

El Camino Hospital and Affiliates FY18 Operating & Capital Budget

El Camino Healthcare District Board of Directors

June 20, 2017
Don Sibery, Interim CEO
Mick Zdeblick, COO
Iftikhar Hussain, CFO

Contents

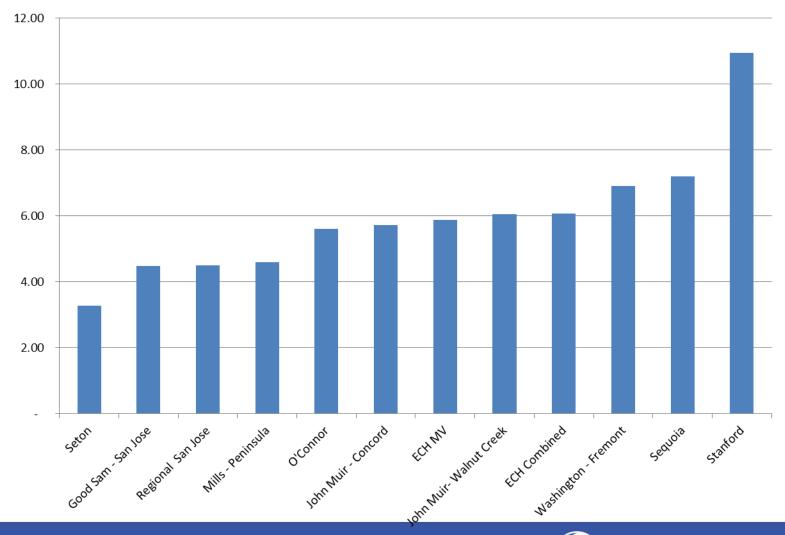
- Context Remarks
- Finance Committee Recommendations
- Strategic Goal and Building Blocks
- FY 18 Organizational Goals
- FY 18 Operating Budget
 - Overview
 - Revenue
 - Volume
 - Expenses
- FY 18 Capital Budget
- Board Designated Community Benefit
- Appendix
 - Affiliate Profit & Loss Statement
 - Non Operating Revenue / Expense

- Consciously move from hospital centric to health centric
- Focus on Silicon Valley rather than just Mountain View, Los Gatos or Santa Teresa
- Preserve Values which exist and bring to life the Values which need support and development
- Act on the Engagement and Culture of Safety Survey Results
- On-board the permanent CEO and look forward to him putting his thumb print on the Strategic Plan initiatives
- Building contemporary HR, Supply Chain, Accounting systems
- Concentrate on preparing the organization for execution on the initiatives which are strategic priorities

- The capital and operating budget supports clinical volume growth in MV, LG, and ambulatory sites
- Budgeted Operating Income and EBIDTA deserving of an A Bond Rating by Moody's
- Embed Lean principles at all levels of the organization
- Layoff savings, without eliminating or redesigning work, will creep back into the organization over time
- First quarter, identify overhead reductions and implement during the balance of the fiscal year simultaneous with the work redesign or work elimination

- All new FTEs have been paid for by:
 - New revenue to cover the position
 - Cost savings to pay for the position
 - Eliminating another position in order to fill the new position
- We have increased our bench strength with budgeted investments in compliance and legal

FTEs/AOB



Strategic Plan Fund of \$5,000,000

- How did we arrive at this number?
 - ✓ Felt it was a realistic first year amount to digest as an organization
 - ✓ In order to preserve our A Bond Rating this was the amount we could spend
- Why not \$10,000,000 or more?
 - ✓ It would impact the EBITDA and the operating margin
 - ✓ Other than capital investments, I felt we could not absorb more operating expenditures than \$5,000,000.

Strategic Plan Fund of \$5,000,000

- How will decisions be made as to its use?
 - ✓ The CEO will present the rational for use of the funds and will
 bring it forth to the Board or an appropriate Board Committee
- Is the Board restricted to the \$5m Fund amount?
 - ✓ The Board has full discretion as to how much to invest at any
 point in time. Return on the investment and impact on our A
 Bond Rating will need to be taken into consideration by the
 Board at the time

Context for FY18 Goals

Organizational Goals must meet three tests:

- 1. Each employee must be able to contribute personally towards achieving the goal (Line of Sight)
- 2. Goal must be measurable and have an external benchmark
- 3. The goal must move the needle on one of the ECH strategic initiatives

9

Finance Committee Suggestions

The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

- Increase the threshold organizational goal to 95% of budgeted operating margin.
 - DONE: This change will be incorporated into the Organizational Goals presented later in today's agenda.
- Describe guidelines on spending the proposed \$5 million (or different amount approved by the Board) allocated to the CEO for advancing strategic initiatives.
 - See slide 8 for details
- Consider reducing FTEs per adjusted occupied bed.
 - We will use FY18 to rebuild the Lean structure. The changes from this process will be lasting and improve quality rather than making a rushed change in the FY18 budget.
 - See comments on slides 5.



Finance Committee Suggestions

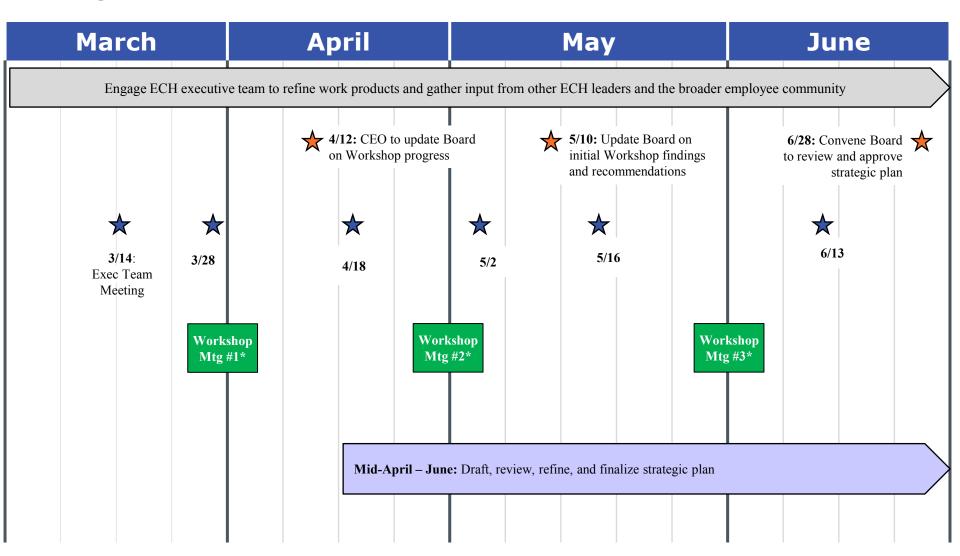
The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

- Consider adequacy of the marketing budget by looking at benchmarks.
 - We have validated that the marketing budget is adequate. Truven Benchmarks show that the ECH marketing expenses at 84.6 percentile (e.g. only 14.4% percent of like organizations spend more than us).
- Consider loss of market share in imaging and outpatient laboratory.
 - An analysis by payer showed that the highest volume decreases correlated to payers that reimburse outpatient radiology services at fixed rates (i.e. Anthem Blue Cross, United Healthcare, Workers' Comp, and Medicare).
 The rates are assessed to be similar between free standing facilities and hospitals – with similar patient co payments. Thus, changes to pricing would have no impact to these payers and would provide no incentive for these payers to channel additional business to ECH.
 - We intend to remain competitive with free standing centers by implementing lower rates, offset by higher inpatient rates in our contracts.
 Mammo volume decline will recover after Tomo implementation.

END of DOCUMENT

The rest of this document was presented at the Joint Finance and Board Meeting on May 30, 2017.

