

## AGENDA

### REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

**Wednesday, October 10, 2018 – 5:30pm**

El Camino Hospital | Conference Rooms A&B, F&G (ground floor)  
2500 Grant Road Mountain View, CA 94040

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>1. CALL TO ORDER/ROLL CALL</b>	Lanhee Chen, Board Chair		<b>5:30 – 5:31pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information 5:31 – 5:32</b>
<b>3. EL CAMINO HOSPITAL FOUNDATION REPORT</b> <a href="#">ATTACHMENT 3</a>	Jodi Barnard, President, ECH Foundation; Lane Melchor, Chair, ECH Foundation Board of Directors		<b>information 5:32 – 5:47</b>
<b>4. FY19 PERIOD 2 FINANCIALS</b> <a href="#">ATTACHMENT 4</a>	Iftikhar Hussain, CFO	<i>public comment</i>	<b>possible motion 5:47 – 5:57</b>
<b>5. QUALITY COMMITTEE REPORT</b> <a href="#">ATTACHMENT 5</a>	David Reeder, Quality Committee Chair; Cheryl Reinking, RN, CNO		<b>information 5:57 – 6:12</b>
<b>6. QUALITY GOAL SETTING PROCESS</b> <a href="#">ATTACHMENT 6</a>	Dan Woods, CEO; Cheryl Reinking, RN, CNO		<b>discussion 6:12 – 6:32</b>
<b>7. FY18 FINANCIAL AUDIT</b> <a href="#">ATTACHMENT 7</a>	Brian Conner, Moss Adams		<b>information 6:32 – 6:42</b>
<b>8. 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	Lanhee Chen, Board Chair		<b>information 6:42 – 6:45</b>
<b>9. ADJOURN TO CLOSED SESSION</b>	Lanhee Chen, Board Chair		<b>motion required 6:45 – 6:46</b>
<b>10. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Lanhee Chen, Board Chair		<b>information 6:46 – 6:47</b>
<b>11. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management:</b> - FY18 Financial Audit	Brian Conner, Moss Adams		<b>discussion 6:47 – 6:52</b>
<b>12. CONSENT CALENDAR</b> <i>Any Board Member 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 Hospital Board Meeting (September 12, 2018) b. Minutes of the Closed Session of the Executive Compensation Committee (May 24, 2018)	Lanhee Chen, Board Chair		<b>motion required 6:52 – 6:54</b>

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy two (72) hours prior to the meeting.

In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>Information</b> <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Dan Woods: c. Executive Compensation Committee Report			
<b>13.</b> <i>Health &amp; Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report	Imtiaz Qureshi, MD, Mountain View Chief of Staff; Linda Teagle, MD, Los Gatos Chief of Staff		<b>motion required</b> <b>6:54 – 7:04</b>
<b>14.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Annual Corporate Compliance Report	Diane Wigglesworth, Sr. Director, Corporate Compliance		<b>discussion</b> <b>7:04 – 7:14</b>
<b>15.</b> <i>Gov't Code Section 54956.8</i> – conference with real estate negotiator Ken King regarding property (APN 406-26-017): - Real Estate	Ken King, CASO		<b>possible motion</b> <b>7:14 – 7:29</b>
<b>16.</b> <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trades secrets: - FY19 Strategic Plan Metrics Progress Update	Dan Woods, CEO		<b>discussion</b> <b>7:29 – 7:59</b>
<b>17.</b> <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trades secrets; <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - CEO Report on New Services and Programs, and Legal Matters	Dan Woods, CEO		<b>discussion</b> <b>7:59 – 8:09</b>
<b>18.</b> Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CEO; <i>Gov't Code Section 54957.6</i> for a conference with labor negotiator Lanhee Chen: - FY18 CEO Discretionary Score	Lanhee Chen, Board Chair		<b>possible motion</b> <b>8:09 -8:19</b>
<b>19.</b> Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: - Executive Session	Lanhee Chen, Board Chair		<b>discussion</b> <b>8:19 – 8:24</b>
<b>20. ADJOURN TO OPEN SESSION</b>	Lanhee Chen, Board Chair		<b>motion required</b> <b>8:24 – 8:25</b>
<b>21. RECONVENE OPEN SESSION/ REPORT OUT</b>	Lanhee Chen, Board Chair		<b>8:25 -8:26</b>
To report any required disclosures regarding permissible actions taken during Closed Session.			
<b>22. CONSENT CALENDAR ITEMS:</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required</b> <b>8:26 – 8:28</b>
<b>Approval</b> a. <a href="#">Minutes of the Open Session of the Hospital</a>			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><a href="#">Board Meeting (September 12, 2018)</a></p> <p>b. <a href="#">Appointment of Quality Committee Chair</a></p> <p>c. <a href="#">Foundation Board of Directors Appointment</a></p> <p><i>Reviewed and Recommended for Approval by the Medical Executive Committee</i></p> <p>d. <a href="#">Medical Staff Report</a></p> <p><i>Reviewed and Recommended for Approval by the Compliance and Audit Committee</i></p> <p>e. <a href="#">Compliance Committee Report</a>   Human Resources Policies; Annual 403(b) Audit; Participant Cash Balance Plan Audit</p> <p><i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i></p> <p>f. <a href="#">Minutes of the Open Session of the Executive Compensation Committee Meeting (May 24, 2018)</a></p> <p>g. <a href="#">Revised Executive Benefit Plan Policy</a>   Life Insurance, Eligibility Dates</p> <p><i>Reviewed and Recommended for Approval by the Finance Committee</i></p> <p>h. <a href="#">Los Gatos Imaging Equipment</a></p> <p>i. <a href="#">Medical Director, NICU (MV)</a></p> <p>j. <a href="#">Neuro-Interventional Panel (MV)</a></p> <p><i>Information</i></p> <p>k. <a href="#">FY18 Community Benefit Report</a></p> <p>l. <a href="#">Executive Compensation Committee Report</a>   Executive Incentive Compensation Payouts; FY19 COO Base Salary</p> <p>m. <a href="#">Report on Major Capital Projects in Process</a></p>			
<b>23. FY18 FINANCIAL AUDIT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 8:28 – 8:30</b>
<b>24. FY18 CEO INCENTIVE COMPENSATION PAYMENT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>possible motion 8:30 – 8:32</b>
<b>25. LEADERSHIP UPDATE <a href="#">ATTACHMENT 25</a></b>	Dan Woods, CEO		<b>information 8:32 – 8:35</b>
<b>26. BOARD COMMENTS</b>	Lanhee Chen, Board Chair		<b>information 8:35 – 8:39</b>
<b>27. ADJOURNMENT</b>	Lanhee Chen, Board Chair	<i>public comment</i>	<b>motion required 8:39 – 8:40pm</b>

**Upcoming Meetings:** November 14, 2018 | December 12, 2018 | February 13, 2019 | March 13, 2019 | April 10, 2019 | May 8, 2019 | June 12, 2019 || **Board & Committee Education:** October 24, 2018 | April 24, 2019

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Lane Melchor, Chair, El Camino Hospital Foundation Board  
Jodi Barnard, President, El Camino Hospital Foundation  
**Date:** October 10, 2018  
**Subject:** Committee Chair and Committee Member Appointment

**Recommendation:**

To update the Hospital Board on the Foundation's FY19 activities through Period 2.

**Summary:**

**1. Situation:**

***Major & Planned Gifts:*** In August, the Foundation received a \$30,000 major gift designated for the Cancer Center. The Foundation also opened registration for the 27th annual Allied Professionals Seminar. Sponsorships and registration for that event are reflected under Planned Giving. This year's seminar will be held on Tuesday, February 12, 2019 at Palo Alto Hills Golf & Country Club. The featured speaker will be Samuel A. Donaldson, Professor of Law at Georgia State University College of Law.

***Special Events***

- **Golf Tournament** – The 23<sup>rd</sup> annual El Camino Heritage Golf Tournament will take place on Monday, October 29, 2018 at Sharon Heights Golf & Country Club. Proceeds will benefit the Norma Melchor Heart & Vascular Institute. Online tournament registration opened in July. By the end of August, the Foundation had received \$85,750 toward the event. To date, 103 golfers are registered, with more planning to attend the celebration dinner at the end of the evening.
- **South Asian Heart Center Gala** – The Foundation set the date and place of this annual benefit for the South Asian Heart Center. It will take place at the Computer History Museum in Mountain View on March 23, 2019. Planning and fundraising efforts are just gearing up. The \$2,000 donation reflected in the August fundraising report is a belated fulfillment of a Top Hearts paddle raise commitment from the FY18 event.
- **Norma's Literary Luncheon** will take place on February 7, 2019 at Sharon Heights Golf & Country Club. The featured speaker will be Marta McDowell, award-winning author of books about garden history in literature. Sponsorship letters will be sent out next month.
- **Spring Forward, a gala benefit to fulfill the promise**, will celebrate the opening of the new mental health pavilion and will take place in late May 2019.

***Annual Giving:*** In August, the Foundation raised \$26,739 in annual gifts from Hope to Health membership renewals and event registrations, Circle of Caring, Healthy Giving Newsletter, memorials, and online donations. Fall annual giving efforts will be launched beginning in October. Last year, a large portion of the donations received were in support of the Path of Hope, a successful one-time campaign that ended in June 2018 with all bricks sold.

**2. Authority: N/A**



3. Background: N/A
4. Assessment: N/A
5. Other Reviews:

ECHF Board Finance Committee	8/30/2018
ECHF Board Executive Committee	8/30/2018
ECHF Board of Directors	9/13/2018
6. Outcomes: During the month of August, the Foundation secured \$307,793. By the end of Period 2, the Foundation had secured a total of \$515,131 toward the FY19 fundraising goal of \$6,175,000.

**List of Attachments:**

1. El Camino Hospital Foundation FY19 Period 2 Financial Fundraising Report

**Suggested Board Discussion Questions:** N/A

## FOUNDATION PERFORMANCE

FY19 Fundraising Report through 8/31/18						
ACTIVITY		FY19 YTD (7/1/18 - 8/31/18)	FY19 Goals	FY19 % of Goal	Difference Period 1 & 2	FY18 YTD (7/1/17 - 8/31/17)
Major & Planned Gift		\$30,118	\$3,750,000	1%	\$30,065	\$1,565,372
Special Events	Spring Event	\$500	\$450,000	0%	\$0	\$1,000
	Golf	\$85,750	\$350,000	25%	\$39,750	\$66,750
	South Asian Heart Center	\$4,000	\$325,000	1%	\$2,000	\$0
	Norma's Literary Luncheon	\$2,500	\$200,000	1%	\$0	\$100
Annual Gifts		\$33,951	\$600,000	6%	\$26,739	\$71,045
Investment Income		\$358,312	\$500,000	72%	\$209,239	\$75,246
TOTALS		\$515,131	\$6,175,000	8%	\$307,793	\$1,779,513

Highlighted Assets through 8/31/18	
Board Designated Allocations	\$715,744
Donor Endowments	\$3,335,533
Operational Endowments	\$15,977,089
Pledge Receivables	\$4,579,184
Restricted Donations	\$11,084,405
Unrestricted Donations	\$469,159

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Iftikhar Hussain, CFO  
**Date:** October 10, 2018  
**Subject:** FY18 Period 2 Financials

**Recommendation(s):**

To approve the FY18 Period 2 Financials.

**Summary:**

1. Situation: Customary report to the Board following presentation to the Finance Committee.
2. Authority: The Finance team brings the monthly report for approval.
3. Background: Here are the financial highlights for the first two months:
  - A. Strong volumes in August brought adjusted discharges for the year to budget and net patient revenues is above budget. Strong investments continue for August. In Patient (IP) volume is 6.2% below the 3,304 and 8% below 3,378 cases in the prior year. Year-to-Date (YTD) Deliveries are 5.4% below the 754 budget. The majority of the IP decline occurred in the Maternal Child Health, Heart & Vascular Institute (HVI), Ortho/Neuro/Spine and Orthopedics service lines. Outpatient (OP) cases YTD are 1.6% higher than the 24,411 budget and greater than prior year by 0.6%. Most notable increases are in Imaging, ER, General Surgery, Gyn. and HVI.
  - B. Net Patient Revenue for the year is 1.5% higher than the \$146,163 budget and above prior year by 5.7%. The increase in OP volumes contributed to the overall positive revenue. August revenue includes favorable \$600,000 related payor settlement. Operating Expense was favorable to budget by 1.2% YTD and above prior year by 7.6%, primarily due to flexing of labor and supplies in line with reduction in volumes and timing in hiring budgeted management positions. Operating income YTD is \$3.2M favorable to budget but \$2.8M below prior year for the same time period. Investment earnings are \$15.5 million ahead of target.
  - C. Commercial payor mix at 42.7% has decreased slightly over expected (42.8%).
  - D. Productivity Hours/Adjusted Patient Days for August is favorable vs target by 4.3%. Staff is doing a good job flexing to meet volumes.
  - E. Balance Sheet: Days in Accounts Receivable (AR) and cash position are favorable compared to target.
4. Other Reviews: At its September 24, 2018 meeting, the Finance Committee voted to recommend approval of the FY18 Period 2, with some corrections that have made in this version presented to the Board.

5. Outcomes: N/A

**List of Attachments:**

1. FY18 Period 2 Financial Report

**Suggested Board Discussion Questions:**

1. Can we expect the positive trend in outpatient volumes to continue?
2. Has management identified reasons for lower than predicted IP volumes and can we expect volumes to improve?



**El Camino Hospital**

THE HOSPITAL OF SILICON VALLEY

**Summary of Financial Operations  
Fiscal Year 2019 – Period 2**

7/1/2018 to 8/31/2018

El Camino Hospital Board of Directors

Iftikhar Hussain, CFO

October 10, 2018

# Dashboard - ECH combined as of August 31, 2018

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
<b>Volume</b>								
Licensed Beds	443	443	443	-	443	443	443	-
ADC	232	225	230	(5)	233	220	232	(12)
Utilization MV	64%	61%	64%	-2%	64%	60%	65%	-5%
Utilization LG	27%	29%	28%	1%	28%	28%	27%	1%
Utilization Combined	52%	51%	52%	-1%	53%	50%	52%	-3%
Total Discharges (Excl NNB)	1,677	1,627	1,644	(17)	3,376	3,147	3,302	(155)
<b>Financial Perf.</b>								
Net Patient Revenues	70,761	77,779	74,304	3,475	140,440	148,402	146,163	2,239
Total Operating Revenue	73,596	79,617	76,441	3,176	145,280	152,054	150,378	1,676
Operating Expenses	65,997	69,896	68,807	1,088	125,539	135,108	136,677	(1,568)
Operating Income \$	7,598	9,721	7,634	2,087	19,742	16,945	13,702	3,244
Operating Margin	10.3%	12.2%	10.0%	2.2%	13.6%	11.1%	9.1%	2.0%
EBITDA \$	11,825	14,130	12,236	1,894	28,276	25,697	22,922	2,775
EBITDA %	16.1%	17.7%	16.0%	1.7%	19.5%	16.9%	15.2%	1.7%
<b>Payor Mix</b>								
Medicare	45.0%	47.3%	46.6%	0.8%	45.5%	46.4%	46.6%	-0.2%
Medi-Cal	8.8%	7.6%	7.7%	-0.1%	7.8%	8.4%	7.9%	0.5%
Total Commercial	43.6%	42.9%	43.1%	-0.2%	43.9%	42.7%	42.8%	-0.1%
Other	2.7%	2.2%	2.7%	-0.5%	2.8%	2.5%	2.6%	-0.2%
<b>Cost</b>								
Total FTE	2,554.3	2,596.0	2,623.1	(27)	2,561.9	2,580.4	2,617.4	(37)
Productive Hrs/APD	31.1	31.0	32.4	(1)	30.7	31.2	32.4	(1)
<b>Balance Sheet</b>								
Net Days in AR	47.7	46.9	48.0	(1)	47.7	46.9	48.0	(1.1)
Days Cash	505	503	449	54	505	503	449	54
<b>Affiliates - Net Income (\$000s)</b>								
Hosp	11,251	18,380	8,090	10,289	28,592	33,355	14,614	18,741
Concern	87	139	(71)	210	423	696	(33)	729
ECSC	(3)	(1)	0	(1)	(5)	(2)	0	(2)
Foundation	(27)	431	102	329	175	938	253	685
SVMD	(67)	343	(97)	439	(149)	896	(184)	1,081



# Budget Variances

## Fiscal Year 2019 YTD (7/1/2018-08/31/2018) Waterfall

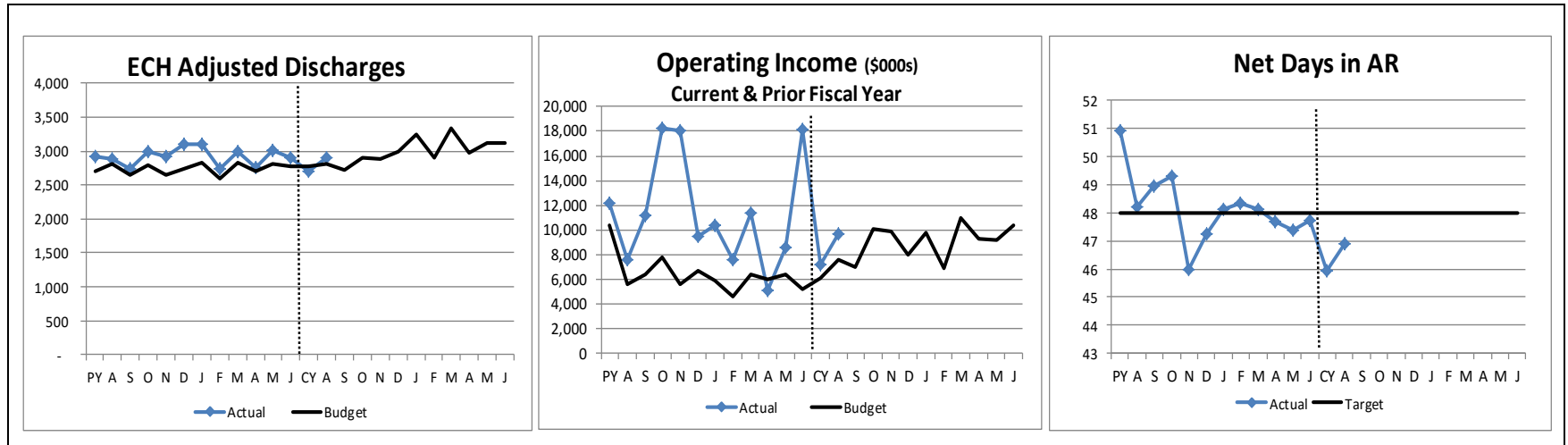
(in thousands; \$000s)	Year to Date (YTD)	
	Net Op Income	% Net Revenue
<b>Budgeted Hospital Operations FY2019</b>	<b>13,702</b>	<b>9.1%</b>
<b>Net Revenue</b> - IP volumes continue to be lower than expectation, however higher OP volumes are making up the difference.	1,676	1.1%
<b>Labor and Benefit Expense Change</b> - Flexing in staff and mgmt positions not yet filled.	1,935	1.3%
<b>Professional Fees &amp; Purchased Services</b> - Consulting services for prior year expensed in current year	(252)	-0.2%
<b>Supplies</b> - Medical and Non Medical Supplies are over budget, but savings in Drugs offset the variance	(1,165)	-0.8%
<b>Other Expenses</b> - timing difference for services .	581	0.4%
<b>Depreciation &amp; Interest</b>	468	0.3%
<b>Actual Hospital Operations FY2019</b>	<b>16,945</b>	<b>11.1%</b>

# El Camino Hospital (\$000s)

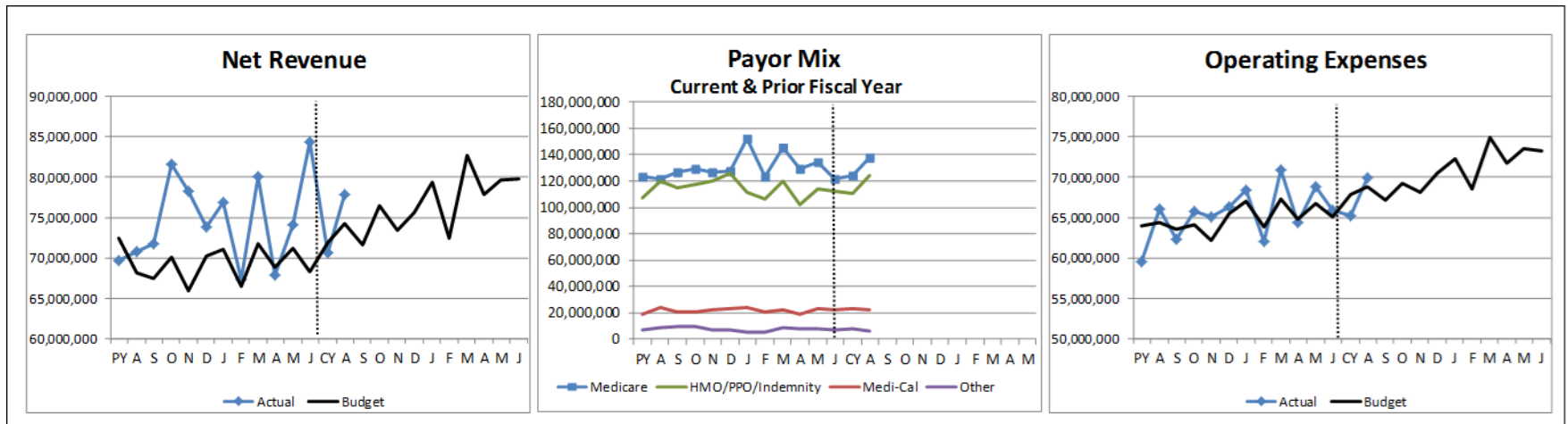
Period ending 08/31/2018

Period 2 FY 2018	Period 2 FY 2019	Period 2 Budget 2019	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2018	YTD FY 2019	YTD Budget 2019	Variance Fav (Unfav)	Var%
<b>OPERATING REVENUE</b>										
275,719	290,884	287,234	3,649	1.3%	<b>Gross Revenue</b>	526,566	556,524	563,136	(6,612)	(1.2%)
(204,958)	(213,105)	(212,930)	(174)	(0.1%)	<b>Deductions</b>	(386,126)	(408,122)	(416,973)	8,851	2.1%
<b>70,761</b>	<b>77,779</b>	<b>74,304</b>	<b>3,475</b>	<b>4.7%</b>	<b>Net Patient Revenue</b>	<b>140,440</b>	<b>148,402</b>	<b>146,163</b>	<b>2,239</b>	<b>1.5%</b>
2,835	1,838	2,137	(299)	(14.0%)	<b>Other Operating Revenue</b>	4,840	3,652	4,215	(564)	(13.4%)
<b>73,596</b>	<b>79,617</b>	<b>76,441</b>	<b>3,176</b>	<b>4.2%</b>	<b>Total Operating Revenue</b>	<b>145,280</b>	<b>152,054</b>	<b>150,378</b>	<b>1,676</b>	<b>1.1%</b>
<b>OPERATING EXPENSE</b>										
39,601	41,093	41,570	476	1.1%	<b>Salaries &amp; Wages</b>	77,816	81,155	83,090	1,935	2.3%
11,460	12,369	10,979	(1,390)	(12.7%)	<b>Supplies</b>	19,669	22,308	21,143	(1,165)	(5.5%)
8,333	9,697	8,863	(834)	(9.4%)	<b>Fees &amp; Purchased Services</b>	15,367	18,132	17,880	(252)	(1.4%)
2,377	2,328	2,794	466	16.7%	<b>Other Operating Expense</b>	4,152	4,761	5,342	581	10.9%
333	157	323	166	51.4%	<b>Interest</b>	751	278	647	369	57.0%
3,893	4,252	4,279	27	0.6%	<b>Depreciation</b>	7,783	8,474	8,573	100	1.2%
<b>65,997</b>	<b>69,896</b>	<b>68,807</b>	<b>(1,088)</b>	<b>(1.6%)</b>	<b>Total Operating Expense</b>	<b>125,539</b>	<b>135,108</b>	<b>136,677</b>	<b>1,568</b>	<b>1.1%</b>
<b>7,598</b>	<b>9,721</b>	<b>7,634</b>	<b>2,087</b>	<b>27.3%</b>	<b>Net Operating Income/(Loss)</b>	<b>19,742</b>	<b>16,945</b>	<b>13,702</b>	<b>3,244</b>	<b>23.7%</b>
3,652	8,658	456	8,202	1797.0%	<b>Non Operating Income</b>	8,851	16,410	913	15,497	1697.7%
<b>11,251</b>	<b>18,380</b>	<b>8,090</b>	<b>10,289</b>	<b>127.2%</b>	<b>Net Income(Loss)</b>	<b>28,592</b>	<b>33,355</b>	<b>14,614</b>	<b>18,741</b>	<b>128.2%</b>
16.1%	17.7%	16.0%	1.7%		<b>EBITDA</b>	19.5%	16.9%	15.2%	1.7%	
10.3%	12.2%	10.0%	2.2%		<b>Operating Margin</b>	13.6%	11.1%	9.1%	2.0%	
15.3%	23.1%	10.6%	12.5%		<b>Net Margin</b>	19.7%	21.9%	9.7%	12.2%	

# Monthly Financial Trends



Volume recovered in August. Favorable rev cycle operations with low AR days



# ECH Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions



## FY 2019 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>

### Revenue Adjustments

	J	A	YTD
Mcare Settlmt/Appeal/Tent Settlmt/PIP	141	112	253
Various Adjustments under \$250k	4	5	9
<b>Total</b>	<b>145</b>	<b>116</b>	<b>262</b>

# El Camino Hospital Investment Committee Scorecard

June 30, 2018

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY18 Year-end Budget	Expectation Per Asset Allocation
<b>Investment Performance</b>		2Q 2018		Fiscal Year-to-date		5y 8m Since Inception (annualized)			2018
Surplus cash balance*		\$942.9	--	--	--	--	--	\$926.1	--
Surplus cash return		1.3%	0.8%	6.9%	5.8%	5.7%	5.4%	1.9%	5.3%
Cash balance plan balance (millions)		\$264.4	--	--	--	--	--	\$257.1	--
Cash balance plan return		2.0%	0.9%	8.9%	7.0%	8.1%	7.2%	6.0%	5.7%
403(b) plan balance (millions)		\$464.6	--	--	--	--	--	--	--
<b>Risk vs. Return</b>		3-year				5y 8m Since Inception (annualized)			2018
Surplus cash Sharpe ratio		0.99	0.96	--	--	1.30	1.24	--	0.43
Net of fee return		5.3%	5.0%	--	--	5.7%	5.4%	--	5.3%
Standard deviation		4.7%	4.6%	--	--	4.1%	4.0%	--	6.7%
Cash balance Sharpe ratio		1.02	0.96	--	--	1.41	1.31	--	0.40
Net of fee return		6.6%	5.9%	--	--	8.1%	7.2%	--	5.7%
Standard deviation		5.8%	5.5%	--	--	5.4%	5.2%	--	8.1%
<b>Asset Allocation</b>		2Q 2018							
Surplus cash absolute variances to target		7.2%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		6.1%	< 10%	--	--	--	--	--	--
<b>Manager Compliance</b>		2Q 2018							
Surplus cash manager flags		20	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		22	< 27 Green < 34 Yellow	--	--	--	--	--	--

\*Excludes debt reserve funds (~\$223 mm), District assets (~\$33 mm), and balance sheet cash not in investable portfolio (~\$133 mm).

Includes Foundation (~\$26 mm) and Concern (~\$13 mm) assets. Budget adds back in current Foundation and Concern assets and backs out current debt reserve funds.



