

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

Thursday, October 1, 2020 – 5:00 pm
 El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040

**PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 DATED MARCH 18, 2020, EL CAMINO HEALTH WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:
 1-669-900-9128, MEETING CODE: 760-083-0558#. No participant code. Just press #.**

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

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|---|-----------------------|--|
| 1. CALL TO ORDER/ROLL CALL | Sharon Anolik Shakked, Chair | | 5:00 – 5:01pm |
| 2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Sharon Anolik Shakked, Chair | | 5:01 – 5:02 |
| 3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence | Sharon Anolik Shakked, Chair | | information 5:02 – 5:05 |
| 4. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the CAC Meeting (8/20/2020) Information b. Status of FY21 Committee Goals | Sharon Anolik Shakked, Chair | <i>public comment</i> | motion required 5:05 – 5:10 |
| 5. REPORT ON BOARD ACTIONS ATTACHMENT 5 | Board Members | | information 5:10 – 5:15 |
| 6. COMMITTEE SELF- ASSESSMENT RESULTS ATTACHMENT 6 | Sharon Anolik Shakked, Chair; Cindy Murphy, Director, Governance Services | | discussion 5:15 – 5:35 |
| 7. KPIS, SCORECARD, AND TRENDS ATTACHMENT 7 | Diane Wigglesworth, Sr. Director, Corporate Compliance | | information 5:35 – 5:40 |
| 8. ADJOURN TO CLOSED SESSION | Sharon Anolik Shakked, Chair | | motion required 5:40– 5:41 |
| 9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES | Sharon Anolik Shakked, Chair | | 5:41 – 5:42 |
| 10. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> | Sharon Anolik Shakked, Chair | | motion required 5:42 – 5:50 |

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

| AGENDA ITEM | PRESENTED BY | | ESTIMATED TIMES |
|---|---|--|---|
| <p>Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the CAC Meeting (8/20/2020)</p> | | | |
| <p>Information <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: b. Activity Log July 2020 c. Activity Log August 2020 d. Internal Audit Work Plan e. Committee Pacing Plan</p> | | | |
| <p>11. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - Consolidated Financial Statements, 403(b) and Cash Balance Audit Results</p> | Joelle Pulver Katherine Djiauw Bertha Minnihan, Moss Adams LLP | | <p>motion required 5:50 – 6:15</p> |
| <p>12. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - IT Security Discussion</p> | Deb Muro, CIO; Mary Rotunno, General Counsel | | <p>discussion 6:15 – 6:35</p> |
| <p>13. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: - FY 2020 SVMD Annual Compliance Report</p> | Diane Wigglesworth, Sr. Director Corporate Compliance; Mary Rotunno, General Counsel | | <p>information 6:35 – 6:50</p> |
| <p>14. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation: Report on Internal Audit Activity</p> | Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel | | <p>information 6:50 – 6:55</p> |
| <p>15. <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters – Senior Management: - Executive Session</p> | Sharon Anolik Shakked, Chair | | <p>discussion 6:55 – 7:00</p> |
| <p>16. ADJOURN TO OPEN SESSION</p> | Sharon Anolik Shakked, Chair | | <p>motion required 7:00 – 7:01</p> |
| <p>17. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.</p> | Sharon Anolik Shakked, Chair | | <p>information 7:01 – 7:03</p> |
| <p>18. ADJOURNMENT</p> | Sharon Anolik Shakked, Chair | | <p>motion required 7:03 – 7:05pm</p> |

Upcoming Meetings:

Regular Meetings: October 28, 2020 (Joint Board and Committee Educational Session), November 19, 2020, January 28, 2021, March 18, 2021, April 28, 2021 (Joint Board and Committee Educational Session), May 20, 2021



**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Thursday, August 20, 2020**

El Camino Hospital | 2500 Hospital Drive, Mountain View, CA 94040

Members Present**

Sharon Anolik Shakked, Chair
Lica Hartman
Jack Po, MD, Vice Chair
Christine Sublett
Julia Miller