Project Timeline



^{*}Proposed Workshop meeting dates are contingent on member availability and may vary by Workshop



El Camino Hospital's Mission, Vision & Values

drafted May 2017

Mission

Our mission is to heal, relieve suffering and advance wellness as your publicly accountable health partner

Vision

Our vision is to lead the transformation of healthcare delivery in Silicon Valley

Values

- Quality. We pursue excellence to deliver evidence based care in partnership with our patients and families.
- **Compassion.** We care for each individual uniquely with kindness, respect and empathy.
- **Community** . We partner with local organizations, volunteers and a philanthropic community to provide healthcare services across all stages of life.
- **Collaboration.** We partner for the best interests of our patients, their families and our community using a team approach.
- **Stewardship.** We carefully manage our resources to sustain, grow and enable services that meet the health needs of our community.
- **Innovation** We embrace solutions and forward thinking approaches that lead to better health.
- Accountability. We take responsibility for the impact our actions have on the community and each other.

Strategic Focus

Strategic Focus	Strategic Building Blocks
Physician Alignment	 Physician Collaboration Destination Clinical Programs Preferred Physician Practice Environment
Consumer Alignment	 Provide Patient- and Family-Centered Care Offer a Collaborative Physician Experience Deliver Value to Payers and Employers Engage Community
Operational Excellence	 Lean Organization Financial Sustainability Leverage Assets
Cultural Foundation	 Fostering Effective Teams Enabling and Expecting Excellence Seeking Out and Embracing Innovation

Proposed Next Steps

- 1. Revise building blocks per Board feedback.
- 2. Incorporate workshop #3 feedback into final presentation.
- 3. Convene Board to review and approve strategic plan on June 28th.

FY18 Organizational Goals: For Discussion

- Format and framework of the organizational goals has been approved by the Executive Compensation Committee of the Board.
- Specifically:
 - a threshold goal based on financial performance to budget.
 - three goals that collectively impact the entire organization, generally focused on Quality, Service Affordability, and being Patient Centric.
 - ½X, X, 2x format for Minimum, Target and Maximum.
- The Quality Committee of the Board needs to review and recommend to the Board the three specific Quality, Service, Affordability, or Patient Centric goals.

[Update to change budget threshold to 95%]

ECH FY18 Organizational Goals

DRAFT

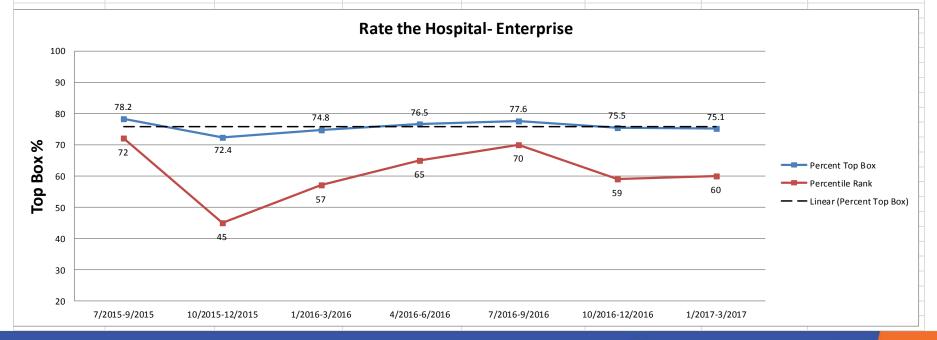
Or	ganizational Goals FY18	Benchmark	2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Th	reshold Goals							Timename
Budgeted Operating Margin		90% threshold	Achieved Budget	90% of Budgeted		Threshold	FY 18	
	Arithmetic Observed LOS Average / Geometric LOS Expected for Medicare population (ALOS / GMLOS)	External : Expected via Epic Methodology	FY2016: 1.21 (ALOS 4.86 / GMLOS 4.00) FY2017 YTD April: 1.18 (4.81/4.08)	1.12	1.11	1.08	34%	4Q FY18
	HCAHPS Service Metric: Rate Hospital	External Benchmark	HCAHPS Baseline: 10/2016 - 12/2016: 75.5 1/2017 - 3/2017: 75.1	77	78	80	33%	4Q FY18
	Standardized Infection Ratio (SIR) Observed HAIs / Predicted HAIs (Hospital Acquired Infections)	External Benchmark	July - Dec 2016: CAUTI 1.37, CLABSI .25, C.DIFF .59 Avg of .738	0.670	0.602	0.467	33%	FY18

- For the last two years we have set internally focused LOS and Readmission goals, i.e. trend improvement. This year, we are advancing the concept via an external component, expected GMLOS.
- By using an Observed (actual ECH performance) over Expected (GMLOS) ratio, it captures both improvement in LOS management and better coding/ documentation (CDI effort).

CMI impacting GMLOS	Baseline	4.08
	3.0%	4.20
	4.0%	4.25
	6.0%	4.33
ALOS impacted by day reduction	Baseline	4.81
	625	4.71
	750	4.72
	1000	4.67

We are recommending "Rate the Hospital" CAHPS as the service goal, it allows for multiple interventions and is a very good capstone metric representing our consumers view of our service.

Rate hospital 0-10	7/2015-9/2015	10/2015-12/2015	1/2016-3/2016	4/2016-6/2016	7/2016-9/2016	10/2016-12/2016	1/2017-3/2017
Percent Top Box	78.2	72.4	74.8	76.5	77.6	75.5	75.1
Percentile Rank	72	45	57	65	70	59	60
n	660	543	810	918	866	803	635



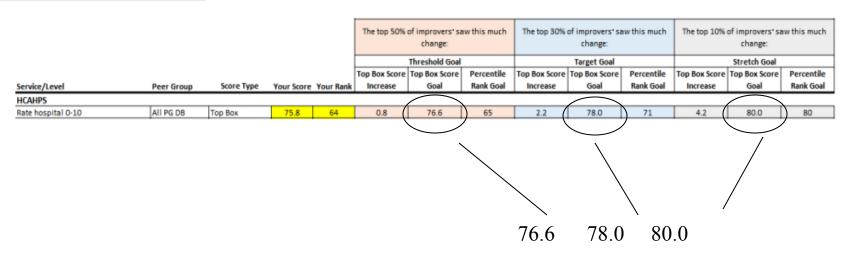
We discussed goal setting options with Press Gainey and they provided the following perspective:

FY 18 HCAHPS Goal Setting Analysis

<u>5/8/17</u>

Top box score from 5/1/16 - 4/30/17

El Camino Hospital (Aggregate)



Top xx% of improvers saw this much change: 50%, 30%, 10%:

After good discussion with the Quality Committee of the Board, we have revised our third Organizational Goal to be focused exclusively on quality. We are proposing SIR, specifically focused on CAUTI, CLABSI, and C-DIFF.

STANDARDIZED INFECTION RATIO (SIR)

What is a standardized infection ratio (SIR)?

The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time. The SIR adjusts for patients of varying risk within each facility. The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a summary statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs reported with the baseline U.S. experience (i.e., NHSN aggregate data are used as the standard population), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates that more HAIs were observed than predicted, accounting for differences in the types of patients followed; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted.

HAI	Facility – MV	# of HAI	Facility- LG	# OF HAI	AVE SIR	Target SIR	
CAUTI	2016 H2 – 1.817	11	2016 H2 - 0.932	1	1.375		
HX 2015-2016	0.767	20	0.6385	3	0.703	1.039	
CLABSI	2016 H2 – 0.492	2	2016 H2 - 0	0	0.246		
HX 2015-2016	0.31	5	0	1	0.155	0.201	
C.DIFF	2016 Q4-1.185	2016 Q4 - 10	2016 - 0	2016 Q4 - 0	0.593		
HX 2016	0.753	23	0.331	1	0.542	0.567	
AVE SIR CURRENT					0.738		
AVE SIR HX					0.467		
Delta					0.271		
						Infection Rate	
						Index: Target	
1/4 if Delta =					0.068	0.670	Minium
Min					0.006	0.070	IVIIIIIUIII
½ Delta = X					0.136	0.602	Target
Max = Delta					0.271	0.467	Max

- Minimum is ¼ to historical best (last 4 years)
- Target improvement is ½ to historical best
- Maximum is historical best on all three indicators
- An alternative would be 1 of 3, 2 of 3, 3 of 3 achievement of target SIR per each HAI

In raw numbers the occurrences are small, but the impact is significant.

