El Camino Health

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, April 13, 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: 987-7790-1394# 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	Lanhee Chen, Board Chair		**5:30 – 5:31 pm**
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		**information 5:31 – 5:32**
3. PUBLIC COMMUNICATION a. Oral Comments *This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes, on issues or concerns not covered by the agenda.* b. Written Correspondence	Lanhee Chen, Board Chair		**information 5:32 – 5:35**
4. QUALITY COMMITTEE REPORT	Julie Kliger, Chair of Quality Committee; Dr. Holly Beeman, Chief Quality Officer		**information 5:35 – 5:45**
5. BOARD ASSESSMENT FOLLOW-UP: FY23 EL CAMINO HOSPITAL BOARD PACING PLAN	Don Watters, Chair of Governance Committee; Megan Kurtz, Spencer Stuart	*public comment*	**motion required 5:45 – 6:00**
6. INCLUSION, DIVERSITY, EQUALITY AND BELONGING (I-DEB) DISCUSSION	Lanhee Chen, Board Chair; Brickson Diamond, Spencer Stuart; Camille Lowry, Spencer Stuart		**discussion 6:00 – 7:00**
7. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair	*public comment*	**motion required 7:00 – 7:01**
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		**information 7:01 – 7:02**
9. CONSENT CALENDAR *Any Board Member may remove an item for discussion before a motion is made.*	Lanhee Chen, Board Chair		**motion required 7:02 – 7:03**
Approval *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the Hospital Board (03/09/2022) ***Reviewed and Recommended for Approval by the Quality, Patient Care, and Patient Experience Committee*** *Health & Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: b. Credentialing and Privileges Report ***Information*** *Health and Safety Code Section 32106(b)* *Physician Contracts* c. Urology Call Panel Renewals for the Mountain View and Los Gatos Campuses			

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
Reviewed and Recommended for Approval by the Finance Committee d. Renewal of Enterprise Radiology Professional Services Agreement e. FY21 Annual Report on Physician Financial Arrangements			
10. *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets: **VALUE PROPOSITION STATEMENT**	Dan Woods, Chief Executive Officer		**discussion** **7:03 – 7:18**
11. *Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation:* **ENTERPRISE RISK MANAGEMENT**	Omar Chughtai, VP of Operations; Diane Wigglesworth, Sr. Director Corporate Compliance; Mary Rotunno, General Counsel		**discussion** **7:18 – 7:28**
12. Report involving *Gov't Code Section 54957(b) for discussion and report on personnel matters:* **CEO REPORT** *(Verbal)*	Dan Woods, Chief Executive Officer		**discussion** **7:28 – 7:33**
13. Report involving *Gov't Code Section 54957(b)* for discussion and report on personnel performance matters – Senior Management: **EXECUTIVE SESSION**	Lanhee Chen, Board Chair		**discussion** **7:33– 7:43**
14. ADJOURN TO OPEN SESSION	Lanhee Chen, Board Chair		**motion required** **7:43 – 7:44**
15. RECONVENE OPEN SESSION/ REPORT OUT	Lanhee Chen, Board Chair		**information** **7:44 – 7:45**
To report any required disclosures regarding permissible actions taken during Closed Session.			
16. CONSENT CALENDAR ITEMS: *Any Board Member or member of the public may remove an item for discussion before a motion is made.*	Lanhee Chen, Board Chair	*public comment*	**motion required** **7:45 – 7:46**
Approval 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 (03/09/2022) c. Urology Call Panel Renewals for the Mountain View and Los Gatos Campuses ***Reviewed and Recommended for Approval by the Finance Committee*** d. FY22 Period 08 Financials e. Renewal of Enterprise Radiology Professional Services Agreement f. FY21 Annual Report on Physician Financial Arrangements ***Reviewed and Recommended for Approval by the Medical Executive Committee*** g. Medical Staff Report h. Plans, Policies, and Scope of Services			
17. CEO REPORT a. Update b. Pacing Plan	Dan Woods, Chief Executive Officer		**information** **7:47 – 7:52**
18. BOARD COMMENTS	Lanhee Chen, Board Chair		**information** **7:52 – 7:54**
19. ADJOURNMENT	Lanhee Chen, Board Chair	*public comment*	**motion required** **7:54 – 7:55 pm**

Upcoming Regular Meetings: May 11, 2022; May 23, 2022 (Joint with Finance Committee); June 8, 2022
Upcoming Special Meetings - Education/Retreat: April 27, 2022 (Board Education)

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO

To: El Camino Hospital Board of Directors
From: Julie Kliger, MPA, BSN, Quality Committee Chair
Holly Beeman, MD, MBA, Chief Quality Officer
Date: April 1, 2022 (Date of Committee Meeting)
Subject: Quality, Patient Care and Patient Experience Committee

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

Summary:

I. Quality Committee Member Addition
   a. Chair Kliger brought forward, for discussion and input, the option to add members from the community to the Quality Committee. The "Quality Committee Charter" and the "Hospital Board Advisory Committee Community Member Nomination and Selection Procedures" were provided in advance and reviewed by the members to inform the discussion. Members noted that it important to understand what voices and perspectives are currently 'lacking' from our committee. Next steps are that Shiraz will give the Chair guidance on what the next steps are given that there is a larger set of recruitment activities going on for multiple commitees. Chair will send along the two interested candidates for QC to Shiraz to manage next steps.

II. Patient Story
   a. Cheryl Reinking shared the Daisy Award program, which has been in place at ECH since 2019. This program has become a special way to recognize nurses who have gone beyond for a patient's clinical quality outcomes as well as for the demonstration of compassionate care that nurses at ECH are known for throughout the community. Cheryl shared the story of one of our recent Daisy Award winners. Nurse Harumi, while working in the ED at Los Gatos, saved a woman's life by rapidly identifying she was in cardiac arrest, while still in her car in the parking lot. Harumi jumped into the vehicle and began life saving CPR while instructing the patient's husband to drive the car up to the ED entrance. The grateful patient and her daughter came to the ED in March to participate in the award presentation to Nurse Harumi and personally thank her for saving her life.

III. FY23 Quality Committee Meeting Frequency and Pacing
   a. Shiraz Ali (Director Office of the CEO) facilitated a discussion of the number of Quality Committee meetings. Currently the committee meets 10 x per year. Based on work done by the Governance Committee and a consulting firm, Spencer Stuart, Mr. Ali recommended the Committee consider reducing the number of meetings from 10 to 8 for FY23. Addition focus needs to be on linking the agendas to larger strategy that aligns the orverall organization and not just focus on the hospital operations. The QC is open to reducing one meeting/year for the next two years and to re-tooling the agendas and pacing plan accordingly.

IV. Proposed FY23 Quality Committee Goals
   a. Dr. Beeman reviewed the current FY22 Quality Committee Goals and recommended changes for FY23. Remove an existing goal, and add two goals.

i. The FY22 goals included goal #2 “Every other year, review the peer review process and medical staff credentialing process”. In FY22, the committee and the full board reviewed these processes. Dr. Beeman recommends this item not be called out separately as a goal, as it is part of the standard work of the committee.
ii. Dr. Beeman recommends the Quality Committee add two goals. First; a regular discussion and review of the enterprises High Reliability journey. Second, a goal to establish a “health equity” and ‘diversity, inclusion and equity’ road map, with metrics, to codify our progress and direction to become an enterprise. Members of the committee enthusiastically endorsed the recommendation.

V. Proposed FY23 Enterprise Organizational Goals; Quality, Safety and Experience pillars
   a. Dr. Beeman explained the background and rationale for introducing a new measure for FY23. This metric, “The ECH Hospital Acquired Condition Composite” (ECH HAC Composite) will track 5 hospital conditions:
      i. C. difficile infection
      ii. Non ventilator pneumonia (nvHAP)
      iii. Surgical site infection (SSI)
      iv. Inpatient fall rate
      v. Hospital acquired pressure injury rate (HAPI)
   b. In addition to the ECH HAC Composite, these additional measures should be goals for FY23.

DRAFT FY23 Goals (Quality/Safety/Experience)

FY22 Strategic/Org Goals

Quality & Safety

Serious Safety Event (SSER)
Readmission Index
HEDIS Composite

Service

Likelihood to recommend LTR (w/o MCH)
Likelihood to recommend LTR-ECHMN

FY23 Strategic/Org Goals

Quality & Safety

Serious Safety Event (SSER)
ECH Hospital Acquired Condition Composite^
ECHMN Quality Composite
Readmission Index

Service

Likelihood to recommend LTR-Inpatient (w/o MCH)
Likelihood to recommend LTR-ECHMN
LTR – ED
LTR – MCH
LTR – OP Surgery
LTR – OP Services
LTR – Oncology

^ECH HAC Composite has 5 measures

1. C diff infection rate
2. Non vent. pneumonia rate (nvHAP)
3. Surgical Site Infection (SSI)
4. Inpatient fall rate
5. Hosp acquired pressure injury rate (HAPI)

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Don Watters, Chair, Governance Committee
Date: April 13, 2022
Subject: Board Assessment Follow-Up: FY 2023 El Camino Health Board of Directors Pacing Plan

Recommendation: To discuss and approve the FY 2023 El Camino Health Board of Directors (ECHB) Pacing Plan. To provide an update on progress towards the Board Assessment Action Plan, particularly regarding the Pacing Plans and additional efforts towards improving governance.

Summary:

1. Situation: At the December 2021 ECHB meeting, SpencerStuart presented a report on board effectiveness and highlighted opportunities to elevate board performance further. This report included a summary of recommendations and an action plan for the El Camino Hospital Board (attachment 1). A number of proposed steps on the action plan were assessed to be the responsibility of the Governance Committee.

2. Authority: The purpose of the Governance Committee is to advise and assist the El Camino Health 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.

3. Background: In the Board Review Action Plan (attachment 1), the Governance Committee was assigned to "conduct a review of meeting agendas; reduce time on standing items; increase time on strategy." Consequently, the Governance Committee commissioned a multi-disciplinary task force that evaluated the pacing plan for the ECH Hospital Board. This evaluation included a legal review, a comparison to the practices of other Healthcare Districts and best practices established by other non-profit Hospital Boards. This type of 'clean sheet' approach to develop an appropriate pacing plan has not been enacted in over a decade.

4. Assessment: The project has yielded a new Pacing Plan for the Hospital Board for Fiscal Year 2023 (attachment 2). This recommended proposal impacts meeting frequency and the fixed topics pre-scheduled for each meeting. The resulting pacing plans carry overall topics of discussion while recommending changes to the frequency of each topic to allow additional time for strategic discussions.

5. Other Reviews: None.

6. Outcomes: As outlined in the Board Review Action Plan, the Governance Committee would bring recommendations around 'board composition & succession' and 'refine committee pacing plans.'

