

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

Thursday, May 21, 2020 – 5:00 pm
 El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 Dated March 18, 2020, EL CAMINO HEALTH WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT 1-866-365-4406 MEETING CODE 9407053#.

PURPOSE: To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Sharon Anolik Shakked, Chair		5:00 – 5:01pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:01 – 5:02
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Sharon Anolik Shakked, Chair		information 5:02 – 5:05
4. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the CAC Meeting (3/19/2020) Information b. Status of FY20 Committee Goals c. Proposed FY20 Committee Goals	Sharon Anolik Shakked, Chair	<i>public comment</i>	motion required 5:05 – 5:10
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	Sharon Anolik Shakked, Chair		information 5:10 – 5:15
6. KPIs, SCORECARD, AND TRENDS ATTACHMENT 6	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:15 – 5:25
7. ADJOURN TO CLOSED SESSION	Sharon Anolik Shakked, Chair		motion required 5:25– 5:26
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:26 – 5:30
9. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov’t Code Section 54957.2:</i> a. Minutes of the Closed Session of the CAC Meeting (1/23/2020 and 3/19/2020)	Sharon Anolik Shakked, Chair		motion required 5:30 – 5:45

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>Information Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: b. Activity Log January 2020 c. Activity Log February 2020 d. Activity Log March 2020 e. Activity Log April 2020 f. Internal Audit Work Plan g. Committee Pacing Plan</p>			
<p>10. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Report Internal Audit Assessment and Proposed FY 2021 Work Plan</p>	Alex Robison, Protiviti Mary Rotunno, General Counsel		<p>possible motion 5:45 – 6:00</p>
<p>11. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Report on Internal Audit Activity</p>	Alex Robison, Protiviti Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		<p>information 6:00 – 6:30</p>
<p>12. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Enterprise Risk Management</p>	Jim Griffith, COO; Mary Rotunno, General Counsel		<p>information 6:30 – 6:40</p>
<p>13. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - IT Security Discussion</p>	Deb Muro, CIO; Mike Mellor, Interim CISO Mary Rotunno, General Counsel		<p>discussion 6:40 – 7:10</p>
<p>14. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session</p>	Sharon Anolik Shakked, Chair		<p>discussion 7:10 – 7:20</p>
<p>15. ADJOURN TO OPEN SESSION</p>	Sharon Anolik Shakked, Chair		<p>motion required 7:20 – 7:23</p>
<p>16. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Sharon Anolik Shakked, Chair		<p>information 7:23 – 7:25</p>
<p>17. ADJOURNMENT</p>	Sharon Anolik Shakked, Chair		<p>motion required 7:25 – 7:30pm</p>

Upcoming Meetings:

Regular Meetings: August 20, 2020, September 24, 2020, November 19, 2020, January 28, 2021, March 18, 2021, May 20, 2021



**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Thursday, March 19, 2020**

**El Camino Hospital | Sobrato Pavilion GF60 Board Conference Room 1
2495 Hospital Drive, Mountain View, CA 94040**

Members Present

Sharon Anolik Shakked, Chair
Jack Po, MD, Vice Chair
Don Watters
Christine Sublett
Lica Hartman

Members Absent

****Via teleconference**

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Compliance and Audit Committee of El Camino Hospital (“the Committee”) was called to order at 5:00pm by Chair Anolik Shakked. All Committee members participated via teleconference and were present at roll call.	<i>Called to order at 5:00pm</i>
2. POTENTIAL CONFLICT OF INTEREST	Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	<p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed. Chair Anolik Shakked stated that Item number 4b (Status of FY20 Committee Goals) was deferred to the May meeting in order to streamline the current meeting.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Compliance and Audit Committee Meeting (1/23/2020).</p> <p>Movant: Sublett Second: Watters Ayes: Anolik Shakked, Po, Sublett, Hartman, & Watters Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Consent Calendar approved</i>
5. APPOINTMENT OF VICE CHAIR	Chair Anolik Shakked stated that Bob Rebitzer has cycled off the Compliance and Audit Committee and will serve on the SVMMD Board of Managers. She welcomed Dr. Po to the Committee, and thanked him for taking on the role as the new Committee Vice Chair. Dr. Po has been a part of the El Camino Board since July 2019, and currently works at Google in the Tech and Healthcare division.	
6. REVIEW PROPOSED FY20 FINANCIAL AUDIT PLAN	<p>Joelle Pulver and Katherine Djiauw of Moss Adams presented the Proposed FY20 Financial Audit Plan. Ms. Pulver commented that California law now requires public entities to change audit partners every seven years; therefore, Ms. Pulver is rotating in as the engagement partner for El Camino Hospital.</p> <p>Ms. Djiauw reviewed Moss Adams’ responsibilities including to: express their opinion, perform an audit based on generally auditing standards, consider internal controls over financial reporting to design and scope the audit, and communicate certain findings. She stated that Moss Adams views</p>	

