El Camino Health

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, October 14, 2020 – 5:30pm
El Camino Hospital 2500 rant Road o ntain ie C 94040

P RS O S E O C I OR I E EC I E OR ER -29-20 E RCH 18 2020 El C I O HE H **WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING**. I S E HE P IC IS I I E O OI HE OPE SESSIO EE I I E ECO ERE CE :

1-669-900-9128, MEETING CODE: 369-007-4917#. No participant code. Just press #.

o atch the meeting livestream please visit: www.elcaminohealth.org/about-us/leadership/board-meeting-stream
Please note that the livestream is for **meeting viewing only** and there is a slight delay to provide p lic comment please se the phone n m er listed a ove.

MISSION: o heal relieve s ffering and advance ellness as yo r p licly acco nta le health partner.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	anhee Chen oard Chair		**5:30 – 5:31pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	anhee Chen oard Chair		**information 5:31 – 5:32**
3.	**PUBLIC COMMUNICATION** a. Oral Comments *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.* ritten Correspondence	anhee Chen oard Chair		**information 5:32 -5:35**
4.	**BOARD RECOGNITION** *Resolution 2020-09* **ATTACHMENT 4**	an oods CEO ohn Conover El Camino Health o ndation oard Chair	*public comment*	**motion required 5:35 – 5:40**
5.	**FY21 PERIOD 2 FINANCIALS** **ATTACHMENT 5**	Carlos ohor e C O	*public comment*	**possible motion 5:40 – 5:55**
6.	**FY20 FINANCIAL AUDIT** **ATTACHMENT 6**	oelle P lver oss dams		**discussion 5:55 – 6:05**
7.	**ADJOURN TO CLOSED SESSION**	anhee Chen oard Chair	*public comment*	**motion required 6:05 – 6:15**
8.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	anhee Chen oard Chair		**information 6:15 – 6:16**
9.	Report involving *Gov't Code Section 54957* for disc ssion and report on personnel performance matters – Senior anagement: - 20 inancial dit	oelle P lver oss dams		**discussion 6:16 – 6:26**
10.	**CONSENT CALENDAR** *Any Board Member may remove an item for discussion before a motion is made.*	anhee Chen oard Chair		**motion required 6:26 – 6:28**
	Approval *Gov't Code Section 54957.2:* a. in tes of the Closed Session of the			

copy of the agenda for the Reg lar oard eeting ill e posted and distri ted at least seventy t o 72 ho rs prior to the meeting.
In o servance of the mericans ith isa ilities ct please notify s at 650 988-7504 prior to the meeting so that e may provide the agenda in alternative formats or ma e disa ility-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
	Hospital □oard □ eeting □9/9/2020□ *Health & Safety Code Section 32155* for a report of the □ edical Staff□deli□erations concerning reports on □ edical Staff □□ality ass□rance matters*:* ***Reviewed and Recommended for Approval by the Quality, Patient Care and Patient Experience Committee*** □ □□ality Committee Report □i□ □ edical Staff Credentials and Privileges Report □ii□ □□ality Co□ncil □ in□tes ***Information*** *Gov't Code Section 54957.6* for a conference □ith la□or negotiator □an □ oods and *Health & Safety Code Section 32106(b)* for a report on health care facility trade secrets*:* c. □□21 Individ□al E□ec□tive □oals			
11.	*Health & Safety Code Section 32155* for a report of the □ edical Staff□ deli□erations concerning reports on □ edical Staff □□ality ass□rance matters: - □ edical Staff Report	□p□rva □ arfatia□□ □□ Enterprise Chief of Staff□ □ ichael □an□□ □□ □os □atos Chief of Staff		**motion required** **6:28 – 6:38**
12.	*Gov't Code Section 54956.9(d)(2)* – conference □ith legal co□nsel – pending or threatened litigation: - □□20 Compliance Program S□mmary Report	□iane □ iggles□orth□Sr. □irector□ Corporate Compliance □ ary Rot□nno□□eneral Co□nsel		**discussion** **6:38 – 6:58**
13.	*Health & Safety Code Section 32106(b)* for disc□ssion and report health care facility trade secrets: - CEO Report on □e□ Programs and Services	□an □ oods□CEO		**discussion** **6:58 – 7:03**
14.	Report involving *Gov't Code Section 54957* for disc□ssion and report on personnel performance matters – Senior □ anagement: - E□ec□tive Session	□anhee Chen□□oard Chair		**discussion** **7:03 – 7:13**
15.	**ADJOURN TO OPEN SESSION**	□anhee Chen□□oard Chair		**motion required** **7:38 – 7:39**
16.	**RECONVENE OPEN SESSION/ REPORT OUT** □o report any re□□ired disclos□res regarding permissi□le actions ta□en d□ring Closed Session.	□anhee Chen□□oard Chair		**information** **7:39 – 7:40**
17.	**CONSENT CALENDAR ITEMS:** *Any Board Member or member of the public may remove an item for discussion before a motion is made.* ***Approval*** a. □in□tes of the Open Session of the Hospital □oard □ eeting □9/9/2020□ □ □in□tes of the Open Session of the	□anhee Chen□□oard Chair	*public comment*	**motion required** **7:40 – 7:42**

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
	Hospital □oard □ eeting □9/23/2020□ c. □□21 Readmissions □Organi□ational Performance □oal□□ etrics ***Reviewed and Recommended for Approval by the Compliance and Audit Committee*** d. Compliance and □□dit Committee Report □ □□20 403□□□Plan □□dit □□20 Cash □alance Plan □□dit ***Reviewed and Recommended for Approval by the Executive Compensation Committee*** e. □in□tes of the Open Session of the E□ec□tive Compensation Committee □eeting □7/28/2020□ f. □□20 Organi□ational Performance □oal Score ***Reviewed and Recommended for Approval by the Finance Committee*** g. □e□ro-Interventional Call Panel h. □edical □irector□Cardiac Reha□ilitation ***Reviewed and Recommended for Approval by the Medical Executive Committee*** i. □edical Staff Report			
	Information □. □□20 Comm□nity □enefit Report □. □□ality Committee Report			
18.	**FY20 FINANCIAL AUDIT**	□anhee Chen□□oard Chair	*public comment*	**possible motion 7:42 – 7:44**
19.	**CEO REPORT** **ATTACHMENT 19**	□an □ oods□CEO		**information 7:44 – 7:47**
20.	**BOARD COMMENTS**	□anhee Chen□□oard Chair		**information 7:47 – 7:49**
21.	**ADJOURNMENT**	□anhee Chen□□oard Chair	*public comment*	**motion required 7:49 – 7:50pm**

Upcoming Regular Meetings: □ovem□er 11□2020□□ecem□er 9□2020□□e□r□ary 10□2021□□ arch 10□2021□ □pril 7□2021□□ ay 12□2021□□□ne 9□2021

RESO□□□IO□ 2020-09

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

WHEREAS, the Board of Directors of El Camino Hospital values and wishes to recognize on an ongoing basis the contribution of individuals who enhance the experience of the hospital's patients, their families, the community and the staff, as well as individuals who in their efforts exemplify El Camino Hospital's mission and values.

WHEREAS, the Board wishes to honor and acknowledge El Camino Health Foundation for quickly responding to the needs of the organization and coordinating with grateful community members to support front line health workers during the COVID-19 pandemic.

Early in the pandemic, El Camino Health Foundation board members and staff established the El Camino Health COVID-19 Emergency Response Fund, facilitating generous monetary donations from concerned community members.

The Foundation team also coordinated the acceptance of material donations, including personal protective equipment, from more than 300 donors, oversaw the delivery and distribution of more than 4,000 meals and hospitality items, and gathered heartfelt messages from community members to share with staff.

Their efforts raised more than $2.6 million in monetary gifts and an estimated $100,000 of in-kind contributions. The financial support helped provide emergency staffing, purchase personal protective equipment, arrange child care for staff at the YMCA, assist employees who experienced financial hardship due to the virus, and purchase new laboratory equipment to increase testing capacity.

WHEREAS, the Board would like to commend El Camino Health Foundation for its efforts and successes in gathering community support and donations to benefit the organization's COVID-19 response and support of the staff.

NOW THEREFORE BE IT RESOLVED that the Board does formally and unanimously pay tribute to:

El Camino Health Foundation

IN WITNESS THEREOF, I have here unto set my hand this **14TH DAY OF OCTOBER, 2020.**

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Peter C. Fung, MD
Gary Kalbach
Julie Kliger
Julia E. Miller
Bob Rebitzer
Jack Po, MD, PhD
George O. Ting, MD
Don Watters
John Zoglin

El Camino Health

JULIA E. MILLER
SECRETARY/TREASURER,
EL CAMINO HOSPITAL BOARD OF DIRECTORS

El Camino Health

Summary of Financial Operations

Fiscal Year 2021 – Period 2

7/1/2020 to 8/31/2020

Overall Commentary for August

The COVID recovery plan and it's focus on volume recovery continues to yield results.

- For both ECH and SVMD the volumes exceeded the volume forecasts
- Overall gross charges, a surrogate for volume, was exceeded the forecast by 30% in the month of August (Net Patient Revenue exceeded forecast by 27%)
- Operating Expenses were $9.7M or 12% greater than budget and driven by the increased volumes
- Operating Margin favorable variance in comparison to the budget is $8.2M. However, month-over-month performance was unfavorable due to a slight deterioration in payor mix, significant increase in supply expenses due to the capture of prior month expenses.
- Year-over-year operating margin is unfavorable by $6.5M
- Continued focus on managing variable expenses and monitoring changes to payor mix will be critical to ensure the organization returns to consistent strong operating performance

Consolidated Statement of Operations ($000s)

Period ending 08/31/2020

Period 2 FY 2020	Period 2 FY 2021	Period 2 Budget 2021	Variance Fav (Unfav)	Var%	$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
317,087	339,121	260,556	78,565	30.2%	**Gross Revenue**	631,150	672,350	515,359	156,990	30.5%
(233,586)	(253,449)	(192,904)	(60,545)	(31.4%)	**Deductions**	(462,141)	(500,809)	(381,588)	(119,221)	(31.2%)
83,501	**85,672**	**67,652**	**18,020**	**26.6%**	**Net Patient Revenue**	**169,009**	**171,540**	**133,771**	**37,769**	**28.2%**
3,821	4,331	4,429	(98)	(2.2%)	**Other Operating Revenue**	7,931	8,998	8,810	188	2.1%
87,322	**90,003**	**72,081**	**17,922**	**24.9%**	**Total Operating Revenue**	**176,940**	**180,538**	**142,581**	**37,957**	**26.6%**
					OPERATING EXPENSE					
46,023	47,739	43,540	(4,198)	(9.6%)	**Salaries & Wages**	91,104	94,170	86,871	(7,298)	(8.4%)
13,122	16,893	10,692	(6,202)	(58.0%)	**Supplies**	26,433	29,713	21,175	(8,539)	(40.3%)
13,814	14,366	14,481	115	0.8%	**Fees & Purchased Services**	27,153	27,284	29,042	1,758	6.1%
3,595	3,596	4,213	617	14.6%	**Other Operating Expense**	6,940	7,179	7,726	548	7.1%
534	1,431	926	(505)	(54.5%)	**Interest**	1,065	2,859	1,848	(1,011)	(54.7%)
4,426	5,328	5,804	476	8.2%	**Depreciation**	8,991	10,559	11,615	1,056	9.1%
81,514	**89,352**	**79,655**	**(9,697)**	**(12.2%)**	**Total Operating Expense**	**161,686**	**171,763**	**158,278**	**(13,486)**	**(8.5%)**
5,808	**651**	**(7,574)**	**8,225**	**(108.6%)**	**Net Operating Margin**	**15,254**	**8,775**	**(15,696)**	**24,471**	**(155.9%)**
3,927	28,642	1,499	27,143	1810.9%	**Non Operating Income**	3,538	56,360	4,502	51,859	1152.0%
9,735	**29,293**	**(6,075)**	**35,368**	**(582.2%)**	**Net Margin**	**18,792**	**65,135**	**(11,195)**	**76,330**	**(681.8%)**
12.3%	8.2%	-1.2%	9.4%		**EBIDA**	14.3%	12.3%	-1.6%	13.9%	
6.7%	0.7%	-10.5%	11.2%		**Operating Margin**	8.6%	4.9%	-11.0%	15.9%	
11.1%	32.5%	-8.4%	41.0%		**Net Margin**	10.6%	36.1%	-7.9%	43.9%	

El Camino Health

Dashboard - as of August 31, 2020

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	87,322	90,003	72,081	17,922	176,940	180,538	142,581	37,957
Operating Expenses	81,514	89,352	79,655	(9,697)	161,686	171,763	158,278	(13,486)
Operating Margin $	5,808	651	(7,574)	8,225	15,254	8,775	(15,696)	24,471
Operating Margin %	6.7%	0.7%	(10.5%)	11.2%	8.6%	4.9%	(11.0%)	15.9%
EBIDA $	10,768	7,410	(844)	8,254	25,310	22,193	(2,233)	24,426
EBIDA %	12.3%	8.2%	(1.2%)	9.4%	14.3%	12.3%	(1.6%)	13.9%
Hospital Volume								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	219	241	190	51	227	232	187	45
Utilization MV	60%	62%	49%	13.2%	61%	60%	48%	11.6%
Utilization LG	28%	33%	26%	7.1%	30%	32%	26%	6.2%
Utilization Combined	49%	53%	42%	11.3%	51%	51%	41%	9.9%
Adjusted Discharges	3,338	2,996	2,471	525	6,439	5,841	4,890	951
Total Discharges (Excl NNB)	1,692	1,619	1,331	288	3,378	3,093	2,633	460
Total Discharges	2,073	2,005	1,660	345	4,098	3,819	3,287	532
Inpatient Cases								
MS Discharges	1,153	1,042	820	222	2,344	2,014	1,621	393
Deliveries	401	414	347	67	754	783	691	92
BHS	98	114	120	(6)	193	201	234	(33)
Rehab	40	49	44	5	87	95	86	9
Outpatient Cases	13,315	15,254	9,910	5,344	25,692	30,149	19,616	10,533
ED	4,135	3,118	2,398	720	8,288	6,291	4,695	1,596
Procedural Cases				-				-
OP Surg	522	500	327	173	999	1,014	651	363
Endo	235	228	134	94	432	485	264	221
Interventional	191	160	92	68	345	346	177	169
All Other	8,232	11,248	6,960	4,288	15,628	22,013	13,830	8,183
Hospital Payor Mix								
Medicare	47.8%	48.0%	48.4%	(0.4%)	48.6%	47.6%	48.4%	(0.8%)
Medi-Cal	8.1%	6.9%	7.4%	(0.5%)	7.9%	7.1%	7.3%	(0.3%)
Commercial IP	20.1%	20.4%	20.7%	(0.3%)	19.7%	20.7%	20.7%	0.1%
Commercial OP	22.5%	21.7%	21.1%	0.6%	21.7%	22.1%	21.1%	1.0%
Total Commercial	42.6%	42.1%	41.7%	0.3%	41.4%	42.9%	41.7%	1.1%
Other	1.6%	3.0%	2.5%	0.6%	2.1%	2.4%	2.5%	(0.0%)
Hospital Cost								
Total FTE [1]	2,737.1	2,749.7	2,822.1	72.4	2,743.7	2,719.8	2,811.0	91.2
Productive Hrs/APD	31.6	31.1	35.9	4.8	31.4	31.1	36.2	5.1
Consolidated Balance Sheet								
Net Days in AR	48.6	50.0	49.0	(1.0)	48.6	50.0	49.0	(1.0)
Days Cash	469	528	435	92	469	528	435	92

[1] Paid FTE; Budget in this case is using the Flex Budget instead of Fixed Budget

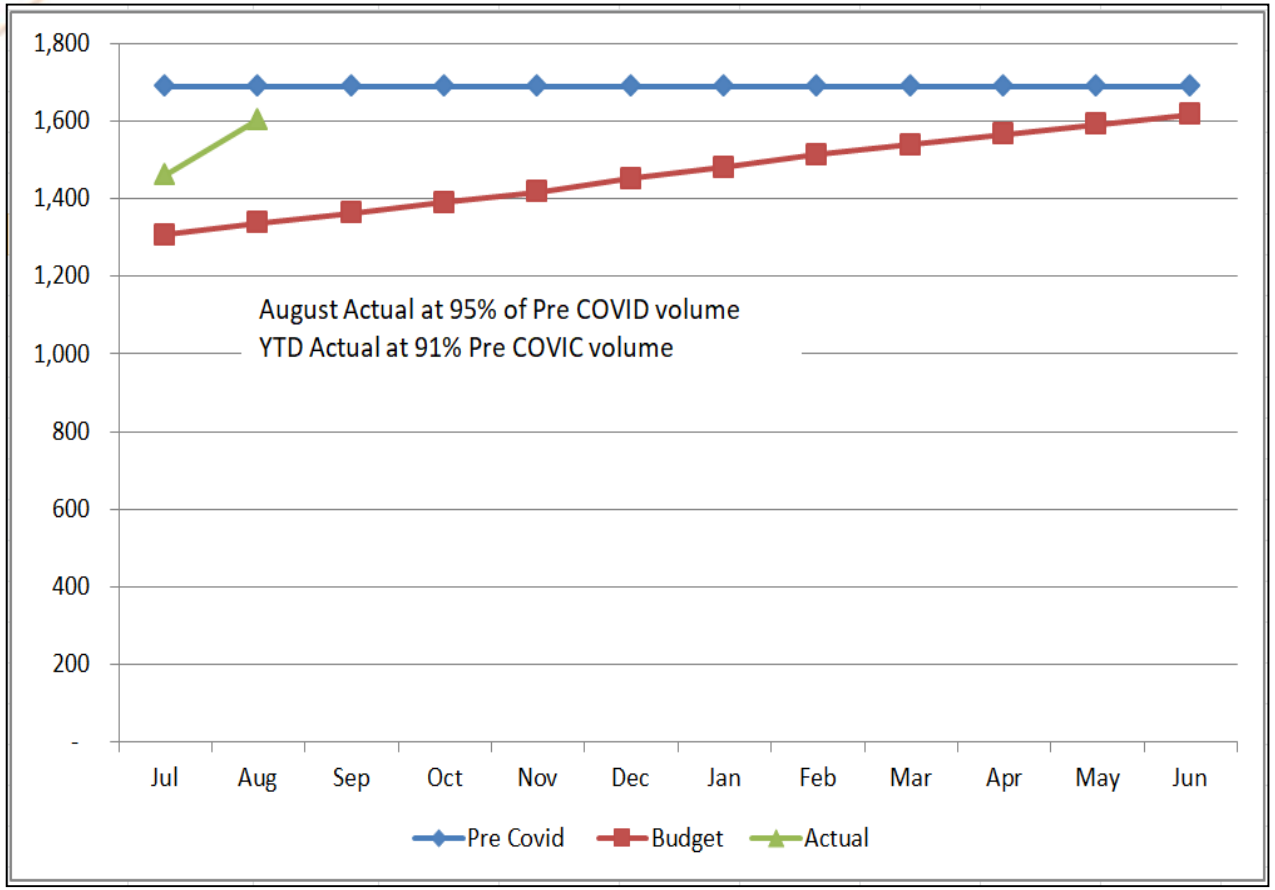
El Camino Health

APPENDIX

August Volume – Inpatient

2021 Budget vs Actual – Including Pre COVID Level

MV



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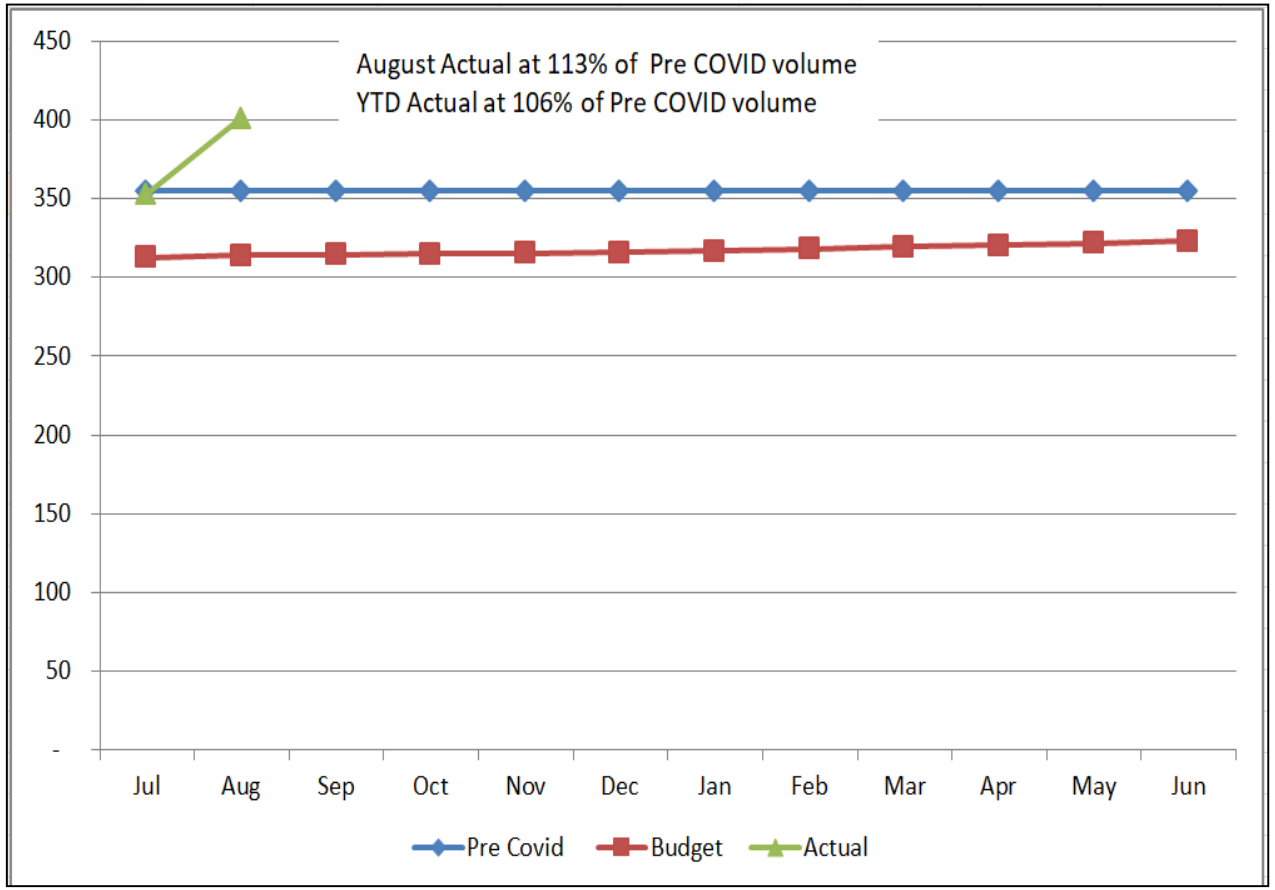
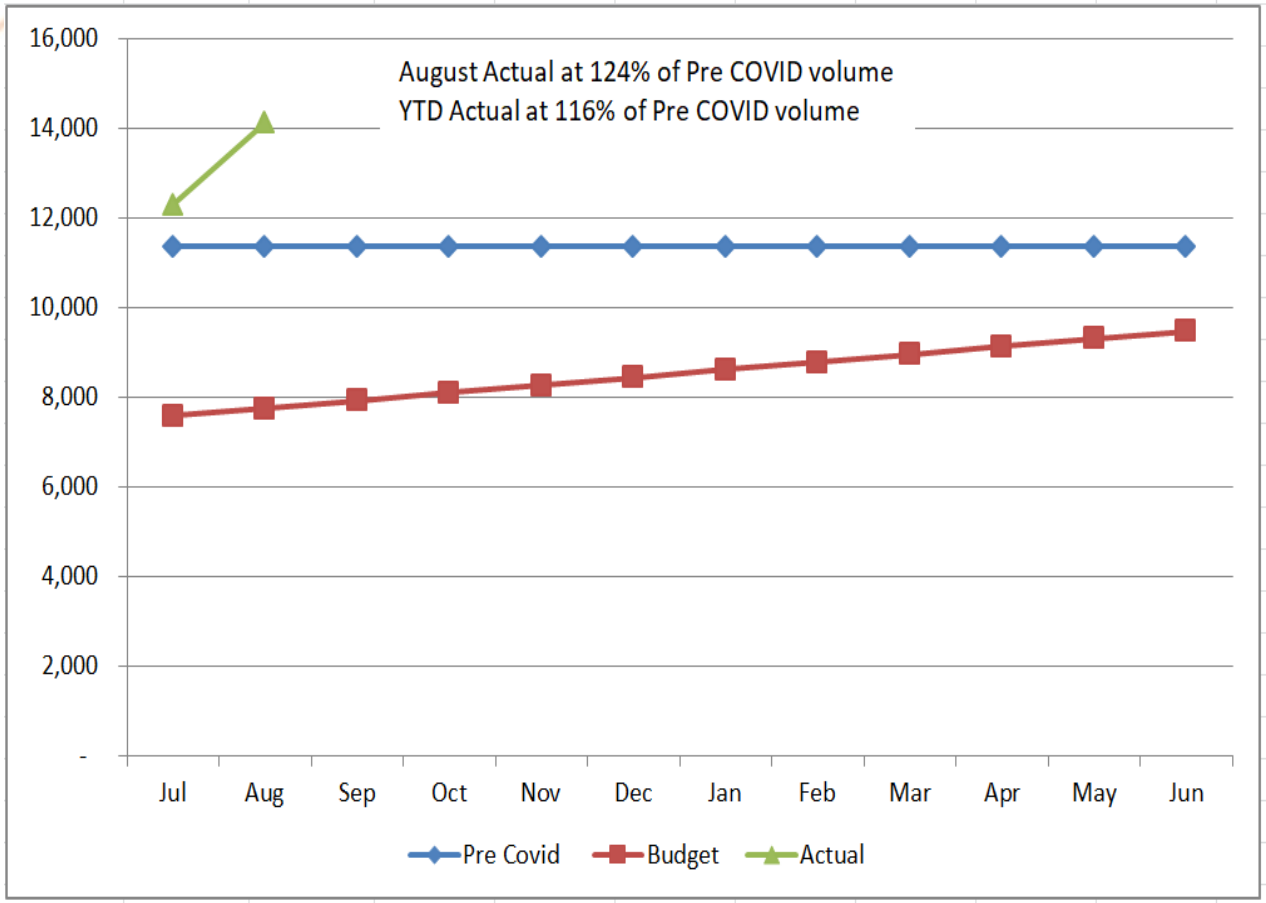