Members Absent

****All via teleconference**

| Agenda Item | Comments/Discussion | Approvals/ Action |
|--|---|----------------------------------|
| 1. CALL TO ORDER/ ROLL CALL | The open session meeting of the Compliance and Audit Committee of El Camino Hospital (“the Committee”) was called to order at 5:00pm by Chair Anolik Shakked. All Committee members participated via teleconference and were present at roll call. 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. | <i>Called to order at 5:00pm</i> |
| 2. POTENTIAL CONFLICT OF INTEREST | Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported. | |
| 3. PUBLIC COMMUNICATION | None. | |
| 4. CONSENT CALENDAR | <p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove any agenda items from the consent calendar.</p> <p>Diane Wigglesworth requested to pull Agenda Item 4a for an amendment to the open minutes to correct an error under ‘Consent Calendar’. In the first sentence under ‘Goal #3’, she requested the first sentence to be amended and restated to say “Goal #3 review the results and mitigation action plan of a privacy and security risk assessment of SVMMD.”</p> <p>Chair Anolik Shakked pulled Agenda Item 4c for discussion. She questioned what controls the organization has in place to ensure the gap with Epic is not exploited at the hospital. Ms. Wigglesworth stated that the hospital’s Epic system contains claim edit rules for surgical services billed by providers that will trigger a review in an HIM work queue to evaluate medical necessity, chart documentation and coding rules before services are billed.</p> <p>Motion: To approve the consent calendar a) Minutes of the Open Session of the Compliance and Audit Committee Meeting (05/21/2020) with the requested amendment; and for information: b) Status of FY20 Committee Goals (as modified) and c) Articles of Interest</p> <p>Movant: Po Second: Sublett Ayes: Anolik Shakked, Hartman, Miller, Po, & Sublett Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Consent Calendar approved</i> |
| 5. REPORT ON BOARD ACTIONS | Jack Po, M.D. reported on the board actions and discussed materials as presented in the packet. | |

| | | |
|--|---|--|
| | Chair Anolik Shakked asked if any Committee members had any questions about the Report on Board Actions. No questions were reported. | |
| 6. KPIs, SCORECARD, AND TRENDS | <p>Ms. Wigglesworth reported on the Key Performance Indicators. Ms. Wigglesworth stated that the organization continues to address all concerns or questions brought to the department. The topics most frequently addressed are HIPAA privacy, billing, and documentation issues. In the month of June, there were some privacy errors that needed to be reported to the California Department of Public Health (CDPH). Those errors have been addressed and actions taken to mitigate risk going forward.</p> <p>In response to a committee member's questions, Ms. Wigglesworth stated that management has encouraged staff to report vendor related issues to Compliance or IT to ensure vendors are complying with hospital policies in place.</p> | |
| 7. ADJOURN TO CLOSED SESSION | <p>Motion: To adjourn to closed session at 5:16pm.</p> <p>Movant: Miller Second: Po Ayes: Anolik Shakked, Hartman, Miller, Po, & Sublett Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Adjourned to closed session at 5:16pm</i> |
| 8. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT | <p>Open session was reconvened at 7:20pm. Agenda items 8-18 were discussed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (5/21/2020) with an amendment to move the September 24, 2020 meeting to October 1, 2020.</p> <p>Chair Anolik Shakked requested to place IT Security to be discussed earlier on for future agendas.</p> | <i>Open session reconvened at 7:20pm</i> |
| 9. AGENDA ITEM 17: ADJOURNMENT | <p>Motion: To adjourn at 7:22pm.</p> <p>Movant: Sublett Second: Miller Ayes: Anolik Shakked, Hartman, Miller, Po, & Sublett Noes: None Abstentions: None Absent: None Recused: None</p> | <i>Meeting adjourned at 7:22pm</i> |

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

 Sharon Anolik Shakked
 Chair, Compliance and Audit Committee

FY21 COMMITTEE GOALS

Compliance and Audit Committee

PURPOSE

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

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

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

| GOALS | TIMELINE | METRICS |
|--|--------------------------|---|
| 1. Review Hospital and SVMD Compliance Work Plan for FY 2021. | Q1 FY21 | Committee reviews and provides recommendations to the Compliance Officer. |
| 2. Review Business Continuity and Disaster Recovery Plan with focus on effectiveness and appropriateness of COVID – 19 pandemic response and recovery. | Q3 FY21 | Committee reviews and provides a report to the Board and recommendations to the COO that include assessment of COVID-19 response and recovery as well as a look back at preparedness had the anticipated "surge" occurred in FY 20 Q3 and Q4. |
| 3. Participate in education session presented by Legal Counsel regarding revisions to Stark Law and Anti-Kickback Statute | Q3 FY21 - TBD | Committee receives education and recommends information to be presented to the Board. (Issuing of final rules delayed until August 2021) |
| 4. Review ECH's IT Security Strategic Plan. | Q4 FY21 | Committee reviews and provides recommendations to CIO. |

SUBMITTED BY:

Chair: Sharon Anolik Shakked

Executive Sponsor: Diane Wigglesworth

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

To: Compliance and Audit Committee
From: Cindy Murphy, Director of Governance Services
Date: October 1, 2020
Subject: Report on Board Actions

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

Summary:

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

| Board/Committee | Meeting Date | Actions (Approvals unless otherwise noted) |
|---|---------------------|--|
| ECH Board | September 9, 2020 | <ul style="list-style-type: none"> - FY21 Period 1 Financials - Medical Staff Report Including Credentials and Privileges Report - Appointment of Rich Juelis to the Investment Committee - Appointment of Wayne Doiguchi to the Finance Committee |
| ECHD Board | September 10, 2020 | <ul style="list-style-type: none"> - Disbanded Compliance Issue Ad Hoc Committee |
| Executive Compensation Committee | N/A | <ul style="list-style-type: none"> - FY21 Executive Base Salaries - FY21 Executive Individual Performance Goals - FY20 Executive Individual Performance Goal Scores and Incentive Compensation Payments |
| Compliance and Audit Committee | N/A | |
| Finance Committee | N/A | |

List of Attachments: None.