НАІ Туре	Fiscal Yr 2016	Fiscal Yr 2017 to date (April 2017)		
CAUTI	8	18		
CLABSI	1	6		
C.Diff	17	15		

FY18 Operating Budget Overview

FY18 Budget and Organizational Priorities

Key Themes:

Invest in our Strategic Plan

- We have established \$5M in budget "undesignated expenses" as a means of funding the initial priorities of the Strategic Plan.
- A portion of this \$5M is funded through a reduction of overhead expenses, both the overhead and release of any funding from the \$5M is at the discretion of the CEO.

Invest in Growth

- Two new Xi Da Vinci Surgical Robots, one dedicated to Los Gatos.
 (Strategic Plan: Clinical Centers of Excellence)
- Physician Concierge Service in Los Gatos focused on "ease of interaction", e.g. scheduling, preference cards, billing. (Strategic Plan: Physician Alignment)
- Los Gatos Infusion Center: continued growth of our Cancer Center. (Strategic Plan: Physician Alignment and Clinical Centers of Excellence)

FY18 Budget and Organizational Priorities

Key Themes:

Invest in Growth

- Spine Center: a comprehensive spine center in Mountain View (Strategic Plan: Clinical Centers of Excellence)
- Physician recruitments for Silicon Valley Medical Development (SVMD) 11 Primary Care Physicians and 4 Specialists (Strategic Plan: Physician Alignment)
- Winchester Primary Care Center: completion of build out and hiring of physicians and staff.
 - (Strategic Plan: Physician Alignment and Land Assets)

FY18 Budget and Organizational Priorities

Key Themes:

Invest in our Core Business

- New RN Graduates Hiring and Training Program: training funds set aside to recruit and train over 20 new RN Grads.
 (Strategic Plan: Operational Excellence)
- Community Connect: investment in people and subsidy cost as we rollout our instance of Community Connect to independent physicians. (Strategic Plan: Physician Alignment)
- IT Security: investment in both people and systems to enhance our IT security capabilities.
- Parking Management: investment in programs that enable and encourage staff to use alternative modes of transportation to our campus and comply with the parking plan required by the city of MV.
- Lastly, investment in our team to tackle clinical variation, budgeting for a net impact of \$2M.

FY18 Strategic Initiatives –

	Summary of FY18 Strategic Priorities							
Strategic Plan	*	Initiatives		Net Financial Result				
Growth		General Surgeries @ LG - add 100 cases		664,806				
		LG Infusion Program - begin in 4Q, FY18		13,808				
		Robotic Surgeries @ LG - add 200 cases		2,552,647				
		Sleep Disorder (OSA) - add 300 cases		27,966				
		Spine Program - add 30 cases		647,965				
		SVMD - recruit 11 PCP and 4 Specialist		(2,496,063)				
Growth Total				1,411,129				
■ Investment in Core Business		- Reduce Medicare Loss - CDI		3,500,000				
		- Reduce Medicare Loss - Clinical Variation		2,000,000				
		- Reduce Medicare Loss - Medicare ALOS reduction		875,000				
		Community Connect		(2,000,000)				
		IT Security	(1,200,00					
		Workforce Planning - New Grad Program		(1,600,000)				
Investment in Core Business Total	al			1,575,000				
■ Strategic Plan		Overhead Reduction		1,698,470				
		Strategic Plan		(5,000,000)				
Strategic Plan Total				(3,301,530)				
Grand Total				(315,401)				
* Number in () is reducing revenue			+					

El Camino Hospital & Affiliates

EI C	amino Hospital	& Affiliates (\$ in t	thousands)		
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	772,173	809,481	835,789	26,308	3.2%
Other Operating Revenue	39,407	41,133	41,322	189	0.5%
Total Net Revenue	811,580	850,614	877,111	26,497	3.1%
EXPENSES					
Salaries & Benefits	443,258	453,986	481,417	(27,431)	-5.7%
Supplies & Other Expenses	261,488	251,118	264,310	(13,192)	-5.0%
Interest	7,193	4,270	8,705	(4,435)	-50.9%
Depreciation/Amortization	48,803	48,170	53,442	(5,272)	-9.9%
TOTAL EXPENSES	760,746	757,544	807,874	(50,330)	-6.2%
OPERATING INCOME	50,834	93,070	69,237	(23,833)	34.4%
Non Operating Income	(5,112)	62,267	12,723	49,544	
NET INCOME	45,722	155,337	81,960	(73,377)	-47.2%
EBITDA	106,831	145,510	131,384	(14,126)	-9.7%
EBITDA Margin Percentage	13.2%	17.1%	15.0%	-2.1%	-12.4%
Operating Margin Percentage	6.3%	10.9%	7.9%	-3.0%	-27.9%

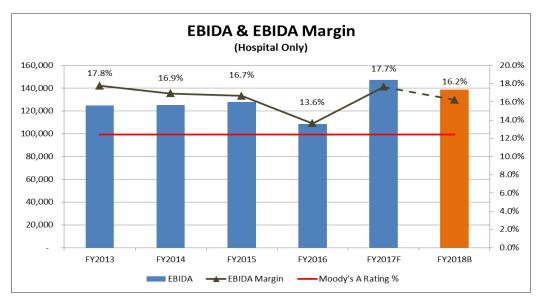
El Camino Hospital FY18 Budget

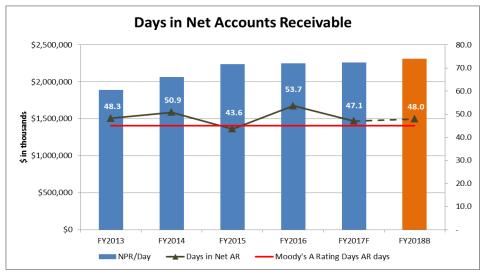
El Camino Hospital (\$ in thousands)

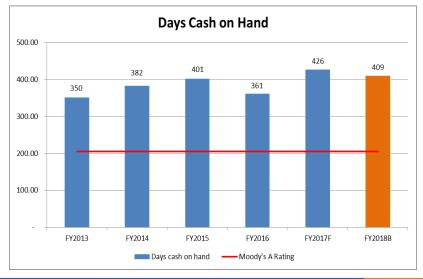
_	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	772,020	809,104	832,066	22,962	2.8%
Other Operating Revenue	23,636	24,529	23,129	(1,400)	-5.7%
Total Net Revenue	795,657	833,633	855,195	21,562	2.6%
EXPENSES					
Salaries & Benefits	435,988	446,775	470,357	(23,581)	-5.0%
Supplies & Other Expenses	251,115	239,644	245,976	(6,332)	-2.6%
Interest	7,193	4,270	8,705	(4,435)	-50.9%
Depreciation/Amortization	48,748	48,125	53,067	(4,942)	-9.3%
TOTAL EXPENSES	743,044	738,815	778,105	(39,290)	-5.0%
OPERATING INCOME	52,613	94,818	77,090	(17,729)	23.0%
Non Operating Income	(9,570)	56,313	4,390	(51,923)	
NET INCOME	43,043	151,131	81,480	(69,652)	-46.1%
EBITDA	108,554	147,214	138,862	(8,352)	-5.7%
EBIDA Margin Percentage	13.6%	17.7%	16.2%	-1.4%	-8.1%
Operating Margin Percentage	6.6%	11.4%	9.0%	-2.4%	-20.7%
KEY HOSPITAL INDICATORS					
Hospital Discharges, excl normal newborns	19,401	19,580	19,705	125	0.6%
Total Hospital Patient Days	88,700	87,175	87,656	481	0.6%
Adjusted Discharges*	31,379	32,808	32,864	56.0	0.2%
Hospital Average Daily Census	243	239	240	1	0.6%

