a benefit eligible to a per diem position. If the employee later transfers from a per diem position to a benefit eligible position, they will start accruing from a zero balance.~~

~~IV. F. Return to Work~~

~~An employee who is returning to work from ESL following a medically related leave must present a physician's certification of their ability to return to work and limitations, if any. The employee will present the medical documentation to Employee Health Services and must be cleared by EHS before he/she can return to work~~

**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
HR Leaders Group	5/2018
ePolicy Committee:	6/2018
Medical Executive Committee:	N/A
Compliance Board:	
Historical Approvals:	10/95, 5/98, 3/01, 11/03, 1/04, 12/06, 3/09, 11/12, 5/13

**VIII. ATTACHMENTS: N/A**

**TITLE:** HR- Paid Time Off-PTO (HR-5.09)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

**TYPE:**

- ☒ Policy
 ☐ Protocol
 ☐ Practice Guideline
 ☐ Standardized Procedure
 ☐ Procedure
 ☐ Plan
 ☐ Scope of Service/ADT

**SUB-CATEGORY:** Benefits

**OFFICE OF ORIGIN:** Human Resources

**ORIGINAL DATE:** 10/95

**I. COVERAGE:**

El Camino Hospital regular full-time and part-time employees. If there is a conflict between the Hospital policy and the applicable [Memorandum of Understanding \(MOU\)](#), the MOU will prevail.

**II. PURPOSE:**

~~It is the policy of El Camino Hospital to have Paid Time Off (PTO) for full-time and part-time employees. The purpose of the policy is to offer a comprehensive benefit which combines time off for vacation, holidays, illness, family emergencies, bereavement leave, religious observances, health or dental care, personal business and other approved elective absences into one account of paid time off. Paid Time Off (PTO) is intended to satisfy the Hospital's compliance with the California Paid Sick Leave law. Personal business includes but is not limited to requested time off as provided by state law such as 230.2 (b) Crime Victims Leave, 230.7 School Disciplinary Leave and 230.8 School Activities Leave.~~

**III. POLICY STATEMENT:**

~~It is the policy of El Camino Hospital to offer Paid Time Off (PTO) to support employees attending to a variety of absence needs related to relaxing, attending to personal business, maintaining one's health, and taking care of oneself and one's family. In addition, PTO may be used for any reason permitted under the California Healthy Workplace Health Family Act as described in the HR- Paid Time Off- PTO Procedure.~~

**IV. DEFINITIONS: N/A**

**V. REFERENCES: N/A**

**VI. PTO ACCRUAL**

A. General Provisions:

1. PTO begins accruing on the date of employment in a regular full or part-time position.
2. Employees will accrue PTO based on hours worked and PTO hours taken (but not more than 80 hours per pay period) and length of service. Temporary and per diem



**TITLE:** HR- Paid Time Off-PTO (HR-5.09)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

employees do not accrue PTO. In addition to hours worked, the Hospital allows PTO to be accrued on designated non-work hours (i.e., [PTO Taken](#), [Witness](#) and [Jury Duty](#) leave).

3. ~~3.~~ Employees who transfer from a per diem position into a regular full-time or part-time position accrue PTO as of the effective date of the transfer. The accrual rate is calculated based on the employee's benefits/service date, (i.e. credit is given for time worked in the per diem position for purposes of determining the PTO accrual rate only).
4. Regular full or part-time employees, who transfer from a position not covered under this policy, will carry over their PTO balance and start accruing PTO on an hourly basis as of the transfer date.
5. ~~4.~~ Employees who transfer from temporary status into a regular full-time or part-time position accrue PTO as of the effective date of the transfer and at the same rate as a new employee. No credit will be given for time worked in the temporary position for purposes of determining the PTO accrual rate.
6. ~~5.~~ When an employee's PTO accrual reaches 400 hours, no further hours will accrue.

#### B. PTO Accrual Table:

Eligible employees will accrue PTO on hours worked and hours taken as PTO based on length of service as shown below.