FY23 ECHB Pacing Plan
April 13, 2022

List of Attachments:

1. El Camino Health Board Review – Recommendations & Action Plan
2. FY 2023 Pacing Plan for El Camino Health Hospital Board
3. ECHB Pacing Plan Crosswalk

Suggested Committee Discussion Questions:

1. Does the FY 2023 ECHB Pacing Plan allow for additional time for strategic discussion?

El Camino Health - Board Review – Action Plan

Presented review and approval - December 8, 2021

Action Area	Proposed Next Step	Complete By	Responsible	
Meeting practices	• Create guidelines for question submission/agenda input (in order to support time management in the meetings)	• Jan 2022	• Lanhee and Bob	
	• Drop one meeting in 2022			Complete - being presented today for approval
Strategy	• Conduct review of meeting agendas; reduce time on standing items; increase time on strategy	• March 2022	• Dan, Governance Committee	
Committees	• Refine committee "pacing plan"	• March 2022	• Dan, Governance Committee	In Progress - scheduled to be presented at May Board meeting
	• Review board agendas and committee remits; identify items to be delegated to committee	• March 2022	• Dan, Lanhee, Bob, Committee Chairs	
Board composition, succession	• Review, update the board skills matrix	• May 2022	• Governance Committee	In Progress - on track to be presented at June or August Board meeting
	• Review, update onboarding process for new directors; focus on role of the board	• July 2022	• Governance Committee	
	• Develop list of future board candidates for appointed seats; consider committee members as potential board members	• Nov 2023	• All board members, Governance Committee	
Committees	• Develop a succession plan for each committee.	• Dec 2023	• Committee Chairs	

El Camino Health

EL CAMINO HEALTH – HOSPITAL BOARD OF DIRECTORS – PACING PLAN

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
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									✓			
QUALITY[4]												
Quality Committee Report			✓		✓			✓		✓		
Medical Staff Report			✓		✓			✓		✓		
FINANCE[4]												
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

El Camino Hospital Board – Pacing Plan

Crosswalk comparing Proposed FY 2023 Pacing Plan to FY 2022 Pacing Plan

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
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									✓			
QUALITY*												
Quality Committee Report			✓		✓			✓		✓		
Medical Staff Report			✓		✓			✓		✓		
FINANCE[4]												
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				✓								

- No Change
- All agenda items are equal in frequency when compared to FY 2022

- Change in Frequency - Quality & Finance reports adjusted from monthly to quarterly discussion. Materials will still be provided in every Board packet

- No Change
- All agenda items are equal in frequency when compared to FY 2022

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Lanhee Chen, Board Chair
Date: April 13, 2022
Subject: Inclusion, Diversity, Equality and Belonging (I-DEB) Discussion

Purpose: To discuss Inclusion, Diversity, Equality and Belonging (I-DEB) at El Camino Health.

Summary:

1. Situation: The El Camino Health Board of Directors is initiating a discussion around Inclusion, Diversity, Equality and Belonging (I-DEB). This discussion will be facilitated by consultants from SpencerStuart that have background and expertise in the field. The goal is to collaborate with the Board of Directors and staff to understand the views, beliefs and needs of the Board. The discussion will include a review data on the demographic composition of the board, staff and communities to frame the focus of the training sessions. Additionally, SpencerStuart will synthesize the inputs, outcomes and insights gathered to prepare a draft set of commitments the Board will make in support of I-DEB.

2. Authority: The recommendation of this agenda item was made by Governance Committee. The purpose of the Committee is to advise and assist the El Camino Health 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.

3. Background: The topic of Diversity, along with Cyber Security, was initially slated to be a topic for the Education Sessions of the El Camino Hospital Board and Committees. However, following direction from ECHB and the Governance Committee, the Education Session topics were changed to Medical Executive Committee and Strategy. Consequently, the Governance Committee recommended shifting Cyber Security to be a topic for Education Sessions in FY 2023 and for Diversity to instead be a topic for the ECHB.

4. Assessment: None.

5. Other Reviews: None.

6. Outcomes: Following a discussion in April, the discussion on Diversity will continue the discussion in the May meeting. Consequently, at the May meeting of ECHB, SpencerStuart will review the draft commitments with the board, incorporate any revisions agreed upon by the board, and work with staff to prepare a final statement and plan for execution.

I-DEB Discussion
April 13, 2022

List of Attachments:

1. Facilitator Biographies
2. Demographic Data
3. Pre-read Articles

Suggested Discussion Questions:

1. Who are our stakeholders (reference Demographic Data)?
2. Given the realities of 2020, 2021 and 2022, what are they facing?
3. What are the dimensions I-DEB that are most relevant to ECH?

Brickson Diamond

Executive Search Consultant & Diversity, Equity & Inclusion Advisor

Spencer Stuart

Brickson Diamond is a Spencer Stuart consultant with expertise in diversity, equity & inclusion, and works with clients across a range of industry and functional sectors on infusing that experience into executive search, leadership succession and development.

He is based in the firm's Los Angeles office and is a member of the Telecommunications, Media & Technology Practice. He brings 20 years of experience engaging with boards and C-level executives to build and transform businesses across industries, including entertainment, investment management and non-profits.

Prior to joining Spencer Stuart, Brickson founded and led the consultancy Big Answers, which helped clients amplify their values, success and commercial leadership and board strategies for DE&I. He previously served as EVP and COO of The Executive Leadership Council, the preeminent member organization for Black executives and board members in the Fortune 1000 and Global 100. He spent 15 years at the Capital Group Companies, rising to the level of SVP in their Private Client Services business.

Brickson is also the founding chairperson of The Blackhouse Foundation, a nonprofit partner of the Sundance, Tribeca and Toronto International film festivals that seeks to increase diverse representation in film and content creation. He is engaged in a variety of board and community leadership roles, including Tides, the Annenberg Foundation Trust at Sunnylands, Cooper Union for Advancement of Science and Art, Middlesex School and private tech company, Gentreo.

He received his undergraduate degree from Brown University and his MBA from Harvard University.

Camille Lowry
Contract Marketing Content Manager
Spencer Stuart

With years of proven experience across non-profit, corporate and entertainment industries, Camille has dedicated her career to advancing diverse organizations through powerful communications, experiential marketing, and diversity consulting. She has cultivated a reputation for bringing big ideas to life through expert planning and attention to detail.

She has just joined Spencer Stuart as a contract Marketing Content Manager, specializing in external and internal content related to diversity, equity, and inclusion.

Prior to Spencer Stuart, Camille served as Chief of Staff for Brickson Diamond's advisory firm, Big Answers, LLC. Camille supported Big Answers' clients in the fields of entertainment, technology, investment management and philanthropy, by combining diversity, equity, and inclusion innovations with strategic focus.

Camille worked for the Annenberg Foundation for 11+ years focusing on media relations and special events; and was instrumental in the launch and growth of many key projects, such as the establishment of the Annenberg Space for Photography. By cultivating relationships with local, national, and international press outlets, she built lasting buzz to maximize brand awareness.

Before segueing to Philanthropy, Camille began her career working for auteur entertainment talent such as directors Jonathan Demme and Robert Altman, and premiere companies including 20th Century Fox Features and ABC.

Camille also has many years of experience as a journalist writing for a range of publications.

ECH / Mountain View / Santa Clara County Demographic Data

Race/Ethnicity	Patient Census[1]	Board of Directors	Staff Diversity[2]								Mountain View[3]	Santa Clara County[3]
			ECH Mgmt & Supervisors	ECH Technicians & Specialists	RNs	Licensed Vocational Nurses	Aides & Orderlies	Clerical & Other Admin	Environmental & Food Service	Avg Across Roles		
White (alone)	45%	50%	50%	30%	39%	9%	23%	28%	20%	28%	42%	29%
Black or African American	3%	10%	5%	5%	4%	18%	4%	6%	3%	6%	1%	2%
Asian (alone)	35%	40%	27%	46%	47%	47%	38%	28%	34%	38%	35%	39%
Hispanic or Latino (any race)	12%	0%	11%	13%	6%	24%	27%	31%	38%	21%	17%	25%
Other*	6%	0%	7%	6%	4%	2%	8%	7%	5%	6%	5%	5%
Total Populations		10	260	1,062	1,391	200	56	459	388	3,818	82,376	1,936,259

ECH Staff Gender Breakdown: 73% Female/27% Male

*Other includes: Unknown, Two Races or More, American Indian/Alaskan Native

1: Patient Census Data as submitted to OSHPD for 7/1/2021 – 12/31/2021

2: Staff Diversity Data is as of 3/10/22. Two employees categorized in Other Salaries & Wages were not included

3: Mountain View and Santa Clara County Data is sources from the 2020 US Census

Start Here: A Primer on Diversity and Inclusion (Part 1 of 2)

by Seth Boden | July 23, 2020

The tragic killing of George Floyd in the United States and the protests that followed have become a catalyst for change, sparking mainstream conversations about race and racism, and drawing global attention to a business issue that many organizations have been grappling with for decades. At Harvard Business Publishing Corporate Learning, our clients have been reaching out to explore how we can support efforts to create more diverse, inclusive, and equitable workplaces, which foster a community built on belonging, authenticity, and empowerment for all employees.

In creating this environment, we realize the importance of establishing a shared understanding of common vocabulary to facilitate difficult conversations, and support the work we all must do to create a world that works for everyone, regardless of race, gender, country of origin, ability, gender identity, sexual orientation, or any other classification that today renders us "other."

"D&I", "DIB", "DEI"—OMG!

Yes, there are many acronyms related to diversity and inclusion used today. Sometimes organizations will use these interchangeably, though it is important to understand the nuances. The existence of these different acronyms reflects society's evolving understanding of these issues.

The first is D&I, which stands for diversity and inclusion. **Diversity** refers to anything that sets one individual apart from another, including the full spectrum of human demographic differences as well as the different ideas, backgrounds, and opinions people bring. **Inclusion** implies a cultural and environmental feeling of belonging and sense of uniqueness. It represents the extent to which employees feel valued, respected, encouraged to fully participate, and able to be their authentic selves.

The "B" in DIB adds the word "**belonging**" into the conversation—the experience of being treated and feeling like a full member of a larger community where you can thrive. You can have diversity of representation without inclusion and inclusion without creating an environment in which everyone feels they actually belong.

The "E" in DEI stands for **equity**—fair treatment for all, while striving to identify and eliminate inequities and barriers (as defined by the Harvard Diversity, Inclusion, and Belonging Glossary of Terms). Equity is different than equality—if I am helping all employees reach the top shelf of the supply room, I would give everyone access to the same height ladder, regardless of how tall they are. The problem with treating people equally is that not everyone has the same needs. In this case, some may not be able to reach the top shelf with the provided ladder, while others may not need to use one at all! Compare this to "equitable" treatment. When I am treating people equitably, I strive to eliminate barriers and overcome past inequities—I would give the tallest people the shortest ladder and the shortest people the tallest ladder so everyone can reach the same height.

Lack of equity costs marginalized groups in a variety of ways

These terms are all important for today's conversations, but you will find many organizations

focusing in equity, which is key to belonging. Groups that have historically been outsiders in the business world pay a variety of prices for lack of equity. Employees belonging to marginalized groups may choose to **code-switch** in order to fit in, which means "adjusting one's style of speech, appearance, behavior, and expression in ways that will optimize the comfort of others in exchange for fair treatment, quality service, and employment opportunities," according to the *Harvard Business Review* article "The Costs of Code-Switching." Code-switching comes with a psychological cost for employees who have to mute or hide aspects of who they are to fit in and succeed at work, and can sometimes result in their being ostracized by members of their own group who do not choose to code-switch themselves.

Employees from marginalized groups may experience several different types of negative or aggressive behaviors towards them including **microaggressions**, **gaslighting**, and **discrimination** (the definitions of which can be found in the infographic).

Privilege is the key to understanding lack of equity

Generations of preferential treatment have put certain groups ahead and led to widening disparity with other less privileged groups. Groups that are not privileged may be marginalized, underrepresented, or underserved. As we embrace diversity and work to create inclusion, equity, and belonging for all, we must address how this privilege operates and work to balance its impact. In Part 2 of this blog, we will look at how race and other forms of discrimination rob people of equitable treatment and stand in the way of creating diversity, inclusion, and belonging for everyone.