# Balance Sheet (in thousands)

## ASSETS

		UnAudited
	August 31, 2018	June 30, 2017
<b>CURRENT ASSETS</b>		
(1) Cash	76,683	118,992
(2) Short Term Investments	155,535	150,664
Patient Accounts Receivable, net	117,128	117,157
Other Accounts and Notes Receivable	2,588	3,402
Intercompany Receivables	1,960	2,090
Inventories and Prepaids	78,471	75,594
<b>Total Current Assets</b>	<b>432,364</b>	<b>467,901</b>
<b>BOARD DESIGNATED ASSETS</b>		
(3) Plant & Equipment Fund	160,264	153,784
(4) Women's Hospital Expansion	13,967	9,298
(5) Operational Reserve Fund	139,057	127,908
Community Benefit Fund	18,129	18,675
Workers Compensation Reserve Fund	20,734	20,263
Postretirement Health/Life Reserve Fund	29,312	29,212
PTO Liability Fund	24,446	24,532
Malpractice Reserve Fund	1,831	1,831
Catastrophic Reserves Fund	19,497	18,322
<b>Total Board Designated Assets</b>	<b>427,237</b>	<b>403,826</b>
(6) <b>FUNDS HELD BY TRUSTEE</b>	<b>173,670</b>	<b>197,620</b>
(7) <b>LONG TERM INVESTMENTS</b>	<b>367,638</b>	<b>345,684</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>33,738</b>	<b>32,412</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	1,265,755	1,261,854
Less: Accumulated Depreciation	(586,084)	(577,959)
Construction in Progress	241,911	220,991
<b>Property, Plant &amp; Equipment - Net</b>	<b>921,582</b>	<b>904,886</b>
<b>DEFERRED OUTFLOWS</b>	21,077	21,177
<b>RESTRICTED ASSETS - CASH</b>	0	0
<b>TOTAL ASSETS</b>	<b>2,377,305</b>	<b>2,373,506</b>

## LIABILITIES AND FUND BALANCE

	UnAudited	
	August 31, 2018	June 30, 2017
<b>CURRENT LIABILITIES</b>		
(8) Accounts Payable	30,977	49,925
Salaries and Related Liabilities	18,051	26,727
Accrued PTO	24,446	24,532
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	10,159	10,068
Intercompany Payables	104	125
Malpractice Reserves	1,831	1,831
Bonds Payable - Current	3,850	3,850
(9) Bond Interest Payable	5,416	12,975
Other Liabilities	8,901	8,909
<b>Total Current Liabilities</b>	<b>106,033</b>	<b>141,242</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	29,312	29,212
Worker's Comp Reserve	18,434	17,963
Other L/T Obligation (Asbestos)	3,878	3,859
Other L/T Liabilities (IT/Medl Leases)	-	-
Bond Payable	517,779	517,781
<b>Total Long Term Liabilities</b>	<b>569,404</b>	<b>568,815</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	616	528
<b>DEFERRED INFLOW OF RESOURCES</b>	22,835	22,835
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	1,251,179	1,236,259
Board Designated	427,237	403,825
Restricted	0	0
(10) <b>Total Fund Bal &amp; Capital Accts</b>	<b>1,678,416</b>	<b>1,640,085</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>2,377,305</b>	<b>2,373,506</b>



## August 2018 El Camino Hospital Comparative Balance Sheet Variances and Footnotes

- (1) Decrease in Cash is primarily due to the \$25M net transfer to investments (see increases in short-term, plant, and long-term investments)
- (2) Increase is primarily due to transfer of surplus cash to short-term investments.
- (3) Increase is primarily due to transfer of surplus cash to plant investments.
- (4) Increase of \$4.7 million is a partial transfer of the District's June approval of \$6.2 million to fund the Women's Hospital Expansion project. The remaining amount will occur in subsequent months.
- (5) The increase here is to reset the Operational Reserve (to cover 60 days of operating expenses) for FY2019.
- (6) The decrease is due to additional draws from the 2017 bond financing Project Funds in support of monthly payments to contractors involved with the construction projects at the Mountain View campus. As these projects are now in full progress greater amounts will be withdrawn in future periods.
- (7) Increase is due to transfer of surplus cash to long-term investments.
- (8) Decrease is due to significant yearend accruals that were paid out in July.
- (9) Decrease is due to semi-annual Revenue Bond payments for the 2015A and 2017 bond debt.
- (10) The increase is due to a combination of July/August net income and within the Board Designated Funds the increase in the Operational Reserve and the Women's Hospital Expansion.

## EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY ( 1 OF 2)

- **Plant & Equipment Fund** – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of \$14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.
- **Women's Hospital Expansion** – established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction. At the end of fiscal year 2018 another \$6.2 million was added to this fund.
- **Operational Reserve Fund** – originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on the current projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- **Community Benefit Fund** – following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving \$1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of \$500,000 or more a year. \$15 million within this fund is a board designated endowment fund formed in 2015 with a \$10 million contribution, and added to at the end of the 2017 fiscal year end with another \$5 million contribution, to generate investment income to be used for grants and sponsorships, in fiscal year it generated over \$1.1 million of investment income for the program.

## EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY ( 2 OF 2)

- **Workers Compensation Reserve Fund** – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.
- **Postretirement Health/Life Reserve Fund** – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date. At the end of fiscal year 2018, GASB #75 was implemented that now represents the full actuarially determined liability.
- **PTO (Paid Time Off) Liability Fund** – originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- **Malpractice Reserve Fund** – originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than \$50,000. Above \$50,000 our policy with the BETA Healthcare Group kicks in to a \$30 million limit per claim/\$40 million in the aggregate.
- **Catastrophic Loss Fund** – was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring \$5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled \$6.8 million that did mostly cover all the necessary repairs.

# APPENDIX

# El Camino Hospital – Mountain View (\$000s)

Period ending 08/31/2018

Period 2 FY 2018	Period 2 FY 2019	Period 2 Budget 2019	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2018	YTD FY 2019	YTD Budget 2019	Variance Fav (Unfav)	Var%
<b>OPERATING REVENUE</b>										
224,886	238,623	235,883	2,740	1.2%	<b>Gross Revenue</b>	432,366	456,683	464,746	(8,063)	(1.7%)
(167,199)	(173,892)	(175,285)	1,393	0.8%	<b>Deductions</b>	(316,116)	(333,768)	(344,928)	11,160	3.2%
<b>57,687</b>	<b>64,731</b>	<b>60,598</b>	<b>4,133</b>	<b>6.8%</b>	<b>Net Patient Revenue</b>	<b>116,251</b>	<b>122,915</b>	<b>119,818</b>	<b>3,097</b>	<b>2.6%</b>
2,675	1,580	1,913	(333)	(17.4%)	<b>Other Operating Revenue</b>	4,521	3,133	3,766	(633)	(16.8%)
<b>60,363</b>	<b>66,312</b>	<b>62,512</b>	<b>3,800</b>	<b>6.1%</b>	<b>Total Operating Revenue</b>	<b>120,771</b>	<b>126,048</b>	<b>123,584</b>	<b>2,463</b>	<b>2.0%</b>
<b>OPERATING EXPENSE</b>										
32,960	34,159	34,896	738	2.1%	<b>Salaries &amp; Wages</b>	64,656	67,321	69,947	2,627	3.8%
9,022	9,953	8,986	(967)	(10.8%)	<b>Supplies</b>	15,850	17,920	17,342	(578)	(3.3%)
6,880	8,389	7,515	(874)	(11.6%)	<b>Fees &amp; Purchased Services</b>	12,731	15,460	15,247	(213)	(1.4%)
832	798	1,133	335	29.6%	<b>Other Operating Expense</b>	1,104	1,685	2,165	480	22.2%
333	157	323	166	51.4%	<b>Interest</b>	751	278	647	369	57.0%
3,410	3,506	3,579	73	2.0%	<b>Depreciation</b>	6,810	6,993	7,173	179	2.5%
<b>53,437</b>	<b>56,962</b>	<b>56,433</b>	<b>(529)</b>	<b>(0.9%)</b>	<b>Total Operating Expense</b>	<b>101,902</b>	<b>109,656</b>	<b>112,521</b>	<b>2,864</b>	<b>2.5%</b>
<b>6,926</b>	<b>9,350</b>	<b>6,079</b>	<b>3,271</b>	<b>53.8%</b>	<b>Net Operating Income/(Loss)</b>	<b>18,869</b>	<b>16,392</b>	<b>11,064</b>	<b>5,328</b>	<b>48.2%</b>
3,697	8,658	456	8,202	1797.0%	<b>Non Operating Income</b>	8,895	16,410	913	15,497	1697.7%
<b>10,623</b>	<b>18,008</b>	<b>6,535</b>	<b>11,473</b>	<b>175.6%</b>	<b>Net Income(Loss)</b>	<b>27,764</b>	<b>32,801</b>	<b>11,977</b>	<b>20,825</b>	<b>173.9%</b>
17.7%	19.6%	16.0%	3.7%		<b>EBITDA</b>	21.9%	18.8%	15.3%	3.5%	
11.5%	14.1%	9.7%	4.4%		<b>Operating Margin</b>	15.6%	13.0%	9.0%	4.1%	
17.6%	27.2%	10.5%	16.7%		<b>Net Margin</b>	23.0%	26.0%	9.7%	16.3%	

# El Camino Hospital – Los Gatos(\$000s)

Period ending 08/31/2018

Period 2 FY 2018	Period 2 FY 2019	Period 2 Budget 2019	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2018	YTD FY 2019	YTD Budget 2019	Variance Fav (Unfav)	Var%
<b>OPERATING REVENUE</b>										
50,833	52,260	51,351	909	1.8%	<b>Gross Revenue</b>	94,200	99,841	98,390	1,451	1.5%
(37,759)	(39,213)	(37,645)	(1,567)	(4.2%)	<b>Deductions</b>	(70,011)	(74,355)	(72,046)	(2,309)	(3.2%)
<b>13,074</b>	<b>13,048</b>	<b>13,706</b>	<b>(658)</b>	<b>(4.8%)</b>	<b>Net Patient Revenue</b>	<b>24,189</b>	<b>25,487</b>	<b>26,344</b>	<b>(857)</b>	<b>(3.3%)</b>
159	258	224	34	15.1%	<b>Other Operating Revenue</b>	320	519	449	70	15.5%
<b>13,233</b>	<b>13,305</b>	<b>13,929</b>	<b>(624)</b>	<b>(4.5%)</b>	<b>Total Operating Revenue</b>	<b>24,509</b>	<b>26,006</b>	<b>26,794</b>	<b>(788)</b>	<b>(2.9%)</b>
<b>OPERATING EXPENSE</b>										
6,641	6,934	6,673	(261)	(3.9%)	<b>Salaries &amp; Wages</b>	13,160	13,834	13,143	(691)	(5.3%)
2,439	2,416	1,992	(423)	(21.3%)	<b>Supplies</b>	3,820	4,388	3,801	(587)	(15.4%)
1,453	1,308	1,348	40	2.9%	<b>Fees &amp; Purchased Services</b>	2,637	2,672	2,633	(39)	(1.5%)
1,545	1,529	1,661	131	7.9%	<b>Other Operating Expense</b>	3,048	3,077	3,178	101	3.2%
0	0	0	0	0.0%	<b>Interest</b>	0	0	0	0	0.0%
483	746	700	(45)	(6.5%)	<b>Depreciation</b>	973	1,481	1,401	(80)	(5.7%)
<b>12,561</b>	<b>12,934</b>	<b>12,374</b>	<b>(559)</b>	<b>(4.5%)</b>	<b>Total Operating Expense</b>	<b>23,637</b>	<b>25,452</b>	<b>24,156</b>	<b>(1,296)</b>	<b>(5.4%)</b>
<b>673</b>	<b>371</b>	<b>1,555</b>	<b>(1,184)</b>	<b>(76.1%)</b>	<b>Net Operating Income/(Loss)</b>	<b>872</b>	<b>554</b>	<b>2,638</b>	<b>(2,084)</b>	<b>(79.0%)</b>
(45)	0	0	0	0.0%	<b>Non Operating Income</b>	(45)	0	0	0	0.0%
<b>628</b>	<b>371</b>	<b>1,555</b>	<b>(1,184)</b>	<b>(76.1%)</b>	<b>Net Income(Loss)</b>	<b>828</b>	<b>554</b>	<b>2,638</b>	<b>(2,084)</b>	<b>(79.0%)</b>
8.7%	8.4%	16.2%	(7.8%)		<b>EBITDA</b>	7.5%	7.8%	15.1%	(7.3%)	
5.1%	2.8%	11.2%	(8.4%)		<b>Operating Margin</b>	3.6%	2.1%	9.8%	(7.7%)	
4.7%	2.8%	11.2%	(8.4%)		<b>Net Margin</b>	3.4%	2.1%	9.8%	(7.7%)	

Combined volume measured in gross revenue is higher than budget. Net revenue is unfavorable to lower commercial mix.



# Non Operating Items and Net Income by Affiliate

\$ in thousands

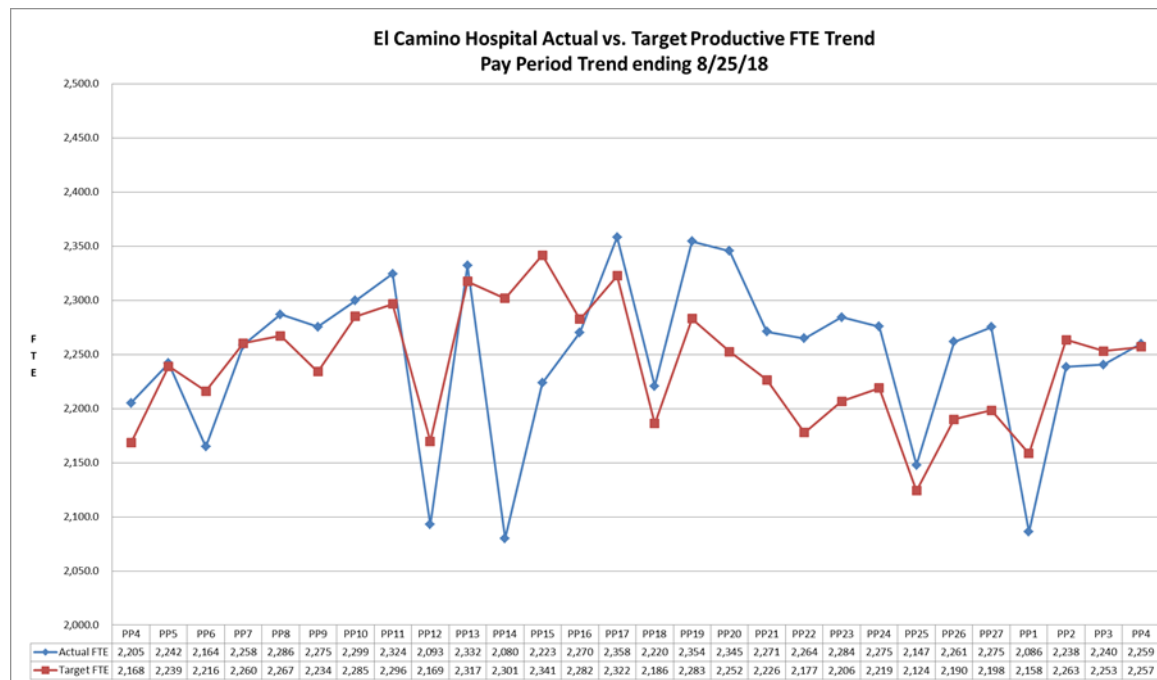
	Period 2 - Month			Period 2 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>El Camino Hospital Income (Loss) from Operations</b>						
Mountain View	9,350	6,079	3,271	16,392	11,064	5,328
Los Gatos	371	1,555	(1,184)	554	2,638	(2,084)
<b>Sub Total - El Camino Hospital, excl. Affilates</b>	<b>9,721</b>	<b>7,634</b>	<b>2,087</b>	<b>16,945</b>	<b>13,702</b>	<b>3,244</b>
<b>Operating Margin %</b>	<b>12.2%</b>	<b>10.0%</b>		<b>11.1%</b>	<b>9.1%</b>	
<b>El Camino Hospital Non Operating Income</b>						
Investments	9,580	2,478	7,102	20,447	4,955	15,492
Swap Adjustments	(404)	(100)	(304)	(106)	(200)	94
Community Benefit	(36)	(300)	264	(2,617)	(600)	(2,017)
Pathways	189	0	189	(46)	0	(46)
Satellite Dialysis	2	(25)	27	2	(50)	52
Community Connect	0	(53)	53	0	(106)	106
SVMD Funding <sup>1</sup>	(446)	(1,219)	773	(844)	(2,438)	1,594
Other	(226)	(324)	98	(425)	(648)	223
<b>Sub Total - Non Operating Income</b>	<b>8,658</b>	<b>456</b>	<b>8,202</b>	<b>16,410</b>	<b>913</b>	<b>15,497</b>
<b>El Camino Hospital Net Income (Loss)</b>	<b>18,380</b>	<b>8,090</b>	<b>10,289</b>	<b>33,355</b>	<b>14,614</b>	<b>18,741</b>
<b>ECH Net Margin %</b>	<b>23.1%</b>	<b>10.6%</b>		<b>21.9%</b>	<b>9.7%</b>	
Concern	139	(71)	210	696	(33)	729
ECSC	(1)	0	(1)	(2)	0	(2)
Foundation	431	102	329	938	253	685
Silicon Valley Medical Development	343	(97)	439	896	(184)	1,081
<b>Net Income Hospital Affiliates</b>	<b>912</b>	<b>(65)</b>	<b>977</b>	<b>2,528</b>	<b>35</b>	<b>2,493</b>
<b>Total Net Income Hospital &amp; Affiliates</b>	<b>19,292</b>	<b>8,025</b>	<b>11,266</b>	<b>35,883</b>	<b>14,650</b>	<b>21,234</b>

<sup>1</sup>Favorable variances for SVMD and Community Connect are due to delayed implementation

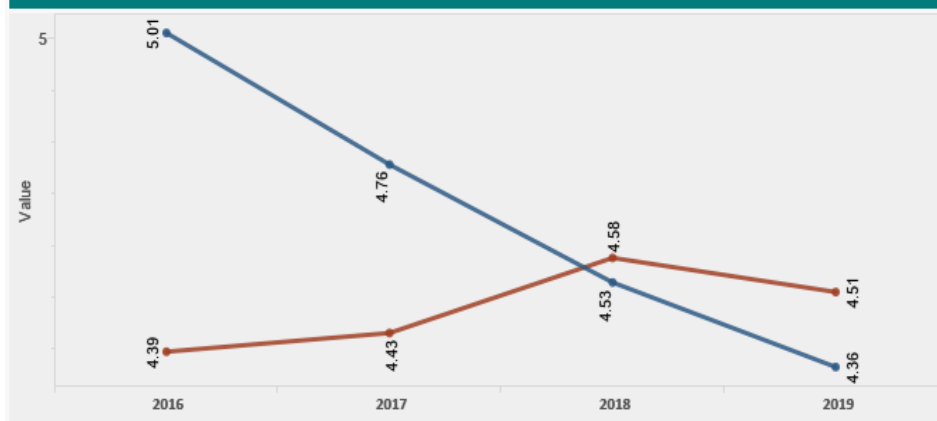
# Productivity and Medicare Length of Stay

At or below FTE target for the first four pay periods of the year.

ALOS vs Milliman well-managed benchmark. Trend shows remarkable and steady improvement with FY 2019 below benchmark (blue). Increase in benchmark beginning in FY 2017 due to Clinical Documentation Improvement (CDI)



## AVERAGE LENGTH OF STAY TREND BY MONTH/YEAR



## AVERAGE LENGTH OF STAY TREND BY MONTH/YEAR



# El Camino Hospital Volume Annual Trends

Inpatient ServLn	Annual Trend							FY 19 Bud vs FY 18		Month					YTD				
	2014	2015	2016	2017	2018	Bud 2018	Bud 2019	Cases	Percent	PY	CY	Bud	Bud Var	PY Var	PY	CY	Bud	Bud Var	PY Var
Behavioral Health	1,012	1,052	928	924	1,098	912	1,062	(36)	-3.2%	82	104	77	27	22	178	187	168	19	9
General Medicine	4,160	4,591	4,459	4,962	5,288	4,679	5,325	37	0.7%	403	379	376	3	(24)	852	776	794	(18)	(76)
General Surgery	1,243	1,150	1,311	1,317	1,304	1,306	1,344	40	3.1%	123	126	128	(2)	3	218	235	228	7	17
GYN	390	313	293	270	244	275	255	11	4.5%	28	21	25	(4)	(7)	45	32	41	(9)	(13)
Heart and Vascular	1,859	1,998	2,001	2,203	2,372	2,082	2,445	73	3.1%	198	167	193	(26)	(31)	397	326	384	(58)	(71)
MCH	6,695	6,371	5,951	5,819	5,715	6,206	5,764	49	0.9%	485	467	470	(3)	(18)	984	891	952	(61)	(93)
Neurosciences	667	672	677	688	870	697	907	37	4.3%	73	69	85	(16)	(4)	150	139	170	(31)	(11)
Oncology	606	564	652	594	633	572	726	93	14.7%	51	63	51	12	12	97	124	98	26	27
Orthopedics	1,695	1,773	1,746	1,690	1,706	1,762	1,819	113	6.6%	144	136	148	(12)	(8)	281	268	289	(21)	(13)
Other	5	1				-	-	-			1	-	1	1	-	1	-	1	1
Rehab Services	547	555	500	461	442	497	436	(6)	-1.4%	36	40	36	4	4	67	82	67	15	15
Spine Surgery	377	429	417	474	375	478	465	90	24.0%	37	30	39	(9)	(7)	66	54	69	(15)	(12)
Urology	172	169	234	257	254	240	274	20	7.9%	18	27	17	10	9	43	39	44	(5)	(4)
	19,428	19,638	19,169	19,659	20,301	19,705	20,823	522	2.6%	1,678	1,630	1,645	(15)	(48)	3,378	3,154	3,304	(150)	(224)
Change		1.1%	-2.4%	2.6%	3.3%	0.2%	2.6%						-0.9%	-2.9%				-4.5%	-6.6%
Outpatient	Annual Trend							FY 19 Bud vs FY 18		Month					YTD				
	2014	2015	2016	2017	2018	Bud 2018	Bud 2019	Cases	Percent	PY	CY	Bud	Bud Var	PY Var	PY	CY	Bud	Bud Var	PY Var
Behavioral Health	911	886	2,395	3,262	3,152	3,282	3,417	265	8.4%	270	230	257	(27)	(40)	530	456	517	(61)	(74)
Dialysis	1,060	154	7					-					-	-	-	-	-	-	-
Emergency	46,005	49,077	48,576	48,615	49,424	48,975	49,122	(302)	-0.6%	3,987	3,861	3,921	(60)	(126)	8,019	7,909	7,885	24	(110)
General Medicine	5,969	5,999	6,569	6,540	7,048	6,504	6,850	(198)	-2.8%	614	669	624	45	55	1,158	1,275	1,184	91	117
General Surgery	1,840	1,854	1,798	1,843	2,007	2,049	2,068	61	3.0%	150	183	150	33	33	299	340	300	40	41
GYN	1,221	1,308	1,018	1,080	1,096	1,172	1,171	75	6.8%	82	120	81	39	38	163	232	160	72	69
Heart and Vascular	2,575	2,719	3,811	4,372	4,367	4,393	4,410	43	1.0%	370	402	381	21	32	723	785	746	39	62
Imaging Services	19,549	20,077	17,801	17,244	18,512	17,597	18,744	232	1.3%	1,574	1,702	1,539	163	128	3,020	3,273	2,952	321	253
Laboratory Services	30,595	29,710	29,028	29,137	28,575	28,741	29,071	496	1.7%	2,497	2,431	2,485	(54)	(66)	4,688	4,769	4,666	103	81
MCH	5,038	4,830	5,092	5,583	5,646	5,200	5,928	282	5.0%	489	464	484	(20)	(25)	955	923	943	(20)	(32)
Neurosciences	110	61	127	125	114	142	155	41	36.0%	13	5	16	(11)	(8)	24	9	29	(20)	(15)
Oncology	4,002	4,174	14,306	18,578	19,278	19,438	22,037	2,759	14.3%	1,698	1,692	1,743	(51)	(6)	3,243	3,171	3,330	(159)	(72)
Orthopedics	866	776	584	616	642	588	714	72	11.2%	55	63	63	(0)	8	101	105	116	(11)	4
Other	664	635	629	543	513	703	607	94	18.3%	49	55	47	8	6	89	101	85	16	12
Outpatient Clinics	1,817	1,706	1,681	1,304	1,890	1,450	1,517	(373)	-19.7%	223	133	130	3	(90)	395	271	223	48	(124)
Rehab Services	1,732	1,747	3,951	4,518	4,928	4,326	4,900	(28)	-0.6%	441	437	438	(1)	(4)	839	880	833	47	41
Sleep Center	160	223	499	368	211	720	300	89	42.2%	15	20	29	(9)	5	27	34	52	(18)	7
Spine Surgery	325	401	309	324	310	331	326	16	5.2%	31	36	30	6	5	52	53	51	2	1
Urology	1,758	1,773	1,740	1,898	1,785	1,875	2,058	273	15.3%	200	106	201	(95)	(94)	338	227	339	(112)	(111)
	126,197	128,110	139,921	145,950	149,498	147,485	153,395	3,897	2.6%	12,758	12,609	12,618	(9)	(149)	24,663	24,813	24,411	402	150
Change		1.5%	9.2%	4.3%	2.4%	1.1%	2.6%						-0.1%	-1.2%				1.6%	0.6%

## Capital Spend Trend & FY19 Budget

Capital Spending (in 000's)	Actual FY2016	Actual FY2017	Actual FY2018	Budget 2019
EPIC	20,798	2,755	1,922	-
IT Hardware / Software Equipment	6,483	2,659	12,238	19,732
Medical / Non Medical Equipment	17,133	9,556	14,275	11,206
Non CIP Land, Land I , BLDG, Additions	4,189	-	-	-
Facilities	48,137	82,953	128,030	279,450
<b>GRAND TOTAL</b>	<b>96,740</b>	<b>97,923</b>	<b>156,465</b>	<b>310,388</b>