^{*} Adjusted Discharges exclude New Born discharges

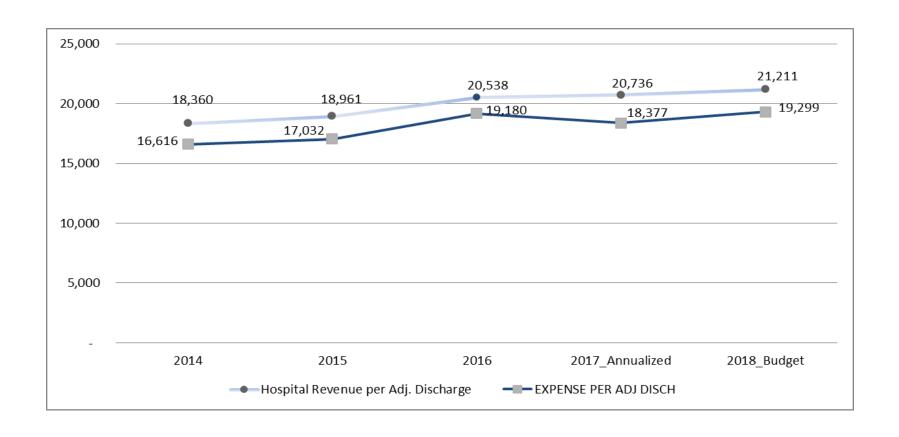
Key Financial Metrics



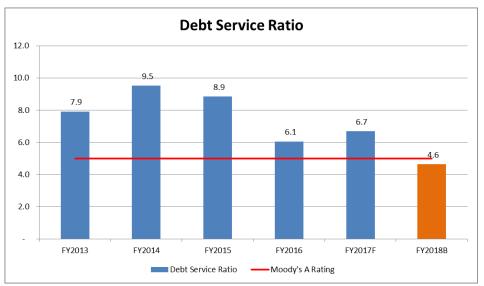


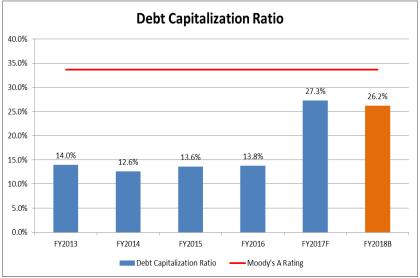


FY18: Revenue & Expense per Adj. Discharge Trend



Key Financial Metrics





Key Drivers of FY18 Budget Operating Margin

			Net Income	% Net
\$ in Thou	sands (000s) Favorable/(Unfavorable)	Detail	Impact	Revenue
Expected	HospItal Operations FY2017		94,818	11.4%
Net Reve	nue		21,562	2.5%
*	Revenue from Growth & Price Changes	23,773		
*	Non Recurring unusual items (IGT, AB915)	(1,205)		
*	PRIME project reduced	(3,479)		
*	Other Op Revenue	2,079		
*	Other	394		
Labor Exp	pense Change		(23,581)	-2.8%
*	FY17 Vacancy Gap / FY18 New FTE	(16,276)		
*	Wage increases	(10,989)		
*	Volume Increase / New Program	(1,471)		
*	Nursing new grad. program	(1,217)		
*	Performance Bonus not in FY 18 budget	3,080		
*	Ratification Bonus - one time in FY 17	2,417		
*	Medicare LOS reduction	875		
Professio	nal Fees & Purchased Services		1,228	0.19
*	Physician Fees: oncology recruitment, ortho co-management	(2,441)		
*	Bond Issuance	3,095		
*	Legal	(754)		
*	Administrative Savings (IT,EVS,Lab)	3,649		
*	Traffic mitigation Shuttle Service	(1,121)		
*	IT Security	(1,200)		
Supplies	,		(5,993)	-0.7%
*	Central Supply - volumes + Inflation	(1,661)		
*	Medical Gases Contract increase	(481)		
*	New Programs: IFC (MV/LG), Spine Program, Robotic Surgeries	(816)		
*	Drug Expenses: Infusion Volume increase + Inflation	(2,328)		
*	Other	(707)		
Other Exp	penses	,	(1,567)	-0.2%
*	Leases	769		
*	Utilities/Leases	(274)		
*	Strategic Planning	(5,000)		
*	Clinical Variation net savings	2,000		
*	Other	938		
Deprecia	tion & Interest		(9,377)	-1.1%
*	Interest Expense, full year	(4,435)	(3,3)	2.27
*	New Contruction projects completing	(4,942)		
Expected	Hospital Operations FY2018	(',- '= ')	77,090	9.0%



FY18 Operating Budget Detail Revenue Assumptions

FY18 Budget Overview: Revenue Rates

Category	Budget Assumptions
Pricing	Prices to increase to 5.0%
	Overall charges based on OSHPD per case review, ECH pricing remains
	at 35th percentile.
	Inpatient Charges were at 25th percentile Outpatient charges were at 50th percentile
Reimbursement	3% rate increase in commerical payors which accounts for 72% of the
	net revenue
	0% rate increase in Medicare accounts, which accounts for 48% of our
	payor mix but 25% of the net revenue; \$6.5M IGT discontinuance but
	expect CDI would improve Medicare payment by ~\$3.5M.
	0% rate increase in Medi-Cal accounts, which accounts for 7.2% payor
	mix of ECH patient population
Other Payment	\$733K Other Operating Revenue from the PRIME Project

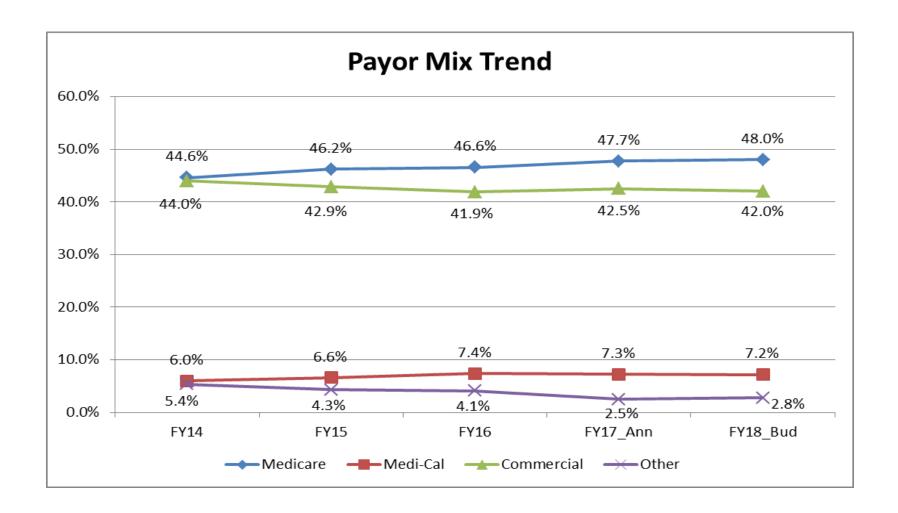
Charge Master Pricing Changes with Benchmark Data

- CMS/OSHPD claim level data shows El Camino Hospital prices below mid-market level compared to the local peer group including Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital and Washington Hospital.
- Even with the 6.0% price increase in FY17, our overall charges remain at the 35th percentile based on OSHPD charge per case review (inpatient @ 25th percentile / outpatient @ 50th percentile).
- To catch up with the market pricing, a 5.0% charge increase is proposed in the FY18 budget