Start Here: A Primer on Diversity and Inclusion (Part 2 of 2)

by Seth Boden | July 24, 2020

While the police killing of George Floyd may have been the catalyst for today's global discussion around diversity, equity, inclusion, and belonging, it is not the only example of racism we may witness. Indeed, the deaths of George Floyd, Breonna Taylor, Michael Brown, Sandra Bland, Tamir Rice, and sadly many others must be viewed as the culmination of practices, policies, and social norms, which can be seen every day.

Racism is more than the extreme examples we see covered in the media

Of course, we are outraged by senseless murders, but Black and Brown communities also experience everyday bias, which is "prejudice in favor of or against one thing, person, or group compared with another, usually in an unfair or negative way." *Unconscious bias*, also known as *implicit bias*, is defined by the Harvard Diversity, Inclusion, and Belonging Glossary of Terms as "attitudes and stereotypes that influence judgment, decision-making, and behavior in ways that are outside of conscious awareness and/or control." Work on implicit bias and its relationship to diversity was pioneered by Harvard University Professor Mahzarin Banaji with Tony Greenwald and includes the Implicit Association Test. The work to understanding how we got here must begin with learning about the role we ourselves play when we do not check our own unconscious biases.

When prejudice is woven into community standards, public policies, and legal institutions it becomes systemic. In America, racism, "the belief that racial differences produce or are associated with inherent superiority or inferiority," is systemic.

While many non-white groups experience racism, the legacy of slavery and genocide in the United States means Black and Indigenous people have had a distinctly different experience than other people of color. It is for this reason that instead of grouping all non-white people together under one umbrella term, many people are beginning to use the term BIPOC—Black, Indigenous, and People of Color.

What about other forms of bias?

There are many forms of bias that diversity and inclusion efforts seek to address including gender identity and sexual orientation, which often get conflated. **Biological sex**, **gender identification**, and **gender expression** are distinctly different concepts**.** Gender is different than **sexual orientation**, which refers to a person's preference for one or more gender identities in a partner. Sexual orientations include heterosexual, homosexual, pansexual, and asexual.

Finally, and critically important to understanding the unique challenges employees who belong to more than one marginalized or underserved group, is the concept of **intersectionality**—the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect, and their multiple effects on the same individuals or groups. This term was coined by feminist scholar Kimberlé Williams Crenshaw in 1989 to help describe the discrimination faced by African American women. Today it is a central concept in the dialogue around identity politics.

On behalf of the Harvard Business Publishing Corporate Learning team, we acknowledge you for stepping into the arena and taking action to cultivate diversity, inclusion, equity, and belonging for all your employees.

Source: Harvard Business Publishing – Corporate Learning

The Problem with Privilege: Not Everyone Has It

Harvard Business Publishing Corporate Learning

As we work to create a diverse, inclusive, and equitable workplace, we realize it is important to understand what privilege is and what employees who do not currently have it experience. Here we provide a baseline of concepts you and your colleagues must understand to begin to address the problem of privilege.

Privilege: The Key to Understanding Lack of Equity

Privilege is an unearned and sustained advantage that comes from race, gender, sexual orientation, ability, socioeconomic status, age, or other differences.

GROUPS THAT ARE NOT PRIVILEGED MAY BE:

Marginalized:

Pushed to the fringes of a community or organization. For example, the needs of transgender people in the workplace have only been discussed openly in the last few years.

Underrepresented:

Statistically present in smaller numbers within a community or organization than they are in the larger population. For example, women make up more than 50% of humanity but less than 10% of Fortune 500 CEOs.

Underserved:

Not having their unique needs understood, discussed, or met. For example, people with physical disabilities have lacked access to, and in some places continue to struggle to access, a range of basic services such as bathrooms and signage that accommodate their needs.

EXPERIENCES OF MARGINALIZED GROUPS:

Microaggressions: A comment or action that unconsciously or unintentionally expresses or reveals a prejudiced attitude toward a member of a marginalized group, such as a racial minority.

Gaslighting: A deliberate attempt to undermine a person's sense of reality or sanity. In a work context, it usually means behaviors that undermine the success, self-confidence, self-esteem, or well-being of the target.

Discrimination: The denial of justice and fair treatment by both individuals and institutions in many areas, including employment, education, housing, banking, and political rights. Discrimination is an action that can follow prejudiced thinking.

In America, racism, "the belief that racial differences produce or are associated with inherent superiority or inferiority," is systemic.

OTHER FORMS OF BIAS:

Biological Sex: Assigned at birth usually based on a doctor's examination of a newborn's physical characteristics and considered binary with few exceptions; XX = female and XY = male.

Gender Identification: How an individual understands themselves as related to gender and includes female, male, transgender, intersex, and non-binary identities.

Gender Expression: How an individual expresses their gender externally through dress, behavior, voice, etc. It may or may not conform to cultural gender norms.

HARVARD HUMAN RESOURCES

Glossary of Diversity, Inclusion and Belonging (DIB) Terms

Here is a glossary of terms relating to diversity, inclusion and belonging. It is not comprehensive, but rather, is meant to serve as a starting point for communication and learning.

Ableism: Beliefs or practices that rest on the assumption that being able-bodied is "normal" while other states of being need to be "fixed" or altered. This can result in devaluing or discriminating against people with physical, intellectual or psychiatric disabilities. *Institutionalized ableism* may include or take the form of un/intentional organizational barriers that result in disparate treatment of people with disabilities (PwDs).

Accessibility: The "ability to access" the functionality of a system or entity, and gain the related benefits. The degree to which a product, service, or environment is accessible by as many people as possible. *Accessible design* ensures both direct (unassisted) access and indirect access through assistive technology (e.g., computer screen readers). *Universal design* ensures that an environment can be accessed, understood, and used to the greatest extent possible by all people.

Accommodation: A change in the environment or in the way things are customarily done that enables an individual with a disability to have equal opportunity, access and participation.

Ally: A person who is not a member of a marginalized or disadvantaged group but who expresses or gives support to that group.

Bias: Prejudice in favor of or against one thing, person, or group compared with another, usually in an unfair or negative way. *Unconscious bias*, also known as *implicit bias*, is defined as "attitudes and stereotypes that influence judgment, decision-making, and behavior in ways that are outside of conscious awareness and/or control". Work on implicit bias and its relationship to diversity was pioneered by Harvard Professor Mahzarin Banaji (with Tony Greenwald) and includes the Implicit Association Test.

Black Lives Matter: Black Lives Matter is a human rights movement, originating in the African-American community, that campaigns against violence and systemic racism toward black people. The movement began with the use of the hashtag #BlackLivesMatter on social media after the acquittal of George Zimmerman in the shooting death of African-American teen Trayvon Martin in February 2012.

Cultural appropriation: Originally coined to describe the effects of colonialism, cultural appropriation generally entails adopting aspects of a minority culture by someone outside the culture, without sufficient understanding of its context or respect for the meaning and value of the original. Cultural appropriation done in a way that promotes disrespectful cultural or racial stereotypes is considered particularly harmful.

Cisgender: From the Latin cis-, meaning "on this side." A person whose gender identity corresponds with the sex the person had or was identified as having at birth. For example, a person identified as female at birth who identifies as a woman can be said to be a cisgender woman.

Disability: A physical or mental impairment that substantially limits one or more major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment (from the Americans with Disabilities Act of 1990).

Diversity: The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences. Some describe organizational diversity as social heterogeneity.

Diversity v. Inclusion v. Belonging: Diversity typically means proportionate representation across all dimensions of human difference. Inclusion means that everyone is included, visible, heard and

considered. Belonging means that everyone is treated and feels like a full member of the larger community, and can thrive.

ERG: Abbreviation for Employee Resource Group. Typically, an employer-sponsored or –recognized affinity group of those who share the interests and concerns common to those of a particular race, ethnicity, gender, or sexual orientation. ERG's at Harvard are intended to build community, strengthen networks and supportive relationships, and improve the mobility and retention of diverse people.

Equity: Fair treatment for all while striving to identify and eliminate inequities and barriers.

Gaslighting: First popularized in the 1944 movie *Gas Light*, it means a deliberate attempt to undermine a victim's sense of reality or sanity. In a work context, it usually means behaviors that undermine the success, self-confidence, self-esteem or wellbeing of the target. For people in underrepresented or less powerful groups, it is more likely to occur, with more severe and harmful cumulative effects. Tactics can include withholding (critical information, meeting invitations, silent treatment), isolation (exclusion, causing conflict with coworkers), and discrediting (consistently shooting down the target's ideas, ignoring or taking credit for them).

Gender Nonconforming or Gender Non-binary: A way of identifying and/or expressing oneself outside the binary gender categories of male/masculine and female/feminine.

Health at Every Size: Known by the acronym HAES, a social and health promotion movement that challenges social stigma based on weight, size and shape. The movement emphasizes body positivity, health outcomes, and eating and movement for wellbeing rather than weight control.

Intersectionality: The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect, and their multiple effects on the same individuals or groups. Also refers to the view that overlapping and interdependent systems of discrimination and inequality can more effectively be addressed together.

Latinx: Used as a gender-neutral or non-binary alternative to Latino or Latina to describe a person of Latin American origin or descent.

LGBTQ: An abbreviation for lesbian, gay, bisexual, transgender, and queer.

Microaggression: A comment or action that unconsciously or unintentionally expresses or reveals a prejudiced attitude toward a member of a marginalized group, such as a racial minority. These small, common occurrences include insults, slights, stereotyping, undermining, devaluing, delegitimizing, overlooking or excluding someone. Over time, microaggressions can isolate and alienate those on the receiving end, and affect their health and wellbeing.

Microaffirmation: A microaffirmation is a small gesture of inclusion, caring or kindness. They include listening, providing comfort and support, being an ally and explicitly valuing the contributions and presence of all. It is particularly helpful for those with greater power or seniority to "model" affirming behavior.

Neurodiversity: When neurological differences are recognized and respected as are any other kind of human differences or variations. These differences can include Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, and Tourette Syndrome.

Privilege: An unearned, sustained advantage that comes from race, gender, sexuality, ability, socioeconomic status, age, and other differences. For example, readers are invited to "unpack" white and male privilege in these papers by Wellesley College's Peggy McIntosh.

Pronouns: Words to refer to a person after initially using their name. Gendered pronouns include she and he, her and him, hers and his, and herself and himself. "Preferred gender pronouns" (or PGPs) are the pronouns that people ask others to use in reference to themselves. They may be plural gender-neutral pronouns such as they, them, their(s). Or, they may be ze (rather than she or he) or hir (rather

than her(s) and him/his). Some people state their pronoun preferences as a form of allyship.

Queer: An umbrella term used by people who wish to describe themselves as neither heterosexual nor cisgender.

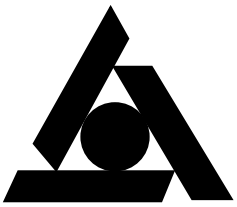
Racism: A belief that racial differences produce or are associated with inherent superiority or inferiority. Racially-based prejudice, discrimination, hostility or hatred. *Institutionalized racism*, also known as systemic racism, refers to forms of racism that are engrained in society or organizations. It is when entire racial groups are discriminated against, or consistently disadvantaged, by larger social systems, practices, choices or policies.