# El Camino Hospital Capital Spending (in thousands) FY 2012 – FY 2017

Category	2013	2014	2015	2016	2017	Category	2013	2014	2015	2016	2017
<b>EPIC</b>	<b>0</b>	<b>6,838</b>	<b>29,849</b>	<b>20,798</b>	<b>2,755</b>	<b>Facilities Projects CIP cont.</b>					
<b>IT Hardware/Software Equipment</b>	<b>8,019</b>	<b>2,788</b>	<b>4,660</b>	<b>6,483</b>	<b>2,659</b>	1403 - Hosp Drive BLDG 11 TI's	0	86	103	0	0
<b>Medical/Non Medical Equipment</b>	<b>10,284</b>	<b>12,891</b>	<b>13,340</b>	<b>17,133</b>	<b>9,556</b>	1404 - Park Pav HVAC	0	64	7	0	0
<b>Non CIP Land, Land I, BLDG, Additions</b>	<b>0</b>	<b>22,292</b>	<b>0</b>	<b>4,189</b>	<b>0</b>	1405 - 1 - South Accessibility Upgrades	0	0	0	168	95
<b>Land Acquisition (1550)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24,007</b>	<b>0</b>	1408 - New Main Accessibility Upgrades	0	0	7	46	501
<b>828 S Winchester Clinic TI (1701)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145</b>	1415 - Signage & Wayfinding	0	0	0	106	58
						1416 - MV Campus Digital Directories	0	0	0	34	23
						1423 - MV MOB TI Allowance	0	0	0	588	369
<b>Facilities Projects CIP</b>						1425 - IMOB Preparation Project - Old Main	0	0	0	711	1,860
<b>Mountain View Campus Master Plan Projects</b>						1429 - 2500 Hospital Dr Bldg 8 TI	0	0	101	0	0
1245 - Behavioral Health Bldg Replace	0	1,257	3,775	1,389	10,323	1430 - Women's Hospital Expansion	0	0	0	0	464
1413 - North Drive Parking Structure Exp	0	0	167	1,266	18,120	1432 - 205 South Dr BHS TI	0	0	8	15	0
1414 - Integrated MOB	0	0	2,009	8,875	32,805	1501 - Women's Hospital NPC Comp	0	0	4	0	223
1422 - CUP Upgrade	0	0	0	896	1,245	1502 - Cabling & Wireless Upgrades	0	0	0	1,261	367
<b>Sub-Total Mountain View Campus Master Plan</b>	<b>0</b>	<b>1,257</b>	<b>5,950</b>	<b>12,426</b>	<b>62,493</b>	1503 - Willow Pavillion Tomosynthesis	0	0	0	53	257
<b>Mountain View Capital Projects</b>						1504 - Equipment Support Infrastructure	0	0	61	311	0
9900 - Unassigned Costs	734	470	3,717	0	0	1523 - Melchor Pavillion Suite 309 TI	0	0	0	10	59
1108 - Cooling Towers	450	0	0	0	0	1525 - New Main Lab Upgrades	0	0	0	0	464
1120 - BHS Out Patient TI's	66	0	0	0	0	1526 - CONCERN TI	0	0	0	37	99
1129 - Old Main Card Rehab	9	0	0	0	0	<b>Sub-Total Mountain View Projects</b>	<b>8,145</b>	<b>7,219</b>	<b>26,744</b>	<b>5,588</b>	<b>5,535</b>
0817 - Womens Hosp Upgrds	645	1	0	0	0	<b>Los Gatos Capital Projects</b>					
0906 - Slot Build-Out	1,003	1,576	15,101	1,251	294	0904 - LG Facilities Upgrade	2	0	0	0	0
1109 - New Main Upgrades	423	393	2	0	0	0907 - LG Imaging Masterplan	244	774	1,402	17	0
1111 - Mom/Baby Overflow	212	29	0	0	0	1005 - LG OR Light Upgrd	14	0	0	0	0
1204 - Elevator Upgrades	25	30	0	0	0	1122 - LG Sleep Studies	7	0	0	0	0
0800 - Womens L&D Expansion	2,104	1,531	269	0	0	1210 - Los Gatos VOIP	147	89	0	0	0
1131 - MV Equipment Replace	216	0	0	0	0	1116 - LG Ortho Pavillion	177	24	21	0	0
1208 - Willow Pav. High Risk	110	0	0	0	0	1124 - LG Rehab BLDG	49	458	0	0	0
1213 - LG Sterilizers	102	0	0	0	0	1247 - LG Infant Security	134	0	0	0	0
1225 - Rehab BLDG Roofing	7	241	4	0	0	1307 - LG Upgrades	376	2,979	3,282	3,511	3,081
1227 - New Main eICU	96	21	0	0	0	1308 - LG Infrastructure	0	114	0	0	0
1230 - Fog Shop	339	80	0	0	0	1313 - LG Rehab HVAC System/Structural	0	0	0	1,597	1,904
1315 - 205 So. Drive TI's	0	500	2	0	0	1219 - LG Spine OR	0	214	323	633	2,163
0908 - NPCR3 Seismic Upgrds	1,302	1,224	1,328	240	342	1221 - LG Kitchen Refrig	0	85	0	0	0
1125 - Will Pav Fire Sprinkler	57	39	0	0	0	1248 - LG - CT Upgrades	0	26	345	197	6,669
1211 - SIS Monitor Install	215	0	0	0	0	1249 - LG Mobile Imaging	0	146	0	0	0
1216 - New Main Process Imp Office	19	1	16	0	0	1328 - LG Ortho Canopy FY14	0	255	209	0	0
1217 - MV Campus MEP Upgrades FY13	0	181	274	28	0	1345 - LG Lab HVAC	0	112	0	0	0
1224 - Rehab Bldg HVAC Upgrades	11	202	81	14	6	1346 - LG OR 5, 6, and 7 Lights Replace	0	0	285	53	22
1301 - Desktop Virtual	0	13	0	0	0	1347 - LG Central Sterile Upgrades	0	0	181	43	66
1304 - Rehab Wander Mgmt	0	87	0	0	0	1421 - LG MOB Improvements	0	0	198	65	303
1310 - Melchor Cancer Center Expansion	0	44	13	0	0	1508 - LG NICU 4 Bed Expansion	0	0	0	0	207
1318 - Women's Hospital TI	0	48	48	29	2	1600 - 825 Pollard - Aspire Phase II	0	0	0	0	80
1327 - Rehab Building Upgrades	0	0	15	20	0	1603 - LG MOB Improvements	0	0	0	0	285
1320 - 2500 Hosp Dr Roofing	0	75	81	0	0	<b>Sub-Total Los Gatos Projects</b>	<b>1,150</b>	<b>5,276</b>	<b>6,246</b>	<b>6,116</b>	<b>14,780</b>
1340 - New Main ED Exam Room TVs	0	8	193	0	0	<b>Subtotal Facilities Projects CIP</b>	<b>9,294</b>	<b>13,753</b>	<b>38,940</b>	<b>24,130</b>	<b>82,808</b>
1341 - New Main Admin	0	32	103	0	0	<b>Grand Total</b>	<b>27,598</b>	<b>58,561</b>	<b>86,789</b>	<b>96,740</b>	<b>97,923</b>
1344 - New Main AV Upgrd	0	243	0	0	0	Forecast at Beginning of year	70,503	70,037	101,607	114,025	212,000
1400 - Oak Pav Cancer Center	0	0	5,208	666	52						

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Mark Adams, MD, CMO  
**Date:** October 10, 2018  
**Subject:** Quality, Patient Care and Patient Experience Committee Report

**Purpose:**

To inform the Board of the work of the Quality Committee

**Summary:**

The Committee last met on October 2<sup>nd</sup> and meets again on November 5<sup>th</sup>. The FY19 Quality Dashboard was reviewed. Most measures are stable or trending positively with the exception of Catheter Associated Urinary Tract Infections (CAUTI), where we experienced several new cases. Causation factors and mitigation strategies were discussed. The Quality and Patient Experience Organizational Goals Dashboard is attached.

The medical staff credential and privileging process was reviewed. Applicants must provide their qualifications which then must be independently verified by the medical staff office. Once an applicant is determined to be qualified to join the medical staff, a determination is then made regarding what clinical privileges are applicable and acceptable. All medical staff physicians are now subject to Ongoing Professional Practice Evaluation (OPPE) every 8 months. This OPPE is intended to assess each physician with respect to the six core competencies: medical knowledge, procedural skills, professionalism, systems based practice, practice based learning, and interpersonal and communication skills. An active discussion ensued. Committee members were particularly interested to learn how we will assess the core competencies beyond medical knowledge and procedural skills.

A review of Emergency Department patient satisfaction results and a comprehensive program to improve it was presented. This work has included patient tracking, physician and caregiver coaching, environmental enhancements, and post visit call backs. A new chatbot device, LifeLink, is being piloted to provide better patient service.

The hospital update included a report on a newly constituted Chief Medical Officer Advisory Council (CMOAC) which brings all of our medical directors together regularly to better align our organizational goals between our physician leaders and our administration. The inaugural meeting was well attended with an impressive amount of engagement and interaction.

**List of Attachments:**

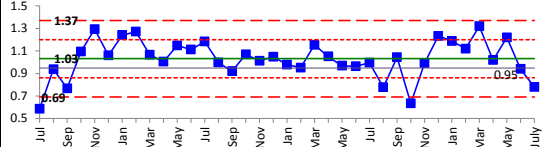
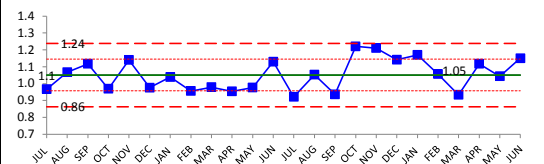
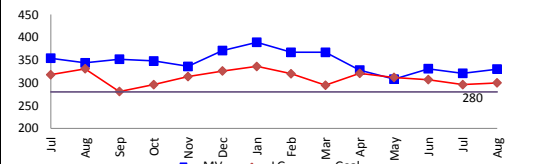
1. Quality and Experience Organizational Goals Dashboard.

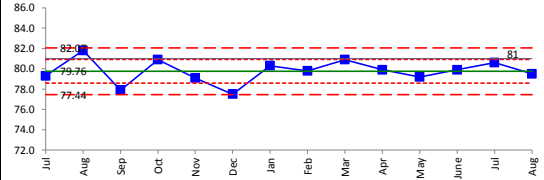
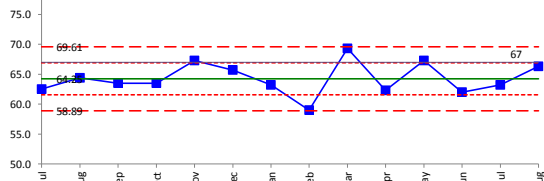
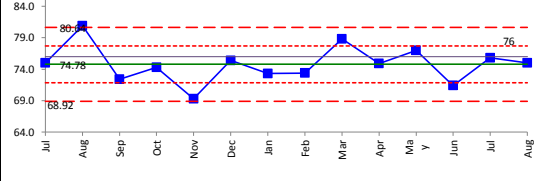
**Suggested Board Discussion Questions:** None.



## FY19 Organizational Goal Update

### August 2018 Data (Unless otherwise specified)

Quality		FY19 Performance		Baseline FY18 Actual	FY19 Target	Trend	Comments
		Month	FYTD				
1	<b>*Organizational Goal Mortality</b> <b>Index Observed/Expected</b> <b>Premier Standard Risk Calculation Mode</b> Date Period: July 2018	0.78 (1.18%/1.52%)	0.78 (1.18%/1.52%)	1.05 (stable, compared to 1.02 for FY 2017)	0.95		CDI has filled 4 open positions, 1 remains open. Mgr. meeting with physicians to improve documentation. Steady drop in Mortality O/E since May. 3 teams supporting Mortality goal meeting.
2	<b>*Organizational Goal Readmission Index (All Patient, All Cause Redmit)</b> <b>Observed/Expected</b> <b>Premier Standard Risk Calculation Mode</b> Date Period: June 2018	1.15	1.08	1.08 (stable, compared to 1.02 for FY 2017)	1.05		6 teams meeting to support Readmissions Goal, Weekly Readmission Team now includes review of all Medicare and MediCal readmissions. EPIC Cognitive computing tool that predicts risk for readmission explored and to be part of March 2019 EPIC upgrade.
3	<b>★Organizational Goal Patient Throughput-Median minutes from ED Door to Patient Admitted</b> (excludes Behavioral Health Inpatients) Date Period: August 2018	MV: 330 mins LG: 300 mins	MV: 325 mins LG: 298 mins	MV: 350 mins; LG: 314 mins	280 mins		MV: team reviewing MD Order to floor (from ED) weekly with weekly Huddle. LG: Focusing on pulling patients from ED to floor and identifying barriers.

Service		FY19 Performance		HCAHPS Baseline Q4 2017-Q3 2018	FY19 Target	Trend	Comments
Service		Month	FYTD				
10	«Organizational Goal HCAHPS Nursing Communication Domain Top Box Rating of Always Date Period: August 2018	79.5 (204/257)	80.1 (420/525)	80.0	81.0		Focus in on "Purposeful Rounding" implementation.
	«Organizational Goal HCAHPS Responsiveness of Staff Domain Top Box Rating of Always Date Period: August 2018	66.3 (164/247)	64.7 (323/499)	65.1	67.0		Teams promoting a "No pass Zone," all staff are to not pass a room with a call light on and enter the room to acknowledge the light and then access the appropriate staff. Also setting an objective of addressing each call light w/ 5 minutes and before the call light cycles again.
	«Organizational Goal HCAHPS Cleanliness of Hospital Environment Question Top Box Rating of Always Date Period: August 2018	75.0 (192/256)	75.4 (393/521)	74.5	76.0		Team includes EVS, Facilities, and Nursing to identify room clutter and debris, and find solutions to limit it.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Cheryl Reinking, MS, RN, NEA-BC, CNO  
**Date:** October 10, 2018  
**Subject:** Quality Goal Setting (Patient Experience)

**Purpose:**

To provide information to the Board regarding the process for setting the Patient Experience organizational goals for FY19.

**Summary:**

1. Situation: There are numerous reasons why the organization should focus on patient experience and raise the measurement of patient experience to the level of an organizational goal. At this time, the most common process for health care systems to measure patient experience is through the national survey called HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). All hospitals receiving Medicare funding are required to administer this survey to their patients. The survey is a 27-item questionnaire sent to a random sample of adult patients through a vendor. El Camino Hospital's vendor is Press Ganey, which is the largest HCAHPS vendor in the country. All patients across the country receive the same survey so the results can be easily benchmarked easily nationally. The survey results are publicly reported on the CMS Compare website, which consumers have access to when researching health care organizations. In addition, the survey results must meet certain thresholds set by CMS in order to obtain full reimbursement through the Value-Based Purchasing (VBP) program. In addition to the VBP program and the transparency the publication of the results provides, certain thresholds are also required to maintain the Magnet Designation for Nursing. The survey results are required to perform superiorly at the unit level compared to other like units across the nation. We will be submitting these results with our 4th designation documents in June 2019. In addition, our strategic plan calls for ECH to achieve scores above the 50<sup>th</sup> percentile for all HCAHPS domains with two domains performing in the top decile by the end of FY2022.

Due to the significance of the results as explained above, we believe continuing to raise the HCAHPS scores up the organization is needed for continued focus for improvement.

2. Authority: N/A
3. Background: A team of leaders met for a goal setting session in April 2018, including David Clark, Interim COO, Ashlee Fontenot, Manager of Patient Experience, Dan Woods, CEO, Cheryl Reinking, RN, CNO, and other key stakeholders. A review of the current HCAHPS performance was completed along with a review of the methodology to be used for setting the Patient Experience goals for FY19. Upon review of the last year's survey data results with input from Press Ganey we identified three areas (Nurse Communication, Responsiveness, and Cleanliness) that needed the greatest attention at the organizational level and we recommended those be included in our FY19 organizational goals. For these three domains, we asked Press Ganey to create an HCAHPS Goal Setting Analysis report and share it with our team. Press Ganey examined the rates of change in performance across all their client hospitals (n = 2,750). The goals were based on the decile in which the client's percentile rank fell. In other words, the

report compared ECH to other hospitals with similar levels of performance. For these comparisons, we used a full year of data (4/1/17 - 3/31/18) as our baseline. Survey results were included in the data set based on the date Press Ganey received the survey (not the date care was delivered) and CMS adjusted data. The Press Ganey Goal Setting Analysis Report provided ECH with the amount of improved performance organizations have experienced in the past who had like performance compared to our current performance. Press Ganey recommended that, at our current performance levels, we should set our targets at the same rate as the top 30% of other improvers across the country. Therefore, in April, we recommended these targets to the Quality Committee of the Board and we recently validated our FY18 performance.

<b>Domain</b>	<b>Baseline (Q4 FY17 - Q3 FY18)</b>	<b>FY19 Target</b>
Nurse Communication	80 (51 <sup>st</sup> percentile)*	81 (57 <sup>th</sup> percentile)
Responsiveness	65.1 (44 <sup>th</sup> percentile)	67 (49 <sup>th</sup> percentile)
Cleanliness	74.5 (57 <sup>th</sup> percentile)	76 (61 <sup>st</sup> percentile)

<b>Domain</b>	<b>Validated FY18 Performance**</b>
Nurse Communication	79.7 (43 <sup>rd</sup> percentile)
Responsiveness	64.2 (33 <sup>rd</sup> percentile)
Cleanliness	74.7 (52 <sup>nd</sup> percentile)

\*national percentile rank

\*\*These numbers were previously incorrectly reported to the Board and the Quality, Patient Care and Patient Experience Committee. The data definitions used for the August dashboard were not applied correctly. Also, there was a transcription error with respect to the Responsiveness data.

The Quality Committee recommended the targets to the Board and the Board approved the targets in June. Having approved targets in place by July 1<sup>st</sup> enables us take advantage of the full fiscal year to make improvements. We also recommended Quarter 4 be the measurement period for these three domains. There are 5 teams and many best practices being introduced to improve the HCAHPS survey scores. In order to implement best practices, up to 3000 staff may need to be trained. Training and auditing these new care practices will take several months with the ultimate outcomes of the best practice implementation to be measured in the 4<sup>th</sup> quarter.

4. Assessment: The methodology used for selecting the HCAHPS domains for the organizational goals as well as the metrics were done similarly last fiscal year at ECH using the Press Ganey Goal Setting Analysis Report. Press Ganey indicates and it is common across the country for other health care organizations to use this methodology, especially Press Ganey clients who receive the same Goal Setting Analysis report. An alternative could have been to wait to set the targets until we had Q4 results and use FY18 results as our baseline. However, this would have resulted in delaying final Board approval of the targets until August or September. The Board also followed best practice last spring by making its annual recommendation to the full board on the goals for quality and safety for the upcoming fiscal year.
5. Other Reviews: The organizational goals were recommended for approval by the Quality Committee of the Board and the Executive Compensation Committee of the Board and approved by the Board of Directors.

6. Outcomes: Directors, managers, and staff constantly review HCAHPS scores at the unit level and display these results on the unit. Units have graphs that show the goals and their own results. They also display the best practices that are currently being implemented. These outcomes are monitored at the daily huddles at the unit level as well as monthly at leadership meetings across the enterprise. Each team addressing the goals meet weekly to put work plans into place, plan education, and monitor outcomes. In addition, these results are reported at the Board of Directors level at the monthly Quality Committee meetings and the Board of Directors meetings.

**List of Attachments:** None.

**Suggested Board Discussion Questions:**

1. How does focusing on improving HCAHPS scores help ECH achieve our mission and vision?
2. How do the HCAHPS improvement goals align ECH with its strategic priorities?

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Diane Wigglesworth, Sr. Director, Corporate Compliance  
**Date:** October 10, 2018  
**Subject:** FY18 Financial Audit

**Recommendation:**

To approve the FY18 Annual Financial Audit.

**Summary:**

1. Situation: The El Camino Healthcare District engaged Moss-Adams to conduct its annual Financial Audit for FY2018. The Audit includes El Camino Hospital and its related entities (The El Camino Hospital Foundation, CONCERN: EAP and Silicon Valley Medical Development LLC).
2. Authority: N/A
3. Background: As noted in Moss Adams' report the auditors found that management selected and applied significant accounting policies appropriately and consistent with those of the prior year with the exception of the adoption of GASB75 and that management's judgments and accounting estimates were reasonable. The auditors also found that the disclosures in the consolidated financial statements were clear and consistent and there were no corrected or uncorrected misstatements or deficiencies in internal control.
4. Assessment: Moss Adams provided an unmodified opinion that the consolidated financial statements were presented fairly and in accordance with US GAAP (Generally Accepted Accounting Principles).
5. Other Reviews: The Compliance and Audit Committee reviewed the Audit and voted to recommend that the Board approve it. Committee materials included the full audit packet, including the Auditor's detailed Notes to the Consolidated Financial Statements.
6. Outcomes: N/A

**List of Attachments:**

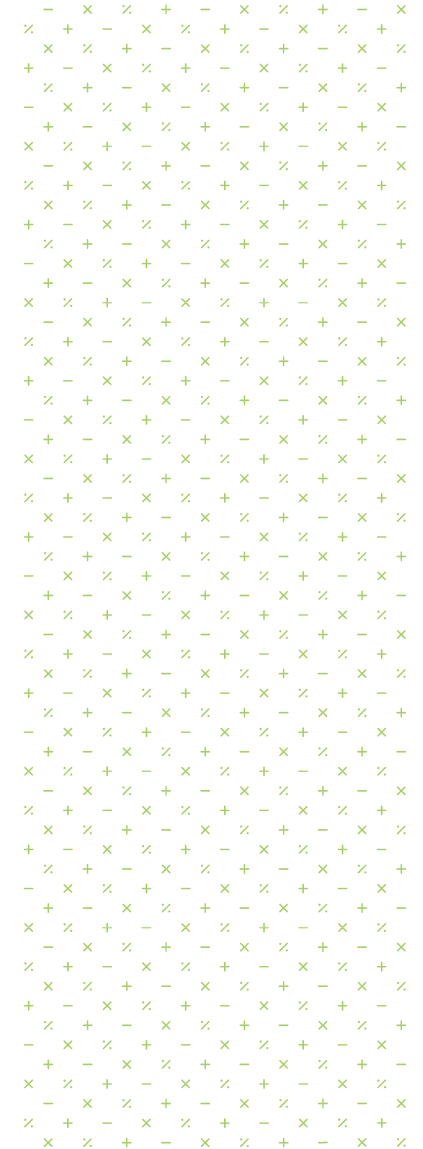
1. Consolidated Statements of Net Position
2. Communication with Those Charged with Governance  
\*\*The full draft audit documents are available in the board portal and the final audit will be available on the El Camino Healthcare District Website after that Board approves the Audit.