El Camino Health

August Volume – Outpatient

2021 Budget vs Actual – Including Pre COVID Level

MV



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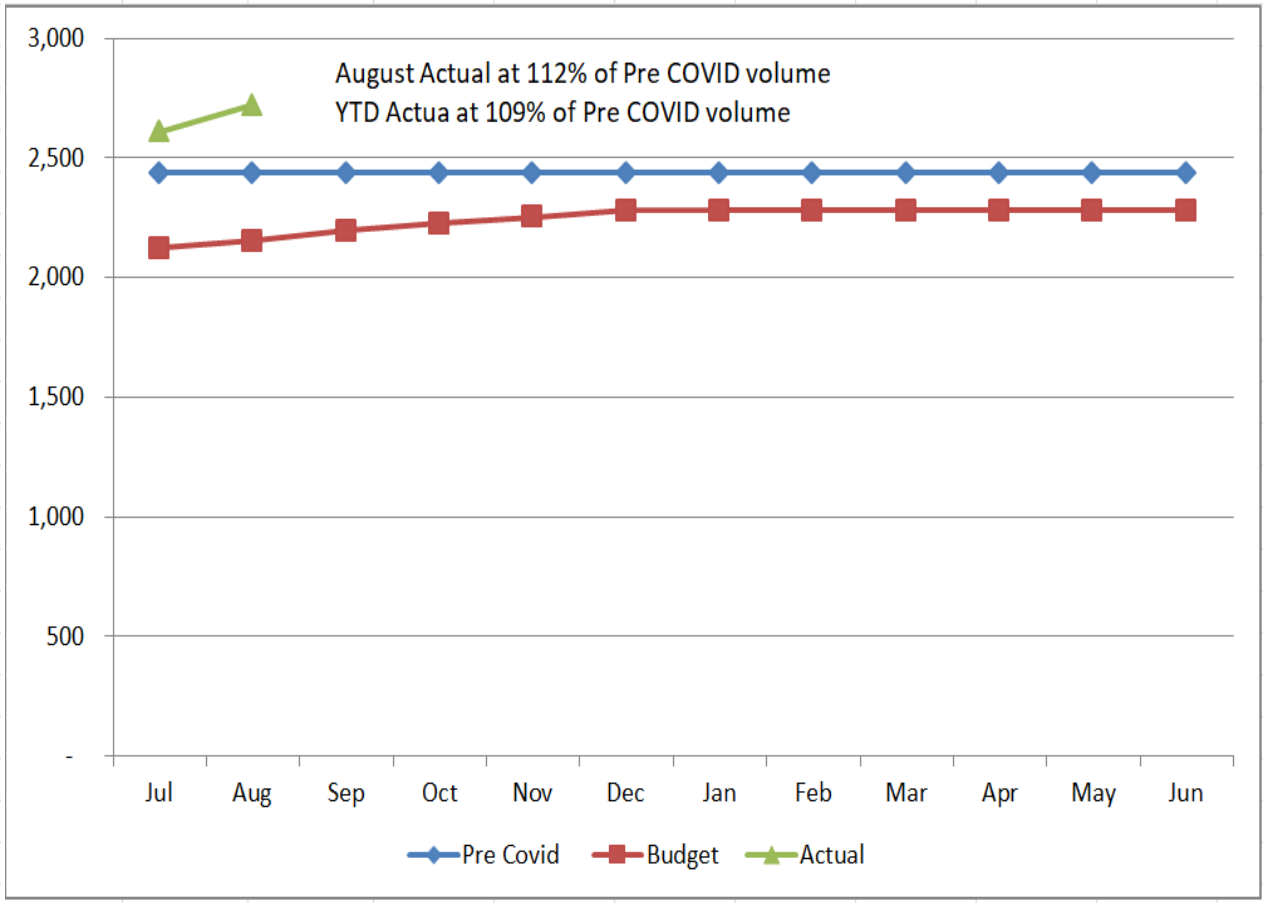

El Camino Health

Investment Scorecard as of June 30, 2020

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY20 Budget	Expectation Per Asset Allocation
Investment Performance		2Q 2020		Fiscal Year-to-date		7y 8m Since Inception (annualized)		FY 2020	2019
Surplus cash balance*		$1,076.6	--	--	--	--	--	--	--
Surplus cash return		10.2%	9.7%	3.6%	4.0%	5.4%	5.3%	4.0%	5.6%
Cash balance plan balance (millions)		$286.7	--	--	--	--	--	--	--
Cash balance plan return		13.2%	11.3%	3.8%	3.7%	7.3%	6.6%	6.0%	6.0%
403(b) plan balance (millions)		$551.4	--	--	--	--	--	--	--
Risk vs. Return		3-year				7y 8m Since Inception (annualized)			2019
Surplus cash Sharpe ratio		0.47	0.46	--	--	0.78	0.78	--	0.34
Net of fee return		5.3%	5.2%	--	--	5.4%	5.3%	--	5.6%
Standard deviation		7.9%	7.6%	--	--	5.9%	5.8%	--	8.7%
Cash balance Sharpe ratio		0.48	0.45	--	--	0.85	0.83	--	0.32
Net of fee return		6.3%	5.6%	--	--	7.3%	6.6%	--	6.0%
Standard deviation		10.0%	9.1%	--	--	7.6%	7.1%	--	10.3%
Asset Allocation		2Q 2020							
Surplus cash absolute variances to target		12.5%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		11.7%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		2Q 2020							
Surplus cash manager flags		18	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		21	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~$21 mm), District assets (~$42 mm), and balance sheet cash not in investable portfolio ($234 mm). Includes Foundation (~$36 mm) and Concern (~$14 mm) assets.

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A Mercer practice

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital □oard of □irectors
From: □iane □ iggles□orth□Sr. □irector□Corporate Compliance
Date: Octo□er 14□2020
Subject: □□20 □nn□al □inancial □□dit

Recommendation(s):

□o approve the □□20 □nn□al Consolidated □inancial □□dit.

Summary:

1. Sit□ation: □he El Camino Healthcare □istrict engaged □ oss □dams to cond□ct its ann□al □inancial □□dit for □□20. □he □□dit incl□des the Healthcare □istrict□El Camino Hospital and its related entities □the El Camino Hospital □o□ndation□CO□CER□:E□P□and Silicon □alley □ edical □evelopment□□□C□.

2. □□thority: □/□

3. □ac□gro□nd: As noted in Moss Adams' report□the a□ditors fo□nd that 1□management selected and applied significant acco□nting policies appropriately and consistent □ith those of the prior years and that management's judgments and accounting estimates were reasonable□2□the disclos□res in the consolidated financial statements □ere clear and consistent□and 3□there □ere t□o a□dit ad□□stments identified □y the a□ditors that □ere corrected ad□□stments □y management considered to □e immaterial□and 4□there □as one significant deficiency in internal controls recommended and addressed □y management.

4. □ssessment: □ oss □dams provided an □nmodified opinion that the consolidated financial statements □ere presented fairly and in accordance □ith □S □□□P □□enerally □ccepted □cco□nting Principles□.

5. Other Revie□s: □t its Octo□er 1□2020 meeting□the Compliance and □□dit Committee revie□ed the □□dit and voted to recommend that the □oard approve it. □he Committee materials incl□ded the full audit packet, including the Auditor's detailed Notes to the Consolidated Financial Statements.

6. O□tcomes: □/□

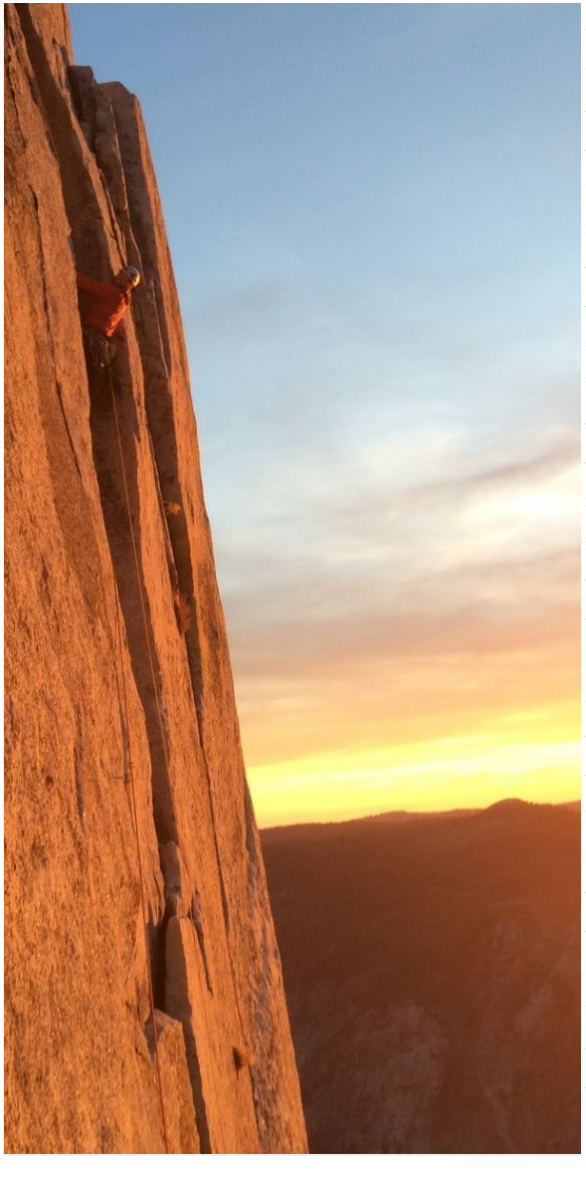
List of Attachments:

1. Consolidated Statements of □et Position
2. Comm□nication □ith □hose Charged □ith □overnance
□□□he f□ll draft a□dit doc□ments are availa□le in the □oard portal and the final a□dit □ill □e availa□le on the El Camino Healthcare □istrict □ e□site after that □oard approves the a□dit.

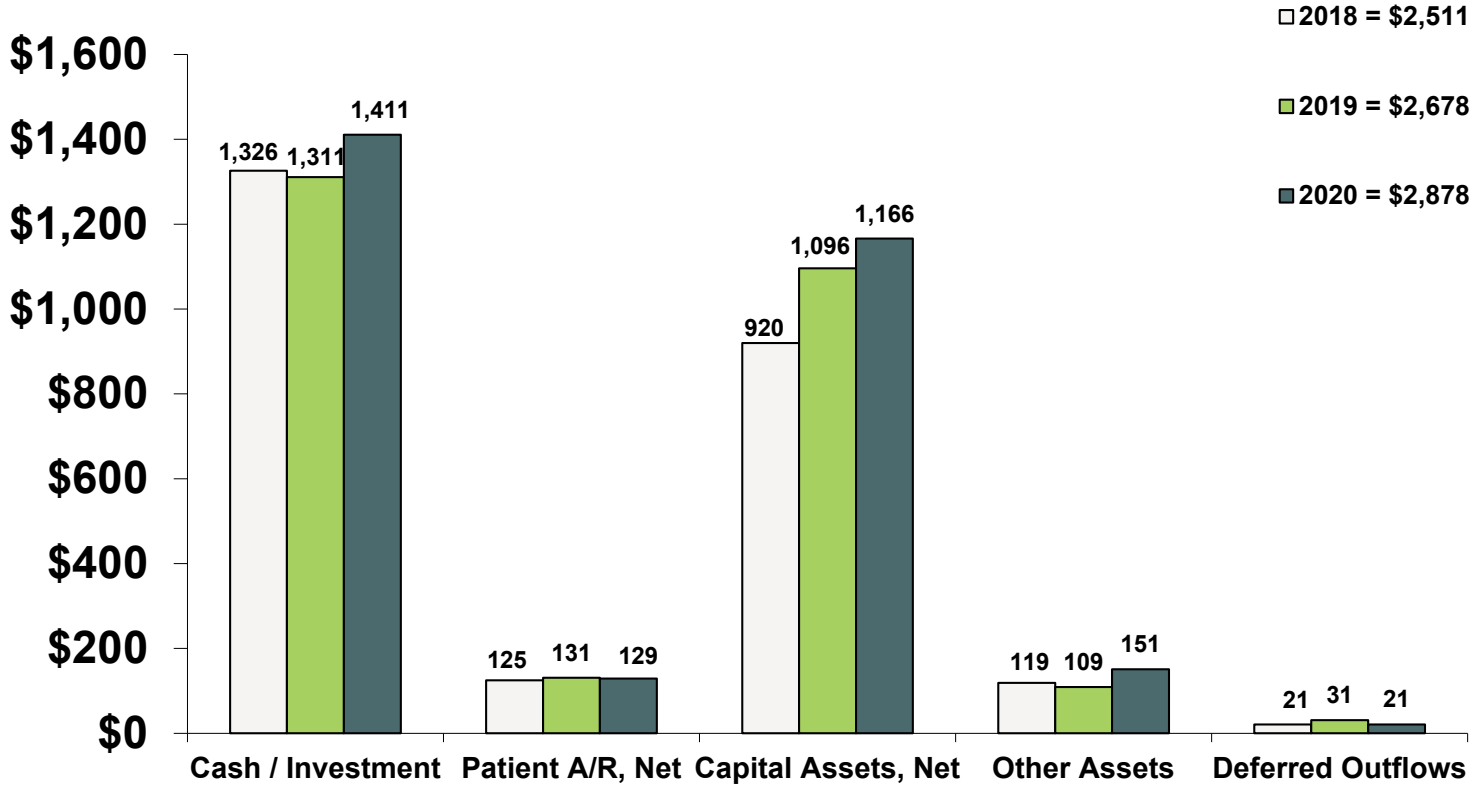
Suggested Board Discussion Questions: □one.

MOSSADAMS

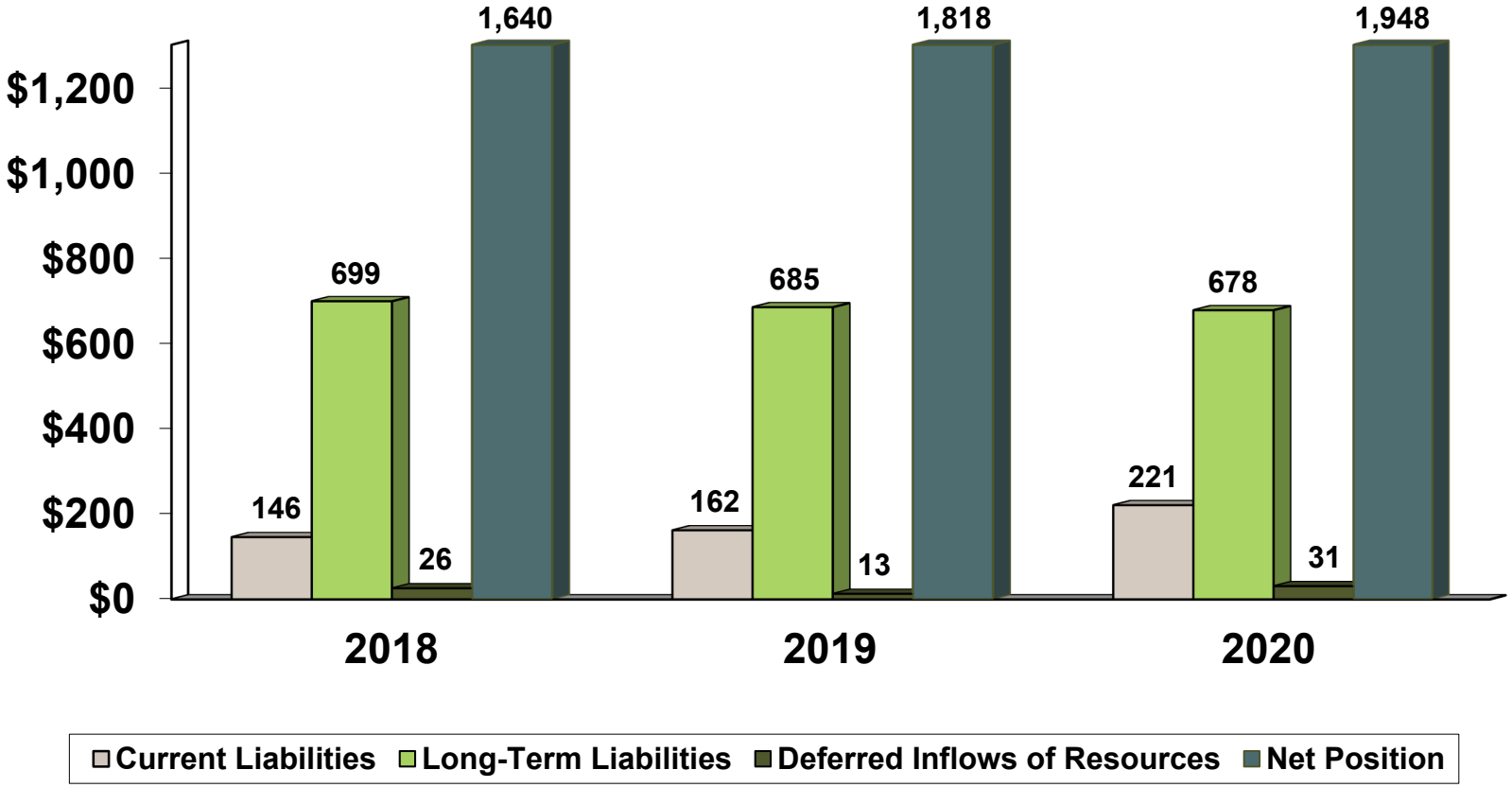
Statements of Net Position



Asset and Deferred Outflows (in millions)

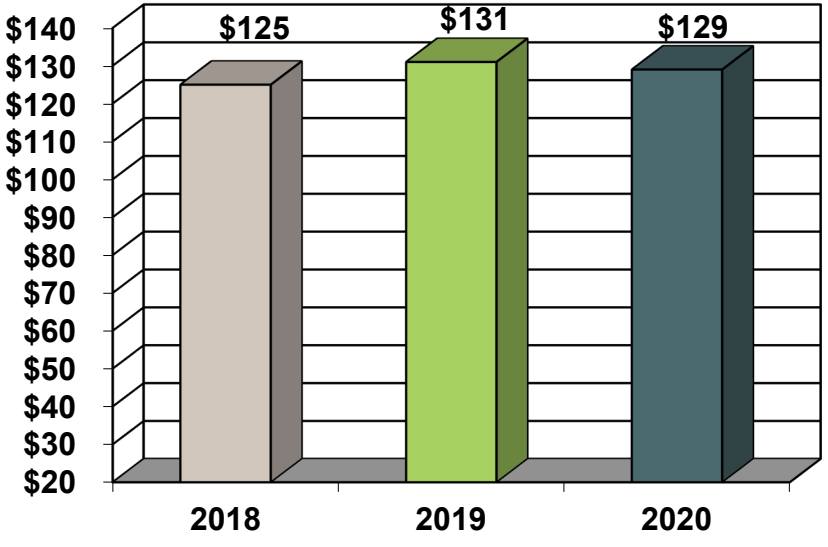


Liabilities, Deferred Inflows, and Net Position (in millions)

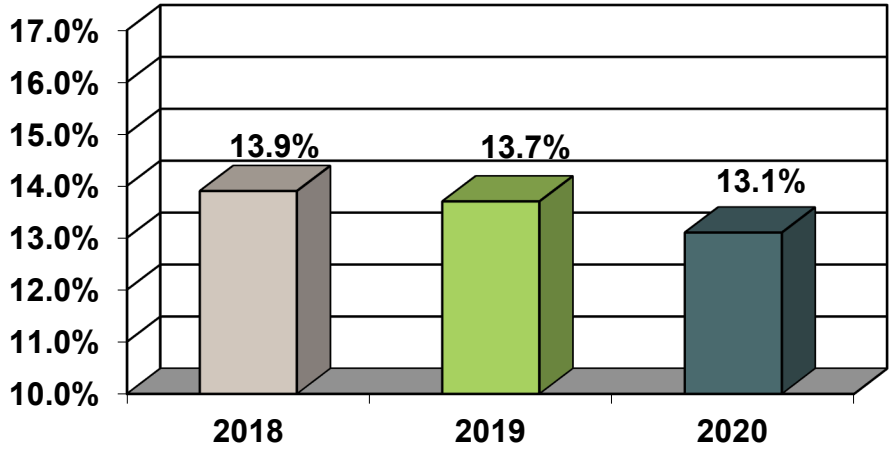


Net Patient Service Accounts Receivable

Dollars (in millions)

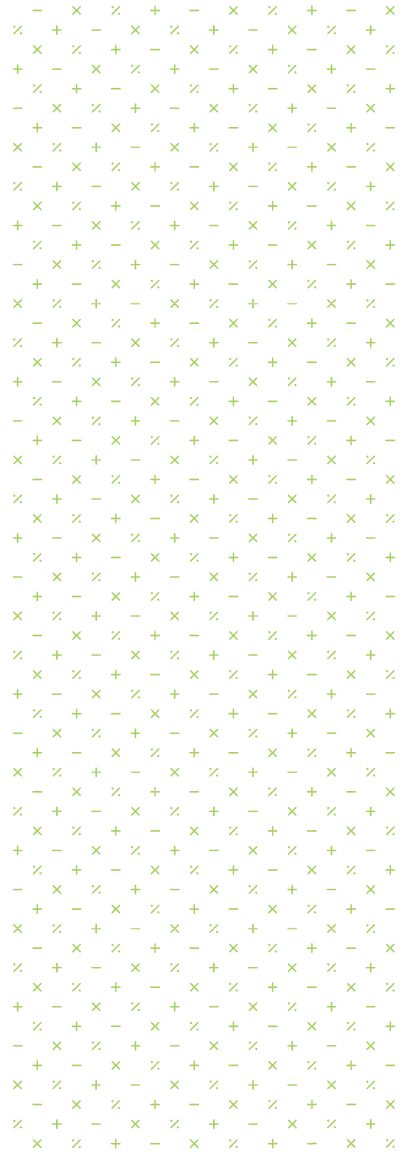


% Net Revenues



MOSSADAMS

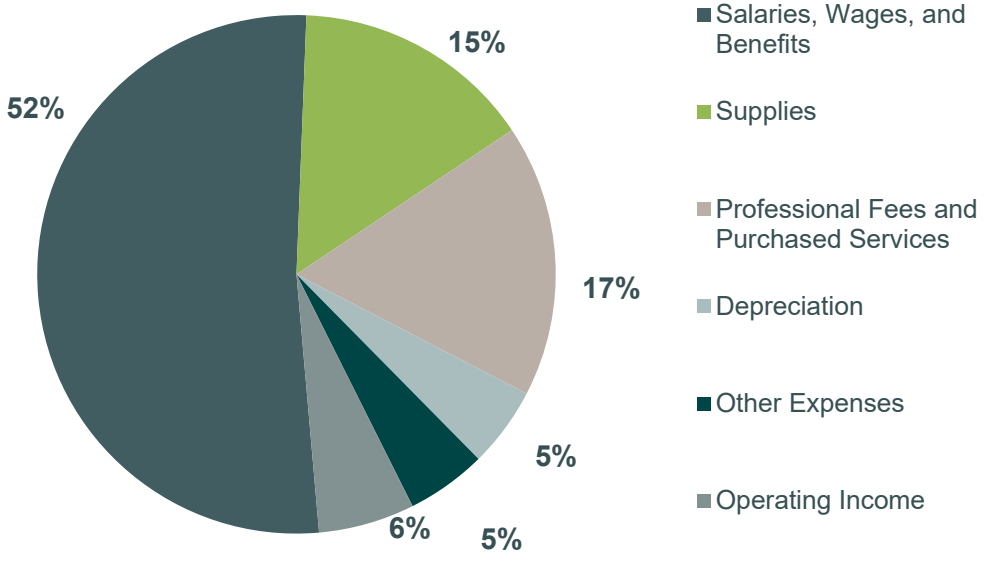
Operations



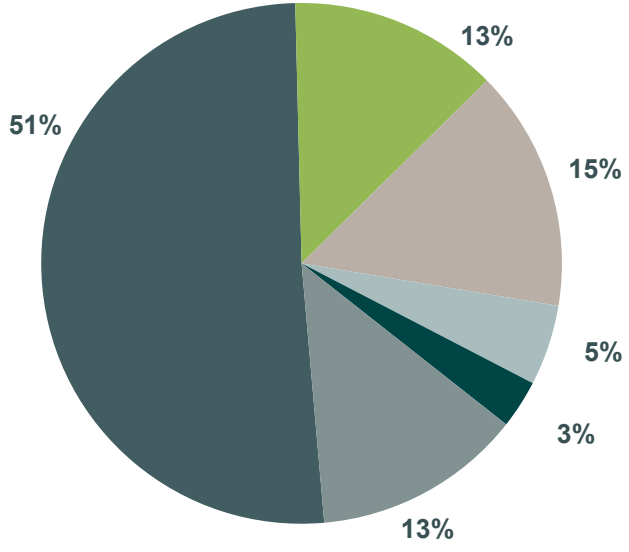
Income Statements Year to Year Comparison

Total Operating Revenues (in thousands)