Transgender: An umbrella term used to describe a person whose gender identity is something other than their Sex Assigned at Birth (SAAB). The SAAB is a person's first association with gender, typically based on physical sex characteristics.

URM: An abbreviation for Under-Represented Minorities. Some institutions have defined sub-groups within larger racial/ethnic minority groups that are particularly under-represented relative to their size. For example, in a given field, Mexican-Americans may be an under-represented minority, even if Hispanic people are otherwise proportionately represented.

White Fragility: Coined by Robin D'Angelo in this article, it is used to describe the privilege that accrues to white people living in a society that protects and insulates them from race-based stress. D'Angelo argues that this builds an expectation of always feeling comfortable and safe, which in turn lowers the ability to tolerate racial stress and triggers a range of defensive reactions.

CHAPTER 2: RECOMMENDATIONS FOR THE TREATMENT OF ASIAN AMERICAN/PACIFIC ISLANDER POPULATIONS



By Gayle Y. Iwamasa, PhD
Asian American Psychological Association

Introduction

According to the 2000 U.S. Census, "single race" Asian Americans and Pacific Islanders comprised 4.2% of the U.S. population. Of the individuals who reported being multiracial, almost 13% reported being partially of Asian heritage. Asian Americans/Pacific Islanders is one of the fastest growing visible racial/ethnic groups, with a projected increase in population to 6.2% by 2025, and 8.9% by 2050. Although the three largest Asian ethnic groups are Japanese, Chinese, and Filipino, the terms "Asian American" and "Pacific Islander" encompass more than 50 distinct racial/ethnic groups, in which more than 30 different languages are spoken. Indeed, Asian Americans/Pacific Islanders is the most diverse racial/ethnic group in terms of country of origin, religious/spiritual affiliation, cultural background and traditions, and generational and immigration experiences.

Prevalence rates of mental illness among Asian Americans/Pacific Islanders are believed to be no different from those of other Americans. However, the type of psychopathology, ethnicity and generational status, acculturation and cultural background all appear to influence the manifestation of psychological distress among Asian Americans/Pacific Islanders. For example, rates of depression appear to be similar among Asian Americans/Pacific Islanders and White Americans, while the prevalence of substance abuse appears to be significantly lower among Asian Americans/Pacific Islanders. In contrast to domestically born Asian Americans, Southeast Asian and other Asian American/Pacific Islander immigrants who experienced violence, war, or economic oppression prior to their arrival in the United States appear to suffer psychological distress more frequently.

Understanding the mental health issues of Asian Americans/Pacific Islanders is important because of the vast heterogeneity of the group, the various Asian cultures' beliefs about mental health, and the emphasis on the connection between the mind and body. Among many Asian Americans/Pacific Islanders, interpersonal harmony and the focus on family influence the experience, interpretation, and expression of psychological distress. For example, in some Asian cultural groups, the experience of psychological distress is not only a reflection on the individual in distress, but also reflects on the entire family. Thus, shame, embarrassment, and loss of face contribute to whether or not an individual will admit to experiencing psychological problems. These cultural values affect the willingness of Asian Americans/Pacific Islanders to seek professional psychological treatment; Asian Americans/Pacific Islanders have been found to underutilize traditional mental health services. In addition to cultural values such as stigma and loss of face, limited English proficiency, differing conceptualizations of distress, and limited access to culturally competent services also contribute to low treatment utilization rates. Psychological researchers have documented that those Asian Americans/Pacific Islanders who do seek professional mental health treatment are more likely to terminate treatment prematurely.

Implications for Culturally Competent Care

- There is an increased need for culturally competent mental health services and providers with expertise in working with this population.
- Mental health providers must be aware of the great interethnic variations among Asian Americans/Pacific Islanders.
- Because the manifestation of mental disorders is affected by cultural, generational, and acculturation levels, treatment providers must assess these specific cultural factors when working with Asian American/Pacific Islander clients.
- Treatment providers need to understand the role of cultural values such as interpersonal harmony, loss of face, and filial piety on their Asian American/Pacific Islander client's beliefs about psychological distress and the implications for mental health services.

Myths and Misinformation

The promulgation of the "model minority" myth, that Asian Americans and Pacific Islanders are the most similar to European Americans, and, thus, are viewed as "models" for and/or "better than" other ethnic minority groups, has created many problems for Asian Americans/Pacific Islanders. The result has been (a) a lack of attention to Asian American/Pacific Islander issues in mental health research and clinical practice, (b) the creation of antagonisms with other minority groups who may view Asian Americans/Pacific Islanders as co-conspirators with European Americans, and (c) interference with the development of collaborative efforts and coalition building among racial/ethnic minority groups.

Another erroneous belief about Asian Americans/Pacific Islanders is that they all achieve academic success. Although it is true that education is highly valued in many traditional Asian cultures, the within-group differences in academic achievement among various Asian Americans/Pacific Islanders are large. Academic achievement among Asian Americans/Pacific Islanders has been found to vary by ethnicity, generational status, gender, and socioeconomic status.

Regarding socioeconomic status, although some Asian Americans and Pacific Islanders are somewhat better off financially as compared to other ethnic minority groups, they are still more than 1-1/2 times more likely than White Americans to live in poverty. Also, in many Asian American/Pacific Islander households, all individuals of working age (including adolescents and extended family members) are employed in one or more jobs outside the home, resulting in a higher medium family income. These figures are often used to support the success myth when in actuality they are a statistical artifact.

Type of employment is also quite diverse among Asian Americans and Pacific Islanders. Many Asian American/Pacific Islander immigrants, although often trained in specific vocations such as medicine, engineering, and business, can only find menial low-paying jobs, which is why they often supplement their income with additional employment. Even among highly educated and acculturated Asian Americans/Pacific Islanders, research has documented a glass-ceiling effect, whereby many Asian Americans and Pacific Islanders are unable to be promoted beyond a certain position because of discrimination and institutionalized racism and/or sexism.

Finally, the stereotype of Asian American/Pacific Islander individuals all looking the same is grossly inaccurate if one simply examines the range of phenotype between various Asian American/Pacific Islander groups. For example, Filipinos, Korean Americans, Native Hawaiians, and Cambodian immigrants are quite different phenotypically. Skin color, hair color and texture, facial features, height, weight, etc., vary dramatically among many of the Asian American/Pacific Islander ethnic groups, and biracial and multiracial Asian Americans and Pacific Islanders have even more phenotypic differences.

Implications for Culturally Competent Care

- Treatment providers should be aware of inaccurate historical stereotypes and myths about Asian Americans/Pacific Islanders and how they have affected the mental health of Asian Americans/Pacific Islanders.
- Treatment providers should assess their own stereotypes and myths about Asian Americans/Pacific Islanders and work to abolish them.
- Treatment providers should be knowledgeable of the diversity in educational and occupational achievement among Asian Americans/Pacific Islanders.
- Treatment providers should be knowledgeable about the socioeconomic status of Asian Americans/Pacific Islanders and the frequent need for family members to have multiple employment in order to make ends meet.
- Treatment providers should understand that Asian Americans and Pacific Islanders are immensely diverse in many ways and not make assumptions about a client's experiences and adherence to traditional cultural values and practices.

Inadequacies of Traditional Mental Health Care

The number of Asian American/Pacific Islander mental health providers is very low, as are mental health services accessible to various Asian American/Pacific Islander communities. The paucity of bilingual and culturally competent therapists compounds the problem of inadequate mental health care. Even the U.S. Surgeon General documented inadequate mental health treatment for Asian Americans and Pacific Islanders because of inappropriate and biased treatment models that reflect a White American, middle-class orientation.

Historically, Asian Americans and Pacific Islanders have had good reason to mistrust mental health service providers. Misdiagnosis and underdiagnosis of mental illness among Asian Americans and Pacific Islanders who have serious mental health and health implications continue to be a problem. Lack of knowledge regarding ethnopharmacology and Asian Americans/Pacific Islanders continues to put Asian Americans/Pacific Islanders at risk. Culture-bound nosological systems, such as the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition-TR* (American Psychiatric Association, 1999), also do not adequately address the mental health conceptualization of many Asian Americans and Pacific Islanders. Researchers have documented that treatment adherence is influenced by the match between the client's and the treatment provider's explanatory model of the symptoms and illness. If the treatment orientation matches that of client, the client will be more likely to agree with the provider's explanation and suggested treatment. If the treatment orientation is different from that of the client, the client will not likely benefit from the treatment. Indeed, many mental health treatment providers lack knowledge and training regarding the existence, prevalence, manifestation, and treatment of Asian culture-bound syndromes. For example, "hwa-byung" (Korean syndrome similar to, yet different from DSM-IV major depression), "taijin kyofyusho" (Japanese disorder similar to, yet different from DSM-IV social phobia), and "koro" (Southeast Asian syndrome now referred to as genital retraction syndrome in the global mental health literature) are all psychological disorders that have been documented in Asian Americans/Pacific Islanders. Clinicians unaware of such disorders are at higher risk for misdiagnosing such problems and, thus, implementing culturally inappropriate interventions. Interestingly, the researchers are now documenting the existence of these disorders among non-Asian American/Pacific Islander individuals.

Implications for Culturally Competent Care

- More Asian American/Pacific Islander and bilingual treatment providers are needed.
- Mental health treatment providers should be trained and educated in culturally competent treatment models.
- Culturally appropriate mental health treatment for Asian

Americans/Pacific Islanders should be cost-effective, accessible (located within Asian American/Pacific Islander communities), and provided at convenient times (e.g., after work and weekends).

- Current mainstream diagnostic systems should include specific considerations for the experience and expression of various symptoms and disorders among Asian Americans and Pacific Islanders.
- Mental health treatment providers should be knowledgeable about the prevalence, manifestation, and treatment of Asian culture-bound syndromes.

Culture-Specific Views of Mental Health and Healing

For many Asian Americans and Pacific Islanders, mental health is strongly related to physical health. In many Asian American/Pacific Islander ethnic groups, the belief is that if one is physically healthy, then one is more likely to be emotionally healthy. Emotional or psychological health is also believed to be strongly influenced by willpower or cognitive control. For example, when one is feeling sad, not dwelling on negative thoughts or avoiding negative thoughts is viewed as an appropriate coping method. In addition, focusing on one's family or community and behaving in a way that maintains interpersonal harmony in the face of psychological distress is demonstrative of strong will and emotional health. As such, many Asian Americans and Pacific Islanders associate stigma and loss of face with admitting to psychological problems. As a result, in many Asian American/Pacific Islander cultures, individuals may often report somatic or physical manifestations of stress, as they are viewed as more acceptable than psychological symptoms. Whether these Asian Americans and Pacific Islanders experience the distress as somatic and/or psychological when having problems remains to be examined.

Indigenous healing has long been a practice of many Asian Americans and Pacific Islanders. Traditional healers are often religious leaders, community leaders, or older family members. Religion/spirituality, community, and family may also be seen as protective factors for the development of psychological distress among Asian Americans and Pacific Islanders. For example, low divorce rates and extended family households demonstrate the emphasis on family and unity. They also indicate strengths in interpersonal relationships and loyalty. In addition, this results in a strong built-in social support system for many Asian Americans and Pacific Islanders. Some traditional Asian American/Pacific Islander indigenous healing practices are controversial. For example, in some Asian cultures, "coining" and "cupping," the practice of vigorous rubbing of coins or cups on the skin of ill children to cure them, often results in bruising. This has resulted in these parents being reported for child abuse.