						5-Year
Hospital	2012	2013	2014	2015	2016	Average
EL CAMINO HOSPITAL	0.89%	0.06%	0.90%	5.00%	6.00%	2.57%
STANFORD UNIVERSITY HOSPITAL	9.60%	7.20%	6.90%	6.90%	6.80%	7.48%
REGIONAL MEDICAL CENTER OF SAN JOSE	10.60%	1.36%	5.28%	-1.32%	8.90%	4.96%
SEQUOIA HOSPITAL	5.40%	3.10%	0.00%	2.70%	3.10%	2.86%
WASHINGTON HOSPITAL - FREMONT	0.56%	9.71%	0.97%	2.12%	0.21%	2.71%
GOOD SAMARITAN HOSPITAL- SAN JOSE	9.90%	12.80%	7.10%	4.70%	2.40%	7.38%
O'CONNOR HOSPITAL	0.20%	0.13%	1.02%	0.06%	-19.79%	-3.68%

^{*}Data Source: OSHPD

Payor Mix and Net Revenue Distribution by Payor



FY2018 Operating Budget Detail - Volume

Volume Assumptions - Inpatient

Service Line Inpatient Volume Trend

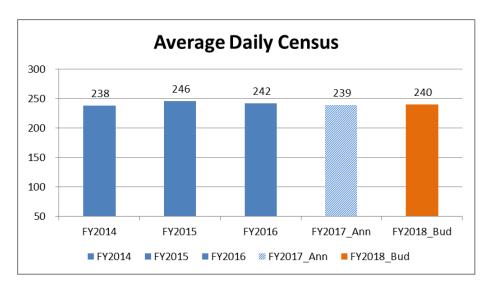
	Service Line Volume Trend & FY18 Volume Projection							
T,	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes	
8	19,430	19,643	19,401	19,580	19,705	0.6%		
Behavioral Health	1,012	1,052	929	912	912	0.0%	Increase operating beds from 18 to 21 after 1 phase construction	
General Medicine	4,160	4,591	4,465	4,940	4,679	-5.3%	High volume due to outbreak of flu in FY17; not expecting the same in FY18	
General Surgery	1,243	1,150	1,312	1,289	1,306	1.3%	Modest increase due to population growth	
Heart and Vascular	1,859	1,998	2,008	2,170	2,082	-4.0%	High volume increase in HVI cases in FY17 related to outbreak of flu; not expecting the same in FY18	
MCH	6,695	6,372	6,136	5,845	6,206	6.2%	Phyician recruitment	
Neurosciences	667	672	678	680	697	2.4%	Recruitment of Neuro Surgeon beginning in FY18	
Oncology	606	564	652	587	572	-2.5%		
							Increase cases due to recuritment of 2 new Orthopedic physicians at LG, increase of Shoulder Replacement	
Orthopedics	1,695	1,773	1,750	1,700	1,762	3.6%	and Co-Management at MV	
Other	7	5	24	4	- [0.0%		
Rehab Services	547	555	501	469	497	5.9%	Plan to increase higher acute Rehab patients in FY18	
Spine Surgery	377	429	418	462	478	3.5%	Recruitment of Spine Surgeon beginning in FY18	
Urology	172	169	234	250	240	-3.8%		
Womens Non-MCH	390	313	294	272	275	0.8%		
Grand Total	19,430	19,643	19,401	19,580	19,705	0.6%		
% Change from PY		1.1%	-1.2%	0.9%	0.6%			

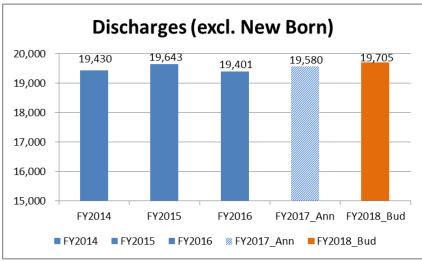
Volume Assumptions - Outpatient

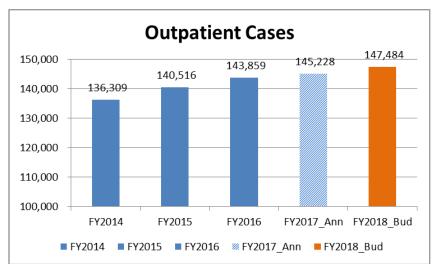
Service Line Outpatient Volume Trend

	Service Line Volume Trend & FY18 Volume Projection								
							·		
T	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes		
■ 0	136,309	140,516	143,859	145,228	147,484	1.6%			
Behavioral Health	2,565	2,496	2,859	3,284	3,282	-0.1%			
Emergency	46,025	49,106	48,513	48,231	48,975	0.0%			
General Medicine	6,656	6,735	6,877	6,257	6,504	3.9%	Increase of 10% in Interventional Bronch		
General Surgery	1,785	1,866	1,857	2,051	2,049	-0.1%			
Heart and Vascular	3,474	3,749	4,239	4,440	4,392	-1.1%			
Imaging Services	19,025	19,480	17,535	17,248	17,597	2.0%	Projected increase in mammography volume with the install of Tomo.		
Laboratory Services	30,413	29,488	28,810	29,165	28,741	-1.5%			
MCH	5,049	4,830	4,944	5,452	5,200	-4.6%	Less OP OB referrals due to one OB physicians retiring and 1 leaving the area.		
Neurosciences	132	130	141	149	142	0.0%			
Oncology	10,462	11,673	17,251	18,348	19,438	5.9%	Projected 10% increase in MV Infusion Center and a new LG Infusion Center starting in the 4Q of FY18		
Orthopedics	883	791	616	669	588	-12.2%	Lose of OP Orthopedic cases to surrounding ASC		
Other	656	633	630	599	703	17.5%	Other Ancially Services (Dietary Theraypy, IV Therapy, EKG)		
Outpatient Clinics	1,818	1,706	1,676	1,275	1,450	13.8%	2nd Year of Wound Care Operation projection		
Rehab Services	3,878	4,223	4,372	4,396	4,326	-1.6%			
Sleep Center	160	223	498	403	720	78.8%	Recruit for new Sleep specialty physician, expect a 300 case volume increase in FY18		
Spine Surgery	293	330	276	288	331	14.9%	New Spine Surgeon starting 2nd half of FY18		
Urology	1,823	1,750	1,696	1,913	1,875	-2.0%			
Womens Non-MCH	1,212	1,307	1,069	1,060	1,171	10.5%	Part of the General Surgery and Robotic cases increase in LG and population growth.		
Grand Total	136,309	140,516	143,859	145,228	147,484	1.6%			
% Change from PY		3.1%	2.4%	1.0%	1.6%				