**Suggested Board Discussion Questions:** None.

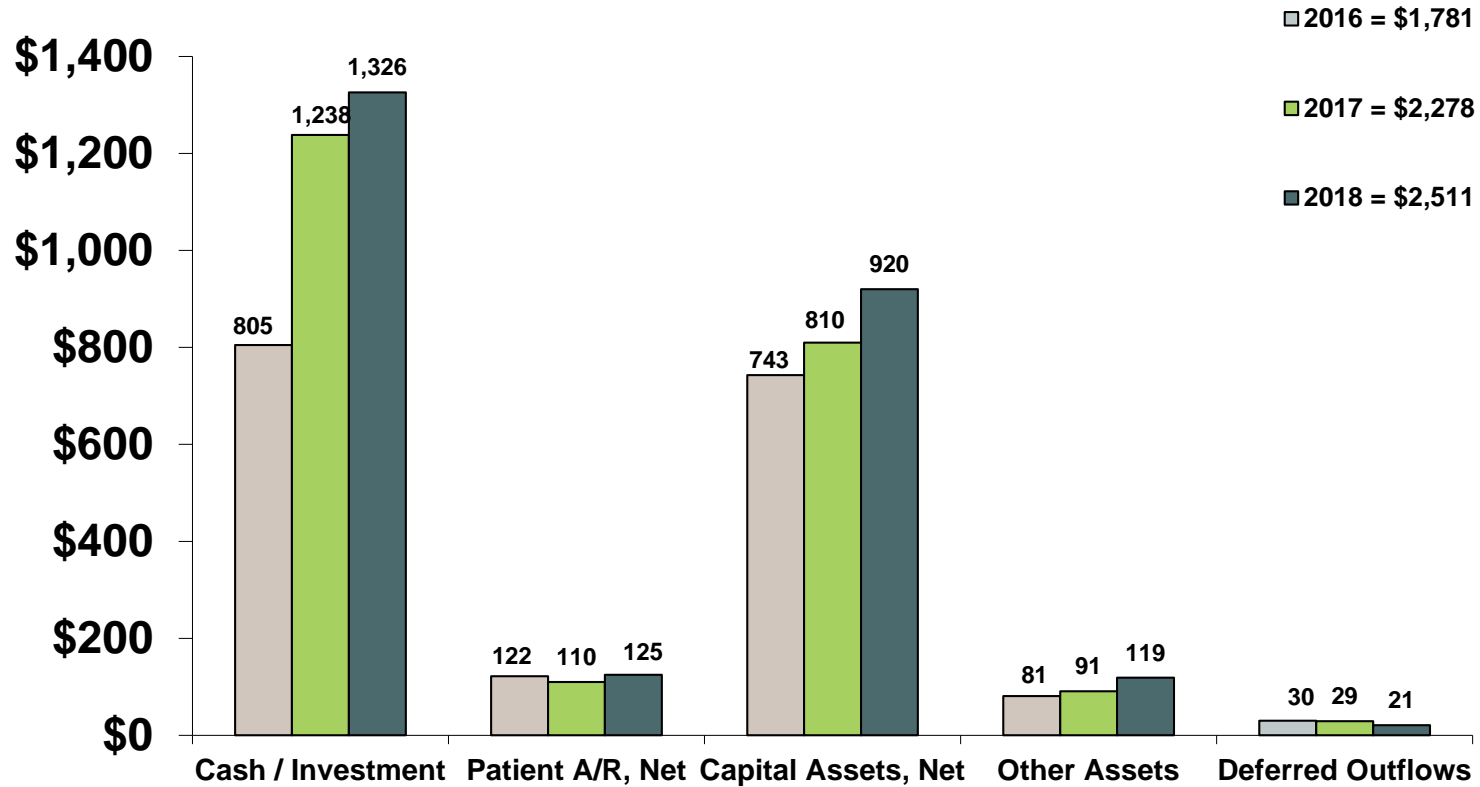


# Consolidated Statements of Net Position

*Better Together: Moss Adams & El Camino Healthcare District*

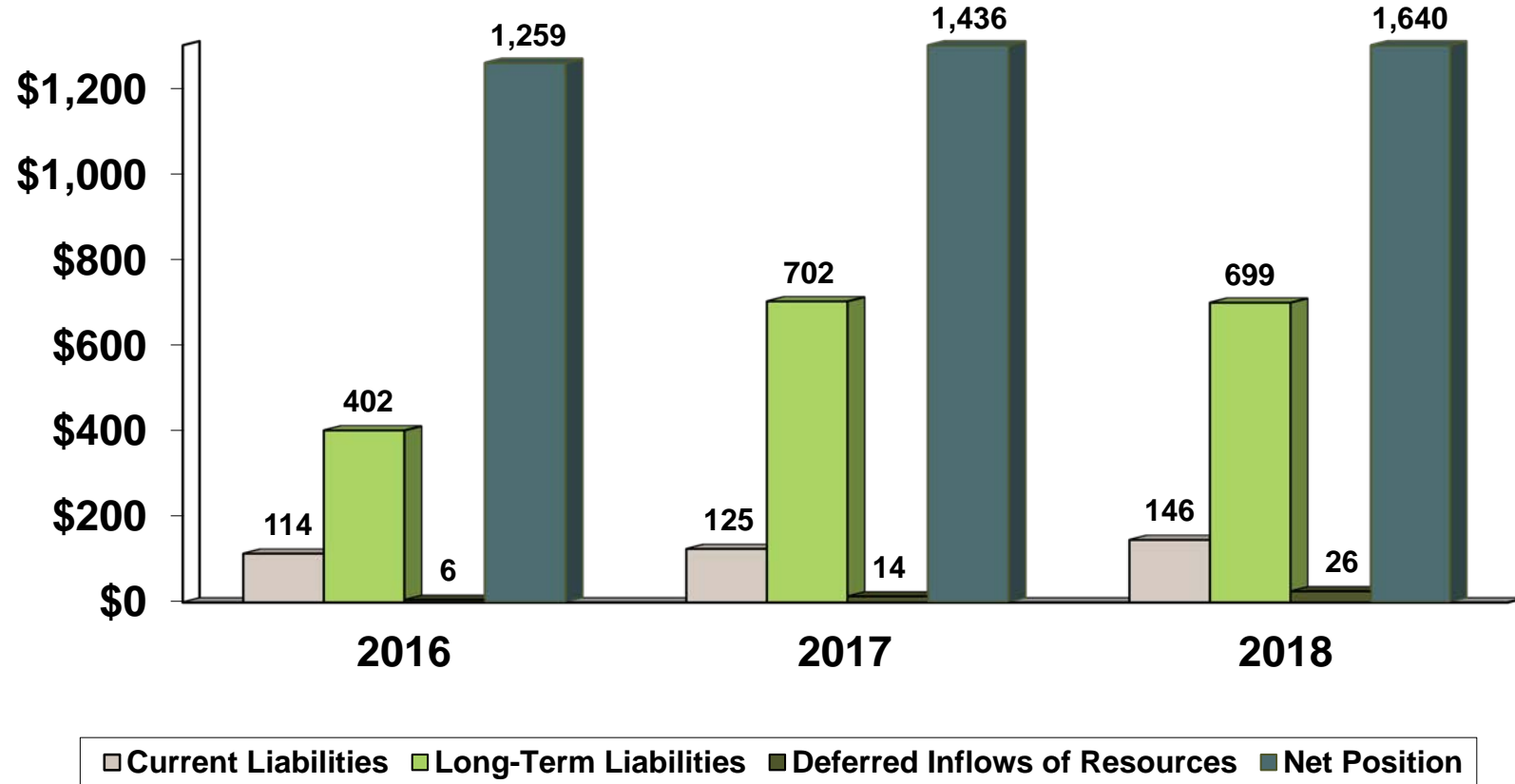


# Asset and Deferred Outflows (in millions)



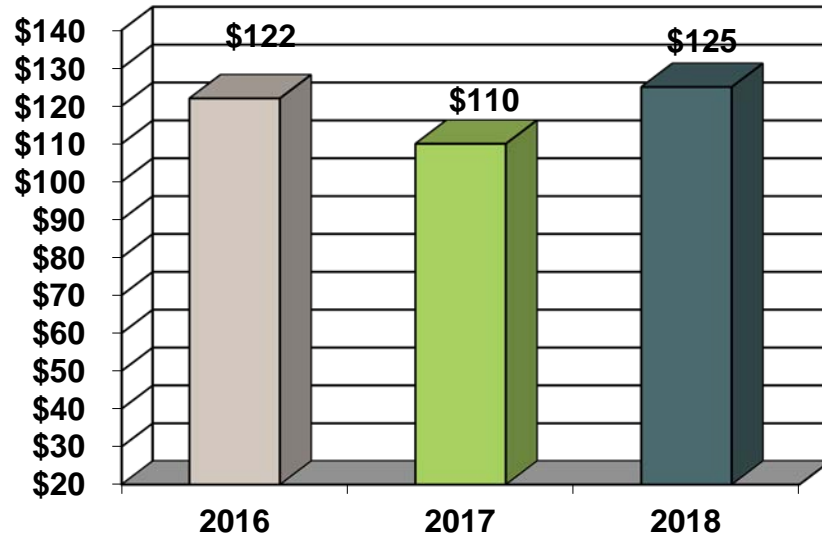


# Liabilities, Deferred Inflows, and Net Position (in millions)

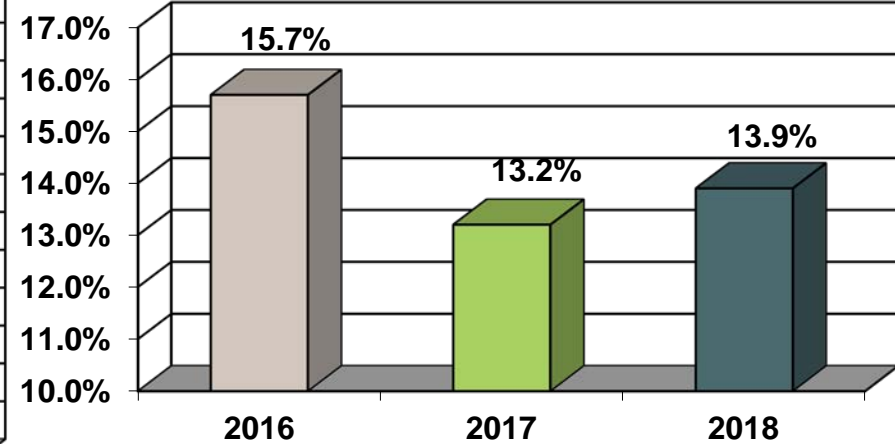


# Net Patient Service Accounts Receivable

## Dollars (in millions)



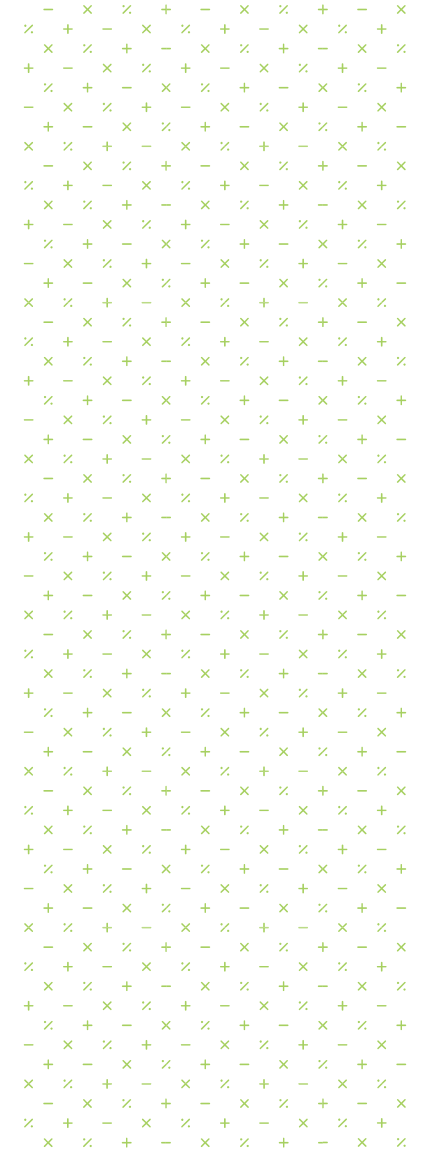
## % Net Revenues





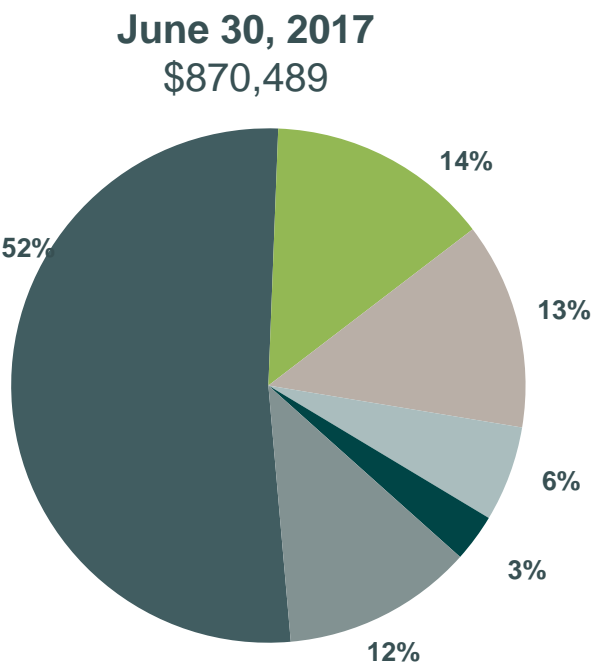
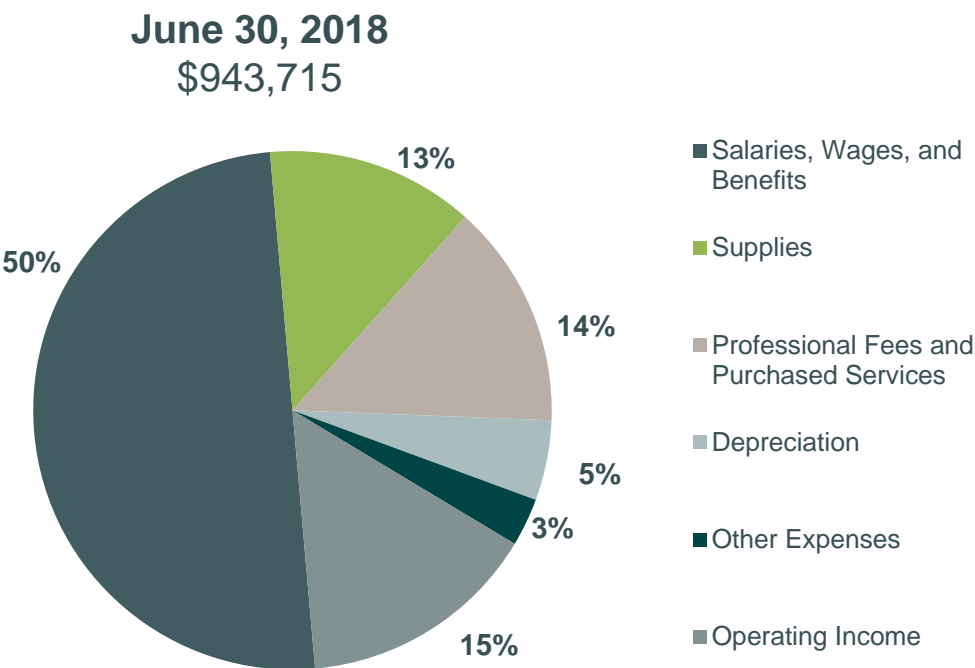
# Operations

*Better Together: Moss Adams & El Camino Healthcare District*

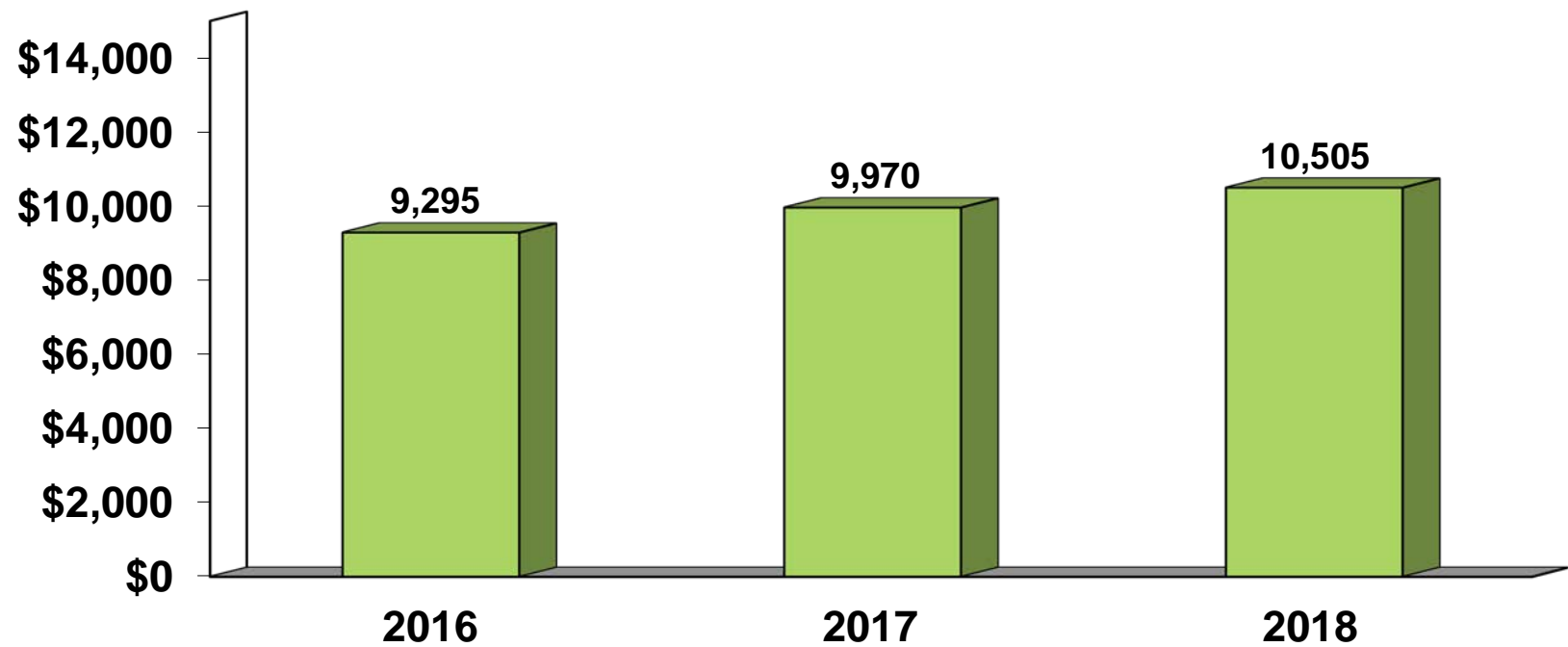


# Income Statements Year to Year Comparison

Total Operating Revenues (in thousands)



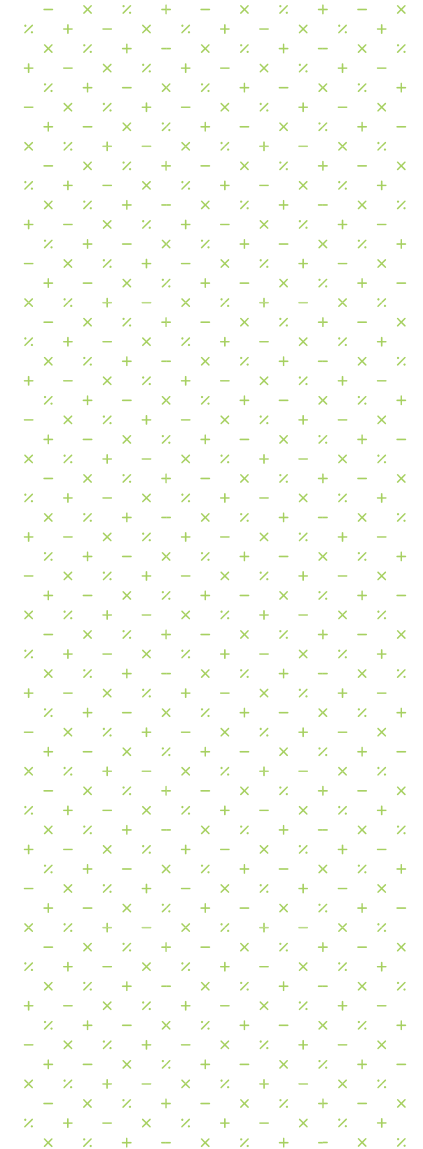
# Community Benefit Expense (in thousands)





# Communication with Those Charged with Governance

*Better Together: Moss Adams & El Camino Healthcare District*



# 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 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 and internal control over compliance 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.



# Significant Accounting Policies & Unusual Transactions

The auditor should determine that the Compliance Committee is informed about the initial selection of and changes in significant accounting policies or their application. The auditor should also determine that the Compliance Committee is informed about the methods used to account for significant unusual transactions and the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

## OUR COMMENTS

- Management has the responsibility for selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the consolidated financial statements. Throughout the course of an audit, we review changes, if any, to significant accounting policies or their application, and the initial selection and implementation of new policies. During the year, the District adopted Governmental Accounting Standards Board (“GASB”) Statement No. 75 (“GASB 75”), *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*.
- There were other changes to significant accounting policies for the year ended June 30, 2018.
- We believe management has selected and applied significant accounting policies appropriately and consistent with those of the prior year for the exception of the adoption of GASB 75.





# Management Judgements & Accounting Estimates

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The Compliance Committee should be informed about the process used by management in formulating particularly sensitive accounting estimates and about the basis for the auditor's conclusions regarding the reasonableness of those estimates.

## OUR COMMENTS

- Management's judgements and accounting estimates are based on knowledge and experience about past and current events and assumptions about future events. We apply audit procedures to management's estimates to ascertain whether the estimates are reasonable under the circumstances and do not materially misstate the consolidated financial statements.
- Significant management estimates impacting the consolidated financial statements include the following: net patient service revenue, provision for uncollectible accounts, fair market values of investments, uninsured losses for professional liability, minimum pension liability, liability for workers' compensation claims, liability for post-retirement medical benefits, valuation of gift annuities and beneficial interest in charitable remainder unitrusts, and useful life of capital assets.
- We deem them to be reasonable.

# Management Judgements & Accounting Estimates

**Our views about the quantitative aspects of the entity's significant accounting policies, accounting estimates, and consolidated financial statement disclosures.**

## OUR COMMENTS

- The disclosures in the consolidated financial statements are clear and consistent. Certain consolidated financial statement disclosures are particularly sensitive because of their significance to financial statements users, however we do not believe any of the disclosures are particularly sensitive. We call your attention to the following notes:
  - Note 2 – Significant concentration of net patient accounts receivable
  - Note 5 – Fair value of investments
  - Note 6 – Capital assets
  - Note 7 – Employee benefit plans
  - Note 8 – Post-retirement medical benefits
  - Note 10 – Long-term debt
  - Note 13 – Related party transactions



# Significant Audit Adjustments & Unadjusted Differences Considered by Management to Be Immaterial

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The Compliance Committee should be informed of all significant audit adjustments arising from the audit. Consideration should be given to whether an adjustment is indicative of a significant deficiency or a material weakness in the District's internal control over financial reporting, or in its process for reporting interim financial information, that could cause future consolidated financial statements to be materially misstated.

The Compliance Committee should also be informed of uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented that were determined by management to be immaterial, both individually and in the aggregate, to the consolidated financial statements as a whole.

## OUR COMMENTS

- There were no corrected and uncorrected misstatements.



# Deficiencies in Internal Control

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Any material weaknesses and significant deficiencies in the design or operation of internal control that came to the auditor's attention during the audit must be reported to the Compliance Committee.

## OUR COMMENTS

- Material weakness
  - None noted
- Significant deficiencies
  - Nothing to communicate





**Minutes of the Open Session of the  
El Camino Hospital Board of Directors  
Wednesday, September 12, 2018  
2500 Grant Road, Mountain View, CA 94040  
Conference Rooms F&G (ground floor)**

**Board Members Present**

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

**Board Members Absent**

Bob Rebitzer

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Board of Directors of El Camino Hospital (the “Board”) was called to order at 5:47pm by Chair Chen. A silent roll call was taken. Director Fung joined the meeting at 5:48pm during Agenda Item 3: Board Recognition. Director Davis joined the meeting at 5:52pm during Agenda Item 4: Quality Committee Report. Director Rebitzer was absent. All other Board members were present at roll call.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. BOARD RECOGNITION</b>	<p><b>Motion:</b> To approve <i>Resolution 2018-10</i>.</p> <p><b>Movant:</b> Miller</p> <p><b>Second:</b> Kliger</p> <p><b>Ayes:</b> Chen, Fligor, Kalbach, Kliger, Miller, Reeder, Zoglin</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Davis, Fung, Rebitzer</p> <p><b>Recused:</b> None</p> <p>Dan Woods, CEO, recognized Michael Fitzgerald, Executive Director, Behavioral Health Services, Brenda Taussig, Director, Government &amp; Community Relations, Joseph Sandoval, Manager, Business Operations, Mental Health &amp; Addiction Services, and Joy Villaverde, Contracts Negotiator, Managed Care Contracting, for working with Santa Clara County to broaden the Medi-Cal funded network of mental health services for low-income adolescents and their parents through After-School Program Interventions Resiliency Education® (ASPIRE).</p>	<b><i>Resolution 2018-10 approved</i></b>
<b>4. AGENDA ITEM 4: QUALITY COMMITTEE REPORT</b>	<p>Director Reeder, Chair of the Quality Committee, noted that due to a lack of a quorum at the last meeting, the Committee will be reviewing and approving the FY18 Annual Patient Safety Report at its October meeting.</p> <p>He suggested that future Quality Committee Reports to the Board focus on organizational goals and the Quality Committee will review the more detailed goals on the dashboard. He briefly described the achievement of the FY18 organizational goals.</p> <p>Mark Adams, MD, CMO, reviewed the FY19 Quality Dashboard as further detailed in the packet, noting that 1) mortality and readmissions are areas</p>	

	<p>that have a broad reach across the organization, 2) sepsis continues to be an area of focus, 3) length of stay is tracked over a 24-month period and is both an operational and a quality/safety measure, and 4) the organizational goals regarding throughput and HCAHPS are also included for tracking on the Committee's dashboard.</p> <p>Director Zoglin and Dr. Adams discussed the measurement periods and goal setting for length of stay and readmissions. Director Zoglin commented that goals should be more challenging and rigorous than the achievement of the prior year. The Board discussed measurement and goal setting, including 1) using performance over the last 12 months versus the last quarter of the fiscal year, and 2) the number of cases for a particular measure and variation over the year.</p> <p>Director Fligor suggested that management look at the performance of ECH's competitors in goal setting and evaluation. Dr. Adams noted that this will be included in future materials.</p> <p>Director Fung requested additional information about Emergency Department wait times at Los Gatos and potential lessons learned as the organization works on improving patient throughput.</p> <p>Chair Chen noted that the Board will have a more robust discussion around these issues in October, including additional context for the dashboard and comparison with peer competitors.</p>	
<p><b>5. FY18 ORGANIZATIONAL GOAL ACHIEVEMENT</b></p>	<p>Dan Woods, CEO, reviewed the FY18 organizational goal achievement:</p> <ul style="list-style-type: none"> <li>- Average Length of Stay: 1.08</li> <li>- Patient Experience (Rate the Hospital): 78.7%</li> <li>- Standardized Infection Ratio: steady improvement to reduce all Hospital Acquired Infections</li> <li>- Operating Margin: exceeded budget, awaiting approval of the final audited financial statements</li> </ul> <p><b>Motion:</b> To approve the FY18 organizational goal achievement, subject to the Board's approval of the financial audit.</p> <p><b>Movant:</b> Kalbach  <b>Second:</b> Fung  <b>Ayes:</b> Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Rebitzer  <b>Recused:</b> None</p>	
<p><b>6. PATHWAYS BUSINESS UPDATE</b></p>	<p>Barbara Burgess, CEO of Pathways, Home Health &amp; Hospice, thanked the Board for the invitation to present and introduced Pathways Board members and administrative leadership in attendance.</p> <p>Ms. Burgess outlined the services that Pathways provides in the areas of home health, palliative care, and hospice. She also described fund development activities.</p> <p>She reviewed a snapshot of the organization, including the three areas of the strategic plan (Pathways People, Quality, Epic Partner Connectivity) and core and specialized programs.</p> <p>Ms. Burgess also outlined the statement of financial positions (highlighting \$54.2 million in net assets) and a three year downward trend in the bottom line (noting issues with hospice admissions and length of stay). She described 1) challenges, including fierce competition for services,</p>	

	<p>2) resetting the cost structure, and 3) reworking recruitment and business development efforts.</p> <p>She reported that Pathways achieved four stars on the Home Health Quality Report. She also described differences between profit and non-profit health care. She emphasized the importance of Pathways providing access and choice as the only non-profit community-based home health agency in the area.</p> <p>Ms. Burgess noted that Pathways' short term goal for this year is to break even; long-term goals revolve around partnering with other like agencies and non-profits. She described the investments that Pathways has made in Epic and resource requirements for the future.</p> <p>In response to Director Fung's question, Ms. Burgess described the connectivity with PAMF palliative care physicians and a telehealth pilot with ConnectedHome Living.</p> <p>In response to Director Zoglin's question, Ms. Burgess expressed concerns about Pathways' longevity in the market and emphasized the need to partner with other organizations to share costs and maximize program offerings.</p> <p>Director Miller thanked Ms. Burgess for the presentation and Ms. Burgess and her team for their work.</p>	
<b>7. PUBLIC COMMUNICATION</b>	<p>Director Miller reported that, following a positive patient experience at both campuses, Mr. Michael Fox, Sr. donated \$10,000 to the ECH Foundation. She thanked the family for their comments and generosity.</p>	
<b>8. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 6:45pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (August 15, 2018); pursuant to <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel pending or threatened litigation: Compliance Committee Report and FY18 Annual Patient Safety Report; pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concern reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concern reports on Medical Staff quality assurance matters: Grievance; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets, <i>Health and Safety Code Section 32155</i> for a for a report of the Medical Staff; deliberations concern reports on Medical Staff quality assurance matters, and <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: CEO Report on New Services and Program, Quality Assurance Matters, and Legal Matters; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p><b>Movant:</b> Fung  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Rebitzer  <b>Recused:</b> None</p>	<p><b>Adjourned to closed session at 6:45pm</b></p>
<b>9. AGENDA ITEM 16: RECONVENE OPEN</b>	<p>Open session was reconvened at 7:47pm by Chair Chen. Agenda items 9-15 were addressed in closed session.</p>	

<b>SESSION/ REPORT OUT</b>	During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (August 15, 2018) and the Medical Staff Report by a unanimous vote in favor of all members present (Directors Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, and Zoglin). Director Rebitzer was absent. The Board also received for information a report from the Compliance Committee and the FY18 Annual Patient Safety Report.	
<b>10. AGENDA ITEM 17: CONSENT CALENDAR</b>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Zoglin requested that Agenda Item 17a (Minutes of the Open Session of the Hospital Board Meeting (August 15, 2018)) be removed for discussion.</p> <p><b>Motion:</b> To approve the consent calendar: Medical Staff Report; and for information: Investment Committee Report; Compliance Committee Report; and FY19 Period 1 Financials.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Kalbach  <b>Ayes:</b> Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Rebitzer  <b>Recused:</b> None</p> <p>Director Zoglin requested that his full comments rather than a summary be included on Item 13 in the minutes.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (August 15, 2018) amended to include Director Zoglin's full comments on Item 13.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Rebitzer  <b>Recused:</b> None</p>	<i>Consent calendar approved</i>
<b>11. AGENDA ITEM 18: LEADERSHIP UPDATE</b>	<p>Dan Woods, CEO, highlighted the upcoming employee engagement survey, the first meeting of the Chief Medical Officer Advisory Council, LEAN implementation efforts, a transit subsidy program and East Bay Shuttle, the HeartFlow system, and SVMD's acquisition of Direct Urgent Care in Mountain View as further detailed in the packet.</p> <p>He also acknowledged the recent generous donations to the Foundation, its upcoming Golf Tournament, and the Auxiliary's contribution of 6,676 volunteer hours in July.</p> <p>Director Davis requested a LEAN tutorial for Board members.</p>	
<b>12. AGENDA ITEM 19: BOARD COMMENTS</b>	None.	
<b>13. AGENDA ITEM 20: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 8:01pm.</p> <p><b>Movant:</b> Fung  <b>Second:</b> Miller  <b>Ayes:</b> Chen, Davis, Fligor, Fung, Kalbach, Kliger, Miller, Reeder, Zoglin  <b>Noes:</b> None</p>	<i>Meeting adjourned at 8:01pm</i>



	<b>Abstentions:</b> None <b>Absent:</b> Rebitzer <b>Recused:</b> None	
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**Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:**

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

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

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

DRAFT

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Lanhee Chen, Board Chair  
**Date:** October 10, 2018  
**Subject:** Committee Chair and Committee Member Appointment

**Recommendation(s):**

To appoint Julie Kliger as Chair of the Quality, Patient Care and Patient Experience Committee (“QC”), effective immediately.

To continue David Reeder’s membership on the QC through its December 3, 2018 meeting.

**Summary:**

1. Situation: Director Reeder is presently serving as Chair of the QC. His current four year term on the El Camino Hospital Board of Directors will expire on or about December 5, 2018 and he does not intend to seek another term.
2. Authority: Pursuant to Article VII, Section 7.4 of our Bylaws, the Board Chair shall appoint Committee Chairpersons and the Committee Chairpersons shall appoint members of our Board Committees, subject to approval of the Board.
3. Background: It is our usual practice for the Board Chair to confer with the Chairs of the Committees and submit a proposed slate of Committee Chairs and Members to the Governance Committee annually and whenever circumstances require mid-year appointments. The Governance Committee reviews the proposal and then makes a recommendation for approval (with or without modification) to the Board. Director Reeder, Director Kliger, and I agree that having Julie take over as Chair in time for the QC’s November 5<sup>th</sup> meeting (providing some overlap before Dave leaves the Board and the QC) will enable a smooth transition. Therefore, since the Governance Committee does not meet again until November, 6, 2018, I suggest we omit Governance Committee review in this case.
4. Assessment: Director Kliger’s background, expertise, and experience will enable her to serve as an excellent Chair of the QC, and the proposal will provide for a smooth transition.
5. Other Reviews: None.
6. Outcomes: N/A

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Lane Melchor, Chair, El Camino Hospital Foundation Board  
Jodi Barnard, President, El Camino Hospital Foundation  
**Date:** October 10, 2018  
**Subject:** Foundation Board of Directors Appointment

**Recommendation(s):**

To appoint Robin Driscoll to the El Camino Hospital Foundation Board of Directors.

**Summary:**

1. Situation: In accordance with the Foundation Bylaws, the Hospital Board must approve the appointment of all member candidates to the El Camino Hospital Foundation. If appointed, Robin Driscoll will begin his service immediately, starting his first three-year term.
2. Authority: N/A.
3. Background: Robin's first interaction with the El Camino Hospital Foundation dates back to 2006 when Robin and his wife Lindy attended the golf tournament. They have been generous annual donors since then and their most recent gift was a significant increase over what they typically give.