Suggested Committee Discussion Questions: None.

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

To: Compliance and Audit Committee
From: Cindy Murphy, Director of Governance Services; Erica Osborne, Via Healthcare Consulting
Date: October 1, 2020
Subject: Compliance and Audit Committee Self-Assessment Review

Purpose: To discuss the results of the Committee Self- Assessment and reach consensus on two “Committee Self- improvements” the Committee as a whole (1) would like to achieve in FY21 and (2) what measures it will take to achieve them.

Summary:

1. **Situation:** Every other year the El Camino Hospital Board’s Advisory Committees participate in a Self-Assessment. In late June, all five committee members responded to a survey administered by Via Healthcare Consulting. The survey consisted of 15 questions and an opportunity for open ended responses.
2. **Authority:** The Governance Committee Charter provides that it will ensure that each Committee participates in a biennial self-assessment.
3. **Background:** Governance best practices call for boards and their committees to regularly evaluate performance and adopt improvements to fulfill their duties and responsibilities more effectively. This type of governance assessment can help a committee ensure that its structures, composition, policies and practices provide a platform for thorough oversight and deliberation, effective policy making, efficient decision making, and strong ties with and accountability to the board, the community and external regulators.
4. **Assessment:** The attached report provides a summary of the findings that were identified during the process and includes recommendations for the committee’s consideration.
5. **Other Reviews:** The Governance Committee also reviewed each of the Committee Self-Assessment reports and agreed that there is an opportunity for more robust communication between the Board and the Committees.
6. **Outcomes:** N/A

List of Attachments:

1. Compliance and Audit Committee Self-Assessment Report and Executive Summary

Suggested Committee Discussion Questions:

- 1.) What improvements would the Committee like to focus on for FY21?
- 2.) What measures should the Committee take to achieve those improvements?



2020

**Compliance & Audit
Committee Self-Assessment Report**

Prepared by



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Introduction and Executive Summary

In the interest of enhancing its committee effectiveness, members of the El Camino Hospital (ECH) Compliance & Audit Committee (CAC) participated in a committee self-assessment process in the summer of 2020. Erica Osborne, Principal at Via Healthcare Consulting, provided the consulting and analysis for this effort. This report provides a summary of the findings that were identified during the process and includes recommendations for the committee's consideration.

Governance best practices call for boards and their committees to regularly evaluate performance and adopt improvements to fulfill their duties and responsibilities more effectively. This type of governance assessment can help a committee ensure that its structures, composition, policies and practices provide a platform for thorough oversight and deliberation, effective policy making, efficient decision making, and strong ties with and accountability to board, the community and external regulators. In today's rapidly changing marketplace, effective and efficient governance has never been more important to organizational performance.

Executive Summary

There is strong alignment among committee members that things are going well as indicated by ratings of 4.0 or higher in all but one area of focus. Key areas of strength include:

- There is full agreement among members that the chair is "extremely prepared" and provides effective leadership and direction to the committee as indicated by a score of 5.0.
- Committee composition has improved significantly, and the high level of engagement and tenure of most members is perceived as contributing the committee's effectiveness.
- Committee materials are generally believed to be highly relevant and support the committee's ability to effectively carry out its responsibilities. One member did comment that additional information regarding Silicon Valley Medical Group will improve the committee's ability to discharge its responsibilities.

In addition to areas of strengths, the assessment also identified several opportunities for improvement:

- As with all committees, more effective bi-directional communication between the committee and the board would better inform the committee's work. Members specifically identified a need to engage with the board more directly on issues of risk.
- Ensuring that committee agendas allow sufficient time for in-depth discussions scored somewhat lower than other areas.
- Frequent turnover of board committee members and security leadership is disruptive and may limit the committee's effectiveness around risk oversight.

These assessment results will be discussed with committee members at the September 2020 committee meeting. It is important to note that this assessment process was designed to gauge the effectiveness and efficiency of the committee as a whole, not of the individual committee members. In addition, it was focused on the governance of the organization, not its management or operations.

Overview of the Process

A customized committee assessment was administered via the Microsoft Forms online survey tool. Committee members were asked to rate their level of agreement with 15 statements of committee effectiveness using a scale of 1 to 5 from strongly agree to strongly disagree. The self-assessment also invited open-ended responses. All five CAC members responded.

Recommendations

Based on the results of the 2020 ECH Committee Self-Assessment Process and our extensive experience in the area of governance effectiveness, Via Healthcare Consulting recommends ECH consider the following recommendations. In addition, additional education topics requested are listed.