	<p>their audit process as two big phases. The first phase starts by looking at the organization’s key financial processes. If Moss Adams is on site, they meet and have discussions with various numbers of management and members of the accounting team to go over key financial cycles such as billings and revenue, disbursements, payroll, capital assets, etc. Ms. Djiauw stated that this year they will be selecting samples from SVMD visit charges since that organization has significantly grown in size in compared to the prior years. The second phase is a combination of analytical procedures, which are designed to look at revenue and expenses, data, ratios, and develop expectations based on various inputs.</p> <p>Ms. Djiauw stated that materiality is essentially determined based on qualitative and quantitative factors. Quantitative could be based off the percentage of net patients or revenue. In regards to the significant audit areas, these are the areas that they typical spend the majority of their time in. The net patients’ accounts receivable and revenue has the largest engagement. Other areas of materiality are pensions that have new accounting standards, and fixed assets due to the magnitude of the amount on the hospital’s balance sheet; this is to be expected due to the large hospital projects.</p> <p>Ms. Pulver explained that they also consider fraud as a part of their audit. In regards to deliverables, they will issue two (2) audit reports: one on the consolidated financial statements for the year ending June 30, 2020, and the other on the audit of the financial statements of the Auxiliary which is not consolidated into the hospital. If necessary and if they have any intra-control matters that have risen to a level of significant deficiencies or materials they’ve sent, that will also be communicated in a written letter.</p> <p>Currently, the plan does call for both planning and interim procedures to be done in April. The firm’s current policy is that they are not to go to client’s sites through April 15, 2020, but they will work closely with management to make sure there is a plan in place to get those walkthroughs completed. Most of the audits right now are being done remotely. Ms. Pulver stated that they typically come back in June to do the actual testing of any controls that weren’t done during April. The final procedures should be done by August where they are onsite working through the financial statement audits. They come back with the draft in September to present to the Compliance Committee, and then will plan to present to the Board in October.</p> <p>Ms. Pulver stated there are a couple of new standards. GASB 84 provides that the hospital’s defined benefit pension plan and the defined contribution plan are fiduciary activities of the hospital. Pursuant to GASB 87, next year the hospital and the district will have to adopt the new lease standard. All the leases will show up on the balance sheet to be grossed out as assets. Ms. Pulver also explained that GASB 89 provides that, beginning in FY21, ECH will no longer to be able to capitalize interest into projects. It will have to go through the income statement</p> <p>In response to Committee members’ questions, Ms. Pulver stated they do look at internal controls; however, they do not give an opinion as it is not required for public entities. Ms. Djiauw also stated that they typically look at trends based on increase in units of service or increase of rates. They look at ratios of net patient accounts or net patient revenue over the gross charges.</p>	
<p>7. PROPOSED FY21 COMPLIANCE</p>	<p>Chair Anolik Shakked asked if any member of the Committee had any</p>	<p><i>Proposed FY21</i></p>