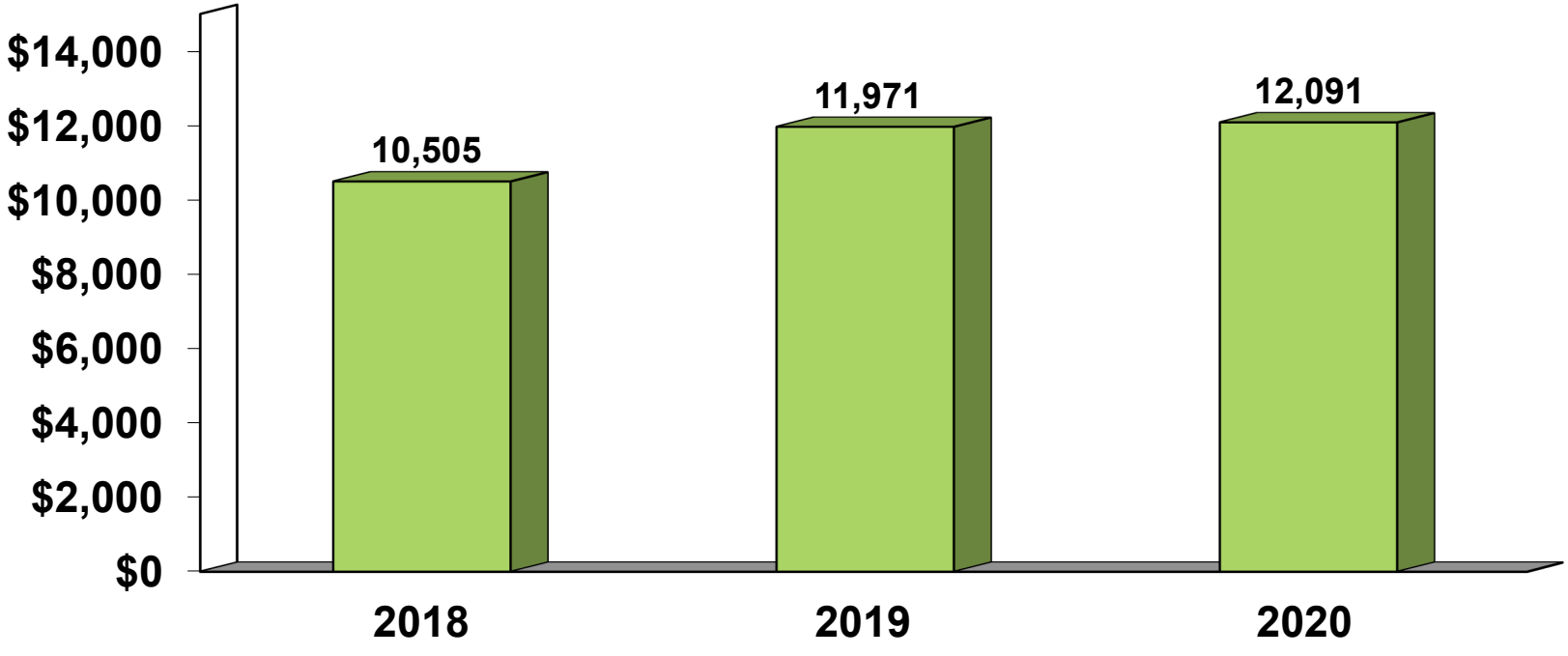
June 30, 2020
$1,031,562



June 30, 2019
$996,674

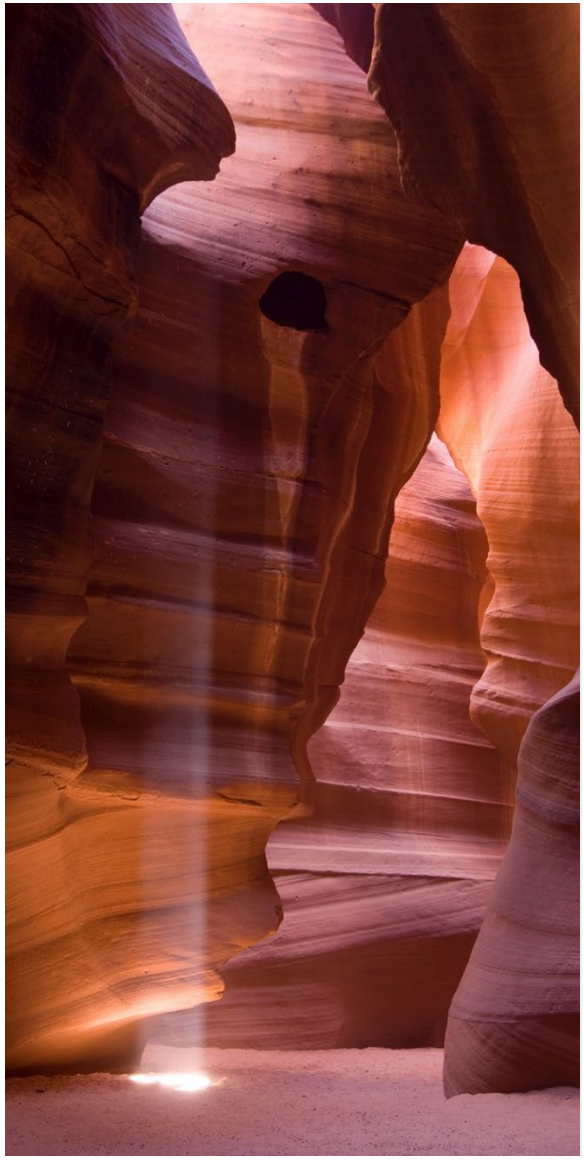


Community Benefit Expense (in thousands)



MOSSADAMS

Communications with Those Charged with Governance



Our Responsibility

			
To express our opinion on whether the 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.	To perform an audit in accordance with generally accepted auditing standards issued by the AICPA, Government Auditing Standards issued by the Comptroller General of the United States, and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts, and design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement.	To consider internal control over financial reporting 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.	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 the footnotes 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 GASB Statement No. 88. There were no other changes to significant accounting policies for the year ended June 30, 2020.

We believe management has selected and applied significant accounting policies appropriately and consistent with those of the prior year.

Management Judgments & Accounting Estimates

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 judgments 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 impacted the consolidated financial statements including 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
  - useful live of capital assets

We deem them to be reasonable.

Management Judgments & Accounting Estimates

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

Our Comments

The disclosures in the consolidated financial statements are clear and consistent. Certain financial statement disclosures are particularly sensitive because of their significance to financial statements users, however we do not believe any of the footnotes are particularly sensitive. We call your attention to the following notes:

- Note 1 – 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

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

CORRECTED ADJUSTMENTS:

We proposed, and the Company recorded adjustments as follows:

1) $12 million increase in net patient receivable and net patient revenue.

2) $14 million decrease in short-term investments and investment income, net.

Deficiencies in Internal Control

Any material weaknesses and significant deficiencies in the design or operation of internal control or of internal control over compliance 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

- Significant account reconciliations

OTHER MATTERS

Communications with
Those Charged with Governance

El Camino Healthcare District

June 30, 2020

Communications with Those Charged with Governance

To the Board of Directors
El Camino Healthcare District

We have audited the consolidated financial statements of El Camino Healthcare District (the "District"), as of and for the year ended June 30, 2020, and have issued our report thereon dated _____, 2020. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility under Auditing Standards Generally Accepted in the United States of America

As stated in our engagement letter dated March 19, 2020, our responsibility, as described by professional standards, is to form and express an opinion about whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. We will also report on whether the consolidating statement of net position, consolidating statement of revenues, expenses, and changes in net position, and supplemental pension and postretirement benefit information, are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole. Our audit of the consolidated financial statements does not relieve you or management of your responsibilities.

Our responsibility is to plan and perform the audit in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2 Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts, and to design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we considered the District's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the consolidated financial statement audit that, in our professional 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.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing we previously communicated to you in the Compliance Committee meeting on March 19, 2020, and the engagement letter dated March 19, 2020.

Significant Audit Findings and Issues

Qualitative Aspects of Accounting Practices

Management is responsible for the 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. During the year ended June 30, 2020, management adopted GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*. There have been no other new accounting policies adopted and there were no changes in the application of existing policies during fiscal year 2020. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the consolidated financial statements in a different period than when the transaction occurred.

Significant Accounting Estimates

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's consolidated financial statements were:

- Management's estimate of net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. We evaluated the key factors and assumptions used to develop the estimated net realizable amounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible. El Camino Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. We evaluated the key factors and assumptions used to develop the provision for uncollectible accounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the fair market values of investments in the absence of readily-determinable fair values is based on information provided by the fund managers. We have gained an understanding of management's estimate methodology and examined the documentation supporting this methodology. We evaluated the key factors and assumptions used to develop the fair market value of investments. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of uninsured losses for professional liability is recognized based on management's estimate of historical claims experience. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the minimum pension liability is actuarially determined using assumptions on the long-term rate of return on pension plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimated liability for workers' compensation claims is recognized based on management's estimate of historical claims experience and known activity subsequent to year-end. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimated liability for post-retirement medical benefits is actuarially determined using assumptions on the long-term rate of return on plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimates of useful lives of capital assets are based on the intended use and are within accounting principles generally accepted in the United States of America. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts have been estimated based on certain variables related to specific donor information. We evaluated key factors and assumptions used to develop the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts in determining that they are reasonable in relation to the consolidated financial statements taken as a whole.

Actual results could differ from these estimates. In accordance with accounting principles generally accepted in the United States of America, any change in these estimates is reflected in the consolidated financial statements in the year of change.

Consolidated Financial Statement Disclosures

The disclosures in the consolidated financial statements are consistent, clear, and understandable. Certain consolidated financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the District's consolidated financial statements were those surrounding related-party transactions, significant concentration of net patient accounts receivable, investments and fair value of investments, capital assets, employee benefit plans, post-retirement medical benefits, insurance plans, long-term debt, and commitment and contingencies.

Significant Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management.

Corrected Misstatements: The attached schedule summarizes material misstatements detected as a result of our audit procedures and corrected by management.

Uncorrected Misstatements: There were no uncorrected misstatements identified.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, which could be significant to the District's consolidated financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated _____, 2020.

Management Consultation with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Significant Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the District, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California
_____, 2020

Schedule of Corrected Misstatements

in thousands

	DR	CR
Bad debt allowance (BS)	$ 7,283	
AR contractual allowances (BS)	$ 4,758	
Net patient service revenue		$ 12,041
Short-term investments		$ 14,184
Investment income, net	$ 14,184	

El Camino Health

Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, September 9, 2020

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present	Board Members Absent	Members Excused
Lanhee Chen, Chair**	None	None
Peter C. Fung, MD**		
Gary Kalbach**	****via teleconference	
Julie Kliger**		
Julia E. Miller, Secretary/Treasurer**		
Jack Po, MD, PhD**		
Bob Rebitzer**		
George O. Ting, MD**		
Don Watters**		
John Zoglin, Vice Chair**		

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:30pm by Chair Chen. A verbal roll call was taken. Directors Miller, Fung, and Po joined the meeting at 5:31pm, 5:33pm, and 5:34pm respectively during the Call to Order. Director Rebitzer joined the meeting at 5:35pm during Agenda Item 4: Quality Committee Report. All other Board members were present at roll call. All members participated via teleconference and videoconference pursuant to Santa Clara County's shelter in place order. Chair Chen reviewed the logistics for the meeting. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. QUALITY COMMITTEE REPORT	Director Kliger, Quality Committee Chair, provided an overview of the Quality Committee's September 9, 2020 meeting, including Committee discussion of: - Strong organizational performance in FY20; 11 out of 13 key metrics showed improvement. - Whether to add COVID-19-related metrics (like patient/staff infections) to the set of measures monitored by the Committee - The grievance and complaint process and volumes of communications received - An update on Quality/Performance Improvement and Patient Safety Plan (QAPI); there has been progress in each area and overall, the plan is improving processes to encourage greater communication between different departments. The Committee suggested using milestones to evaluate execution of the plan. - The Committee's Self-Assessment: areas for improvement include continuing to refine materials and focusing discussion at a governance level.	

	Mark Adams, MD, CMO commended Director Kliger's service as Committee Chair. Director Rebitzer commented that COVID-19-related measures should be tracked and monitored as the pandemic will be with us for a while.	
5. FY21 PERIOD 1 FINANCIALS	Dan Woods, CEO, introduced and welcomed Carlos Bohorquez, CFO, and thanked Michael Moody, Interim CFO, for his leadership and work in this interim period. Mr. Bohorquez provided an overview of the FY21 Period 1 Financials: - The recovery plan and its focus on volume recovery was very successful in July 2020; both ECH and ECHMN exceeded the volume forecasts. - Overall gross charges were greater than budget by 30%, driven by Operating Room (OR) cases, critical care, pharmacy, and respiratory care. On the outpatient side (OR, Cath Lab, Imaging, and Emergency Department (ED) drove favorability (37% compared to budget). - Operating expenses were $3.8 million or 4.8% greater than budget, driven by higher unexpected volumes; for non-volume driven expenses, ECH was favorable to budget by $1.5 million; Mr. Bohorquez highlighted successful expense management in this area. - Net margin was $35.8 million, favorable to budget by $40.9 million. - This period's performance was consistent with FY20 Period 1. In response to Director Po's question, Mr. Bohorquez reported that outpatient volumes were better than before COVID, and inpatient volumes were slightly lighter than pre-COVID. Director Po commended the team. **Motion:** To approve the FY21 Period 12 Financials. **Movant:** Kalbach **Second:** Watters **Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***FY21 Period 1 Financials approved***
6. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 5:56pm pursuant to *Gov't Code Section 54957.2* for approval of the Minutes of the Closed Session of the Hospital Board Meeting (8/12/2020); pursuant to *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: FY20 Annual Patient Safety and Claims Report; pursuant to *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: Quality Committee Report (Medical Staff Credentials and Privileges Report, Quality Council Minutes); pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets and *Gov't Section Code 54957.6* for a conference with labor negotiator Dan Woods: Review of FY20 Organizational	***Adjourned to closed session at 5:56pm***

	Performance Goals Score; pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets: FY20 Strategic Plan Metrics Results; *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: CEO Report on Personnel; and pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: Executive Session. **Movant:** Ting **Second:** Kalbach **Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	
7. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:50pm by Chair Chen. Director Kliger was absent. All other Board members were present and participated by video and teleconference. Agenda Items 7-16 were addressed in closed session. During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (8/12/2020); the FY20 Annual Patient Safety and Claims Report by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, and Watters). Director Zoglin was absent and rejoined the meeting after the vote. The Board approved the Medical Staff Report, the Medical Staff Credentials and Privileges report, and the Quality Council Minutes by a unanimous vote in favor of all members present and participating in the meeting (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, and Zoglin).	
8. AGENDA ITEM 17: CONSENT CALENDAR	Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (8/12/2020); Appointment of Finance Committee Member; Appointment of Investment Committee Member; Medical Staff Report; and for information: Governance Committee Report. **Movant:** Miller **Second:** Kalbach **Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Consent calendar approved***
9. AGENDA ITEM 18: CEO REPORT	Dan Woods, CEO, reported that in the last month, ECH had its highest number of COVID-19 patients in the hospital (16) since the beginning of the pandemic. He noted than most days ECH has over 200 patients. Mr. Woods reported that while there has been high demand for personal protective equipment (PPE), ECH consistently maintains a large stock of PPE and provides ongoing reports to staff about supply levels. He further reported that:	

	- ECH became the first nationally certified Transcatheter Valve Center of Excellence in California. - There is a special fund set up for employees affected by the recent California wildfires. - The Deterioration Index in Epic, which monitors vitals and predicts patients trending toward a serious safety event and alerts Rapid Response teams to intervene, is live. - On Demand Virtual Visits are now part of El Camino Health's mobile app. - The El Camino Healthcare District Community COVID-19 Testing Program has provided 4,142 tests and the Program is partnering with five school districts and three downtown districts. - ECH recently opened a Women's Heart Center and Cardio-Oncology Clinic. - The site visit for the Magnet Recognition Program is scheduled for November 2020. Mr. Woods thanked donors for $538,049 donated to the Foundation in FY21 Period 1. In response to Director Zoglin's question, Mr. Woods explained that ECH is collaborating and partnering with schools in their reopening planning efforts.	
10. AGENDA ITEM 19: BOARD COMMENTS	None.	
11. AGENDA ITEM 20: ADJOURNMENT	**Motion**: To adjourn at 8:00pm. **Movant:** Kalbach **Second:** Watters **Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Meeting adjourned at 8:00pm***

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 Administrator/Governance Services EA

El Camino Health

Minutes of the Open Session of the
Special Meeting of the El Camino Hospital Board of Directors
Wednesday, September 23, 2020

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present	Board Members Absent	Members Excused
Lanhee Chen, Chair**	None	None
Peter C. Fung, MD**		
Gary Kalbach**	**via teleconference	
Julie Kliger**		
Julia E. Miller, Secretary/Treasurer**		
Jack Po, MD, PhD**		
Bob Rebitzer**		
George O. Ting, MD**		
Don Watters**		
John Zoglin, Vice Chair**		

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:30pm by Chair Chen. A verbal roll call was taken. All Board members were present at roll call, except for Directors Rebitzer and Ting who joined shortly after. All members participated via teleconference and videoconference pursuant to Santa Clara County's shelter in place order. Chair Chen reviewed the logistics for the meeting. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. FY20 BOARD AND COMMITTEE SELF-ASSESSMENT RESULTS	Director Fung, Chair of the Governance Committee, introduced the topics for discussion and turned the presentation over to Erica Osborne of Via Healthcare Consulting, the firm that facilitated the FY20 Board and Committee Self- Assessment. Ms. Osborne reviewed the Board and Committee Self-Assessment tool, noting that the Likert scale provides a visual representation of the opinions expressed in the survey. She explained that, since there are a small number of participants and the Board composition has changed, the results are not necessarily statistically significant and the year-over-year (YOY) comparisons could be misinterpreted. Board members expressed concern about quantifying the YOY changes and suggested considering focusing on qualitative responses and using a blended methodology in subsequent years. In regards to quality oversight, Director Po commented that there has been a lot of effort to improve, but communication styles could still be addressed and Director Kalbach commented that he has confidence that the Quality Committee (QC) is looking at the right measurements. Director Kliger noted that the closed session Quality Committee Report is a good addition to the Board's agenda. Director Rebitzer noted that quality oversight has improved because the QC has been able to define a set of metrics for the Board to follow, and the organization needs to do that for the El Camino Health Medical Network. Director Rebitzer also commented that the Board must develop a plan to address diversity on the Board. Director Po commented that a number of	

	organizations have developed plans for this and ECH should look at what others are doing rather than recreate the wheel. Ms. Osborne reported that she is working with a number of Boards that have some best practices around identifying gaps in Board diversity when compared to the communities they serve. Ms. Osborne then reviewed opportunities for improvement as expressed in the survey results. The Board members discussed decreasing the frequency of Quality Committee and financial reports to quarterly, continuing to work on making presentations at the governance level, putting monthly reports on the consent calendar, limiting presentations to 15 minutes and using color coding (red, green, yellow), a summary and questions for discussion to inform the Board where it should be focusing its attention. The Board also discussed potentially decreasing the number of Board meetings, but did not reach a consensus. Director Watters commented that the strategic plan will set the Board's agenda, Director Po noted that the Board will still have to deal with the implications of the COVID-19 pandemic, and Director Kalbach suggested that the Governance Committee should be tasked with developing a plan to achieve diversity on the Board. Director Miller suggested that Board diversity could be addressed at the Committee membership level first. The Board discussed including the following elements in a Board Action Plan for FY21: 1. Review the pacing plan and past agendas to identify items that could be delegated to create more time for discussion. 2. Provide executive summaries and framing questions for each agenda item to focus attention and stimulate discussion. 3. Conduct a review of the current committee structure to determine if it is still optimal. 4. Create a plan and schedule for Board engagement in the development of a new strategic plan. 5. Task the Governance Committee with developing a plan to increase Board diversity.	
4. PROPOSED BOARD ACTION PLAN	Chair Chen asked Ms. Osborne to prepare a Board Action Plan, aligned with the foregoing discussion, for presentation and approval at an upcoming Board meeting	
5. ADJOURNMENT	**Motion**: To adjourn at 7:37pm. **Movant:** Miller **Second:** Kalbach **Ayes:** Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Meeting adjourned at 7:37pm***

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

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Mary Adams, CEO
Date: October 14, 2020
Subject: Approval of Metrics for the Risk-Adjusted Readmissions Index, Organizational Performance Goal

Recommendation:

To approve the following metrics for the Risk-Adjusted Readmissions Index, Organizational Performance Goal:

Minimum	Target	Stretch
0.96	0.93	0.91

Summary:

1. Situation: On August 12, 2020, the Board approved the FY21 Organizational Performance Goals, the methodologies for scoring them and the metrics for minimum, target and stretch achievement. However, since we were awaiting final FY20 results for risk-adjusted readmissions, we did not present and the Board did not approve the actual metrics for that goal.

2. Authority: Annually, the Board approves Organizational Performance Goals, methodologies and metrics.

3. Background: As noted in the attached chart, the organization achieved a score of 0.96 for risk-adjusted readmissions for FY20. In accordance with the Board approved methodology, this score was used as the baseline for FY21.

4. Assessment: N/A

5. Other Reviews: At its October 5, 2020 meeting, the Quality, Patient Care and Patient Experience Committee reviewed the FY20 achievement and FY21 target for risk-adjusted readmissions as part of its review of the FY21 Enterprise Quality Dashboard.

6. Outcomes: N/A

List of Attachments:

1. FY21 Risk–Adjusted Readmissions Organizational Performance Goal

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

Board-Approved (8/12/20) Methodology for Scoring FY21 Organizational Performance Goal: Risk Adjusted Readmissions Index:

OBJECTIVES/ OUTCOMES	Benchmark		Measurement Defined			Measurement Period
	Internal Benchmarks	External Benchmark	Minimum	Target	Stretch	
Risk-Adjusted Readmission Index	FY20 Target = 0.96 FY20 Actual = 0.98 (through April)	Premier Standard Risk Calculation	Lower of FY20 Target or Baseline	Close gap to top performers (15%ile) by 50%	Close gap to top performers (15%ile) by 75%	FY21

Proposed Actual Metrics (Minimum/Target/Stretch) Based on FY20 Baseline of 0.96:

OBJECTIVES/ OUTCOMES	Benchmark		Measurement Defined			Measurement Period
	Internal Benchmarks	External Benchmark	Minimum	Target	Stretch	
Risk-Adjusted Readmission Index	FY 20 Target = 0.96 FY 20 Actual = 0.96	Premier Standard Risk Calculation	0.96	0.93	0.91*	FY21

*The stretch goal of 0.91 is actually 83% of the gap to top performer—better than 75%. 75% would be 0.915 which is more decimal places than we can legitimately produce. We rounded up for greater improvement.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING COVER MEMO

To: El Camino Hospital Board of Directors
From: Sharon Scholl, Shareholder, Compliance and Audit Committee Chair
Date: October 14, 2020
Subject: Committee and Audit Committee Report

Recommendation(s):

To approve the Annual 403(b) Retirement Plan Audit.
To approve the Annual Cash Balance Plan Audit

Summary:

1. Situation: 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 ERISA 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. The financial statements for both plans are presented on the Governmental Accounting Standards Board (GASB) reporting basis of accounting and no non-or likely misstatements were identified.

4. Assessment: N/A

5. Other Reviews: At its October 1 2020 meeting the Compliance and Audit Committee reviewed and voted to recommend approval of the 403(b) Retirement Plan Audit and the Cash Balance Plan Audit. Moss Adams will present their findings on November 5th 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. Report of Independent Auditors – 403(b) Plan
2. Report of Independent Auditors – Cash Balance Plan

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

(All 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.

MOSSADAMS

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 position available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net position available for benefits for the year ended December 31, 2019, 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, the 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 certifications from the custodians as of December 31, 2019 and 2018, and for the year ended December 31, 2019, 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

Required Supplementary Information

Management has omitted the Management Discussion and Analysis that the Governmental Accounting Standards Board requires to be presented to supplement the basic financial statements. Such missing information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by the missing information.

Supplemental Schedule

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2019, 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 XX, 2020

MOSSADAMS

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 fiduciary net position as of December 31, 2019 and 2018, and the related statements of changes in fiduciary net position 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 8, 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, 2019 and 2018, 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 Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the accompanying management's discussion and analysis, schedules of changes in employer net pension liability and related ratios, schedule of employer contributions, and schedule of investment returns be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with audit standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplemental Schedules

The Schedule H, Line 4(i) – Schedule of Assets (Held at Year End) as of December 31, 2019, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2019, 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 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
September XX, 2020

El Camino Health

Minutes of the Open Session of the
Executive Compensation Committee
of the El Camino Hospital Board of Directors
Tuesday, July 28, 2020

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present	Members Absent
Teri Eyre**	None
Jaison Layney**	
Julie Kliger**, Vice Chair	**via teleconference
Bob Miller**, Chair	
George Ting, MD	
Pat Wadors**	

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Executive Compensation Committee of El Camino Hospital (the "Committee") was called to order at 4:00pm by Chair Bob Miller. A verbal roll call was taken. All Committee members were present and participated via teleconference and videoconference pursuant to Santa Clara County's shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Miller asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	Mr. Jeremy Miller expressed concerns about the financial impacts of the pandemic on frontline employees.	
4. CONSENT CALENDAR	Chair Miller asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Executive Compensation Committee Meeting (5/28/2020); CEO Assessment Timeline. **Movant:** Kliger **Second:** Layney **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Consent calendar approved***
5. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 4:05pm. **Movant:** Kliger **Second:** Ting **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Adjourned to closed session at 4:05pm***

6. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 5:08pm. Agenda items 9-13 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Executive Compensation Committee Meeting (5/28/2020) by a unanimous vote in favor of all members present by teleconference (Eyre, Kliger, Layney, Miller, Wadors, Ting).	
7. AGENDA ITEM 15: FY20 INCENTIVE METHODOLOGY CALCULATION	**Motion**: To approve a 12-month measurement period for individual executive incentive goals. **Movant:** Kliger **Second:** Eyre **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***12-month measurement period for FY20 individual goals approved***
8. AGENDA ITEM 16: FY21 INCENTIVE GOAL WEIGHTING	**Motion**: To weight FY21 goals as written in the Incentive Plan and to direct staff to bring forward FY21 individual goals for the Committee's review and approval. **Movant:** Eyre **Second:** Layney **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Standard goal weighting approved***
9. AGENDA ITEM 17: PROPOSED FY21 ORGANIZATIONAL GOALS	**Motion**: To recommend approval of the goals as presented subject to the confirmation by the Quality Committee of the goals under their purview. **Movant:** Kliger **Second:** Ting **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***FY21 Proposed Organizational Goals recommended for approval***
10. AGENDA ITEM 18: PROPOSED FY21 CFO BASE SALARY	**Motion**: To approve a CFO Base Salary of $565,000. **Movant:** Layney **Second:** Wadors **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***CFO Base Salary approved***
11. AGENDA ITEM 19: RFP AD HOC COMMITTEE REPORT	Heidi O'Brien from Mercer discontinued participation in the meeting. Jaison Layney, Ad Hoc Committee Chair, explained that Ms. Fisk and Ms. Johnston will be revising a timeline for the RFP process. The Committee reviewed the firms under consideration. Chair Miller suggested adding Frederick Cook to the list. Ms. Johnston noted that one of the potential firms expressed concerns about the public nature of the Committee meeting materials. Staff and the Committee discussed the market data that is used in the Letters	

	of Reasonableness. Mr. Layney reported the Ad Hoc Committee's recommendation to request a new principal consultant from Mercer.	
12. AGENDA ITEM 20: FY21 PACING PLAN	There were no comments on the Pacing Plan.	
13. AGENDA ITEM 21: CLOSING COMMENTS	Chair Miller thanked the Committee for their work. Ms. Kliger thanked Chair Miller for his stewardship of the meeting.	
14. AGENDA ITEM 22: ADJOURNMENT	**Motion**: To adjourn at 5:22pm. **Movant:** **Second:** **Ayes:** Eyre, Kliger, Layney, Miller, Ting, Wadors **Noes:** None **Abstentions:** None **Absent:** None **Recused:** None	***Meeting adjourned at 5:22pm***

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

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Bob Miller
Chair, Executive Compensation Committee

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Sarah Rosenberg, Contracts Administrator/Governance Services EA

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital □oard of □irector
From: □o□□iller□E□ec□tive Compensation Committee Chair
□an □oods□Chief E□ec□tive Officer
Date: Octo□er 14□2020
Subject: □□20 Organi□ational Performance □oal Score

Recommendation:

□o approve the □□20 Organi□ational Performance □oal Score of 122.1□ of target □score□□ased on performance from □□ly 2019 to □e□r□ary 2020 □sing recali□rated metrics for the 8-month period.

