

**AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS**

Wednesday, August 17, 2022 – 5:30 pm

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e) (1), EL CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 947-1307-1703# No participant code. Just press #.

To watch the meeting Livestream, please visit: <https://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 public comment, please use the phone number listed above.

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Bob Rebitzer, Board Chair		5:30 – 5:31 pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair		information 5:31 – 5:32
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	Bob Rebitzer, Board Chair		information 5:32 – 5:35
4. <u>QUALITY COMMITTEE REPORT</u>	Dr. Carol Somersille, Chair of Quality Committee; Dr. Holly Beeman, Chief Quality Officer		information 5:35 – 5:45
5. <u>FY22 PRE-AUDIT FINANCIAL RESULTS</u>	Carlos Bohorquez Chief Financial Officer		discussion 5:45 – 5:55
6. <u>DIVERSITY, EQUITY, AND INCLUSION</u>	Dan Woods, Chief Executive Officer		discussion 5:55 – 6:15
7. ADJOURN TO CLOSED SESSION	Bob Rebitzer, Board Chair	<i>public comment</i>	motion required 6:15 – 6:16
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair		information 6:16 – 6:17
9. Health and Safety Code Section 32106(b) for a report and discussion involving health care facility trade secrets: FY23 CAPITAL BUDGET	Carlos Bohorquez Chief Financial Officer		discussion 6:17 – 6:27
10. Health and Safety Code Section 32106(b) for a report and discussion involving health care facility trade secrets: STRATEGIC UPDATE	Dan Woods, Chief Executive Officer		discussion 6:27 – 7:02
11. Report involving Gov't Code Section 54957(b) and 54956.9(d) for discussion and report on personnel matters and conference with Legal Counsel: CEO REPORT	Dan Woods, Chief Executive Officer		discussion 7:02 – 7:12
12. Report involving Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management: EXECUTIVE SESSION	Bob Rebitzer, Board Chair		discussion 7:12 – 7:22

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-8254 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>13. Report involving <i>Gov't Code Section 54957(b)</i> for discussion and report on personnel performance matters: EXECUTIVE COMPENSATION</p>	<p>Dan Woods, Chief Executive Officer</p>		<p>discussion 7:22 – 7:27</p>
<p>14. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i></p>	<p>Bob Rebitzer, Board Chair</p>		<p>motion required 7:27 – 7:28</p>
<p><u>Approval</u> <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board (06/08/2022) Reviewed and Recommended for Approval by the Quality, Patient Care, and Patient Experience Committee <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: b. Credentialing and Privileges Report <u>Information</u> Reviewed and Recommended for Approval by the Finance Committee <u>(Approval in second Open Session)</u> <i>Health and Safety Code Section 32106(b)</i> <i>Physician Contracts</i> c. Enterprise EKG Reading Panel Renewal Agreements d. Enterprise Vascular Surgery ED and Inpatient On-Call Panel Renewal e. MV & LG Gastroenterology ED and Inpatient Call Panel Renewal f. MV NICU Medical Director Renewal g. LG General Surgery ED and Inpatient On-Call Panel Renewal <i>Capital Projects</i> h. Real Estate Acquisition / APN: 264-09-57 Approved by the Executive Compensation Committee i. Executive Compensation Approvals</p>			
<p>15. ADJOURN TO OPEN SESSION</p>	<p>Bob Rebitzer, Board Chair</p>		<p>motion required 7:28 – 7:29</p>
<p>16. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.</p>	<p>Bob Rebitzer, Board Chair</p>		<p>information 7:29 – 7:30</p>
<p>17. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i></p>	<p>Bob Rebitzer, Board Chair</p>	<p><i>public comment</i></p>	<p>motion required 7:30 – 7:31</p>
<p><u>Approval</u> a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings b. Minutes of the Open Session of the Hospital Board (06/08/2022) c. CHRO Base Salary d. Silicon Valley Medical Development Board Appointments e. Third Amended and Restated Limited Liability Company Operating Agreement of Silicon Valley Medical Development, LLC</p>			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><i>Reviewed and Recommended for Approval by the Finance Committee</i></p> <ul style="list-style-type: none"> f. Enterprise EKG Reading Panel Renewal Agreements g. Enterprise Vascular Surgery ED and Inpatient On-Call Panel Renewal h. MV & LG Gastroenterology ED and Inpatient Call Panel Renewal i. MV NICU Medical Director Renewal j. LG General Surgery ED and Inpatient On-Call Panel Renewal k. Real Estate Acquisition / APN: 264-09-57 			
<p><i>Reviewed and Recommended for Approval by the Medical Executive Committee</i></p> <ul style="list-style-type: none"> l. Policies, Plans, and Scope of Services <p><i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i></p> <ul style="list-style-type: none"> m. Executive Compensation Philosophy Policy 			
<p><i>Information Approved by the Executive Compensation Committee</i></p> <ul style="list-style-type: none"> n. Chief Operating Officer and Chief Growth Officer Base Salaries 			
<p>18. FY23 CAPITAL BUDGET</p>	<p>Bob Rebitzer, Board Chair</p>	<p><i>public comment</i></p>	<p>motion required 7:31 – 7:32</p>
<p>19. CEO REPORT</p> <ul style="list-style-type: none"> a. Update b. Pacing Plan 	<p>Dan Woods, Chief Executive Officer</p>		<p>information 7:32 – 7:37</p>
<p>20. BOARD COMMENTS</p>	<p>Bob Rebitzer, Board Chair</p>		<p>information 7:37 – 7:39</p>
<p>21. ADJOURNMENT</p>	<p>Bob Rebitzer, Board Chair</p>	<p><i>public comment</i></p>	<p>motion required 7:39 – 7:40</p>

Upcoming Regular Meetings: September 14, 2022; October 12, 2022; November 9, 2022; December 7, 2022; February 15, 2023; April 5, 2023; May 10, 2023; June 14, 2023
Special Sessions: January 18, 2023 (Joint Board and Committee Education); March 8, 2023 (Board Retreat)

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

To: El Camino Hospital Board of Directors
From: Carol Somersille, MD, Chair
Holly Beeman, MD, MBA, Chief Quality Officer
Date: August 17, 2022
Subject: Quality, Patient Care and Patient Experience Committee

Purpose:

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

Summary:

1. The committee members approved the following consent calendar items:
 - a. Minutes of the open session of the Quality Committee Meeting (6/6/2022)
 - b. Report on board actions
 - c. FY23 Pacing Plan
 - d. FY23 Enterprise Quality Dashboard
2. Chair's Report
 - a. Dr. Somersille welcomed new members to the committee; Mr. John Zoglin, Dr. Prithvi Legha, and Dr. Phillip Ho. Committee members introduced themselves and shared their interests and experience and how that relates and informs their contributions to the committee. Dr. Somersille also encouraged in-person attendance at future meetings.
 - b. As the newly appointed chair, she will steer the course of the discussion so there is more time for input from committee members. This will be achieved by spending less time reporting data and more time on the areas that are not meeting goal or are headed in the wrong direction. More time will be spent defining the problem we are trying to solve, the metrics we are using to evaluate the problem, the expected outcomes, and the expected time frame to achieve our goals.
 - c. Dr. Somersille has completed a one-on-one listening tour and after careful consideration, there will be three key areas of focus this year:
 - Health Equity
 - Ambulatory Quality
 - Patient Experience and Service Excellence
3. Quality Committee Member Recruitment
 - a. The committee discussed the selection process and potential attributes to recruit against. The committee moved to approve the creation of an ad hoc committee to lead the search process for an additional member to join the committee.
4. Patient Story
 - a. Cheryl Reinking shared feedback from two patients received during ECH-initiated discharge phone calls. Both patients felt the discharge process could be improved. One patient felt it was disorganized. The other patient felt it was not efficient and would have appreciated more information on medications to be taken at home.
5. Health Care Equity
 - a. Dr. Beeman facilitated a discussion with the committee on health equity at El Camino Health. She provided background on her personal passion and journey around health equity, which began when she was living and working in a hospital in Karachi Pakistan in the 80s. Dr. Beeman emphasized that defining a scope of health equity as it relates to our patients and community in

the health care district is critical to ensuring our work is specific and impactful to those in our community, clinics and hospitals.

- i. One goal of the focus on health equity is to be able to understand how race, ethnicity, and social determinants of health such as education, employment, and even conditions such as obesity, affect the quality of care patients receive. By studying and making visible health outcomes for our patients segregated based on SDOH, race and ethnicity, we can then identify how to close the gaps we hypothesize exist for many of our patients.
 - ii. The focus and plan for FY23 is to;
 - 1) Understand our processes gathering information on race, ethnicity and social determinants of health from our patients.
 - 2) Establish baseline % completion of SDOH survey questions on intake process
 - 3) Set target for % improvement of data
 - 4) Deploy performance improvement methods to achieve target
 - iii. The importance of a comprehensive Inclusion-Diversity, Equity and Belonging strategy was discussed including unconscious bias training, monitoring of staff reports of experience racism or harmful/alienating behaviors at work. The incoming Chief Human Resource Officer who will be starting in September will have oversight of the broader I-Deb strategy of which Health Equity will be an important patient and community-facing component.
6. Q4 FY22 Board Quarterly Quality (STEEEP) Dashboard Review
- a. Safe Care
 - i. **Catheter Associated Urinary Tract Infection (CAUTI).** The target for CAUTI for FY22 is a Standardized Infection Rate (SIR) of ≤ 0.75 . Please see "Overview of the Standardized Infection Ratio" attachment. The data included in the calculation of the SIR is submitted to the National Healthcare Safety Network (NHSN) every month. ECH will learn in October 2022 what our final SIR rate is for CAUTIs. As an in process measure, we track the rate of CAUTI per catheter days. Although our target is set at a SIR, we track our rate, which for FY22 is 0.87 urinary tract infections per catheter days. We anticipate this rate will result in our achievement of a SIR ≤ 0.75 .
 - ii. **Central Line Associated Blood Stream Infection (CLABSI).** Like the target for CAUTI, the CLABSI target is to achieve a SIR. The SIR target for CLABSI is ≤ 0.50 . We are on track to achieve the target. This is a tremendous accomplishment given the # of central line days increased by 10.7% from FY22 to FY21 (11,352 vs 12,567 days). There were 6 CLABSI infections in FY21 compared to only 4 CLABSI infections in FY22.
 - iii. **Modified Patient Safety Indicator (PSI)-90 (composite).** The PSI 90 is a composite measure of 10 potential complications and adverse events. The FY22 target for this metric is 0.90. Our FY22 performance is unfavorably to target at 0.933. There were 4 hospital conditions in Q4 compared to 7 in Q3 (improvement). For all of FY22 there were a total of 17 hospital acquired events for this composite measure.
 - 1) **Pressure ulcer (3)**
 - 2) **Iatrogenic pneumothorax (1)**
 - 3) **Fall with hip fracture (1)**
 - 4) **Perioperative hemorrhage or hematoma (3)**
 - 5) Post op kidney injury requiring dialysis
 - 6) Post op respiratory failure
 - 7) **Perioperative DVT or PE (7)**
 - 8) Postop sepsis
 - 9) Postop wound dehiscence
 - 10) **Unrecognized abdominopelvic accidental puncture or laceration (2)**
 - b. Timely
 - i. **Patient throughput – Median time arrival to ED departure.** The median time from arrival to ED departure remains longer than desired throughout FY2022. The enterprise target for FY22 is 256 minutes. Performance in June (307 minutes) and for FY22 (290 minutes) is adversely exceeds target. The Patient Throughput Value Stream for FY22 continues to focus on stabilizing the Capacity Management Center (CMC) and improving the discharge process. The discharge lounge is now staffed on weekdays from 8:30am –

5pm with a RN. We predict that will increase the in-patient units to discharge more patients by noon. Team Health continues to participate in afternoon multidisciplinary discharge rounds to help prepare for next day discharges. PAMF has agreed to add discharge planning to progress notes as a standard to improve communication and transparency across disciplines. Our executive team continues to Gemba and support the units by removing barriers to discharge by noon. Our nursing leaders continue to assist in our focus improving both discharge by noon and the electronic SBAR process. The turnaround times for radiology have been longer than desired and are affecting the efficiency and timeliness of care in the ED. This will also be an area of focus for FY23 (radiology turnaround times).

ii. **Stroke Measures.**

1. **Door to Needle.** In the fourth quarter of FY22, six patients met inclusion criteria to be included in the stroke 'door to needle' metric. The median time from door to intravenous thrombolytic administration was 35 minutes. 5 of the 6 times were under 45 minutes (31, 34, 35, 36, and 41.) Only one case took longer than 45 minutes.
 - Documentation plays a key role in this metric – If acceptable reasons for delay are **documented**, the case is excluded from the measure.
 - Documentation for delays were provided 4 times during Q4 (so those cases were excluded from the metric.) Reasons can include hypertension-requiring treatment with IV medications, initial refusal and prolonged discussion with family, or determination of correct last known well time & home medications such as anticoagulants.
 - Location – Three of the six cases were Los Gatos patients. One arrived by EMS & the other two arrived by car. Los Gatos sees far fewer stroke patients & gives less TNK than MV, so we continue to work to improve the process there.
 - Individual physician - 3 of the 6 cases were seen by a particular teleneurologist. Teleneurology Timeliness Reports by physician are shared with Med Staff office quarterly.
2. **Door to Groin.** Fifteen patients met inclusion criteria for the Door to Groin measure in FY22. The median time from door to groin puncture was 110 minutes in FY22. Five patients (33%) had groin puncture within goal of <= 90 minutes. The median time for each quarter is; Q1 = 71 minutes, Q2 = 92.5 minutes, Q3 = 92 minutes, Q4 = 122 minutes.

c. Effective

- b. **Risk adjusted readmissions index.** The FY22 target for readmissions was to achieve an index of 0.92. This was not achieved. The FY22 index is 1.05. Please see "ECH Readmission Index Improvement August 2022" attachment.
- c. **PC-02 NTSV C-section.** No new data to review this quarter. The data through FY22 Q3 only. Will report on PC-02 FY22Q4 and full year performance with next STEEEP quarterly dashboard.

d. Patient Centered

- d. Inpatient and outpatient surgery service areas achieved their patient experience targets in FY22. The ED performance of 74% top box likelihood to recommend is below the FY22 target of 76.5. Patients surveyed in this measure are only patients discharged from the ED (not admitted). The prolonged throughput and all this reflects is adversely affecting the patients' experience in the ED. Even with a performance of 76.5%, the ECH EDs patient experience scores compare favorably to other EDs in California and the Bay Area.
- e. Maternal Child Health experienced significant increase in volumes of births and patients in FY22. This combined with the disruption of the renovation/construction affected our patient's experience on mother-baby unit. The patient experience team deployed post discharge phone calls in FY22. The feedback from patients has been favorable. This patient outreach will continue into FY23.

