

AGENDA

COMPLIANCE AND AUDIT COMMITTEE MEETING OF THE EL CAMINO HOSPITAL BOARD

Thursday, November 15, 2018 – 5:00 pm
 El Camino Hospital | Conference Room E (ground floor)
 2500 Grant Road, Mountain View, CA 94040

PURPOSE: 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.

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 Compliance and Audit Committee Meeting (Sep. 27, 2018) Information b. Status of FY19 Committee Goals	Sharon Anolik Shakked, Chair	<i>public comment</i>	motion required 5:05 – 5:10
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	Board Members		information 5:10 – 5:15
6. POLICY OVERSIGHT APPROVAL ATTACHMENT 6	Diane Wigglesworth, Sr. Director, Corporate Compliance	<i>public comment</i>	possible motion 5:15 – 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
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 Compliance and Audit Committee Meeting (September 27, 2018)	Sharon Anolik Shakked, Chair		motion required 5:32 – 5:40

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
Information Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: b. Compliance Log (Sept-Oct. 2018) c. Privacy Log (Sept-Oct. 2018) d. Internal Audit Work Plan e. Committee Pacing Plan			
11. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Report on Internal Audit Activity	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:40 – 5:50
12. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: Compliance Program Comparison to DOJ Guidance	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		possible motion 5:50 – 6:05
13. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Enterprise Risk Management Dashboard	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		possible motion 6:05 – 6:20
14. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - IT Security Assessment and Discussion	Deb Muro, CIO		information 6:20 – 6:50
15. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session	Sharon Anolik Shakked, Chair		discussion 6:50 – 6:55
16. ADJOURN TO OPEN SESSION	Sharon Anolik Shakked, Chair		motion required 6:55– 6:56
17. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Sharon Anolik Shakked, Chair		6:56 – 6:59
18. ADJOURNMENT	Sharon Anolik Shakked, Chair		motion required 6:59 – 7:00pm

Upcoming Meetings: January 31, 2019 | March 21, 2019 | May 16, 2019 || **Board/Committee Education:** April 24, 2019



**Minutes of the Open Session of the
Compliance and Audit Committee
Thursday, September 27, 2018
El Camino Hospital | Conference Room E
2500 Grant Road, Mountain View, CA 94040**

Members Present

Sharon Anolik Shakked, Chair
Lica Hartman
Julia Miller
Bob Rebitzer
Christine Sublett

Members Absent

Neysa Fligor, Vice Chair

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Compliance and 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 arrived at 5:03pm during Agenda Item 5: Report on Board Actions. Ms. Fligor was absent. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST	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.	
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>Chair Anolik Shakked thanked Ms. Wigglesworth for the inclusion of the Articles of Interest.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Compliance and Audit Committee Meeting (August 22, 2018); and for information: Status of FY19 Committee Goals; Articles of Interest</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Miller, Rebitzer, Sublett Noes: None Abstentions: None Absent: Fligor Recused: None</p>	<i>Consent Calendar approved</i>
5. REPORT ON BOARD ACTIONS	<p>Ms. Miller referred to the recent Board actions as further detailed in the packet. She described the hiring of ECH’s permanent Chief Medical Officer.</p> <p>Cindy Murphy, Director of Governance Services, reported that at its September 20th meeting, the Executive Compensation Committee approved the FY19 Chief Operating Officer Base Salary. She noted that the new COO will start at ECH at the end of October.</p>	
6. POSSIBLE DELEGATION OF AUTHORITY TO THE COMMITTEE	<p>Ms. Murphy described the two proposed areas of authority to delegate to the Committee as further detailed in the packet: 1) annual review of physician financial arrangements; and 2) approval of the internal audit work plan.</p> <p>In response to questions from the Committee, Ms. Murphy, Mary Rotunno, General Counsel, and Diane Wigglesworth, Sr. Director, Corporate</p>	