Length of Service	Per Hour	Maximum Hours Per Pay Period
Less than 2 years	0.1096	8.77
At 2 years	0.1135	9.08
3 years	0.1327	10.62
4 years	0.1519	12.15
5 years	0.1538	12.31
10 years	0.1596	12.77
11 years	0.1635	13.08
12 years	0.1673	13.38
13 years or more	0.1712	13.69

#### V. C. PTO Utilization:

~~1. Accrued PTO may be used upon employment. PTO hours are paid at the employee's base hourly~~

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

**TITLE:** HR- Paid Time Off-PTO (HR-5.09)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

~~salary (without differentials).~~

~~2. PTO must be used for absences due to vacation, holidays, illness/health care, family emergencies, bereavement leave, religious observances, personal business and other approved elective absences or leaves of absence, except that employees are not required to use accrued PTO during a Pregnancy Disability. PTO will be coordinated with wage replacement benefits (such as State Disability, Paid Family Leave, Workers' Comp, or Long-term Disability insurance) when an employee is eligible for such benefits, up to 100% of regular pay (without differentials).~~

~~2. \_\_\_\_\_~~

~~3. Employees are required to use accrued and unused PTO when a department is closed due to holiday or planned closure.~~

~~4. Employees must use PTO (if available) when they work less than their work status. Failure to account for the number of hours required by the employee's status will result in automatic payment of PTO (when available) except where prohibited by law.~~

~~5. Exempt employees may elect to use PTO in 4 or 8 hour increments. Non-exempt employees may use PTO in minimum increment used in payroll (i.e., 6, 10 or 15 minutes).~~

~~6. New employees are encouraged to use their annual PTO accrual as time off within twelve (12) months of accrual. Thereafter, employees are encouraged to use their annual PTO accrual by the end of the each calendar year, unless the manager requests the employee to postpone her/his time off due to workload or lack of replacement.~~

~~7. Employees have the option to elect to receive payment in lieu of PTO time as described in Human Resources Policies and Procedures 5.10 PTO Pay-down Policy.~~

~~8. PTO when used as provided in this policy is deemed to be drawn from the oldest accrued PTO first.~~

#### ~~D. Scheduling PTO:~~

~~1. With the exception of an emergency or illness, PTO must be scheduled ahead of time with the approval of the manager.~~

~~2. Employees are to request PTO using eTime by submitting a Calendar Request. Managers may require employees to submit planned PTO requests according to departmental policy in order to prepare work schedules.~~

~~3. The Hospital's holiday schedule will be published annually so that department managers can plan for staffing and possible closure of the department.~~

**TITLE:** HR- Paid Time Off-PTO (HR-5.09)

**CATEGORY:** Human Resources

**LAST APPROVAL:** 1/15

~~4. The Hospital may require employees to take accrued PTO as time off.~~

**VII. CONVERSION TO PER DIEM STATUS**

- A. Regular full-time and part-time employees who transfer into a per diem position will cease accruing PTO as of the effective date of their transfer. The Hospital will automatically pay PTO hours based on the employee's former FTE status as a benefit-eligible employee (less hours worked in per diem position) each pay period until their PTO bank is zero. PTO will be paid at the employee's hourly salary prior to the transfer without per diem, shift, or other differentials.

**VIII. RESIGNATION/SEPARATION**

- A. Employees whose employment is terminated for any reason will receive their accrued PTO balance as pay based on the hourly rate on date of termination, without per diem, shift, or other differentials. (See HR Policy -3.12 Resignation/Separation of Employment).