7. El Camino Health Medical Network Report

- a. Fiscal Year 2022 quality performance target of a composite score of 3.6 was achieved. The composite is an aggregate of eight quality measures such as maintaining blood pressure control, screening for breast and colon cancer, diabetes hemoglobin A1C optimal measures. Year over year, ECHMN has improved performance on these measures FY20 = 3.2, FY21 = 3.4 and FY22 = 3.6.
- b. For Fiscal Year 2023 the medical network will be using a different approach to comprehensively assess quality, patient care and experience by focusing on 4 domains; Preventative Care (primary care clinicians), Frictionless, Patient Centered and People. Current performance and FY23 targets were reviewed.

ECHMN Quality, Safety and Experience Dashboard (August 2022)

Domain	Measure	Source	(Initial) Measure Owner	Baseline FY22	Target	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FYTD23 Total
Preventive Care	Blood Pressure management (primary care only)	EPIC	Ute	60%	67.50%					
	Diabetes management-HbA1C <9% (primary care only) <i>(lower is better)</i>	EPIC	Ute	24%	<20%					
	Breast cancer screening (primary care only)	EPIC	Ute	69%	73.50%					
	Colon cancer screening (primary care only)	EPIC	Ute	57%	61%					
	Annual flu vaccination (primary care only)	EPIC	Ute	70%	75%					
	Medication Reconciliation (primary care only)	EPIC	Ute	98%	98.40%					
Frictionless	Access 3na for primary care	EPIC	Deb Muro	18.12 days	5 days *					
	Access 3na for specialty care	EPIC	Deb Muro	20.42 days	10 days *					
	Patient enrollment in my chart	EPIC	Deb Muro	63%	70%*					
	Clinician response to my chart patient message < 48 hours?	EPIC	Deb Muro	1.48 days	1.2 days					
Patient Centered	Primary Care LTR	Press Ganey	Christine	83.3	TBD					
	Specialty Care LTR	Press Ganey	Christine	86.6	TBD					
	Urgent Care LTR	Press Ganey	Christine	73.7	TBD					
	# Primary care providers	HR	Shahab Dadjou		TBD					
People	Employee engagement (once a year survey)	HR	Shahab Dadjou	3.72						
	Physician engagement (once a year survey)	HR	Shahab Dadjou	3.60						

- c. The iCare team has created a user-friendly physician dashboard within EPIC, which will allow clinicians to track their patient panel and any outstanding preventative care gaps, which need to be closed.



Pre-Audit Fiscal Year 2022 - Financial Results (7/1/2021 to 06/30/2022)

Carlos A. Bohorquez, Chief Financial Officer

August 17, 2022

Financial Overview: Pre-Audit FY2022 (as of 6/30/2022)

Consolidated Financial Performance

- YTD FY2022 operating margin is \$195.1M compared to the budget of \$79.7M
- Operating expenses of \$1,158M / 4.2% unfavorable to budget mainly driven by higher than expected volumes, Covid related expenses and workforce shortages:
 - When adjusted for volume levels, operating expenses per CMI adjusted discharge is \$16,167 which is 9.9% favorable to budget. This continues to demonstrate effective management of variable expenses and the impact of initiatives implemented by management to mitigate the impact of inflation and workforce shortages.
Note: Excludes depreciation and interest expense
- Year-over-year operating margin is \$107.8M higher than the same period last year, which is primarily due to, expense managing initiatives implemented over the past 18 months, strong net patient revenue as exhibited by year-over-year growth in the following services lines:
 - Outpatient Surgeries: +10.5% primarily driven my heart/vascular and orthopedic & spine activity and their associated ancillary services
 - Emergency Room Visits: +39.1%
 - Deliveries - Maternal Child services: +20.2%
- Year-over-year net income is \$284.3M lower than the same period last year, which is primarily driven by lower investment income
- Negative performance in non-operating revenue has resulted in lower than expected liquidity of 290 days cash on hand versus budget of 325 days

Operational / Financial Results: YTD FY2022 (as of 06/30/2022)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's	S&P	Performance to Rating Agency Medians
									'A1'	'AA'	
Activity / Volume	ADC	276	255	21	8.1%	245	31	12.7%	---	---	---
	Total Acute Discharges	21,371	20,147	1,224	6.1%	19,157	2,214	11.6%	---	---	---
	Adjusted Discharges	41,884	37,332	4,552	12.2%	36,207	5,676	15.7%	---	---	---
	Emergency Room Visits	68,778	52,395	16,383	31.3%	52,059	16,719	32.1%	---	---	---
	OP Procedural Cases	153,132	123,247	29,885	24.2%	160,732	(7,600)	(4.7%)	---	---	---
	Gross Charges (\$)	5,122,895	4,567,467	555,428	12.2%	4,309,257	813,638	18.9%	---	---	---
Operations	Total FTEs	3,101	3,086	15	0.5%	2,841	260	9.1%	---	---	---
	Productive Hrs. / APD	28.6	31.5	(2.8)	(9.0%)	31.0	(2.3)	(7.6%)	---	---	---
	Cost Per CMI AD	16,167	17,952	(1,785)	(9.9%)	16,815	(649)	(3.9%)	---	---	---
	Net Days in A/R	57.3	49.0	8.3	17.0%	50.0	7.4	14.7%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	1,309,152	1,147,680	161,472	14.1%	1,107,911	201,241	18.2%	1,662,567	985,255	---
	Total Operating Revenue (\$)	1,353,519	1,191,794	161,725	13.6%	1,156,342	197,177	17.1%	1,822,912	1,315,225	---
	Operating Margin (\$)	195,086	79,692	115,394	144.8%	87,244	107,842	123.6%	22,978	46,033	---
	Operating EBIDA (\$)	286,044	163,575	122,469	74.9%	170,690	115,354	67.6%	134,260	128,892	---
	Net Income (\$)	43,765	172,403	(128,638)	(74.6%)	328,083	(284,318)	(86.7%)	97,493	88,120	---
	Operating Margin (%)	14.4%	6.7%	7.7%	115.6%	7.5%	6.9%	91.0%	1.9%	3.5%	---
	Operating EBIDA (%)	21.1%	13.7%	7.4%	54.0%	14.8%	6.4%	43.2%	8.3%	9.8%	---
	DCOH (days)	290	325	(35)	(10.6%)	388	(97)	(25.1%)	306	355	---

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.

S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021

DCOH total includes cash, short-term and long-term investments.

Period 12 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 06/30/2022)

(\$000s)

	Period 12- Month			Period 12- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	28,202	6,697	21,504	180,038	80,408	99,630
Los Gatos	11,612	2,932	8,680	50,255	35,202	15,053
Sub Total - El Camino Hospital, excl. Affiliates	39,813	9,630	30,184	230,292	115,610	114,682
Operating Margin %	33.9%	10.1%		17.7%	10.2%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	(46,473)	7,846	(54,319)	(148,794)	89,199	(237,993)
El Camino Hospital Net Margin	(6,659)	17,476	(24,135)	81,499	204,809	(123,310)
ECH Net Margin %	-5.7%	18.3%		6.3%	18.0%	
Concern	(362)	72	(434)	(598)	833	(1,430)
Foundation	(2,453)	20	(2,473)	(3,048)	(250)	(2,798)
El Camino Health Medical Network	(2,968)	(2,753)	(214)	(34,087)	(32,989)	(1,098)
Net Margin Hospital Affiliates	(5,782)	(2,662)	(3,121)	(37,733)	(32,406)	(5,327)
Total Net Margin Hospital & Affiliates	(12,442)	14,814	(27,256)	43,765	172,403	(128,638)

Consolidated Balance Sheet (as of 06/30/2022)

(\$000s)

ASSETS

	Audited	
	June 30, 2022	June 30, 2021
CURRENT ASSETS		
Cash	196,067	151,641
Short Term Investments	138,654	284,262
Patient Accounts Receivable, net	209,668	166,283
Other Accounts and Notes Receivable	9,880	9,540
Intercompany Receivables	13,996	15,116
Inventories and Prepaids	36,476	23,079
Total Current Assets	604,740	649,921
BOARD DESIGNATED ASSETS		
Foundation Board Designated	18,721	20,932
Plant & Equipment Fund	310,367	258,191
Women's Hospital Expansion	30,261	30,401
Operational Reserve Fund	182,907	123,838
Community Benefit Fund	18,299	18,412
Workers Compensation Reserve Fund	14,029	16,482
Postretirement Health/Life Reserve Fund	29,783	30,658
PTO Liability Fund	33,709	32,498
Malpractice Reserve Fund	1,906	1,977
Catastrophic Reserves Fund	24,668	24,874
Total Board Designated Assets	664,651	558,264
FUNDS HELD BY TRUSTEE	0	5,694
LONG TERM INVESTMENTS	499,483	603,211
CHARITABLE GIFT ANNUITY INVESTMENTS	940	728
INVESTMENTS IN AFFILIATES	30,376	34,170
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,872,501	1,799,463
Less: Accumulated Depreciation	(778,427)	(742,921)
Construction in Progress	96,603	94,236
Property, Plant & Equipment - Net	1,190,676	1,150,778
DEFERRED OUTFLOWS	19,474	21,444
RESTRICTED ASSETS	31,200	29,332
OTHER ASSETS	138,632	86,764
TOTAL ASSETS	3,180,173	3,140,306

LIABILITIES AND FUND BALANCE

	Audited	
	June 30, 2022	June 30, 2021
CURRENT LIABILITIES		
Accounts Payable	51,286	39,762
Salaries and Related Liabilities	46,502	50,039
Accrued PTO	34,449	33,197
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	14,942	12,990
Intercompany Payables	13,440	14,704
Malpractice Reserves	2,096	1,670
Bonds Payable - Current	9,905	9,430
Bond Interest Payable	8,096	8,293
Other Liabilities	15,739	16,953
Total Current Liabilities	198,755	189,338
LONG TERM LIABILITIES		
Post Retirement Benefits	29,783	30,658
Worker's Comp Reserve	14,029	17,002
Other L/T Obligation (Asbestos)	5,073	6,227
Bond Payable	466,838	479,621
Total Long Term Liabilities	515,723	533,509
DEFERRED REVENUE-UNRESTRICTED	12,864	67,576
DEFERRED INFLOW OF RESOURCES	51,133	28,009
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,154,900	2,097,010
Board Designated	210,197	193,782
Restricted	36,601	31,082
Total Fund Bal & Capital Accts	2,401,698	2,321,874
TOTAL LIABILITIES AND FUND BALANCE	3,180,173	3,140,306

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

To: El Camino Hospital Board of Directors
From: Dan Woods, Chief Executive Officer
Date: August 17, 2022
Subject: El Camino Health Inclusion, Diversity, Equity and Belonging

Purpose: To inform the Board regarding progress in evolving the El Camino Health (ECH) culture to emphasize Inclusion, Diversity, Equality and Belonging (I-DEB).

Summary:

- Situation:** The ECH Board of Directors has emphasized the need to evaluate and potentially evolve ECH’s culture regarding I-DEB. The goal is to collaborate with the Board of Directors, Board Committees, and staff to understand the views, beliefs and needs of the Board and ECH as a whole.
- Authority:** The Governance Committee is to advise and assist the El Camino Hospital Board of Directors in matters related to governance, board development, board effectiveness, and board composition. The Governance Committee ensures the Board and Committees are functioning at the highest level of governance standards. The Committee has taken the responsibility to engage and oversee the consultant’s engagement, and I-DEB development efforts.
- Background:** Consultants were initially engaged in April, but the Directors and staff identified a need for different advisors for the process.
- Assessment:** Santa Clara County has many different micro-cultures with diverse demographics. The 2020 Census indicates demographics indicated in Figure 1.¹

Since 2017, ECH leadership has made diversity a higher emphasis. Though the I-DEB Steering Committee is new, management has made a concerted effort to align leadership and initiatives with the demographics of our staff and Service Area (See “Outcomes” below).
- Other Reviews:** None.

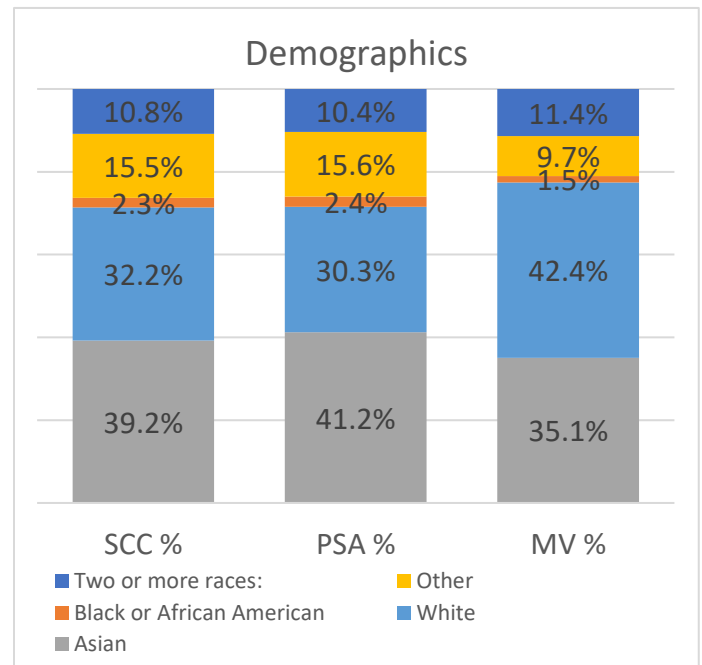


Figure 1 - Santa Clara County, Primary Service Area, and Mountain View Specific Demographics

¹ Data collected from the 2020 Census. “Other” includes “Other race alone,” “Native Hawaiian or Pacific Islander”, and “American Indian and Alaska Native alone”

6. Outcomes:

Organizational Development - Management has distributed a Request For Proposal (RFP) to three potential new consulting advisors to facilitate analysis and planning for I-DEB improvements in Board Committees. The Governance Committee will oversee the selection and oversight of these advisors as it relates to the Board of Directors and Board Committees.

Leadership Demographics:

Senior Management - Since 2017 the demographics of the senior management team has shifted significantly, which better represents the geographies ECH serves. In 2017, the ethnicity of the senior management team was over ninety percent (90%) White/Caucasian, with only one member representing the Asian demographic. In 2022, White/Caucasian senior management members only totaled sixty percent (60%), with thirty percent (30%) from the Asian demographic, and five percent (5%) from the Black/African American and Hispanic demographics (See figure 2). This evolution brings the senior management team closer to representing Mountain View, the Primary Service Area, and Santa Clara County, as shown in Figure 2.

Similarly, evaluating the gender of the Senior Management team, in 2017, nearly sixty-seven percent (67%) of the management team were female. In 2022, the numbers have balanced out.

Diversity Director – Management is currently recruiting a Director of Diversity. Initial interviews are taking place with seven candidates, with the intent of moving forward quickly. Of note, there is significant demand for Diversity leadership throughout the nation, with a limited supply of qualified candidates. Given this high demand and the rate at which the market is recruiting, ECH management recognizes the importance of this role and is moving quickly to identify and recruit the best fit for ECH’s needs.