Summary:

1. Sit□ation: □he □oard m□st approve the score for incentive payo□ts to □e made in accordance □ith the E□ec□tive and □ anagement Performance Incentive Plans and the Employee Engagement and Recognition program.

2. □□thority: Per its Charter, the Executive Compensation Committee (the "Committee") recommends organi□ational performance incentive goals and meas□rements for approval □y the □oard.

3. □ac□gro□nd: In October 2019, El Camino Hospital's Board of Directors approved the □□20 Organi□ational Performance □oal □ etrics for the E□ec□tive Performance Incentive Plan. □he same goals and meas□res are □sed in the □ anagement Performance Incentive and the Employee Engagement and Recognition plans. □□e to the impact of the CO□I□-19 pandemic□the organi□ation □as forced to shift foc□s mid-year. On □□ne 10□2020□the □oard approved □1□ recali□ration of the □□20 Organi□ational Performance □oals to an 8-month period ending □e□r□ary 2020 and □2□elimination of the People □oal □ith redistri□□tion of its □eight to the other goals.

4. □ssessment: □he proposed approach to recali□ration reflects having eight months □as opposed to 12 months□to achieve the goals and a higher overall score than □itho□t recali□ration. □t its Septem□er 22□2020 meeting□the Committee disc□ssed the recali□rated metrics that management proposed. □fter disc□ssion□the Committee voted □nanimo□sly to recommend □oard approval of the recali□rated metrics for target and ma□im□m of service and □□ality goals □ased on an 8-month meas□rement period and an overall organi□ational performance goal score of 122.1□ of target.

5. Other Revie□s: In addition to the E□ec□tive Compensation Committee□the approach has □een disc□ssed □ith the e□ec□tive team and the □oard. Hospital associations and e□ec□tive compensation cons□lting firms□incl□ding □ ercer□have reported that other organi□ations are recali□rating goals in light of the CO□I□-19 pandemic.

6. O□tcomes: Incentive payo□ts to appro□imately 3□000 employees on Octo□er 23□2020.

List of Attachments:

1. Proposed □□20 Organi□ational Performance □oal Score
2. Historical Organi□ational Performance □oal Scoring

Suggested Board Discussion Questions: □one. □his is a consent item.

Proposed FY20 Organizational Performance Goal Score based on Recalibrated Metrics: Scored with Target 100%

STRATEGY	Weight	GOAL	OBJECTIVES/OUTCOMES	Measurement Defined			Measurement Period	Goal Results		
								Results	Score as a % of Target	Weighted Score
Finance	Threshold	Budgeted Operating Margin		95% of Budgeted			YTD P8 FY20	8.5% vs. 6.9% budget		
				Minimum	Target	Stretch				
Quality and Safety	37.5%	Zero Preventable Harm	Risk-Adjusted Inpatient Mortality Index	0.95	0.92	0.89	YTD P8 FY20	0.69	150.0%	28.1%
			Risk-Adjusted Readmission Index	0.99	0.97	0.96	YTD P8 FY20	0.98	75.0%	14.1%
Service	37.5%	Exceptional Personalized Experience, Always	HCAHPS : Staff Responsiveness	65.7	66.6	68.3	YTD P8 FY20	66.30	83.4%	15.6%
			HCAHPS: Discharge Information	86.7	87.1	87.8	YTD P8 FY20	87.70	142.8%	26.8%
Growth	25.0%	Market Relevance and Access	Adjusted Discharges	98% of Budget	100% of Budget	102% of budget	YTD P8 FY20	108.2% based on 25,603 actual/23,658 budgeted	150%	37.5%
							Proposed Score			**122.1%**

El Camino Health

Historical Goal Performance
ORGANIZATIONAL PERFORMANCE INCENTIVE SCORES FY 2010-19
with FY 20 Proposed Score

Goal	FY 2020	FY 2019*	FY 2018	FY 2017	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Organizational Score as % of Target**	122.1%	120.0%	145.1%	121.1%	100.5%	95.4%	139.5%	106.5%	130.5%	139.5%	0.0%
5-year Average FY15-19		**116.4%**									
10-year Average FY10-19		**109.8%**									

*As approved by Board for Executive Performance Incentive Plan only
**In prior years, the score was reported as a percent of stretch (sometimes referred to as maximum). It is now being reported as a percentage of target. This method of reporting does not change the financial impact to the organization.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: October 14, 2020
Subject: Neuro-Interventional Call Panel (MV)

Recommendation: 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 an increased rate of $1,650.00/day, not to exceed $602,250.00/year, to be effective November 1, 2020.

Summary:

1. Situation: Currently, six (6) physicians who specialize in Diagnostic Radiology and Vascular/Interventional Radiology are contracted through Interventional Radiology Coverage, Inc. (IRC) to provide neuro-interventional call coverage services at the Mountain View campus. The neuro-interventional call panel agreement expires October 31, 2020.

The Hospital recently moved from Joint Commission certification as a Primary Stroke Center (PSC) to Joint Commission certification as a Thrombectomy-Capable Stroke Center (TCS). This new advanced stroke certification requires rigorous standards for performing endovascular thrombectomy (EVT), and providing post-procedural care.

The existing rate of $1,500.00/day has been in place since 2016. IRC, the sole provider of neuro-interventional call coverage services, requested an increase to $2,000.00/day upon renewal due to market-cost increases, inflation, and the increased requirements for TCS certification standards. ECH countered at $1,650/day and IRC accepted.

2. Authority: According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval are required prior to the CEO signature of physician agreements with compensation that exceeds $250,000/year, exceeds the 75th percentile for fair market value, and is a greater than 10% increase in compensation

3. Background: In 2016, the Board of Directors approved 24/7/365 neuro-interventional call coverage services for the Mountain View campus, expanding the Hospital's capability to provide interventional neuro-radiology procedures.

The Hospital engaged with Interventional Radiology Coverage, Inc. in October 2016 to provide 24/7/365 neuro-interventional call coverage services at the Mountain View campus.

4. Fair Market Value Assessment: The proposed increased rate of $1,650/day is between the 75th percentile ($1,400/day) and 90th percentile ($1,850/day) according to the 2020 MD Ranger Report for Neuro-interventional Call Coverage for like facilities with an average daily census over 150.

5. Other Reviews: Legal and compliance will review the final renewal agreement and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its September 29, 2020 meeting.

6. Outcomes: Physicians will participate in the peer review process for consultations related to neuro-interventional call coverage.

List of Attachments: None.
Suggested Board Discussion Questions: None. This is a consent item.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital □oard of □irectors
From: □ ar□□dams□□ □□Chief □ edical Officer
Date: Octo□er 14□2020
Subject: Cardiac Reha□ilitation Program □ edical □irector □greement □□ □□

Recommendation: □o approve delegating to the Chief E□ec□tive Officer the a□thority to e□ec□te a Cardiac Reha□ilitation Program □ edical □irector □greement for C□ S-re□□ired direct physician s□pervision of the Cardiac Reha□ilitation Program at the Cardiac □ P□lmonary □ ellness Center at the □ o□ntain □ie□ camp□s at a not to e□ceed ann□al compensation of □40□800.00□to □e effective □ovem□er 1□2020 for a term of t□o years.

Summary:

1. Sit□ation: □he physician c□rrently serving as the Cardiac Reha□ilitation Program medical director is retiring from this role on Octo□er 31□2020. □irect s□pervision of cardiac reha□ilitation programs □y a physician is a re□□irement □y C□ S.

□ollo□ing an intervie□ process of several candidates□an interventional cardiologist □ho has served on the Hospital's medical staff since 2002 □and c□rrently serves on the Hospital's Cardiology and Cardiac Reha□call coverage panels□□as selected for the Cardiac Reha□ilitation Program medical director role. □he candidate accepted the same compensation the Hospital c□rrently pays for this role□□hich is 20 ho□rs per month at □170.00 per ho□r of administrative services□for a ma□im□m ann□al compensation of □40□800.00.

2. □□thority: □ccording to □dministrative Policies and Proced□res 51.00□□inance Committee revie□ and □oard approval is re□□ired prior to the Chief E□ec□tive Officer signat□re of physician agreements □hen compensation e□ceeds the 75th percentile for fair mar□et val□e.

3. □ac□gro□nd: □t the Hospital's Cardiac □ P□lmonary □ ellness Center□the Cardiac Reha□ilitation Program serves patients to red□ce heart disease ris□factors□limit the progression of cardiovasc□lar disease□improve cardiovasc□lar f□nctioning□and cope □ith stress more effectively. □he Cardiac Reha□ilitation Program is 12 □ee□s long and is aimed to□ards ad□lt patients recovering from angina□heart attac□□heart fail□re and heart s□rgeries.

4. □air □ ar□et □al□e □ssessment: □he Cardiac Reha□ilitation Program medical director agreement □ill a□thori□e □p to 20 ho□rs per month at □170.00 per ho□r of administrative services□□hich is □et□een the 75th percentile □□160.00□and 90th percentile □□190.00□□for a ma□im□m ann□al compensation of □40□800.00□□hich is □et□een the 75th percentile □□26□180.00□□and 90th percentile □□79□260.00□□according to the 2020 □ □ Ranger □ll □acilities Report for Cardiac Reha□ilitation □ edical □irection.

5. Other Revie□s: □egal and compliance □ill revie□ the final agreements and compensation terms prior to e□ec□tion. □he □inance Committee revie□ed and recommended this for approval at its Septem□er 29□2020 meeting.

6. O□tcomes: □ive percent of the ann□al compensation for this directorship is □ithheld and released at the end of each fiscal year □pon s□ccessf□l demonstration of meeting ann□al □□ality goals□at least one of □hich is an ECH organi□ation performance goal.

List of Attachments: □one.

Suggested Board Discussion Questions: □one. □his is a consent item.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Apurva Marfatia, MD, Enterprise Chief of Staff
Michael Kan, MD Chief of Staff Los Gatos
Date: October 14, 2020
Subject: Medical Staff Report – Open Session

Recommendation:

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

Summary:

1. Situation: The Medical Executive Committee met on September 24, 2020.

2. Background: MEC received the following informational reports.

a) Quality Council – The Quality Council met on September 2, 2020. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
1. Annual PI Report (Antimicrobial Stewardship Program)
2. Antimicrobial ABX Stewardship Dashboard
3. Annual PI Report (HIM)
4. HIM Dashboard
5. Orthopedic Service Line Dashboard
6. Annual PI Report (Patient Experience)
7. Patient Experience Dashboard

b) Leadership Council – The Leadership Council met on September 15, 2020:
1. Nevada & Wells Fargo Account was discussed. A former employee was listed as executor of account and moved to Nevada. Therefore funds were being held in Nevada. The council authorized Dr. Apurva Marfatia to claim the money for the Medical Staff
2. Temporary Privilege procedure was discussed. A fee of $300 will be required along with 72 hour notice.
3. The number of providers on Provisional Staff were discussed
4. The September 15 meeting managed behavioral issues
5. Policy on Policies modifications was reviewed and approved
6. Initial discussion on Suspension Policy
7. Procedure for outstanding Medical Staff Dues was discussed

c) The CEO Report was provided and included the following updates:
1. Discussed economic impact of COVID
2. Selection of new PR Firm was announced
3. Marketing will come to next MEC to discuss AD campaign

d) The CMO Report was provided and included the following updates:
1. Reviewed and discussed the Quality Dashboard
2. Readmission rates
3. How to reduce and prevent serious safety events
4. Press Ganey Survey Results
5. CURES Act Update

3. Other Review**:**

a) The MEC approved some policies

List of Attachments:

1. Policy Summary

Suggested Board Discussion Questions: None; this is a consent item

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

BOARD
POLICIES FOR APPROVAL
October 14th, 2020

Updates					
Policy Dept.	**Policy Name**	**Type of Change**	**Type of Document**	**Notes**	**Committee Approvals**
New Business					
Corporate Compliance	1. Policy & Procedure Formulation, Approval & Distribution (Policy on Policies)	Revised	Policy	Updated to current process and to include Medical Director/Committee review	Leadership Council
Nutrition Services	1. Scope of Service	Revised	Scope	1.Minor grammar edits	Regulatory and Compliance
Imaging	1. Scope of Service - Imaging Services	Revised	Scope	Removed Echocardiography, EEG and ECG from scope. Now reports under HVI. Added PET/CT to LG. Removed consulting services of Cardiologists and Neurologists. Updates added to staffing/skill mix. Added turnaround times to Imaging Reports. Added protocol review by quality team. Updated hours of service where applicable. Added Radiologist schedule website.	Dr. Qureshi

El Camino Health

Origination:	*06/1998*
Effective:	*Upon Approval*
Last Approved:	*N/A*
Last Revised:	*09/2020*
Next Review:	*3 years after approval*
Owner:	*Diane Wigglesworth: Sr Dir Corporate Compliance*
Area:	*Quality, Risk & Patient Safety*
Document Types:	*Policy*

Policy □ Procedure □ormulation, Approval □ Distribution (Policy on Policies)

COVERAGE:

All El Camino Hospital Staff, Medical Staff

PURPOSE:

It is the policy of El Camino Hospital to monitor and control the development, review, revision, modification, approval, and distribution of policies, procedure, plans, protocols, and standardized procedures.

STATEMENT:

A. It is the policy of El Camino Hospital to provide a process for the development and implementation of policies and other related documents.

B. All policies and other documents as defined below must be developed with the review and input of all affected policy owners, approved by leadership of the organization and routinely reviewed. This review must be minimally every three years unless required more frequently as defined by Title 22 or other regulatory bodies, when there is accreditation or regulatory changes, or when operations or patient care practices change.

C. The Board of Directors shall approve policies, plans and scopes of services as outlined in the Administrative policy-Board of Director Approval of Hospital Policies.

D. ECH reserves the right to change or eliminate policies and other documents as defined below as needed to comply with regulatory changes or changes in practice. ECH will be responsible for communicating any such actions to the policy owner.

DE□INITIONS:

- **Policy**: A policy is defined as a brief written statement of intent or principle that determines actions or decisions. Generally, a policy is based on law, regulations, accreditation standards, or leadership decisions.
- **Plan:** A single document that provides detailed description of provision of particular program or scope of service, often required by regulation. Ex. Disaster Plan, Pandemic Plan, Plan for Provision of Care Procedure**.**
- **Procedure**: A step-by-step written outline detailing how something is to be accomplished. Procedures answer the "what" and "How do I do it" questions. Ex: Chemotherapy, Administration of.
- **Protocol***:* Defines care and management of a patient care issue as outlined in the protocol document. A medical staff member must order the activation of a specific protocol. Subsequent orders of the protocol may be entered by the licensed staff into EHR. There must be an order set in ~~EPIC.~~Epic (Example "Pharmacy to Manage TPN" or "Wound/Ostomy Evaluate and Treat Protocol")
- **Clinical Guideline**: Guidelines describe the hospital approved care approach for a given diagnosis or condition. Guidelines must be evidenced based and are often listed in evidence based databases. Includes a prescriptive, detailed definition of what is to be implemented using precise, sequential steps. Examples include: Care of the Bariatric Patient.
- **Standardi□ed Procedure**. The legal mechanism for nurses and nurse practitioners to perform specific functions which would otherwise be considered the practice of medicine. Standardized procedures are developed collaboratively by nursing, medical staff, and administration at the hospital. By approval of standardized procedures, Medical Staff authorize specific tasks to be performed by specific nurses in specific circumstances for the care of the patient.

□ **Scope of Service**: A document that describes the provision of service of a particular program or department of the hospital.

PROCEDURE:

A. **Document Development and □ormat**

1. Documents should be written by the individuals most closely related to the issues with input by persons who have special expertise on the subject matter.
2. Documents should reflect what is considered to be the professional standard of care and match practice. There must be a realistic expectation that compliance with the document can be met.
3. Documents, as defined above, should be concise, and words and phrases not universally understood should be defined.
4. All documents except those designated in Section 6 below will be developed and revised in the template available on the toolbox under the policy/procedure tab in the policy software application, and contain the following elements:.
    a. Purpose section: a clear and concise purpose to educate readers on what the policy/procedure entails.
    b. Statement section
    c. Definitions
    d. Procedure: This section contains a clear and concise step-by-step methodology to be followed for compliance with the purpose and statement.
    e. Approval Box: The approvals section will list any committees that are required to approve the policy and the date(s) when they approved it. This section will also list the Board of Directors and the date when it approved the policy. The minutes of these various groups will reflect approval of the policy. Only the most recent date will be reflected in the box.
5. For nursing, respiratory care, and physical therapy procedures, ECH uses Lippincott~~, available on~~ Clinical Procedures which can be accessed directly from PolicyStat and from the Toolbox.~~ The resource is updated periodically by Lippincott.~~
6. The following departments have obtained approval from the ~~E Policy~~ePolicy Committee to maintain department specific procedures in their department systems and be responsible for applicable reviews according to regulatory guidelines. Any other department requesting to use a separate system other than ~~Policy Tech~~PolicyStat must obtain approval from the ~~E Policy~~ePolicy Committee.
    a. Laboratory and Pathology procedures that only affect internal lab/pathology procedures will be maintained in Q Pulse.
    b. Imaging Radiation Dosing protocols will be maintained by the Imaging Department.
    c. HITRUST/HIPAA procedures will be maintained internally by Information Security department.

B. **Approval Matrix for ECH Manuals**

1. Documents which involve accreditation, state and federal statutory requirements shall be reviewed by the Director of Accreditation and/or Risk Management.
2. Documents which involve compliance with HIPAA and privacy concerns shall be reviewed with the Privacy Officer.
3. In addition to the approval matrix below, nursing related documents require approval as follows:
    a. All applicable unit based practice councils and Patient Care Leadership committees
    b. For broad based changes enterprise changes to nursing practice, Central Partnership Council approval is required.
    c. For approval of standardized procedures, Interdisciplinary Practice Committee is required.
4. Medical Staff collaboration and approval through the appropriate medical staff department, committee or medical director is required ~~when the content of the policies, procedures, or protocols involves care of the patient~~for those that need approval before presenting to the ePolicy Committee and to the Medical Executive Committee.
5. Any policies, procedures, or protocols that will apply to a Mountain View and Los Gatos location must have approval from department managers and medical staff committees from each campus before the policy is sent through the final approval processes.
6. Department documents shall be approved by the department manager or designee, and apply to only one department. Approval shall be by department leadership along in accordance with the matrix below.

	Administrative	Clinical/ Patient Care Services	Emergency/ Disaster Management	Human Resources	Infection Prevention	Support Services (Non Clinical Departments)	Safety/ Environment of Care
Department/ VP Approval	□	□	□	□	□	□	□
Central Safety Committee			□				□
Infection Control Committee ** Any document relating to cleaning, prevention of infection across the organization		** Any document relating to cleaning, prevention of infection across the organization			□	** Any document relating to cleaning, prevention of infection across the organization	
Pharmacy and Therapeutics ** Any document concerning administration of medication		** Any document concerning administration of medication			** Any document concerning administration of medication		
Medical Staff Departments of Medicine, Surgery or Maternal Child Health for any document affecting the department's patient population		□			□		
~~E Policy~~ePolicy Committee	□	□	□	□	□	□	□
Medical Executive Committee **Review required for any document relating to care of patient		□			□		

Board of Directors (only policies/ scope of services/ plans)							

C. **Distribution:**

1. Documents defined in this policy will be available on the hospital network to all staff, physicians and volunteers.
2. A copy of the organization's policies will be stored on a USB device that will be maintained in the hospital supervisor office at each campus.

D. **Policy, Procedure, Protocol Maintenance:**

1. The original electronic copy of current hospital-wide policies and procedures will be centralized on the hospital network file directory (ToolBox).
2. To meet legal requirements, all documents in the policy software application that have been deleted or revised will be archived for a minimum of seven years.
3. Maternal Child Health documents in the policy software application will be retained for 25 years.

E. ~~**Process for**~~ **Document Updates in the policy software application**

~~1. All El Camino Hospital staff covered by policies, procedures, or protocols will have "Read Only" access to currently approved documents through the hospital network via the policy software application Any new policy or updates made to documents in the policy software application are to be made through the following process:~~

~~a. For new documents, the document owner shall use the identified template available in the policy software application. For revisions to existing documents, the document owner shall begin revisions within the policy software application in the document itself.~~

~~i. If desired, the document owner can collaborate with other writers to complete the first draft.~~

~~ii. The document owner then submits the document to review, where each reviewer can accept, revise, or decline the document.~~

~~iii. If all reviewers accept it, the document is automatically moved to the approval status.~~

~~iv. If revised or declined by one or more reviewers, the document is placed back in draft status, and a task email is sent to the document owner to review the revised or declined document, make the necessary changes, and then resubmit the document for review.~~

~~v. The document goes back to draft status only after all reviewers have accepted, revised, or declined it.~~

~~vi. This part of the process can be repeated as many times as necessary to create an acceptable document.~~

~~b. Once all reviewers approve a subsequent draft, the document is moved automatically to approval status.~~

~~i. Approvers have the same options as reviewers for dealing with the document (accept, revise, and decline).~~

~~ii. If one or more approvers revise or decline the document, it again goes back to draft status where the document owner can again make needed changes and resubmit the document for review or directly to approval.~~

~~2. If an approved document is a new version of an existing document, the previous version is automatically archived when the new version is published.~~

~~3. After these steps are completed via the policy software application for the departmental approval and any other committees that need to approve the policy, please see matrix above for approval process.~~

~~4. Once approved by the Board and/or MEC, the Policy and Procedure Specialist will be notified and will make the final approval via the policy software application and publish the document.~~

1. All El Camino Hospital staff covered by policies, procedures, or protocols will have "Read Only" access to currently approved documents through the hospital network via the policy software application.
2. New policies or updates made to documents must be made in the policy software application accessed through the Toolbox.

3. If an approved document is a new version of an existing document, the previous version is automatically archived when the new version is published
4. Once approved by the Board and/or MEC, the Policy and Procedure Specialist will be notified and will make the final approval via the policy software application and publish the document.

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.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	09/2020
Leadership Council	Catherine Carson: Senior Director Quality [JH]	09/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	09/2020
	Diane Wigglesworth: Sr Dir Corporate Compliance [JH]	09/2020

El Camino Health

Origination:	*02/2017*
Effective:	*Upon Approval*
Last Approved:	*N/A*
Last Revised:	*08/2020*
Next Review:	*3 years after approval*
Owner:	*Aletha Fulgham: Assistant Director Imaging Svc*
Area:	*Scopes of Service*
Document Types:	

Scope of Service - Imaging Services

Scope:

The Imaging Department Scope of Service is provided by ECH to ensure that all patients treated will receive high quality care in an expedient and professional manner. Performance standards and quality initiatives are in place to measure outcomes and meet patient and clinician needs. Patient reports and exam records can be accessed upon request and are stored indefinitely as part of the patient's Electronic Health Record (EHR). Images are stored in the hospital's Picture Archiving and Communication System (PACS)~~, while EEG and ECG tracings are stored in their respective archives~~.

Patient Types

Exams and procedures are performed on inpatients, outpatients and emergency department patients. Patient age groups served are neonatal, pediatric, adolescent, adult and geriatric.

Imaging Services provides support to all departments located within the two El Camino campuses. Imaging studies are performed ~~up~~upon receipt of a written or electronic request from a physician or licensed independent practitioner.

Services Offered

Imaging Modalities on the **Mountain View** Campus are:

General Diagnostic Radiography
Magnetic Resonance Imaging (MRI)
Nuclear Medicine
Ultrasound
Mammography
~~ECG and EEG~~
Fluoroscopy
Computerized Tomography (CT)
PET/CT
~~Echocardiography~~
Vascular Imaging
Interventional Radiology

Imaging Modalities on the **Los Gatos** Campus are:

General Diagnostic Radiography
Magnetic Resonance Imaging (MRI)
Nuclear Medicine
~~Echocardiography~~
Vascular Imaging
Interventional Radiology
Fluoroscopy
Computerized Tomography (CT)
PET/CT
Ultrasound
Mammography
~~ECG and EEG~~

~~ECG and EEG Specifics~~

~~Muscles in the heart carry electrical charges which change as the heart beats. These changes are recorded as an Electrocardiogram. The terms EKG and ECG are synonymous and are often used interchangeably, though ECG is the newer and preferred term. EEGs record brain wave activity.~~

~~Services Available:~~

~~A. Routine ECGs~~
~~B. Stress Testing~~
~~1. Treadmill only~~
~~2. Treadmills with Radioactive Isotope (in conjunction with Nuclear Medicine)~~
~~3. Medication-Induced Stress Tests (Lexiscan, Dipyridamole)~~
~~4. Stress Echocardiography~~
~~C. Routine EEGs~~
~~D. Continuous EEG (cEEG)~~

Nuclear Medicine-Specifics

On-call services are provided on a limited basis after hours and on weekends. The following exams are approved for on-call services:

A. **GI Bleed:** Patient must be actively bleeding in order for the study to render diagnostic value.
B. **Lung V/Q Scan**
C. **Gallbladder (HIDA Scan)**
D. **Stress Tests, * must be coordinated with Nuclear Medicine and scheduled only if all resources are available.**

Interventional Radiology

Types and ages of patients served:
Adult inpatients and outpatients. Adolescent patients who are at least 13 years of age AND weigh 80 pounds (36.4 kg) or more.