**IX. PROCEDURE:**

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

**HR- Paid Time Off-PTO Procedure**

**X. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
HR Leaders Group	5/18
ePolicy Committee:	6/18
Medical Executive Committee:	N/A
Compliance Board of Directors:	
Historical Approvals:	10/95, 2/98, 9/98, 3/01, 11/03, 1/04, 1/06, 4/06, 12/06, 12/08, 6/09, 10/10, 12/10, 7/11, 10/11, 11/12, 1/15

**XI. ATTACHMENTS: N/A**

**TITLE:** HR- Retiree Medical and Dental Insurance Continuation  
**CATEGORY:** Human Resources  
**LAST APPROVAL:** 11/12

**TYPE:** ☒ Policy ☐ Protocol ☐ Practice Guideline ☐ Standardized  
☐ Procedure ☐ Plan ☐ Scope of Service/ADT Procedure  
**SUB-CATEGORY:** Benefits  
**OFFICE OF ORIGIN:** Human Resources  
**ORIGINAL DATE:** 6/09

**I. COVERAGE:**

Eligible El Camino Hospital employees age 58 or older with a minimum of 20 years of service and not eligible for Retirement Insurance Benefits (see [HR Policy 5.12](#) ~~Policy 5.12~~ [HR- Retirement Insurance Benefits Policy](#)) at the time of retirement from El Camino Hospital. If there is a conflict between the Hospital policy and the applicable [Memorandum of Understanding \(MOU\)](#), the MOU will prevail.

**II. PURPOSE:**

A Hospital employee who retires from El Camino Hospital may be eligible to purchase group medical and dental insurance benefits as a retiree at group rates plus 2.0%.

**III. POLICY STATEMENT:**

It is the policy of El Camino Hospital to ~~comply with Retirement Insurance Benefits offer group medical and dental insurance benefits to retirees~~ when ~~the following eligibilities~~ [eligibility requirements](#) are met.:

**IV. DEFINITIONS: N/A**

**V. REFERENCES: N/A**

**VI. PROCEDURE:**

A. Eligibility for Medical and Dental Insurance

1. The employee will be eligible for retiree medical and dental insurance when the following requirements are met:

- a. Attainment of age fifty-eight (58); and
- b. Twenty (20) years of service; and
- c. Enrolled in the [El Camino Hospital](#) medical and/or dental insurance program at the time of retirement; and
- d. Less than age 65 and not eligible for Medicare benefits.

2. If the retiree does not elect to participate in this ~~Retiree~~ [Retiree Insurance](#) program at termination of employment, she/he will be ineligible for future participation in the program.

**TITLE:** HR- Retiree Medical and Dental Insurance Continuation  
**CATEGORY:** Human Resources  
**LAST APPROVAL:** 11/12

3. The employee's spouse ~~or registered domestic partner~~ is not eligible for spousal retiree medical and dental insurance coverage under this policy. (i.e., this particular benefits continuation policy). However, the retiree's spouse ~~or registered domestic partner~~ may be eligible for benefits continuation under COBRA.

4. The retiree will pay 102% of the group rate for medical and/or dental insurance coverage.

**B. Loss of Eligibility for Medical and Dental Insurance**

1. The retiree will not be eligible for continued group coverage when they reach Age 65, or are eligible for Medicare, or fail to pay for coverage within 30 days of the due date.

**VII. APPROVAL:**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
HR Leaders Group	5/18
ePolicy Committee:	6/18
Medical Executive Committee:	N/A
Compliance Board:	
Historical Approvals:	6/09, 11/12