Implications for Culturally Competent Care

- Treatment providers should be aware of their Asian Americans and Pacific Islander clients' cultural beliefs related to psychological distress and how they may influence their symptoms of distress.
- Treatment providers should assess if their Asian Americans and Pacific Islander clients are experiencing both somatic and psychological symptoms of distress.
- Treatment providers should develop treatment plans that match the explanatory models of their Asian American/Pacific Islander clients and explain the treatment model to the clients and how the suggested treatment will be of benefit to the clients.
- Treatment providers should be aware of the environmental context in which their Asian American/Pacific Islander clients live and be cognizant of the implications of their suggested treatment on the clients' family members, as it will likely influence treatment adherence.
- Treatment providers should be knowledgeable and respectful of Asian American/Pacific Islander indigenous healing practices.

Oppression and Racism as Mental Health Issues

Historically, racism and sexism toward Asian Americans and Pacific Islanders in the United States has been prevalent. Whether mandated by the U.S. government (e.g., Gentleman's Agreement of 1860, antimiscegenation laws, unconstitutional internment of Japanese Americans during World War II) or acted upon by individuals via hate crimes, Asian Americans and Pacific Islanders continue to face oppression and racism in the United States. For many Asian Americans and Pacific Islanders, the sense of collectivism and group identity results in a shared experience of discrimination, even when such events are experienced by other Asian Americans and Pacific Islanders. Psychological researchers have documented the effects of transgenerational psychological trauma among Asian Americans and Pacific Islanders. For example, children of Japanese Americans interned during WW II experienced negative psychological sequelae from the internment. The concept of transgenerational trauma also is particularly important given the large number of Asian Americans and Pacific Islanders who have emigrated to the United States from countries ravaged by war, famine, and economic and political upheaval. Although their progeny may not have personally been tortured, raped, or beaten, their parents who did experience those atrocities may pass down the psychological trauma to them.

Many Asian Americans and Pacific Islanders are regularly bombarded with messages to assimilate and that their culture and heritage are not valued. A specific example is the English-only initiative. Rather than valuing multilingual individuals as an important resource, several states have had

English-only initiatives that could be interpreted as intolerance and non-acceptance for individuals who speak languages other than English. These initiatives are typically generated by European Americans who lack the ability to speak other languages as well as knowledge of the future potential economic growth and resources of the population they purport to represent. An interesting irony is that a century ago, European Americans prevented non-English speaking ethnic minorities from learning English for fear that they would become educated and, thus, compete economically. Although the most frequently spoken languages in the world are Asian, the U.S. education system places more value on European-based languages over Asian languages, creating yet another barrier. This is most readily observed by examining the foreign language offerings in most middle schools, high schools, colleges, and universities. This results in fewer individuals having the capability to communicate with Asian American/Pacific Islander immigrants whose first language is Asian, which, in turn, affects the number of treatment providers who can provide services in clients' first language.

When employed, Asian Americans and Pacific Islanders continue to experience the glass-ceiling effect. Although trained and competent, in many companies, Asian Americans and Pacific Islanders find it difficult to move beyond mid-level positions. Stereotypes of Asian American/Pacific Islander employees of being smart, hardworking, and reliable, yet passive and quiet, result in many individuals being passed over for much-deserved promotions and recognition. Implications for negative effects on self-worth are clear. Negative stereotypes of Asian American/Pacific Islander men being undesirable, while stereotypes of Asian American/Pacific Islander women as exotic and sexualized are also psychologically damaging.

A damaging result of the model minority myth is that many Asian Americans/Pacific Islanders are invisible minorities. This is particularly the case when discussions of diversity focus only on "Black/White" issues. Related to mental health, the consequence of being an invisible minority is particularly problematic. As a result of the lack of attention to the mental health needs and experiences of Asian Americans and Pacific Islanders, combined with the lack of recruiting of Asian American treatment providers and researchers, little research exists on the mental health status of many Asian American/Pacific Islander groups. Those familiar with this literature tend only to be Asian American/Pacific Islander practitioners and not those unfamiliar with Asian American/Pacific Islander mental health issues. This may result in potentially harmful problems such as underdiagnosis or misdiagnosis.

Providers who lack cultural sensitivity and knowledge have been shown to provide different diagnoses, typically more severe, to ethnic minority individuals with the same symptoms as European Americans. Furthermore, given the current emphasis on psychopharmacology, there is real concern regarding whether or not Asian Americans and Pacific Islanders are being over-medicated or prescribed medications that actually exacerbate their psychological distress. What little research that exists which includes Asian Americans/Pacific Islanders in drug trials indicates that many Asian Americans and Pacific Islanders metabolize and tolerate medications at different levels as compared to other ethnic groups.

Implications for Culturally Competent Care

- In addition to assessing personal experiences of racism and oppression of their Asian American/Pacific Islander clients, treatment providers should be aware of the effects of collectivism on the experience of racism and oppression of Asian Americans and Pacific Islanders.
- Treatment providers should be knowledgeable about the effects of transgenerational trauma and how it may be manifested in Asian Americans and Pacific Islanders, particularly among immigrants from war-torn countries.
- Treatment providers should assess their Asian American/Pacific Islander clients' employment history and status, inquire about glass-ceiling effects, and assess the individual's responses to the discrimination.
- Treatment providers should be aware of the negative impact of the model minority myth on their Asian American/Pacific Islander clients.
- Treatment providers should remain up to date on the developing literature on the mental health issues of Asian Americans and Pacific Islanders and incorporate such knowledge into their practice with Asian Americans and Pacific Islanders.
- Treatment providers should be aware of the potential harm of underdiagnosis, misdiagnosis, and over medication of Asian American/Pacific Islander individuals.

The Delivery of Culturally Competent Care for Asian Americans and Pacific Islanders

In sum, culturally competent treatment of Asian American/Pacific Islander individuals should not be the responsibility solely of Asian American/Pacific Islander treatment providers. Little effort has been made to recruit and train Asian Americans and Pacific Islanders for careers in mental health, resulting in limited numbers of Asian American/Pacific Islander clinicians. Rather, the mental health field must be accountable for providing accessible, well-trained, and knowledgeable treatment providers who can offer culturally competent interventions and services to an increasingly diverse population.

As the population of Asian Americans and Pacific Islanders continues to grow and become more diverse, the demand for appropriate services will continue to grow as well. Not providing these services will result in negative effects, not just for the Asian American/Pacific Islander population, but also for the U.S. population as a whole.

Addressing this growing need is not simple, but needs to be addressed from a systemic and multilevel perspective.

- Multilingual Asian Americans/Pacific Islanders should be valued for their skills and recruited and trained to be mental health professionals.
- Treatment providers must continually examine their own personal stereotypes and biases and how it may be affecting their work with Asian American and Pacific Islander clients.
- Treatment providers must seek knowledge, training, and skills so that they may provide culturally competent services to diverse Asian American/Pacific Islander clients.
- Training programs must be accountable for training their students to be culturally competent treatment providers. This should not be the responsibility solely of ethnic minority faculty, but all faculty in training programs must be accountable.
- Supervisors should be knowledgeable about and prepared to address issues of cultural competence in supervision.

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Hispanic/Latinx | NAMI: National Alliance on Mental Illness

Clip source: Hispanic/Latinx | NAMI: National Alliance on Mental Illness

NAMI: National Alliance on Mental Illness

The Hispanic/Latinx community in the U.S. is very diverse, including people from many different nations and regions of the world. Individuals of Mexican, Puerto Rican, Cuban, Central American and South American descent have been part of the American cultural tapestry for centuries. As with any community, the mental health needs and experiences of Hispanic/Latinx people vary among subgroups.

While there is great diversity within this community, there are some shared cultural factors that connect people regardless of ancestry or national origin. For some, their indigenous roots are a source of pride. A large portion of this community speaks the Spanish language. There is also a shared connection of religious affiliations, strong family bonds, connections to extended networks and a resilient approach to life and work. Another common value in this community is “familismo,” a cultural foundation that emphasizes connectedness and a strong attachment and duty to one’s family.

Identity and Culture

Identity and culture for members of the Hispanic/Latinx community is as complex and rich as the history and trajectory of this population. In other words, there is no *one* Hispanic/Latinx culture.

It is important to appreciate these differences and understand how community members self-identify based on race, ethnicity, or national origin. Those who identify as Latino, Latina or Latinx may consider themselves of Latin American ancestry (Central America, South America or the Caribbean). Since the Spanish language is typically gendered, the term Latinx is used to eliminate a binary choice (male vs. female) that is limiting and excluding to trans individuals and others who identity as fluid or non-binary. Those who identify as Hispanic may be referring to ancestors from Spain or other Spanish-speaking countries.

Since cultural identity is a construct shared by groups, recent immigrants may identify by their country of origin instead of as “Hispanic” or “Latinx.” It is also possible that members of this population may use different terms interchangeably.

Barriers to Mental Health Care

Hispanic/Latinx communities show similar vulnerability to mental illness as the general population, but they face disparities in both access to and quality of treatment. More than half of Hispanic young adults ages 18-25 with serious mental illness may not receive treatment. This inequality puts these communities at a higher risk for more severe and persistent forms of mental health conditions, because without treatment, mental health conditions often worsen.

Approximately 34% of Hispanic/Latinx adults with mental illness receive treatment each year compared to the U.S. average of 45%. This is due to many unique barriers to care.

Language Barriers

Language barriers can make communicating with providers difficult, or even impossible, particularly when a person is seeking counseling for sensitive or uniquely personal issues. These topics can be difficult for anyone to put into words, but it is especially difficult for those who may not speak the same language as a potential provider.

Although Spanish is the official language in most of Latin America, some Latino/Latinas may speak other languages or dialects, such as Quechua, Nahuatl or Portuguese. Additionally, Latinx families may be bilingual or mixed-language families; therefore it is helpful for providers to ask what the patient and families' preferred language is before starting an evaluation and to use interpreters when necessary.

Poverty and Less Health Insurance Coverage

15.7% of Hispanic/Latinx people in the U.S. live in poverty (compared to 7.3% of non-Hispanic whites). Individuals who live in poverty have a higher risk of mental illness and, conversely, individuals with mental illness have a higher risk of living in poverty.

According to the Kaiser Family Foundation, in 2018, 19% of Hispanic people had no form of health insurance. In addition to facing an already limited pool of providers due to language barriers, people identifying as Hispanic/Latinx have even fewer options when they are uninsured.

Lack of Cultural Competence

Cultural differences may lead mental health providers to misunderstand and misdiagnose members of the Hispanic/Latinx community. For instance, an individual may describe symptoms of depression as "*nervios*" (nervousness), tiredness or as a physical ailment. These symptoms are consistent with depression, but doctors who are not trained about how culture influences a person's interpretation of their symptoms may assume it's a different issue.

Legal Status

For immigrants who arrive without documentation, the fear of deportation can prevent them from seeking help. Even though millions of children of undocumented immigrants are eligible for health insurance under the Affordable Care Act, many families either may not know about the eligibility or be afraid to register due to fear of separation.

Acculturation

The level of a person's acculturation, how thoroughly they have embraced or adopted the predominant culture of the place they live, can play a role in mental health and access to care. Acculturation has been found to

of the place they live, can play a role in mental health and access to care. Acculturation has been found to predict use of health care services, with a higher level of acculturation resulting in higher utilization. Hispanic/Latinx communities have an added risk of experiencing mental health issues because of the stress of facing discrimination while also trying to navigate between different cultures.