Staffing Guidelines for Operating Room Coverage

At least two (2) radiologic technologists are scheduled to cover the operating room Monday through Friday until 4:30pm at the Mountain View campus, 3:30pm at the Los Gatos campus. After these times and on weekends, the department utilizes the OR call schedule for surgery cases. The surgery department will work very closely with the ~~Imaging Services department~~diagnostic charge tech or modality operations manager during the scheduling of exams that require radiological support.

Appropriateness, Necessity and Timeliness of Services

Imaging Services assesses the appropriateness and necessity of diagnostic and therapeutic procedures by evaluating the patient's clinical history for pertinence to the exam ordered, as well as evaluating the exam history in order to avoid unnecessary duplication of procedures. Prior to interventional or special procedures, the technologist and/or Imaging Services RN will review exam indications as well as any possible contraindications, and bring these concerns to the Radiologist.

The timeliness of radiologic services is addressed in departmental procedures which describe how to contact a radiologist after hours, as well as performance of routine and stat procedures.

STAT exams are to be started within 1 hour of physician's order.

Imaging Services follows hospital-wide policies for reporting incidents by utilizing the ~~QRR~~electronic incident reporting system.

Radiologists

Diagnostic and therapeutic radiologic services are available by board-certified or board-eligible radiologists. Silicon Valley Diagnostic Imaging (SVDI) is contracted to ensure radiology services are available 24 hours a day. Licensure information of contracted radiologists is maintained in the Medical Staff office. SVDI provides a Radiation Safety Officer to oversee the Radiation Protection Plan and Radiation Safety Committee.

Service Hours: Hours of service are according to the Radiologists' posted schedule, which includes call hours to provide additional consultation or to perform emergency procedures on site. Teleradiology is available after posted hours seven days a week.

Imaging Reports: Reports for all Imaging exams are generally available within 24 hours; exceptions include the unavailability of comparison exams. STAT interpretations are available for all imaging studies; exceptions include when there are multiple stat patients, issues with patient condition, and/or a delay in securing radioisotopes. Referring physicians may denote their preference for obtaining reports, e.g., fax, electronic distribution, mail, etc.

Turnaround Times (TAT)		
Patient Class	End Exam to Results	
Target	Max	
ED	30 mins	45 mins
IP	3 hours	6 hours

OP (except mammo)	3 hours	24 hours

Mammography

A. All BIRADS Results
   1. A written lay summary is provided to all patients, and report provided to health care provider within 30 days of examination.
   2. Copy of lay letter to patient included in patient's EHR.

B. "Suspicious" or "Highly suggestive of malignancy"
   1. Communicated to patient within five (5) business days from the interpretation date.
   2. Communicated to health care provider within three (3) business days from the interpretation date.

C. BIRADS 0 "Incomplete" or "Needs additional imaging"
   1. Communicated to patient within five (5) business days from the interpretation date.
   2. Report provided to health care provider within three (3) business days of the interpretation date.

Modality Protocols:

All modality protocols are established based on current standards of practice and other key criteria, which include clinical indication, contrast administration, age, patient size and body habitus. In addition to these key criteria, CT Protocols include the expected radiation dose range.

Protocols are reviewed by the modality Quality Teams and approved by the ~~Radiologists~~Radiologist section chief biennially (every 2 years)~~, and~~. Protocols are revised as needed in between the regular review period. Modality protocols are maintained by the department and are accessible by all clinical staff members. Clinical situations often warrant protocol adaptation due to unique patient circumstances or presentation.

Staffing/Skill Mix and Requirements

The Senior Systems Director ~~of~~has oversight of entire Imaging ~~Services~~Service line across the Health System. The Assistant Director oversees ~~the Imaging Services~~department Operations. The director is further supported by clinical managers ~~and supervisors~~. The daily work of each modality is organized by the Charge Technologist in each modality and/or shift.

This department has a Coordinator of Quality and Education that supports the director related to quality, regulatory and compliance activities. The Imaging Services Clinical Instructor oversees students from the Foothill College Radiologic Technology Program and assists with onboarding of new staff. Specific sonographers are assigned to work directly with students from the Foothill College Diagnostic Medical Sonography Program. ~~ECG techs are also assigned to work with the De Anza College EKG Technology Program externship students.~~

RNs are assigned from the nursing division to provide nursing care, Monday through Sunday, either scheduled or on call. Off-hour nursing coverage for emergent cases may be provided by direct care nursing staff assigned by the nursing supervisor. Radiology Nurses hold current Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification.

Technologists have graduated from an accredited Radiologic Technology program and are registered by the American Registry of Radiologic Technologists (ARRT) ~~and have graduated from an accredited Radiologic Technology program~~in their respective modalities. All Radiologic Technologists hold ~~a~~ current Certified Radiologic Technologist (CRT) licenses as required by the State of California, Title 17. In addition, all

technologists who perform fluoroscopy or mobile fluoroscopy hold a current Fluoroscopy permit, and Mammographers hold a current state Mammography certificate. Ultrasound procedures are performed or supervised by Sonographers who are registered by the American Registry of Diagnostic Medical Sonographers (ARDMS). Nuclear Medicine procedures are performed by Nuclear Medicine Technologists who hold a current Certified Nuclear Medicine (CNMT) certificate as required by the State of California, Title 17. Scope of Practice or Practice Standards for technologists are established by the professional societies that represent them.

Other clinical and support staff providing services to patients in this area may include, but are not limited to:

~~**Consulting Services, Cardiologists:** Echocardiography and ECG studies are read by various contracted groups and independent cardiologists, according to their schedules.~~

~~**Consulting Services, Neurologists:** EEGs are read by various contracted groups and independent neurologists, according to their schedules.~~

Consulting Services, Interventional Radiologists: Routine and emergent interventional procedures are performed by contracted physicians at both campuses.

Consulting Services, Medical Physicists: Imaging Services maintains a contract for consultation on an "as needed" basis and for routine quarterly surveys in Nuclear Medicine, as well as annual surveys for all other equipment, as required. Medical physics assessment requests, such as fetal dose calculation or personnel badge review, may be requested. The Imaging Department retains survey records and annual physics surveys, which are available for review. Physicists supervise equipment monitoring activities, review the findings, and make recommendations regarding radiation exposure factors, ACR quality guidelines, and quality analysis.

Radiation Safety Officer (RSO) AND Radiation Safety Committee:

SVDI provides a Radiation Safety Officer (RSO) for hospital-wide needs. The RSO oversees the Radiation Protection Plan and the Radiation Safety Committee. The Radiation Safety Committee has a multidisciplinary membership that meets quarterly to review any radiation safety concerns.

Clinical Engineering (Imaging Services Equipment):

The Clinical Engineering Department works closely with vendors to provide all equipment preventive maintenance based on the manufacturer's recommendations. These records are retained for review.

Standards of Practice

Radiation and radioactive materials are governed by California Department of Public Health, Radiologic Health Branch, state regulations Titles 17 and 22, and the Nuclear Regulatory Commission. The Department follows guidelines set forth by these agencies as well as the American College of Radiology (ACR), ~~the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL),~~ and standards established by the Joint Commission..

Security Considerations

Imaging Services follows all hospital security policies and procedures to ensure compliance with hospital security mandates. Radiology applications and PACS user access is available to Imaging Services staff, Radiologists contracted with El Camino Hospital, students, and other El Camino Hospital staff as deemed

appropriate by Imaging Services leadership.

Hours of Operation

Modality	Inpatient Hours	Outpatient Hours	Call Hours	Exams Approved by Department for On–Call Services
Diagnostic Imaging	24/7	**Mountain View Campus** M - F: 7am - 7pm	None	OR Cases or Influx of Patients
Los Gatos Campus M - F: 7am - ~~5:30~~7pm				
Computed Tomography	24/7	**Mountain View Campus** M - F: 8am to 4:30pm Sat: 9am - 1pm	None	N/A
Los Gatos Campus M - F: 7:30am - 7pm				
Ultrasound	**Mountain View Campus** 24/7	**Mountain View Campus** M – F: 8am-3:30pm	**Mountain View Campus** None	Stat US in order of priority: 1. Suspected Ruptured AAA, aortic aneurysm 2. Scrotal US: torsion, pain 3. Pelvic US: ectopic, ruptured ectopic, torsion, bleeding in pregnancy
Los Gatos Campus M - F: 7:30am to 4pm	**Los Gatos Campus** M - F: 8am - 3:30pm *excludes holidays	**Los Gatos Campus** M - F: 4 pm - 7:30am		

Modality	Inpatient Hours	Outpatient Hours	Call Hours	Exams Approved by Department for On–Call Services	
		S/S: 24 hours			
~~**ECHO**~~	~~**Mountain View Campus**~~ ~~M - F: 7am - 5:30pm~~ ~~S/S: 7:30am - 5:30pm~~	~~**Mountain View Campus**~~ ~~M - F: 8am - 4pm~~	~~**Enterprise Call:**~~ ~~M - F: 4pm - 7am~~ ~~S/S: 24 hours~~	~~Stat ECHOs and surgical or CCL procedures involving Echo staff~~	
~~**Los Gatos Campus**~~ ~~M - F: 7:30am - 4pm~~	~~**Los Gatos Campus**~~ ~~M - F: 8am - 3:30pm~~ ~~*excludes holidays~~				
Magnetic Resonance Imaging	~~Mountain View Campus~~ **Mountain View Campus** 24/7	**Mountain View Campus** M - F: 7:30am - 6pm	**Mountain View Campus** *No Call*	*MV & LG ED physicians triage and prioritize requests. Stat MRI in order of priority:* 1. *R/O cord compression* 2. *Stroke/Bleed* 3. *Compression fracture spine* 4. *Appendicitis in pregnant patients* 5. *Others as they come on first come first serve*		
~~Los Gatos Campus~~ **Los Gatos Campus** 24/7	**Los Gatos Campus** M - F: 9~~:00~~am - 5~~:00~~pm	**Los Gatos Campus** ~~*Los Gatos Campus*~~ *No Call*			
Mammography	N/A	**Mountain View Campus** M - F: 7~~am -~~ 4:30am - 4pm	~~**Mountain View Campus**~~ ~~M - F: 7:30am -~~	N/A	*N/A*

Modality	Inpatient Hours	Outpatient Hours	Call Hours	Exams Approved by Department for On–Call Services
			~~4pm~~	
Los Gatos Campus M - F: 8am - 3:30pm				
Nuclear Medicine	M - F: 8am - 43:30pm	M - F: 8am - 43:30pm	M - F: 43:30pm – ~~8~~7:30pm S/S: 24 hours ~~To order dose 10pm - 2am~~	*GI Bleed* *Lung V/Q Scan* *Gallbladder (HIDA Scan)* *Stress Tests must be coordinated with Nuclear Medicine and scheduled only if all resources are available.*
Interventional Radiology (~~LG~~MV)	~~M - F: 7:30am - 4pm~~ ~~Off-hours: OR~~ M - F 7:30am-6:30pm Off-Hours: Cath Lab and/or OR	~~M - F: 7am - 3:30pm~~ ~~Off-hours: OR~~ M - F 7:30am-6:30pm Off-Hours: Cath Lab and/or OR	~~S/S: 7am - 7pm~~ ~~Off-hours: OR~~Holidays and Weekends (Varies) 8:00am-6:30pm	*Stat Interventional Exams*
~~**ECG**~~	~~M - F: 7am - 11pm~~ ~~S/S: 7am - 11pm~~ ~~After these hours, the floor nurses, flex nurse and/or ED techs will perform ECGs~~	~~M - F: 8:30am - 4:30pm~~	~~N/A~~	~~*N/A*~~
~~**EEG**~~	~~M - F: 7:30am - 10pm~~ ~~Routine EEG tests may roll over to next day~~	~~M - F: 9am and 1pm~~ ~~No scheduled EEGs on Mondays or the day after a holiday~~	~~S/S: 8am - 11:30pm~~	~~*cEEG (Continuous EEG)*~~ ~~*STAT EEG Exams*~~

Modality	Inpatient Hours	Outpatient Hours	Call Hours	Exams Approved by Department for On–Call Services
Interventional Radiology (LG)	M - F 7:30am - 5:30pm Off-hours: OR	M - F 7:30am - 5:30pm Off-hours: OR	S/S: 7am - 7pm Off-hours: OR	*Stat Interventional Exams*
Radiologist	Review the current Radiologist's schedule for hours and call. https://sites.google.com/a/svdi.org/www/echcalendar	~~Review the current Radiologist's schedule for hours and call.~~	~~Review the current Radiologist's schedule for hours and call.~~	*Stat Fluoroscopy cases after hours*

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.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Sarah Rosenberg: Contracts Admin Gov Svcs EA	pending
MEC	Catherine Carson: Senior Director Quality [JH]	09/2020
ePolicy Committee	Jeanne Hanley: Projects Coordinator	09/2020
	Aletha Fulgham: Assistant Director Imaging Svc	08/2020

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP and Barbara Avery, Director, Community Benefit
Date: October 14, 2020
Subject: FY20 Community Benefit (CB) Report

Purpose: To provide the FY20 Community Benefit Annual Report

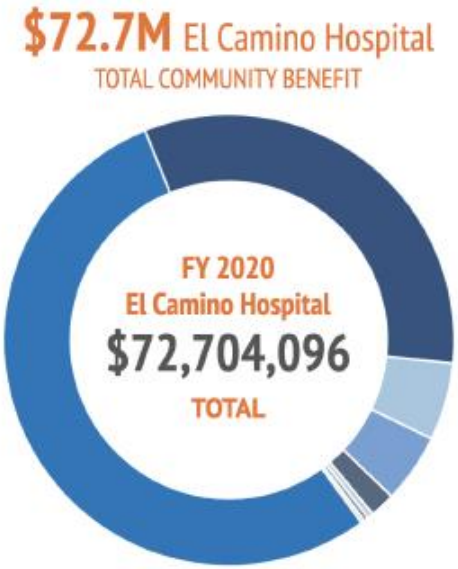
Summary:

1. Situation: At the conclusion of each fiscal year, CB staff review yearend grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Data is also collected from a number of departments, including Finance, to calculate the Hospital's Total Community Benefit, per IRS guidelines. Staff prepares an annual report and year-over-year Dashboard (Attachments 1 and 2). The report will be shared with the community in November post-election and voluntarily submitted to OSHPD. Due to COVID-19 and budgetary factors, an online only report was produced, available at: elcaminohealth.org/communitybenefit2020.

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:

A. **FY20 Total Hospital Community Benefit = $72,704,096**, representing a 12% increase ($7.8 million) over FY19.Total Hospital Community Benefit includes charity care, unreimbursed MediCal, subsidized services, grants and sponsorships and other categories. The Hospital also provided $118,139,402 in uncompensated care for Medicare beneficiaries.



$39,218,773	Government-Sponsored Healthcare (Unreimbursed Medi-Cal)
$23,772,792	Subsidized Health Services
$4,038,282	Financial Assistance (Charity Care)
$3,608,795	Grants and Sponsorships
$1,323,172	Health Professions Education
$308,566	Clinical Research
$258,109	Community Benefit Operations
$175,607	Community Health Improvement Services

+ $118M in Uncompensated Medicare
(Not Included in Community Benefit Total)

B. **Grants** = $3,366,678 for 44 grants:
   i. 22 Healthy Body grants at $1,738,078
   ii. 15 Healthy Mind grants at $1,140,600
   iii. 7 Healthy Community grants at $488,000

C. **Sponsorships** = $242,117 for 33 sponsorships

D. **Placeholder funds applied to COVID-19 emergency support** = $115,000 (included in B and C figures above), supporting the following agencies in April and May for emergency food, housing, chronic disease and mental health support:

- Abode Services
- Better Health Pharmacy
- Gardner Family Health Network
- Healthier Kids Foundation
- Indian Health Center
- LifeMoves Homeless Shelters
- Peninsula HealthCare Connection
- Veggielution
- West Valley Community Service

E. **Performance**: Community Benefit Grants performance = 48% of grants met 80% or more of metric targets, as shown in the Year-over-Year Dashboard (Attachment 1). This compares to 76% in FY19. Grants demonstrated a typical midyear performance, but understandably encountered challenges reaching yearend targets due to COVID. Staff actively communicated with grantees to understand changes in service delivery. Transition to virtual services was successful overall, however as time was lost in Q4, some targets were missed, as would be expected.

4. Assessment: N/A- This is an informational consent item.

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- This is an informational consent item.

List of Attachments:

1. FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard
2. FY20 Community Benefit Annual Report Executive Summary for the Board with full online report at: elcaminohealth.org/communitybenefit2020

Suggested Board Discussion Questions: N/A- This is an informational consent item.

FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY BODY	**5-2-1-0** FY20 Approved: $20,000 FY20 Spent: $20,000 FY19 Approved: $25,000 FY19 Spent: $24,450 FY18 Approved: $15,000 FY18: Spent:$10,396 New Metrics: 0 of 3	Students served	4,000	4,120	●	100%	6,500	6,178	●	67%	4,000	3,870	●	100%	6,500	5,673	●	67%	4,000	5,471	●	100%	5,600	5,471	●	67%	
		Students who report being active one or more hours per day after program engagement	N/A	N/A			56%	58%	●		N/A	N/A			56%	61%	●		N/A	N/A			56%	60%	●		
		Students who report the knowledge to limit sweetened beverages to 0 per day after program engagement	N/A	N/A			75%	66%	●		N/A	N/A			75%	78%	●		N/A	N/A			75%	58%	●		
	African American Community Services Agency (AACSA) *Family Health Services* FY20 Approved: $20,000 FY20 Spent: $20,000 New Metrics: N/A	Individuals served	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	112	282	●	100%	560	401	●	50%	Agency had to cancel events doe to COVID but was able to transition services. Encounters target narrowly missed.
		Encounters (screenings, workshops and class sessions)	-	-			-	-			-	-			-	-			112	325	●		560	468	●		
		Healthy cooking class attendees will report that they learned how to cook in a healthier way	-	-			-	-			-	-			-	-			65%	65%	●		65%	65%	●		Agency unable to administer survey in second half of the year due to SIP. Midyear data is relevant at yearend because data is cumulative for the grant year.
		Parents will report that they have gained a better understanding of how to support their child's healthy development	-	-			-	-			-	-			-	-			65%	75%	●		65%	75%	●		
	BAWSI Girls Program FY20 Approved: $16,500 FY20 Spent: $16,500 FY19 Approved: $16,500 FY19 Spent: $16,500 FY18 Approved: $16,000 FY18 Spent: $16,000 New Metrics: 0 of 3	Youth served	60	62	●	100%	120	130	●	100%	62	65	●	100%	124	127	●	100%	60	53	●	67%	124	106	●	67%	Program did not reach target midyear or yearend; agency cited that students selected other after-school programming.
		Average weekly attendance	80%	90%	●		80%	87%	●		85%	84%	●		85%	84%	●		80%	83%	●		80%	83%	●		
		Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program	-	-			-	-			75%	92%	●		75%	95%	●		85%	93%	●		85%	86%	●		
	Better Health Pharmacy - Santa Clara County Public Health Department FY20 Approved: $50,000 FY20 Spent: $50,000 FY19 Approved: $50,000 FY19 Spent: $50,000 New Metrics: 3 of 5	Individuals served (full program)	-	-		New Partner in FY19	-	-		New Partner in FY19	1,250	1,919	●	100%	2,500	3,040	●	100%	1,500	2,303	●	100%	2,800	3,520	●	100%	Additional pharmacy staff contributed to greater than anticipated individuals served and prescriptions filled.
		Prescriptions Filled (full program)	-	-			-	-			10,000	12,780	●		20,000	25,456	●		11,000	16,416	●		22,000	32,767	●		
		Patients who reported that they are very satisfied with the time waited for services	-	-			-	-			-	-			-	-			97%	94%	●		97%	91%	●		
		Patients who reported that they are very satisfied with the time waited for medication information	-	-			-	-			-	-			-	-			97%	92%	●		97%	88%	●		
		Patients who report that they are very satisfied with the quality of service	-	-			-	-			-	-			-	-			97%	98%	●		97%	97%	●		
	Breathe California *Children's Asthma Program* FY20 Approved: $50,000 FY20 Spent: $36,681 FY19 Approved: $50,000 FY19 Spent: $42,587 FY18 Approved: $ 50,000 FY18 spent: $50,000 New Metrics: 0 of 3	Parents, children, teachers and care providers served through air quality assessment and asthma management training	225	296	●	33%	800	805	●	100%	225	103	●	67%	800	3,344	●	100%	225	580	●	100%	800	630	●	67%	
		Children with asthma who receive multi-session asthma education who have an increase in knowledge/skills, as measured by pre/post-tests, skills observation, and parent report	-	-			-	-			50%	70%	●		70%	70%	●		50%	65%	●		70%	65%	●		
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist	-	-			-	-			50%	45%	●		50%	73%	●		50%	100%	●		60%	100%	●		Agency served more child care centers, which are more likely than private homes to make recommended changes. Agency reported this outcome is unusually high.
	Cambrian School District *School Nurse Program* FY20 Approved: $128,000 FY20 Spent: $128,000 FY19 Approved: $129,500 FY19 Spent: $129,500 FY18 Awarded: $116,315 FY18 spent: $116,315 New Metrics: 2 of 5	Students served	805	1,268	●	50%	2,110	1,843	●	50%	1,000	1,360	●	100%	3,400	3,423	●	50%	1,400	1,488	●	33%	3,350	2,885	●	60%	
		Students who have failed health screenings who saw a healthcare provider	20%	0%	●		40%	28%	●		N/A	N/A			29%	16%	●		N/A	N/A			20%	22%	●		
		Uninsured students who have applied for coverage	-	-			-	-			-	-			-	-			N/A	N/A			15%	5%	●		Due to the demands of addressing COVID-19, the school's only nurse did not have sufficient time to provide resources and follow-up with families.
		School staff who engaged in AED training in the school year	-	-			-	-			-	-			-	-			5%	4%	●		18%	18%	●		
		Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage	15%	10%	●		30%	31%	●		10%	31%	●		30%	100%	●		35%	25%	●		90%	88%	●		
	Campbell Union School District *School Nurse Program* FY20 Approved: $215,000 FY20 Spent: $215,000 FY19 Approved: $215,000 FY19 Spent: $215,000 FY18 Approved: $ 225,000 FY18 Spent: $217,507 New Metrics: 0 of 5	Students served	2,060	1,883	●	66%	4,560	3,910	●	80%	2,100	1,994	●	100%	3,950	3,884	●	100%	2,100	1,950	●	100%	3,950	2,815	●	60%	
		Uninsured students who have applied for healthcare insurance	35%	61%	●		70%	72%	●		40%	48%	●		70%	87%	●		40%	48%	●		65%	69%	●		
		Students with a failed health screening who saw a healthcare provider	40%	33%	●		72%	70%	●		40%	41%	●		74%	74%	●		40%	47%	●		76%	76%	●		
		Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	N/A			60%	63%	●		N/A	N/A			60%	63%	●		N/A	N/A			60%	43%	●		Many clinics and physician offices closed or had limited availability and most importantly, families were very reluctant to take children into a clinical setting
		Rosemary and Lynhaven students who receive fluoride varnish during onsite screenings	N/A	N/A			20%	30%	●		N/A	N/A			25%	39%	●		N/A	N/A			38%	39%	●		These screenings were conducted in early 2020.