<p>COMMITTEE DATES</p>	<p>conflicts with the Proposed FY21 Committee Dates. None reported.</p> <p>Motion: To approve the Proposed FY20 Compliance Committee Dates.</p> <p>Movant: Sublett Second: Po Ayes: Anolik Shakked, Po, Sublett, Hartman, & Watters Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Compliance Committee Dates approved</i></p>
<p>8. PROPOSED FY21 CAC GOALS</p>	<p>Chair Anolik Shakked asked if any member of the Committee had any comments about the Proposed FY21 Committee Goals. Chair Anolik Shakked stated that she believes that business continuity and disaster recovery is a part of the charter and would like to have a goal to review the business continuity and disaster recovery plan. Ms. Wigglesworth stated she would add the goal.</p> <p>Mr. Watters commented that Goal #1 and Goal #3 are the places that the committee can add value. He does not see Goal #2 as a goal, but he does feel it would be informative.</p> <p>Motion: To approve the Proposed FY21 Committee Goals with the addition of one goal to review the hospital’s business continuity and disaster recovery plan.</p> <p>Movant: Sublett Second: Po Ayes: Anolik Shakked, Po, Sublett, Hartman, & Watters Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Proposed FY21 CAC Goals approved</i></p>
<p>9. HOSPITAL UPDATE</p>	<p>Ms. Wigglesworth stated that the hospital activated the hospital command center on February 28, 2020 to address the COVID-19 pandemic and it has been open 24/7 since then. Currently, patients that present with respiratory symptoms are separated and evaluated in the Emergency Department; they are then tested and sent home if they are not sick enough to be admitted. For those who are admitted, the hospital has three separate containment areas within the hospital set up with sufficient beds. For labs, originally ECH was sending the labs to the county, which would take about 30 days to get the tests back, which was unacceptable. Currently, the hospital is sending all COVID-19 tests to Stanford, which has a turnaround time of 48-72 hours back to the hospital with the results. ECH is working on obtaining FDA approval to do in house testing ASAP.</p> <p>Ms. Wigglesworth also stated that the command center is monitoring equipment and supplies daily which includes ventilators, masks, respirators, etc. In regards to staffing, the organization has brought in additional staffing resources to ensure ECH has enough resources. There was an instance where some staff members needed to be quarantined due to contact with a COVID-19 patient. Based on the CDC and the Santa Clara County Public Health guidance, ECH is staffing for respiratory droplet and contact precautions as an effective method to prevent viral transmission of COVID-19. Ms. Wigglesworth stated that the command center has also set up tents outside of the Emergency Department in Mountain View and Los Gatos campus to help triage and screen respiratory issues as patients present. In addition, no visitors are allowed in the hospitals with the exception of the</p>	

	Labor and Delivery Unit where one (1) visitor is allowed.	
10. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:56pm. Movant: Sublett Second: Watters Ayes: Anolik Shakked, Po, Sublett, Hartman, & Watters Noes: None Abstentions: None Absent: None Recused: None	<i>Adjourned to closed session at 5:56pm</i>
11. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 5:58pm. Agenda items 11-13 were discussed in closed session. During the closed session, the Committee deferred approval of the Closed Session minutes of the January 23, 2020 meeting for further revision.	<i>Open session reconvened at 5:58pm</i>
12. AGENDA ITEM 19: ADJOURNMENT	Motion: To adjourn at 5:59pm. Movant: Sublett Second: Watters Ayes: Anolik Shakked, Po, Sublett, Hartman, & Watters Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 5:59pm</i>

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

Sharon Anolik Shakked
Chair, Compliance and Audit Committee

FY20 COMMITTEE GOALS

Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

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

GOALS	TIMELINE	METRICS
1. Review reporting from the new compliance program incident management tool and assess if the level of detail is sufficient for the committee's oversight.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presented on 11/21/19
2. Review the hospital's assessment of the impact and any action plan, if applicable, of the 2020 California Consumer Privacy Act on Hospital operations.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presented on 11/21/19
3. Review the results and mitigation action plan of a privacy and security risk assessment of SVM D.	Q3 FY20 – Deferred to May Meeting	Committee reviews and provides recommendations to the Compliance Officer - presenting at 5/21/20 meeting
4. Review ECH's IT Security Strategic Plan.	Q4 FY20	Committee reviews and provides recommendations to CIO - presenting at 5/21/20 meeting

SUBMITTED BY:

Chair: Sharon Anolik Shakked

Executive Sponsor: Diane Wigglesworth

Approved by the ECH Board of Directors 6/12/2019

DRAFT
FY21 COMMITTEE GOALS
 Compliance and Audit Committee

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GOALS	TIMELINE	METRICS
1. Review Hospital and SVMD Compliance Work Plan for FY 2021.	Q1 FY21	Committee reviews and provides recommendations to the Compliance Officer
2. Review Business Continuity and Disaster Recovery Plan	Q2 FY21	Committee reviews and provides recommendations to COO
3. Participate in education session presented by Legal Counsel regarding revisions to Stark Law and Anti-Kickback Statute	Q3 FY21	Committee receives education and recommends information to be presented to the Board
4. Review ECH's IT Security Strategic Plan.	Q4 FY21	Committee reviews and provides recommendations to CIO