	<p>Compliance explained that these delegations would 1) provide the Committee with authority to approve items that are already part of the Committee's body of work and 2) would still require reporting Committee actions to the Board for information. Ms. Murphy noted that the Governance Committee will consider the timing of implementing any approved delegations.</p> <p>In response to Chair Anolik Shakked's question, Ms. Rotunno noted that other boards similarly delegate authority to their committees and Ms. Murphy reported that one of Via Consulting's recommendations included not repeating Committee work at the Board level.</p> <p>Mr. Rebitzer noted that any delegation is reversible and can be corrected over time. He suggested review after a year to evaluate how well delegations are working.</p> <p>Ms. Hartman recommended that delegations include clear escalation paths (process and criteria) to quickly and effectively bring issues forward that require Board attention. Chair Anolik Shakked suggested having training for Committees and Committee Chairs regarding escalation.</p> <p>Ms. Murphy and the Committee discussed 1) the current process for Committee reports, 3) the approved delegation of authority and its associated processes for the Executive Compensation Committee, and 3) the current proposed delegation for the Finance Committee.</p> <p>Ms. Wigglesworth noted that the areas of delegation for this Committee are lower risk areas.</p> <p>Motion: To recommend that the Board delegate two items of authority noted above to the Committee.</p> <p>Movant: Sublett</p> <p>Ms. Miller proposed an amendment to the motion to include the concept of delegated authority on a "trial basis." The Committee discussed this proposal.</p> <p>Revised Motion: To recommend that the Board delegate two items of authority noted above to the Committee and to recommend that the Governance Committee consider a trial basis and education on escalation to ensure consistency across Committees.</p> <p>Movant: Sublett Second: Miller Ayes: Anolik Shakked, Hartman, Miller, Rebitzer, Sublett Noes: None Abstentions: None Absent: Fligor Recused: None</p>	
<p>7. KPIs, SCORECARD, AND TRENDS</p>	<p>Ms. Wigglesworth reported that the number of issues brought to and investigated by Compliance is consistent with the previous year, noting 1) a decrease in HIPAA-related issues and 2) lower patient volume in July.</p> <p>Ms. Wigglesworth explained that there has been difficulty developing escalation thresholds/ranges for key risk indicators, but will continue to research the topic.</p> <p>Chair Anolik Shakked and Ms. Wigglesworth discussed the total number of audit findings year-to-date and the potential variation of findings reported from audit to audit.</p>	

8. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:21pm. Movant: Miller Second: Sublett Ayes: Anolik Shakked, Fligor, Hartman, Miller, Rebitzer, Sublett Noes: None Abstentions: None Absent: None Recused: None	<i>Adjourned to closed session at 5:29pm.</i>
9. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:18pm. Agenda Items 9-16 were covered in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (August 22, 2018) by a unanimous vote of all members present (Anolik Shakked, Hartman, Miller, Rebitzer, Sublett). Ms. Fligor was absent. The Committee also recommended for approval the FY18 Financial Audit by a unanimous vote of all members present (Anolik Shakked, Hartman, Rebitzer, Sublett). Ms. Fligor and Ms. Miller were absent.	
10. AGENDA ITEM 18: ADJOURNMENT	Motion: To adjourn at 7:19pm. Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Rebitzer, Sublett Noes: None Abstentions: None Absent: Fligor, Miller Recused: None	<i>Meeting adjourned at 7:19pm.</i>

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

Sharon Anolik Shakked
Chair, Compliance and Audit Committee

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 – reviewing at the Committee's 11/15/18 meeting
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

Item:	Report on ECH and ECHD Board Actions Compliance and Audit Committee November 15, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	For Information
Background: <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>	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: <p>None.</p>	
Summary and session objectives: <p>To inform the Committee about recent Board actions.</p>	
Suggested discussion questions: None.	
Proposed Committee motion, if any: None. This is an informational item.	
LIST OF ATTACHMENTS: <ol style="list-style-type: none"> 1. Report on October 2018 ECH and ECHD Board Actions 	

ECH Board Actions*

1. October 10, 2018
 - a. Approved FY19 Period 2 Financials
 - b. Approved FY18 Financial Audit
 - c. Approved FY18 Annual 430(b) Retirement Plan and Cash Balance Retirement Plan Audits
 - d. Approved Appointment of Robin Driscoll to the El Camino Hospital Foundation Board of Directors
 - e. Approved Revised Executive Benefit Plan Policy (Life Insurance and Eligibility Date Provisions)
 - f. Approved Purchase of Los Gatos Imaging Equipment (O-Arm)
 - g. Approved NICU Medical Director and Neuro-Interventional Call Panel Contracts
 - h. Appointed Director Julie Kliger as Quality, Patient Care and Patient Experience Committee Chair
 - i. Approved FY18 CEO Incentive Plan Payment