Community Benefit Dashboard Notes

FY20

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "purple" indicator if performance against target is 75% - 89%
- ● A metric receives a "blue" indicator if performance against target is 0% - 74%

FY18 and FY19

- ● A metric receives a "green" indicator if performance against target is 90% - 100+%
- ● A metric receives a "red" indicator if performance against target is 0% - 89%

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

FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY BODY	**Challenge Diabetes Program** FY20 Approved: $195,000 FY20 Spent: $157,664 FY19 Approved: $196,468 FY19 Spent: $129,367 FY18 Approved: $ 192,290 FY18 Spent: $157,516 New Metrics: 2 of 6	Clients served in the program	420	520		100%	420	520		100%	450	396		50%	450	427		83%	426	321		50%	426	321		50%	Program's enrollment numbers were lower than expected because a large percentage of the eligible population across community services agencies have already been reached. Additionally, program experienced a vacancy in Program Coordinator position and delay in pre-testing at new school site.
		Total services provided, including monthly food bags and workshops	-	-			-	-			2,000	1,969			4,000	3,861			1,285	1,078			4,270	1,900			
		Workshop participants who agree or strongly agree that they are confident in their ability to eat healthy food	-	-			-	-			-	-			-	-			75%	98%			75%	97%			Workshops were held prior to SIP.
		Workshop participants who agree or strongly agree that they are confident in their ability to get enough physical activity	-	-			-	-			-	-			-	-			75%	94%			75%	93%			
		Clients post-screened for HbA1c	N/A	N/A			360	411			N/A	N/A			360	315			N/A	N/A			325	N/A			Due to SIP, HbA1c post-testing did not occur.
		Participants who experience at least a 0.10 percentage point decrease in HbA	N/A	N/A			25%	50%			N/A	N/A			25%	27%			N/A	N/A			20%	N/A			
	Community Health Partnership *Patient Engagement Collaborative of Safety-net Clinics* FY20 Approved: $50,000 FY20 Spent: $50,000 FY19 Approved: $50,000 FY19 Spent: $50,000 New Metrics: 0 of 3	Clinic staff who attend learning collaborative training sessions on patient attribution and patient engagement	-	-		New Partner in FY19	-	-		New Partner in FY19	20	22		100%	60	86		100%	20	30		100%	60	60		67%	
		Safety net clinics where workflow is implemented to improve processing of member attribution lists, data and patient engagement	-	-			-	-			6	6			12	28			9	9			31	31			
		Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline	-	-			-	-			1% (represents 844 patients)	6% (represents ~5,000 patients)			3%	7%			3%	N/A			6%	2%			COVID-19 significantly impacted clinics including the number of Initial Health Assessments completed.
	Cupertino Union School District *School Nurse Program* FY20 Approved: $81,921 FY20 Spent: $81,921 FY19 Approved: $76,000 FY19 Spent: $76,000 FY18 Approved: $ 72,481 FY18 Spent: $ 72,481 New metrics: 1 of 5	Students served	550	597		100%	1,211	1,195		100%	560	548		100%	1,225	1,103		100%	563	510		100%	1,103	964		50%	
		Students who failed a mandated health screening who saw a healthcare provider	60%	67%			82%	91%			62%	57%			85%	81%			62%	63%			84%	77%			
		Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			80%	87%			N/A	N/A			82%	86%			N/A	N/A			84%	N/A			Screenings occurred in mid- to late February; by the time nurses were contacting families for follow-up, general dental services unavailable due to SIP.
		Teachers accessing GoNoodle Health Education curricula and activities	-	-			-	-			-	-			-	-			77%	74%			88%	85%			
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	75%	96%			80%	99%			80%	97%			85%	97%			82%	74%			87%	74%			Trainings did not occur in second half of year due to SIP.
	Gardner Family Health Network FY20 Approved: $220,000 FY20 Spent: $220,000 FY19 Approved: $220,000 FY19 Spent: $220,000 FY18 Approved: $ 185,000 FY18 Spent: $185,000 New Metrics: 0 of 4	Patients served	500	956		100%	1,000	1,363		100%	800	773		75%	1,500	1,466		75%	800	1,402		100%	1,500	1,706		75%	Clinic developed a pre-diabetic registry to better capture at-risk patients which increased referrals from physicians and other clinicians in the first half of the year; program services provided over the phone and virtually during SIP.
		Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	700	1,030			2,100	2,747			1,280	1,163			2,560	3,568			1,425	2,404			2,910	3,563			
		Patients demonstrating a reduction in body weight	50%	49%			50%	46%			49%	44%			49%	48%			49%	48%			49%	42%			At the 6-month reporting period, which was pre-COVID19, patients were on target with their reduction in body weight. Agency reported SIP resulted in patients staying indoors and reducing physical activity coupled with the loss of jobs and financial stressors resulting in patients depending on meals and food being supplied by food banks.
		Patients demonstrating a reduction in HbA1c levels	45%	71%			45%	63%			65%	50%			65%	44%			44%	49%			44%	41%			
	GoNoodle FY20 Approved: $113,000 FY20 Spent: $113,000 FY19 Approved: $113,000 FY19 Spent: $113,000 FY18 Approved: $ 110,000 FY18 Spent: $110,000 New Metrics: 1 of 5	Students served	-	-		50%	-	-		100%	-	-		33%	-	-		80%	38,250	34,255		67%	38,250	39,308		100%	
		Schools served	183	236			183	231			220	184			220	184			184	189			184	197			
		GoNoodle physical activity breaks played	150,000	130,973			275,000	260,117			150,000	134,146			245,000	251,691			120,000	96,472			238,000	218,924			
		Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	N/A			90%	92%			N/A	N/A			90%	93%			N/A	N/A			92%	N/A			Agency did not send teachers a survey during the crisis environment of SIP and remote teaching at the end of school year. Agency will administer survey in FY21.
		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			90%	86%			N/A	N/A			60%	80%			N/A	N/A			75%	N/A			
	Healthier Kids Foundation *DentalFirs t & HearingFirst* FY20 Approved: $30,000 FY20 Spent: $30,000 FY19 Approved: $30,000 FY19 Spent: $30,000 FY18 Approved $20,000 FY18 Spent $20,000 New Metrics: 0 of 4	Children screened through DentalFirst	-	-		100%	450	495		100%	175	187		100%	350	368		100%	175	168		75%	350	364		100%	
		Children screened through HearingFirst	-	-			-	-			175	190			350	385			175	200			350	595			Agency completed screenings prior to SIP, and normally conduct more screenings in the first part of the year to allow time for referrals and appointments. Parents of children who fail hearing screenings tend to be motivated to get to appointments quickly so this metric was met prior to SIP.
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	-	-			-	-			35%	37%			35%	33%			35%	28%			35%	36%			
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	-	-			-	-			75%	73%			75%	70%			75%	74%			75%	69%			

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HEALTHY BODY	**Indian Health Center** FY20 Approved: $74,000 FY20 Spent: $73,528 FY19 Approved: $74,000 FY19 Spent: $74,000 FY18 Approved: $70,000 FY18 Spent $60,838 New Metrics: 2 of 5	Youth patients served	60	122	🟢	100%	160	291	🟢	100%	100	145	🟢	100%	185	235	🟢	100%	130	143	🟢	100%	200	216	🟢	100%	
		Services provided	676	652	🟢		1,510	1,360	🟢		250	243	🟢		500	659	🟢		250	455	🟢		500	733	🟢		In first half of grant year, staff engaged in various outreach techniques to effectively increase utilization of health and wellness services before SIP.
		Participants who decrease their BMI percentile	10%	32%	🟢		20%	48%	🟢		15%	39%	🟢		30%	34%	🟢		20%	39%	🟢		30%	44%	🟢		
		Healthy Adventures Program participants who show increased knowledge about topics discussed in Healthy Adventures curriculum (includes nutrition, physical activity, digestive system, and sugary beverages)	-	-			-	-			-	-			-	-			N/A	N/A			40%	87%	🟢		
		Healthy Futures Program participants with total cholesterol values at or below 170mg/dL	-	-			-	-			-	-			-	-			70%	89%	🟢		70%	81%	🟢		
	Medical Respite *Continuing as an FY21 ECHD grant* FY20 Approved: $13,500 FY20 Spent: $13,500 FY19 Approved: $13,500 FY19 Spent: $13,500 FY18 Approved: $13,500 FY18 Spent: $13,500	Patients served through full program	100	134	🟢	100%	200	248	🟢	100%	110	105	🟢	100%	220	191	🔴	67%	105	94	🟢	100%	190	183	🟢	100%	
		Program patients linked to Primary Care home	92%	90%	🟢		92%	95%	🟢		92%	91%	🟢		92%	91%	🟢		92%	93%	🟢		92%	93%	🟢		
		Hospital days avoided for total program	400	536	🟢		800	992	🟢		420	420	🟢		840	764	🟢		400	376	🟢		760	732	🟢		
	Mt. Pleasant School District *School Nurse Program* FY20 Approved: $125,000 FY20 Spent: $97,983 FY19 Approved: $124,000 FY19 Spent: $81,841 New Metrics: 1 of 5	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	800	1,158	🟢	100%	2,100	2,204	🟢	100%	2,200	2,126	🟢	100%	2,200	2,133	🟢	100%	School district met grant funded objectives and outcomes by mid-March and were not as affected by SIP as other school districts.
		School staff receiving CPR/AED, Epi-Pen and seizure training who reported increased knowledge/confidence in their ability to respond	-	-			-	-			80%	88%	🟢		80%	86%	🟢		75%	80%	🟢		75%	82%	🟢		
		Students chronically absent due to health conditions who improved attendance	-	-			-	-			-	-			-	-			5%	5%	🟢		10%	12%	🟢		
		Students who saw a provider after a failed health screening	-	-			-	-			N/A	N/A			45%	72%	🟢		N/A	N/A			60%	68%	🟢		
		Uninsured students whose families have applied for healthcare coverage	-	-			-	-			N/A	N/A			20%	18%	🟢		N/A	N/A			20%	18%	🟢		
	On-site Dental Care Foundation *Continuing as an FY21 ECHD grant* FY20 Approved: $90,000 FY20 Spent: $90,000 New Metrics: N/A	Individuals served	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	70	93	🟢	75%	135	146	🟢	100%	Agency is a part the County's Emergency Services; provided emergency services for patients without a dental home who would otherwise seek services at an ED.
		Services provided, including periodontal and oral cancer screening, dentures, etc.	-	-			-	-			-	-			-	-			214	276	🟢		415	472	🟢		
		Patients who agree or strongly agree accessing oral health services improved their oral health	-	-			-	-			-	-			-	-			85%	93%	🟢		85%	96%	🟢		
		Patients missing multiple teeth who agree or strongly agree they experienced improved functionality when treatment was completed	-	-			-	-			-	-			-	-			85%	65%	🟣		85%	88%	🟢		
	Playworks FY20 Approved: $91,627 FY20 Spent: $91,627 FY19 Approved: $102,000 FY19 Spent: $102,000 FY18 Approved: $112,000 FY18 Spent: $112,000 New Metrics: 0 of 5	Students served	2,326	2,696	🟢	100%	2,326	2,365	🟢	100%	2,328	2,332	🟢	100%	2,328	2,300	🟢	100%	2,332	2,195	🟢	100%	2,332	1,953	🟣	80%	
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	-	-			-	-			N/A	N/A			95%	100%	🟢		N/A	N/A			95%	100%	🟢		Play at Home, a new module developed as a response to COVID-19, had recess three times a day that was assigned by some teachers and considered valuable during SIP.
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps to reduce bullying during recess	-	-			-	-			N/A	N/A			85%	85%	🟢		N/A	N/A			85%	100%	🟢		
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	N/A	N/A			75%	95%	🟢		N/A	N/A			80%	100%	🟢		N/A	N/A			90%	100%	🟢		
		Teachers/administrators reporting that Playworks positively impacts school climate	N/A	N/A			90%	99%	🟢		N/A	N/A			90%	100%	🟢		N/A	N/A			95%	100%	🟢		
	Prediabetes Initiative (Hill & Company) FY20 Approved: $122,800 FY20 Spent: $122,800 FY19 Approved: $140,000 FY19 Spent: $140,000 FY18 Approved: $150,000 FY18 Spent: $150,000 New Metrics: 1 of 5	Community members served through Promotores program	1,000	1,414	🟢	100%	2,500	3,189	🟢	100%	1,350	1,415	🟢	100%	3,000	3,060	🟢	100%	1,575	1,638	🟢	100%	3,500	3,513	🟢	80%	Program provided virtual services, including over the phone education sessions that served several individuals at once; informing future service delivery which is being further adapted for FY21.
		Pre-diabetes presentations and informational tabling conducted in English and Spanish	75	106	🟢		136	205	🟢		75	96	🟢		165	218	🟢		87	122	🟢		195	920	🟢		
		CDC Risk-Assessments Administered	800	1,134	🟢		2,000	2,548	🟢		1,080	1,149	🟢		2,400	2,554	🟢		1,260	1,346	🟢		2,800	2,267	🟣		
		Text messages delivered	1,000	4,858	🟢		3,500	5,974	🟢		15,700	15,987	🟢		44,856	44,909	🟢		16,709	17,679	🟢		47,740	46,723	🟢		
		Participants who report learning about prediabetes and its risks, without prior knowledge of the topic, after attending a presentation	-	-			-	-			-	-			-	-			70%	76%	🟢		70%	75%	🟢		
	Rehabilitation, Awareness, and Community Education for Stroke (RACES) *Grant not continuing in FY21* FY20 Approved $40,000 FY20 Spent: $35,635 FY19 Approved: $40,000 FY19 Spent: $40,000 New Metrics: 1 of 4	Total individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	200	174	🔴	67%	438	408	🟢	100%	194	209	🟢	100%	438	257	🔵	33%	Agency cancelled three events due to SIP.
		Individuals served through education and outreach	-	-			-	-			186	160	🔴		410	380	🟢		180	190			410	233	🔵		
		Clinical patients served through rehabilitation intervention services	-	-			-	-			14	14	🟢		28	28	🟢		14	19			28	24	🟣		Target narrowly missed; agency provided rehab services to almost all of the targeted number.
		Rehabilitation component intervention services (hours)	-	-			-	-			520	625	🟢		1,260	1,737	🟢		520	900	🟢		1,300	1,312	🟢		Agency was ahead of schedule at midyear prior to SIP so yearend actual was on target despite SIP impacting people served in the second half of the grant year.
		Participants who show a 5-point improvement in scores on the Western Aphasia Battery-Part 1 (quantifies severity of post-stroke communication impairment)	-	-			-	-			-	-			-	-			-	-			75%	65%	🟣		Target narrowly missed at 87%.
		Participants who show a 5-point improvement in scores on the Quality of Communication Life Scale/QCLS (quantifies quality of communication as assessed by stroke/BI survivors)	-	-			-	-			25%	N/A			75%	75%	🟢		N/A	N/A			75%	75%	🟢		

Community Benefit Dashboard Notes

FY20

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- 🟣 A metric receives a "purple" indicator if performance against target is 75% - 89%
- 🔵 A metric receives a "blue" indicator if performance against target is 0% - 74%

FY18 and FY19

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- 🔴 A metric receives a "red" indicator if performance against target is 0% - 89%

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

FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY BODY	**Valley Verde** FY20 Approved: $45,000 FY20 Spent: $45,000 FY19 Approved: $45,000 FY19 Spent: $45,000 FY18 Approved: $35,000 FY18 Spent: $35,000 New Metrics: 0 of 4	Individuals/households served	81/18	82/17		100%	216/48	73/37		75%	92	90		100%	300	307		75%	92	138		100%	300	280		75%	
		Services provided	48	46			132	411			152	150			491	612			152	180			491	403			Agency was unable to hold some of its workshops during the initial period of SIP but was able to transition to virtual workshops.
		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%			80%	84%			80%	N/A			80%	22%			75%	91%			80%	91%			
		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%			80%	80%			80%	90%			80%	88%			80%	91%			80%	91%			
	Vista Center for the Blind and Visually Impaired FY20 Approved: $40,000 FY20 Spent: $40,000 FY19 Approved: $40,000 FY19 Spent: $40,000 New Metrics: 0 of 5	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	23	31		100%	57	66		100%	25	26		100%	65	65		100%	
		Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation)	-	-			-	-			200	203			450	494			200	282			475	521			
		Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss	-	-			-	-			90%	100%			90%	98%			90%	100%			90%	100%			
		Clients who report being somewhat confident to confident in their ability to safely move within their residence	-	-			-	-			80%	100%			80%	85%			85%	92%			85%	92%			
		Clients who indicate that they are able to read printed material after program participation	-	-			-	-			70%	71%			70%	75%			70%	85%			70%	82%			
	Almaden Valley Counseling Services FY20 Approved: $60,000 FY20 Spent: $60,000 FY19 Approved: $60,000 FY19 Spent: $60,000 FY18 Approved: $46,000 FY18 Spent: $46,000 New Metrics: 0 of 4	Students served	100	62		50%	270	245		100%	30	169		100%	280	438		100%	60	83		100%	280	222		0%	School-based mental health programs adapted to virtual services and it was a typical experience to serve fewer than expected students during this transition to telehealth and SIP. Services target narrowly missed.
		Counseling sessions provided	600	550			2,100	2,063			400	374			1,700	3,330			300	391			1,755	1,501			
		Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			N/A	N/A			50%	100%			N/A	N/A			50%	N/A			A gap in new staff training resulting in evaluation tool not fully administered at onset of treatment; additionally, agency unable to administer survey due to COVID and SIP. Staff has confirmed with agency that staff are now trained and using tool.
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under)	-	-			-	-			N/A	N/A			50%	100%			N/A	N/A			50%	N/A			
HEALTHY MIND	**Alzheimer's Association** *Latino Family Connections* FY20 Approved: $70,000 FY20 Spent: $70,000 FY19 Approved: $70,000 FY19 Spent: $70,000 New Metrics: 3 of 5	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	238	316		67%	475	568		100%	275	162		50%	530	305		80%	Agency unable to achieve target for individuals served because the annual conference did not occur due to SIP; focus of services shifted to conducting wellness calls for existing clients.
		Services provided	-	-			-	-			476	316			726	854			295	292			625	705			
		Information and referral services clients who agree or strongly agree they can find resources they can use	-	-			-	-			-	-			-	-			N/A	N/A			95%	93%			
		Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services they received	-	-			-	-			-	-			-	-			N/A	N/A			95%	96%			
		Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs	-	-			-	-			-	-			-	-			N/A	N/A			90%	92%			
	Bill Wilson Center *Psychotherapy for Child Abuse Victims* FY20 Approved: $25,000 FY20 Spent: $25,000 FY19 Approved: $25,000 FY19 Spent: $25,000 FY18 Approved: $25,000 FY18 Spent: $25,000 New Metrics: 0 of 3	Youth (abused children) served	6	6		100%	12	12		100%	6	6		67%	12	12		100%	6	6		100%	12	12		100%	
		Services provided	70	81			140	153			70	61			140	151			60	65			120	133			
		Clients who report demonstrating improvement in their coping skills	75%	100%			90%	100%			80%	100%			90%	100%			80%	83%			90%	92%			

Community Benefit Dashboard Notes

FY20

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FY18 and FY19

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FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY MIND	**Cambrian School District** *Mental Health Counseling Program* *Grant not continuing in FY21* FY20 Approved: $104,000 FY20 Spent: $104,000 FY19 Approved: $104,000 FY19 Spent: $104,000 FY18 Approved: $103,685 FY18 Spent: $103,685 New Metrics: 0 of 4	Students served	40	55		50%	110	95		50%	40	48		100%	110	148		75%	40	34		50%	110	76		25%	School based mental health programs adapted to virtual services and it was a typical experience to serve fewer than expected students during this transition and due to SIP. These students also needed more services.
		Services provided	128	95			323	254			105	308			283	305			105	172			300	322			
		Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	N/A	N/A			50%	65%			N/A	N/A			50%	60%			N/A	N/A			50%	11%			Counseling routines fluctuated during SIP and the transition to virtual visits; programs have stabilized but the spring time impact of school closures when post treatment surveys are administered made for varying and skewed results. Also, teachers who usually complete the questionnaire for younger students reported being uncomfortable doing so because (1) they hadn't seen students in-person nor via decent video exposure and (2) it was challenging to report on students from March who never returned or declined to join telehealth visits.
		Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A			50%	50%			N/A	N/A			50%	64%			N/A	N/A			50%	36%			Middle school students overall reported a decline in well-being during SIP and counselors observed increased stress. This was a consistent observation among school mental health programs.
	Cancer CAREpoint *Counseling for Cancer Patients, Survivors, Family Members & Caregivers* FY20 Approved: $21,600 FY20 Spent: $21,600 *Nutrition Program:* FY19 Approved: $21,500 FY19 Spent: $21,500 FY18 Approved: $22,000 FY18 Spent: $22,000 New Metrics: N/A	Individual served	-	-		New Program in FY20	-	-		New Program in FY20	-	-		New Program in FY20	-	-		New Program in FY20	100	108		100%	250	266		100%	
		Counseling sessions provided	-	-			-	-			-	-			-	-			200	214			450	499			
		Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis	-	-			-	-			-	-			-	-			85%	78%			85%	89%			
		Clients who agree or strongly agree that they received helpful tools or resources	-	-			-	-			-	-			-	-			85%	93%			85%	96%			
	Child Advocates of Silicon Valley FY20 Approved: $30,000 FY20 Spent: $30,000 FY19 Approved: $30,000 FY19 Spent: $30,000 FY18 Approved: $25,000 FY18 Spent: $25,000 New Metrics: 0 of 3	Foster children served	-	-		100%	-	-		100%	35	70		100%	70	75		67%	60	32		0%	80	129		100%	There was a swell in the number of foster child placements in the San Jose area this year; Historically, more placements are out of county but the Department of Family and Children's Services has pushed to find more local placements and the results of these efforts are now apparent.
		New volunteer Court Appointed Special Advocates (CASAs)	35	54			76	95			35	70			70	60			60	32			80	103			Agency took steps prior to COVID to increase volunteer enrollment as this had been a challenge - moving volunteer training partially online and placing focused online ads. These recruitment efforts were successful in gaining more volunteers. Then, due to COVID, agency made all volunteer training virtual, further increasing recruitment.
		CASA high school seniors who earn their diploma or equivalent	N/A	N/A			80%	75%			N/A	N/A			80%	98%			N/A	N/A			80%	98%			
	Counseling and Support Services for Youth (CASSY) FY20 Approved: $100,000 FY20 Spent: $100,000 FY19 Approved: $100,000 FY19 Spent: $100,000 New Metrics: 0 of 6	Students served	-	-		New Partner in FY19	-	-		New Partner in FY19	100	102		100%	500	556		100%	100	244		100%	500	290		33%	School based mental health programs adapted to virtual services and it was a typical experience to serve fewer than expected students during SIP.
		Total services hours provided	-	-			-	-			200	209			680	798			221	224			575	441			
		Students who work directly with CASSY therapists will meet one or more treatment goals by the end of the 12 sessions	-	-			-	-			N/A	N/A			85%	99%			N/A	N/A			85%	94%			
		Students who work directly with CASSY therapists will show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of 5 points according to the CGAS or stabilization at a 71 or above	-	-			-	-			N/A	N/A			85%	99%			N/A	N/A			85%	100%			
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			N/A	N/A			50%	N/A			N/A	N/A			50%	25%			Agency reported that middle school students overall reported a decline in well-being during SIP and counselors observed increased stress. This was a consistent observation among school mental health programs.
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			-	-			N/A	N/A			50%	N/A			N/A	N/A			50%	19%			Counseling routines fluctuated during SIP and the transition to virtual visits; programs have stabilized but the spring time impact of school closures when post treatment surveys are administered made for varying and skewed results. Also, teachers who usually complete the questionnaire for younger students reported being uncomfortable doing so because (1) they hadn't seen students in-person nor via decent video exposure and (2) it was challenging to report on students from March who never returned or declined to join telehealth visits.

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FY20

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FY18 and FY19

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Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY MIND	**Cupertino Union School District** *Mental Health Counseling Program* FY20 Approved: $140,000 FY20 Spent: $140,000 FY19 Approved: $165,000 FY19 Spent: $165,000 FY18 Approved: $123,000 FY18 Spent: $118,492 New Metrics: 0 of 5	Students served	92	88		100%	186	169		80%	195	258		100%	395	403		100%	150	181		100%	395	230		40%	School based mental health programs adapted to virtual services and it was a typical experience to serve fewer than expected students during SIP. These students needed more services.
		Service hours provided	751	1,371			2,000	3,485			1,470	2,001			4,251	4,486			1,175	2,435			4,251	5,284			
		Students who improved by at least 3 points from pre-test to post-test 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%			N/A	N/A			50%	56%			N/A	N/A			50%	50%			Although this metric was met, program reported sample size was small and results impacted by COVID just like other school counseling programs. Counseling routines fluctuated during SIP and the transition to virtual visits; programs have stabilized but the spring time impact of school closures when post treatment surveys are administered made for varying and skewed results. Also, teachers who usually complete the questionnaire for younger students reported being uncomfortable doing so because (1) they hadn't seen students in-person nor via decent video exposure and (2) it was hard to report on students from March who never returned or declined to join telehealth visits.
		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%			N/A	N/A			50%	59%			N/A	N/A			50%	42%			Agency reported that middle school students overall reported a decline in well-being during SIP and counselors observed increased stress. This was a consistent observation among school mental health programs.
		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%	66%			90%	75%			60%	61%			80%	82%			60%	57%			80%	70%			Target narrowly missed; school closure and SIP impacted routine of program and ability to gather results. And, counselors observed a decline in mental health during this period. Students are being reassessed in the Fall.
	Jewish Family Services of Silicon Valley *Wellness for Seniors Program* FY20 Approved: $75,000 FY20 Spent: $75,000 FY19 Approved: $75,000 FY19 Spent: $75,000 FY19 Spent: $75,000 New Metrics: 0 of 4	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	60	95		100%	100	104		80%	70	109		100%	95	145		75%	Agency adjusted services to better address needs, adapting as a relatively new program: added a clinical social worker providing individual/group counseling; added well-attended mindfulness program; added Mandarin interpreter to increase accessibility. These enhancements were added after target setting. Programming continued virtually during SIP.
		Encounters	-	-			-	-			195	311			359	560			250	1,263			500	2,513			
		Clients who report utilization of at least two behavioral health services	-	-			-	-			70%	73%			95%	100%			70%	92%			95%	94%			
		Clients who report decreased feelings of isolation due to the addition of one to three hours of planned weekly social engagement	-	-			-	-			35%	36%			60%	63%			35%	47%			60%	53%			
	LifeMoves *BehavioralMoves* FY20 Approved: $50,000 FY20 Spent: $50,000 FY19 Approved: $25,000 FY19 Spent: $25,000 New Metrics: 0 of 4	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	25	29		100%	80	122		100%	50	116		100%	150	187		100%	
		Services (hours of individual, group and milieu therapy)	-	-			-	-			80	90			240	248			100	137			375	390			
		Clients who attend at least three individual therapy sessions who report improved functioning and well-being	-	-			-	-			85%	90%			85%	90%			80%	95%			85%	93%			
		Clients who participate in at least three individual or group therapy report improved understanding of behavioral health issues associated with homelessness for themselves and their children, if any	-	-			-	-			75%	80%			75%	85%			70%	75%			75%	74%			
	Momentum for Mental Health FY20 Approved: $50,000 FY20 Spent: $50,000 FY19 Approved: $50,860 FY19 Spent: $50,860 FY18 Approved: $26,000 FY18 Spent: $26,000 New Metrics: 0 of 3	Patients served	16	22		100%	22	22		100%	13	22		100%	25	25		100%	16	21		100%	25	24		100%	
		Services provided	90	349			180	443			165	168			330	383			165	217			330	438			As with many mental health programs, more services were needed than usual for patients.
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	97%	100%			97%	100%			97%	100%			97%	100%			97%	95%			97%	95%			
	Peninsula HealthCare Connection FY20 Approved: $90,000 FY20 Spent: $90,000 FY19 Approved: $90,000 FY19 Spent: $90,000 FY18 Approved: $90,000 FY18 Spent: $90,000 New Metrics: 0 of 5	Patients served	100	95		100%	200	179		100%	100	98		80%	200	302		80%	100	87		80%	200	257		60%	On the one hand, this clinic saw an increase in patients because, as a clinic, they could provide COVID testing and therefore made more behavioral health referrals. However, this set of psychiatric patients had a harder time than primary care patients transitioning to telehealth so the number of visits was proportionately lower due to COVID and telehealth.
		Visits including psychiatry, therapy, and case management	322	293			645	606			322	268			645	402			322	293			645	397			
		Street outreach encounters to homeless individuals	-	-			-	-			75	245			150	512			75	82			150	260			
		Psychiatry patients that attend scheduled follow up appointments	-	-			-	-			50%	50%			70%	100%			50%	65%			70%	60%			Target narrowly missed.
		Psychiatric patients not hospitalized in a 12-month period	85%	87%			85%	90%			85%	85%			85%	100%			85%	85%			90%	85%			