Health Equity – This important topic has been added to the Quality Committee’s responsibilities. As mentioned in the Quality Committee report and minutes, an

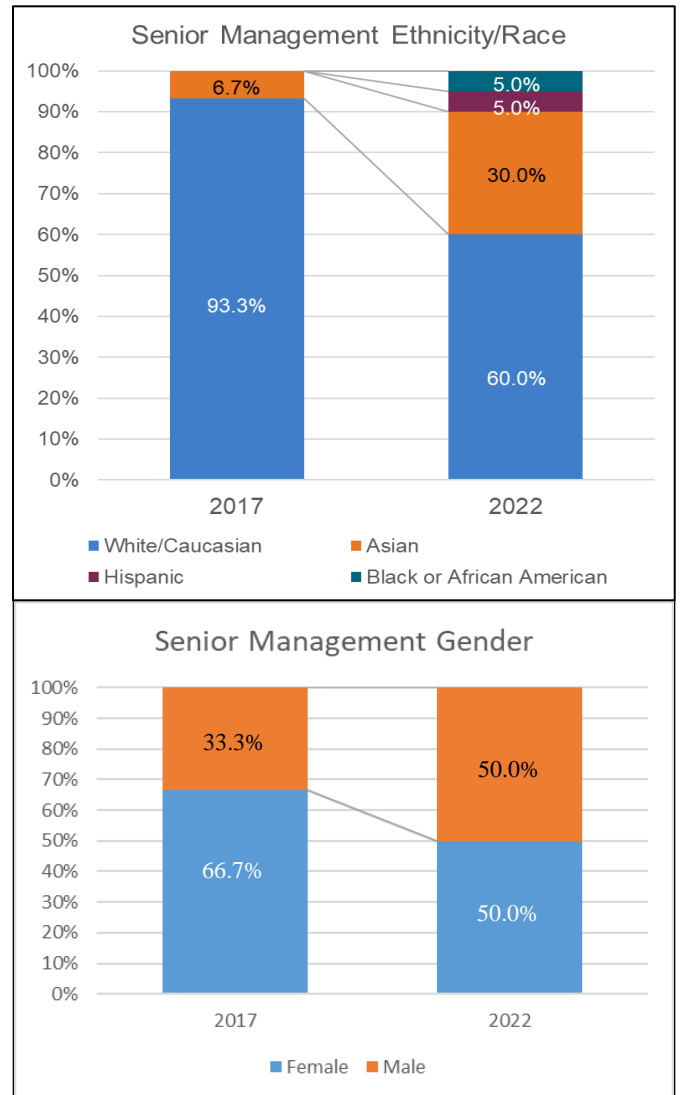


Figure 2 - Senior Management Demographic change

Diversity
April 17, 2022

initial area of focus is understanding how race, ethnicity, and social determinants of health (SDOH), such as education, employment, and even conditions such as obesity, affect the quality of care patients receive at ECH. An ECH management task force will study and make visible health outcomes for our patients segregated based on SDOH, race, and ethnicity; we can then identify how to close the gaps we hypothesize exist for many of our patients. Additionally, the I-DEB Steering Committee has helped develop and implement unconscious bias training, monitoring staff reports of experience racism and/or harmful or alienating workplace behaviors. The incoming Chief Human Resource Officer (CHRO) will oversee the I-DEB strategy, and be incorporated into the Health Equity initiative.

List of Attachments:

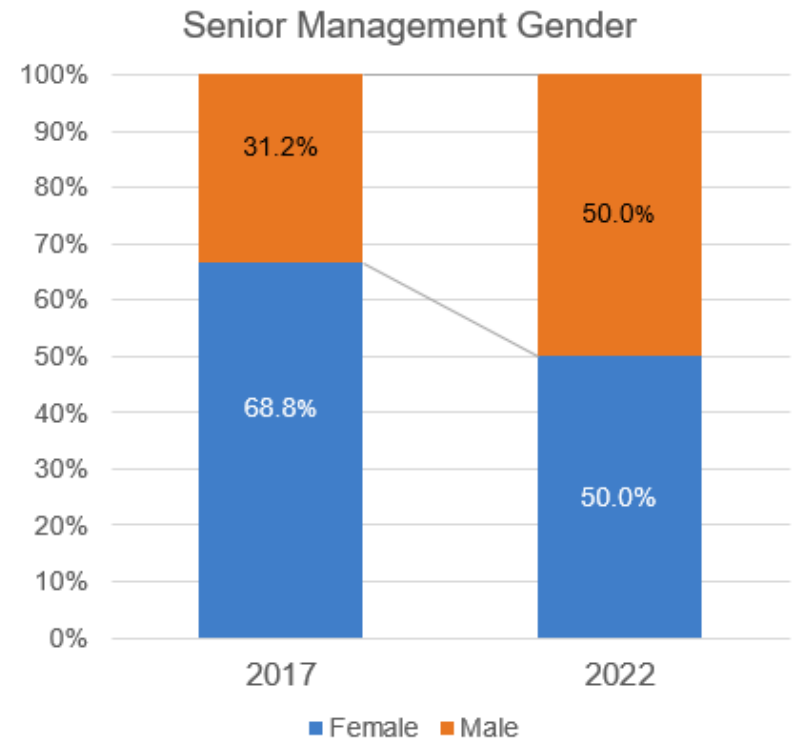
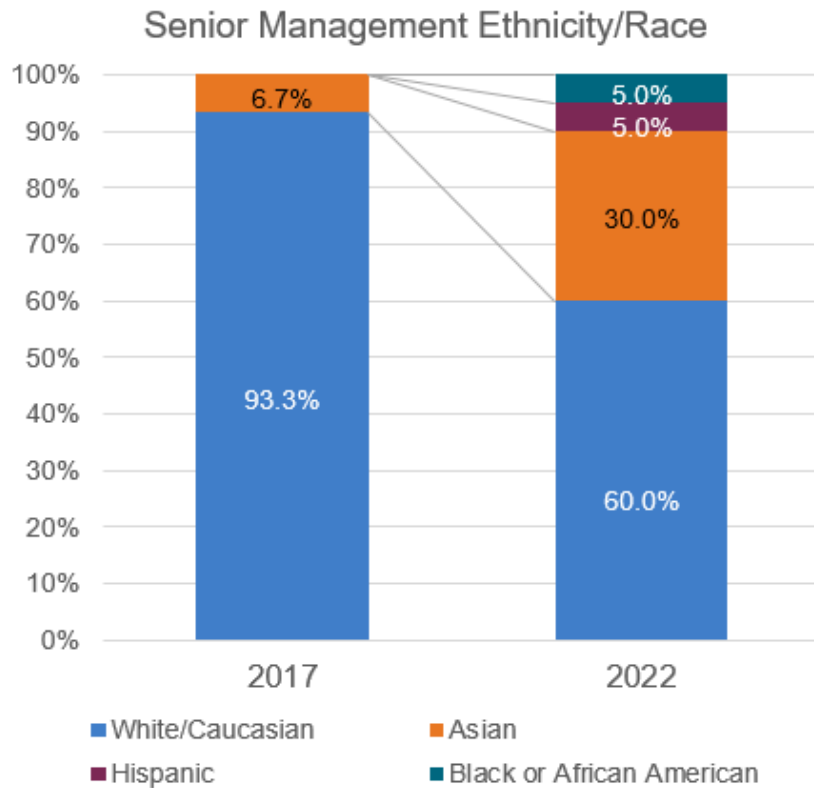
A. Senior Management Demographics

Suggested Discussion Questions:

1. None

Appendix A – Senior Management Demographics 2017 to 2022

Senior Management Demographic Change



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

To: El Camino Hospital Board of Directors
From: Mary Rotunno, General Counsel
Date: August 17, 2022
Subject: Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings

Recommendation: To continue the determination made by the Board of Directors at its meeting on October 13, 2021 in Resolution 2021-10 acknowledging that there still exists a state of emergency due to the COVID-19 pandemic and to continue the findings by the Board of Directors to allow continued public participation by teleconference in Board and Advisory Committee meetings in accordance with the recommendation of the Santa Clara County Health Officer.

Summary:

1. **Situation:** At the October 13, 2021 Board Meeting, the Board of Directors adopted Resolution 2021-10, which made findings to continue holding virtual public meetings under the Ralph M. Brown Act based on the continued state of emergency due to the COVID-19 pandemic and that either (a) the state of emergency continues to directly impact the ability to meet safely in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing.
This Resolution relies on the September 21, 2021 recommendation by the Health Officer of the County of Santa Clara that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings.
2. **Authority:** On March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means. On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which placed an end date of September 30, 2021, for agencies to meet remotely. On September 16, 2021, Governor Newsom signed Assembly Bill 361 (2021) ("AB 361") which allows for local legislative and advisory bodies to continue to conduct meetings via teleconferencing if the Board of Directors, by majority vote, make the findings set forth in paragraph 1 above, not later than thirty (30) days after teleconferencing for the first time under the AB 361 rules, and every 30 days thereafter.
3. **Legal and Compliance Review:** ECH outside counsel at Best Best & Krieger, LLP ("BB&K"), reviewed the legislation and prepared Resolution 2021-10.

Attachment:

1. Resolution 2021-10 - Resolution of the Board of Directors of El Camino Hospital Making Findings and Determinations Under AB 361 for Teleconference Meetings

RESOLUTION 2021-10

**RESOLUTION OF THE BOARD OF DIRECTORS OF
EL CAMINO HOSPITAL
MAKING FINDINGS AND DETERMINATIONS
UNDER AB 361 FOR TELECONFERENCE MEETINGS**

WHEREAS, all meetings of the El Camino Hospital's Board of Directors and Advisory Committees are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and watch the Board of Directors and its Advisory Committees conduct their business;

WHEREAS, such meetings ordinarily take place on the campus of the Hospital, located at 2500 Grant Road, Mountain View, California, 94040, in the County of Santa Clara;

WHEREAS, ordinarily, the Ralph M. Brown Act imposes certain requirements on local agencies meeting via teleconference;

WHEREAS, the Legislature recently enacted Assembly Bill 361 (AB 361), which amended Government Code section 54953 to allow local agencies to use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) of section 54953 of the Government Code if the legislative body holds a meeting during a proclaimed state of emergency and determines by majority vote that, as a result of the emergency, either (a) meeting in person would present imminent risks to the health and safety of attendees, or (b) state or local official continue to impose or recommend measures to promote social distancing;

WHEREAS, the Governor issued a proclamation declaring a state of emergency on March 4, 2020 due to the COVID-19 pandemic, pursuant to section 8625 of the California Emergency Services Act, and this proclaimed state of emergency currently remains in effect;

WHEREAS, on August 2, 2021, in response to the Delta variant, the Health Officer of the County of Santa Clara ordered all individuals to wear face coverings when inside public spaces;

WHEREAS, on September 21, 2021, the Health Officer of the County of Santa Clara issued a recommendation that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings;

WHEREAS, AB 361 requires compliance with separate procedures for teleconference meetings during a state of emergency, found in subdivision (e) of Government Code section 54953;

WHEREAS, AB 361 requires that the legislative body using the teleconferencing procedures of AB 361 make renewed findings by majority vote, not later than every thirty (30) days, that the legislative body has reconsidered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person,

or (b) state or local officials continue to impose or recommend measures to promote social distancing;

WHEREAS, the Board of Directors of the Hospital desires to make findings and determinations for meetings of the Board of Directors and its Advisory Committees consistent with AB 361 to utilize the special procedures for teleconferencing provided by AB 361 due to imminent risks to the health and safety of attendees, as well as Hospital staff and patients;

WHEREAS, in response to the COVID-19 pandemic, Hospital staff has set up hybrid in-person/teleconference public meetings, whereby members of the Board of Directors and Advisory Committee members and staff that can attend the meeting in-person on the campus of the Hospital can do so, while members of the public have the full ability to observe and comment on the meetings off-campus through the Hospital's virtual meeting platforms;

WHEREAS, the Board of Directors fully supports the public's right to participate in all meetings of the Board of Directors and its Advisory Committees, but acknowledges that it cannot require members of the public who wish to attend meetings in-person to submit proof of vaccination or negative test results;

WHEREAS, it is important that the Board of Directors ensure that Board members, Advisory Committee members and Hospital staff have a safe workplace and Hospital patients have a safe environment to receive care, to the maximum extent possible; and

WHEREAS, the Board of Directors desires to balance the rights of members of the public to participate in meetings of the Board of Directors and its Advisory Committees with the rights of the Board of Directors, Advisory Committee members and Hospital staff to conduct the meetings in a safe environment.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of El Camino Hospital, that:

1. The Board of Directors finds and determines that, as a result of the COVID-19 pandemic emergency, meetings of the Board of Directors and its Advisory Committees in which the public attends in-person on the campus of the Hospital would present imminent risks to the health and safety of the Board of Directors, Hospital staff, members of the public and patients of the Hospital.
2. The Board of Directors finds and determines that conducting such meetings in a hybrid in-person/teleconference model provides the safest environment for the Board of Directors, Advisory Committee members and Hospital staff to conduct business, while allowing for maximum public participation.
3. The Board of Directors finds and determines that the Health Officer of the County of Santa Clara has recommended measures to promote social distancing as one means to reduce the risk of COVID-19 transmission.

4. The Board of Directors and its Advisory Committees shall conduct teleconference meetings under AB 361 in accordance with the requirements of AB 361, found in subdivision (e) of Government Code section 54953.
5. Through the duration of the state of emergency, if the Board of Directors desires to continue utilizing teleconferencing meetings under the special provisions of AB 361, the Board of Directors will make findings by majority vote not later than thirty (30) days after this meeting (or, if there is no meeting within thirty (30) days of this meeting, at the start of the next meeting), and not later than every thirty (30) days thereafter (or, if there is no meeting within thirty (30) days thereafter, at the start of the next meeting), that the Board of Directors has reconsidered the circumstances of the state of emergency and that either (a) the state of emergency continues to directly impact the ability of the public to meet safely in person, or (b) that state or local officials continue to impose or recommend measures to promote social distancing.
6. The findings of the Board of Directors set forth above apply to all meetings of the Board of Directors and its Advisory Committees, including, without limitation, the October 4, 2021 meeting of the Quality, Patient Care and Patient Experience Committee, which predated this Resolution.

PASSED AND ADOPTED at the regular meeting of the Board of Directors of El Camino Hospital held on October 13, 2021 by the following vote:

AYES: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin

NOES: None

ABSENT: None

ABSTAIN: None

ATTEST:

DocuSigned by:

Lanhee Chen

71D3D3DB297E475

Chair,
El Camino Hospital Board of Directors

DocuSigned by:

Julia Miller

30CE6DD9439C4ED...