RECOMMENDATIONS

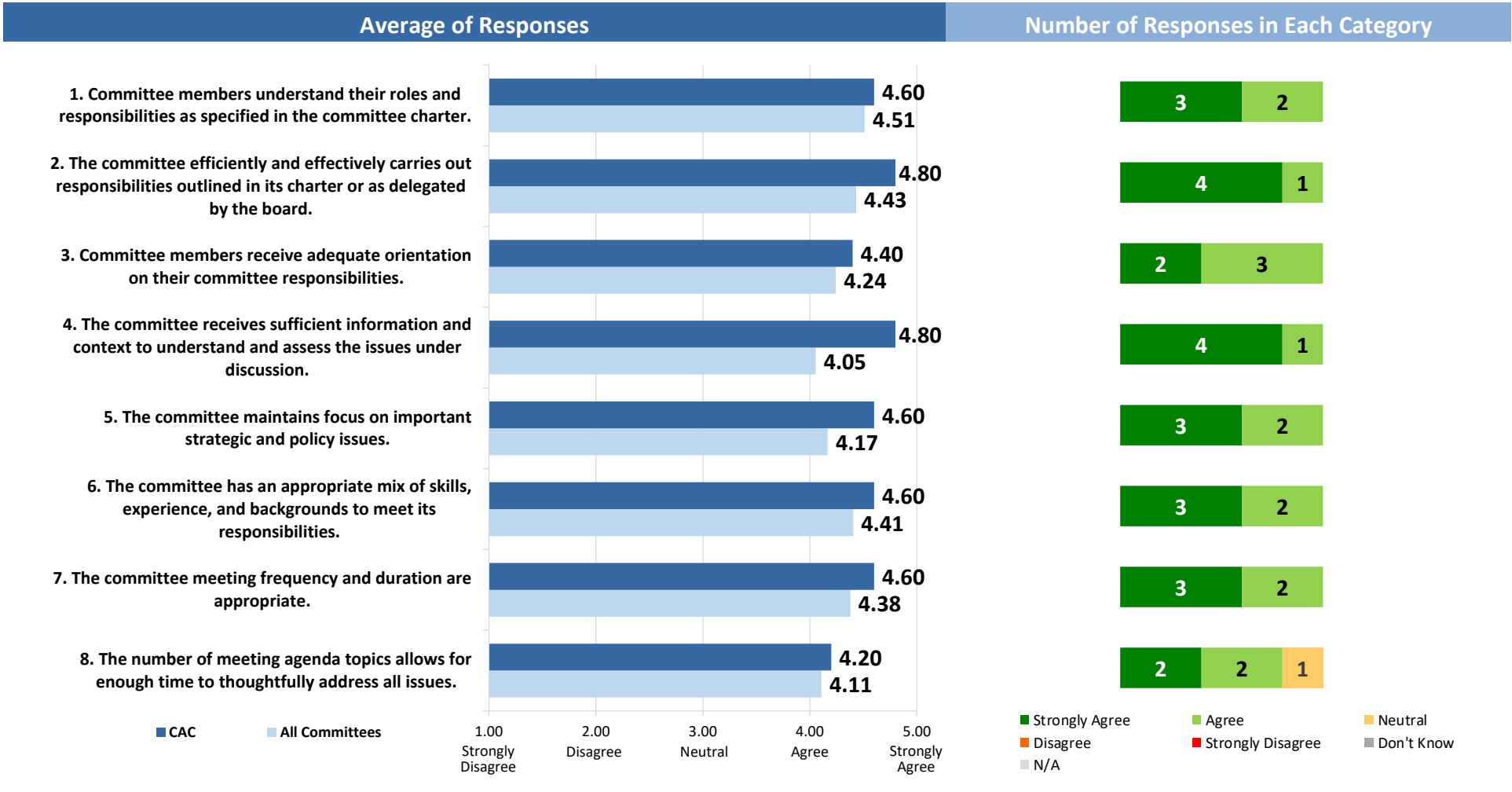
1. Board and committee leadership should engage the executive team in developing a more effective mechanism for communication between the board and committees (*Please note this is also included as a recommendation on Board self-assessment*).
 - Committee Chairs (or Committee Vice-Chairs when the Chair is a non-board member) should work with staff to create a more robust report out on board actions. These reports could include frequent updates on ECH strategic goals, priorities and drivers to better inform the committee's work as well as feedback on the committee's performance and the board's rationale for accepting or rejecting committee recommendations.
 - Committee members should participate in the semi-annual Joint ECH Board and Committee Educational Sessions scheduled for October 2020 and April 2021. At these meetings the CEO can provide updates on progress against the current strategic plan and information on the new strategic process.
2. Discuss and identify ways to better engage the board around the issue of enterprise risk.
3. Revisit board committee member terms to determine whether current length of service of all members allows for the necessary continuity given the complexity of the issues facing the committee.
4. Ensure that agendas are structured to allow adequate time for in-depth discussion of issues.