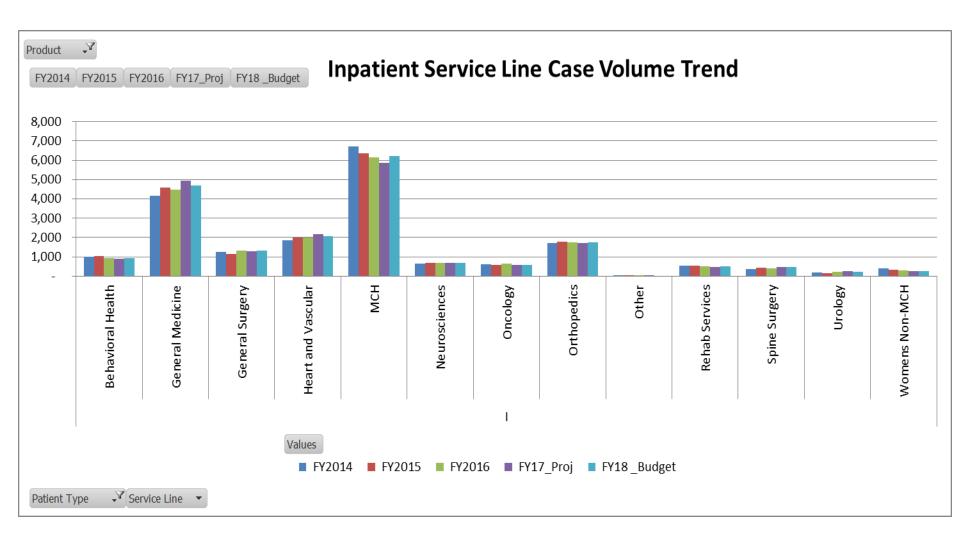
Key Hospital Volume Statistics Trend



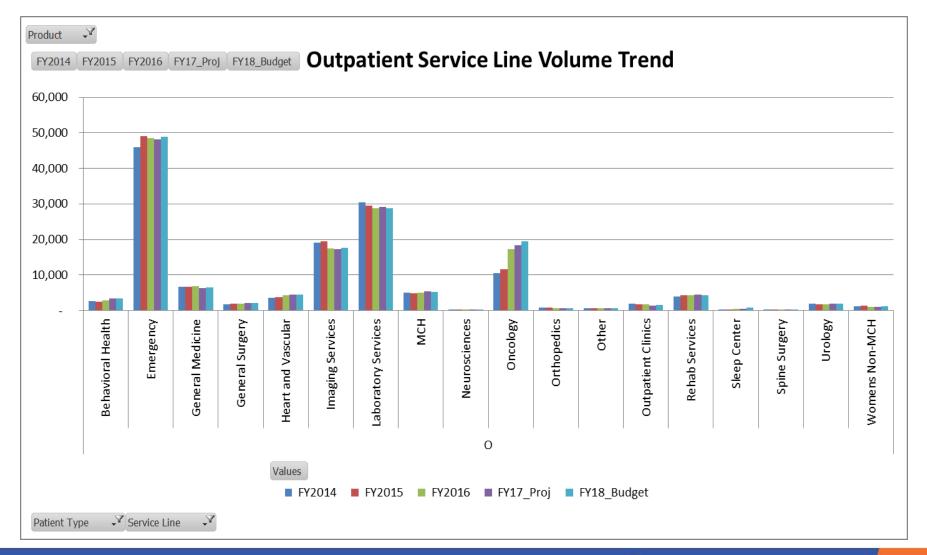




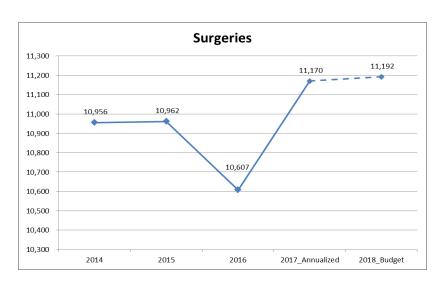
Inpatient Service Line Volume Trend

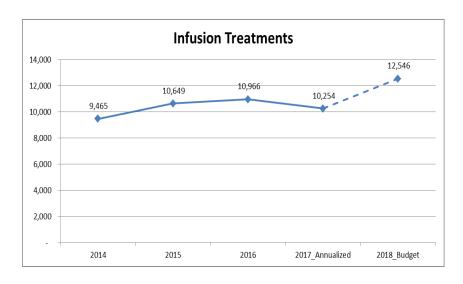


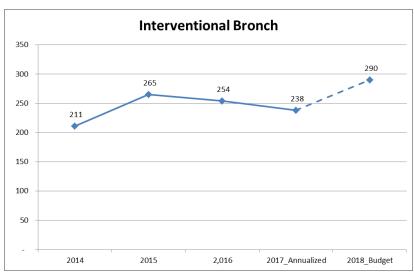
Outpatient Service Line Volume Trend

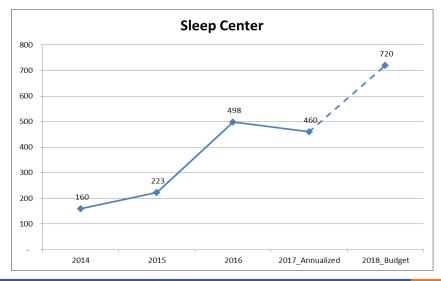


Focus Volume Growth — Ancillary & Procedural Areas









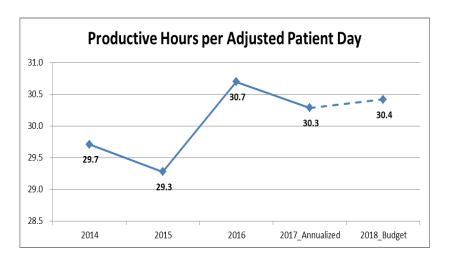
FY18 Operating Budget Detail Expense Assumptions

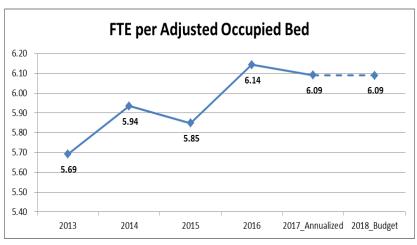
FY18 Budget Overview: Expenses –

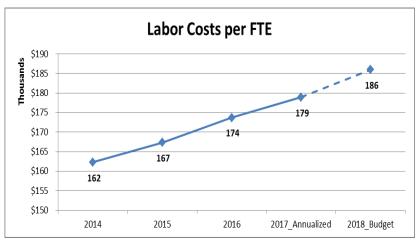
Expense Assumptions

Category	Inflation & Other Expense Assumptions
	Low base in FY17 with 3% inflation resulting an
Group Health	overall reduction comparing to actual FY17
	3.0% increase for 2nd half of FY18; 1.5% overall
Dental	increase in FY18
Pharmaceutical	4.2% inflation on drug cost
Medical Supplies	1.0% overall inflation
Other	2.0% inflation

Key Operational Metrics



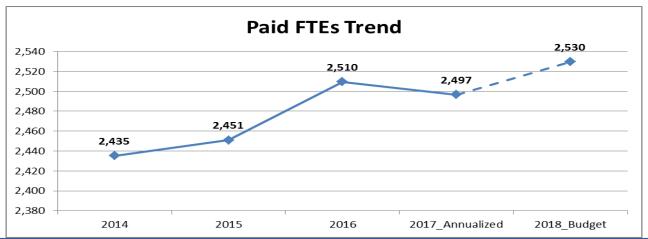




- Productivity remains flat with the support of additional initiatives.
- The 3.9% increase in labor cost is primarily related to salary and benefit rate increase.