ECHD Board Actions*

2. October 16, 2018
 - a. Approved Resolution 2018-11 recognizing Community Benefit Partner Bay Area Women's Sports Initiative
 - b. Approved Resolution 2018-12 Adopting Calendar year 2019 Meeting Dates
 - c. Approved Resolution 2018-13 Amending the ECHD Conflict of Interest Code
 - d. Approved FY18 ECH and ECHD Consolidated Year-End Financials
 - e. Approved the FY18 Community Benefit Report
 - f. Approved the FY18 Year-End Stand Alone Financials
 - g. Approved the FY19 Financials YTD
 - h. Approved the FY19 Financial Audit
 - i. Approved a Revision to the El Camino Hospital Bylaws providing that a vacancy in the Board of Directors shall be deemed to exist when a Director, who was appointed or elected as a Director while serving as a Director of the sole Member is no longer a director of the sole Member.

*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.

**EL CAMINO HOSPITAL
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director, Corporate Compliance
Date: November 15, 2018
Subject: Policy Oversight Approval

Recommendation(s):

To recommend that the Board approve the proposed revisions to the Board of Director Approval of Hospital Policies.

Summary:

1. **Situation:** The Board policy describes the criteria for determining when documents require approval by the Board. The Board has requested that management evaluate options to further limit policies brought to the Board for approval to only those required by regulation.
2. **Authority:** The Committee can provide recommendations regarding policy oversight to the Board.
3. **Background:** Historically, every hospital policy, procedure, plan, and scopes of service were reviewed and approved by the Hospital Board. The Joint Commission, CMS, and Title 22 requires Board oversight of all patient care policies, plans, and scopes of service and approval at a minimum of every 3 years.

In January 2017, the Approval of Hospital Policies was modified to limit Committee review and Board approval to all hospital policies, plans, and scopes of service. The requirement to review procedures was removed, which greatly reduced the number of documents the Board reviewed and approved.

After further evaluation management is proposing further limiting Board review and approval to only patient care policies, all plans, and scopes of service as required by regulations.

4. **Assessment:** Under the proposed revisions, the Board can establish a process for approval through delegation of authority to an appropriate Board Advisory Committee or management committee for non-clinical or administrative policies and the Board retains the rights to specify policies that require Board approval.
5. **Other Reviews:** Management is recommending that the Governance Committee also review the proposed revisions, if approved by the Compliance and Audit Committee, before going to the Board for approval.
6. **Outcomes:** The Board and its Committees will avoid spending time reviewing administrative policies and El Camino Hospital will remain compliant.

List of Attachments:

1. Board of Director Approval of Hospital Policies

Suggested Committee Discussion Questions: None.

TITLE: Board of Director Approval of Hospital Policies
CATEGORY: Administrative
LAST APPROVAL: 2/2017

TYPE: ☒ Policy ☐ Protocol ☐ Scope of Service/ADT
☐ Standardized Process/Procedure
SUB-CATEGORY: Board
OFFICE OF ORIGIN:
ORIGINAL DATE:

I. COVERAGE:

All El Camino Hospital Employees, Medical Staff and Volunteers

II. PURPOSE:

To define which hospital policies require approval by the Board of Directors of El Camino Hospital ("the Board").

III. POLICY STATEMENT:

This Board policy describes the criteria for determining when documents, as defined below, require approval by the Board. All policies, plans and scopes of services of El Camino Hospital will be approved by the Board a minimum of every 3 years or as required by regulation.

IV. DEFINITIONS :

1. **Policy:** A policy is defined as a brief written statement of intent or principle that determines actions or decisions. Generally, a policy is based on law, regulations, accreditation standards, or leadership decisions.
2. **Plan:** A single document that provides detailed description of provision of a particular program or scope of service, often required by regulation. Ex. Disaster Plan, Pandemic Plan, Plan for Provision of Care.
3. **Procedure:** A step-by-step written outline detailing how something is to be accomplished. Procedures answer the "what" and "How do I do it" questions. Ex: Chemotherapy, Administration of.
4. **Protocol:** Defines care and management of a broad patient care issue. A prescriptive, detailed definition of what is to be implemented using precise, sequential steps, preferably evidenced based. Examples include Alcohol Withdrawal, Management of.