Secretary,
El Camino Hospital Board of Directors



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, June 8, 2022**

Pursuant to Government code section 54953(e)(1), El Camino Health will not be providing a physical location to the public for this meeting. Instead, the public is invited to join the open session meeting via teleconference at:

Board Members Present

Lanhee Chen, Chair **
Bob Rebitzer, Vice-Chair
Peter C. Fung, MD
Jack Po, MD, Ph.D
Julia E. Miller, Secretary/Treasurer
Carol A. Somersille, MD
George O. Ting, MD
Don Watters
John Zoglin

Board Members Absent

Julie Kliger, MPA, BS

**via telepresence

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<p>The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:30 pm by Chair Chen. A verbal roll call was taken. All Board members were present at roll call, excluding Directors Rebitzer, Po, and Fung. 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.</p> <p><i>*Director Somersille joined at 5:32 pm.</i></p>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<p>Chair Chen asked the Board of Directors for declarations of conflict of interest with any items on the agenda, and none were reported.</p>	
<p>3. PUBLIC COMMUNICATION</p>	<p>None</p>	
<p>4. MEDICAL STAFF REPORT</p>	<p>Apurva Marfatia, MD, Enterprise Chief of Staff, informed the Board of his last report as Chief Medical Staff, and his term ends June 30th. He briefly reflected on his journey with El Camino Health, healthcare services, and leadership.</p>	
<p>5. QUALITY COMMITTEE REPORT</p>	<p>Director Ting presented the Quality Committee Report on behalf of Director Kliger:</p> <p>Director Ting reported three items for consideration to the Board.</p> <ol style="list-style-type: none"> 1. ECHMN Governance & Reporting (i.e., variance explanations and graph interpretations). 2. Implementing Lean Technology. 3. Larger role for Medical Directors. <p>Director Ting further discussed the medical staff; they are not being formally utilized. We view them as "guests" and not as partners.</p> <p>Dr. Beeman facilitated a review and discussion of the Quality Improvement and Patient Safety Plan. The (QAPI) plan defines the structure, function, and processes utilized to accomplish the organization's overall quality and safety strategy.</p>	<p><i>El Camino Hospital Board for Discussion</i></p>

<p>6. BOARD OFFICER ELECTIONS</p>	<p>Chair Chen reviewed the election procedures with the Board of Directors and called for a vote regarding the selection of current Vice-Chair Rebitzer as Board Chair for the upcoming term, and the Directors responded as follows:</p> <p>Chen: Aye Fung: Aye Kliger: Absent Miller: Aye Po: Aye Somersille: Aye Rebitzer: Aye Ting: Aye Watters: Aye Zoglin: Aye</p> <p>Motion: to select Bob Rebitzer as Chair of the Hospital Board of Directors for a two-year term effective July 1, 2022.</p> <p>Movant: Chen Second: Miller Ayes: Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p> <p>Chair Chen requested nominations or declarations of interest from the floor for the position of Vice-Chair.</p> <p>Vice-Chair Rebitzer nominated Director Jack Po for the incoming Vice-Chair position.</p> <p>Chair Chen called for a vote regarding the selection of Vice-Chair, and the Directors responded as follows</p> <p>Chen: Aye Fung: Aye Kliger: Absent Miller: Aye Po: Aye Somersille: Aye Rebitzer: Aye Ting: Aye Watters: Aye Zoglin: Aye</p> <p>Motion: to select Director Po as Vice-Chair of the Hospital Board of Directors to fill the vacancy effective July 1, 2022, for the remainder of the Vice-Chair term through June 30, 2023.</p> <p>Movant: Chen Second: Watters Ayes: Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	<p>Board Officer Elections selected</p>
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<p>7. ADJOURN TO CLOSED SESSION</p>	<p>To adjourn to closed session at 5:52 pm pursuant to Gov't Code Section 54957.2 for approval of the Minutes of the Closed Session of March 09, 2022, Hospital Board Meeting; 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 Credentialing & Privileges Report); pursuant to Gov't Code Section 54957 for discussion on personnel performance matters, an Executive Session with the CEO, and a CEO Report.</p> <p>Motion: to adjourn to closed session at 5:52 pm.</p> <p>Movant: Miller Second: Zoglin Ayes: Chen, Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Kliger Recused: None</p>	<p>Adjourned to closed session at 5:52 pm</p>
<p>8. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open Session reconvened at 7:22 pm by Vice Chair Rebitzer. Agenda Items 8-13 were discussed in the closed session.</p> <p>During the closed session, the El Camino Hospital Board of Directors approved the Closed Session Minutes of May 11th, 2022, Hospital Board Meeting and the Credentials and Privileges Report; by a unanimous vote of all Directors present (Directors Rebitzer, Fung, Miller, Po, Somersille, Ting, Watters, and Zoglin).</p> <p><i>*Director Chen and Director Kliger were absent.</i></p>	<p>Approve to open session at 7:22 pm</p>
<p>9. AGENDA ITEM 16: CONSENT CALENDAR ITEMS</p>	<p>Vice Chair Rebitzer asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion.</p> <p>Director Zoglin requested to pull item 16a – Hospital Board Minutes (05/11/22) Open Session Minutes.</p> <p>Director Somersille would like to remove pull 16b – 2022 ECH CHNA and FY23 ECH Implementation Strategy Report and Community Benefit Plan.</p> <p>Director Watters requested to pull item 16m – Governance Report.</p> <p>Vice-Chair Rebitzer called for discussion on each item in the following order:</p> <p>16a – Director Zoglin requested the following revisions, noted in red, to the 5/11 open session minutes, agenda item 17:</p> <p>“Director Somersille recused herself from the discussion of this item and left the Boardroom. Chair Chen open the discussion to formally add Director Carol Somersille, MD to the OB/GYN Call Panel at the Mountain View campus and asked Dr. Adams to provide more detail the Board for feedback.</p> <p><i>Director Zoglin asked for clarification on the Call Panel agreement as detailed below:</i></p> <ul style="list-style-type: none"> • <i>Will this present a conflict of interest</i> • <i>Will this constrain Dr. Somersille’s ability to participate in strategic discussions</i> 	<p>Consent calendar approved</p>

	<p><i>Ms. Priya Shah, Assistant General Counsel stated that she did not foresee a potential conflict of interest.</i></p> <p><i>Dr. Adams clarified the need to fill the gaps within the call panel and the repeated soliciting of the remaining OBGYN Physician to volunteer. Dr. Barbie Phelps approached Dr. Somersille and asked if she would be willing to fill some of the gaps within the panel.</i></p> <p>Dr. Adams stated that Director Somersille, MD will serve as a backup for the OB hospitalists in the OBED, and be compensated at the same payment rate as the other physicians on the call panel; the maximum per diem rate will be \$1,000 per day plus \$500 per activation (not to exceed \$25k/mo), with twelve independent physicians expected to be on the OB/GYN call panel.”</p> <p><i>*There was consensus from the Board on this request.</i></p> <p>16b – 2022 ECH CHNA and FY23 ECH Implementation Strategy Report and Community Benefit Plan: Director Somersille as for clarification on who was involved in the focus group. Jon Cowan responded that they would recalibrate the focus group next year.</p> <p>16m – Governance Report: Director Watters provided a verbal report as detailed in the packet materials</p> <p>Motion: to approve the consent calendar with noted revisions to include:</p> <ul style="list-style-type: none"> a. Hospital Board Minutes (05/11/22) Open Session Minutes b. 2022 ECH CHNA and FY23 ECH Implementation Strategy Report and Community Benefit Plan MV General Surgery Call Panel Renewal c. Enterprise Pathology Medical Director Renewal d. Enterprise Cancer Program Medical Director Renewal e. MV Cath Lab Medical Director Renewal f. MV Respiratory Care Services Medical Director Renewal g. MV Cardiac Rehab Medical Director Renewal h. FY23 Master Calendar i. Progress against FY22 Committee Goals j. FY23 Committee Goals k. FY23 Committee Pacing Plans l. FY23 Committee and Liaisons Appointments m. Committee Charter Updates n. Medical Staff Report o. Policies, Plans, and Scope of Services <p>Movant: Miller</p> <p>Second: Zoglin</p> <p>Ayes: Rebitzer, Fung, Miller, Somersille, Ting, Watters, Zoglin, Po</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Klinger, Chen</p> <p>Recused: None.</p>	
<p>10. AGENDA ITEM 17: FY23 ORGANIZATIONAL GOALS</p>	<p>Dan Woods, CEO, highlighted the FY23 Organizational Goals and reported that the leadership team had utilized Lean methodologies to align the organization’s work with Strategic Themes. This is done through <i>True North Pillars</i> (Quality & Safety, Service, People, Finance, and Growth).</p>	<p>FY23 Organizational Goals approved</p>

Vice Chair Rebitzer and Director Zoglin stated that the Goals do not represent Strategy. Mr. Woods noted that he would present a crosswalk between Goals and Strategy at a future Board meeting.

Vice Chair Rebitzer further stated that the Quality Goals do not include a metric on 'Access.' Director Zoglin also mentioned that the Quality pillar has only one hospital goal and needs to add plans to represent the enterprise. Dr. Beeman responded that Access measure would be added to the ECHMN Dashboard.

QUALITY

- Need to complete the root cause analysis and strategic plan to address gaps in performance.
- Quality metrics need to be benchmarked externally. Dr. Beeman ensured that the Quality Committee received root cause analysis and action plans. These could be shared with the Board. The majority of the organization's quality metrics are in the top quartile. We will continue to work on the issue.

SERVICE

- Per Vice Chair Rebitzer, 'access' is not represented in LTR since it does not capture patients who self-select to other organizations. Mr. Woods agreed to add an operational metric for 'access.'

PEOPLE

- Director Zoglin asked if the 'participation' rate is a reliable metric. Mr. Woods commented that 'participation' is a standard metric. Vice Chair Rebitzer noted that we need to look at 'resource constraints on the outpatient side and potential limitations of the 'participation' metric.

FINANCE

- Director Zoglin requested to express the target in 'absolute dollar amount.' Carlos Bohorquez, Chief Financial Officer, agreed to make those adjustments.

GROWTH

- Ambulatory Lives needs to be more than 15% annual growth. Mr. Woods directed Shahab Dadjou, President of ECHMN, to review the Unique Ambulatory Lives metric. Mr. Woods further commented and agreed not to publish incentive goals within the organization until the Board has had a chance for an additional review.

Motion: to approve FY23 Organizational Goals

Movant: Watters

Second: Fung

Ayes: Fung, Po, Miller, Somersille, Ting, Watters, Zoglin, Rebitzer

Noes: None

Abstentions: None

Absent: Kliger, Chen

	Recused: None	
11. AGENDA ITEM 18: EMPLOYEE RECOGNITION	<p>Dan Woods, CEO, reported on a unique one-time Employee Recognition awarded to each ECH staff.</p> <p>Motion: to approve Employee Recognition</p> <p>Movant: Miller</p> <p>Second: Zoglin</p> <p>Ayes: Fung, Po, Miller, Somersille, Ting, Watters, Zoglin, Rebitzer</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Kliger, Chen</p> <p>Recused: None</p>	Employee Recognition Award approved
12. AGENDA ITEM 19: CEO REPORT	<p>Dan Woods, CEO, gave a brief update and pacing plan report.</p> <ul style="list-style-type: none"> • Newsweek recognized ECH Mountain View for a 5-ribbon performance (top performance) and as one of America's Top Maternity Hospitals for 2022. In addition, El Camino Health has predicted over 5,000 babies will be delivered at El Camino Hospital this year. • El Camino Health has earned a distinguished three-star rating from the Society of Thoracic Surgeons (STS) for its patient care and outcomes in aortic valve replacement (AVR). • Dan Woods, CEO, and Carlos Bohorquez, CFO, attended a conference in NYC, representing El Camino Health with a very positive outcome. • Ambulatory services are in negotiation with El Camino Health and Surgical Partners. • Joint venture with Kendrick underway to build a joint rehab in Sunnyvale. 	
13. AGENDA ITEM 20: BOARD COMMENTS	<i>No comments were made.</i>	
14. AGENDA ITEM 21: ADJOURNMENT	<p>Motion: to adjourn at 7:51pm.</p> <p>Movant: Fung</p> <p>Second: Ting</p> <p>Ayes: Fung, Kliger, Miller, Somersille, Ting, Watters, Zoglin, Rebitzer</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Kliger, Chen</p> <p>Recused: None</p> <p><i>*Chair Chen left the meeting at 6:45 pm.</i></p>	Meeting adjourned at 7:51 pm

Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:

 Bob Rebitzer
 Vice-Chair, ECH Board of Directors

 Julia E. Miller
 Secretary, ECH Board of Directors

Prepared by: Stephanie Iljin, Manager of Administration
 Heidi Parker, Executive Assistant II

**EL CAMINO HOSPITAL
BOARD MEETING COVER MEMO**

To: El Camino Hospital Board of Directors
From: Dan Woods, Chief Executive Officer
Bob Miller, Executive Compensation Committee Chair
Date: August 17, 2022
Subject: Recommendation regarding Chief Human Resources Officer (CHRO) Base Salary

Recommendation(s): To approve the base salary for the incoming CHRO no greater than the salary range midpoint.

Summary:

1. **Situation:** A candidate has accepted the CHRO position effective September 12, 2022. Since the Board is meeting before the Executive Compensation Committee's (ECC) meeting of September 13, 2022, we ask that the Board approve the base salary. Dan Woods consulted with Bob Miller prior to the offer to the candidate.
2. **Authority:** The Board and the ECC have the authority to approve executive base salaries.
3. **Background:** Mercer completed an independent market analysis that informed the salary range for the position.
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** All contingencies from the offer will be made.

List of Attachments: None

Suggested Board Discussion Questions: None

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

To: El Camino Hospital Board of Directors
From: Shahab Dadjou, Interim President of El Camino Health Medical Network
Date: August 17, 2022
Subject: Silicon Valley Medical Development Board Appointments

Purpose:

The purpose is to provide the El Camino Hospital Board with the proposed SVMD Board of Managers recommendations as reviewed and approved by the Silicon Valley Board of Directors.

Summary: Pursuant to the Third Amended & Restated Limited Liability Company Operating Agreement dated June 17, 2008, at the recommendation of the Hospital System Board, The Board of Managers of Silicon Valley Medical Development unanimously approved the appointment of Dr. George Ting as an additional voting manager. The addition of Dr. George Ting brings the total number of Board of Managers to nine (9).

Recommendation:

- To approve the action taken by the Board of Managers of Silicon Valley Medical Development on July 7, 2022.

List of Attachments: none

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

To: El Camino Hospital Board of Directors
From: Dan Woods, Chief Executive Officer
Date: August 17, 2022
Subject: Third Amended & Restated Limited Liability Company Operating Agreement of Silicon Valley Medical Development, LLC

Purpose: The purpose is to obtain approval by the El Camino Hospital Board of the proposed Third Amended & Restated Limited Liability Company Operating Agreement of the Silicon Valley Medical Development, LLC, as reviewed and approved by the Silicon Valley Medical Development Board of Directors.

Summary: The Third Amended & Restated Limited Liability Company Operating Agreement increases the number of Board of Managers from nine (9) voting managers to ten (10) voting managers by adding an additional community based member. At its regularly scheduled meeting on July 7, 2022, The Board of Managers of Silicon Valley Medical Development, LLC, unanimously approved this expansion of its Board of Managers.

Recommendation: To approve the Third Amended & Restated Limited Liability Company Operating Agreement of Silicon Valley Medical Development, LLC

List of Attachments: Third Amended & Restated Limited Liability Company Operating Agreement of Silicon Valley Medical Development, LLC

~~SECOND~~THIRD AMENDED AND RESTATED
LIMITED LIABILITY COMPANY OPERATING AGREEMENT
OF
SILICON VALLEY MEDICAL DEVELOPMENT, LLC

This ~~Second~~Third Amended and Restated Limited Liability Company Operating Agreement (this “Agreement”) of Silicon Valley Medical Development, LLC amends and restates the Limited Liability Company Operating Agreement dated June 17, 2008, as amended by the Amended and Restated Limited Liability Company Operating Agreement dated January 10, 2018 and the Second Amended and Restated Limited Liability Operating Agreement dated December 11, 2019. This Agreement is entered into as of the ____ day of _____~~August, 2012~~, by El Camino Hospital, a California nonprofit public benefit corporation, as the sole member (the “Member”).