Community Benefit Dashboard Notes

FY20

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FY18 and FY19

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FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	**Supporting Details for Variance** *Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
HEALTHY MIND	**Hearts and Minds Center** *(formerly Respite and Research for Alzheimer's Disease)* *Continuing as an FY21 ECHD grant* FY20 Approved: $50,000 FY20 Spent: $50,000 FY19 Approved: $50,000 FY19 Spent: $50,000 New Metrics: 0 of 4	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	30	35		100%	44	44		100%	31	33		100%	44	44		100%	
		Clients served who will experience a decrease in isolation of at least 1 point	-	-			-	-			N/A	N/A			91%	98%			N/A	N/A			92%	89%			
		Clients who maintain and/or stabilize at least one activity of daily living (ADL) with a functioning score of 0-1 as measured by the dependency profile	-	-			-	-			64%	70%			91%	92%			65%	65%			91%	91%			
		Clients who experience improved socialization as measured by attending at least 4 activities daily with a functioning score of 0-2 as measured by the dependency profile	-	-			-	-			64%	70%			91%	92%			65%	65%			91%	91%			
	Teen Success FY20 Approved: $20,000 FY20 Spent: $20,000 FY19 Approved: $20,000 FY19 Spent: $20,000 FY18 Approved: $20,000 FY18 Spent: $20,000 New Metrics: 0 of 3	Individuals served	10	10		100%	10	10		100%	10	10		67%	10	10		100%	7	7		100%	7	7		67%	
		Services provided to teen mothers	80	74			160	146			115	101			225	203			400	365			805	618			Agency initially paused group sessions during SIP then pivoted to virtual group and individual coaching in late April. Advocates provided parenting kits and adapted creatively to COVID but couldn't fully make up for time lost.
		Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED	95%	92%			95%	93%			85%	86%			95%	93%			85%	89%			90%	91%			
	Uplift *(formerly EMQ)* FY20 Approved: $230,000 FY20 Spent: $230,000 FY19 Approved: $230,000 FY19 Spent: $230,000 FY18 Approved: $230,000 FY18 Spent: $230,000 New Metrics: 0 of 6	Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations	1,125	1,064		100%	2,900	2,927		88%	1,125	2,252		50%	2,900	2,790		100%	1,125	1,015		100%	2,900	1,496		67%	School based mental health programs adapted to virtual services and it was a typical experience to serve fewer than expected students during SIP. These students also needed more services.
		Service hours provided	1,040	960			2,290	2,160			1,040	724			2,200	1,993			940	865			2,070	1,946			
		Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues	-	-			-	-			N/A	N/A			20%	77%			N/A	N/A			30%	20%			After school closures during SIP, attendance worsened overall, especially among students who had existing attendance issues.
		Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors	-	-			-	-			N/A	N/A			60%	77%			N/A	N/A			60%	65%			
		Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings	-	-			-	-			N/A	N/A			80%	100%			N/A	N/A			80%	80%			
		Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger	-	-			-	-			N/A	N/A			80%	79%			N/A	N/A			80%	80%			
HEALTHY COMMUNITY	**Chinese Health Initiative** *Continuing as an FY21 ECHD grant* FY20 Approved: $35,000 FY20 Spent: $35,000 FY19 Approved: $40,000 FY19 Spent: $40,000 FY 18 Approved: $30,000 FY18 Spent: $30,000 New Metrics: 0 of 3	Individuals served	75	80		100%	150	152		100%	75	76		100%	180	237		100%	60	60		100%	163	166		100%	
		Services provided	150	135			300	301			150	172			350	350			100	103			294	295			
		Participants who strongly agree or agree that the program's health education or screening helps them better manage their health	N/A	N/A			90%	95%			N/A	N/A			92%	92%			N/A	N/A			92%	91%			
	Los Gatos Saratoga Recreation *Senior Isolation Program* FY20 Approved: $20,000 FY20 Spent: $20,000 New Metrics: N/A	Individuals served	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	-	-		New Partner in FY20	100	102		100%	200	148		0%	Although agency served 46 additional older adults since midyear report, this was a first year grant with new metrics for this agency so target setting was challenging in addition to COVID-19 impact.
		Participants who report a decrease in social isolation	-	-			-	-			-	-			-	-			N/A	N/A		100%	65%	40%			Agency cancelled programs due to COVID and SIP; unable to fully administer surveys and also experienced low response rate.
		Participants who report social connections have been enriched positively	-	-			-	-			-	-			-	-			N/A	N/A			65%	39%			
		Participants who would recommend these programs to others	-	-			-	-			-	-			-	-			N/A	N/A			65%	39%			
	Next Door Solutions FY20 Approved: $75,000 FY20 Spent: $75,000 FY19 Approved: $75,000 FY19 Spent: $75,000 FY 18 Approved: $75,000 FY18 Spent: $75,000 New Metrics: 1 of 4	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	77	126		100%	154	159		100%	66	78		100%	132	132		100%	66	66		100%	132	123		75%	
		Services provided	564	819			1,133	1,293			566	621			1,133	1,245			279	345			560	567			
		Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	80%	93%			80%	94%			80%	92%			80%	93%			80%	92%			80%	93%			
		Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency	-	-			-	-			-	-			-	-			55%	55%			55%	49%			Target narrowly missed at 89% of the target.
	Pacific Hearing Connection FY20 Approved: $25,000 FY20 Spent: $25,000 FY19 Approved: $20,000 FY19 Spent: $20,000 New Metrics: 1 of 3	Individuals served	-	-		New Partner in FY19	-	-		New Partner in FY19	50	51		50%	100	116		100%	50	39		67%	100	55		67%	Agency had to cancel events due to COVID and focused on continuity of care with existing patients and referrals.
		Diagnostic audiology appointments	-	-			-	-			-	-			-	-			3	5			6	13			
		Hearing aids fit	-	-			-	-			9	6			20	18			5	5			14	22			

Community Benefit Dashboard Notes

FY20

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FY18 and FY19

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FY20 El Camino Hospital Community Benefit Grants Year-over-Year Dashboard

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Health Priority Area	Program	FY20 Metrics	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	FY19 Actual		FY19 % Annual Metrics Met	FY20 6-month Target	FY20 6-month Actual		% FY20 6-month Metrics Met	FY20 Annual Target	FY20 Annual Actual		FY20 Annual Metrics Met	Supporting Details for Variance
HEALTHY COMMUNITY	**South Asian Heart Center** FY20 Approved: $110,000 FY20 Spent: $110,000 FY19 Approved: $170,000 FY19 Spent: $170,000 FY18 Approved: $240,000 FY18 Spent: $240,000 New Metrics: 0 of 6	Individuals served	208	222	●	100%	383	389	●	100%	92	102	●	100%	187	193	●	100%	61	66	●	100%	121	151	●	100%	*Due to the COVID-19 pandemic and shelter-in-place (SIP), fewer targets were met than typical at yearend. Staff actively communicated with grantees to understand challenges and changes in service delivery. Transition to virtual services was generally successful, however as time was lost in Q4, some target were missed, as would be expected.*
		Services provided	814	888	●		2,044	2,050	●		499	510	●		1,018	1,021	●		330	361	●		659	827	●		
		Improvement in average level of weekly physical activity from baseline	19%	21%	●		20%	21%	●		20%	22%	●		21%	22%	●		20%	19%	●		21%	21%	●		
		Improvement in average levels of daily servings of vegetables from baseline	18%	20%	●		20%	20%	●		19%	19%	●		20%	20%	●		19%	20%	●		20%	19%	●		
		Improvement in levels of HDL-C as measured by follow-up lab test	4%	5%	●		5%	5%	●		5%	5%	●		6%	6%	●		5%	5%	●		5%	5%	●		
		Improvement in cholesterol ratio as measured by follow-up lab test	7%	7%	●		7%	7%	●		6%	6%	●		7%	7%	●		6%	7%	●		6%	6%	●		
	West Valley Community Services *CARE* FY20 Approved: $153,000 FY20 Spent: $153,000 FY19 Approved: $150,000 FY19 Spent: $150,000 FY18 Approved: $150,000 FY18 Spent: $150,000 New Metrics: 0 of 4	Households served	63	63	●	100%	122	122	●	100%	65	65	●	100%	124	124	●	75%	65	65	●	100%	125	157	●	100%	Community services agencies experienced increased demand during COVID.
		Households that receive intensive Case Management services	30	30	●		60	60	●		10	10	●		20	20	●		10	10	●		20	50	●		
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A			80%	80%	●		N/A	N/A			80%	80%	●		N/A	N/A			80%	91%	●		
		Program participants who will improve 1 point in the health domain through supportive services	N/A	N/A			80%	80%	●		N/A	N/A			80%	63%	●		N/A	N/A			60%	68%	●		
	West Valley Community Services *CARE Senior Services* FY20 Approved: $45,000 FY20 Spent: $45,000 FY19 Approved: $25,000 FY19 Spent: $25,000 FY18 Approved: $25,000 FY18 Spent: $25,000 New Metrics: 0 of 3	Older adults served	10	10	●	100%	22	43	●	100%	15	20	●	100%	35	42	●	100%	25	25	●	100%	45	45	●	100%	
		Encounters provided	125	130	●		245	260	●		125	130	●		250	273	●		130	139	●		260	320	●		
		Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A			90%	90%	●		N/A	N/A			90%	90%	●		N/A	N/A			90%	94%	●		

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COMMUNITY BENEFIT ANNUAL REPORT FY 2020

El Camino Healthcare District | El Camino Hospital

Community Health Investment

El Camino Healthcare District

$7.4M Grants & Sponsorships

El Camino Hospital

$72.7M Total Community Benefit

$3.6M Grants & Sponsorships

Executive Summary for the Board

Supporting the Health of Our Neighbors

With the onset of the COVID-19 pandemic during fiscal year 2020, the critical services we fund through our community benefit grants are needed now more than ever. In the face of the pandemic's hardship, our grant partners rose to the challenge. The **FY 2020 Community Benefit Report** highlights our investments including:

- **The Hospital's Total Community Benefit commitment of $72.7 Million — $7.8 Million more than last year — serving 92,730 people.** This includes charity care, community grants and more to address the unmet health needs of vulnerable and underserved community members. **See the financial report online.**
- **$11 Million combined total for 148 grants and sponsorships.** The District and the Hospital work with community partners to prevent disease, improve mental health, and make healthcare and healthy choices more accessible. **See our community partners.**
- **$240,000 in COVID-19 emergency funds** to 16 agencies in April and May 2020. **Learn how we and our partners responded.**

Financial Report FY 2020

$72.7M El Camino Hospital
TOTAL COMMUNITY BENEFIT

$39,218,773	Government-Sponsored Healthcare (Unreimbursed Medi-Cal)
$23,772,792	Subsidized Health Services
$4,038,282	Financial Assistance (Charity Care)
$3,608,795	Grants and Sponsorships
$1,323,172	Health Professions Education
$308,566	Clinical Research
$258,109	Community Benefit Operations
$175,607	Community Health Improvement Services

+ $118M in Uncompensated Medicare
(Not Included in Community Benefit Total)

Please take a moment to visit the FY 2020 Community Benefit Report and learn more about how we are addressing unmet health needs in our community.

EL CAMINO HEALTHCARE DISTRICT

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Julie Shiger, PhD, MBA, Quality Committee Chair
Barbara Adams, RN, CPHQ
Date: October 14, 2020
Subject: Quality, Patient Care and Patient Experience Committee Report

Purpose:

To inform the Board of the work of the Quality Committee.

Summary:

1. Committee members who are not on the Board of Directors previously requested additional insight regarding the relationship of the Committee to the Board and feedback on how the Board processes information provided by the Committee. The Chair, Julie Shiger, explained that the Board relies on the Committee to both provide the ongoing high-level oversight of all of the quality, safety and experience outcomes of the organization and provide the Board with sufficient information on those outcomes so as to satisfy the Board that they are fulfilling their fiduciary responsibility as the governing body. The Committee utilizes the expertise of its members to assist the Board in evaluating the performance and direction of the organization to achieve the highest level of quality, safety and patient experience. The Chair assured the Committee that its activity is vitally important to and appreciated by the Board.

2. Cheryl Reinking, RN, CPHQ, presented a recent patient experience letter from a maternity patient. The patient was extremely grateful for the care received from her nurses. They explained things in a way that was easily understood and appreciated the calm and empathetic manner they exhibited. The committee members appreciated the compassionate approach which is consistent with the El Camino Health values.

3. Barbara Adams, RN, CPHQ, presented the FY21 enterprise quality, safety and experience dashboard. This dashboard is used throughout the organization at all levels to bring attention and focus to certain key measures. This includes organizational as well as strategic goals. Measures that have been dropped from the FY20 dashboard include: HCAHPS Discharge Information and HCAHPS Responsiveness of Staff Domain because of conversion to Likelihood to Recommend as a more pertinent measure and CAUTI and CLABSI which have been near zero or zero for many months. Remaining on the dashboard are readmission index, mortality index, now in top tier, but needs to be monitored for any slippage. HCAHPS Likelihood to Recommend, Hospital Acquired Infections, C. diff, CAUTI, Surgical Site Infections, SSI, Sepsis, Mortality, Elective Delivery Prior to 39 Weeks gestation and C-section, Birth and Patient Throughput Ex. New additions are Serious Safety Event Rate, SSER, Ex, Likelihood to Recommend and ECH, Epic, El Camino Health Medical Network, Likelihood to Recommend. The Committee asked if some measures that have been dropped from the dashboard might return if performance diminished and how that might be determined. If there is deterioration of certain metrics they can be revisited and a defined trigger for putting things back on the dashboard will be provided to the Committee in the near future. The Committee also discussed whether to include any COVID-19 metrics. A sample of such metrics was provided. The Committee did not recommend adding this to the dashboard, but rather to review such metrics on a quarterly basis as needed based on the course of the pandemic.

4. □r. □dams revie□ed the recali□rated organi□ational incentive goals □ased on a tr□ncated fiscal year of 8 months. □his □as □ased on the □oard of □irectors' recommendation to ma□e these ad□□stments □eca□se of the impact of the pandemic. □fter f□rther e□planation and disc□ssion□the Committee approved these changes.

5. □he Committee engaged in a ro□□st disc□ssion centered on health e□□ity. □ac□gro□nd material □as provided □y □r. □dams to prepare the Committee for this topic. □his is a □road and far-reaching topic as health care per se is a small part of overall health e□□ity. Health e□□ity is defined as everyone has a fair opport□nity to attain their f□ll health potential. Santa Clara Co□nty has the fifth highest median ho□sehold income in the □nited States and highest in California. □nemployment and □nins□red rates are also e□tremely lo□. □onetheless□there are opport□nities for improvement. □he Committee agreed that addressing needs in this area sho□ld □e foc□sed and considered as e□panding concentric circles starting □ith care in the health system follo□ed □y the health district pop□lation follo□ed □y the co□nty as a □hole. □he □roader the reach□the more important it is to partner □ith other organi□ations. □he Committee □as interested in ho□ the □o□ndation can □e leveraged in this □or□ □efore em□ar□ing on corrective meas□res□more actiona□le data □ill need to □e collected. Once this is done□approaches and interventions can □e contemplated. □he Committee □as very interested in contin□ing to consider this topic□s□pportive of p□rs□ing potential remedies □ased on more information from the data□and as□ed the e□ec□tive team to □ring □ac□a more developed program that e□tends □eyond the dash□oard metrics.

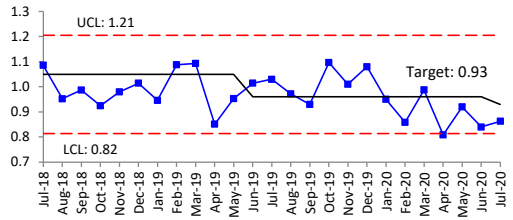
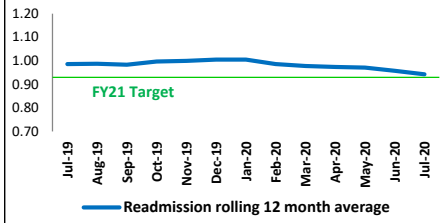
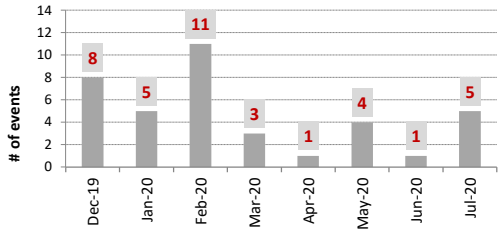
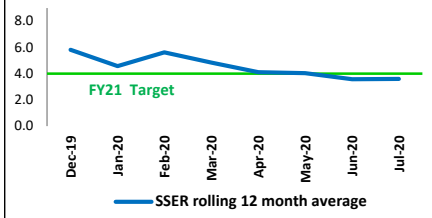
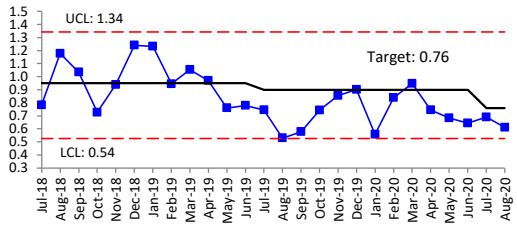
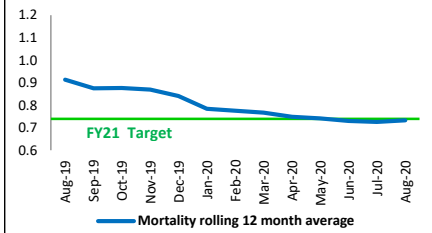
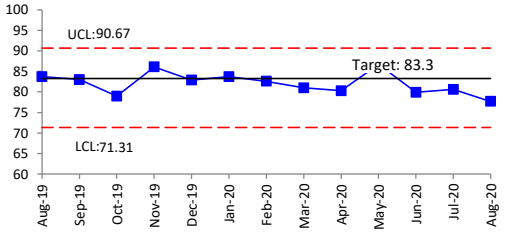
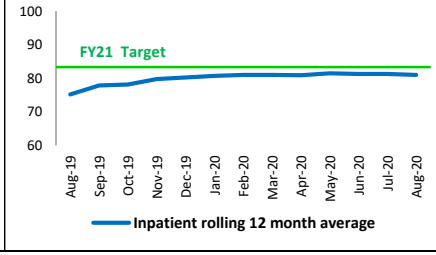
□ttachments: □□21 Enterprise □□ality □ash□oard

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard

August 2020 (unless otherwise specified)

Month to Board Quality Committee:
October, 2020

		FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend (showing at least the last 24 months of ***available*** data)	Rolling 12 Month Average
		Latest month	FYTD				
1	*Organizational Goal **Readmission Index (All Patient All Cause Readmit)** ***Observed/Expected*** ***Premier Standard Risk Calculation Mode*** *Index month: July 2020*	0.86 (6.95%/8.06%)	0.86 (6.95%/8.06%)	0.96	0.93		
2	*Organizational Goal **Serious Safety Event Rate (SSER)** **per 10,000 adjusted patient days** *Latest data month: July 2020*	3.75 (5/13335)	3.75 (5/13335)	3.78 (Dec 2019- Jun 2020)	4.0		
3	* Strategic Goal **Mortality Index** ***Observed/Expected*** ***Premier Standard Risk Calculation Mode*** *Latest data month: August 2020*	0.61 (1.31%/2.14%)	0.65 (1.28%/1.98%)	0.74	0.76		
4	*Organizational Goal **Inpatient - HCAHPS Likelihood to Recommend** **Top Box Rating of 'Always' %, Unadjusted** *Latest data month: August 2020*	77.7	78.4	82.8	83.3		

Definitions and Additional Information

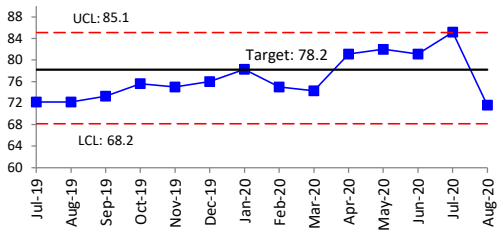
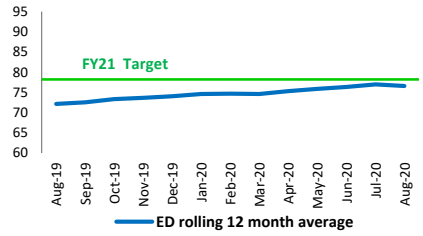
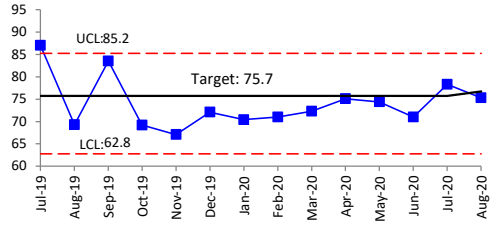
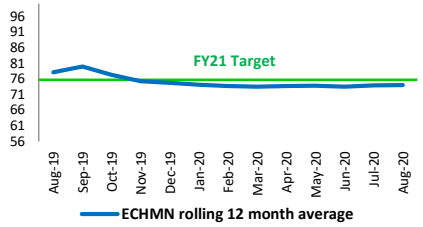
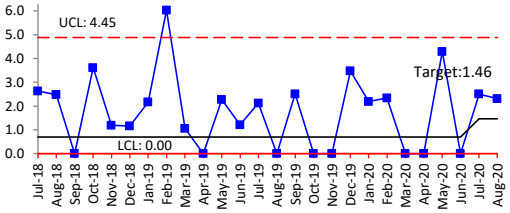
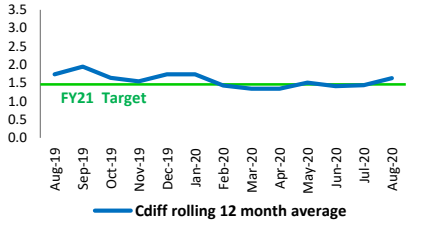
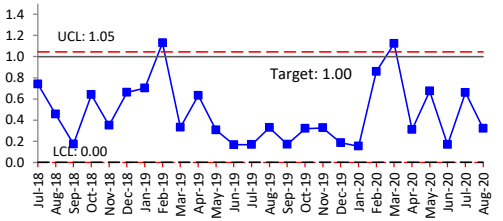
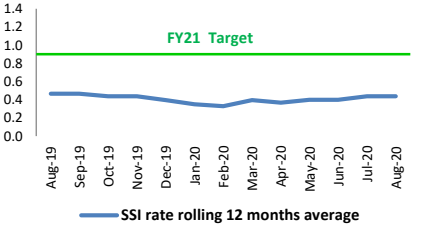
Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
1. Readmission Index - All Patient All Cause Readmit (Observed/Expected)	The target for FY21 is 0.93, and the graph shows the drop in the target. The new Quality Goal teams to address Readmission Index got started in late July and August, and include: Weekly Readmission team, Cancer team, Post Acute Care Management team, Surgical Complications team, and Social Determinants of Health team. These teams are addressing issues that have worked previously; many readmits are cancer patients. and have surgical complications. ECH has not addressed issues with patients post acute care, and new ICD-10 coding for social determinants of health began in 2019. This team is mining data for opportunities to address issues that cause readmissions, such as food insecurity, and homelessness. Each team meets biweekly, with good results in the first month.	Catherine Carson	Using Premier All-Cause Hospital-Wide 30 Day Readmission Methodology v.4.0. (Patients with an unplanned readmission for any cause to ECH acute inpatient within 30 days of discharge, CareScience Risk Adjusted). Includes Inpatient and Psych patients. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**Premier Quality Advisor**
2. Serious Safety Event Rate (SSER)	Serious Safety Events are classifications of adverse events that reach the patient and results in moderate to severe harm or death. A trained team of clinical leaders review all events that reach the patient that are found through mortality, sepsis, hospital-acquired infection, iSafe or through Peer review to classify each one into a serious safety event, a precursor safety event or as a near miss event. This new rate is only used internally at ECH as a barometer for the safety program and is not benchmarked against other hospitals. The objective is to reduce the serious safety events that reach our patient by correcting the issues found in the precursor safety events and preventing patient harm. The graph will change to a rolling 12-month graph after we have 12 months of data, this began in Dec. 2019,	Sheetal Shah	Definition of serious safety event is an event where there was a deviation from generally accepted performance standard that resulted in moderate to severe harm or death to a patient. Inclusion is events determined to be serious safety events per Safety Event Classification team *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**HPI**
3. Mortality Index (Observed/Expected)	The new fiscal year target is at the Top Performers level for FY20 with Premier, and the lower target is reflected in the dip in the graph. Good physician documentation of co-morbid conditions existing in our patients and evidenced-based care provided contribute to this low observed rate and high expected rate.	Catherine Carson	Updated 7/1/19 (JC)- Selection Criteria revised: new criteria include cases with Patient Type=Inpatient and exclude cases with Patient Type=Rehab, Psych & Hospice. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**Premier Quality Advisor**
4. Inpatient - HCAHPS Likelihood to Recommend Top Box Rating of 'Always' % , Unadjusted	Feedback tends to be around communication relative to procedure, delays, home care, and discharge information and process, poor treatment by some of the nurses and physicians, and cleanliness. Also, lack of visitation is a huge issue. Action: • WeCare training to help with consistency. 60% of leaders have received training. • Provide patient survey comments to leaders for their review and follow up • Leader- Patient and Staff Rounding by Nurse leaders and Ancillary leaders	Christine Cunningham	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data run criteria, 'Top Box, Received Date, and Unadjusted' *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**Press Ganey Tool**

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard

August 2020 (unless otherwise specified)

Month to Board Quality Committee:
October, 2020

		FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend (showing at least the last 24 months of ***available*** data)	Rolling 12 Month Average
		Latest month	FYTD				
5	* Organizational Goal **ED Likelihood to Recommend** **Top Box Rating of 'Always' %, Unadjusted** *Latest data month: August 2020*	71.6	73.0	75.7	78.2		
6	* Organizational Goal **ECHMN (El Camino Health Medical Network): Likelihood to Recommend** **Top Box Rating of 'Always' %, Unadjusted** *Latest data month: August 2020*	75.3	76.9	73.2	75.7		
7	***Hospital Acquired Infections*** *Clostridium Difficile Infection (CDI)* *per 10,000 patient days* *Latest data month: August 2020*	2.31 (2/8649)	2.41 (4/16628)	1.46	<= 1.46		
8	Organizational Goal **Surgical Site Infections (SSI)- Enterprise** **SSI Rate = Number of SSI / Total surgical procedures x 100** *Latest data month: August 2020*	0.32 (2/623)	0.49 (6/1229)	0.36	SIR Goal: <=1.0 CDC NHSN Risk Adjusted Ratio (not an infection rate)		