TITLE:	Board of Director Approval of Hospital Policies
CATEGORY:	Administrative
LAST APPROVAL:	2/2017

5. **Guideline.** Guidelines describe the recommended care approach for a given diagnosis or condition. Guidelines must be evidenced based and are often listed in evidence based databases.
6. **Standardized Procedure.** The legal mechanism for nurses and nurse practitioners to perform specific functions which would otherwise be considered the practice of medicine. Physician Leadership at El Camino Hospital (ECH) has agreed to allow specific functions to be performed by specific nurses in specific circumstances in accordance with standardized procedures.
7. **Scope of Service:** A document that describes the provision of service of a particular program or department of the hospital.

V. **PROCEDURE:**

1. All patient care policies, all plans and scopes of services requiring Board approval will be reviewed and approved by the appropriate hospital committee prior to coming to the Board. Dates for hospital committee approvals shall be reflected in documents. For clinical policies/plans/scopes of service, the Medical Executive Committee and the e-Policy Committee shall approve prior to Board approval. For non-clinical or administrative policies, the ~~e-Policy Committee shall approve policies prior to Board approval~~ Board delegates authority to approve through the e-Policy Committee and Management.
2. Policies/Plans/Scopes of Service requiring Board approval shall be sent to the MEC or to the designated advisory committee of the Board (e.g. Quality/Finance/Compliance) for review and recommendation prior to final Hospital Board approval.
3. Procedures, protocols, standardized procedures and guidelines as defined above are reviewed by designated hospital committees identified in the Policy & Procedure Formulation, Approval and Distribution policy, and do not require Board approval.
- ~~3.4.~~ The Board retains the rights to specify other policies that require Board approval.

APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	

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:	Board of Director Approval of Hospital Policies
CATEGORY:	Administrative
LAST APPROVAL:	2/2017

Medical Committee (if applicable):	
ePolicy Committee:	12/2016
Medical Executive Committee:	1/2017
Board of Directors:	2/2017

**EL CAMINO HOSPITAL
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director, Corporate Compliance
Date: November 15, 2018
Subject: Key Performance Indicators (KPIs)

Purpose:

To review the trends of the Compliance KPIs with the Committee and discuss any trends of concern.

Summary:

1. Situation: The performance indicators should assist the Committee in monitoring activity of the Compliance program and identifying organizational trends and/or emerging risks.
2. Authority: The Committee is responsible for oversight of the Compliance program and review of these metrics.
3. Background: Key performance indicators were developed to track elements from the Federal Sentencing Guidelines and to help the Committee assess effectiveness of the program.
4. Assessment: The total number of investigations remains consistent with the previous year. Hotline calls are currently trending less than the same time period last year. Stark and Anti-Kickback issues have increased slightly and may be in part due to increased education to leadership and ongoing monitoring.
5. Other Reviews: N/A
6. Outcomes: N/A

List of Attachments:

1. Corporate Compliance Scorecard
2. KPI two-year Trend Graph

Suggested Committee Discussion Questions: None.

Corporate Compliance Scorecard FY19

El Camino Hospital

Key Performance Indicator	FY19 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,613	6,173	6,551