The Member in order to form a limited liability company pursuant to and in accordance with the California Beverly-Killea Limited Liability Company Act, as amended from time to time (Cal. Corp. Code § 17000, *et seq.*) (the “Act”), hereby agrees with the Company as follows:

1. Name. The name of the limited liability company shall be Silicon Valley Medical Development, LLC (the “Company”).
2. Member. The name and the business and mailing addresses of the Member is as follows:

<u>Name</u>	<u>Address</u>
El Camino Hospital	2500 Grant Road Mountain View, CA 94040

3. Office and Designated Agent. The Company’s office address is 973 University Ave. Los Gatos, CA 95032. The name and address of the current agent of the Company for service of process on the Company in the State of California, is Mary L. Rotunno, Esq. 2500 Grant Rd, Administration, Mountain View, CA 94040. Such designations may be changed by the Board of Managers.

4. Articles. The Member, acting through any of its authorized officers, is hereby designated as an authorized person within the meaning of the Act to execute, deliver and file the Articles of Organization of the Company (the “Articles”), and to execute, deliver and file any amendments or restatements of the Articles or any certificate of cancellation of the Articles.

5. Purpose and Powers. The purpose of the Limited Liability Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act. Such purpose shall include, without limitation, to establish initiatives between independent physicians and El Camino Hospital, to develop and maintain ambulatory ventures outside of the Member’s facilities, and to establish and provide management services to any medical groups in

association with the Member. The Company shall have the power and authority to do any and all acts necessary or convenient to or in furtherance of the foregoing purposes, including all power and authority, statutory or otherwise, possessed by, or which may be conferred upon, limited liability companies under the laws of the State of California. The Company shall not undertake any activity that would jeopardize the Member's status as a tax-exempt entity under the Internal Revenue Code.

6. Management.

6.1. Board of Managers. The business of the Company shall be managed by a Board of Managers, and the persons constituting the Board of Managers, not the Member, shall be the "managers" of the Company for all purposes under the Act.

The Board of Managers shall consist of ~~eight~~nine (89) voting managers-, in addition to the President of the Company who shall be an ex officio voting member of the Board of Managers. The Board of Managers shall initially consist of the Chief Executive Officer of the Member, ~~three~~ executives appointed by the Chief Executive Officer of the Member, ~~two~~three community based individuals appointed by the Chief Executive Officer of the Member and two practicing physicians with a medical group affiliated with Company appointed by the Board of Managers. The Chief Executive Officer of the Member shall have the authority to fill any individual vacancies in the Board of Managers and may remove any manager on the Board of Managers. The Board of Managers shall elect its Chairperson.

Decisions of the Board of Managers shall be embodied in a duly adopted vote taken by a majority of the voting members of the Board of Managers at a meeting for which at least five (5) days' written notice was duly given or waived, or in a resolution adopted by unanimous written consent of the Board of Managers. Such decisions shall be decisions of the "manager" for all purposes of the Act and shall be carried out by any member of the Board of Managers or by officers or agents of the Company designated by the Board of Managers in the vote or resolution in question or in one or more standing votes or resolutions or with the power and authority to do so. A decision of the Board of Managers may be amended, modified, or repealed in the same manner in which it was adopted, but no such amendment, modification or repeal shall affect any person who has been furnished a copy of the original vote or resolution, certified by a duly authorized agent of the Company, until such person has been notified in writing of such amendment, modification, or repeal. Members of the Board of Managers may attend meetings in person or by electronic connection that enables all members present simultaneously to hear one another.

An annual meeting of the Board of Managers shall be held each year at a time and place to be determined by the Board of Managers. In addition, the Board of Managers shall hold regular meetings not less frequently than quarterly. Special meetings of the Board of Managers may be called at any time by Company's President or by any two (2) or more managers on the Board of Managers.

6.2. Member Reserved Powers. Notwithstanding the foregoing, the Member retains the sole power to approve:

- a. Any annual budget of the Company as an affiliate of the Member as part of the Member's consolidated budget;
- b. Any unbudgeted expenditure of the Company that exceed \$1,000,000;
- c. Appointments to Company's Board of Managers;
- d. The role of the Company in the Member's strategic plan and the Company's annual strategic plan;
- e. The selection of an auditor to perform an audit that includes the Company;
- f. Any transfer, sale or disposition of the Company's assets;
- g. Any merger, consolidation, reorganization or dissolution of the Company;
- h. Any amendment or restatement to, or termination of, this Agreement;
- i. Any capital expenditures by the Company greater than \$5 million; or
- j. Any action of the Company that violates the Member's tax-exempt purposes.

Any action listed above that is taken by the Company and not approved by the Member is void.

6.3 Board of Managers Advisory Committees. The Board of Managers may by resolution establish advisory committees. No advisory committee shall have or exercise any of the authority of the Board of Managers but shall advise the Board of Managers on matters within the advisory committee's charter. The Board of Managers, by resolution, shall adopt an advisory committee charter which shall establish the committee, state whether the advisory committee is temporary (ad hoc) or standing, the total number of members of such committee, the number of managers from the Board of Managers to be appointed to such committee, and the subject matter to be considered by such advisory committee. The time and place of meetings of the advisory committee shall be determined by the committee chair. The charter shall designate the members of the advisory committee or designate the process by which members of the advisory committee are selected.

6.4 Reporting by Company to Member. Company's Board of Managers shall report to Member's Board of Directors semiannually on Company's performance to strategic metrics. In addition Company shall report to Member's Quality Committee and Finance Committee on a quarterly basis, and to Member's compliance Committee annually.

7. Officers and Agents. The Chief Executive of the Member shall have the power to appoint a President and the Board of Managers shall have the power to appoint other officers and agents to act for the Company. Subject to the Act, the Articles and this Agreement, the Board of Managers may delegate by written instrument to the President and such other officers and agents authority to act on behalf of the Company. The Board of Managers, acting by written instrument, may ratify any act previously taken by the President and such other officers and

agents acting on behalf of the Company. Except as provided in the Act, the Articles, this Agreement and any such delegation of authority, the Board of Managers shall have the sole power to bind the Company.

8. Indemnification. The Company shall indemnify, defend, and hold harmless the Member and any director, officer, or employee of the Member, each member of the Board of Managers, and any person serving at the request of the Company as a director, officer, employee, partner, trustee, or independent contractor of another corporation, partnership, limited liability company, joint venture, trust, or other enterprise (all of the foregoing persons being referred to collectively as “Indemnified Parties” and individually as an “Indemnified Party”) from any liability, loss, or damage incurred by the Indemnified Party by reason of any act performed or omitted to be performed by the Indemnified Party in connection with the business of the Company and from liabilities or obligations of the Company imposed on such Indemnified Party by virtue of such Indemnified Party’s position with the Company, including reasonable attorneys’ fees and costs and any amounts expended in the settlement of any such claims of liability, loss, or damage; *provided, however*, that if the liability, loss, damage, or claim arises out of any action or inaction of an Indemnified Party, indemnification shall be available only if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that its, his, or her course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend its, his, or her inaction to be harmful or opposed to the best interests of the Company and (b) the action or inaction did not constitute fraud, gross negligence, or willful misconduct by the Indemnified Party; *provided, further, however*, that the indemnification provided herein shall be recoverable only from the assets of the Company and not from any assets of the Member. Unless the Board of Managers determines in good faith that the Indemnified Party is unlikely to be entitled to indemnification as provided herein, the Company shall pay or reimburse reasonable attorneys’ fees of an Indemnified Party as incurred, provided that such Indemnified Party executes an undertaking, with appropriate security if requested by the Board of Managers, to repay the amount so paid or reimbursed in the event that a final nonappealable determination by a court of competent jurisdiction that such Indemnified Party is not entitled to indemnification as provided herein. The Company may pay for insurance covering liability of the Indemnified Party for negligence in operation of the Company’s affairs.

No Indemnified Party shall be liable, in damages or otherwise, to the Company or to the Member for any loss that arises out of any act performed or omitted to be performed by it, him, or her pursuant to the authority granted by this Agreement if (a) either (i) the Indemnified Party, at the time of such action or inaction, determined in good faith that such Indemnified Party's course of conduct was in, or not opposed to, the best interests of the Company or (ii) in the case of inaction by the Indemnified Party, the Indemnified Party did not intend such Indemnified Party's inaction to be harmful or opposed to the best interests of the Company and (b) the conduct of the Indemnified Party did not constitute fraud, gross negligence, or willful misconduct by such Indemnified Party.

Any person who is within the definition of "Indemnified Party" at the time of any action or inaction in connection with the business of the Company shall be entitled to the benefits provided herein as an "Indemnified Party" with respect thereto, regardless whether such person continues to be within the definition of "Indemnified Party" at the time of such Indemnified Party's claim for indemnification or exculpation hereunder.

The Company may in its discretion indemnify any of its officers, authorized agents, employees, consultants, and counsel, each as if an "Indemnified Party." The Company may enter into an agreement with any Indemnified Party setting forth procedures consistent with applicable law for implementing the indemnities provided herein; however, the Company's failure to enter into any such agreement shall not limit the indemnities provided herein.

9. Reliance by Third Parties. Any person or entity dealing with the Company may rely upon a certificate signed by the Member or the Board of Managers as to: (a) the identity of the Member or the members of the Board of Managers; (b) the existence or non-existence of any fact or facts which constitute a condition precedent to acts by the Member or the Board of Managers or are in any other manner germane to the affairs of the Company; (c) the persons who or entities that are authorized to execute and deliver any instrument or document of or on behalf of the Company; and (d) any act or failure to act by the Company or as to any other matter whatsoever involving the Company, the Member, or the Board of Managers.

10. Capital Contributions. The Member has previously allocated up to one million three hundred thousand dollars (\$1,300,000) as its initial capital contribution to the Company. In its sole discretion, the Member may make, but shall not be required to make, additional capital contributions to the Company.

11. Taxation. The Company shall take steps to be treated as other than a corporation for federal tax purposes.

As set forth herein, the Company shall not undertake any activity that would jeopardize the Member's status as a tax-exempt organization under the Internal Revenue Code. If, in its sole discretion, the Member determines that any activity in which the Company is or proposed to be engaged may jeopardize the Company's status as a tax-exempt organization, the Member may require the Company immediately to modify or terminate such activity in order to preserve the Company's status as a tax-exempt organization.

12. Allocation of Profits and Losses. The Company's profits and losses shall be allocated to the Member.

13. Distributions. Distributions shall be made to the Member at the times and in the aggregate amounts determined by the Member.

14. Dissolution. The Company shall have perpetual existence unless it shall be dissolved and its affairs shall have been wound up upon (a) the vote of the Member or (b) the entry of a decree of judicial dissolution under Section 17351 of the Act. The Member shall have the right to vote to dissolve the Company at any time, in its sole discretion, and without approval of the Board of Managers. The existence of the Company as a separate legal entity shall continue until the cancellation of the Articles as provided in the Act.

15. Assignments. The Member may assign its limited liability company interest to any person, which assignee shall become a Member when the assignee becomes a party to the Agreement.

16. Amendments. This Agreement may be amended or restated from time to time by the Member.

17. Liability of Member. The Member shall not have any liability for any obligations or liabilities of the Company except to the extent provided in the Act.

18. Governing Law. This Agreement shall be governed by, and construed under, the laws of the State of California all rights and remedies being governed by said laws.

* * *

IN WITNESS WHEREOF, the undersigned sole member of Silicon Valley Medical Development, LLC, intending to be legally bound hereby, has duly executed this ~~Second~~Third Amended and Restated Limited Liability Company Operating Agreement as of the date and year first above written.

El Camino Hospital,
a California nonprofit public benefit corporation

By: _____
Name: Dan Woods
Title: Chief Executive Officer, El Camino Hospital

Department	Policy Name	Change	Document	Notes	Committee Approvals
New Business					
Compliance	1. Business Associate Compliance	Revised	Procedure	Updated Subsection: B & D	<ul style="list-style-type: none"> • Compliance Dir • ePolicy • MEC
Infection Prevention	2. FY2022 Infection Control Plan	Revised	Plan	Updated Sections: ECH: Mountain View and Los Gatos, CA Overview, Community TB Profile, Threats Facing Santa Clara County, Procedure	<ul style="list-style-type: none"> • Infection Prevention • Exec Med Cmte • ePolicy • MEC
Telemetry	3. Telemetry/Stroke Unit – Mountain View	None	Scope of Svc	No Changes; 3-year approval (Regulatory Requirement)	<ul style="list-style-type: none"> • Dept Med Dir • ePolicy • MEC

Status **Pending** PolicyStat ID **11446256**



Origination	N/A	Owner	Margarita Guizar
Last Approved	N/A	Area	Corporate Compliance
Effective	Upon Approval	Document Types	Procedure
Last Revised	N/A		
Next Review	3 years after approval		

Business Associate Compliance

COVERAGE:

All El Camino Hospital staff, Medical Staff and Business Associates

PURPOSE:

To outline the criteria for identifying a business associate (BA) and establishes the requirements for disclosing Protected Health information (PHI) to a BA for compliance with the privacy and security rules and regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

El Camino Health (ECH) may disclose PHI to a BA and may allow such individual or organization to create or receive such information on its behalf if ECH obtains satisfactory assurances that the BA will appropriately safeguard the information. The HIPAA privacy rule require satisfactory assurances to be provided in the form of a business associate agreement (BAA) that contains elements specifically enumerated in the regulations, as well as information security due diligence affirming compliance with HIPAA Security and Privacy rules and standards.

DEFINITIONS:

Business Associate: A person or entity (not an employee) who, on behalf of ECH:

- (1) performs a function involving the use or disclosure of individually identifiable health information, PHI, (other than incidental) including claims processing or administration, data collection/analysis, utilization review, quality assurance, billing, benefit management, practice management and repricing; or

(2) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for ECH, where the provision of the service involves the disclosure of individually identifiable health information from ECH.

Employees performing BA-type functions for ECH are not business associates

Business Associate Agreement: The HIPAA required contract between two parties that share PHI for non-Treatment, Payment or Healthcare operations. This is commonly referred to as the BAA.

Covered Entity: The term 'covered entity' has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations as follows:

- A. A health plan
- B. A health care clearinghouse
- C. A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter [e.g., HIPAA Administrative Simplification transaction standards.]

Electronic Protected Health Information (ePHI): Protected Health Information (PHI) stored or transmitted by electronic means.

Incidental Disclosure: The possible disclosure of PHI due to exposure to information while performing a service for El Camino Health that does not directly involve access, use and disclosure of PHI. Examples include non-patient care employees/vendors in the patient room or waiting area.

Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any form or medium and that relates to the past, present or future physical or mental health or condition of a patient, the provision of health care to patient, or the past, present or future payment for the provision of health care by a patient. Information is "individually identifiable" if it either identifies an individual or contains information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identify.

REFERENCES:

45 CFR 164.502(e), 164.504(e), 164.532 (d) and (e)

PROCEDURE:

Prior to allowing a Business Associate (BA) access to El Camino Health (ECH)'s Protected Health Information (PHI), ECH must execute a Business Associate Agreement (BAA) with the BA. A valid BAA must contain language that meets the regulatory requirements. The ECH legal team has developed a standard BAA that aligns with regulatory requirements and is in use. This includes information security due diligence for on-boarding BAs. Upon termination of an agreement, contract owners must notify information security to initiate BA off-boarding, including the termination of access to all ECH network or PHI, and the return of PHI in the BAs possession.

A. Activities That Require a Business Associate Agreement

When PHI is being accessed, used or disclosed by a person or entity performing activities on behalf of ECH, a BAA is required. The following are examples of activities performed for or on behalf of ECH that may require a BAA:

- Claims processing or administration,
- Benefit management,
- Data analysis, processing or administration,
- Utilization review,
- Billing,
- Practice management,
- Accreditation services,
- Financial services,
- Consulting,
- Administrative,
- Legal services,
- Information Technology, or
- Quality assurance

B. Circumstances When a Business Associate Agreement Is Not Required

- Affiliated covered entities of ECH that meet the requirements of an ACE under HIPAA do not require BAAs with each other.
- Disclosures for treatment purposes between ECH and healthcare providers, including unaffiliated health care providers
- Disclosures between ECH and a financial institution for purposes of processing certain consumer financial transactions (e.g. routing bank transactions, or processing/collecting payments made by an individual to ECH). Note that if ECH initiates such payment activities, it must meet the minimum necessary disclosure requirements.
- Providers or researchers receiving PHI for research purposes and in accordance with ECH policies and procedures. Certain disclosures, even in the general context of research, may require a BAA if the recipient of the information is using or disclosing the information to perform a function or activity regulated by the Privacy Rule.

EXCEPTION: Employees may disclose PHI to a person or entity to the extent required by law without a BAA if assurances have been obtained by General Counsel prior to disclosure.

C. Violations of the BAA

Business associates are directly liable for HIPAA violations as dictated by the HIPAA Omnibus Rule. As such, employees are expected to be aware of suspected or known violations.

Suspected or known violations

Employees who suspects or discovers a violation of a BAA shall report the matter to the Compliance/Privacy Officer for investigation.

Substantiated violations

When ECH confirms a pattern of activity or practice that constitutes a material privacy or security breach, or a violation of the BA's obligation under the BAA, ECH shall take reasonable steps with the BA to remedy the breach or end the violation. If such steps are unsuccessful, ECH shall terminate the agreement if feasible.

D. Monitoring of BAA Obligations

Ongoing Monitoring

Vendors and/or contractors with access to the largest volume of electronic PHI are categorized as Tier 1 business associates. All high-risk Tier 1 business associates are subject to ongoing monitoring by ECH annually with the vendor completing an attestation confirming compliance with BAA obligations.

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.

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	05/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	05/2022
Director of Corporate Compliance	Diane Wigglesworth: Sr Dir Corporate Compliance	04/2022
	Margarita Guizar: Manager Privacy	04/2022

Status **Pending** PolicyStat ID **11465922**



Origination 01/1996
Last Approved N/A
Effective Upon Approval
Last Revised 03/2022
Next Review 1 year after approval

Owner Catherine Nalesnik
Area Infection Prevention
Document Plan
Types

FY2022 Infection Control Plan

COVERAGE:

All El Camino Hospital staff

PURPOSE:

The El Camino Hospital Infection Prevention & Control Program's primary function is to prevent transmission of infectious agents among patients, staff and visitors. It is the goal of the Infection Prevention and Control Department:

- To reduce infection risk by implementing strategic policies and procedures for surveillance and control of healthcare-associated infection and other contagious infection
- To monitor and identify drug-resistant pathogens and emerging pathogens.
- To provide education to staff upon hire and as needed in developing practices which reflect current infection control guidelines and standards of care.
- To conduct an annual evaluation of the Infection Control Risk Assessment for acquiring and transmitting infections within the hospital environment and set goals to reduce infections.

STATEMENT:

The El Camino Hospital Infection Control and Prevention Plan include policies and procedures that are created on evidence based guidelines or expert consensus. At least annually, and whenever risks significantly change, an evaluation of the effectiveness of the infection prevention and control plan will be completed. Assessment of the prevention strategies will be based on their effectiveness at preventing and controlling infection. The Infection Prevention Nurses report all communicable diseases to the

Public Health Departments to help prevent spread of certain infections within the public at large.

The Infection Prevention and Control Plan evaluate the risk of communicable disease transmission based on the following:

- El Camino Hospital Mountain View and Los Gatos: location and services provided
- Santa Clara County geographic location and demographics
- Mountain View and Los Gatos demographics
- Santa Clara County Community health status assessment
- Tuberculosis (TB) Risk Assessment: California and Community profiles
- Seasonal Influenza Activity
- Threats facing Santa Clara County
- National trends and novel infections and International outbreaks
- COVID-19 Pandemic
- California Department of Public Health Alerts

El Camino Hospitals: Mountain View and Los Gatos

Geographic location, patient volume and services provided: (FY2019 data):

- Hospital geographic location – 2 hospital campuses in a large urban areas
- MV beds: 274 General Acute Care
- LG beds: 143 General Acute Care
- Patient volume: greater than 18,000 discharges per year
- Enterprise admissions: **FY2021 31,821 (FY2020:20,712 (FY 2019:21,592))**
- Enterprise Patient Days: **FY2021: 119,733 (FY2020: 95,608 (FY2019L 102,026))**
- Patient population served: multicultural
- Hospital clinical focus – emergency services, maternal child services, cancer services, Adult & neonatal critical care services, diagnostic services, medical/surgical services, cardiac services, cyber knife & radiosurgery center, acute rehab center, behavioral health services and out-patient services

Santa Clara County Geographic Location and Demographics:

<https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216>

With 1.9 million residents, Santa Clara County is the sixth most populated of California's 58 counties and the most populous in the Bay Area. More than one-third (37%) of county residents are foreign-born. The largest percentage of foreign-born residents were born in Mexico (21%), followed by Vietnam (15%), India (13%), the Philippines (9%), and China (8%), excluding Hong Kong and Taiwan.

Santa Clara County encompasses 1,312 square miles and runs the entire length of the Valley from north to south, ringed by the rolling hills of the Diablo Range on the east, and the Santa Cruz Mountains on the west. Nearly 92% of the population lives in suburban areas

The local industry of the County of Santa Clara is dominated by the technology sector. The County has three main interstate highways; 280, 680, and 880, one U.S. Route (101), and the following CA State Routes; 9, 17, 82, 85, 87, 130, and 237.

Airports include: Norman Y. Mineta International Airport, Moffett Federal Airfield, and three County airports: Reid Hillview, Palo Alto, and South County.

Mountain View Demographics:

<https://www.census.gov/quickfacts/fact/table/mountainviewcitycalifornia,santaclaracountycalifornia/>

The resident population of Mountain View is approximately 80,447. More than half the population is between 20 and 54, while nearly 25% is in the 25 to 34 year age bracket. The median age is 34.6 years old.

Los Gatos Demographics:

<https://www.homefacts.com/demographics/California/Santa-Clara-County/Los-Gatos.html>

The resident population of Los Gatos is approximately 30,705. The median age resident is 45.4 years young. The largest racial/ethnic groups are White (73.8%) followed by Asian (14.5%) and Hispanic (6.3%)

Santa Clara County Community Health Status Assessment:

<https://www.sccgov.org/sites/phd/collab/chip/Documents/cha-chip/cha-chip.pdf>

(Data: 2015-2020 Partners for Health Santa Clara County)

Access to Care	87% of adults have health insurance
Chronic Disease	8% of adults have diabetes. Heart disease: 22% of the death among county residents.
Overweight and Obesity	Over 50% of adults and over 25% of adolescents in the county are overweight or obese
HIV/ AIDS	Over 4,500 adults in Santa Clara County are living with HIV
Tobacco use	1 in 10 adults and 1 in 12 adolescents in the county smoke cigarettes

TB Risk Assessment: (retrieved from Santa Clara County TB Control Report; based on CY ~~2019~~2020)

California Overview

- California reported ~~2118~~1703 new TB cases in 2020 compared to 2114 cases in 2019 compared to 2097 cases in 2018 and the biggest percentage decrease since 1981.
- California's annual TB incidence was 54.3 cases per 100,000 persons, which is nearly double the national incidence rate of 2.72.
- More than 2 million Californians (6% of the population) have Latent TB Infection (LTBI) which can progress to active TB without diagnosis and treatment.
- Among California's TB cases, an estimated 65% were imported from outside of the United States, ~~43~~10% resulted from recent transmission and ~~81~~85% were due to reactivation of latent tuberculosis infection (LTBI) to active TB..

COMMUNITY TB PROFILE

www.SCCPHD.ORG

- Santa Clara County (SCC) has the fourth highest number of cases among all jurisdictions in California, after Los Angeles, San Diego and Orange counties.
- SCC had ~~164~~153 cases of tuberculosis (TB) disease in 2020, which decreased compared with 2019, which decreased compared with 2018 (~~169~~163 TB cases).
- This represents a case rate of 7.8.4 per 100,000 residents
- The case rate is 1.6 times as high as the overall California rate (5.3/100,000 people) (Figure 2) and 3.1 times as high as the national rate (2.8 per 100,000 persons)

El Camino TB Profile CY ~~2018~~2020 : Medium Risk Facility

- ~~2629~~ total cases ~~1116~~ In-patients and ~~1513~~ Out-patients which is an ~~decrease~~increase from ~~3026~~ cases in ~~2018~~2019.
- Designated as a "Medium Risk Facility" for TB based on the community rate of infection.
- El Camino Hospital and their Infectious Disease Specialists are considered the 2nd largest provider of TB care in Santa Clara County next to the SCC TB Clinic.

Seasonal Influenza Activity

Infection Prevention and Control: Seasonal Influenza Procedure

The Infection Prevention Department has a procedure in place to protect all staff, patients and visitors from potential exposure to seasonal influenza virus and to prevent an outbreak of health-care-associate influenza.

Threats facing Santa Clara County:

- 1. COVID-19 (SARS Co-V-2 virus) Worldwide Pandemic** Santa Clara County (SCC) experienced a significant impact of the SARS Co-V-2 virus circulation in the county. On March 16, 2020 The Health Officer of the County of Santa Clara issued a "Shelter in Place" mandate. Goal of the mandate was to ensure that the maximum number of people isolated in their place of residence to slow the spread of COVID-19. [In 2021, continuation of COVID-19 transmission mitigation efforts instituted by the Public Health Officers to include mandates for mandatory masking and social distancing.](#)
- 2. Major Earthquake**
The Operational Area is in the vicinity of several known active and potentially active earthquake faults including the San Andreas, Hayward, and Calaveras faults.
- 3. Wild land Urban/Interface Fire**
The months of August, September and October have the greatest potential for wild land fires as vegetation dries out, humidity levels fall, and off shore winds blow.
- 4. Hazardous Material Incident**
There are four major highways in the county that carry large quantities of hazardous materials: U.S. 101, I-880, and I-680, and I-280. Truck, rail, and pipeline transfer facilities are concentrated in this region, and are involved in considerable handling of hazardous materials.
- 5. Flood**
There are approximately 700 miles of creeks and rivers in the County, all of which are susceptible to flooding. An Emergency Action Plan exists for the Anderson Dam and a general Dam Plan exists which includes other dams within Santa Clara County. These plans are maintained by the Santa Clara Valley Water District.
- 6. Landslide**
For Santa Clara, the hillside areas in the Los Gatos areas have the greatest potential for economic loss due to landslides. The winters of 1982, 1983, 1986, and 1996/1997 provided a reminder of the degree of hazard from landslides in Santa Clara County

PROCEDURE:

A. Goals

1. Maintain Enterprise hospital acquired Central Line Associated Bloodstream Infections (CLABSI) at or below National Healthcare Safety Network (NHSN) Standardized Infection Ratio (SIR) $SIR < 0.50$.
2. Maintain Enterprise hospital acquired Catheter Associated Urinary Tract Infection (CAUTI) at or below NHSN $SIR \leq 0.75$.
3. Maintain Enterprise hospital acquired Clostridium difficile (C.diff) infections at or below NHSN $SIR \leq 0.70$
4. Maintain hospital acquired Pacemaker Surgical Site Infections (SSI) at or below NHSN $SIR < 1.00$

5. Maintain hospital acquired Total Knee SSI at or below NHSN SIR <1.00.
6. Maintain hospital acquired Total Hip SSI at or below NHSN SIR <1.0.
7. Maintain hospital acquired Laminectomy SSI at or below NHSN SIR <1.00.
8. Maintain hospital acquired Spinal fusion /Re-fusion SSI at or below NHSN SIR < 1.00.
9. Maintain Enterprise hospital acquired Methicillin Resistant Staphylococcus aureus (MRSA) infection rate to ≤ 0.90 /10,000 patient days.
10. Maintain Enterprise MRSA screening compliance rate to 92% or more.
Maintain Enterprise hospital onset Multi- Drug Resistant Organisms (MDRO) infection rate to ≤ 0.50 / 10,000 patient days.
11. Maintain hand hygiene compliance at $\geq 80\%$.
12. Maintain reporting compliance with regulatory and accrediting agencies
13. Maintain compliance with Infection Control Risk Assessment (ICRA) for all new construction projects
14. Maintain compliance with Seasonal Influenza Procedure

B. Objectives

1. Perform daily targeted Surveillance for the following:
 - a. Surgical Site Infections
 - b. CAUTI: Catheter Associated Urinary Tract Infections -hospital-wide
 - c. CLABSI: Central Line Associate Blood Stream Infections - hospital-wide
 - d. Hospital-acquired *Clostridium difficile* (*C.diff*) infections
 - e. Hospital-acquired Methicillin resistant Staph aureus (MRSA)
 - f. Hospital-acquired Multi-Drug Resistant Organisms (MDRO)
 - g. MRSA Nares screening compliance per CDPH regulatory guidelines
2. Perform daily active disease surveillance for the following:
 - a. Daily surveillance of the following: MRSA, C.difficile, Multi-Drug Resistant Organisms (MDRO)
 - b. Tuberculosis and other communicable diseases
 - c. Daily COVID-19 surveillance and reporting: internal monitoring for cluster cases in Clinical Units and for patients admitted from with COVID-19, to include Skilled Nursing Facilities (SNF) with COVID-19 outbreaks.
 - d. Carbapenem-resistant Enterobacteriaceae (CRE) surveillance and Candida auris surveillance: for patients hospitalized outside the U.S. within 12 months
 - e. CRE surveillance: for Skilled Nursing Facilities (SNFs) with increased risk of CRE in their patient population
 - f. Perform specialized response to exposure and outbreaks including