ADDITIONAL EDUCATION TOPICS TO BE COVERED OVER THE NEXT YEAR:

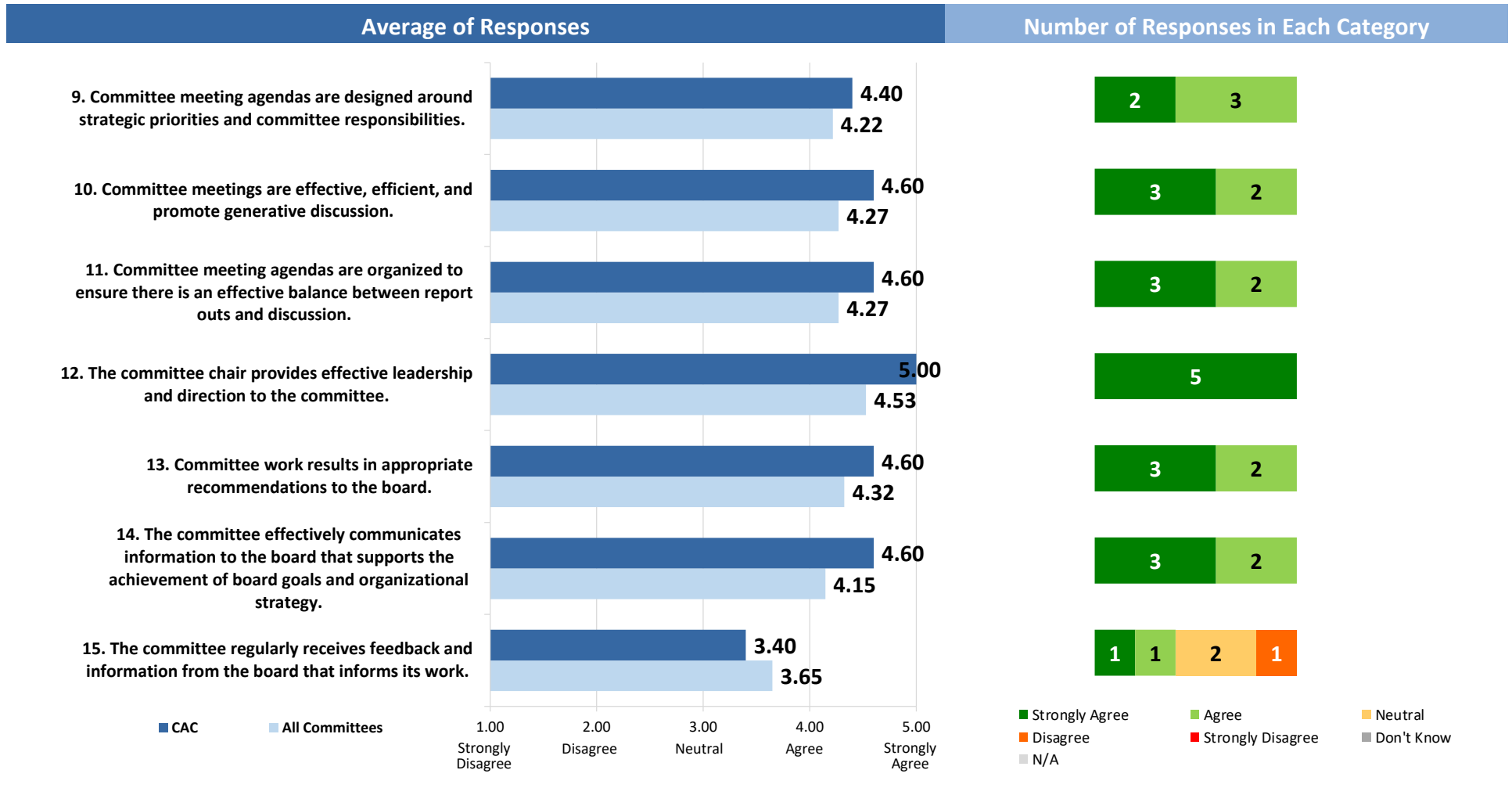
1. "Role of a board member in financial auditing oversight" to ensure a deeper expertise in what to look for in financial or general business audits
2. Healthcare compliance requirements as they are annually updated by the OIG workplan
3. Material regulatory changes

Committee Self-Assessment Survey Results

Compliance & Audit Committee Self-Assessment Results



Compliance & Audit Committee Self-Assessment Results (cont.)



Summary of Comments for Committee Performance Improvement:

- The chair is extremely well prepared and effective.
- Awesome leadership by our committee chair!
- We would like to hear from the Board about its strategic goals, so that we can try to support that work.
- It would be helpful to get an annual update on the Board's priorities, changes to those priorities, and the drivers for those changes.
- Much better facts/figures on SVMD. Committee cannot discharge its responsibilities without more/better information on what/how SVMD is doing. Have a sense that they are keeping our staff executive at arms length.
- The committee materials and presentation of information are consistently relevant and effective. This, coupled with members who take their responsibilities seriously, makes for a highly engaged committee, which is greatly appreciated.
- The makeup of the committee and the skillsets brought by each member (as well as the Chair) has improved significantly over the past few years.
- The CAC community members have expertise and longevity with the committee which is extremely helpful. It's been somewhat disruptive (and not efficient) to have such a quick rotation of Board members on the CAC. It often takes the Board members 6-9 months to ramp up on the issues, and then they rotate off, which results in limited helpful input from them on the CAC.
- There are challenges for the Committee to provide oversight of appropriate risk mitigation strategies related to information/cyber security with frequent turnover over of security leadership.
- I would like to see more opportunity to report directly to the Board on risk issues related to our Committee work.
- Fewer topics/more time on each topic.
- Looking forward to integration of physical security into the overall security risk model.