FY18 Budgeted Hospital FTE

Hospital Paid FTE			
Starting FTE FY2017 YTD Apr Ann	2,496.64	Volume/New Program	Productivity
LG IFC	0.46	0.46	
OSA (Sleep Ctr)	0.81	0.81	
Spine	1.66	1.66	
LG Robotics 200 cases	5.00	5.00	
Strategic Workforce	6.00	6.00	
PSA (Video Monitoring Implementation)	(3.00)		(3.00)
ALOS Reduction	(4.04)		(4.04)
Other Volume Driven	2.97	2.97	
Change in Target (Run Rate vs BUD18)	(4.63)		(4.63)
Target Reduction (Overhead) Office of COO	(16.36)		(16.36)
Budgeted Vacant Position (Overhead):	30.37		30.37
- IT: 11.3 FTE (backfilled by Purchase Service)			
- CMO / Quality Svcs: 11.5 (partially backfilled by PS)			
Wound Care	2.40	2.40	
Approved FTEs:			
- CDI Manager; Pharmacy Tech (Stewardship); Compliance Manager; Jr.			
Attorney; Benefit Specialist	11.27		11.27
Ending Budget FY18 Paid FTE	2,529.56	19.30	13.61



High Performance Organization (HPO) Initiatives

Work Stream	Focus Area	FY18 Budget
	LOS Reduction (750 days)	875,000
Variation	Resources Utilization Management	2,000,000
	Clinical Documentation	3,500,000
Workflow and Workforce		
	Productivity Target Reduction	1,505,000
Optimization	Incidental Overtime Management	425,000
Supply Chain	Pricing	1,300,000
	Total	9,605,000

High Performance Organization (HPO) Status Update

HPO Plan Reporting & Pro	jection						
Work Stream	Focus Area	Total Identified	Confirmed Opportunities	FY 2016 Actual	FY17 Implemented - Achieved	FY18 Budget	Remaining HPO Opportunities
	SPD	\$321,054	\$183,282	\$0	\$165,543		\$17,739
	Emergency Department	\$1,612,592	\$1,612,592	\$0	\$1,580,321		\$32,271
Patient Flow and	Periop MV / Endo / Cath	\$1,226,234	\$576,202	\$35,000	\$541,202		\$0
Capacity Management	Periop LG	\$334,732	\$288,394	\$0	\$140,006		\$148,388
	Laboratory	\$1,882,000	\$1,113,782	\$82,068	\$1,031,714		\$0
	Imaging	\$451,000	\$334,200	\$183,000	\$151,200		\$0
	Level and Duration of Care	\$2,367,600	\$2,367,600	\$1,483,445	\$529,273	\$875,000	-\$520,118
	RUM - Blood	\$378,000	\$378,000	\$46,000	\$332,000		\$0
	RUM - Inpatient	\$1,090,417	\$1,090,417	\$0			\$1,090,417
Variation	RUM - Other Services	\$7,926,583	\$7,926,583	\$0	\$1,000,000	\$2,000,000	\$4,926,583
	Care Coordination	\$196,728	\$201,344	\$78,919	\$0		\$122,425
	Quality Cycle Management	\$0		\$0			\$0
	Clinical Documentation	\$3,661,000	\$4,300,000	\$0	\$1,800,000	\$3,500,000	-\$1,000,000
	Benefits	\$4,070,000	\$900,000	\$0	\$900,000		\$0
	IP Nursing & MCH	\$6,320,152	\$1,967,175		\$376,414		\$1,590,761
Workflow and Workforce	Productivity Improvement	. , ,	. , ,		. ,	\$1,505,000	-\$1,505,000
Optimization	Premium Pay	\$3,639,194	\$3,639,194	\$0	\$0	\$425,000	\$3,214,194
	Span of Control	\$31,000			\$0	,	\$0
	Workforce Management	\$0					\$0
Davis Cools	HIM and Coding	\$356,096	\$356,096	\$0	\$308,000		\$48,096
Revenue Cycle	Revenue Cycle Staffing	\$614,788	\$0		\$0		\$0
Enhancement	Revenue Cycle Enhancement*	\$3,222,000		\$7,360,000			-\$4,138,000
	PPI .	\$2,652,120	\$2,652,120	\$1,955,957			\$696,163
	Pricing	\$0		\$0		\$1,300,000	-\$1,300,000
Supply Chain	Rx Best Practices	\$50,000				·	\$0
	Drugs	\$1,844,360		\$533,270	\$194,042		\$0
	Endo-Mechanicals	\$658,501	\$658,501	\$0	\$512,000		\$146,501
	Total	\$44,906,151	\$34,494,794	\$11,757,659	\$9,561,715	\$9,605,000	\$3,570,420

Impact of IT Initiatives FY - 17 to FY18

IT Initiatives for FY18

Description	Additional Operating Expense for FY18	Budgeted Capital Cost FY18 (Adjusted)
ERP (Enterprise Resource Planning System)	895,500	4,725,500
IS Baseline: Software, Devices, Network, Server, Storage & Telecom	-	3,069,650
PACS, VNA, Universal Viewer Enterprise Imaging IT	-	2,286,400
iCare Program	-	1,922,000
IS Secuirty Program	-	964,500
Community Connect (Company 91)	1,802,068	675,000
Total FY18	2,697,568	13,643,050

Capital Budget FY18

FY18 Capital Spending Trend

	Actual	Actual	Actual	Projected	Budget
Capital Spending (in 000's)	FY2014	FY2015	FY2016	FY2017	FY2018
EPIC	6,838	29,849	20,798	6,137	1,922
IT Hardware / Software Equipment	2,788	4,660	6,483	5,391	12,238
Medical / Non Medical Equipment*	12,891	13,340	17,133	18,185	5,635
Non CIP Land, Land I, BLDG, Additions	22,292	-	4,189	-	-
Facilities	13,753	38,940	48,137	170,763	211,886
GRAND TOTAL	58,561	86,789	96,740	200,476	231,681

^{*}Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17

FY18 IT / Imaging Capital Request (in 000s)

FY18 IT & Imaging Requested Capital	FY18 Budgeted Commitment	FY18 Budgeted Spend
iCare Program (EPIC)	1,922	1,922
EPIC Total	1,922	1,922
ERP	4,725	4,725
PACS, VNA, Universal Viewer Enterprise Imaging IT	2,286	2,286
IS Security Program	965	965
IS Baseline: Storage - Baseline Primary & Backup S	882	882
IS Baseline: Network - Baseline Replacement & Main	771	771
IS Baseline: Server - Baseline Replacement & Main	717	717
Community Connect (Company 91)	675	675
Convert all CR equipments to DR	357	357
IS Baseline: Software Upgrades: Existing Software	250	250
IS Baseline: Devices - Baseline Deviec Replacement	250	250
All Other*	361	361
IT Hardware/Software Equipment/Imaging	12,238	12,238

FY18 Equipment Capital Request (in 000s)

FY18 Medical / Non Medical Equipment Requested Capital	FY18 Budgeted Spend
Centralized ECG Monitoring	1,300
Siemens CT scanner	600
ARIA Optimization Solution	600
Navigation Unit (Electromagnetic Navigational Bronch Unit)	300
All Other*	2,835
Total	5,635

FY18 Facility Project Request with Details (in 000s) 1 of 2

	FY18 Budgeted		FY18 Budgeted	
	Commitment		Spend	
Mountain View Compus Moster Plan Projects				
Mountain View Campus Master Plan Projects BHS Replacement	\$0	**	\$51,400	
North Dr Parking Structure Expansion	\$0 \$0	**	\$3,354	
- ·	\$0 \$0	**	\$130,100	
Integrated Medical Office Building CUP Upgrades	\$0 \$0	**	\$4,032	
Womens Hosp Expansion	\$6,000	**	\$7,000	
Sub-Total Mountain View Campus Master Plan	\$6,000	1	\$195,886	
Can rotal mountain ries Campas master rian	7 3/3 3 3		Ţ = 0 0 / 0 0 0 1	
Mountain View Capital Projects				
New Main Lab Upgrades	\$0	*	\$500	
ED Remodel Triage / Psych Observation	\$0	*	\$1,000	
Willow Pavilion FA Sys and Equip Upgrades	\$800		\$700	
Facilities Planning Allowance	\$600		\$0	
Site Signage & Other Improvements	\$1,000		\$100	
IR Room #6 Development	\$0	*	\$2,000	
JW House (Patient Family Residence)	\$2,500		\$0	
Nurse Call System Upgrades	\$2,400		\$0	
Imaging Equipment Replacement (Imaging Dept. Only)	\$20,700		\$0	
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	\$19,400		\$0	
ED Remodel / CT - Triage - Other	\$5,000		\$0	
MV Equipment & Infrastructure Upgrades (18)	\$600		\$0	
Various Relocation Projects	\$800		\$0	
Flooring Replacement	\$1,600		\$0	
Sub-Total Mountain View Projects	\$55,400		\$4,300	