COVID-19 contact tracing

- g. Perform review and tracking for mold-related organisms in construction areas
3. Report mandated conditions to the following accrediting agencies:
 - a. Report all required data monthly to Center for Disease Control (CDC) NHSN data base
 - b. Report all COVID-19 positive cases and deaths to SCC PHD within 24 hours of identification
 - c. Report mandated disease conditions, non-Covid-19 (86 ~~total~~possible) to SCC PHD
 - d. Report all Tuberculosis cases to the Santa Clara County TB Control
 - e. Report unusual infectious disease occurrences to CDPH and CDC
4. Educate staff on hand hygiene standards and measure compliance outcomes
 - a. Upon hire, educate all staff on how to correctly perform hand hygiene (HH)
 - b. During daily isolation rounding by IP staff, observe compliance with hand hygiene and provide immediate feedback to staff with non-compliance.
 - c. Track monthly HH compliance with the HAI committee and strategize on performance improvement activities.
 - d. Review monthly hand hygiene compliance data from the clinical nursing units dashboard.
5. Perform Infection Control Risk Assessments (ICRA) for all hospital construction activities
 - a. Conduct a risk assessment for all new construction projects and sign permit
 - b. Perform daily rounding on all construction sites for compliance to ICRA permit standards
 - c. Conduct ICRA permit for construction projects for unexpected water intrusion and mold issues
6. Attend the following hospital committee meetings to represent IC
 - a. HAI (Hospital Acquired Infection) Committee
 - b. Critical Care Committee
 - c. Antimicrobial Stewardship
 - d. Emergency Management
 - e. Patient Care Value Analysis
 - f. Clinical Microbiology Lab, Pharmacy and Infection Prevention (MIPP)
 - g. Central Safety
 - h. E-policy

- i. [Safety Event Classification Team \(SEC\)](#)
 - j. [Patient Employee and Safety Committee](#)
 - k. [Hospital Surge Planning](#)
 - l. [Hospital Acquired Pneumonia](#)
7. Provide Infection Prevention and Control Education to the following:
 - a. General Hospital Orientation
 - b. Physician Orientation
 - c. Ancillary Staff and any hospital department in-service as requested
 - d. Environmental Services Department (EVS) yearly update
 - e. Health Stream: annual Infection Prevention and Control Standards
 8. Initiate the Seasonal Influenza Procedure in August (prior to flu season)
 - a. Meet with required departments to verify readiness for flu season
 - b. Track daily numbers of influenza hospital admissions and deaths
 - c. Monitor trends of influenza on the local, state and national level
 - d. Institute visitor restrictions if widespread flu is present in the community
 9. Perform Monthly Infection Control/ Quality tracers
 - a. Attend monthly safety rounds at Mountain View and Los Gatos
 - b. Educate staff on areas on infection control non-compliance
 - c. Report outcomes to the Infection Control Committee Meeting

C. Infection Prevention and Control Committee (ICC)

1. The responsibility for monitoring the Infection Prevention and Control Program is invested in the Infection Control Committee (ICC). The Infection Control (IC) Medical Director has the authority to institute any appropriate control measures or studies when a situation is reasonably felt to be a danger to any patient, Healthcare Worker (HCW) or visitor, or in the event of an infection control crisis situation (The committee functions as the central decision and policymaking body for infection control). The Infection Control Committee shall meet not less than quarterly.
2. The ICC shall be a multi-disciplinary committee consisting of representatives from at least the Clinical Laboratory, Quality Department administration, Sterile Processing Department, Perioperative services, Nutrition Services, Environmental Services, Employee Wellness, Pharmacy and Health and the Infection Prevention Nurses. The Chairman is the Infection Control Medical Director, a physician with knowledge of and special interest in infectious disease. Representatives from key hospital departments shall be available on a consultative basis when necessary..
3. The Infection Prevention and Control Department in collaboration with the ICC shall develop a system for reporting, identifying and analyzing the incidence and cause of all hospital onset infections, including assignment of responsibility for the ongoing collection and analytic review of such data, as well as for required follow-up action.

4. The Infection Prevention and Control Department in collaboration with the ICC shall develop and implement a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing, and evaluating isolation precautions and cleaning and disinfection techniques. Such techniques shall be defined in written policies and procedures.
5. The Infection Prevention and Control Department shall develop written policies defining special indications for isolation requirements in relation to the medical condition involved and for monitoring the implementation of the policies and quality of care administered.
6. The committee minutes shall be reviewed by the Medical Executive Committee.

D. Scope of Services

1. The infection control program is divided into functional groups of routine activities that address the integrated facets of surveillance and prevention of infections, monitoring and evaluation, epidemiological investigation, risk reduction, consultation and education.
2. Hospital Onset Infection Surveillance and Prevention
 - a. For the purpose of surveillance, hospital onset infections shall be clinically active infections occurring in hospitalized patients in whom the infection was not present or incubating at the time of admission.
 - b. Infections with endogenous organisms of the patient and those organisms transmitted either by healthcare workers or indirectly by a contaminated environment shall be included.
 - c. Strict criteria shall be used for assessment in regard to targeted hospital onset infections. Not all hospital onset infections in the hospital shall be counted and presented for statistical analysis. The type of data collection to be used and analyzed shall be determined by the Infection Control Committee (ICC) based upon the annual Risk Assessment.
 - d. The criteria written by the Center for Disease Control and Prevention (CDC) shall be used when calculating infection rates for statistical analysis.

E. General Surveillance Activities

1. Active infection surveillance within the hospital shall be an ongoing observation of the occurrence and distribution of disease or disease potential and of the conditions that increase or decrease the risk of disease transmission.
 - a. The surveillance of patients, staff and environment shall ensure appropriate patient placement, initiation of appropriate isolation or special precautions, identification of patient care problems associated with hospital infection control, prevention of targeted hospital onset infections in high risk, high volume procedures, facilitation of data collection for selected quality indicators and the collection of required information for reporting to the Public Health Department.
 - b. Daily laboratory reports, utilization review reports and verbal communications with staff shall be reviewed routinely by the Infection

Prevention Nurses. Surveillance shall be a blend of routine physical presence in all areas of the facility and the use of clinical and laboratory computer information systems.

F. Data Collection Methods

1. All identified cases related to targeted infections and communicable diseases will be maintained in a database. Specific methods used by infection control to obtain surveillance data include daily lab reports, patient census reports, daily serological reports, patient charts, referred cases from case managers and verbal communication with staff and physicians.
2. Surveillance shall be a blend of routine physical presence in all area of the facility and use of clinical and laboratory computer information systems.

G. Investigation of Disease Clusters (Outbreak Control)

1. The Infection Control Infection Control Medical Director in coordination with the Director of Infection Control shall have ultimate authority and responsibility for investigating epidemic/outbreak situations and implementing appropriate interventions in order to prevent and to control further disease and to identify factors that contributed to the outbreak. (See Infection Control Procedure Outbreak Investigation).

H. Reporting to Outside Agencies

1. Specified communicable diseases (in accordance with Title 17, California Code of Regulation) identified at El Camino Hospital shall be reported to the Santa Clara Department of Public Health (SCDPH) in the required timelines to prevent the spread of certain communicable diseases to the public at large. (See Infection Control Procedure on Communicable Disease Reporting).
2. El Camino Hospital shall provide follow-up management for pre-hospital caregivers who may have been exposed to a communicable disease during the performance of their duties and reporting of these exposures to the proper authorities. (See Infection Control Procedure Pre-hospital Communicable Disease Exposure).
3. El Camino Hospital shall report the mandated requirements to the National Healthcare Safety Network (NHSN) as required by CDPH and CMS.

I. Education

1. Orientation for all hospital employees shall include general information on potential infection risks, transmission routes, and infection prevention measures, proper hand hygiene, isolation precautions, and environmental cleaning and disinfection.
2. Annual review of infection control principles shall be done through a computer-based learning system (Health Stream) and tracked by the Education Department.
3. Department specific education shall be done as deemed necessary by the Infection Control Medical Director and/or the Infection Prevention Nurses, working in conjunction with department managers.
4. Quarterly In-service presentations are provided to the Infection Control Resource Groups (ICRG). The ICRG is comprised of staff members from all nursing

departments and ancillary departments (Lab, RT, etc.).

5. Infection control isolation "Quick Reference Guide" (hard copy) is readily available in every department and clinical units of the hospital. This document summarized summarizes the isolation guidelines for all infectious conditions and communicable diseases.

J. Liaison

1. Provide ongoing expert advice and consultation as appropriate to other departments including but not limited to Microbiology Laboratory, Employee Wellness and Health Services, Pharmacy Services, and Environmental Services.
2. Coordinate Infection Control activities with other departments or units including but not limited to Dialysis Services, Patient Care Services, Microbiology Laboratory, Pathology, Employee Wellness and Health Services, Pharmacy Services, and Environmental Services.
3. Function as a liaison to the Santa Clara Public Health Department and other agencies.
4. Function as a liaison to Infection Control Programs at other hospitals and long-term care facilities.

K. Policy Formation

1. Policies and procedures shall be reviewed on a regular basis with changes made as new guidelines and information become available.
2. Infection control departmental policies are found on the toolbox.

L. Quality Improvement

1. Provide ongoing evaluation and assessment of the goals and accomplishments of the Infection Control Program to ensure that it meets the needs of the hospital, employees, physicians, patient population, and visitors.
2. Evaluation of the Infection Control Plan shall be done at least annually or when a change in the scope of the Infection Control Program or in the Infection Control risk analysis occurs. Assessment of Infection Control strategies shall also be evaluated for their effectiveness at preventing infections.

M. Environmental Conditions

1. To ensure a safe environment during times of construction and or remodeling, protective measures shall be approved by the Infection Control Staff and implemented before the project commences. All construction projects will have an Infection Control Risk Assessment (ICRA) performed by the Infection Control staff prior to start of construction.
2. Sterile Processing Department (SPSPD): Cleaning, disinfection, high-level disinfection and sterilization standards will be maintained by the SP department. Manager of SP will present a quarterly report to the ICC.
3. Endoscopes, bronchoscopes, probes & TEE scopes: Instrument cleaning, disinfection and high level disinfection (HLD) shall be monitored by the SP and

endoscopy departments. A quarterly Quality Report will be presented to the Infection Control and Committee meeting.

4. Dialysis water testing: Water used to prepare dialysis fluid shall be tested according to current AAMI standards and monitored monthly by the dialysis manager. A quarterly Quality Report will be presented to the Infection Control and Committee meeting.

N. Reporting Mechanisms

1. A report regarding all infection control activities shall be made each quarter to the Infection Control Committee. The report shall include appropriate results related to routine surveillance, sentinel organisms, emerging pathogens, public health issues, employee health issues ~~and~~, special studies ~~or~~, reports for endoscopy, lab, dialysis, construction, tracers and water quality. Copies of the committee meeting minutes shall be forwarded to the Medical Executive Committee. C. diff, CAUTIs, CLABSIs and MRSA Hospital Onset cases will be reported to the departmental manager on a monthly basis. Hand hygiene compliance will be reported to the departmental managers monthly. managers monthly. ,

REFERENCES:

1. Deborah Yokoe et al. Compendium of Strategies to Prevent Hospital Acquired Infections in Acute Care Hospitals ICHE 2008:29; S12-S21.
2. Jonas Maschall et al. Strategies to Prevent Central Line Associated Blood Stream Infections in Acute Care Hospitals ICHE 2008:29; S22-S30.
3. Susan Coffin et al. Strategies to Prevent Ventilator Acquired Pneumonia in Acute Care Hospitals ICHE 2008:29; S31-S60.
4. Deverick J. et al. Strategies to Prevent Surgical Site Infections in Acute Care Hospitals ICHE 2008:29; S51-S61.
5. David Calfee et al. Strategies to Prevent Transmission of Methicillin Resistant *Staphylococcus aureus* in Acute Care Hospitals ICHE 2008:29; S62-S80.
6. Erik Dubberke et al. Strategies to Prevent *Clostridium difficile* Infection in Acute Care Hospitals ICHE 2008:29; S81-S92.

Infection Control Risk Assessment - Please see Attachment

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

[FY21 Annual Report. IC Plan eval -FY22 goals.docx](#)

[IC Risk Assessment](#)

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	05/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	05/2022
Executive Medicine Committee	Annette Cruz: Medical Staff Coord	04/2022
Infection Prevention Committee	Delfina Payer: Projects Coordinator [PS]	03/2022
	Catherine Nalesnik: Director Infection Prevention [PS]	03/2022

COPY



Origination	03/2012
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2018
Next Review	3 years after approval

Owner	Areena Chaudhry
Area	Scopes of Service

Telemetry/Stroke Unit – Mountain View

Types and Ages of Clients Served

The Telemetry/Stroke Unit is a 26-bed medical/surgical unit providing care for patients from adolescence to geriatric who require cardiac monitoring and including all appropriate stroke (ischemic/hemorrhagic) and TIA patients as defined in the department's admission, discharge and transfer criteria. The Telemetry/Stroke Unit also accepts overflow medical/surgical patients not requiring cardiac monitoring when bed availability permits.

Assessment Methods

Nursing care is provided by a registered nurse utilizing the nursing process. Registered nurses provide direct supervision to clinical support staff in the provision of patient care. The staff participates in continuous quality improvement processes relating to patient care delivery.

Scope and Complexity of Services Offered

Common diagnoses served on the Telemetry/Stroke Unit include stroke, TIA, CHF, syncope, hypertension, chest pain, COPD, and patients with cardiac arrhythmias. Care is given as directed and prescribed by the physician. All non-nursing orders are communicated to the appropriate ancillary departments through the electronic health record. Staff communicates specific patient needs and coordinates treatment and the plan of care with all ancillary departments. The discharge planning process is initiated on admission, in collaboration with the physician, social services, care coordinator, other health disciplines, patient, family and homecare providers, if appropriate.

Appropriateness, Necessity and Timeliness of

Services

The Clinical Manager, in collaboration with shift charge nurses, assesses the appropriateness, necessity, and timeliness of service. The appropriateness of service is addressed in hospital and department policies and procedures.

A continuous quality improvement process is in place to identify opportunities for improvement in patient care processes and to measure staff performance for compliance with standards. The patient's progress is evaluated by medical staff, nursing and other health disciplines, as well as the perception of patient and family.

Staffing/Skill Mix

The Telemetry/Stroke Unit staffing includes a skill mix of registered nurses (RNs), clinical support staff, monitor technicians and administrative support staff to provide patient care based on patient census and nursing intensity measures. Staffing follows the DHS ratio of 1:4 (RN to patients) taking into account patient care needs, and shall be determined each shift by the RN in charge. The charge nurse serves to coordinate patient care activities for his/her designated shift.

RN staff must have a California license. On the Telemetry/Stroke Unit, at least 80% of RNs on a given shift must be ACLS certified. At least 80% of RNs on a given shift on the Telemetry/Stroke Unit must be NIHSS certified. All other staff must be BLS certified. Clinical Support staff must be currently certified by the State of California. The competency of the staff is evaluated through observation of performance and skill competency validation. Staff education and training is provided to assist in the achievement of performance standards.

Level of Service Provided

The level of service is consistent with the needs of the patient as determined by the medical staff. The department is designed to meet the level of care needs of the patient.