Suggestions for Additional Education:

- "Role of a board member in financial auditing oversight" - the committee is lacking deep expertise in what to look for in financial or general business audits.
- Additional education on healthcare compliance requirements as they are annually updated by the OIG workplan.
- Material regulatory changes.



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

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director Corporate Compliance
Date: October 1, 2020
Subject: Key Performance Indicators (KPI)

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

Summary:

1. **Situation:** The performance indicators should assist the Committee to monitor activity and identify organizational deficiencies or emerging risks.
2. **Authority:** The committee is responsible for oversight of the Compliance program and monthly review of metrics.
3. **Background:** Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the committee assess effectiveness of the program.
4. **Assessment:** The total number of investigations, concerns, or inquires brought forth to the Compliance department is down from the previous fiscal year during the same time frame and hotline activity is slightly up. Hipaa and privacy reporting trends were consistent with the previous fiscal year. There was one IT security incident that involved a vendor that was addressed but there was no reporting obligation resulting from the incident.
5. **Other Reviews:** N/A
6. **Outcomes:** Refer to Key Performance Indicator Compliance Scorecard

List of Attachments:

1. Corporate Compliance Scorecard FY 2021
2. KPI two-year trend graph by quarters
3. YTD Bar Graph and Definitions

Suggested Committee Discussion Questions:

1. Are there any trends of concern?

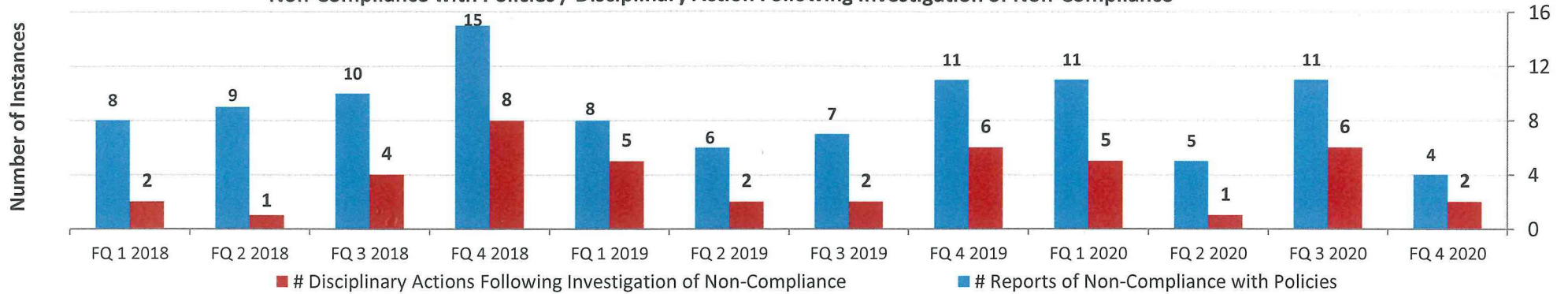
Corporate Compliance Scorecard FY 21

El Camino Hospital

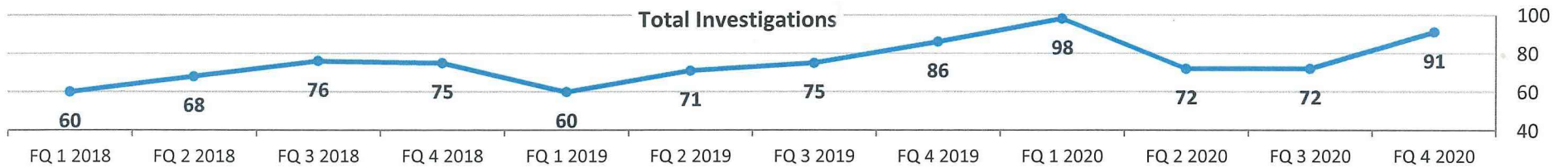
| Key Performance Indicator | FY:21 Current Month | Current YTD Actual | Prior YTD Actual |
|---|---------------------------|--------------------------|----------------------|
| Total Number of Hospital Discharges (excluding normal newborn) | 1,618 | 3,094 | 3,380 |
| Core Elements | | | |
| Policies and Procedures | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | Jul -Aug. FY 2020 |
| Number of reported instance when policies not followed | 0 | 1 | 8 |
| Number of disciplinary actions due to Investigations | 0 | 0 | 3 |
| Education and Training | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | Jul -Aug. FY 2020 |
| Percentage of new employees trained within 30 days of start date | 100% | 100% | 100% |
| Investigations | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | Jul -Aug. FY 2020 |
| Total number of investigations | 18 | 45 | 66 |
| Investigations open | 0 | 0 | 0 |
| Investigations closed | 18 | 45 | 66 |
| Hotline concerns substantiated | 3 | 5 | 1 |
| Hotline concerns not substantiated | 1 | 3 | 1 |
| Average number of days to investigate concerns | 3.2 | 7.5 | 6.4 |
| Reporting Trends | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | Jul -Aug. FY 2020 |
| Anti-Kickback/Stark/Beneficiary Inducement | 3 | 4 | 7 |
| EMTALA | 0 | 0 | 1 |
| HIPAA Reports | 10 | 24 | 27 |
| HIPAA Security Incidents | 0 | 2 | 4 |
| Billing or Claims or Documentation | 2 | 5 | 12 |
| Conflict of Interest | 0 | 1 | 2 |
| Business Relationship | 0 | 0 | 0 |
| General | 3 | 9 | 13 |
| Reported Events to CMS | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | FY 2020 Total |
| Number of total events self reported by ECH | 0 | 0 | 0 |
| Number of self reported events followed up by CMS | 0 | 0 | 0 |
| CMS initiated visits (separate from ECH self reported events) | 0 | 0 | 2 |
| Number of statement of deficiencies issued to ECH | 0 | 0 | 19 |
| Number of Actual Sanctions, fines or penalties | 0 | 0 | 0 |
| Reported Events to CDPH | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | FY 2020 Total |
| Number of total regulator events self reported by ECH | 0 | 0 | 34 |
| Number of self reported events followed up by CDPH | 0 | 0 | 30 |
| Number of total privacy breaches self reported by ECH | 0 | 2 | 21 |
| CDPH initiated visits (separate from ECH self reported events) | 0 | 0 | 6 |
| Number of statement of deficiencies issued to ECH | 0 | 0 | 2 |
| Number of Actual/Realized Sanctions, fines or penalties | \$ - | \$ - | \$ - |
| Monitoring and Audit Findings | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | FY 2020 Total |
| Total number of Audit Findings | 2 | 3 | 24 |
| Number of findings identified has high severity | 0 | 0 | 5 |
| Monitoring and Audit Findings | | | |
| | Aug. 2020 | Jul - Aug. FY 2021 | FY 2020 Total |
| Number of Open Liability Claims | 6 | 6 | 5 |
| Number of Open Liability Lawsuits | 6 | 6 | 6 |

Policies & Procedures

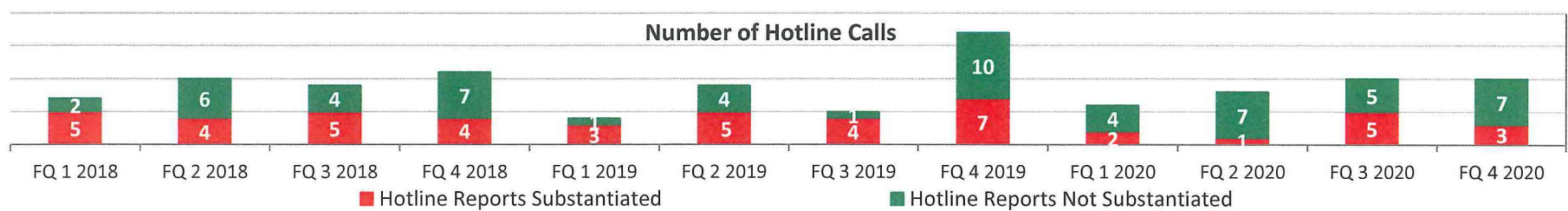
Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



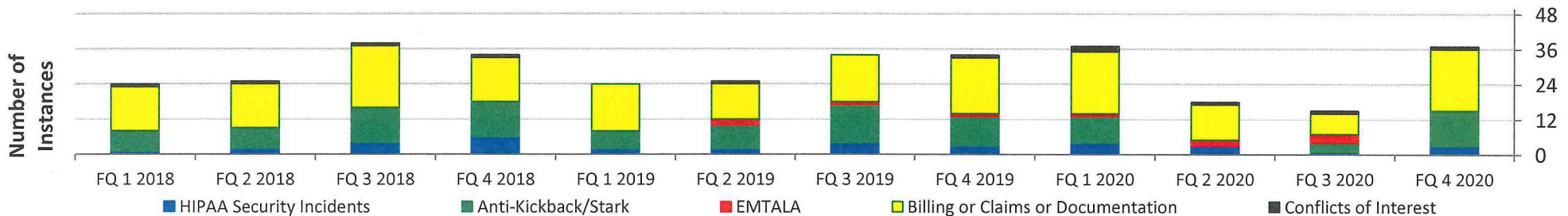
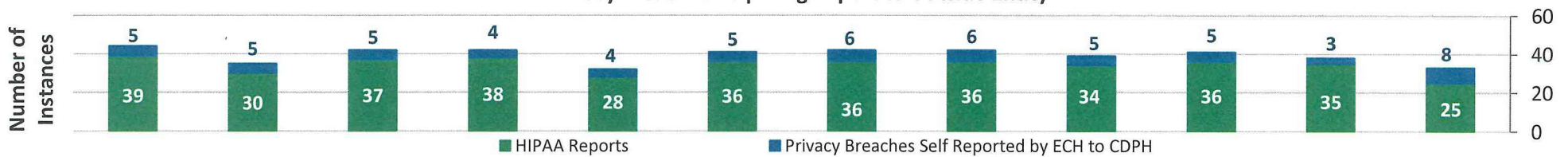
Total Investigations