**VIII. ATTACHMENTS: El Camino Hospital Retiree Health Plans**

## El Camino Hospital Retiree Health Plans—

Policy Name	Eligibility	Spouse	Retirement	Comments
Retirement Insurance Benefits	<ul style="list-style-type: none"> <li>Attains age 62</li> <li>20 years of service</li> <li>Hired before July 1, 1994</li> <li>Enrollment in 1 of the ECH insurance programs for 20 yrs (or combo) and is enrolled in the medical and/or dental insurance program at time of retirement</li> <li>Enrollment in Medicare Parts A &amp; B, if retired or eligible to enroll in Medicare Parts A &amp; B</li> </ul>	Eligible for health & dental if she/he has been enrolled as EE's dependent in 1 of ECH's medical/dental plans for 20 yrs and is enrolled at time of EE's retirement	Upon retirement, ECH makes annual contribution of \$120 for each yr of service <b>toward EE's</b> medical/dental premiums. Annual credit may be used toward coverage in ECH dental plan and/or coverage in ECH medical plan or Medicare Advantage or supplement PPO or MRA. Can't be used for spouse's premiums	<p>Coverage in ECH plan or MRA must be continuous, or retiree ineligible for future participation in the program</p> <p><b>+Make sure to have EE complete UHC Medicare Advantage form at back of booklet if they want to enroll; they should make copy if they want to sign up spouse, as each person needs to complete their own enrollment form</b></p>
Retirement Insurance Benefits	<ul style="list-style-type: none"> <li>Between age 55-61</li> <li>20 years of service</li> <li>Hired before July 1, 1994</li> <li>Enrollment in 1 of the ECH insurance programs for 20 yrs and is enrolled at time of retirement</li> </ul>	Eligible if she/he has been enrolled as EE's dependent in 1 of ECH's medical/dental plans for 20 yrs and is enrolled at time of EE's retirement	Can self-pay for ECH retiree medical & dental coverage for one or both plans, and then have access to the retiree credits at age 62	
Retiree Medical & Dental Insurance Continuation	<ul style="list-style-type: none"> <li>Attains age 58-65</li> <li>20 years of service</li> </ul>	N/A	Can continue with ECH medical & dental benefits by paying the full COBRA rate	For age 65 & older, can do COBRA

## ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Key Performance Indicators Compliance and Audit Committee August 22, 2018
<b>Responsible party:</b>	Diane Wigglesworth, Sr. Director, Corporate Compliance
<b>Action requested:</b>	For Information
<b>Background:</b> 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.	
<b>Other Board Advisory Committees that reviewed the issue and recommendation, if any:</b> None.	
<b>Summary and session objectives:</b> To review the trending of key indicators.  The number of hotline calls and the total number of issues investigated by Compliance during the fiscal year is consistent with the previous fiscal year. These numbers demonstrate the organization's commitment to transparency and reflect staff's commitment to reporting activities that violate policies or standards. There was a slight increase in the number of IT Security issues reported and most involved non-compliance with hospital policies. There was a slight increase this fiscal year in the total number of privacy breaches required to be reported to CDPH.	
<b>Suggested discussion questions:</b> 1. Are there any trends of concern?	
<b>Proposed Committee motion, if any:</b> None. This is an informational item.	
<b>LIST OF ATTACHMENTS:</b> 1. Corporate Compliance Scorecard 2. KPI 2-year Trend Graph	