Robin John Driscoll founded WorkCard Company and served as Chief Executive Officer. In 1995, Mr. Driscoll successfully merged PTA with AccuStaff, a \$2 billion NYSE-listed company, and served as Western Vice President of AccuStaff until his "semi-retirement" as an active Silicon Valley angel investor with the Band of Angels, Chairman of Essential Solutions, Inc. He recently rolled off of the Saint Mary's College Board of Regents (He has a BA in Business Management from Saint Mary's College) after serving as a board member and President. He serves as President of The Driscoll Family Foundation and is current board member of Sharon Heights Country Club.

4. Assessment: Robin will make an excellent member of the Foundation Board of Directors and we are grateful he has accepted the Foundation Board's nomination.
5. Other Reviews:

ECHF Board Nominating Committee	8/19/2018
ECHF Board Executive Committee	8/26/2018
ECHF Board of Directors	9/25/2018 (via email vote)

6. Outcomes: N/A

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Imtiaz Qureshi, MD, Enterprise Chief of Staff and  
Linda Teagle, MD Chief of Staff Los Gatos  
**Date:** October 10, 2018  
**Subject:** Medical Staff Report – Open Session

**Recommendation:**

To approve the Medical Staff Report, including Policies and Scopes of Service identified in the attached list and Draft Revised Medical Staff Bylaws

**Summary:**

1. Situation: The Medical Executive Committee met on September 27th.
2. Background: We received an informational report from Frank Kuziel, Director, Health Information Management Services, regarding co-signature requirements for Allied Health Professionals and Medical Residents. We also received reports from the CMO and CNO regarding the Quality and Safety Dashboard, Status of OPPE process, improvements in ER service with 24/7 tele-psychiatry, flu vaccine clinic schedule, and centralized monitoring go-live.

We are also proposing to revise our Bylaws as follows:

- Eliminate the Medical Staff Planning Committee (unnecessary)
  - Eliminate the Nominating and Bylaws Committees and transfer their duties to the Leadership Council
  - Modify the membership of the Leadership Council
    - Chiefs of Staff
    - Vice Chiefs of Staff (new)
    - Immediate Past Chiefs of Staff (new)
    - Chief Medical Officer
    - Associate CMO and Medical Director of Quality and Patient Safety are non-voting members (change to voting status)
    - Director of Medical Staff Office and Supervisor of the Medical Staff Office to provide support. Other administrative staff eliminated.
3. Other Review: The MEC approved the Policies and Scopes of Service identified in the attached list. At a previous meeting the MEC also approved the attached revisions to our Bylaws and subsequently the Members voted to approve them.

**List of Attachments:**

1. Spreadsheet showing approved Policy and Scopes of Service
2. Proposed Revisions to Medical Staff Bylaws

**Suggested Board Discussion Questions:** None. This is a consent item.

**SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board****10-Oct-18****DOCUMENTS WITH MINOR REVISIONS**

<b>Document Name</b>	<b>Department</b>	<b>Type of Document</b>	<b>Summary of Policy Changes</b>
Scope of Services - Facilities Services	Facilities	Scope	Updated Staffing

**DOCUMENTS WITH NO REVISIONS**

<b>Document Name</b>	<b>Department</b>	<b>Type of Document</b>	
Scope of Services - Respiratory Care Therapy	Respiratory Care	Scope	
Medication Administration in the NICU	NICU	Policy	

# Article 11.2 BYLAWS COMMITTEE

## Current Language

### 11.2-1 COMPOSITION

The Bylaws Committee shall be a subcommittee of the Medical Staff Executive Committee and shall be filled by the immediate past chiefs of the Medical Staff departments. The Chairman of the Bylaws Committee shall be the Immediate Past Enterprise Chief of Staff. The MV and LG Immediate Past Chief of Staff will also serve as a member.

### 11.2-2 DUTIES

The duties of the Bylaws Committee shall be to:

- (a) Review the Bylaws and the rules, regulations, procedures, and forms promulgated in connection therewith as necessary.
- (b) Submit recommendations to the Medical Staff Executive Committee and to the Board of Directors for changes in these documents as necessary to reflect current Medical Staff practices.
- (c) Receive and consider all matters specified in subparagraph (a) as may be referred by the Board of Directors, the Medical Staff Executive Committee, the Departments, the Chiefs of Staff and the Administrator/ Chief Executive Officer.

### 11.2-3 MEETINGS

The Bylaws Committee shall meet as often as necessary at the call of its chair. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Staff Executive Committee.

## Proposed Changes

### ~~11.2-1 COMPOSITION~~

~~The Bylaws Committee shall be a subcommittee of the Medical Staff Executive Committee and shall be filled by the immediate past chiefs of the Medical Staff departments. The Chairman of the Bylaws Committee shall be the Immediate Past Enterprise Chief of Staff. The MV and LG Immediate Past Chief of Staff will also serve as a member.~~

### ~~11.2-2 DUTIES~~

~~The duties of the Bylaws Committee shall be to:~~

- ~~(a) Review the Bylaws and the rules, regulations, procedures, and forms promulgated in connection therewith as necessary.~~
- ~~(b) Submit recommendations to the Medical Staff Executive Committee and to the Board of Directors for changes in these documents as necessary to reflect current Medical Staff practices.~~
- ~~(c) Receive and consider all matters specified in subparagraph (a) as may be referred by the Board of Directors, the Medical Staff Executive Committee, the Departments, the Chiefs of Staff and the Administrator/ Chief Executive Officer.~~

### ~~11.2-3 MEETINGS~~

~~The Bylaws Committee shall meet as often as necessary at the call of its chair. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Staff Executive Committee.~~

***RATIONALE FOR PROPOSED CHANGE***-Bylaws Committee would be deleted to reduce extra layers to get Medical Staff Bylaws reviewed and amended. The review and revisions to Bylaws would be handled going forward by the Leadership Council, which is defined below in revision to Leadership Council Composition and duties, Article 29 – 1.

# Article 11.16 MEDICAL STAFF PLANNING COMMITTEE

Current Language	Proposed Changes
<p><b>11.16-1 COMPOSITION</b>  The committee shall consist of the Medical Staff Officers, Service Leaders, Chief Nursing Officer, the Hospital Administrator of El Camino Hospital Los Gatos, Medical Director of Quality and Patient Safety, Chief Medical Officer, Associate Chief Medical Officer, and the Administrator/ Chief Executive Officer of El Camino Hospital.</p> <p><b>11.16-2 DUTIES</b>  (a) Integrate Medical Staff working issues with Administration and Hospital Departments;  (b) Assist Medical Staff departments with their functions;  (c) Provide planning for the Medical Staff Executive Committee;  (d) Serve as a forum for preliminary discussions of Medical Staff interdepartmental or multidepartment issues;  (e) Receive and review reports from the Quality Council Committee;  (f) Will not serve as a decision making body and votes will not be taken.  (g) May spend or contract to spend up to \$5,000 for any single item not previously budgeted and/or approved by the Medical Staff Executive Committee. Funds so expended shall be reported to the next meeting of that group.</p> <p><b>11.16-3 MEETINGS</b>  Meets at least monthly or at the discretion of the chair.</p>	<p><del><b>11.16-1 COMPOSITION</b></del>  <del>The committee shall consist of the Medical Staff Officers, Service Leaders, Chief Nursing Officer, the Hospital Administrator of El Camino Hospital Los Gatos, Medical Director of Quality and Patient Safety, Chief Medical Officer, Associate Chief Medical Officer, and the Administrator/ Chief Executive Officer of El Camino Hospital.</del></p> <p><del><b>11.16-2 DUTIES</b></del>  <del>(a) Integrate Medical Staff working issues with Administration —and Hospital Departments;</del>  <del>(b) Assist Medical Staff departments with their functions;</del>  <del>(c) Provide planning for the Medical Staff Executive —Committee;</del>  <del>(d) Serve as a forum for preliminary discussions of Medical —Staff interdepartmental or multi-department issues;</del>  <del>(e) Receive and review reports from the Quality Council —Committee;</del>  <del>(f) Will not serve as a decision making body and votes will not —be taken.</del>  <del>(g) May spend or contract to spend up to \$5,000 for any single —item not previously budgeted and/or approved by the —Medical Staff Executive Committee. Funds so expended —shall be reported to the next meeting of that group.</del></p> <p><del><b>11.16-3 MEETINGS</b></del>  <del>Meets at least monthly or at the discretion of the chair.</del></p>
<p><b>RATIONALE FOR PROPOSED CHANGE</b> Medical Staff Planning Committee would be deleted and the some of the Duties (11.16-2) would be merged into the responsibilities of the Leadership Council.</p>	

# Article 11.17 NOMINATING COMMITTEE

Current Language	Proposed Changes
<p><b>11.17-1 COMPOSITION</b> Nominating Committee will consist of the immediate past chief of each Medical Staff Department. The chair of this committee shall be the Immediate Past Enterprise Chief of Staff.</p> <p><b>11.17-2 DUTIES</b> Submit nominations for MV and LG Chiefs of Staff and MV and LG Vice Chiefs of Staff as required by these Bylaws.</p> <p><b>11.17-3 MEETINGS</b> Bi-annually.</p>	<p><del><b>11.17-1 COMPOSITION</b></del> <del>Nominating Committee will consist of the immediate past chief of each Medical Staff Department. The chair of this committee shall be the Immediate Past Enterprise Chief of Staff.</del></p> <p><del><b>11.17-2 DUTIES</b></del> <del>Submit nominations for MV and LG Chiefs of Staff and MV and LG Vice Chiefs of Staff as required by these Bylaws.</del></p> <p><del><b>11.17-3 MEETINGS</b></del> <del>Bi-annually.</del></p>

***RATIONALE FOR PROPOSED CHANGE*** Nominating Committee would be deleted and the Duties (11.17-2) would be merged into the responsibilities of the Leadership Council.



# Article 11.29 LEADERSHIP COUNCIL

## Current Language

### 11.29-1 COMPOSITION

The Leadership Council shall be comprised of the Chiefs of Staff from MV and LG campuses, Care Review Committee Chair, Chief Medical Officer, Associate Chief Medical Officer, Medical Director of Quality and Patient Safety, Service Leaders, and clinical expertise as needed (ex-officio, no vote). Support personnel will include the Senior Director of Quality and Patient Safety, and Director Risk Management (ex-officio, no vote), Director, Medical Staff Services MV (ex-officio, no vote), and the Manager, Medical Staff Services LG (ex-officio, no vote).

### 11.29-2 CHAIR

The committee will be chaired by the Enterprise Chief of Staff (Chief of Staff MV)

### 11.29-3 DUTIES

(a) Performs prompt, initial review of complex\* cases and handles matter if possible. Cases will be brought to the Leadership Council through the QRR process, or individuals with concerns may refer cases to the Leadership Council for review and disposition.

- No further review or action
- Address through alternate policy
- Educational letter
- Collegial intervention

The above will be reported to CRC

## Proposed Changes

### 11.29-1 COMPOSITION

The Leadership Council shall be comprised of the Chiefs of Staff from MV and LG campuses, Vice Chiefs of Staff from MV and LG campuses, and Immediate Past Chiefs of Staff from MV and LG campuses, ~~Care Review Committee Chair,~~ Chief Medical Officer, Associate Chief Medical Officer (ex officio, no vote), Medical Director of Quality and Patient Safety (ex officio, no vote) and other members for clinical expertise as needed (ex-officio, no vote). Support personnel will include the ~~Senior Director of Quality and Patient Safety, and Director Risk Management (ex-officio, no vote),~~ Director, Medical Staff Services ~~MV~~ (ex-officio, no vote), and the ~~Manager~~ Supervisor, Medical Staff Services ~~LG~~ (ex-officio, no vote).

### 11.29-2 CHAIR

The committee will be chaired by the Enterprise Chief of Staff (Chief of Staff MV).

### 11.29-3 DUTIES

(a) Performs prompt, initial review of complex\* cases and handles matter if possible. Cases will be brought to the Leadership Council through the QRR process, or individuals with concerns may refer cases to the Leadership Council for review and disposition.

- No further review or action
- Address through alternate policy
- Educational letter
- Collegial intervention

The above will be reported to CRC.

***RATIONALE FOR PROPOSED CHANGE*** Removal of administrative personnel from the Leadership Council would ensure that the medical staff leaders are engaged and taking responsibility for quality and patient care with Administration and the Governing Board.

# Article 11.29 LEADERSHIP COUNCIL (cont'd)

## Current Language

- (b) Determines appropriate avenue for full review if needed
- Further review is required, refer as appropriate, to:
    - Department Executive Committee
    - Expert reviewer of case, expert chosen in consultation with department chief
    - Care Review Committee – refer cases that are defined as complex
    - Medical Executive Committee – requires immediate disciplinary action
- Leadership Council will provide oversight of the cases that are referred until they are concluded.
- (c) Review new technology/procedures – refer to Care Review Committee if additional expertise is necessary.

## Proposed Changes

- (b) Determines appropriate avenue for full review if needed.
- Further review is required, refer as appropriate, to:
    - Department Executive Committee
    - Expert reviewer of case, expert chosen in consultation with department chief
    - Care Review Committee – refer cases that are defined as complex
    - Medical Staff Executive Committee – requires immediate disciplinary action
  - Leadership Council will provide oversight of the cases that are referred until they are concluded.
- (c) Review new technology/procedures. – refer to Care Review Committee if additional expertise is necessary.
- (d) Serve as the Nominating Committee for the Medical Staff Officer Elections. Submit nominations for MV and LG Chiefs of Staff and MV and LG Vice Chiefs of Staff as required by these Bylaws.
- (e) Review the Bylaws and the rules, regulations, procedures, and forms promulgated in connection therewith as necessary.
- (f) Submit recommendations to the Medical Staff Executive Committee and to the Board of Directors for changes in these documents as necessary to reflect current medical staff practices.
- (g) Receive and consider all matters specified in subparagraph (a) as may be referred by the Board of Directors, the Medical Staff Executive Committee, the Departments, the Chiefs of Staff and the Administrator/Chief Executive Officer.

**RATIONALE FOR PROPOSED CHANGE** Leadership Council would be changed to include those duties which were handled previously by the Bylaws Committee, Medical Staff Planning and Nominating Committee. This reduces the time and repetitiveness of meetings and consolidates layers needed for decision making.

# Article 11.29 LEADERSHIP COUNCIL (cont'd)

## Current Language

### \*Definition of a complex issue:

- Requires immediate or expedited review
- Involves practitioners from two or more departments or specialties
- Involves department chief
- Involves possible conflicts of interest
- Involves professional conduct, disruptive practitioner behavior
- Involves possible health issue
- Pattern has developed despite prior interventions
- Prior PIP; recurrence of issues
- EMTALA violations
- Serious Safety Event – if referred to Leadership Council due to need for peer review or medical staff input.

### 11.29-4 MEETINGS

The council will meet monthly or as needed (determined by the chair)

### 11.29-5 REPORTING REQUIREMENTS

Council reports directly to the Medical Staff Executive Committee with regard to activity/reviews performed, recommendations made, actions taken.

## Proposed Changes

### \* Definition of a complex issue:

- Requires immediate or expedited review
- Involves practitioners from two or more departments or specialties
- Involves department chief
- Involves possible conflicts of interest
- Involves professional conduct, disruptive practitioner behavior
- Involves possible health issue
- Pattern has developed despite prior interventions
- Prior PIP; recurrence of issues
- EMTALA violations
- Serious Safety Event – if referred to Leadership Council due to need for peer review or medical staff input.

### 11.29-4 MEETINGS

The Leadership Council will meet monthly or as needed (determined by the chair).

### 11.29-5 REPORTING REQUIREMENTS

Leadership Council reports directly to the Medical Staff Executive Committee with regard to activity/reviews performed, recommendations made, actions taken.

**RATIONALE FOR PROPOSED CHANGE** Leadership Council would be changed to include those duties which were handled previously by the Bylaws Committee, Medical Staff Planning and Nominating Committee. This reduces the time and repetitiveness of meetings and consolidates layers needed for decision making.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Sharon Anolik Shakked, Compliance and Audit Committee Chair  
**Date:** October 10, 2018  
**Subject:** Committee and Audit Committee Report

**Recommendation(s):**

To approve minor revisions to the following Human Resources policies:

- Paid Time Off (PTO) Pay Down
- Leave of Absence
- Extended Sick Leave
- Paid Time Off (PTO)
- Retiree Medical and Dental Coverage Continuation

To approve the Annual 403(b) Retirement Plan Audit

To approve the Annual Cash Balance Plan Audit

**Summary:**

1. **Situation:** Staff requested approval of minor revisions to five (5) Human Resources policies as noted on **Attachment 1** (spreadsheet). Moss Adams conducted the annual limited scope audits of ECH's 403(b) Retirement and Cash Balance Plans and presented the Financial Statements and Audit Results to the Compliance and Audit Committee. The audits are performed each year, and the results are filed with the Plans' IRS Form 5500.
2. **Authority:** N/A
3. **Background:** 403(b) Retirement Plan – Moss Adams did not express an audit opinion on the Financial Statements or the Supplemental Schedule, but reported that the information included in the financial statements and supplemental schedule, other than that permissibly certified by the custodians, have been audited and were presented in compliance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA.  
  
Cash Balance Plan – Moss Adams did not express an audit opinion on the Financial Statements or Supplemental Schedules, but reported that the information in the financial statements and supplemental schedules, other than that permissibly certified by the custodian have been audited and are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
4. **Assessment:** N/A
5. **Other Reviews:** The Compliance and Audit Committee has reviewed and voted to recommend approval of the Revised HR Policies, the 403(b) Retirement Plan Audit and the Cash Balance Plan Audit. Moss Adams will present their findings on November 14<sup>th</sup> to the Retirement Plans

Administrative Committee (RPAC), an administrative committee that oversees the 403(b) Retirement and Cash Balance Plans.

6. Outcomes: N/A

**List of Attachments:**

1. HR Policies (redlines) and summary spreadsheet
2. Report of Independent Auditors\* – 403(b) Plan
3. Report of Independent Auditors\* – Cash Balance Plan

**Suggested Board Discussion Questions:** None, this is a consent item.

\*Full draft audit documents are available on the Board Portal and final audit documents will be made available to the public on the El Camino Healthcare District Website following approval by that Board.

# 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

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~~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)

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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.

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~~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)

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~~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  
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**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

## **Report of Independent Auditors**

To the Trustees  
El Camino Hospital Cash Balance Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of El Camino Hospital Cash Balance Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2017 and 2016, and for the years then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The Schedule H, Line 4(i) – Schedule of Assets (Held at Year End) as of December 31, 2017 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by u in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

San Francisco, California  
October XX, 2018



## **Report of Independent Auditors**

To the Trustees  
El Camino Hospital 403(b) Retirement Plan

### **Report on Financial Statements**

We were engaged to audit the accompanying financial statements of El Camino Hospital 403(b) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, Lincoln National Life Insurance Company, and The Variable Annuity Life Insurance Company, custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

San Francisco, California

October \_\_, 2018



**Minutes of the Open Session of the  
Executive Compensation Committee  
Thursday, May 24, 2018**

**El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040  
Conference Room A (administration)**

**Members Present**

Teri Eyre  
Jaison Layney  
Julie Kliger  
Bob Miller, Chair  
Julia Miller

**Members Absent**

Neysa Fligor  
Pat Wadors

Agenda Item	Comments/Discussion	Approvals/ Action
1. <b>CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Executive Compensation Committee of El Camino Hospital (the “Committee”) was called to order at 3:30pm by Chair Bob Miller. A silent roll call was taken. Ms. Neysa Fligor and Ms. Pat Wadors were absent. All other Committee members were present at roll call.	
2. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair B. Miller asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. <b>PUBLIC COMMUNICATION</b>	None.	
4. <b>CONSENT CALENDAR</b>	<p>Chair B. Miller 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: Minutes of the Open Session of the Executive Compensation Committee Meeting (March 22, 2018), and for information: Progress Against FY18 Committee Goals, Article of Interest, and Report on Educational Activity.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Kliger  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller, J. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, Wadors  <b>Recused:</b> None</p>	<i><b>Consent calendar approved</b></i>
5. <b>REPORT ON BOARD ACTIONS</b>	<p>Chair B. Miller reported that the Board approved the Delegation of Authority to the Committee.</p> <p>Cindy Murphy, Director of Governance Services, referred to the recent Board actions as further detailed in the packet, highlighting the Hospital Board’s approval of a Resolution related to the winding up and dissolution of Pathways Continuous Care (Private Duty Services) and the three open seats on the District Board in the upcoming November election.</p>	
6. <b>PROCESS FOR ANNUAL CEO PERFORMANCE EVALUATION</b>	<p>Stephen Pollack from Mercer introduced his colleague, Bruce Barge.</p> <p>Mr. Barge shared his findings regarding the CEO performance evaluation process, as detailed in the materials, including:</p> <ol style="list-style-type: none"> <li><b>External market practices:</b> strategic focus, including emphasis on someone who can manage transformation and the importance of alignment between the Board and CEO</li> </ol>	<i><b>CEO Stakeholder interview topic review to be paced in FY19</b></i>

2. **Stakeholder interviews:** Mr. Barge met with key stakeholders to gain input on future design focusing on three topics: CEO success requirements, performance evaluation content and process, and sponsorship and execution.

Chair B. Miller mentioned the need for assessing “soft skills” as well as leadership from strategic and operational perspectives and change management. Ms. Eyre commented that managing transformation is inherently contentious, and encouraged focus on a narrow set of stakeholders.

Mr. Barge noted that next steps include fleshing out tools for the process (360 survey, employee satisfaction, formalizing what information is used for development versus evaluation).

Chair B. Miller clarified that the Committee does not determine CEO rewards based on evaluation outcomes, nor does the Committee evaluate the CEO’s performance.

Mr. Barge reported that the stakeholders interviewed agreed that the process should include 1) an active Board Chair, 2) a CEO-prepared self-assessment, and 3) culmination in a year-end discussion with the full Board.

The Committee discussed how CEO evaluations were conducted historically and potential processes for compiling feedback. The Committee suggested that the Board Chair or a third party like Mercer rather than an ECH staff member collect Board member feedback and the CEO’s self-evaluation.

Cheryl Reinking, RN, CNO and Mark Adams, MD, Interim CMO joined the meeting. Mr. Barge outlined the proposed timeline: initially setting goals, quarterly check-ins with the Board Chair and CEO, and mid-year and year-end updates from Board Chair to the full Board.

Mitch Olejko, outside counsel from Buchalter, joined the meeting via teleconference.

Mr. Barge also described Mercer’s recommendation for which stakeholders to include in the process: 2019 – Board and Executive Team (two critical relationships to monitor, manageable group size); and 2020 – physicians (integral to the success of ECH, allowing time to determine logistics).

Ms. Kliger suggested that feedback from employees at all levels of the organization be incorporated. The Committee discussed using this information for developmental purposes.

The Committee, staff, and Mercer discussed the inclusion of ECH staff at different levels of the organization, community Committee members, and physicians in the evaluation process, noting that important factors include: 1) knowledge about the CEO’s day-to-day performance; and 2) shared accountability. The Committee and Mr. Barge noted that stakeholder perception can be used as a developmental or feedback mechanism or a more formal evaluation metric. Ms. Kliger suggested including physician feedback for development purposes in 2019 due to the emphasis on physician alignment in the strategic plan. Chair B. Miller commented that while he agreed with the proposed quarterly schedule for more formal check-ins between the Board Chair and the CEO, developmental feedback should be provided continuously.

Ms. J. Miller requested that the District Board Chair be included in any process. The Committee discussed how this evaluation process would be led by the Hospital Board Chair with input from the District Board Chair and all

	<p>Board members.</p> <p>Mr. Barge noted that Mercer will incorporate the Committee’s feedback, revise the recommendations, and work with the Board Chair and staff to prepare the tools and process. Chair B. Miller requested that the outline of interview topics be brought to the Committee for review.</p> <p>Mr. Barge left the meeting.</p>	
<p><b>7. DRAFT REVISED EXECUTIVE COMPENSATION POLICIES AND CHARTER</b></p>	<p>The Committee discussed edits to the policies, including:</p> <p><u>Policy 3.01: Executive Compensation Philosophy</u></p> <ul style="list-style-type: none"> <li>- Removing reference to 1) the specific 25% geographic differential and 2) the term “cost-of-labor.”</li> <li>- Rephrasing to note that the El Camino Hospital Median “reflects the median base pay of comparable hospitals plus the geographic differential <b>for all positions</b>”</li> </ul> <p><u>Policy 3.02: Executive Base Salary Administration</u></p> <ul style="list-style-type: none"> <li>- Removing the word “can” from Section D (General Provisions), (2, Placement in the Salary Range)(d)</li> </ul> <p>The Committee discussed including the Resolution and approved ECC Procedures in the policies. Mr. Olejko advised that there be references to the resolution and procedures and that the source documents be attached to the policies to capture the full delegation.</p> <p><b>Motion:</b> To recommend that 1) the Governance Committee recommend and the Board approve the Charter and 2) the Board approve Policies 3.01, 3.02, and 3.04 as revised above.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller, J. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, Wadors  <b>Recused:</b> None</p> <p>Mr. Olejko discontinued participation in the meeting.</p>	<p><i><b>Draft Revised Policies and Charter recommended for approval</b></i></p>
<p><b>8. FY19 ORGANIZATIONAL GOALS</b></p>	<p>Dan Woods, CEO, Ms. Reinking, Dr. Adams, and Kathryn Fisk, CHRO, provided an overview of the proposed FY19 Organizational Goals:</p> <ul style="list-style-type: none"> <li>- <b>Patient Throughput:</b> Door-to-floor, impacts staff throughout the organization (physician, maintenance, ancillary services);</li> <li>- <b>HCAHPS:</b> there are 9 domains and staff have selected 3 for focus in FY19: 1) nurse communication (listening, explanations, courtesy and respect), 2) responsiveness (attending to needs as expected), and 3) cleanliness;</li> <li>- <b>Quality Metrics:</b> Mortality and readmission, looking more broadly at all patients; and</li> <li>- <b>Employee Engagement:</b> the score is based on six key questions from Press Ganey</li> </ul> <p>Ms. Reinking, Dr. Adams, and Kathryn Fisk described the methodology for goal setting to ensure a stretch for target and maximum achievement.</p> <p>In response to Chair B. Miller’s questions, staff discussed the employee performance incentive plan tied to the organizational goals. The Committee cautioned against employee payment tied to survey scores. Julie Johnston, Director of Total Rewards, proposed and the Committee agreed to use a different measure for employees based on survey participation rather than the survey scores (which would be reserved for executives and</p>	<p><i><b>FY19 Organizational Goals recommended for approval</b></i></p>

	<p>management).</p> <p>The Committee also discussed the financial threshold goal; Mr. Woods commented that management opted not to include an organizational financial variable this year.</p> <p>Ms. J. Miller left the meeting at 4:45pm.</p> <p>Chair B. Miller and the Committee requested that staff include numbers for benchmarks (<i>i.e.</i>, for a particular measure, what is the 50<sup>th</sup> percentile? 75<sup>th</sup>?) and baseline time periods to provide the Committee and the Board with a sense of how challenging it is to achieve minimum, target, or maximum for a particular goal.</p> <p><b>Motion:</b> To recommend that the Board approve the FY19 Organizational Goals, subject to additional review by the Quality and Finance Committees, with the change to employee engagement as noted above.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, J. Miller, Wadors  <b>Recused:</b> None</p> <p>Ms. Reinking and Dr. Adams left the meeting.</p>	
<b>9. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 4:53pm.</p> <p><b>Movant:</b> Kliger  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, J. Miller, Wadors  <b>Recused:</b> None</p>	<i>Adjourned to closed session at 4:53pm</i>
<b>10. AGENDA ITEM 20: RECONVENE OPEN SESSION/ REPORT OUT</b>	<p>Open session was reconvened at 6:45pm. Agenda items 9-19 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Executive Compensation Committee Meeting of March 22, 2018, the Proposed FY19 Individual Executive Incentive Goals, and the Proposed FY19 CHRO Incentive Goals by a unanimous vote in favor of all members present (Eyre, Layney, Kliger, B. Miller). Ms. Fligor, Ms. J. Miller, and Ms. Wadors were absent.</p>	
<b>11. AGENDA ITEM 21: PROPOSED FY19 EXECUTIVE SALARY RANGES</b>	<p><b>Motion:</b> To approve the proposed FY19 Executive Salary Ranges, with the exception of the CHRO and the CEO.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, J. Miller, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved salary ranges is attached to these minutes for reference in Attachment A.</p>	<i>FY19 Executive Salary Ranges approved</i>
<b>12. AGENDA ITEM 22:</b>	<p><b>Motion:</b> To approve the proposed FY19 Executive Base Salaries, with the</p>	<i>FY19 Executive</i>