FY18 Facility Project Request with Details (in 000s) 2 of 2

	FY18 Budgeted Commitment		FY18 Budgeted Spend
Los Gatos Capital Projects			
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	\$0	**	\$700
LG Upgrades - Major	\$0	**	\$5,000
LG Rehab Building Upgrades	\$0	**	\$500
LG IR Upgrades	\$1,100		\$0
LG Facilities Planning	\$800		\$0
LG MOB Improvements (17)	\$0	*	\$3,500
LG Nurse Call System Replacement (M/S, Ortho, Women's, ED	\$2,800		\$0
LG OPS Expansion & Physician Lounge	\$850		\$0
LG Observation Unit (Conversion of ICU 2)	\$1,800		\$0
LG Security System	\$460		\$0
LG Pharmacy USP800 Upgrades	\$400		\$0
LG Men's Health Clinic TI's	\$450		\$0
LG Cancer Center	\$1,900		\$0
Sub-Total Los Gatos Projects	\$10,560		\$9,700
Other Strategic Capital Projects			
Primary Care Clinic (TI's Only)	\$0	*	\$2,000
Urgent Care Clinics (Tis Only)	\$3,800		\$0
New 28K MOB (Courthouse Prop)	\$22,400		\$0
Sub-Total Other Strategic Capital Projects	\$26,200		\$2,000
Grand Total Facilities Projects	\$98,160	1	\$211,886

Board Designated Community Benefit Endowment Fund

- In FY16, the Board established an endowment to provide investment income to fund community benefit.
- We agreed to evaluate whether the fund should be increased during the annual budget cycle.
- Recommendation
 - Endowment funding evaluation in FY17 Q3 determined the budgeted amount for FY18 Community Benefit to be \$500k.
 - Increase community benefit endowment fund by \$5 million –
 50% increase over the amount established in 2016.

	<u>FY14</u>	<u>FY15</u>	<u>FY16</u>	FY17_Ann	FY18_Bud
Community Benefit	(1,477,050)	(2,397,226)	(2,716,041)	(3,586,367)	(3,400,000)

Appendix

CONCERN – FY18 Budget Financial

	CONCER	N (\$ in thousands)			
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Other Operating Revenue	15,755	16,604	18,090	1,486	9.0%
Total Net Revenue	15,755	16,604	18,090	1,486	9.0%
EXPENSES					
Salaries & Benefits	5,754	5,283	5,694	(411)	-7.2%
Supplies & Other Expenses	8,721	9,620	11,432	(1,813)	-15.9%
Interest	-	-	-	-	0.0%
Depreciation/Amortization	42	29	31	(1)	-3.7%
TOTAL EXPENSES	14,518	14,932	17,157	(2,225)	-13.0%
OPERATING INCOME	1,238	1,672	934	(738)	79.1%
Non Operating Income	585	(43)	497	539	
NET INCOME	1,823	1,629	1,430	(199)	-12.2%
Operating EBIDA	1,280	1,701	964	(737)	-43.3%
EBIDA Margin Percentage	8.1%	10.2%	5.3%	-4.9%	-48.0%
Operating Margin Percentage	7.9%	10.1%	5.2%	-4.9%	-48.7%

CONCERN Commentary

CONCERN Initiatives:

- Implement our Technology Roadmap required by our largest tech customers
 - Video Counseling
 - Texting for service requests
 - Company specific online portal
 - Digital therapeutics including online interventions for depression and anxiety
- Implement Phase II of EAPExpert CRM Platform to streamline claims payment, clinical documentation and employer customized reporting
- Increase the size of the provider network nationally by 10%
- Become licensed/certified in 6 states as required by the DMHC

Margin

 Margin remains healthy but is declining due to price competition from national insurance companies and industry wide increase in utilization

Foundation - FY18 Budget Financial

FOUNDATION	(\$ in thousands)
-------------------	-------------------

		11	<u> </u>		
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Other Operating Revenue	-	-	-	-	\$0
Total Net Revenue	-	-	-	-	0%
EXPENSES					
Salaries & Benefits	1,430	1,579	1,686	(107)	-6%
Supplies & Other Expenses	1,489	1,228	1,667	(438)	-26%
Interest	-	-	-	-	0%
Depreciation/Amortization	13	13	13	-	0%
TOTAL EXPENSES	2,933	2,821	3,366	(545)	-16%
OPERATING INCOME	(2,933)	(2,821)	(3,366)	(545)	-16%
Non Operating Income	3,915	5,388	4,102	(1,286)	
NET INCOME	982	2,568	737	(1,831)	-71%
Operating EBIDA	(2,920)	(2,807)	(3,352)	(545)	19%



FY 18 fundraising goal is low pending organizational strategic plan

SVMD – FY18 Budget Financial

	SVMD ((\$ in thousands)			
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	153	377	3,723	3,346	100%
Othe Operating Revenue		-	102	102	
Total Net Revenue	153	377	3,826	3,346	0%
EXPENSES					
Salaries & Benefits	85	348	3,681	(3,333)	-91%
Supplies & Other Expenses	162	519	5,235	(4,716)	-90%
Interest	-	-	-	-	0%
Depreciation/Amortization		2	331	(329)	0%
TOTAL EXPENSES	247	869	9,247	(8,378)	-91%
OPERATING INCOME	(94)	(491)	(5,421)	(4,930)	-91%
Non Operating Income	250	600	3,735	3,135	
NET INCOME	156	109	(1,686)	(1,795)	-1653%
Operating EBIDA	(94)	(489)	(5,090)	(4,601)	940%
EBIDA Margin Percentage	-61.6%	-129.8%	-133.1%	-3.3%	2.5%
Operating Margin Percentage	-61.6%	-130.3%	-141.7%	-11.4%	8.8%

SVMD – Primary Care Clinic

- Primary care physicians: Recruit 11 MDs (5 starting Oct and 6 starting Jan); total of 7.68 FTEs by end of the year.
- Specialists: Recruit 4 MDs (starting Jan); total of 2 FTEs by end of the year.

Primary Care Clinic	
	Total
REVENUES	
Net Patient Service Revenue	3,723,065
Total Net Revenue	3,723,065
EXPENSES	
Salaries & Benefits	3,415,750
Supplies	123,573
Purchased Services	2,090,901
Facility Expenses*	494,306
Other General and Administrative	91,845
Depreciation	2,753
TOTAL EXPENSES	6,219,128
OPERATING INCOME	(\$2,496,063)
TOTAL FTEs	9.68
Loss per MD FTE	(\$257,783)
Primary Care Clinic Administration Expenses	1,238,667

^{*}Facility Expenses: Lease/Repairs & Maintenance/Utilities

Non-Operating Revenue Detail

	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
on Operating Revenue Detail					
Investments	(1,710)	59,376	18,100	(41,277)	-69.5
Swap Adjustments	(3,214)	4,537	-	(4,537)	-100.09
Bond Amortization	1,611	266	70	(196)	-73.79
Community Benefit	(2,716)	(3,586)	(3,400)	186	-5.29
Support for Foundation	(1,783)	(1,783)	(1,783)	-	0.09
Support for SVMD	(213)	(459)	(5,380)	(4,921)	1072.8
Investment in Satellite Dialysis	(434)	(573)	(425)	148	-25.9
Gain/ <loss> on Community Connect</loss>	-	-	-	-	
Gain/ <loss> on Pathways</loss>	143	1,471	500	(971)	-66.0
Other	(1,254)	(2,936)	(3,292)	(355)	12.1
	(9,570)	56,313	4,390	(51,923)	-92