Core Elements

Policies and Procedures	Oct. 2018	Jul - Oct FY19	Jul - Oct FY18
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Number of reported instance when policies not followed	2	10	12
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Number of disciplinary actions due to Investigations	1	6	2
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Education and Training	Oct. 2018	Jul - Oct FY19	Jul - Oct FY18
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Percentage of new employees trained within 30 days of start date	100%	100%	100%
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Investigations	Oct. 2018	Jul - Oct FY19	Jul - Oct FY18
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Total number of investigations	26	86	83
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Investigations open	0	4	0
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Investigations closed	26	82	83
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Hotline concerns substantiated	1	4	7
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Hotline concerns not substantiated	2	3	6
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Average number of days to investigate concerns	7	7	7
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Reporting Trends	Oct. 2018	Jul - Oct FY19	Jul - Oct FY18
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Anti-Kickback/Stark	7	14	9
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EMTALA	0	0	0
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HIPAA Reports	17	45	48
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HIPAA Security Incidents	0	2	2
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Billing or Claims	3	23	22
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Conflict of Interest	1	1	2
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Reported Events to CMS	Oct. 2018	Jul - Oct FY19	FY 2018 Total
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Number of total events self reported by ECH	0	0	0
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Number of self reported events followed up by CMS	0	0	0
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CMS initiated visits (separate from ECH self reported events)	0	0	0
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Number of statement of deficiencies issued to ECH	0	0	0
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Number of Actual Sanctions, fines or penalties	0	0	0
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Reported Events to CDPH	Oct. 2018	Jul - Oct FY19	FY 2018 Total
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Number of total regulator events self reported by ECH	7	13	34
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Number of self reported events followed up by CDPH	4	7	21
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Number of total privacy breaches self reported by ECH	2	6	19
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CDPH initiated visits (separate from ECH self reported events)	0	4	9
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Number of statement of deficiencies issued to ECH	0	0	9
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Number of Actual/Realized Sanctions, fines or penalties	0	0	0
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Monitoring and Audit Findings	Oct. 2018	Jul - Oct FY19	FY 2018 Total
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Total number of Audit Findings	2	10	36
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Number of findings identified has high severity	1	3	4
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Monitoring and Audit Findings	Oct. 2018	Jul - Oct FY19	FY 2018 Total
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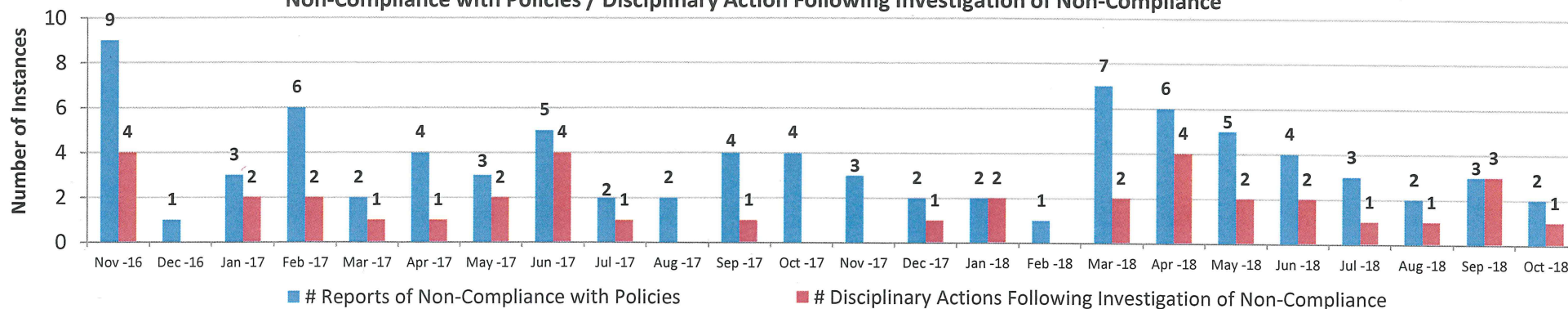
Number of Open Liability Claims	9	9	9
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Number of Open Liability Lawsuits	7	7	8
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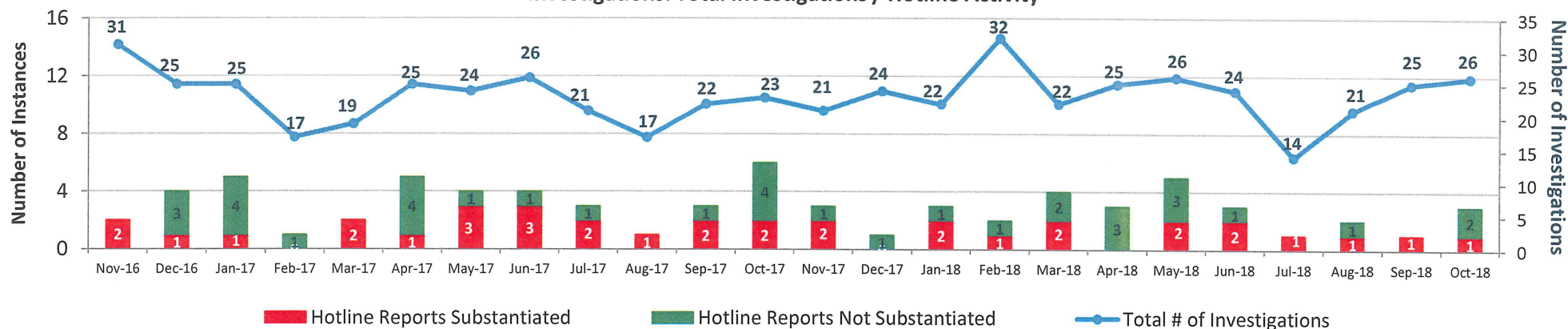
Corporate Compliance

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