Stigma

Hispanic/Latinx individuals may not seek treatment because they may not recognize the signs and symptoms of mental health conditions or know where to find help.

People in the Hispanic/Latinx community can often be very private and may not want to talk publicly about challenges at home. This can lead to a lack of information and continued stigma about mental health within the community, as talking about it can be viewed as taboo. Many in the Latinx community are familiar with the phrase "*la ropa sucia se lava en casa*" (similar to "don't air your dirty laundry in public"). Some people do not seek treatment for mental illness out of fear of being labeled as "*locos*" (crazy) or bringing shame or unwanted attention to their families. Additionally, faith communities may be a source of distress if they are not well informed and do not know how to support families dealing with mental health conditions.

When mental health is not commonly or openly talked about, people seeking treatment may have limited knowledge and comfort with different types of therapy and psychiatric medications. Providers should use a compassionate and collaborative approach to engage individuals in treatment planning. Incorporating education, symptom monitoring and engagement with community resources can be important to support a person's decision to start therapy or psychiatric medication.

How to Seek Culturally and Linguistically Competent Care

For mental health providers working with Hispanic/Latinx clients or patients, exploring cultural identity may offer important information to tailor their mental health treatment. Cultural humility is necessary to provide quality care. This refers to the ability to recognize that culture plays a large role in a person's health and well-being and may sometimes affect the provider's ability to best serve their patient's needs.

A provider who understands a patient's culture and needs will know culturally specific information. For example, someone might describe what they are feeling with a phrase like "*Me duele el corazón*." While this literally means "my heart hurts," it is an expression of emotional distress — not a sign of chest pain. A culturally sensitive doctor would be aware of this interpretation and would ask for more information instead of assuming the problem is purely physical.

While we recommend going directly to a mental health professional, a primary care doctor can be a great place to start for an initial assessment or to get a referral for a recommended mental health professional. Community and faith organizations may also have a list of available mental health providers in your area.

When meeting with a provider, it can be helpful to ask questions to get a sense of their level of cultural

awareness. Providers expect and welcome questions from their patients or clients, since this helps them better understand what is important in their treatment. Here are some sample questions:

- Have you treated other Hispanic/Latinx people?
- Have you received training in cultural competence or on Hispanic/Latinx mental health?
- How do you see our cultural backgrounds influencing our communication and my treatment?

Whether you seek help from a primary care doctor or a mental health professional, you should finish your sessions with health professionals feeling heard and respected. You may want to ask yourself:

- Did I feel heard? Did I feel my provider understood my concerns?
- Did my provider communicate effectively with me?
- Is my provider willing to integrate my beliefs, practices, identity and cultural background into my treatment plan?
- Did I feel like I was treated with respect and dignity?
- Do I feel like my provider understands and relates well with me?

If your preferred language is not English, let the office staff know when you schedule your appointment; this will allow them to schedule an interpreter before your visit. When using an interpreter, your mental health provider should:

- Look at you directly when speaking — not communicate only with the interpreter.
- Ask short questions and communicate short messages to promote effective interpretation and reduce errors.
- Allow enough time for the interpreter to finish the statement and for you to ask questions when you need to.

If you believe that language barriers are negatively affecting your mental health treatment, consider bringing it up to your mental health provider. They may be able to schedule more frequent or longer appointments to allow adequate time for the use of the interpreter.

The relationship and communication between a person and their mental health provider is a key aspect of treatment. It's very important for a person to feel that their identity is understood by their provider to receive the best possible support and care.

More Information

- If finances are preventing you from finding help, contact a local health or mental health clinic or your local government to see what services you qualify for. You can find contact information online at findtreatment.samhsa.gov or by calling the National Treatment Referral Helpline at 800-662-HELP (4357).
- If you or your loved one does not speak English, or are not comfortably fluent, you have the right to receive language-access services at institutions that receive funding from the federal government as well as the right to request a trained interpreter and to receive forms or information in your preferred

language.
- If you do not have legal documentation, seek out clinics and resources that care for all members of the community. Latinx-based organizations often provide services regardless of legal status.

Resources

NAMI's Compartiendo Esperanza

Lack of information surrounding mental health issues can prevent people in Hispanic/Latinx communities from getting the help and support they need.
Compartiendo Esperanza is a three-part video series that explores the journey of mental wellness in Hispanic/Latinx communities through dialogue, storytelling and a guided discussion on the following topics:

- *Youth and Mental Wellness: "Sanando Juntos"/"Healing Together"*
- *Community Leaders and Mental Wellness: "Las Raíces de Nuestra Sanación"/"The Roots of Our Healing"*
- *Latinx Families and Mental Wellness: "La Mesa"/"The Table"*

Please note: The resources included below are not endorsed by NAMI, and NAMI is not responsible for the content of or service provided by any of these resources.

American Society of Hispanic Psychiatry

Promotes the research, education, advocacy and support for those in the Hispanic community. Offers a "Find a Physician" feature on their website.

Therapy for Latinx

A database of therapists who either identify as Latinx or has worked closely with and understands the unique needs of the Latinx community. The website is also offered in Spanish.

Mental Health America's Resources for Latinx/Hispanic Communities

General mental health Spanish-speaking resources, including a list of Spanish-language materials and Spanish-language screening tools.

Psychology Today

A directory of Hispanic/Latinx therapists.

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Mary Rotunno, General Counsel
Date: April 13, 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

El Camino Health

Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, March 9, 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	Board Members Absent	Members Excused
Lanhee Chen, Chair**	**Bob Rebitzer,** Vice-Chair**	None
Peter C. Fung, MD**		
Julie Kliger, MPA, BS**		
Julia E. Miller, Secretary/Treasurer**		
Jack Po, MD, Ph.D		
Carol A. Somersille, MD**		
George O. Ting, MD**		
Don Watters**		
John Zoglin**	**via teleconference	

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 5:31 pm by Chair Chen. A verbal roll call was taken. All Board members were present at roll call, excluding Directors Rebitzer and Po. 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. **Director Po joined at 5:34 pm.*	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Chen asked the Board of Directors for declarations of conflict of interest with any items on the agenda, and none were reported.	
3. PUBLIC COMMUNICATION	Chair Chen invited the members of the public to address the Board of Directors, and none were reported.	
4. ENTERPRISE STRATEGY	Dan Woods, CEO, addressed key priorities of the enterprise strategy, including the Alignment of Physicians, Leadership in Clinical Programs, and Expanding Our Reach. Mr. Woods further highlighted the following: • El Camino Health will align with existing and new physicians by providing additional vehicles for alignment, tailored to meet the needs of our community physicians. We want to continue investing in needed areas such as mental health and addiction services. These services are focused on the entire community and not just the acute side of care. Therefore, these critical programs will help fund our future and ensure El Camino Health is around for the next twenty years. • El Camino's reputation is solid in providing excellent healthcare within our community. We are looking to expand our reach to patients, conveniently give access to our services, and bring care closer to where our patients live. El Camino Health will work to identify ways to leverage technology, contracting, or other resources to make the programs more sustainable. • We will continue to discuss the strategic framework and deliver a patient-focused service in all settings where the El Camino Health brand is located.	***Enterprise Strategy approved***

	Motion: To approve the Enterprise Strategy. **Movant**: Watters **Second**: Miller **Ayes**: Chen, Fung, Kliger, Miller, Po, Somersille, Ting, Watters, Zoglin **Noes**: None **Abstentions**: None **Absent**: Rebitzer	
5. QUALITY COMMITTEE REPORT	Director Kliger referred the Board of Directors to the Quality Committee Report as submitted in the packet materials and specifically noted the following: • Readmission Index has increased readmissions for alcohol withdrawal and post-partum hypertension compared to pre-pandemic. Dr. Beeman shared data from the medical literature looking at the conditions. The medical literature affirms that ECH trends are being experienced nationally and globally related to the pandemic and COVID-19. Dr. Beeman addressed care coordination to decrease readmissions through strategic and tactic discussions. El Camino Hospital is working with a program called Meds to Beds and has seen a 17% reduction in readmissions. • Mortality Index – The Committee members sought to understand why mortality is measured as an 'index' instead of a rate or percent of admissions. Dr. Adams provided context for the joint commission's revision of the measure in 2019 to exclude certain patient types. • Surgical site infections have decreased over the past year. This improvement is attributed to the successful implementation of the Enhanced Recovery After Surgery (ERAS) program. In addition, El Camino has a team in the emergency department that uses what is called a 'bundle.'. This consists of giving IV fluids and multiple other steps to improve mortality, and we are pleased with the performance. **Director Miller asked whether hyperbaric therapy should be considered at ECH. Dr. Adams responded that this could be considered for discussion in future strategic planning.*	
6. ADJOURN TO CLOSED SESSION	To adjourn to closed session at 5:54 pm pursuant to Gov't Code Section 54957.2 for approval of the Minutes of the Closed Session of the Hospital Board Meeting (02/09/2022 & 02/23/2022); 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. **Motion:** to adjourn to closed session at 5:54 pm **Movant**: Kliger **Second**: Miller **Ayes**: Chen, Fung, Kliger, Miller, Po, Somersille, Ting, Watters, Zoglin **Noes**: None **Abstentions**: None **Absent**: Rebitzer **Recused**: None	***Adjourned to closed session at 5:54 pm***
7. AGENDA ITEM 13: RECONVENE OPEN	Open Session reconvened at 7:18 pm by Chair Chen. Agenda Items 7-12 were addressed in closed session.	

SESSION/ REPORT OUT	During the closed session, the El Camino Hospital Board of Directors approved the Closed Session Minutes of the Hospital Board (2/09/22 & 02/23/22) and the Credentials and Privileges Report; by a unanimous vote of all Directors present (Directors Chen, Fung, Kliger, Miller, Po, Somersille, Ting, Watters, and Zoglin). **Director Rebitzer was absent.*	
8. AGENDA ITEM 14: CONSENT CALENDAR ITEMS	Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion. Director Miller requested to pull item 14b – Plans, Policies, and Scope of Services and noted that policies 3 and 4 are not redlined. She further noted that the Board had explicitly asked that changes be redlined when submitted for approval and asked that the administration review and address them accordingly. **Movant:** Miller **Second:** Watters **Ayes:** Chen, Fung, Kliger, Miller, Po, Somersille, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Rebitzer **Recused:** None	***Consent calendar approved***
9. AGENDA ITEM 15: CEO REPORT	Dan Woods, CEO, reported an award from (Global Healthcare Exchange) GHX for El Camino Hospital as one of the top 50 hospitals for managing the supply chain. There is a wide shortage of physicians and working on staff to keep morale high. El Camino Health is working on rebuilding its workforce after the pandemic by creating programs to transition nurses into hospitals. This also includes the pharmacy residency program as well. Cybersecurity is under review due to the Ukraine invasion. There is a highten security in all healthcare industries. Monitoring is continued to be abroad for security issues. This January was the most month hit with Covid. There was a high volume of physicians working together to care for the high volume of patients—the Foundation funded accommodations for physicians working long hours. The auxiliary donated over two thousand volunteered hours in the month of January.	
10. AGENDA ITEM 16: BOARD COMMENTS	*No comments were made.*	
11. AGENDA ITEM 17: ADJOURNMENT	**Motion**: to adjourn at 7:22 pm **Movant:** Fung **Second:** Po **Ayes:** Chen, Fung, Kliger, Miller, Po, Somersile, Ting, Watters, Zoglin **Noes:** None **Abstentions:** None **Absent:** Rebitzer **Recused:** None	***Meeting adjourned at 7:22 pm***

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

Lanhee Chen
Chair, ECH Board of Directors

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Heidi Parker, Executive Assistant II

El Camino Health

Summary of Financial Operations

Fiscal Year 2022 – Period 8

7/1/2021 to 02/28/2022

Executive Summary - Overall Commentary for Period 8

- Continued solid financial results for Period 8:
  - Both Inpatient and Outpatient activity/charges were above budgeted levels and above last year's performance
  - Continued strong rebound in Outpatient activity and emergency department visits
  - When adjusted for volume, overall costs are below target levels and continue to be managed effectively
- Total gross charges were favorable to budget by $40.5M / 11.2% and $87.9M / 27.9% higher than the same period last year.
  - Outpatient charges were favorable by $19.5M / 10.1% while Inpatient charges were favorable by $21.0M / 12.9%
- Net patient revenue was favorable to budget by $14.2M / 15.5% and $20.7M / 24.3% higher than the same period last year.
- Operating margin was favorable to budget by $3.9M / 63.0% and $6.9M / 210.2% higher than the same period last year.
- Operating EBIDA was favorable to budget by $4.7M / 35.5% and $7.3M / 69.0% better than the same period last year.
- Net income was unfavorable to budget by $35.1M / (279.6%) and $40.2M / (227.8%) lower than the same period last year. This is attributed the instability in the capital markets, which has resulted in the lower than expected investment income.