SUBMITTED BY:

Chair: Sharon Anolik Shakked
Executive Sponsor: Diane Wigglesworth

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Cindy Murphy, Director of Governance Services
Date: May 21, 2020
Subject: Report on Board Actions

Purpose:

To keep the Committee informed with regards to actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1. **Situation:** It is important to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital’s Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last Compliance and Audit Committee meeting, the Hospital Board has met once and the District Board has met once. The District Board is meeting on May 19, 2020 and Hospital Board is meeting on May 20, 2020. Approvals from those meetings can be provided verbally during the meeting if requested. In addition, since the Board has delegated certain authority to the Compliance and Audit Committee, the Finance Committee and the Executive Compensation Committee those approvals are also noted in this report.

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECH Board	April 15, 2020	<ul style="list-style-type: none"> - Medical Staff Report including the Credentials and Privileges Report - Revised Medical Staff Bylaws (Restructuring Organization, Increasing length of terms etc.) - FY20 Period 7 and 8 Financials - Quality/Safety Performance Improvement and Patient Safety Plan (QAPI) - ECH Resolution 2020-02 Declaring Local Emergency (necessary first step to apply for COVID-19 FEMA funds should the organization decide to do so) - Enterprise Telestroke Agreement - Neurology Inpatient Consult Panel - Revised Executive Compensation Philosophy - Revised Executive Base Salary Administration Policy - Revised Executive Performance Incentive Plan - Urology On-Call Panels (MV and LG) - Infection Control Medical Directors Hours Increase - FY20 Board and Committee Self-Assessment Tools - Resolution 2020-03 Approving Neurology Inpatient Consult Panel Agreement for Peter C. Fung MD

Report on Board Actions
May 21, 2020

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECHD Board	April 15, 2020	- ECHD Resolution 2020-02 Declaring Local Emergency (necessary first step to apply for COVID-19 FEMA funds should the organization decide to do so)
Finance Committee	March 23, 2020	- Annual Summary of Physician Financial Arrangements - Orthopedic and Spine Surgery Co-Management Agreement Expansion
Compliance and Audit Committee		- None since last report
Exec. Comp Committee		- None since last report

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: N/A

List of Attachments: None.

Suggested Committee Discussion Questions: None.



**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director Corporate Compliance
Date: May 21, 2020
Subject: Key Performance Indicators (KPI)

Purpose:

To review the trends of the Compliance KPI's and discuss any trends of concern.

Summary:

1. Situation: The performance indicators should assist the Committee to monitor activity and identify organizational deficiencies or emerging risks.
2. Authority: The committee is responsible for oversight of the Compliance program and monthly review of metrics.
3. Background: Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the committee assess effectiveness of the program.
4. Assessment: The total number of investigations, concerns, or inquires brought forth to the Compliance department continues to trend up from previous fiscal year. Hotline activity remains consistent with previous years. A variety of billing, documentation, privacy and Stark waiver issues regarding COVID 19 were addressed by Compliance.
5. Other Reviews: N/A
6. Outcomes: Refer to Key Performance Indicator Compliance Scorecard

List of Attachments:

1. Corporate Compliance Scorecard FY 2020
2. KPI two-year trend Graph by Quarters
3. YTD Bar Graph and Definitions

Suggested Committee Discussion Questions:

1. Are there any trends of concern?

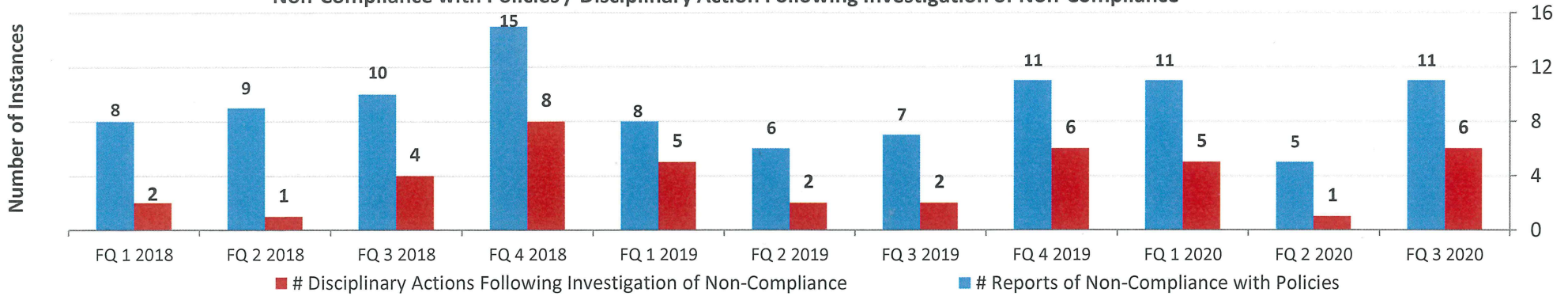
Corporate Compliance Scorecard FY 20

El Camino Hospital

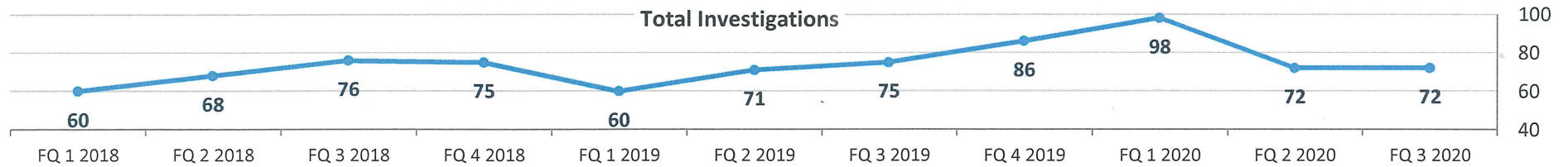
Key Performance Indicator	FY:20 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,127	16,182	16,213
Core Elements			
Policies and Procedures			
	Apr. 2020	Jul - Apr. FY 2020	Jul -Apr. FY 2019
Number of reported instance when policies not followed	0	27	30
Number of disciplinary actions due to Investigations	0	12	13
Education and Training			
	Apr. 2020	Jul - Apr. FY 2020	Jul -Apr. FY 2019
Percentage of new employees trained within 30 days of start date	100%	100%	100%
Investigations			
	Apr. 2020	Jul - Apr. FY 2020	Jul -Apr. FY 2019
Total number of investigations	39	281	260
Investigations open	0	1	0
Investigations closed	39	280	260
Hotline concerns substantiated	3	15	15
Hotline concerns not substantiated	1	12	11
Average number of days to investigate concerns	3.6	4.5	7
Reporting Trends			
	Apr. 2020	Jul - Apr. FY 2020	Jul -Apr. FY 2019
Anti-Kickback/Stark/Beneficiary Inducement	4	23	46
EMTALA	0	6	3
HIPAA Reports	9	114	129
HIPAA Security Incidents	2	10	10
Billing or Claims or Documentation	11	52	78
Conflict of Interest	0	4	1
Business Relationship	1	13	0
General	3	8	25
Reported Events to CMS			
	Apr. 2020	Jul - Apr. FY 2020	FY 2019 Total
Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	0	2	0
Number of statement of deficiencies issued to ECH	0	22	0
Number of Actual Sanctions, fines or penalties	0	0	0
Reported Events to CDPH			
	Apr. 2020	Jul - Apr. FY 2020	FY 2019 Total
Number of total regulator events self reported by ECH	2	39	39
Number of self reported events followed up by CDPH	0	28	30
Number of total privacy breaches self reported by ECH	1	14	22
CDPH initiated visits (separate from ECH self reported events)	0	26	17
Number of statement of deficiencies issued to ECH	0	2	7
Number of Actual/Realized Sanctions, fines or penalties	\$ -	\$ -	\$ 4,500
Monitoring and Audit Findings			
	Apr. 2020	Jul - Apr. FY 2020	FY 2019 Total
Total number of Audit Findings	4	24	28
Number of findings identified has high severity	1	5	5
Monitoring and Audit Findings			
	Apr. 2020	Jul - Apr. FY 2020	FY 2019 Total
Number of Open Liability Claims	5	5	8
Number of Open Liability Lawsuits	7	7	6