<p><b>PROPOSED FY19 EXECUTIVE BASE SALARIES</b></p>	<p>exception of CHRO and CEO.</p> <p><b>Movant:</b> Layney  <b>Second:</b> Eyre  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, J. Miller, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved base salaries is attached to these minutes for reference in Attachment B.</p>	<p><i><b>Base Salaries approved</b></i></p>
<p><b>13. AGENDA ITEM 23: PROPOSED FY19 CHRO SALARY RANGE AND BASE SALARY</b></p>	<p><b>Motion:</b> To approve the proposed FY19 CHRO Salary Range and Base Salary.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, J. Miller, Wadors  <b>Recused:</b> None</p> <p>A summary of the approved salary range and base salary is attached to these minutes for reference in Attachments A and B.</p>	<p><i><b>FY19 CHRO Salary Range and Base Salary approved</b></i></p>
<p><b>14. AGENDA ITEM 24: PROPOSED FY19 CEO SALARY RANGE AND BASE SALARY</b></p>	<p><b>Motion:</b> To recommend that the Board approve FY19 CEO Salary Range and to consider the proposed Base Salary options.</p> <p><b>Movant:</b> Eyre  <b>Second:</b> Layney  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, Wadors, J. Miller  <b>Recused:</b> None</p> <p>A summary of the recommended salary range is attached to these minutes for reference in Attachment C.</p>	<p><i><b>FY19 CEO Salary Range recommended and Base Salary options forwarded for consideration</b></i></p>
<p><b>15. AGENDA ITEM 25: FY19 COMMITTEE GOALS</b></p>	<p>Chair B. Miller noted that a proposed Committee goal related to executive talent development/succession planning is not reflected in the proposed Committee goals, but the topic is included on pacing plan for the Committee's March 28, 2019 meeting.</p> <p>Mr. Layney requested that Goal #3 reflect a September 2018 target to determine whether or not to conduct an RFP.</p> <p><b>Motion:</b> To recommend that the Governance Committee and the Board approve the FY19 Executive Compensation Committee goals, revised as noted above.</p> <p><b>Movant:</b> Layney  <b>Second:</b> Kliger  <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fligor, Wadors, J. Miller  <b>Recused:</b> None</p>	<p><i><b>FY19 ECC goals recommended for approval</b></i></p>

<b>16. AGENDA ITEM 26: FY19 COMMITTEE PACING PLAN</b>	<b>Motion:</b> To approve the FY19 Pacing Plan. <b>Movant:</b> Kliger <b>Second:</b> Layney <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Fligor, Wadors, J. Miller <b>Recused:</b> None	<b><i>FY19 Pacing Plan approved</i></b>
<b>17. AGENDA ITEM 27: APPOINTMENT OF AD HOC COMMITTEE</b>	Chair B. Miller described the formation of an Ad Hoc Committee to review and select a compensation consultant as further detailed in the packet. <b>Motion:</b> To appoint Teri Eyre and Jaison Layney to an Ad Hoc Committee charged with making recommendation(s) regarding engaging in an RFP process. <b>Movant:</b> Kliger <b>Second:</b> Eyre <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Fligor, Wadors, J. Miller <b>Recused:</b> None	<b><i>Ad Hoc Committee appointed</i></b>
<b>18. AGENDA ITEM 28: CLOSING COMMENTS</b>	There were no additional comments from the Committee.	
<b>19. AGENDA ITEM 29: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 6:52pm. <b>Movant:</b> Kliger <b>Second:</b> Layney <b>Ayes:</b> Eyre, Layney, Kliger, B. Miller <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Fligor, Wadors, J. Miller <b>Recused:</b> None	<b><i>Meeting adjourned at 6:52pm</i></b>

**Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and the Board of Directors of El Camino Hospital.**

\_\_\_\_\_  
Bob Miller  
Chair, Executive Compensation Committee

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

Prepared by: Sarah Rosenberg, Contracts & Board Services Coordinator



**Attachment A**  
**El Camino Hospital FY19 Executive Salary Ranges**  
**Approved by the Executive Compensation Committee**  
**May 24, 2018**

	<b>FY19 Salary Range</b>		
<b>Position</b>	<b>Minimum</b>	<b>Midpoint*</b>	<b>Maximum</b>
Chief Operating Officer ( <i>open position</i> )	\$479,200	<b>\$599,000</b>	\$718,800
Chief Financial Officer	\$481,600	<b>\$602,000</b>	\$722,400
Chief Human Resources Officer	\$301,600	<b>\$377,000</b>	\$452,400
Chief Medical Officer ( <i>open position</i> )	\$460,800	<b>\$576,000</b>	\$691,200
President, SVMD	\$354,400	<b>\$443,000</b>	\$531,600
General Counsel	\$356,800	<b>\$446,000</b>	\$535,200
Chief Information Officer	\$340,800	<b>\$426,000</b>	\$511,200
Chief Nursing Officer	\$312,800	<b>\$391,000</b>	\$469,200
Chief Strategy Officer ( <i>open position</i> )	\$305,600	<b>\$382,000</b>	\$458,400
Chief Administrative Services Officer	\$231,200	<b>\$289,000</b>	\$346,800
VP Corporate & Community Health Svcs.; President, CONCERN:EAP	\$243,200	<b>\$304,000</b>	\$364,800
President, ECH Foundation	\$222,400	<b>\$278,000</b>	\$333,600
Vice President, Payor Relations	\$202,400	<b>\$253,000</b>	\$303,600

**Attachment B**  
**El Camino Hospital FY19 Executive Base Salaries**  
**Approved by the Executive Compensation Committee**  
**May 24, 2018**

<b>Position</b>	<b>FY19 Base Salary</b>
Chief Financial Officer	\$494,400
General Counsel	\$392,700
Chief Human Resources Officer	\$351,230
Chief Information Officer	\$360,500
VP Corporate & Community Health Svcs.; President, CONCERN:EAP	\$267,280
Chief Nursing Officer	\$354,040
President, ECH Foundation	\$259,560
Chief Administrative Services Officer	\$303,113
President, SVMD	\$507,500
VP, Payor Relations	\$272,950

**Attachment C**  
**El Camino Hospital Proposed FY19 CEO Salary Range**  
Recommend for Board Approval  
by the Executive Compensation Committee

**May 24, 2018**

<b>Position</b>	<b>FY19 Salary Range</b>		
	Minimum	Midpoint	Maximum
Chief Executive Officer	\$876,000	<b>\$1,095,000</b>	\$1,314,000

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Kathryn Fisk, CHRO  
**Date:** October 10, 2018  
**Subject:** Revised Executive Benefits Policy

**Recommendation(s):**

To approve revisions to the Executive Benefits Policy.

**Summary:**

1. Situation: The Hospital is changing its eligibility for health and welfare benefits for new hires/transfers from the 1<sup>st</sup> of the month thirty (30) days on/after hire to the 1<sup>st</sup> of the month on/after date of hire. The current life insurance benefit provided by the policy is not aligned with market practices and may affect ECH's ability to recruit and retain executive leaders.
2. Authority: N/A
3. Background: A few years ago, eligibility for executive benefits was changed to align with changes in benefits eligibility for employees. The proposed change retains alignment between standard employee benefits eligibility and supplemental executive benefits. The second proposed change is to change the maximum Basic Executive Life from \$1.25M to \$2M and the guaranteed issue amount from \$350,000 to the basic benefit level. This limit was established in 2006, and due to market movement, ECH now has four (4) executives who are closing in on the limit. This change is to ensure that our executives have appropriate life insurance coverage. The estimated cost of life change was presented to the Executive Compensation Committee as \$3,300/year, but is now expected to be \$3,800/year due to the recent hiring of two new executives.
4. Assessment: The proposed changes will align executive eligibility for benefits with other ECH employees and the life insurance benefit with other executives.
5. Other Reviews: The Executive Compensation Committee reviewed the proposal together with market data provided by its Executive Compensation Consultant and voted to recommend approval of the revisions.
6. Outcomes: N/A

**List of Attachments:**

1. Draft Revised Executive Benefits Policy

**Suggested Board Discussion Questions:** None, this is a consent item.



**EL CAMINO HOSPITAL  
BOARD OF DIRECTORS POLICIES AND PROCEDURES**

**PROPOSED CHANGES FOR DISCUSSION 9-20-18**

**03.03 EXECUTIVE BENEFIT PLAN**

**A. Coverage:**

The Chief Executive Officer (“CEO”) of El Camino Hospital (“the Hospital”) and those executives reporting directly to the CEO or COO. Participation in the plan is subject to approval by the Hospital Board of Directors.

**B. Reviewed/Revised:**

New: 6/16/09, 12/08/10, 2/13/13, 8/13/14, 6/14/17

**C. Policy Summary:**

To support the Hospital’s ability to attract and retain executive talent, the Hospital shall provide key executives with a benefits package that is market competitive, compliant, and cost effective. This section outlines the benefits offered to executives in addition to those offered to employees in general.

**D. General Provisions:**

There are several components of the executive benefit program:

- 1) Basic Benefits are benefits the Hospital offers to all eligible employees and currently includes:
  - a. Group insurance and income protection programs such as medical, employee assistance, dental, and vision plans; supplemental life insurance for the employee, spouse/domestic partner and dependent/child(ren) life insurance; accidental death and dismemberment insurance;
  - b. Paid time off and extended sick leave;
  - c. Cash balance plan;
  - d. Employer-match to the 403(b) Plan; and
  - e. Domestic Social Security or Medicare tax payments.
- 2) Basic Executive Benefits are non-elective group benefits provided to executives with plan provisions that differ from those of non-executive employees which currently include:

Approval: 6/14/17  
El Camino Hospital

Rev.: 6/14/17jj

- a. Basic Life Insurance – Under Class 2 of the group life insurance policy, the basic benefit for full-time executives is three times annual salary (rounded to the nearest \$10,000) up to \$~~2.0425~~ million with a guaranteed issue amount of ~~\$350,000~~ the full basic benefit. The IRS requires the Hospital to report imputed income for coverage over \$50,000. If an executive's regular status is less than full-time, they will be eligible for the employee basic life insurance plan.
- b. Long-term disability (LTD) – Effective January 1, 2018, executive basic LTD insurance will provide a benefit of up to 60% of base earnings to a maximum of \$15,000 following a 90-day waiting period. Eligibility for benefits will be the same as other employees except that executives will be given consideration of disability under their "own occupation" in all years.

**Commented [JJ1]:** If approved, the current carrier will increase max to \$2M and guaranteed issue to 3X base salary.

3) Supplemental Executive Benefits include:

- a. Executive Disability Salary Continuation – if an executive is unable to work due to a health-related problem, the executive's salary will be continued for up to six months at 100% of base salary.
  - i. Disability Salary Continuation benefits are integrated with all other employer-sponsored benefits so that the executive will not receive more than 100 % of salary. This includes use of accrued PTO and Extended Sick Leave as well as state disability insurance, workers' compensation, and group long-term disability insurance.
  - ii. Disability Salary Continuation benefits are taxed as ordinary income.
  - iii. Disability Salary Continuation benefits are not portable at termination of employment
- b. Severance plan
  - i. The severance period is up to six months unless otherwise stated in the executive's employment agreement. Severance will be paid on a bi-weekly basis and will be determined by the executive's base salary at the time of termination.
  - ii. Severance may be paid if the executive's employment is terminated by the Hospital without cause or following a material reduction in duties or salary within six months of a change of control. Severance will not be paid when the executive voluntarily resigns or is discharged as described under Human Resources Policies 3.12 and 7.01.

- iii. In addition to six months' pay, the executive is eligible for up to six months coverage extension of medical, dental, and vision coverage employer contributions. The executive will contribute to the cost on the same basis as when employed. The Hospital will continue to pay the employer share until such time as the executive fails to pay his or her share of premium, becomes ineligible for continuation under COBRA, obtains other group coverage, or six months (whichever is less).
  - iv. Any obligation of the Hospital to the executive is conditioned, upon the executive signing a release of claims in the form provided by the Hospital (the "Employee Release") within twenty-one days (or such greater period as the Hospital may specify) following the later of the date on which the executive receives notice of termination of employment or the date the executive receives a copy of the Employee Release and upon the executive not revoking the Employee Release in a timely manner thereafter.
  - v. Severance benefits are taxed as ordinary income.
  - vi. Severance pay will be offset by any earnings received should the executive gain employment during the severance period. The terminated executive must notify the Hospital upon obtaining other employment and provide evidence of base salary received and benefits eligibility (if continuing benefits) in the new position.
- 4) Executive Taxable Benefit Allowance – the executive will be provided an annual benefits allowance equal to 7% of base pay (as determined based on annualized base salary on January 1 or date initially eligible for the plan) to purchase the following voluntary benefits on a taxable basis:
- a. Individual Long-term Disability;
  - b. Individual Long-Term Care (note: policies in force as of 12/31/08 will be provided as a non-elective benefit, paid by the Hospital on a pre-tax basis and not included in the 7% taxable benefit allowance. Executives may revoke coverage but not make any changes to the policy that increases the premiums);
  - c. Individual Life Insurance; and
  - d. 457(b) Executive Retirement Plan – if there is allowance remaining after the purchase of voluntary benefits; the executive may elect to contribute to a 457(b) plan or may receive the remainder in cash as pay in lieu of benefits. Such deferrals are subject to statutory limits (i.e., \$18,500 in 20187).

5) Executive Retirement Plans

- a. 457(b) Executive Retirement Plan – an executive may contribute unused taxable Benefit Allowance, payout of accrued PTO, and/or salary, subject to statutory limits (i.e., ~~\$17,500 in 2014~~ \$18,500 in 2018). The account balance will be fully vested at all times.
- b. 457(f) SERP – the Hospital will contribute 5% of Base Pay (as determined based on annualized base salary on January 1 or date initially eligible for plan) to a tax-deferred retirement account. Such contributions have a “Deferred Vesting Date” of the fifth anniversary of the date each Account is created (i.e., January 1, 20~~23~~<sup>19</sup> for 201~~8~~<sup>4</sup> account.) The Participant shall be entitled to the SERP Benefit upon the earliest of (i) remaining employed by the Company to the earlier of the Deferred Vesting Date for such Account or the Participant’s 65<sup>th</sup> birthday; (ii) Disability; (iii) Death; or (iv) Involuntary Separation from Service without Reasonable Cause.
  - i. Participants age 65 or greater - If a Participant continues employment beyond age 65, the Company shall pay to the Participant an amount equal to the credits the Company otherwise would have credited to a SERP Account for such Participant in cash. The Company shall pay such amounts during the applicable Plan Year(s).
  - ii. Under current tax rules, taxes are payable at vesting, so the plan will provide a partial distribution at vesting to cover taxes.
  - iii. In order to attract and retain executive talent, the Hospital may contribute a higher percent or dollar amount for individual executives as determined by the Hospital’s Board of Directors and consistent with the total compensation policy.

**E. Roles and Responsibilities**

- 1) The El Camino Hospital Board of Directors shall approve all changes to plan design and delegated executive benefit plan administration oversight to the Executive Compensation Committee. The Committee has the responsibility to recommend eligibility and changes to plan design.
- 2) The Chief Human Resources Officer is responsible for overseeing the administration of the program and implementing new benefits or changes. The Chief Human Resource Officer has the authority to engage third parties and assign duties internally and/or externally to effectively administer the plan.



- 3) The executive benefit plan consultants are selected by the Executive Compensation Committee on behalf of the Board of Directors and advise the Board on plan design, overall plan management, and compliance.
- 4) The executive benefits plan advisor is selected by the Chief Human Resources Officer and assists in plan communication and administration. The advisor will be a licensed professional who acts as an agent for purchases of individual insurance products. The advisor will guide and advise individual executives on his or her benefit elections upon hire, during open enrollment, and at termination of employment.

**F. Procedures:**

- 1) Newly executives will be eligible for the executive benefit plan ~~on the first of the month commensurate with or following 30 days from date of hire into an eligible position on the same day they become eligible for standard employee health and welfare benefits. Employees who are promoted into an executive will be eligible for executive benefits on the 1<sup>st</sup> of the month on/after date of transfer.~~ The taxable benefits allowance and SERP contribution will be prorated based on the number of complete months of participation during the year.
- 2) There will be an annual open enrollment period during which the executive may add or change certain benefit elections.
- 3) At termination of employment, the Hospital will prorate the taxable benefits allowance and SERP contribution based on the number of complete months of participation during the year. The taxable benefits allowance and SERP contribution will be discontinued upon termination.
- 4) If an executive transfers into a position that is not eligible for the executive benefits program, the Hospital will prorate the taxable benefits allowance and SERP contribution as of the transfer date based on the number of complete months of participation during the year. The taxable benefits allowance and SERP contribution will be discontinued as of the transfer date. The former executive will continue to vest his or her SERP contributions throughout their employment with the Hospital.

**Commented [JJ2]:** Planned change for all health and welfare benefits for all employees to be more competitive with those we compete with for talent.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Ken King, CASO  
Cheryl Reinking, RN, CNO  
**Date:** October 10, 2018  
**Subject:** Los Gatos Imaging Equipment

**Recommendation(s):**

To approve the purchase a replacement O-Arm portable x-ray unit and two Stealth Navigation Stations at a cost not-to-exceed \$1.6 million for the ECH Los Gatos Surgery Department.

**Summary:**

1. Situation: The existing O-Arm portable x-ray unit along with the S-7 Stealth Navigation Station is over 7 years old, fully depreciated, has reached its end of life, and needs to be replaced to ensure quality patient care. The new replacement O-Arm along with the S-8 Stealth Navigation station is a mobile imaging platform optimized for spine and orthopedic surgery. This unit has a telescoping “O” shaped gantry that allows for 2-D fluoroscopy and 3-D imaging, providing a multidimensional surgical image. Included in this request is a second Stealth Navigation Station that will allow for two complicated orthopedic/spine surgeries to be performed at the same time by only moving the portable O-Arm from room to room with the navigation stations remaining in each room. This equipment has become essential in the operating room environment.
2. Authority: As required by policy, capital expenditures exceeding \$1 million require approval by the Board of Directors.
3. Background: The replacement of the O-Arm and two Navigation Stations was requested by surgeons several months ago and it was included in the FY19 Capital Budget. The Purchasing Department was able to obtain favorable pricing for the entire package of expensive equipment and software.
4. Assessment: This is a routine planned replacement of existing equipment and adding the second navigation station is justified by the enhanced patient safety and staff efficiency.
5. Other Reviews: The Finance Committee reviewed this request at their meeting on September 24, 2018 and approved the recommendation. They also requested that a Return on Investment (ROI) be presented within 12 months of purchase.
6. Outcomes: Delivery of the replacement equipment is approximately eight (8) weeks from date of order. Set up and training will occur within two (2) weeks of delivery.

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Mark Adams, MD, CMO  
**Date:** October 10, 2018  
**Subject:** Medical Director, NICU (MV)

**Recommendation(s):**

To approve delegating to the CEO the authority to execute two (2) year renewal agreement with Lucile Packard Children's Hospital at Stanford (LPCH) to provide continued medical director oversight for the NICU at an increased hourly rate, not to exceed an annual compensation of \$96,000, to be effective November 1, 2018.

**Summary:**

1. Situation: The current Medical Director agreement is for a total of forty (40) hours/month at \$156.25/hour, not to exceed \$75,000/year. The hourly rate has remained unchanged since 2014. LPCH requested \$275.00/hour upon renewal and the Hospital negotiated a rate of \$200.00/hour. This agreement expires October 31, 2018.
2. Authority: According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the CEO signature of physician agreements that are greater than a 10% increase in compensation and greater than the 75<sup>th</sup> percentile for fair market value.
3. Background: Since 2014, the current LPCH physician has made an invaluable contribution to refinements in NICU work flow, iCare expertise for NICU, staff education, and patient safety to reduce re-admissions for late preterm infant babies. She has been instrumental in developing collaboration and consensus among medical providers to decrease automatic admissions to the NICU for chorioamnionitis by bringing a neonatologist to Labor & Delivery for an infant assessment. She has been influential in working with the Pediatric and OB Departments to support our efforts to keep mothers and their infants together.
4. Assessment: Approval of this recommendation is supported by the Interim COO and Director, Maternal Child Health Services.
5. Other Reviews: The Finance Committee recommended approval at its September 24, 2018 meeting.
6. Outcomes: Fiscal Year 2019 Quality Goals are being negotiated and will be included in the renewal agreement effective November 1, 2018

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Mark Adams, MD, CMO  
**Date:** October 10, 2018  
**Subject:** ED and Inpatient Consult On-Call Neuro-Interventional Panel (MV)

**Recommendation(s):**

To approve delegating to the CEO the authority to execute a two-year renewal agreement for the provision of Neuro-Interventional ED and Inpatient Consult On-Call Coverage services at the Mountain View campus at the existing rate of \$1,500.00/day, \$547,500/year to be effective November 1, 2018.

**Summary:**

1. Situation: Continuing neuro-interventional panel coverage is essential to the Joint Commission certification process for a comprehensive and thrombectomy-capable Stroke Program. The current Agreement expires October 31, 2018.
2. Authority: According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the CEO signature of physician agreements that are greater than \$250,000 in total annual compensation.
3. Background: The Hospital engaged with Interventional Radiology Coverage, Inc. in October 2016 to provide 24/7/365 on-call neuro-interventional coverage by three physicians for the Mountain View campus. Continuing this coverage is essential to the Joint Commission certification process for a comprehensive and thrombectomy-capable Stroke Program.
4. Assessment: Approval of this recommendation is supported by the Director, Ortho/Spine/Neuroscience and the Medical Director of the Stroke Program.
5. Other Reviews: The Finance Committee recommended approval at its September 24, 2018 meeting..
6. Outcomes: Physicians will participate in the peer review process for consultations related to on-call neuro-interventional services.

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Cecile Currier, VP, Corporate & Community Health Services and President, CONCERN  
Barbara Avery, Director, Community Benefit  
**Date:** October 10, 2018  
**Subject:** FY18 Community Benefit (“CB”) Report

**Purpose:**

To present the FY18 Community Benefit Annual Report.

**Summary:**

1. Situation: At the conclusion of each fiscal year, the CB staff reviews year end grant reports to assess metric and budget performance against targets as well as review qualitative information on program challenges, successes and trends. Staff also receives data from a number of departments on Community Benefit generated in identified hospital programs. Much of this data comes from the Finance Department. Staff prepares an annual report that will be voluntarily submitted to OSHPD and distributed and promoted to the community in November. A new web-based report and the print PDF will be on the hospital website.\*\*
2. Authority: The report is prepared by CB staff and approved by the VP of Corporate and Community Health Services prior to presentation to the Board.
3. Background: In FY18, El Camino Hospital provided \$63,487,855 in Total Community Benefit, which includes \$3,096,213 for 43 grants (\$2,927,112) and 32 sponsorships (\$169,101) to address unmet local health needs. The framework for our grant funding priorities is the Community Health Needs Assessment (CHNA), which is conducted every three years, as required by the state and federal regulations. In addition to \$63.5 million in Total CB, the Hospital also provided \$104,776,198 in uncompensated care for Medicare beneficiaries.
4. Assessment: El Camino Hospital’s FY18 Total Community Benefit (\$63.5 Million) represents a 20% increase over FY16 and a slight decrease (1.5%) over FY17. Data from the Community Benefit Grants Year over Year Dashboard finds that 81% of programs met 80% or more of metric targets and only four of the 43 programs met 50% or less of their metrics. Of the 157 individual metrics across all programs, 91% of annual targets were met. There were 59% trending metrics and 41% that were new.

The grant funding by Health Priority was as follows:

- 18 Healthy Body grants at \$1,379,186
  - 11 Healthy Mind grants at \$740,458
  - 14 Healthy Community grants at \$807,468
5. Other Reviews: ECH’s Finance Department provided data on a number of the categories that compose the Hospital’s Total Community Benefit (Unreimbursed Medi-Cal, Financial Assistance (Charity Care), Subsidized Health Services, Clinical Research, and Uncompensated Medicare).

6. Outcomes: N/A

**List of Attachments:**

1. FY18 ECH CB Grant Year-over-Year Dashboard and Summary  
\*\*The full FY18 CB Annual Report is available in the board portal.