# Corporate Compliance Scorecard FY18

## El Camino Hospital

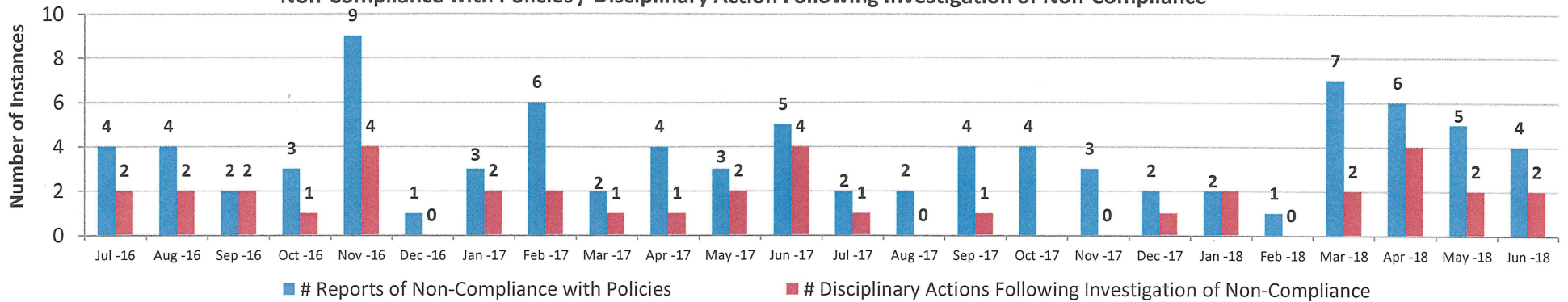
Key Performance Indicator	FY18 Current Month	Current YTD Actual	Prior YTD Actual
<b>Total Number of Hospital Discharges (excluding normal newborn)</b>	<b>1,592</b>	<b>19,773</b>	<b>19,205</b>
<b>Core Elements</b>			
<b>Policies and Procedures</b>	Jun. 2018	Jul - Jun FY18	Jul - Jun FY17
Number of reported instance when policies not followed	4	42	46
Number of disciplinary actions due to Investigations	2	15	12
<b>Education and Training</b>	Jun. 2018	Jul - Jun FY18	Jul - Jun FY17
Percentage of new employees trained within 30 days of start date	100%	100%	100%
<b>Investigations</b>	Jun. 2018	Jul - Jun FY18	Jul - Jun FY17
Total number of investigations	24	279	282
Investigations open	0	5	0
Investigations closed	24	274	282
Hotline concerns substantiated	2	18	22
Hotline concerns not substantiated	1	19	19
Average number of days to investigate concerns	7	7	7
<b>Reporting Trends</b>	Jun. 2018	Jul - Jun FY18	Jul - Jun FY17
Anti-Kickback/Stark	6	42	56
EMTALA	0	0	3
HIPAA Reports	8	146	159
HIPAA Security Incidents	1	14	10
Billing or Claims	7	74	85
Conflict of Interest	0	5	9
<b>Reported Events to CMS</b>	Jun. 2018	Jul - Jun FY18	FY17 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
<b>Reported Events to CDPH</b>	Jun. 2018	Jul - Jun FY18	FY17 Total
Number of total regulator events self reported by ECH	2	34	7
Number of self reported events followed up by CDPH	2	21	7
Number of total privacy breaches self reported by ECH	2	19	13
CDPH initiated visits (separate from ECH self reported events)	1	9	10
Number of statement of deficiencies issued to ECH	0	9	2
Number of Actual/Realized Sanctions, fines or penalties	0	0	0
<b>Monitoring and Audit Findings</b>	Jun. 2018	Jul - Jun FY18	FY17 Total
Total number of Audit Findings	2	36	37
Number of findings identified has high severity	0	4	11
<b>Monitoring and Audit Findings</b>	Jun. 2018	Jul - Jun FY18	FY17 Total
Number of Open Liability Claims	9	9	8
Number of Open Liability Lawsuits	8	8	7



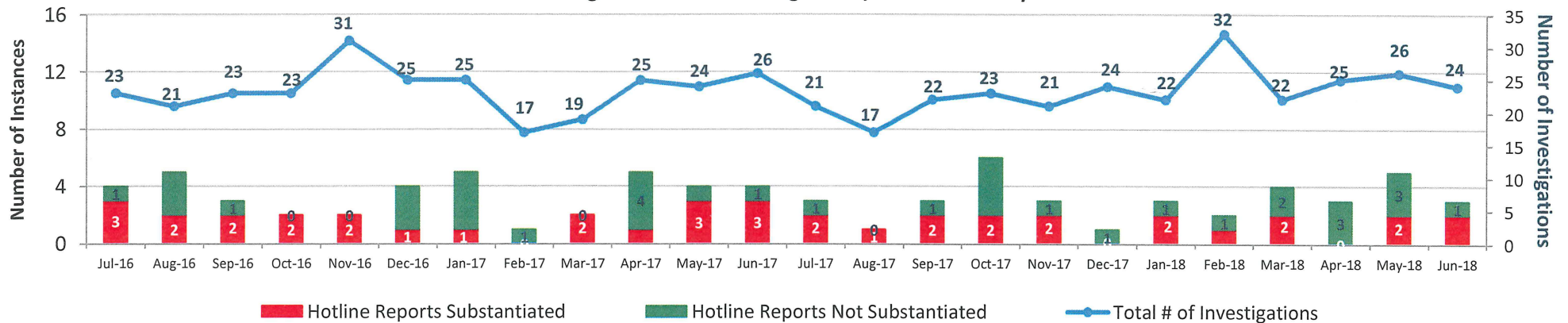
## Corporate Compliance

### 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