Policies & Procedures

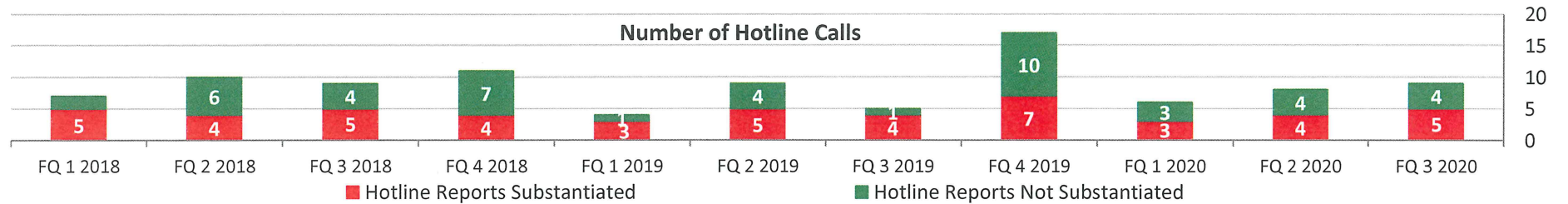
Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



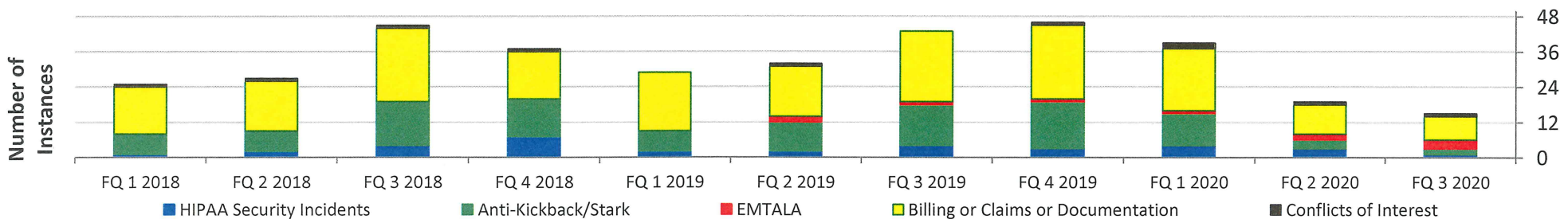
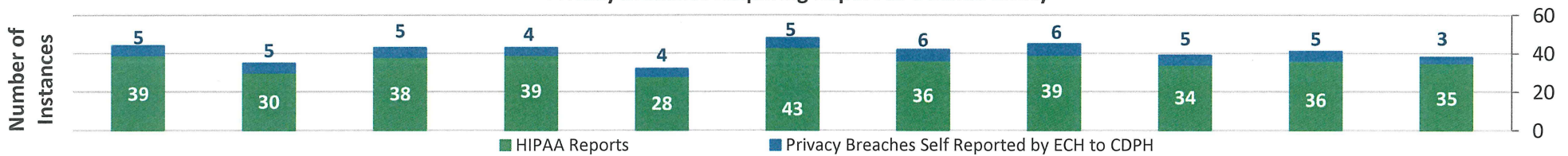
Total Investigations