**Suggested Board Discussion Questions:** None, this is an informational consent item.

Health Priority Area <i>(Column A)</i>	Partner <i>(Column B)</i>	Metrics <i>(Column C)</i>	FY16 6-month target <i>(Column D)</i>	FY16 6-month actual <i>(Column E)</i>	<div><div></div><div></div></div> FY16 %of ALL 6- month metrics met <i>(Column G)</i>	FY16 Annual target <i>(Column H)</i>	FY16 Annual Actual <i>(Column I)</i>	<div><div></div><div></div></div> FY16 % of ALL annual metrics met <i>(Column K)</i>	FY17 6-month target <i>(Column L)</i>	FY17 6-month actual <i>(Column M)</i>	<div><div></div><div></div></div> FY17 % 6- month metrics met <i>(Column O)</i>	FY17 Annual Target <i>(Column P)</i>	FY17 Annual Actual <i>(Column Q)</i>	<div><div></div><div></div></div> FY17 % Annual metrics met <i>(Column S)</i>	FY18 6-month target <i>(Column T)</i>	FY18 6-month actual <i>(Column U)</i>	<div><div></div><div></div></div> FY18 % 6- month metrics met <i>(Column W)</i>	FY18 Annual Target <i>(Column X)</i>	FY18 Annual Actual	<div><div></div><div></div></div> FY18 % Annual metrics met	Supporting Details for Variance and Trending <i>(Column Y)</i>						
<div>HEALTHY BODY</div>	<b>5-2-1-0</b> FY18 Approved: \$15,000 FY18 Spent:\$10,396 FY17 Approved: \$20,000 FY17 Spent: \$15,181 FY16 Approved: \$29,500 FY16 Spent: \$2,638  New Metrics: 0 of 3	Students served	3,500	4,066	<div><div></div><div></div></div>	100%	4,562	6,500	<div><div></div><div></div></div>	100%	3,700	5,300	<div><div></div><div></div></div>	100%	6,300	8,800	<div><div></div><div></div></div>	100%	4,000	4,120	<div><div></div><div></div></div>	67%					
		Students who report being active one or more hours per day after 5210 engagement	N/A	N/A	<div><div></div><div></div></div>		50%	53%	<div><div></div><div></div></div>		100%	N/A	N/A		<div><div></div><div></div></div>	56%	58%		<div><div></div><div></div></div>								
		Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement	N/A	N/A	<div><div></div><div></div></div>		70%	68%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		75%	66%	<div><div></div><div></div></div>										
	<b>BAWSI Girls Program</b> FY18 Approved: \$16,000 FY18 Spent: \$16,000 FY17 Approved: \$16,000 F17 Spent: \$16,000 FY16 Approved: \$15,000 FY16 Spent: \$15,000  New Metrics: 0 of 3	Youth served	55	61	<div><div></div><div></div></div>	100%	110	128	<div><div></div><div></div></div>	100%	60	65	<div><div></div><div></div></div>	100%	120	133	<div><div></div><div></div></div>	100%	120	130	<div><div></div><div></div></div>	100%					
		Average weekly attendance	80%	88%	<div><div></div><div></div></div>		80%	82%	<div><div></div><div></div></div>		80%	89%	<div><div></div><div></div></div>		80%	87%	<div><div></div><div></div></div>										
		Focus Girls who are observed to have improved behavior or attitudes after each season	80%	100%	<div><div></div><div></div></div>		80%	100%	<div><div></div><div></div></div>		90%	85%	<div><div></div><div></div></div>		90%	86%	<div><div></div><div></div></div>										
	<b>BAWSI Rollers Program</b> FY18 Approved: \$16,300 FY18 spent: \$16,300  New Metrics: N/A	Youth served	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	33%	25	12	<div><div></div><div></div></div>	67%	Enrollment of special education students eligible for the program was lower this school year.				
		Students who report they want to exercise more like they do at BAWSI	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>										
		Students who are observed to have improved behaviors/ attitudes including increased participation, confidence, and social behaviors.	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		80%	100%	<div><div></div><div></div></div>										
	<b>Breathe California</b> FY18 Approved: \$ 50,000 FY18 spent: \$50,000 FY17 Approved: \$50,000 FY17 Spent: \$49,994 FY16 Approved: N/A FY16 Spent: N/A  New Metrics: 0 of 3	Parents, children, teachers, and care providers served through air quality assessment and asthma management training	-	-	<div><div></div><div></div></div>	New Partner in FY17	-	-	<div><div></div><div></div></div>	New Partner in FY17	80	87	<div><div></div><div></div></div>	100%	650	767	<div><div></div><div></div></div>	100%	225	296	<div><div></div><div></div></div>	33%	800	805	<div><div></div><div></div></div>	100%	
		Trained parents, teachers, and childcare providers who gain at least a 35% increase in knowledge of asthma management, environmental triggers and remediation steps.	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		55%	70%	<div><div></div><div></div></div>		55%	58%	<div><div></div><div></div></div>		60%	40%	<div><div></div><div></div></div>		60%	55%	<div><div></div><div></div></div>		
		Parents reporting their children gained at least a 30% increase in knowledge/skills after receiving multi-session education	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		45%	83%	<div><div></div><div></div></div>		45%	72%	<div><div></div><div></div></div>		50%	30%	<div><div></div><div></div></div>		50%	50%	<div><div></div><div></div></div>		
	<b>Cambrian School District School Nurse Program</b> FY18 Awarded: \$116,315 FY18 spent: \$116,315  New Metrics: N/A	Students served	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	New Partner in FY18	805	1,268	<div><div></div><div></div></div>	50%	2,110	1,843	<div><div></div><div></div></div>	50%	All screenings completed in first half of year, follow-ups started in second half of year. Forecasting challenges as this is the first year the school has had a nurse.
		Students who have failed health screenings who saw a healthcare provider	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		20%	0%	<div><div></div><div></div></div>		40%	28%	<div><div></div><div></div></div>		
		School staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		10%	9%	<div><div></div><div></div></div>		30%	29%	<div><div></div><div></div></div>		
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		15%	10%	<div><div></div><div></div></div>		30%	31%	<div><div></div><div></div></div>		
	<b>Campbell Union School District School Nurse Program</b> FY18 Approved: \$ 225,000 FY18 Spent: \$217,507 FY17 Approved: \$215,000 FY17 Spent: \$215,000 FY16 Approved: \$225,000 FY16 Spent: \$225,000  New Metrics: 1 of 5	Students served	2,051	2,380	<div><div></div><div></div></div>	100%	4,102	4,512	<div><div></div><div></div></div>	80%	2,060	2,073	<div><div></div><div></div></div>	100%	3,924	3,942	<div><div></div><div></div></div>	80%	2,060	1,883	<div><div></div><div></div></div>	66%	4,560	3,910	<div><div></div><div></div></div>	80%	
		Uninsured students who have applied for healthcare insurance	30%	46%	<div><div></div><div></div></div>		65%	73%	<div><div></div><div></div></div>		35%	38%	<div><div></div><div></div></div>		70%	64%	<div><div></div><div></div></div>		35%	61%	<div><div></div><div></div></div>		70%	72%	<div><div></div><div></div></div>		
		Students with a failed health screening who saw a healthcare provider	20%	18%	<div><div></div><div></div></div>		70%	76%	<div><div></div><div></div></div>		20%	45%	<div><div></div><div></div></div>		72%	75%	<div><div></div><div></div></div>		40%	33%	<div><div></div><div></div></div>		72%	70%	<div><div></div><div></div></div>		
		Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	N/A	<div><div></div><div></div></div>		80%	81%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		80%	68%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		60%	63%	<div><div></div><div></div></div>		
		Rosemary and Lynhaven students who receive fluoride varnish during onsite screenings	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		20%	30%	<div><div></div><div></div></div>		
	<b>Challenge Diabetes Program</b> FY18 Approved: \$ 192,290 FY18 Spent: \$157,516 FY17 Approved: \$200,922 FY17 Spent: \$200,922 FY16 Approved: \$168,953 FY16 Spent: \$113,731  New Metrics: 4 of 6	Clients served in the program	300	458	<div><div></div><div></div></div>	100%	300	458	<div><div></div><div></div></div>	100%	375	542	<div><div></div><div></div></div>	100%	375	542	<div><div></div><div></div></div>	100%	420	520	<div><div></div><div></div></div>	100%	420	520	<div><div></div><div></div></div>	100%	Program Coordinator expanded outreach and programming in multiple languages which has helped to retain clients from prior years.
		Clients post-screened for HbA1c	N/A	N/A	<div><div></div><div></div></div>		300	358	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		250	405	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		360	411	<div><div></div><div></div></div>		
		Participants who experience at least a 0.10 percentage point decrease in HbA1c	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		25%	50%	<div><div></div><div></div></div>		
		Participants scoring at least a 70% on knowledge of diabetes risks and prevention	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		68%	69%	<div><div></div><div></div></div>		
		Participants who report at least 15 – 30 minutes of physical activity at least 4 – 5 times a week	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		75%	73%	<div><div></div><div></div></div>		
		Participants who score at least 70% on survey about diabetes risk and prevention	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		68%	69%	<div><div></div><div></div></div>		

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N/A

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Health Priority Area <i>(Column A)</i>	Partner <i>(Column B)</i>	Metrics <i>(Column C)</i>	FY16 6-month target <i>(Column D)</i>	FY16 6-month actual <i>(Column E)</i>	<div><div></div><div></div></div> FY16 %of ALL 6- month metrics met <i>(Column G)</i>	FY16 Annual target <i>(Column H)</i>	FY16 Annual Actual <i>(Column I)</i>	<div><div></div><div></div></div> FY16 % of ALL annual metrics met <i>(Column K)</i>	FY17 6-month target <i>(Column L)</i>	FY17 6-month actual <i>(Column M)</i>	<div><div></div><div></div></div> FY17 % 6- month metrics met <i>(Column O)</i>	FY17 Annual Target <i>(Column P)</i>	FY17 Annual Actual <i>(Column Q)</i>	<div><div></div><div></div></div> FY17 % Annual metrics met <i>(Column S)</i>	FY18 6-month target <i>(Column T)</i>	FY18 6-month actual <i>(Column U)</i>	<div><div></div><div></div></div> FY18 % 6- month metrics met <i>(Column W)</i>	FY18 Annual Target <i>(Column X)</i>	FY18 Annual Actual	<div><div></div><div></div></div> FY18 % Annual metrics met	Supporting Details for Variance and Trending <i>(Column Y)</i>
<div>HEALTHY BODY</div>	Cristo Rey Network FY18 Approved: \$10,000 FY18 Spent: \$10,000 FY17 Approved: \$27,402 FY17 Spent: \$26,102 FY16 Approved: N/A FY16 Spent: N/A  New Metrics: 0 of 3	Students served	-	-		-	-		82	82		82	82		19	18		25	24		
		Physical activity student sessions provided	-	-		-	-		656	809		1,610	1,635		1512	1296		3146	2565		
		Students who show improved Body Mass Index per scoring in the healthy range of 14-23	-	-		-	-		50%	53%		70%	73%		26%	56%		35%	68%		
	Cupertino Union School District FY18 Approved: \$ 72,481 FY18 Spent: \$ 72,481 FY17 Approved: \$68,997 FY17 Spent: \$68,997 FY16 Approved: \$103,233 FY16 Spent: \$103,233  New metrics: 0 of 4	Students served	1,000	1,088		2,200	2,225		554	538		1,482	1,411		550	597		1,211	1,195		Trending on this metric not applicable; school district requested changes in the schools served by grant to reflect the shifting needs.
		Students who failed a mandated health screening who saw a healthcare provider	35%	50%		80%	77%		40%	71%		75%	84%		60%	67%		82%	91%		
		Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A		55%	81%		N/A	N/A		75%	86%		N/A	N/A		80%	87%		
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-		-	-		50%	87%		75%	87%		75%	96%		80%	99%		
	Gardner Family Health Network FY18 Approved: \$ 185,000 FY18 Spent: \$185,000 FY17 Approved: \$180,000 FY17 Spent: \$180,000 FY16 Approved: \$160,600 FY16 Spent: \$149,229  New Metrics: 0 of 4	Patients served	600	86		600	513		250	664		600	1,341		500	956		1,000	1,363		There is tremendous support for the program due to the epidemic diabetes burden among the population served. Redefined criteria for volume to include pre-diabetic patients, resulting in a higher than anticipated performance.
		Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	1,600	162		1,800	1,878		750	995		1,800	2,762		700	1,030		2,100	2,747		
		Patients demonstrating a reduction in body weight	N/A	N/A		50%	25%		15%	55%		30%	60%		50%	49%		50%	46%		
		Patients demonstrating a reduction in HbA1c levels	N/A	N/A		50%	25%		15%	51%		30%	47%		45%	71%		45%	63%		Program was able to retain patients from the prior year who successfully decreased their HbA1c levels.
		Schools served	184	184		184	184		183	183		183	183		183	236		183	231		Larger number of schools served because Middle School teachers are now accessing GoNoodle along with the SCC County Office of Education.
		GoNoodle physical activity breaks played	45,000	98,929		90,000	227,697		100,000	161,211		200,000	299,311		150,000	130,973		275,000	260,117		
		Teachers who believe GoNoodle benefits their students’ focus and attention in the classroom	N/A	N/A		80%	96%		N/A	N/A		90%	96%		N/A	N/A		90%	92%		
		Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	N/A		80%	98%		N/A	N/A		90%	90%		N/A	N/A		90%	86%		
		Children screened (ages 6 months to 18 years old)	-	-		-	-		-	-		-	-		225	218		450	495		
		Of those who received a referral, the percent that received dental treatment	-	-		-	-		-	-		-	-		55%	74%		55%	66%		
	Indian Health Center FY18 Approved: \$70,000 FY18 Spent \$60,838  New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		60	122		160	291		Outreach efforts and referrals were more effective than anticipated. Forecasting was a challenge for this new program.
		Services provided	-	-		-	-		-	-		-	-		676	652		1,510	1,360		
		Participants who decrease their BMI percentile	-	-		-	-		-	-		-	-		10%	32%		20%	48%		Staff worked to ensure patients were very engaged and motivated to make this change. Forecasting was a challenge for this new program.
		Participants who are diagnosed with pre-diabetes or diabetes that decrease their HbA1c by at least 0.1 percentage points	-	-		-	-		-	-		-	-		30%	83%		70%	64%		
<div>HEALTHY BODY</div>	Medical Respite FY18 Approved: \$13,500 FY18 Spent: \$13,500 FY17 Approved: \$13,500 FY17 Spent: \$13,500 FY16 Approved: \$13,500 FY16 Spent: \$13,500  New Metrics: 0 of 3	Patients served	70	71		145	250		70	111		145	221		100	134		200	248		Decreased length of stay freed up more beds for new admissions.
		Program patients linked to Primary Care home	92%	93%		92%	87%		92%	91%		92%	90%		92%	90%		92%	95%		
		Hospital days avoided for total program	250	260		530	1,025		275	444		550	884		400	536		800	992		Increase in the number of patients served resulted in more hospital days avoided.
	Playworks FY18 Approved: \$112,000 FY18 Spent: \$112,000 FY17 Approved: \$110,000 FY17 Spent: \$110,000 FY16 Approved: \$105,000 FY16 Spent: \$105,000  New Metrics: 3 of 4	Students served	2,305	2,333		2,305	2,325		2,710	2,690		2,710	2,690		2,326	2,696		2,326	2,365		
		School staff that report Playworks helps teach students cooperation and respect	-	-		-	-		-	-		-	-		N/A	N/A		90%	97%		Organization developed new national metrics.
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	-	-		-	-		-	-		-	-		N/A	N/A		75%	95%		
		Teachers/administrators reporting that Playworks positively impacts school climate	-	-		-	-		-	-		-	-		N/A	N/A		90%	99%		

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N/A There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year



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	Prediabetes Initiative (Hill and Company) <div>FY18 Approved: \$150,000 FY18 Spent: \$150,000 FY17 Approved: \$204,596 FY17 Spent: \$204,596 FY16 Approved: N/A FY16 Spent: N/A</div> <div>New Metrics: 1 of 5</div>	Community members reached through Promotores outreach program	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	1,500	3,468	<div><div></div><div></div></div>		3,000	5,754	<div><div></div><div></div></div>	1,000	1,414	<div><div></div><div></div></div>	2,500	3,189	<div><div></div><div></div></div>	Increase is a reflection of the additional new enrollees who opted in to the program. Agency underestimated how many people would enroll and overestimated how many people would drop out of the program during this pilot year.
		Pre-diabetes outreach events	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	50	119	<div><div></div><div></div></div>		185	211	<div><div></div><div></div></div>	75	106	<div><div></div><div></div></div>	136	205	<div><div></div><div></div></div>	
		CDC Risk-Assessments Administered	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	900	2,993	<div><div></div><div></div></div>		3,000	4,535	<div><div></div><div></div></div>	800	1,134	<div><div></div><div></div></div>	2,000	2,548	<div><div></div><div></div></div>	
		Text messages delivered	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	67%	-	-	<div><div></div><div></div></div>	1,000	4,858	<div><div></div><div></div></div>	3,500	5,974	<div><div></div><div></div></div>	
		Impressions through culturally relevant radio ads	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	195,600	92,000	<div><div></div><div></div></div>		391,200	460,000	<div><div></div><div></div></div>	359,000	338,200	<div><div></div><div></div></div>	872,000	995,866	<div><div></div><div></div></div>	
	SCCOE: Early Head Start <div>FY18 Approved: \$ 40,000 FY18 Spent: \$40,000 FY17 Approved: \$40,000 FY17 Spent: \$40,000 FY16 Approved: \$80,724 FY16 Spent: \$69,956</div> <div>New Metrics: 0 of 4</div>	Individuals served	88	88	<div><div></div><div></div></div>	88	88	<div><div></div><div></div></div>	38	33	<div><div></div><div></div></div>		38	38	<div><div></div><div></div></div>	33	33	<div><div></div><div></div></div>	38	38	<div><div></div><div></div></div>	Target and actual are the same as it reflects the number of people that can be served with approved funding.
		Services provided	370	375	<div><div></div><div></div></div>	500	519	<div><div></div><div></div></div>	360	327	<div><div></div><div></div></div>		564	564	<div><div></div><div></div></div>	327	341	<div><div></div><div></div></div>	564	564	<div><div></div><div></div></div>	
		Children meeting the Child Health and Disabilities Prevention periodicity schedule on time as required by age	80%	78%	<div><div></div><div></div></div>	95%	97%	<div><div></div><div></div></div>	80%	80%	<div><div></div><div></div></div>	75%	95%	95%	<div><div></div><div></div></div>	80%	80%	<div><div></div><div></div></div>	95%	95%	<div><div></div><div></div></div>	
		Children who are not up to date on recommended procedures who come under medical care	50%	54%	<div><div></div><div></div></div>	90%	91%	<div><div></div><div></div></div>	50%	50%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>	50%	50%	<div><div></div><div></div></div>	90%	90%	<div><div></div><div></div></div>	
	Vision to Learn <div>FY18 Approved: \$47,164 FY18 Spent: \$21,333 FY17 Approved: \$34,226 FY17 Spent: \$15,510 FY16 Approved: N/A FY16 Spent: N/A</div> <div>New Metrics: 0 of 2</div>	Free eye exams provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	95	<div><div></div><div></div></div>		441	195	<div><div></div><div></div></div>	100	49	<div><div></div><div></div></div>	616	280	<div><div></div><div></div></div>	While MOUs were in place with school districts, one district with the majority of eligible schools needed to delay implementation to the next school year, after grant cycle ended. Agency refunded unspent funds and exceeded targets for the District grant.
		Free eyeglasses provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	91	<div><div></div><div></div></div>	100%	353	180	<div><div></div><div></div></div>	80	43	<div><div></div><div></div></div>	490	242	<div><div></div><div></div></div>	
	AACI - Healthy IDEAS <div>FY18 Approved: \$40,000 FY18 Spent: \$40,000 FY17 Approved: \$50,000 FY17 Spent: \$50,000 FY16 Approved: \$50,000 FY16 Spent: \$50,000</div> <div>New Metrics: 0 of 4</div>	Seniors screened for depression	75	124	<div><div></div><div></div></div>	150	203	<div><div></div><div></div></div>	75	77	<div><div></div><div></div></div>		150	158	<div><div></div><div></div></div>	75	80	<div><div></div><div></div></div>	150	152	<div><div></div><div></div></div>	100%
		Participants who enroll in the Healthy IDEAS program	20	38	<div><div></div><div></div></div>	40	71	<div><div></div><div></div></div>	20	36	<div><div></div><div></div></div>	100%	40	53	<div><div></div><div></div></div>	20	28	<div><div></div><div></div></div>	40	40	<div><div></div><div></div></div>	
		Healthy IDEAS services provided	195	314	<div><div></div><div></div></div>	390	470	<div><div></div><div></div></div>	195	252	<div><div></div><div></div></div>		390	465	<div><div></div><div></div></div>	195	178	<div><div></div><div></div></div>	390	397	<div><div></div><div></div></div>	
		Participants who demonstrate at least a one-point decrease in score on Geriatric Depression Scale	N/A	N/A	<div><div></div><div></div></div>	85%	74%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		85%	90%	<div><div></div><div></div></div>	85%	78%	<div><div></div><div></div></div>	85%	100%	<div><div></div><div></div></div>	
	Almaden Valley Counseling Services <div>FY18 Approved: \$46,000 FY18 Spent: \$46,000 FY17 Approved: \$43,457 FY17 Spent: \$43,457 FY16 Approved: N/A FY16 Spent: N/A</div> <div>New Metrics: 0 of 4</div>	Students served	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	126	<div><div></div><div></div></div>		290	187	<div><div></div><div></div></div>	100	62	<div><div></div><div></div></div>	270	245	<div><div></div><div></div></div>	100%
		Counseling sessions provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	600	756	<div><div></div><div></div></div>	100%	2,030	2,711	<div><div></div><div></div></div>	600	550	<div><div></div><div></div></div>	2,100	2,063	<div><div></div><div></div></div>	
		Students who show an increase in at least 50% of the 7 relevant External Developmental Assets for their age group	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		70%	90%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	80%	90%	<div><div></div><div></div></div>	
		Teachers of the elementary school youth who state that the child shows an improved attitude in school	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>		70%	90%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	80%	95%	<div><div></div><div></div></div>	
	Alum Rock Counseling Center <div>FY18 Approved: \$20,000 FY18 Spent: \$20,000</div> <div>New Metrics: N/A</div>	Youth served	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	10	10	<div><div></div><div></div></div>	10	10	<div><div></div><div></div></div>	100%
		Services provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	203	280	<div><div></div><div></div></div>	628	664	<div><div></div><div></div></div>	
		Students who will report not drinking alcohol, smoking cigarettes, or using drugs in the previous 30 days	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	75%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	
	Bill Wilson Center <div>FY18 Approved: \$25,000 FY18 Spent: \$25,000</div> <div>New Metrics: N/A</div>	Youth served	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	6	6	<div><div></div><div></div></div>	12	12	<div><div></div><div></div></div>	100%
		Services provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	70	81	<div><div></div><div></div></div>	140	153	<div><div></div><div></div></div>	
		Clients who report demonstrating improvement in their coping skills	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	75%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	
	Cambrian School District Mental Health Counseling Program <div>FY18 Approved: \$103,685 FY18 Spent: \$103,685</div> <div>New Metrics: N/A</div>	Students served	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	40	55	<div><div></div><div></div></div>	110	95	<div><div></div><div></div></div>	50%
		Services provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	128	95	<div><div></div><div></div></div>	323	254	<div><div></div><div></div></div>	
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	New Partner in FY18	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	50%	65%	<div><div></div><div></div></div>	
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	50%	50%	<div><div></div><div></div></div>	


Community Benefit Dashboard Notes

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

N/A

There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area <i>(Column A)</i>	Partner <i>(Column B)</i>	Metrics <i>(Column C)</i>	FY16 6-month target <i>(Column D)</i>	FY16 6-month actual <i>(Column E)</i>	<div><div></div><div></div></div> FY16 %of ALL 6- month metrics met <i>(Column G)</i>	FY16 Annual target <i>(Column H)</i>	FY16 Annual Actual <i>(Column I)</i>	<div><div></div><div></div></div> FY16 % of ALL annual metrics met <i>(Column K)</i>	FY17 6-month target <i>(Column L)</i>	FY17 6-month actual <i>(Column M)</i>	<div><div></div><div></div></div>	FY17 % 6- month metrics met <i>(Column O)</i>	FY17 Annual Target <i>(Column P)</i>	FY17 Annual Actual <i>(Column Q)</i>	<div><div></div><div></div></div> FY17 % Annual metrics met <i>(Column S)</i>	FY18 6-month target <i>(Column T)</i>	FY18 6-month actual <i>(Column U)</i>	<div><div></div><div></div></div> FY18 % 6- month metrics met <i>(Column W)</i>	FY18 Annual Target <i>(Column X)</i>	FY18 Annual Actual	<div><div></div><div></div></div> FY18 % Annual metrics met	Supporting Details for Variance and Trending <i>(Column Y)</i>				
<div>HEALTHY MIND</div> <div></div>	Child Advocates of Silicon Valley <small>FY18 Approved: \$25,000 FY18 Spent: \$25,000  New Metrics: N/A</small>	Foster children served	-	-	New Partner in FY18	-	-	New Partner in FY18	-	-	New Partner in FY18	-	-	New Partner in FY18	107	157	<div><div></div><div></div></div>	137	253	<div><div></div><div></div></div>	100%	The number of foster youth needing this service was higher than historically seen during this grant year.				
		New volunteer Court Appointed Special Advocates (CASAs)	-	-		-	-		-	-		35	54		<div><div></div><div></div></div>	76	95	<div><div></div><div></div></div>								
		CASA high school seniors who earn their diploma or equivalent	-	-		-	-		-	-		N/A	N/A			80%	75%	<div><div></div><div></div></div>								
	Cupertino Union School District <small>FY18 Approved: \$123,000 FY18 Spent: \$118,492 FY17 Approved: \$105,000 FY17 Spent: \$105,000 FY16 Approved: \$100,000 FY16 Spent: \$100,000  New Metrics: 2 of 5</small>	Students served	80	93	<div><div></div><div></div></div>	100%	170	133	<div><div></div><div></div></div>	80	73	<div><div></div><div></div></div>	100%	170	143	<div><div></div><div></div></div>	50%	92	88	<div><div></div><div></div></div>	186	169	<div><div></div><div></div></div>	80%	Between FY17 and FY18 staff worked with school mental health programs to develop a universal (shared) metric to capture services by hours. So this metric is replaced by the one below.  This is a new, shared metric with other school-based mental health programs. Agency did not previously track case management by hours so baseline did not exist to inform this target.	
		Services provided	750	780	<div><div></div><div></div></div>		2,300	2,282	<div><div></div><div></div></div>	750	832	<div><div></div><div></div></div>		2,300	2,176	<div><div></div><div></div></div>		-	-		-	-				
		Service hours provided	-	-			-	-		-	-			-	-			751	1,371	<div><div></div><div></div></div>	2,000	3,485	<div><div></div><div></div></div>			
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			-	-		-	-			-	-			N/A	N/A		50%	60%	<div><div></div><div></div></div>			
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-		-	-			-	-			N/A	N/A		50%	61%	<div><div></div><div></div></div>			
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	60%	59%	<div><div></div><div></div></div>		90%	85%	<div><div></div><div></div></div>	60%	63%	<div><div></div><div></div></div>		90%	73%	<div><div></div><div></div></div>		60%	66%	<div><div></div><div></div></div>	90%	75%	<div><div></div><div></div></div>			
	Hope Services <small>FY18 Approved: \$25,000 FY18 Spent: \$16,281  New Metrics: N/A</small>	Individuals served	-	-		New Partner in FY18	-	-	New Partner in FY18	-	-	New Partner in FY18	-	-	New Partner in FY18	6	6	<div><div></div><div></div></div>	66%	22	20	<div><div></div><div></div></div>	100%	Pilot program provided more services than anticipated.		
		Services provided	-	-	-		-	-		-	40		39	<div><div></div><div></div></div>		175	388	<div><div></div><div></div></div>								
		Counselees who report a 15% improvement in quantity and quality of sleep after at least 6 sessions.	-	-	-		-	-		-	-		-			25%	16%	<div><div></div><div></div></div>		40%	80%	<div><div></div><div></div></div>				
	Momentum for Mental Health <small>FY18 Approved: \$26,000 FY18 Spent: \$26,000 FY17 Approved: \$26,000 FY17 Spent: \$26,000 FY16 Approved: \$26,000 FY16 Spent: \$26,000  New Metrics: 0 of 3</small>	Patients served	16	15	<div><div></div><div></div></div>	100%	22	23	<div><div></div><div></div></div>	16	17	<div><div></div><div></div></div>	100%	22	22	<div><div></div><div></div></div>	100%	16	22	<div><div></div><div></div></div>	100%	22	22	<div><div></div><div></div></div>	100%	Greater number of clients in crisis. Counseling sessions needed to be extended and more patients required more services.
		Services provided	90	97	<div><div></div><div></div></div>		180	190	<div><div></div><div></div></div>	90	191	<div><div></div><div></div></div>		180	331	<div><div></div><div></div></div>		90	349	<div><div></div><div></div></div>		180	443	<div><div></div><div></div></div>		
Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum		90%	100%	<div><div></div><div></div></div>	90%		100%	<div><div></div><div></div></div>	95%	100%	<div><div></div><div></div></div>	95%		100%	<div><div></div><div></div></div>	97%		100%	<div><div></div><div></div></div>	97%		100%	<div><div></div><div></div></div>			
	Peninsula HealthCare Connection <small>FY18 Approved: \$90,000 FY18 Spent: \$90,000 FY17 Approved: \$90,000 FY17 Spent: \$90,000 FY16 Approved: \$80,202 FY16 Spent: \$80,202  New Metrics: 0 of 4</small>	Patients served	75	121	<div><div></div><div></div></div>	100%	150	367	<div><div></div><div></div></div>	85	103	<div><div></div><div></div></div>	100%	170	325	<div><div></div><div></div></div>	100%	100	95	<div><div></div><div></div></div>	100%	200	179	<div><div></div><div></div></div>	100%	PHC clinic no longer refers clients directly into supportive housing. Clients are required to take the VISPDAT scoring tool to assess vulnerability and be placed into appropriate housing via Santa Clara County Office of Supportive Housing recommendations. Therefore, metric is no longer applicable.
		Visits including psychiatry, therapy, and case management	260	321	<div><div></div><div></div></div>		520	581	<div><div></div><div></div></div>	275	281	<div><div></div><div></div></div>		550	532	<div><div></div><div></div></div>		322	293	<div><div></div><div></div></div>		645	606	<div><div></div><div></div></div>		
		Actively managed patients who obtain permanent housing	6	9	<div><div></div><div></div></div>		12	13	<div><div></div><div></div></div>	6	8	<div><div></div><div></div></div>		12	11	<div><div></div><div></div></div>		7	7	<div><div></div><div></div></div>		N/A	N/A			
		Psychiatric patients not hospitalized in a 12 month period	85%	89%	<div><div></div><div></div></div>		85%	87%	<div><div></div><div></div></div>	85%	97%	<div><div></div><div></div></div>		85%	91%	<div><div></div><div></div></div>		85%	87%	<div><div></div><div></div></div>		85%	90%	<div><div></div><div></div></div>		