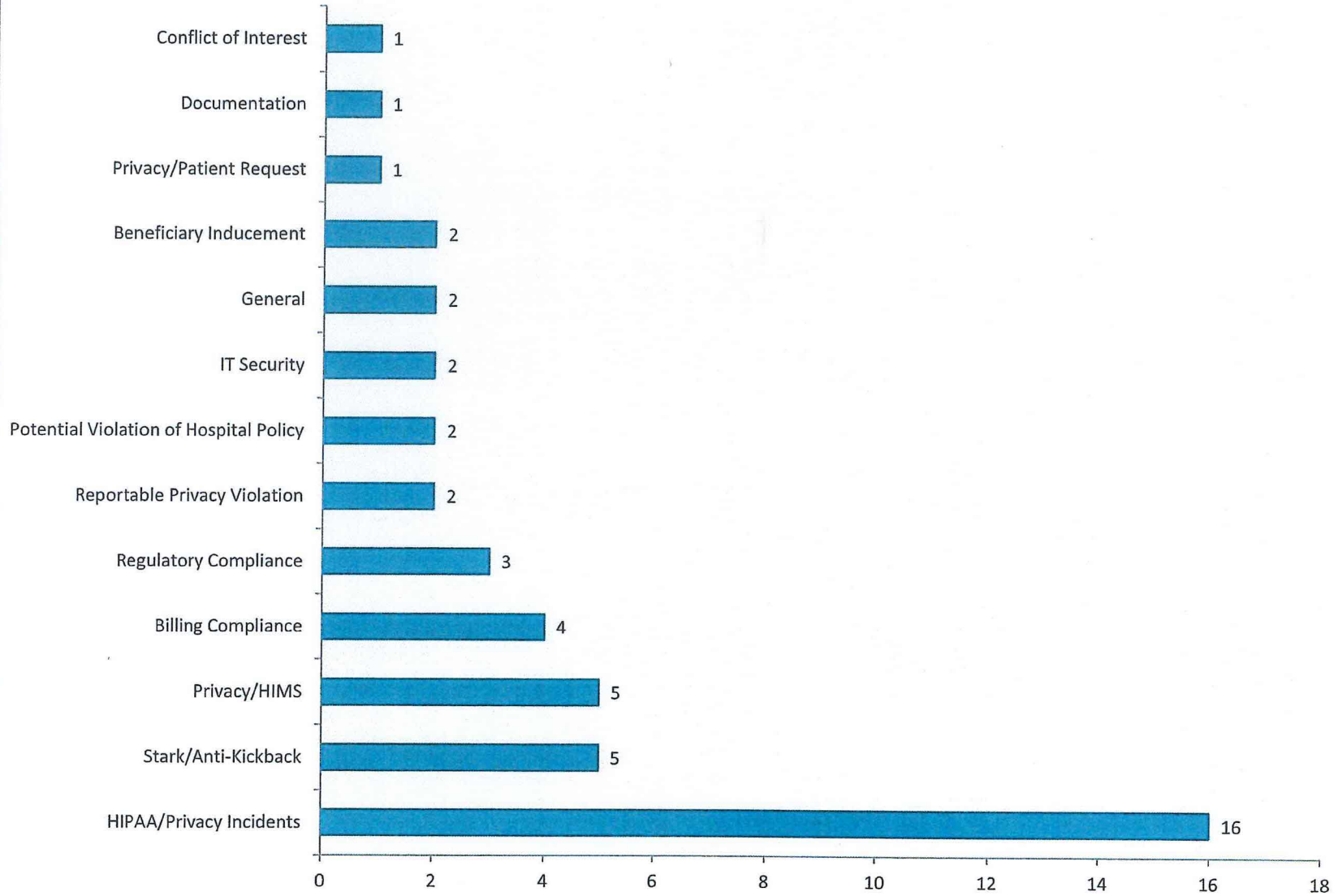
Number of Hotline Calls



Privacy Breaches Requiring Report to Outside Entity



July - August 2020 Concerns, Inquiries & Investigations



Total = 46

Legend

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