Operational / Financial Results: Period 8 – February 2022 (as of 02/28/2022)

($ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's 'A1'	S&P 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	300	264	36	13.8%	229	71	31.2%	---	---	---
	Total Acute Discharges	1,758	1,568	190	12.1%	1,431	327	22.9%	---	---	---
	Adjusted Discharges	3,291	2,901	390	13.4%	2,713	577	21.3%	---	---	---
	Emergency Room Visits	4,770	4,248	522	12.3%	3,663	1,107	30.2%	---	---	---
	OP Procedural Cases	11,933	9,448	2,485	26.3%	13,212	(1,279)	(9.7%)	---	---	---
	Gross Charges ($)	402,507	362,006	40,502	11.2%	314,620	87,887	27.9%	---	---	---
Operations	Total FTEs	3,185	3,121	64	2.1%	2,868	317	11.1%	---	---	---
	Productive Hrs. / APD	29.0	30.9	(1.9)	(6.1%)	33.6	(4.5)	(13.4%)	---	---	---
	Cost Per CMI AD	17,041	17,952	(911)	(5.1%)	17,528	(486)	(2.8%)	---	---	---
	Net Days in A/R	53.5	49.0	4.5	9.1%	51.3	2.1	4.2%	47.7	49.7	
Financial Performance	Net Patient Revenue ($)	105,960	91,762	14,197	15.5%	85,273	20,686	24.3%	138,547	82,105	
	Total Operating Revenue ($)	109,273	95,241	14,033	14.7%	88,625	20,648	23.3%	152,743	109,602	
	Operating Margin ($)	**10,189**	**6,251**	**3,938**	63.0%	**3,285**	**6,905**	210.2%	**1,915**	**3,836**	
	Operating EBIDA ($)	**17,881**	**13,195**	**4,686**	35.5%	**10,580**	**7,301**	69.0%	**11,188**	**10,741**	
	Net Income ($)	(22,531)	12,544	(35,074)	(279.6%)	17,633	(40,164)	(227.8%)	8,124	7,343	
	Operating Margin (%)	**9.3%**	**6.6%**	**2.8%**	42.1%	**3.7%**	**5.6%**	151.6%	**1.9%**	**3.5%**	
	Operating EBIDA (%)	**16.4%**	**13.9%**	**2.5%**	18.1%	**11.9%**	**4.4%**	37.1%	**8.3%**	**9.8%**	
	DCOH (days)	303	325	(22)	(6.8%)	346	(43)	(12.4%)	306	355	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021. Dollar amounts have been adjusted to reflect monthly averages.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021. Dollar amounts have been adjusted to reflect monthly averages.
DCOH total includes cash, short-term and long-term investments.

El Camino Health

Unfavorable Variance < 0.99%
Unfavorable Variance 1.00% - 4.99%
Unfavorable Variance > 5.00%

Operational / Financial Results: YTD FY2022 (as of 02/28/2022)

($ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's 'A1'	S&P 'AA'	Performance to Rating Agency Medians
Activity / Volume	ADC	271	252	19	7.5%	242	29	11.9%	---	---	---
	Total Acute Discharges	13,958	13,285	673	5.1%	12,410	1,548	12.5%	---	---	---
	Adjusted Discharges	27,203	24,582	2,621	10.7%	23,002	4,202	18.3%	---	---	---
	Emergency Room Visits	44,147	34,524	9,623	27.9%	32,644	11,503	35.2%	---	---	---
	OP Procedural Cases	102,330	81,371	20,959	25.8%	103,812	(1,482)	(1.4%)	---	---	---
	Gross Charges ($)	3,331,831	3,003,435	328,396	10.9%	2,756,191	575,640	20.9%	---	---	---
Operations	Total FTEs	3,050	3,061	(11)	(0.4%)	2,811	239	8.5%	---	---	---
	Productive Hrs. / APD	28.8	31.7	(2.9)	(9.1%)	31.4	(2.6)	(8.2%)	---	---	---
	Cost Per CMI AD	16,559	17,952	(1,393)	(7.8%)	17,295	(736)	(4.3%)	---	---	---
	Net Days in A/R	53.5	49.0	4.5	9.1%	51.3	2.1	4.2%	47.7	49.7	
Financial Performance	Net Patient Revenue ($)	853,292	759,023	94,269	12.4%	708,057	145,235	20.5%	1,108,378	656,837	
	Total Operating Revenue ($)	882,063	789,013	93,050	11.8%	739,167	142,896	19.3%	1,215,275	876,817	
	Operating Margin ($)	**110,333**	**52,935**	**57,398**	108.4%	**39,107**	**71,226**	182.1%	**15,319**	**30,689**	
	Operating EBIDA ($)	**170,198**	**109,171**	**61,027**	55.9%	**95,900**	**74,298**	77.5%	**89,507**	**85,928**	
	Net Income ($)	58,627	113,385	(54,758)	(48.3%)	195,122	(136,495)	(70.0%)	64,995	58,747	
	Operating Margin (%)	**12.5%**	**6.7%**	**5.8%**	86.4%	**5.3%**	**7.2%**	136.4%	**1.9%**	**3.5%**	
	Operating EBIDA (%)	**19.3%**	**13.8%**	**5.5%**	39.5%	**13.0%**	**6.3%**	48.7%	**8.3%**	**9.8%**	
	DCOH (days)	303	325	(22)	(6.8%)	346	(43)	(12.4%)	306	355	

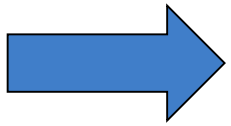
Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2021.
S&P Medians: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 30, 2021
DCOH total includes cash, short-term and long-term investments.

El Camino Health

Unfavorable Variance < 0.99%
Unfavorable Variance 1.00% - 4.99%
Unfavorable Variance > 5.00%

Approved Capital vs. Expenditures ($ Millions)

Approved Capital Total	
Approved Projects	$253.1M
FY2022 Routine Capital	20.0M
Total Approved	**$273.1M**



Capital Expenditures to Date (as of 2/28/2022)	
Approved Projects	$78.3M
FY2022 Routine Capital	14.6M
Total Expenditures	**$92.9M**

- Of the total capital approved, $92.9M has been deployed with **$180.2M remaining.**
- The $92.9M represents a **capex ratio of 1.91x**. Rating agency medians for comparable non-profit health systems is 1.2x-1.3x.

Approval Date	Approving Body	Approved Project	Total Approved ($M)	Total Expenditures ($M)	Estimated Completion
Oct-20	ECHB	Old Tower Demolition	$24.90	$5.78	Q1/Q2 2023
Jul-20	FC	Sterile Processing Equipment	$1.85	$1.77	Completed
Aug-20	ECHB	Radiation Oncology Replacement	$10.30	$9.12	Apr-22
Jan-21	FC	Real Estate Transaction	$1.88	$1.88	Completed
Jan-21	FC	CPWC Relocation	$5.00	$2.02	Q1 2022
Feb-21	ECHB	Women's Hospital Renovation	$149.00	$30.63	Jul-24
May-21	FC	MV Wireless / DAS Network	$3.30	$2.63	Apr-22
Aug-21	ECHB	MV Cath Lab Replacement Project	$32.50	$6.48	Q1 2024
Aug-21	ECHB	Pyxis MedStation Replacement	$6.64	$0.25	Jun-22
Aug-21	FC	ECHMN Clinic Relocation	$3.10	$3.10	Completed
Sep-21	ECHB	Real Estate Transaction	$14.65	$14.65	Completed
Sub-Total FC / Board Approved Projects			**$253.12**	**$78.32**	**In-Process**

FY2022 Routine Capital	**$20.00**	**$14.60**	**In-Process**

El Camino Health

Key Statistics: Period 8 and YTD (as of 02/28/2022)

	Month to Date			Variance (%)		Year to Date			Variance (%)	
Key Metrics	**PY**	**CY**	**Budget**	**CY vs PY**	**CY vs Budget**	**PY**	**CY**	**Budget**	**CY vs PY**	**CY vs Budget**
ADC	229	300	264	31.2%	13.8%	242	271	252	11.9%	7.5%
Utilization MV	60%	80%	70%	32.8%	14.1%	63%	72%	67%	13.9%	7.6%
Utilization LG	29%	36%	32%	24.2%	12.3%	32%	33%	31%	4.1%	7.1%
Utilization Combined	50%	66%	58%	31.2%	13.8%	53%	60%	56%	12.1%	7.5%
Adjusted Discharges	2,713	3,291	2,901	21.3%	13.4%	23,002	27,203	24,582	18.3%	10.7%
Total Discharges (Exc NB)	1,431	1,758	1,568	22.9%	12.1%	12,410	13,958	13,285	12.5%	5.1%
Total Discharges	1,706	2,149	1,886	26.0%	14.0%	14,995	17,141	16,288	14.3%	5.2%
Inpatient Case Activity										
MS Discharges	1,010	1,182	1,086	17.0%	8.9%	8,480	9,340	8,833	10.1%	5.7%
Deliveries	293	425	333	45.1%	27.8%	2,761	3,430	3,167	24.2%	8.3%
BHS	109	114	106	4.6%	7.1%	833	881	935	5.8%	(5.8%)
Rehab	20	36	43	80.0%	(16.3%)	342	293	350	(14.3%)	(16.3%)
Outpatient Case Activity										
Total Outpatient Cases	15,857	15,523	12,587	-2.1%	23.3%	127,914	136,489	107,060	6.7%	27.5%
ED	2,645	3,590	3,139	35.7%	14.4%	24,102	34,159	25,689	41.7%	33.0%
OP Surg	442	541	423	22.4%	27.7%	4,013	4,656	3,579	16.0%	30.1%
Endo	191	248	201	29.8%	23.4%	1,635	1,865	1,686	14.1%	10.6%
Interventional	153	199	171	30.1%	16.4%	1,340	1,556	1,382	16.1%	12.6%
All Other	12,426	10,945	8,652	(11.9%)	26.5%	96,824	94,253	74,724	(2.7%)	26.1%
Hospital Payor Mix										
Medicare	47.1%	49.2%	48.5%	4.4%	1.4%	48.3%	47.6%	47.7%	(1.4%)	(0.2%)
Medi-Cal	8.6%	7.8%	8.0%	(8.5%)	(1.6%)	8.3%	8.2%	7.9%	(0.6%)	3.3%
Commercial	42.0%	40.7%	41.4%	(3.2%)	(1.7%)	41.2%	42.0%	42.3%	2.0%	(0.5%)
Other	2.3%	2.3%	2.1%	(0.6%)	6.3%	2.2%	2.2%	2.1%	(3.0%)	3.2%