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**N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY18 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

Health Priority Area <i>(Column A)</i>	Partner <i>(Column B)</i>	Metrics <i>(Column C)</i>	FY16 6-month target <i>(Column D)</i>	FY16 6-month actual <i>(Column E)</i>	<div><div></div><div></div></div> FY16 %of ALL 6- month metrics met <i>(Column G)</i>	FY16 Annual target <i>(Column H)</i>	FY16 Annual Actual <i>(Column I)</i>	<div><div></div><div></div></div> FY16 % of ALL annual metrics met <i>(Column K)</i>	FY17 6-month target <i>(Column L)</i>	FY17 6-month actual <i>(Column M)</i>	<div><div></div><div></div></div> FY17 % 6- month metrics met <i>(Column O)</i>	FY17 Annual Target <i>(Column P)</i>	FY17 Annual Actual <i>(Column Q)</i>	<div><div></div><div></div></div> FY17 % Annual metrics met <i>(Column S)</i>	FY18 6-month target <i>(Column T)</i>	FY18 6-month actual <i>(Column U)</i>	<div><div></div><div></div></div> FY18 % 6- month metrics met <i>(Column W)</i>	FY18 Annual Target <i>(Column X)</i>	FY18 Annual Actual	<div><div></div><div></div></div> FY18 % Annual metrics met	Supporting Details for Variance and Trending <i>(Column Y)</i>						
<div>HEALTHY MIND</div>	<b>Uplift</b> <i>(formerly EMQ)</i> FY18 Approved: \$230,000 FY18 Spent: \$230,000 FY17 Approved: \$230,000 FY17 Spent: \$230,000 FY16 Approved: \$150,000 FY16 Spent: \$150,000  New Metrics: 5 of 8	Students served with individual and/or group counseling and classroom presentations	900	1,224	<div><div></div><div></div></div>	100%	2,415	2,621	<div><div></div><div></div></div>	100%	1,200	1,034	<div><div></div><div></div></div>	60%	3,000	2,745	<div><div></div><div></div></div>	100%	1,125	1,064	<div><div></div><div></div></div>	100%	2,900	2,927	<div><div></div><div></div></div>	88%	Between FY17 and FY18 staff worked with school mental health programs to develop a universal (shared) metric to capture services by hours. So this metric is replaced by the one below.
		Service hours provided	-	-			-	-			-	-			-	-			1,040	960	<div><div></div><div></div></div>		2,290	2,160	<div><div></div><div></div></div>		
		Services provided	1,100	990	<div><div></div><div></div></div>		2,975	3,121	<div><div></div><div></div></div>		1,500	1,231	<div><div></div><div></div></div>		3,500	3,211	<div><div></div><div></div></div>		-	-			-	-			
		Youth participating in classroom presentations who show an increase in knowledge which may improve behaviors related to high risk activities	-	-			-	-			85%	87%	<div><div></div><div></div></div>		85%	86%	<div><div></div><div></div></div>		85%	77%	<div><div></div><div></div></div>		85%	89%	<div><div></div><div></div></div>		
		Parents/caregivers who show an increase in knowledge of the topics presented and a better understanding of how to access services for youth	95%	95%	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>		95%	96%	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>		95%	98%	<div><div></div><div></div></div>		
		Students who reduce high risk behaviors by at least 25%	-	-			-	-			-	-			-	-			5%	90%	<div><div></div><div></div></div>		65%	90%	<div><div></div><div></div></div>		
		Students who decrease exposure to violence by at least 25%	-	-			-	-			-	-			-	-			5%	100%	<div><div></div><div></div></div>		65%	100%	<div><div></div><div></div></div>		Between FY17 and FY18 staff worked with school mental health programs to develop universal (shared) metrics. As new outcome metrics no baseline was available to inform targets. Adjustments are being made for FY19.
		Students who increase their use of coping skills for trauma, depression, anxiety and/or anger by at least 25%	-	-			-	-			-	-			-	-			18%	92%	<div><div></div><div></div></div>		75%	96%	<div><div></div><div></div></div>		
		Students who decrease their suicidal thoughts and feelings by at least 25%	-	-			-	-			-	-			-	-			18%	100%	<div><div></div><div></div></div>		75%	95%	<div><div></div><div></div></div>		
		<div>HEALTHY COMMUNITY</div>	<b>Cancer CAREpoint</b> FY18 Approved: \$22,000 FY18 Spent: \$22,000 FY17 Approved: \$20,000 FY17 Spent: \$20,000 FY16 Approved: N/A FY16 Spent: N/A FY16 Approved: N/A FY16 Spent: N/A  New Metrics: 0 of 3	Individuals served	-		-		New Partner in FY17		-	-			New Partner in FY17	50	151		<div><div></div><div></div></div>	100%	130		419	<div><div></div><div></div></div>	100%		150
Nutrition class services provided	-			-		-	-			440	465	<div><div></div><div></div></div>	900	1,380		<div><div></div><div></div></div>	648	644	<div><div></div><div></div></div>		1,296	1,299	<div><div></div><div></div></div>				
Participants who report at least a moderate increase in understanding how nutrition may affect cancer treatments and medications	-			-		-	-			50%	94%	<div><div></div><div></div></div>	50%	91%		<div><div></div><div></div></div>	90%	93%	<div><div></div><div></div></div>		90%	95%	<div><div></div><div></div></div>				
<b>Chinese Health Initiative</b> FY 18 Approved: \$30,000 FY18 Spent: \$30,000 FY17 Approved: \$30,000 FY17 Spent: \$30,000 FY16 Approved: \$30,000 FY16 Spent: \$30,000  New Metrics: 0 of 3	Individuals served		60	80	<div><div></div><div></div></div>	67%	125	216	<div><div></div><div></div></div>	100%	60	65	<div><div></div><div></div></div>	100%	125	145	<div><div></div><div></div></div>	100%	75	80	<div><div></div><div></div></div>	100%	150	152	<div><div></div><div></div></div>	100%	
	Services provided		125	100	<div><div></div><div></div></div>		250	272	<div><div></div><div></div></div>		125	120	<div><div></div><div></div></div>		250	315	<div><div></div><div></div></div>		150	135	<div><div></div><div></div></div>		300	301	<div><div></div><div></div></div>		
	Participants who strongly agree or agree that the program's health education or screening helps them better manage their health		N/A	N/A			85%	96%	<div><div></div><div></div></div>		N/A	N/A			85%	86%	<div><div></div><div></div></div>		N/A	N/A			90%	95%	<div><div></div><div></div></div>		
<b>Health Library Resource Center, Los Gatos</b> FY18 Approved: \$69,702 FY18 Spent: \$54,883 FY17 Approved: \$63,672 FY17 Spent: \$63,672 FY16 Approved: \$63,672 FY16 Spent: \$63,672  New Metrics: 1 of 3	Individuals served		700	762	<div><div></div><div></div></div>	100%	1,400	1,363	<div><div></div><div></div></div>	100%	702	664	<div><div></div><div></div></div>	100%	1,404	1,270	<div><div></div><div></div></div>	100%	708	680	<div><div></div><div></div></div>	100%	1,416	1,656	<div><div></div><div></div></div>	100%	
	Community members who strongly agree or agree that library information is appropriate for my needs		-	-			-	-			-	-			-	-			N/A	N/A			80%	77%	<div><div></div><div></div></div>		
	Individuals who strongly agree or agree that library information was appropriate to their needs		-	-			-	-			-	-			-	-			N/A	N/A			80%	77%	<div><div></div><div></div></div>		
<b>Latinas Contra Cancer</b> FY18 Approved \$44,000 FY18 Spent: \$40,585  New Metrics: N/A	Community members educated about breast cancer, screening and prevention		-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		66%	60	37	<div><div></div><div></div></div>	100%	150	158	<div><div></div><div></div></div>	100%	
	Participants who receive a Clinical Breast Exam	-	-		-		-		-		-		-		-		13%		88%	<div><div></div><div></div></div>	80%		89%	<div><div></div><div></div></div>			
	Participants who receive a mammogram	-	-		-		-		-		-		-		-		13%		60%	<div><div></div><div></div></div>	80%		78%	<div><div></div><div></div></div>			
<b>Next Door Solutions</b> FY 18 Approved: \$75,000 FY18 Spent: \$75,000 FY17 Approved: \$75,000 FY17 Spent: \$75,000 FY16 Approved: \$50,000 FY16 Spent: \$50,000  New Metrics: 1 of 4	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	-	-		80%	-	-		100%	-	-		100%	-	-		100%	77	126	<div><div></div><div></div></div>	100%	154	159	<div><div></div><div></div></div>	100%		
	Adults served through the FY16 Support Group and Crisis Support Program	700	1,215	<div><div></div><div></div></div>		1,300	1,988	<div><div></div><div></div></div>		170	191	<div><div></div><div></div></div>		340	344	<div><div></div><div></div></div>		-	-			-	-				
	Services provided	-	-			-	-			833	779	<div><div></div><div></div></div>		1,665	1,623	<div><div></div><div></div></div>		564	819	<div><div></div><div></div></div>		1,133	1,293	<div><div></div><div></div></div>			
	Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	67%	98%	<div><div></div><div></div></div>		67%	97%	<div><div></div><div></div></div>		65%	95%	<div><div></div><div></div></div>		65%	92%	<div><div></div><div></div></div>		80%	93%	<div><div></div><div></div></div>		80%	94%	<div><div></div><div></div></div>			
	Clients newly engaged in Self-Sufficiency Case Management who will complete a risk assessment, safety planning, and a self-sufficiency action plan	-	-			-	-			50%	50%	<div><div></div><div></div></div>		50%	56%	<div><div></div><div></div></div>		50%	48%	<div><div></div><div></div></div>		50%	48%	<div><div></div><div></div></div>			
<b>Racing Hearts</b> FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY16 Approved: N/A FY16 Spent: N/A  New Metrics: 0 of 3	School Districts served	-	-		New Partner in FY17	-	-		New Partner in FY17	5	11	<div><div></div><div></div></div>	100%	10	13	<div><div></div><div></div></div>	100%	31	31	<div><div></div><div></div></div>	100%	31	31	<div><div></div><div></div></div>	100%	The County Sheriff program, which deploys AEDs in Sheriff vehicles, was completed in the first half of the grant year.	
	AEDs placed	-	-			-	-			100	214	<div><div></div><div></div></div>		200	373	<div><div></div><div></div></div>		100	186	<div><div></div><div></div></div>		200	293	<div><div></div><div></div></div>			
	Teachers and/or staff who attend an AED orientation will report knowing 3+ steps to do when an AED is needed.	-	-			-	-			60%	92%	<div><div></div><div></div></div>		80%	94%	<div><div></div><div></div></div>		85%	88%	<div><div></div><div></div></div>		85%	90%	<div><div></div><div></div></div>			


Community Benefit Dashboard Notes

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

N/A

There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area <i>(Column A)</i>	Partner <i>(Column B)</i>	Metrics <i>(Column C)</i>	FY16 6-month target <i>(Column D)</i>	FY16 6-month actual <i>(Column E)</i>	<div><div></div><div></div></div> FY16 %of ALL 6- month metrics met <i>(Column G)</i>	FY16 Annual target <i>(Column H)</i>	FY16 Annual Actual <i>(Column I)</i>	<div><div></div><div></div></div> FY16 % of ALL annual metrics met <i>(Column K)</i>	FY17 6-month target <i>(Column L)</i>	FY17 6-month actual <i>(Column M)</i>	<div><div></div><div></div></div>	FY17 % 6- month metrics met <i>(Column O)</i>	FY17 Annual Target <i>(Column P)</i>	FY17 Annual Actual <i>(Column Q)</i>	<div><div></div><div></div></div> FY17 % Annual metrics met <i>(Column S)</i>	FY18 6-month target <i>(Column T)</i>	FY18 6-month actual <i>(Column U)</i>	<div><div></div><div></div></div> FY18 % 6- month metrics met <i>(Column W)</i>	FY18 Annual Target <i>(Column X)</i>	FY18 Annual Actual	<div><div></div><div></div></div> FY18 % Annual metrics met	Supporting Details for Variance and Trending <i>(Column Y)</i>					
<div>HEALTHY COMMUNITY</div> 	Second Harvest Food Bank FY18 Approved: \$40,000 FY18 Spent: \$40,000  New Metrics: N/A	Nutrition education services provided to individuals	-	-		-	-		-	-			-	-		3,600	9,511	<div><div></div><div></div></div>		7,200	18,584	<div><div></div><div></div></div>	Agency recruited more Health Ambassadors who were able to deliver services at a greater number of sites than projected.				
		Clients who report that half of each meal should include fresh fruits and vegetables	-	-		-	-		-	-		New Partner in FY18	-	-		New Partner in FY18	N/A	N/A		100%	30%	55%	<div><div></div><div></div></div>	100%			
		Clients who report that their family eats more fruits and vegetables through participation in the program	-	-		-	-		-	-		New Partner in FY18	-	-		New Partner in FY18	N/A	N/A			70%	84%	<div><div></div><div></div></div>				
	Silicon Valley Bicycle Coalition FY18 Approved: \$30,000 FY18 Spent: \$30,000  New Metrics: N/A	Individuals served	-	-		-	-		-	-			-	-			100	30	<div><div></div><div></div></div>		300	342	<div><div></div><div></div></div>				
		Services provided	-	-		-	-		-	-		New Partner in FY18	-	-		New Partner in FY18	165	39	<div><div></div><div></div></div>	0%	500	342	<div><div></div><div></div></div>	33%			
		Participants who report riding 6-10 times per year	-	-		-	-		-	-			-	-			5%	N/A			20%	11%	<div><div></div><div></div></div>		In the first year of the program, metric development and target setting was challenging. No baseline was available.		
	South Asian Heart Center FY18 Approved: \$240,000 FY18 Spent: \$240,000 FY17 Approved: \$360,000 FY17 Spent: \$360,000 FY16 Approved: \$400,000 FY16 Spent: \$400,000  New Metrics: 0 of 6	Individuals served	625	680	<div><div></div><div></div></div>		1,250	2,250	<div><div></div><div></div></div>		625	657	<div><div></div><div></div></div>		1,250	1,356	<div><div></div><div></div></div>	208	222	<div><div></div><div></div></div>		383	389	<div><div></div><div></div></div>			
		Services provided	2,500	2,610	<div><div></div><div></div></div>		7,000	6,475	<div><div></div><div></div></div>		2,750	2,607	<div><div></div><div></div></div>		7,500	6,468	<div><div></div><div></div></div>	814	888	<div><div></div><div></div></div>		2,044	2,050	<div><div></div><div></div></div>			
		Improvement in average level of weekly physical activity from baseline	-	-		100%	-	-		100%	14%	18%	<div><div></div><div></div></div>	100%	16%	17%	<div><div></div><div></div></div>	83%	19%	21%	<div><div></div><div></div></div>	100%	20%	21%	<div><div></div><div></div></div>	100%	
		Improvement in average levels of daily servings of vegetables from baseline	-	-			-	-			11%	18%	<div><div></div><div></div></div>		13%	14%	<div><div></div><div></div></div>		18%	20%	<div><div></div><div></div></div>		20%	20%	<div><div></div><div></div></div>		
		Improvement in levels of HDL-C as measured by follow-up lab test	-	-			-	-			3%	5%	<div><div></div><div></div></div>		4%	4%	<div><div></div><div></div></div>		4%	5%	<div><div></div><div></div></div>		5%	5%	<div><div></div><div></div></div>		
		Improvement in cholesterol ratio as measured by follow-up lab test	-	-			-	-			5%	6%	<div><div></div><div></div></div>		6%	6%	<div><div></div><div></div></div>		7%	7%	<div><div></div><div></div></div>		7%	7%	<div><div></div><div></div></div>		
		Teen Success, Inc. FY18 Approved: \$20,000 FY18 Spent: \$20,000  New Metrics: N/A	Individuals served	-	-		-	-		-	-			-	-			10	10	<div><div></div><div></div></div>		10	10	<div><div></div><div></div></div>			
	Services provided to teen mothers		-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	80	74	<div><div></div><div></div></div>	100%	160	146	<div><div></div><div></div></div>	100%	
	Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED		-	-			-	-			-	-			-	-			95%	92%	<div><div></div><div></div></div>		95%	93%	<div><div></div><div></div></div>		
	Valley Verde FY18 Approved: \$35,000 FY18 Spent: \$35,000  New Metrics: N/A	Individuals/households served	-	-		-	-		-	-			-	-			81/18	82/17	<div><div></div><div></div></div>		216/48	73/37	<div><div></div><div></div></div>				
		Services provided	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	48	46	<div><div></div><div></div></div>	100%	132	411	<div><div></div><div></div></div>	75%	
		Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys	-	-			-	-			-	-			-	-			80%	84%	<div><div></div><div></div></div>		80%	84%	<div><div></div><div></div></div>		
		Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group	-	-			-	-			-	-			-	-			80%	84%	<div><div></div><div></div></div>		80%	80%	<div><div></div><div></div></div>		
	West Valley Community Services - CARE FY18 Approved: \$150,000 FY18 Spent: \$150,000 FY17 Approved: \$150,000 FY17 Spent: \$150,000 FY16 Approved: \$150,000 FY16 Spent: \$150,000  New Metrics: 0 of 4	Households served	60	66	<div><div></div><div></div></div>		120	125	<div><div></div><div></div></div>		60	66	<div><div></div><div></div></div>		120	128	<div><div></div><div></div></div>	63	63	<div><div></div><div></div></div>		122	122	<div><div></div><div></div></div>			
		Households that receive intensive Case Management services	40	41	<div><div></div><div></div></div>	80%	60	61	<div><div></div><div></div></div>	100%	30	30	<div><div></div><div></div></div>	100%	60	63	<div><div></div><div></div></div>	100%	30	30	<div><div></div><div></div></div>	100%	60	60	<div><div></div><div></div></div>	100%	
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A			80%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		
		Program participants who will improve 1 point in the health domain through supportive services	-	-			-	-			N/A	N/A			60%	80%	<div><div></div><div></div></div>		N/A	N/A			80%	80%	<div><div></div><div></div></div>		
	West Valley Community Services - CARE Senior Services FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY16 Approved: \$25,000 FY16 Spent: \$25,000  New Metrics: 1 of 3	Individuals served	10	10	<div><div></div><div></div></div>		20	25	<div><div></div><div></div></div>		10	10	<div><div></div><div></div></div>		22	22	<div><div></div><div></div></div>	10	10	<div><div></div><div></div></div>		22	43	<div><div></div><div></div></div>			
		Encounters provided	120	128	<div><div></div><div></div></div>	100%	240	250	<div><div></div><div></div></div>	100%	120	130	<div><div></div><div></div></div>	100%	240	278	<div><div></div><div></div></div>	100%	125	130	<div><div></div><div></div></div>	100%	245	260	<div><div></div><div></div></div>	100%	
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	-	-			-	-			-	-			-	-			N/A	N/A			90%	90%	<div><div></div><div></div></div>		
	YWCA Silicon Valley FY18 Approved: \$20,000 FY18 Spent: \$20,000  New Metrics: N/A	Individuals served	-	-		-	-		-	-			-	-			4	13	<div><div></div><div></div></div>		10	11	<div><div></div><div></div></div>				
		Services provided	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	-	-		New Partner in FY18	40	32	<div><div></div><div></div></div>	66%	100	83	<div><div></div><div></div></div>	100%	
		Individuals completing the program	-	-			-	-			-	-			-	-			60%	93%	<div><div></div><div></div></div>		60%	97%	<div><div></div><div></div></div>		Program design was revised to offer services in multiple languages, meet more frequently over a shorter period of time, resulting in higher completion rate.

Community Benefit Dashboard Notes

A metric receives a “green” dot if the target was met, exceeded or within 10% of the target goal

A metric receives a “red” dot if the target was not met by an excess of 10% of the target goal

N/A There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Bob Miller, Executive Compensation Committee Chair  
**Date:** October 10, 2018  
**Subject:** Executive Compensation Committee Report

**Purpose:**

To report to the Board decisions made at the Executive Compensation Committee (ECC) meeting on September 20, 2018.

**Summary:** Pursuant to authority granted to it by the Board, the ECC approved the FY19 base salary for the incoming Chief Operating Officer (COO) and the FY18 Performance Incentive Plan payouts for the executive team. The payouts are based on a direct calculation that reflects the FY18 organizational and individual goal scores and will be paid on October 26, 2018, subject to the Board's approval of the FY18 financial audit.

**FY19 Annualized Base Salary**

<u>Job Title</u>	<u>Amount</u>
Chief Operating Officer	\$550,000

**FY18 Performance Incentive Pay**

<u>Job Title</u>	<u>Amount</u>
Chief Financial Officer	\$135,637
Chief Admin Services Officer	\$72,803
Chief Human Resources Officer	\$99,029
Chief Information Officer	\$64,026
Chief Nursing Officer	\$85,709
General Counsel	\$103,425
President, Foundation	\$57,144
VP, Corp & Comm Health Services	\$74,992
VP, Payor Relations	\$76,138

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None. this is a consent item.

**EL CAMINO HOSPITAL  
BOARD MEETING COVER MEMO**

**To:** El Camino Hospital Board of Directors  
**From:** Ken King, CASO  
**Date:** October 10, 2018  
**Subject:** Report on Major Capital Projects in Process

**Purpose:**

To keep the Board informed on the progress of major capital projects in process.

**Summary:**

1. **Situation:** The construction of both the Behavioral Health Services (BHS) and Integrated Medical Office Building (IMOB) projects continue on time and are projected to be within budget, with the BHS construction approximately 54% complete and the IMOB construction approximately 46% complete. Also underway is the “Offsite Improvements” that are required by the City of Mountain View. These improvements include new sidewalks, crosswalks and accessible improvements along with flood protection and a new right turn lane on southbound Grant Road to North Drive.
2. **Authority:** The Finance Committee reviewed a summary report of the construction contract and project accounting and this memo is to inform the Board of the progress toward completion.
3. **Background:** The Board of Directors approved the Mountain View Campus Development Projects which consist of the following:

<b><u>Step I:</u></b>	<b><u>Status</u></b>
North Parking Garage Expansion -	Complete
Behavioral Health Services Building -	Construction
Integrated Medical Office Building -	Construction
Central Plant Upgrades -	Complete
<b><u>Step II:</u></b>	<b><u>Status</u></b>
Women’s Hospital Expansion -	Design
Demolition of Old Main Hospital -	Programming

In addition to the construction activities we have begun activation and move planning with all departments.
4. **Assessment:** The construction completion date for the BHS project is March 2019 with a move-in target of July 2019. The construction completion for the IMOB Project is May 2019 with a move-in target of September 2019.
5. **Other Reviews:** The Finance Committee reviewed this project update at its 9/24/2018 meeting.
6. **Outcomes:** N/A

**List of Attachments:** None.

**Suggested Board Discussion Questions:** None, this is a consent item.



**Leadership Update**  
**October 10, 2018**  
**Dan Woods, CEO**

**Operations**

We activated Centralized Telemetry (ECG) Monitoring for the two units in MV and the one unit at LG that were using unit based monitoring the week of September 24<sup>th</sup>. This new approach allows for all telemetry patients to be monitored in a central location in MV on the third floor. Visual monitoring for patients at risk of falling through the use of portable cameras will also occur in this location. The tech is able to speak to the patient through the camera, which is useful in helping the patient immediately while simultaneously alerting the patient's nurse to assist. The new system allows us to monitor up to 68 telemetry patients and visually monitor up to 15 patients at risk for falling across the enterprise. It is commonly used across the nation due to its improved efficiency and effective system of monitoring.

**Workforce**

As of October 1, 2018, 87% of our employees had responded to the Employee Engagement Survey launched on September 17<sup>th</sup>. Last year's participation rate was 79% so we are extremely proud of surpassing this year's 82% participation goal.

**Financial Services**

Cash collections were \$8 million ahead of target for the first two months of FY19. As of September 18<sup>th</sup>, we implemented \$1,001,266 in cost savings of our total initiative for FY19 of \$2,200,000.

**Marketing and Communications**

We completed consumer research surveys for the Cancer Center and our ethnic audiences and will use the findings to inform patient care, marketing/communications efforts, and provide recommendations for operational consideration. The team launched our website rebuild to new Drupal content management system platform. This work aligns with information security and consumer digital expectations. The team also lead or supported multiple community events including "A Healthy Mind" events at Lynbrook High School (125 parents/families at evening event; entire school during daytime events & staff education) and the MOMS 10-year anniversary symposium. We also produced "Art at the Bedside" art exhibition placed in Los Gatos City Council Chambers for the next few months.

**Information Services**

Between the months of March and September 2018 patient enrollment in MyChart Enrollment averaged 1740 (16.3%) patients per month.

**Corporate and Community Health**

Department of Managed Healthcare auditors were complimentary of our comprehensive Quality Management program during their three-day triennial clinical audit of CONCERN.

El Camino Hospital/El Camino Healthcare District provided support to the following organizations through the Community Benefit sponsorship program during the month:

- Downtown Streets Team
- AACI- Asian Americans for Community Involvement



- Gardner Health Services
- Community Health Partnership
- Rebuilding Together
- Community Services Agency – Mountain View Los Altos
- NAMI
- Community Seva
- West Valley Community Services
- Bonnie J. Addario Lung Cancer Foundation
- Child Advocates Silicon Valley

Graduates of The South Asian Heart Center's STOP-D (diabetes) program achieved an average 5.4% improvement in HBA1C and average weight loss of 6.1 lbs. (3.24%). Our Facebook Marketing Campaign to promote the program has yielded 100 signups in 4 months.

The Chinese Health Initiative collaborated with churches in the South Bay to provide diabetes prevention workshops conducted by registered dietitians in Chinese. A total of 120 community members attended the workshops. We held our 8th annual physician dinner with 28 physicians in attendance. Mark Adams, MD, CMO, presented ECH's strategic update and Ashish Mathur, the executive director of the South Asian Heart Center, presented a diabetes prevention lifestyle change program and facilitated a discussion with physicians on how to adapt the model to the Chinese population. We also collaborated with the ECH Cancer Center and New Hope Chinese Cancer Care Foundation to offer a skin cancer prevention workshop attended by 40 community members.

#### **Silicon Valley Medical Development, LLC (Public Information Only)**

SVMD signed an Asset Purchase Agreement with Deborah Freehling, MD, Otolaryngology, and ECMA entered into Employment Agreements with both Dr. Freehling and Katrina Chaung, MD, effective November 1, 2018.

#### **Government and Community Relations**

Five hospital employees received scholarships to attend city leadership programs this year in Mountain View, Los Gatos, Sunnyvale (2), and San Jose. We also expect to place employees in the Los Atos and Santa Clara leadership programs. ECH continues to host many of these programs, providing executive speakers on health and hospital services and current topics.

#### **Auxiliary**

The Auxiliary contributed 7,874 volunteer hours in August 2018.



**El Camino Hospital Auxiliary**  
**Membership Report to the Hospital Board**  
**Meeting of October 10, 2018**

Combined Data as of August 31, 2018 for Mountain View and Los Gatos Campuses

**Membership Data:**

**Senior Members**

Active Members	364	-5 Net change compared to previous month
Dues Paid Inactive	84	(Includes Associates & Patrons)
Leave of Absence	13	
<b>Subtotal</b>	<b>461</b>	

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Resigned in Month 10  
Deceased in Month 0  
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**Junior Members**

Active Members	253	+10 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	3	
<b>Subtotal</b>	<b>256</b>	

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**Total Active Members 617**

**Total Membership 717**

**Combined Auxiliary Hours from Inception (to August 31, 2018): 5,922,508**  
**Combined Auxiliary Hours for FY2018 (to August 31, 2018): 14,841**  
**Combined Auxiliary Hours for August 31, 2018: 7,874**