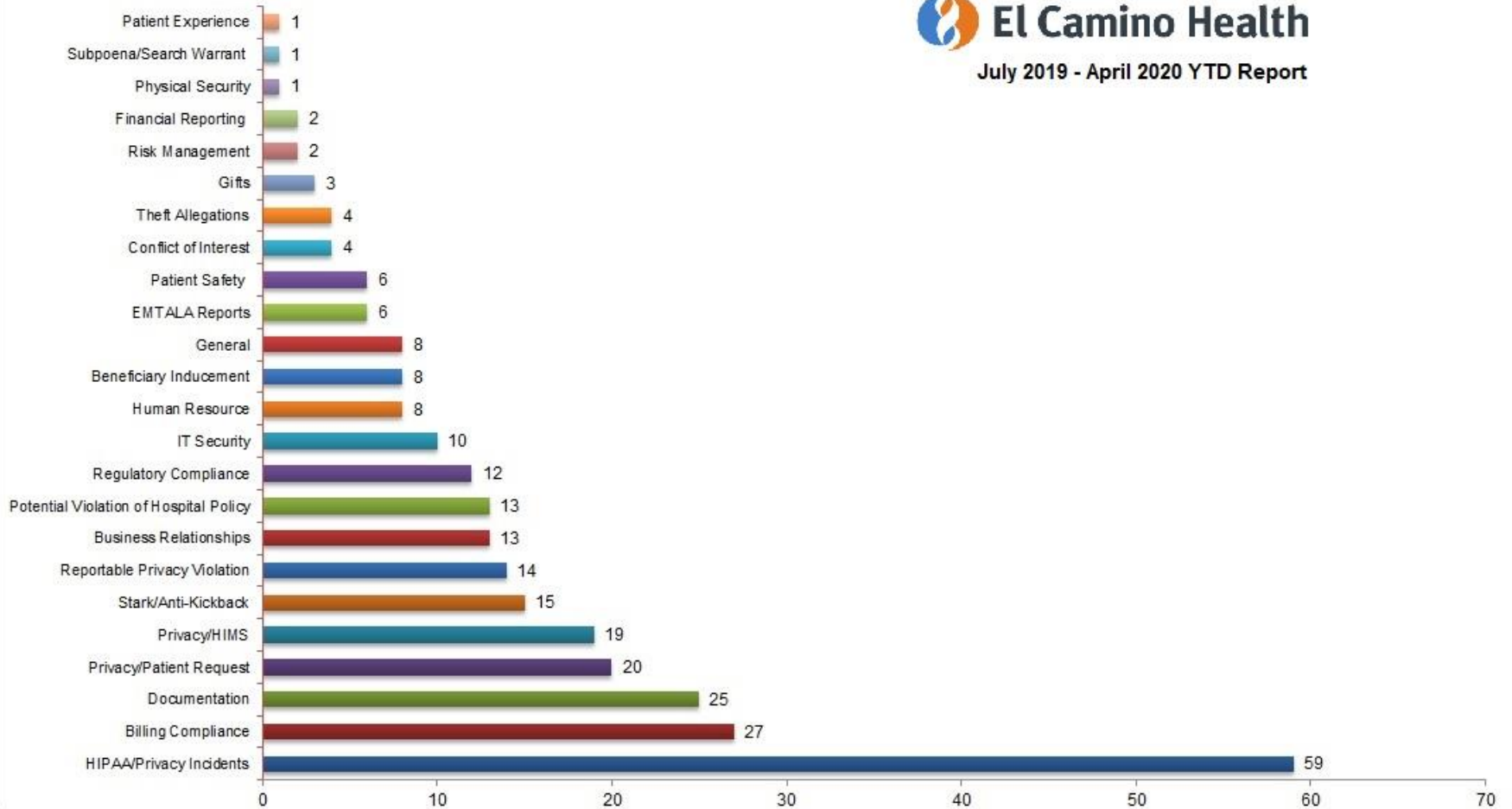


Number of Hotline Calls



Privacy Breaches Requiring Report to Outside Entity





Total Incidents 281

Legend

Category Name	Category Descriptions
Beneficiary Inducement	Potential risk of inducing the referral of a Medicare beneficiary
Billing Compliance	Risks related to CPT, diagnosis coding, charges, CMS billing regulations
Business Relationships	Concerns regarding vendor arrangements
Conflict of Interest	Disclosures or concerns regarding potential conflict
Documentation	Concerns regarding appropriate/adequate documentation or altering documentation
EMTALA Reports	Concerns regarding potential violation of EMTALA regulation
Financial Reporting	Issues related to financial misconduct, internal controls, expense reporting
General	Various
Gifts	Questions/concerns regarding gifts offered or received
HIPAA/Privacy Incidents	Potential privacy issue, question or violation of hospital policy
Human Resource	Issues related to employee or manager conduct & other HR functions
IT Security	Reports related to IT security or physical device
Patient Experience	Patient experience complaints
Patient Safety	Quality or patient safety concerns
Physical Security	Concerns regarding physical security or access
Potential Violation of Hospital Policy	Concerns related to hospital policy or standards of conduct violations
Privacy/HIMS	Issues related to release of medical record(s)
Privacy/Patient Request	Patient initiated HIPAA or privacy-related request
Reportable Privacy Violation	HIPAA violations/breaches that are reportable to HHS/CDPH and patients
Risk Management/Regulatory	Incidents involving regulatory compliance
Stark/Anti-Kickback	Risks related to physician referrals or contract arrangements
Subpoena/Search Warrant	Request or questions regarding subpoena/search warrant received
Theft Allegations	Concerns regarding theft or misuse of corporate assets