Definitions and Additional Information

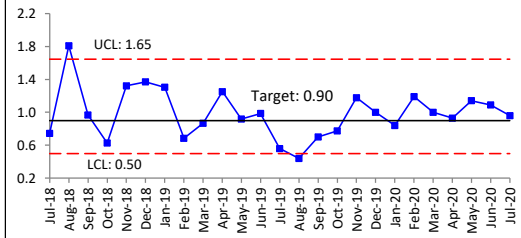
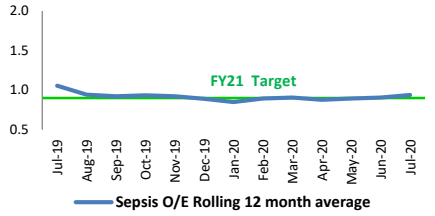
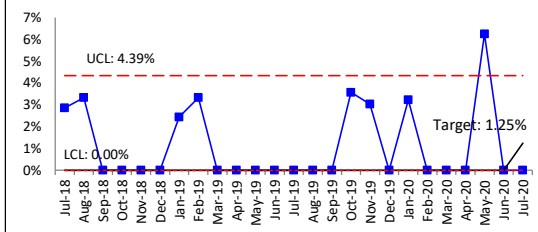
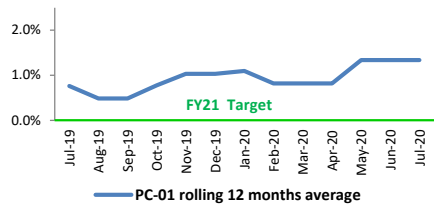
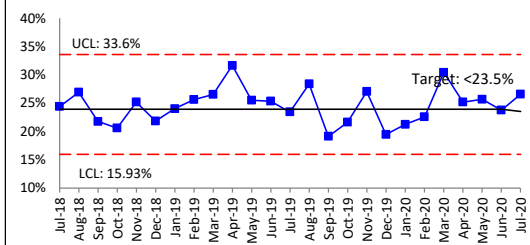
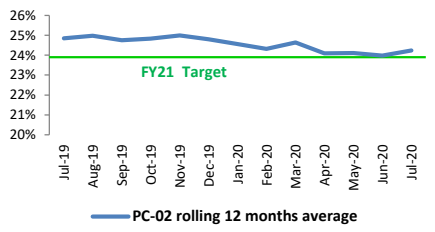
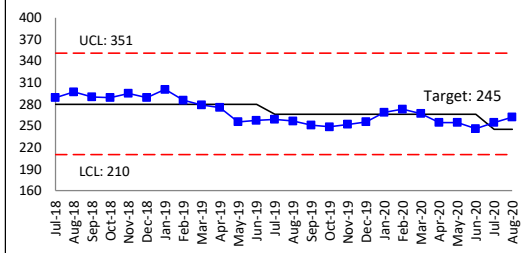
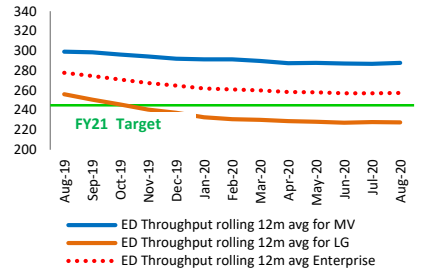
Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
5. ED - Likelihood to Recommend Top Box Rating of 'Always' %, Unadjusted	Much of the July scores fall into August, which is when we stopped visitors in the ED again. There are issues with the waiting area and the perception of safety also dipped as people see the curtained off area of the waiting room. There are also issues with explaining wait times and delays to families members waiting outside and the smoke and heat added to this. Action: • Review texting options and offer to more patients • Train on WeCare behaviors • Work on increasing signage around safety and scripting of the registration staff on how to explain the safety measures in the ED • Review with facilities a plan for physical space	Christine Cunningham	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data run criteria, 'Top Box, Received Date, and Unadjusted' *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**Press Ganey Tool**
6. ECHMN (El Camino Health Medical Network) - Likelihood to Recommend Top Box Rating of 'Always' %, Unadjusted	Development of WeCare Training and launch end of October/November.	Christine Cunningham	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data run criteria, 'Top Box, Received Date, and Unadjusted' *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**Press Ganey Tool**
7. Hospital Acquired Infection- C. Diff (Clostridium Difficile Infection)	August - MV: 2 (1-3B, 1-4B), LG: 0 FYTD - MV: 3, LG: 1 RCA events performed for HO C.Diff cases with direct care staff 1) 8/27 case: 66 yo acquired HO C.diff 22 days after admission. Risk factor: 27 doses of antibiotics due to infection. 2) 8/31 case: symptoms present on admission; Cdiff ordered on day of admission, specimen not collected until day 4. Actionable items: EPIC documentation : added row for CNAs to document stool description	Catherine Carson/Catherine Nalesnik	Infection Rate is predicted infections to meet Target/Goal: NHSN SIR. Inclusion criteria: in-patients only, based on NHSN definition Exclusion: ED and OP FY21 Target/ Goal received from Catherine N.'s email of 9/1/20. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**CDC NHSN database - Inf. Control**
8. Surgical Site Infections (SSI) - Enterprise SSI Rate = Number of SSI / Total Surgical Procedures x 100	**FY20 Target Met, better performance than last year** **Total SSI FY19: 37** **Total SSI FY20: 23, as of 8/20 FY21 6:** 1 - Robotic laparoscopy, TAH, BSO, readmitted in Sept. for drainage of pelvic abscess. 2 - Bilateral laminectomies, L4-5 & L3-4 Readmitted in Sept. for lumbar wound drainage.	Catherine Carson/Catherine Nalesnik	**Inclusion:** 1) Based on NHSN defined criteria 2) All surgical cases that are categorized as "clean wound class" and "clean-contaminated wound class" are considered for investigation 3) SSIs that are classified: "deep –incisional" and "organ-space" are reportable **Exclusion:** 1) All surgical cases that have a wound class of "contaminated" and "dirty" are excluded. 2) All surgical case that are considered an infection PATOS (present at time of surgery). 3) All "superficial" SSIs are not reportable FY21 Target/ Goal received from Catherine N.'s email of 9/1/20. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.Lower Control Limit is not visible if it is less than or equal to zero .*	**CDC NHSN database - Inf. Control**

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard

August 2020 (unless otherwise specified)

Month to Board Quality Committee:
October, 2020

		FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend *(showing at least the last 24 months of **available** data)*	Rolling 12 Month Average
		Latest month	FYTD				
9	**Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)* *Latest data month: July 2020*	0.96 (10.68%/11.15%)	0.96 (10.68%/11.15%)	0.98	0.90		
10	**PC-01: Elective Delivery Prior to 39 weeks gestation** (lower is better) *Latest data month: July 2020*	MV: 0.00% (0/18) LG: 0.0% (0/9) **ENT: 0.00%** (0/27)	MV: 0.00% (0/18) LG: 0.0% (0/9) **ENT: 0.00%** (0/27)	MV: 1.47% (5/341) LG: 0.00% (0/48) **ENT: 1.29%** (5/389)	1.3%		
11	**PC-02: Cesarean Birth** (lower is better) *Latest data month: July 2020*	MV: 30.7% (43/140) LG: 20.00% (0/22) **ENT: 26.5%** (43/162)	MV: 30.7% (43/140) LG: 20.00% (0/22) **ENT: 26.5%** (43/162)	MV: 24.74% (412/1665) LG: 18.97% (48/253) **ENT: 23.98%** (460/1918)	23.5%		
12	***Strategic Goal** **Patient Throughput- Median Time from Arrival to ED Departure** *(excludes psychiatric patients, patients expired in the ED and Newborns)* *Latest data month: August 2020*	MV: 276 min LG: 233 min **Ent: 255 min**	MV: 276 min LG: 233 min **Ent: 255 min**	MV: 304 min LG: 263 min **Ent: 284 min**	MV: 263 min LG: 227 min **Ent: 245 min**		

Report updated: 10/01/20

Definitions and Additional Information

Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
9. Sepsis Mortality Index Observed over Expected, based on ICD 10 codes	The Sepsis mortality rate has dropped over the last 3 months. The Medicine Department Executive Committee has taken Sepsis and improving the Sepsis order sets for improved compliance with the bundle elements as their PI project for FY21. Smart phrases to improve physician documentation have been shared with medical staff and were revised by the ED physicians. September is Sepsis awareness month with 3 educational sessions provided to physicians and nurses.	Jessica Harkey, Catherine Carson	Effective 01/24/20: The original definition for Sepsis (used in this dashboard) 1) evaluated only the Principal diagnosis, & 2) excluded cases assigned the patient type of Rehabilitation or Other (Hospice). The definition has now been aligned with CMS' to 1) evaluate both principal AND secondary diagnoses, & 2) excludes: patients < 18 years, LOS => 120 days, or Transfers from Another Acute Hospital, as well as the Patient Type of Rehabilitation or Other (Hospice). This was reviewed with & approved by Jessica Harkey, Sepsis Manager and Catherine Carson Sr. Director Quality. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**Premier Quality Advisor**
10. PC-01: Elective Delivery Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed	All scheduled cases are reviewed proactively. Data is also reviewed retrospectively. o Re: FY21 Target: Some cases are completely reasonable, and should fall out but don't meet definition, so getting to zero is unlikely. After discussion with CMO, Target is revised to stay in top quartile, at 1.25.	TJC	Numerator: Patients with elective deliveries Denominator: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**IBM CareDiscovery Quality Measures**
11. PC-02: Cesarean Birth Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth	Actions that will be starting or are in progress: o Launching OB improvement team this week (starting with small scoped issue of blood ordering process, then will focus on second stage of labor management). o Dr. Erogbogbo's work to debrief all deliveries is in process. o Identified MD outliers, will send data in the coming month and have a discussion with them. o Will have OB town halls to update on performance and learn about OB issues. o Working to ensure consistent review process—large volume of work and we don't have all the needed access yet. o FY21 target revised with CMO to 23.5%.	TJC	Numerator Statement: Patients with cesarean births Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**IBM CareDiscovery Quality Measures**
12. Patient Throughput-Median Time from Arrival to ED Departure (excludes psychiatric patients, patients expired in the ED and Newborns	The Patient Throughput Value Stream for FY21 was kicked off with a 9 month scope of work focused on optimizing the Capacity Management Center and the entire patient throughput journey, from ED exit to ECH exit. Building on the success of last year, the targets for ED arrival through ED departure were decreased by 5%, to a new enterprise target of 245 min (median). This total is made up of three distinct buckets: 1) ED arrival to first MD consult, 2) Consult to Admit order and 3) Admit order to patient leaves the ED. This last bucket (#3) has a target of 45 minutes. Currently, the Enterprise admit order to ED departure is 56 mins FYTD which is 11 minutes above target of 45 mins. To address this gap above target, first set of work is focused on the patient Handoff and Transport process. We have posted positions for full-time Patient Flow Coordinators and the CMC is functional. Track and Status boards are up and optimized. The electronic SBAR handoff tool has been built and is in the EPIC sandbox environment, with planned go-live in mid-October.	Cheryl Reinking, Melinda Hrynewycz	This measure definition is changed in Feb. 2020 regarding the end point. New definition is "Arrival to ED Departure", and is the same as CMS ED Measure (ED 1b) ED Arrival to ED Departure for Admitted pts. Population: Includes inpatients, outpatients, observation patients, and Hospital Outpatient Surgery Patients who arrive via the ED. It excludes psychiatric patients, patients who expired in the ED, and newborns. Arrival: Patient Arrived in ED Head in Bed: Patient admitted in unit *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**iCare Report: ED Admit Measurement Summary**

El Camino Health

OPEN SESSION CEO Report
October 14, 2020
Dan Woods, CEO

Quality and Safety

El Camino Health (ECH) nursing teams are focusing on sustaining improvement in two hospital-acquired infections, Catheter Associated Urinary Tract Infections (CAUTI) and Central Line Associated Blood Stream Infections (CLABSI). We measure this in different ways. However, to show sustained improvement, we use days since last infections. We implemented many nursing interventions including following a nurse driven urinary catheter removal protocol, enhanced perineal care, and daily removal prompts for both central lines and urinary catheters in iCare to prevent these hospital-acquired infections and have made significant progress.

CAUTI:
MV: 256 days since last CAUTI
LG: 122 days since last CAUTI

CLABSI:
MV: 254 days since last CLABSI
LG: 1,445 days since last CLABSI

Operations

The Quest dual diagnosis intensive outpatient program started at the beginning of October 2020. The program is designed for adolescents ages 13-18 that are still in high school and have an identified substance use problem or other habitual problem behaviors such as excessive screen use or video gaming. Youth in this program are also experiencing symptoms of a co-occurring mental health condition. This program addresses an unmet need in our community by providing a treatment option that was previously unavailable in our region. The services provided will engage youth in identifying healthy new coping skills, the development of safe peer relationships, and a focus on healthy family interactions with Saturday dedicated as a family involvement day.

ECH has achieved Magnet Designation, which is the highest and most prestigious credential for nursing excellence and quality patient care that an organization can receive, three times. As I reported last month, our virtual "site visit" for our fourth Magnet Designation is scheduled for November 10-12, 2020. Three expert nurse appraisers will complete a comprehensive review via Zoom of our nursing division to validate, verify, and amplify all of the written information we submitted to the American Nurses Credentialing Center (ANCC). The appraisers will visit units to hear directly from nurses providing patient care to validate the excellent practice environment that exists

at ECH. The appraisers will also visit with other members of the hospital staff and community who interact with nurses to provide feedback on interactions. We are grateful to Board members Gary Kalbach and Julie Kliger for agreeing to participate in this important process by joining the executive team in welcoming the appraisers on the first day. The Magnet Commission will vote on the final outcome in December 2020 or January 2021.

Our Clinical Research program has 7 active studies and 20 more in the pipeline. ECH is the second site in the world to open the Phase I COVID-19 Clinical Trial with Pfizer that includes an ascending (24-hr part 1) and extended (120-hr part 2) intravenous infusion of an investigational drug for patients with mild to moderate COVID-19. We are also partnering in a Phase I study with Gilead for an outpatient COVID-19 treatment using an inhalable version of Remdesivir

Workforce

We initiated our company-wide employee pulse surveys on September 30th. These surveys have four questions in the domains of quality, safety, collaboration and leadership. We have two additional pulse surveys planned throughout the year as well as the full annual survey in May 2021. We will follow up in specific departments as indicated by the results and continuously re-evaluate the frequency of the surveys throughout the year.

Financial Services

As previously reported, ECH received a $76.2M loan in April 2020 as part of the Medicare Accelerated and Advance Payment Program for future Medicare volume that was included in the CARES Act. When the Act was passed, loans were to be recouped by Medicare starting 120 days after receipt. However, on September 30, 2020, the President signed a bipartisan bill that extends the recoup period from the initial 120 days to one year after the loan was issued. The recoupment rate will be lowered from its current 100% level to 25% for the first 11 months of repayment, and 50% for the six months afterward. Hospitals will have 29 months after payments to begin to pay back the funds in full before interest will begin to accrue. The interest rate will be lowered from the current 9.6% to 4.0%.

El Camino Health Medical Network

Because Santa Clara County terminated the lease for our Morgan Hill clinic location, we moved to a new temporary location in a medical office building on Juan Hernandez Drive. Our new suite is under construction in the same building and will open by March 2021.

Our hospitalist and intensivist agreement with Santa Clara County, O'Connor and St. Louise Hospitals terminated September 30th. The County entered into a contract with Vituity to provide these services for those hospitals. ECHMN's hospitalists will begin at ECH's Los Gatos Hospital on October 1st. Our intensivists will join the El Camino intensivist call schedule and they will also provide services at O'Connor Hospital through a short-term contract ECHMN entered into with Vituity.

Dr. Angela Pollard, an established ob/gyn on the El Camino Medical staff, will join our medical network in October. Dr. Pollard will join the practice of Dr. Mary Kilkenny in Campbell, who joined in July.

Information Services

Epic awarded ECH $185,000 for achieving Cum Laude in Epic's Honor Roll Program, which reflects our devotion to excellence and our commitment to distinguishing our organization as a leader in patient care and best practices in the use of the EMR. We also received CHIME's "Most Wired" designation for the fourth year in a row. In 2020 we increased from Level 8 to Level 9, receiving the Performance Excellence Award. The program's mission is to elevate the health and care of communities around the world by encouraging the optimal use of information technology while driving change in the industry.

MyChart adoption continues to rise with 52% of active ECHMN patients enrolled. MyChart Bedside is now live at our Mountain View campus on 7 of 10 inpatient units as well as in Labor and Delivery. Epic is now integrated with the Social Security Administration, which improves the patient experience by expediting patient disability approvals from 30 - 60 days to 24 – 48 hours.

COVID-19 Testing

ECH continues to provide testing through the El Camino Healthcare District Community COVID-19 Testing Program. Over 6000 tests have been administered at sites throughout the District including our Mountain View campus, public school sites and downtown retail locations. We are investigating including students in addition to school employees at public school sites. Capacity at the Mountain View campus is 100 tests per day and 200 tests per day at the pop-up sites. We continue to bill insurance, but use District funds where insurance is not available.

In addition to supporting the District Program, ECH will begin administering a no-cost testing program at sites in the Los Gatos area. With the support of the Community Benefit Advisory Council, $50,000 has been authorized for this initiative.

Corporate and Community Health Services

CONCERN's website has a new contemporary look and feel consistent with current disruptors in the industry. At the request customers, our culturally competent mental health professionals are providing consultation on diversity, equity and inclusion.

The South Asian Heart Center hosted talks for the South Asian Senior Association and VITI Engineering group on "A Lifetime on Meds or a Lifestyle of MEDS," completed two MEDS Lifestyle virtual workshops with Juniper Networks and hosted and evening huddle with Dr. Palaniappan whose work specifically seeks to address the gap in knowledge of health in Asian subgroups and other understudied racial/ethnic minorities.

The Chinese Health Initiative launched monthly Ask-a-Doctor webinar. This month's session was conducted by Dermatologist Lillian Soohoo on "Skincare during COVID-19." We also launched a webinar series on Emotional Health & Resilience Education with Dr. Lee, a Clinical Psychologist and began two 8-week Qigong classes to promote physical activity and mind-body alignment.

Marketing and Communications

The recovery brand advertising campaign, Return to Health, continues to perform well. Since its launch in April 2020, we have had almost 59,000 page views. Our campaign to inform consumers that ECH offers primary care services through ECHMN just concluded in the market. The campaign targeted three different consumer segments: 25-34 year olds, 35-63 year olds and ages 64+.

Our search engine marketing campaigns and social media campaigns across Google and Facebook continue to drive visibility of services, supporting recovery efforts, and highlighting safety practices. Key areas include ASPIRE, Cancer Care, Cardiology, Emergency Care, Mother-Baby, Primary, Urgent, and Specialty Care.

We enhanced Find-a-Doctor profiles on the ECH website with residency labels and historical order of education. Star ratings have been added to over 85 physician profiles. We also added new video with the enterprise chair of the medicine department and five safe care videos narrated in Mandarin. We published three blog articles with healthy cooking recipes and when to choose the ER.

Some of the media coverage El Camino Health in September 2020:

- September 2, 2020 -- Los Altos Town Crier -- Local School Districts, Nonprofits Among El Camino Healthcare District Grantees
- September 16, 2020 -- Silicon Valley Business Journal -- Structures Awards: El Camino's New Mental Health Center Avoids Institutional Feel
- September 21, 2020 -- Healthcare Design -- PHOTO TOUR: Behavioral Health Center Taube Pavilion

- September 22, 2020 -- Medical Construction & Design -- New Facilities Add Behavioral Health, Multi-Disciplinary Services to Mountain View Community
- September 23, 2020 -- Mountain View Voice -- Downtown Mountain View Hosts Three Full Days of Free COVID-19 Testing
- September 25, 2020 -- Green Building and Design -- Design for Wellness Defies Stereotypes at This Behavioral Health Facility

For the month of September, El Camino Health proactively posted tweets, Facebook posts and LinkedIn posts on a range of topics including safe care, primary and urgent care, heart disease and mental health.

Government Relations

We are in compliance with the updated Health Officer Order of the County of Santa Clara issued on September 16, 2020 requiring COVID-19 testing by larger healthcare systems. The new testing Order amends the categories of patients to whom healthcare facilities must provide COVID-19 diagnostic testing, amends the timeframes by which healthcare facilities must provide testing as well as results, requires clear notice to patients regarding how to access testing through their healthcare provider, and requires healthcare facilities to ensure that accessing COVID-19 diagnostic testing is easy and straightforward. Santa Clara County elected officials and the County Emergency Operations Center remain pleased with El Camino Health's robust COVID-19 testing. ECH staff partnered with Supervisor Joe Simitian's office on a press release to help advertise the District Program's COVID-19 testing sites. Mountain View Mayor Margaret Abe-Koga praised El Camino Health for being one of the entities widely offering testing in her community during a September 16 press conference and Los Altos Mayor Jan Pepper praised El Camino Health's pop-up site in Downtown Los Altos during the same press conference.

Philanthropy

El Camino Health Foundation secured $304,397 in period 2 of fiscal year 2021, which is ten percent of goal for the year. A detailed report is attached.

Auxiliary

I am pleased to report that we welcomed back a small group of our Auxiliary Escort Service to our Mountain View campus and the Front Desk and Outpatient Surgery Unit Services to our Los Gatos campus on Monday, September 28, 2020.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital □oard of □irectors
From: □ohn Conover□Chair□El Camino Health □o□ndation □oard of □irectors
□ndre□ Cope□President□El Camino Health □o□ndation
Date: Octo□er 14□2020
Subject: Report on El Camino Health □o□ndation □ctivities □□21 Period 2

Purpose: □or information.

Summary:

1. Sit□ation: El Camino Health □o□ndation sec□red □304□397 in period 2 of fiscal year 2021□□hich is 10 percent of goal.

2. □□thority: □/□

3. □ac□gro□nd:

Major & Planned Gifts
In □□g□st□the □o□ndation received □253□457 in ma□or and planned gifts. □his incl□des a □30□000 gift from a grateful patient to the Women's Hospital, a $30,000 gift to the Scrivner Center for □ental Health □ □ddiction Services to□ard the naming of the staff lo□nge in memory of Charlotte Ross□a donation from Pamela and Ed □aft to f□nd a memory clinic feasi□ility st□dy□ and a gift from a gratef□l patient to name the radiation oncology medical director's office..

Annual Giving
In □□ly□the □o□ndation raised □50□940 in ann□al gifts from direct mail appeals□the 2021 Employee □iving Campaign□Circle of Caring gratef□l patient program□matching gifts□online donations□personal solicitations□and □nsolicited gifts.

Upcoming Fundraising Events

- *El Camino Heritage Golf Tournament* - □he fo□ndation □ill not hold an in-person event this year □□t □ill reach o□t to golf to□rnament attendees and sponsors for a donation. Save the date□Octo□er 25□2021 for the ne□t golf to□rnament.

- *Norma's Literary Luncheon,* □h□rsday□□e□r□ary 4□2021□feat□ring Cathy comic strip artist and a□thor Cathy □□ise□ite. Plans remain fle□i□le pending coronavir□s developments.

- *Allied Professionals Seminar*□□□esday□□e□r□ary 9□2020□feat□ring Eri□□ry□□rgh□a principal in the la□ firm of □dler □ Colvin□□ho speciali□es in charita□le gift planning□ endo□ments□and nonprofit organi□ations. □he event □ill □e held virt□ally.

- *Taking Wing*□a gala □enefit for the Women's Hospital renovation, Saturday, May 1, 2021 at □os □ltos □olf and Co□ntry Cl□□

El Camino Health

Employee Assistance

To date, El Camino Health Foundation has made grants to eight employees experiencing financial hardship due to wildfires. In period 2, the Foundation made one additional grant to an employee in need of assistance due to COVID-19.

Donor Cultivation and Stewardship

In order to stay in touch with current donors and reach out to potential new donors as most of us shelter in place, the Foundation will host a series of three virtual salons, dates TBD. The topics will be cardio-oncology, mindfulness, and building for the future.

El Camino Health Foundation

FOUNDATION PERFORMANCE

FY21 Fundraising Report through 8/31/20 - Period 2

ACTIVITY		FY21 YTD (7/1/20 - 8/31/20)	FY21 Goals	FY21 % of Goal	Difference Period 1 & 2	FY20 YTD (7/1/19 - 8/31/19)
Major & Planned Gifts		$753,516	$6,500,000	12%	$253,457	$580,450
Annual Gifts*		$88,930	$650,000	14%	$50,940	$72,894
Special Events	Chinese Health Initiative Event	$0	$125,000	0%	$0	$12,045**
	Golf	$0	$325,000	0%	$0	$69,752
	Norma's Literary Luncheon	$0	$200,000	0%	$0	$70,000
	Taking Wing Gala	$0	$350,000	0%	$0	$22,500
TOTALS		**$842,446**	**$8,150,000**	**10%**	**$304,397**	**$827,641**

* Employee giving payroll deductions will be included as they are received beginning CY21/EGC21

** South Asian Heart Center Event

Highlighted Assets through 8/31/20 - Period 2

Board Designated Allocations	$595,927
Donations - Restricted	$14,460,851
Donations - Unrestricted	$3,647,160
Endowments - Donor	$7,190,411
Endowments - Operational	$13,877,954
Investment Income	$304,891
Pledge Receivables	$3,364,115

El Camino Hospital Auxiliary

Membership Report to the Hospital Board
Meeting of September 09, 2020

Combined Data as of August 31, 2020 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	261	0 Net change compared to previous month
Dues Paid Inactive	47	(Includes Associates & Patrons)
Leave of Absence	8	
Subtotal	**316**	
Resigned in Month	8	
Deceased in Month	0	

Junior Members

Active Members	164	+1 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	6	
Subtotal	**170**	

Total Active Members	**425**
Total Membership	**486**

Combined Auxiliary Hours from Inception (to August 31, 2020): 6,035,248
Combined Auxiliary Hours for FY2020 (to August 31, 2020): 210
Combined Auxiliary Hours for August 31, 2020: 90

NOTE: Hooks & Needles hours for April thru August were not available.

El Camino Hospital Auxiliary

Membership Report to the Hospital Board
Meeting of October 14, 2020

Combined Data as of September 30, 2020 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	236	-25 Net change compared to previous month
Dues Paid Inactive	45	(Includes Associates & Patrons)
Leave of Absence	8	
Subtotal	**289**	
Resigned in Month	29	
Deceased in Month	0	

Junior Members

Active Members	164	+1 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	6	
Subtotal	**170**	

Total Active Members	**400**
Total Membership	**459**

Combined Auxiliary Hours from Inception (to September 30, 2020): 6,038,430
Combined Auxiliary Hours for FY2020 (to September 30, 2020): 3,391
Combined Auxiliary Hours for September 30, 2020: 3155

NOTE: Hooks & Needles hours for March thru August were not available, but more than one month was reported in September.