Performance assessment and improvement processes are evaluated through continuous quality improvement activities in conjunction with the multidisciplinary health care professionals who provide services to the units.

Standards of Practice

The Telemetry/Stroke Unit is governed by state regulations as outlined in Title 22 and standards established by the Joint Commission on Accreditation of Healthcare Organizations. Additional practices are described in the Patient Care Policies and Procedures, and Clinical Practice Standards.

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.

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	05/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	05/2022
Department Medical Director or Director for non-clinical Departments	Areena Chaudhry: Clinical Manager	04/2022
	Areena Chaudhry: Clinical Manager	04/2022

History

Sent for re-approval by Chaudhry, Areena: Clinical Manager on 4/5/2022, 7:57PM EDT

None

Last Approved by Chaudhry, Areena: Clinical Manager on 4/5/2022, 7:57PM EDT

Last Approved by Chaudhry, Areena: Clinical Manager on 4/26/2022, 11:40AM EDT

Policy Approved

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 5/11/2022, 3:12PM EDT

ePolicy 5/6/22

Last Approved by Encisa, Franz: Director Quality and Public Reporting on 5/27/2022, 2:25PM EDT

MEC 5/26/22

**EL CAMINO HOSPITAL
BOARD MEETING COVER MEMO**

To: El Camino Hospital Board of Directors
From: Bob Miller, Executive Compensation Committee Chair
Date: August 17, 2022
Subject: Change in Executive Compensation Policy Participants

Recommendation(s):

The Executive Compensation Committee recommends that the Board approve replacing the Chief Strategy Officer with Chief Growth Officer as a participant in the Executive Compensation Plan.

Summary:

1. **Situation:** The Chief Strategy Officer (CSO) position participates in the Executive Compensation Plan but has been vacant since 2016. The CSO position primarily focused on business development and growth strategies for El Camino Hospital. The ECC supports the CEO's wish to repurpose this position with a Chief Growth Officer (CGO) who will be responsible for business development and growth strategies for the El Camino Health system, including ambulatory services, the hospital, and the medical network. The CGO will oversee revenue-generating departments and play a pivotal role in developing new services, market cultivation, new business development, and internal alignment to achieve long-term growth goals.
2. **Authority:** The Committee has the authority to recommend policy changes and participants in the Executive Compensation Plan. The Committee recommends that the Board of Directors approve the Chief Growth Officer as a participating position replacing the Chief Strategy Officer.
3. **Background:** Omar Chughtai has accepted the position as Chief Growth Officer as of June 26, 2022, as a non-executive.
4. **Assessment:** Mercer conducted an independent market analysis and established the salary range for the non-executive position.
5. **Other Reviews:** N/A
6. **Outcomes:** Once the Board approves participation, the CGO will become eligible for participation in the executive compensation and benefit plans. No changes to the current base salary or salary range are requested.

List of Attachments: Proposed revisions to Executive Compensation Philosophy

Suggested Board Discussion Questions: None

PROPOSED CHANGE TO
EL CAMINO HOSPITAL
BOARD OF DIRECTORS POLICIES AND PROCEDURES

03.01 EXECUTIVE COMPENSATION PHILOSOPHY

A. Coverage:

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

B. Reviewed/Revised:

New: 2/08, 6/09, 12/08/10; 8/10/11, 2/13/13, 6/11/14, 10/12/16, 1/10/18, 2/14/18, 2/13/19; 2/12/20, 10/13/21, for action at 8/17/22 Board meeting.

C. Policy Summary:

The compensation philosophy is the official statement of El Camino Hospital’s Board of Directors regarding the guiding principles and objectives upon which executive compensation decisions are based, and the general parameters and components for accomplishing these objectives.

The executive compensation program encompasses both cash compensation (salary, incentive pay, and other cash compensation) and non-cash compensation (employer provided benefit plans and perquisites) which in whole, represent total remuneration. The program is governed by the Board of Directors and the Executive Compensation Committee which advises the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation and their effectiveness in attracting, retaining, and motivating executives.

The target competitive positioning for executive remuneration is:

- Base Salary – Executive base salaries are targeted on average at the 50th percentile of market data
- Total Cash Compensation - Base Salary plus actual performance incentive payouts targeted, on average, at the 50th percentile and up to the 75th percentile of market data, dependent upon individual and organizational performance
- Total Remuneration - Total Cash plus the value of benefits targeted on average between the 50th and 75th percentile of market data, dependent upon individual and organizational performance

D. Executive Compensation Philosophy:

The philosophy describes the guiding principles and objectives of the executive compensation program. Executive compensation decisions will be made using the following guiding principles and objectives:

1. Support the Hospital's ability to attract, retain, and motivate a highly-talented executive team with the ability and dedication to manage the Hospital accordingly.
2. Support the Hospital's mission and vision and achievement of strategic goals.
3. Encompass a total compensation perspective in developing and administering cash compensation and benefit programs.
4. Considers the Hospital's financial performance and ability to pay which shall be balanced with the Hospital's ability to attract, retain and motivate executives.
5. Govern the executive compensation programs to comply with state and federal laws.

E. Components:

The three key components of the executive compensation program are base salary, performance incentive compensation, and benefits.

1. Base Salary. Each executive position will be assigned a salary range that is competitive with comparable hospitals and accounts for the higher cost of labor in Silicon Valley.
2. Performance Incentive Compensation. Each executive will be eligible for a goal-based performance incentive compensation program. An executive's performance incentive payout will be based on their performance against pre-defined organizational and individual goals and objectives aligned with the Hospital's mission, vision, and strategic goals.
3. Executive Benefits and Perquisites. The Hospital may provide executives with supplemental benefits as described in the executive benefits policy. It is the Hospital's practice to minimize the use of perquisites in total executive compensation.

F. Roles and Responsibilities:

The Executive Compensation Committee shall recommend and maintain written policies and procedures regarding the administration of each component. The Hospital Board of Directors will approve all policy changes.

G. Definitions

Comparable Hospital – To measure the competitiveness of the executive compensation program, the Hospital will use, in general, compensation information from tax-exempt independent hospitals /health systems from across the United States comparable in size and complexity to the El Camino Health. The hospitals/health systems will be comparable in size and complexity based upon net operating revenues.

Competitive Position – A determination of where the Hospital places executive salaries, incentives, and benefits relative to comparable hospitals nationally. El Camino Hospital’s competitive position for base salaries is the market median plus a geographic differential for the Silicon Valley area.

Geographic Differential – Recognizes the significantly higher cost-of-labor in Silicon Valley. The Committee will periodically analyze data to ensure the geographic differential is appropriate and accurately projecting the El Camino Hospital median.

El Camino Hospital Median – Reflects the median base pay of the comparable hospitals plus the geographic differential for each position

Other Cash Compensation – Other cash compensation excludes base salary and incentive pay but includes a hiring and retention bonuses, and relocation reimbursement.

Salary Range - A range established as 20% below to 20% above the salary range midpoint, resulting in a maximum amount that is 150% of the minimum amount.

Salary Range Midpoint - The midpoint of the salary range for each executive position will be set at the El Camino Hospital Median.

Total Cash Compensation – includes base salary plus annual incentive compensation (and other cash) paid to an executive.

Total Compensation – Total cash compensation plus the cost of employee and executive benefit programs.

**ATTACHMENT A:
APPROVED PARTICIPANT TITLES IN THE
EXECUTIVE COMPENSATION PROGRAM
Effective 10/13/21**

Job Title
Chief Admin Svcs Officer
Chief Executive Officer
Chief Financial Officer
Chief Growth Officer
Chief Human Resources Officer
Chief Information Officer
Chief Medical Officer
Chief Nursing Officer
Chief Operating Officer
Chief Strategy Officer
General Counsel
President Foundation
President, El Camino Medical Network
VP and President Concern Health*
VP Payor Relations* and **
Chief Quality Officer

*Executives in these positions are considered grandfathered participants and shall continue to be eligible for the Executive Compensation Program as long as the individual remains in an executive position with El Camino Hospital.

**This position is not a “disqualified person” as defined under Internal Revenue Code section 4958. In addition, the executive is considered a grandfathered participant.

Note: Executives hired on an interim basis are not eligible for the Executive Compensation and Benefits Program.

CEO Report
August 17, 2022
Dan Woods, Chief Executive Officer

Operations

Quality is a cornerstone that supports differentiating El Camino Health from its competitors. This month, our clinical and operational teams achieved full re-certification of all four disease-specific designations for the orthopedics and spine program from The Joint Commission. This program requires evidence-based standardization and focused performance improvement, a prerequisite for the Blue Cross/Blue Shield Distinction Center of Excellence Certification. The programs certified include: Total Knee Replacement (enterprise), Total Hip Replacement (enterprise), Hip Fracture (MV), and Spine Fusion (LG).

In Women's Care, El Camino Health launched a telehealth on-demand lactation program. This program supports new moms with lactation support in the convenience of their home as they begin their journey of motherhood.

Finance

Patient activity/volumes across the organization remained strong for the month of June, which was consistent with the rest of FY22. The financial team is completing fiscal year-end reconciliations and preparing for the external audit process which is expected to begin the first week of August and end in late September.

Government Relations

After hearing El Camino Health's concerns, the City of Mountain View did not include South Drive or other areas surrounding the hospital in the city's draft Housing Element Sites Inventory. City council members and staff were educated about the importance of not developing housing at the expense of the healthcare needs of our community.

The State of California included a hospital and skilled nursing facility COVID-19 worker retention pay program as part of the 2022 budget. At the time of the submittal of this report, many of the implementation details remain to be addressed in guidance issued by the Department of Health Care Services. The program allocates nearly \$1.1 billion in retention payments to part-time and full-time health care employees. Eligible full-time employees may receive up to \$1,000 as a base payment and eligible part-time employees up to \$750 as a base payment. Employees may also receive up to an additional \$500 as a state match if the employer can claim a qualifying matching retention payment.

Community Benefit

The Implementation Strategy Report and Community Benefit Plan FY2023, as well as the snapshot of the FY2023 grant partners, are live on the El Camino Health website. Staff is working on the FY2022 Community Benefit Annual Report and the financial reconciliation required to determine the final total community benefit for FY2022.



Corporate & Community Health Services

Concern is working on RFPs and presentations to brokers and prospects, including one for an 8000+ employer. Concern conducted a focus group of first responders from nine cities to learn how we could enhance our respected specialty solution. Concern proactively supported customers with facilitated discussions to address the fallout from Roe v Wade and ongoing mass shootings.

The Chinese Health Initiative hosted an Ask-a-Doctor workshop on diabetes prevention and a four-week diet series with a virtual grocery tour in Cantonese conducted by a certified diabetes care and education specialist with a combined total attendance of more than 185.

The South Asian Heart Center engaged 299 new and prior participants in screening, education and coaching programs to prevent heart disease and diabetes and completed 346 consultations and coaching sessions. We hosted 10 workshops attended by 95 participants and four health information events attended by 120 community members.

Human Resources

Human Resources is leading the Fair and Just Culture Workgroup as part of the Safety First/Mission Zero/HRO journey. The HRO Steering Committee approved the Fair Just Culture Policy and the Performance Management Decision Guide—tools that will be used to support the implementation of fair and just practices throughout the organization. Leaders will receive initial training in the month of September with additional coaching and support activities to follow.

Information Services

In support of quality and nursing productivity, 90.6% of device-generated patient data in critical care units is automatically interfaced into Epic, placing ECH at the top of the best 25% of all Epic customers (top =91%). This statistic improved this month with the addition of ECG wave strip and invasive pressure data, which is now sent electronically into the patient's record, eliminating the need to print and scan the strip into the patient chart.

Personalized drug dosing is now available using a cloud-based software application called InsightRX Nova that integrates directly into Epic. This software uses population Pharmacokinetic-Pharmacodynamic models and estimation methods to calculate and analyze individual patient characteristics for various drugs to simulate and individualize dosing.

To protect the organization against cybersecurity attacks, a disaster recovery test for the Epic EMR was successfully completed with a recent phishing exercise demonstrating that ECH is 2.5 times more resilient to email attacks than industry peers.

A new feature of the Service Now portal is live and available on the Toolbox enabling employee self-service capabilities for requesting help, finding information, or reporting problems to IT, reducing Help Desk calls, and improving employee efficiency.

Marketing and Communications

The "Accept Nothing Less" brand campaign continues in market and digital media is optimized based on performance.



El Camino Health social media organic posting continues on a weekly basis. This month, Facebook posts reached more than 566,059 people with post engagements up 92% from last month. On LinkedIn, we gained 226 new followers and saw a 3.2% uptick in search appearances and 4% increase in unique visitors. The Fortune Merative 100 Top Hospitals posting was a top performer.

Philanthropy

On June 15, El Camino Health Foundation hosted the final fundraising event of the year, Norma's Literary Luncheon, benefiting the Norma Melchor Heart & Vascular Institute. With close to 200 guests in attendance, Pulitzer Prize-winning novelist Jane Smiley read excerpts from books and answered questions from the audience. Chairs Judie Wolken and Betsy Dawes announced their retirement and were honored for their decade of leadership. Norma's Literary Luncheon has raised \$1.3 million for El Camino Health programs focused on women and families. In FY 2022, El Camino Health Foundation raised \$8,080,790, which is 106% of the goal.

Auxiliary

The Auxiliary donated 4,083 volunteer hours for the month of June.

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	8/17	9/14	10/12	11/16	12/7	JAN	2/8	3/8	4/5	5/10	6/14
STANDARD												
Public Communication		✓	✓	✓	✓	✓		✓		✓	✓	✓
Committee Reports (Informational and Consent item, unless requested)		✓	✓	✓	✓	✓		✓		✓	✓	✓
Consent Approvals (recommended by Committees) ¹		✓	✓	✓	✓	✓		✓		✓	✓	✓
Executive Session		✓	✓	✓	✓	✓		✓		✓	✓	✓
CEO Report ²		✓	✓	✓	✓	✓		✓		✓	✓	✓
STRATEGY												
Strategic Planning ³		✓			✓			✓			✓	
Board Retreat									✓			
QUALITY⁴												
Quality Committee Report			✓		✓			✓		✓		
Medical Staff Report			✓		✓			✓		✓		
FINANCE⁴												
Financials ⁵		✓		✓				✓			✓	
Budget Review & Approval											✓	✓
COMPLIANCE												
Annual Corporate Compliance Summary					✓							
GOVERNANCE												
Board Self-Assessment & Action Plan					✓	✓						
Director, Committee Member, and/or Chair Appointments												✓
Committee Charter Review												✓
EXECUTIVE PERFORMANCE												
CEO Performance Evaluation & Compensation				✓								

1: Includes credentialing and privileging report, polices, physician agreements, etc.

2: Includes organizational reports on Foundation, CONCERN, Pathways, etc.

3: Includes strategy implementation (as needed), and reports on Performance & Strategic Goals, El Camino Health Medical Network, Enterprise Risk Management, etc.

4: On off months, materials are provided in the Board meeting packet, but will not be reviewed as part of the agenda.

5: Includes capital expenditures, investment committee update, and audited financials in October