Enterprise Income Statement: Rolling 16 Monthly Trend *($000s)*

	FY2021								FY2022									
	Period 5 Nov-20	Period 6 Dec-20	Period 7 Jan-21	Period 8 Feb-21	Period 9 Mar-21	Period 10 Apr-21	Period 11 May-21	Period 12 Jun-21	Period 1 Jul-21	Period 2 Aug-21	Period 3 Sep-21	Period 4 Oct-21	Period 5 Nov-21	Period 6 Dec-21	Period 7 Jan-22	Period 8 Feb-22	YTD FY2022	Rolling 16 Monthly Average
Operating Revenues:																		
Net Patient Revenue	88,597	92,289	89,795	85,273	97,171	94,903	95,542	112,238	101,774	104,482	104,776	106,632	107,257	113,033	109,378	105,960	853,292	100,569
Other Operating Revenue	3,234	3,079	4,427	3,352	3,537	3,692	5,385	4,706	3,116	3,746	3,479	4,506	3,600	3,648	3,362	3,313	28,770	3,761
Total Operating Revenue	**91,831**	**95,368**	**94,222**	**88,625**	**100,708**	**98,595**	**100,927**	**116,945**	**104,889**	**108,228**	**108,256**	**111,138**	**110,857**	**116,681**	**112,741**	**109,273**	**882,063**	**104,330**
Operating Expenses:																		
Salaries, Wages and Benefits	47,222	48,774	53,636	48,592	52,025	50,616	48,138	48,101	53,000	53,940	53,629	56,001	53,709	55,947	59,347	55,256	440,829	52,371
Supplies	13,641	14,519	13,888	13,587	15,421	14,256	15,241	15,156	15,109	14,569	14,862	14,502	14,941	16,060	16,051	15,296	121,389	14,819
Fees & Purchased Services	14,264	14,035	15,825	14,770	15,139	15,761	15,923	19,915	14,390	14,182	14,800	14,760	15,210	14,955	14,291	16,550	119,137	15,298
Other Operating Expenses	3,512	4,100	3,819	1,097	3,536	3,662	3,496	6,002	3,598	3,577	3,676	3,586	3,842	4,112	3,829	4,290	30,509	3,733
Interest	1,428	1,428	1,428	1,392	1,399	1,400	1,400	1,367	1,419	1,418	1,418	1,418	1,420	1,419	1,421	1,380	11,313	1,410
Depreciation	6,068	5,591	5,689	5,903	4,931	5,606	4,808	5,740	4,727	7,157	5,902	5,798	6,440	6,173	6,046	6,311	48,553	5,805
Total Operating Expenses	**86,136**	**88,446**	**94,284**	**85,341**	**92,450**	**91,301**	**89,006**	**96,281**	**92,242**	**94,844**	**94,286**	**96,065**	**95,561**	**98,665**	**100,984**	**99,084**	**771,730**	**93,436**
Operating Margin	**5,695**	**6,922**	**(62)**	**3,285**	**8,258**	**7,294**	**11,921**	**20,664**	**12,648**	**13,384**	**13,970**	**15,073**	**15,297**	**18,016**	**11,756**	**10,189**	**110,333**	**10,894**
Non-Operating Income	64,968	57,357	39	14,349	18,965	29,151	16,666	20,041	(4,099)	14,319	(18,378)	24,361	(21,232)	17,581	(31,539)	(32,720)	(51,706)	10,614
Net Margin	**70,663**	**64,279**	**(23)**	**17,633**	**27,223**	**36,445**	**28,588**	**40,705**	**8,549**	**27,703**	**(4,408)**	**39,435**	**(5,935)**	**35,596**	**(19,783)**	**(22,531)**	**58,627**	**21,509**
Operating EBIDA	**13,192**	**13,940**	**7,055**	**10,580**	**14,588**	**14,301**	**18,130**	**27,771**	**18,793**	**21,959**	**21,289**	**22,290**	**23,156**	**25,608**	**19,223**	**17,881**	**170,198**	**18,110**
Operating Margin (%)	6.2%	7.3%	-0.1%	3.7%	8.2%	7.4%	11.8%	17.7%	12.1%	12.4%	12.9%	13.6%	13.8%	15.4%	10.4%	9.3%	12.5%	10.4%
Operating EBIDA Margin (%)	**14.4%**	**14.6%**	**7.5%**	**11.9%**	**14.5%**	**14.5%**	**18.0%**	**23.7%**	**17.9%**	**20.3%**	**19.7%**	**20.1%**	**20.9%**	**21.9%**	**17.1%**	**16.4%**	**19.3%**	**17.4%**

El Camino Health

Financial Overview: Period 8 – February 2022

Period ending 2/28/2022

Financial Performance

- February operating margin was $10.2M compared to a budget of $6.3M, resulting in a favorable variance of $3.9M
- February volumes and revenues continue to be strong as demonstrated by:
  - Favorable variance of gross charges of $40.5M was driven by Inpatient and Outpatient activity:
    - Inpatient gross charges: Favorable to budget by $19.5M / 10.1% variance primarily driven by medical surgical and maternal/child impatient services, NICU (neonatal intensive care), emergency services, and corresponding ancillary services
    - Outpatient gross charges: Favorable to budget by $21.0M / 12.9% variance primarily driven by outpatient surgery, cath lab, emergency services, radiation oncology, and corresponding ancillary services
  - Operating Expenses were unfavorable to budget by $10.1M / 11.3% driven by the level of patient activity
    - SWB were unfavorable by $5.2M / 10.4%
    - Supplies were unfavorable by $1.5M / 10.5%
      - Supply expenses attributed to Covid-19 were $742K in February and $6.2M YTD
    - All other discretionary non-volume driven expenses were unfavorable to budget by $3.4M
- Non Operating Income includes:
  - Unfavorable variance in non-operating revenue is due to unrealized losses on investments
- Unfavorable market performance drove unrealized losses for the investment portfolio, which resulted in negative net income for period 8

Financial Overview: Period 8 – February 2022 (cont.)

Period ending 2/28/2022

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 390 ADs / 3.4% and above prior year by 578 ADs / 21.3%:
  - Mountain View: Favorable to budget by 254 ADs / 10.8% and above prior year by 409 ADs / 19.5%
  - Los Gatos: Favorable to budget by 136 ADs / 20.6% and above prior year by 169 ADs / 27.0%
- Operating Expense Per CMI Adjusted Discharge: $17,041 which is 5.1% favorable to budget

Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- February's total visits of 14,712 reflect a decrease of 10.6% over the prior month of 16,462. February's visit per day of 755 reflect a decrease of 3.8% over the prior month of 785.
- February's total visits were unfavorable to budget by 1.8%. February's YTD total visits were unfavorable to budget by 2.6%. The YTD budget variance is related to the loss of several OB/GYN providers couples months ago.
- Net Income for the month of February was unfavorable to budget by $113K or 4.0% and the YTD was unfavorable by $84K or 0.4%. However compared to last year, Feb FY22's Net Income was favorable by $2.04M or 8.4%

Financial Overview: YTD FY2022 (as of 2/28/2022)

Consolidated Financial Performance

- YTD FY2022 operating margin is $110.3M compared to the budget of $52.9M

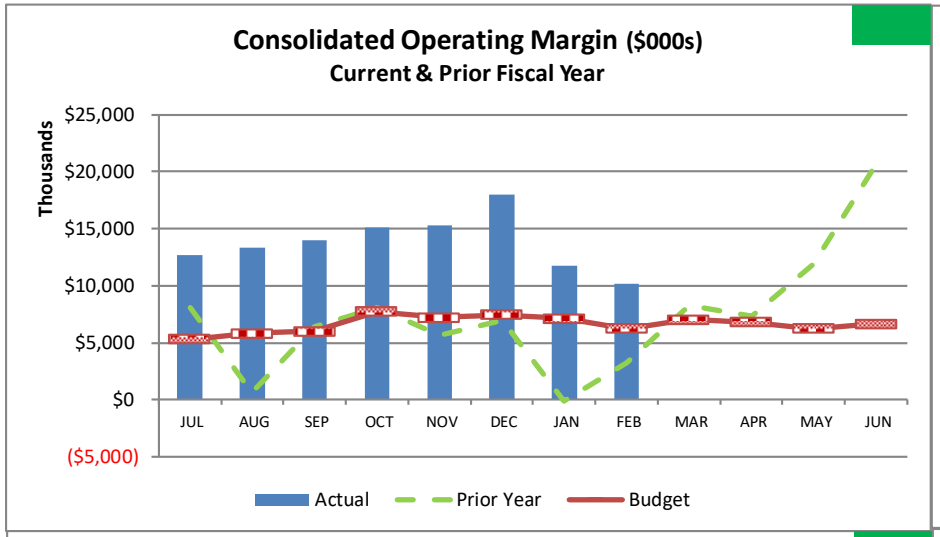
- Operating expense is $771.7M / 4.8% unfavorable to budget
  - Operating expense per CMI adjusted discharge: $16,559 which is 7.8% favorable to budget. This continues to demonstrate effective management of variable expenses and the impact of initiatives implemented by management

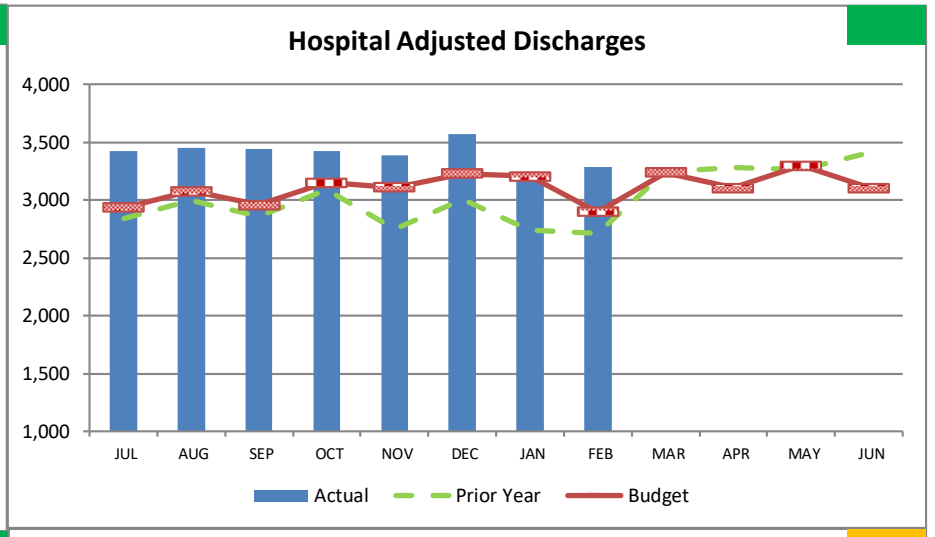
  Note: Excludes depreciation and interest expense

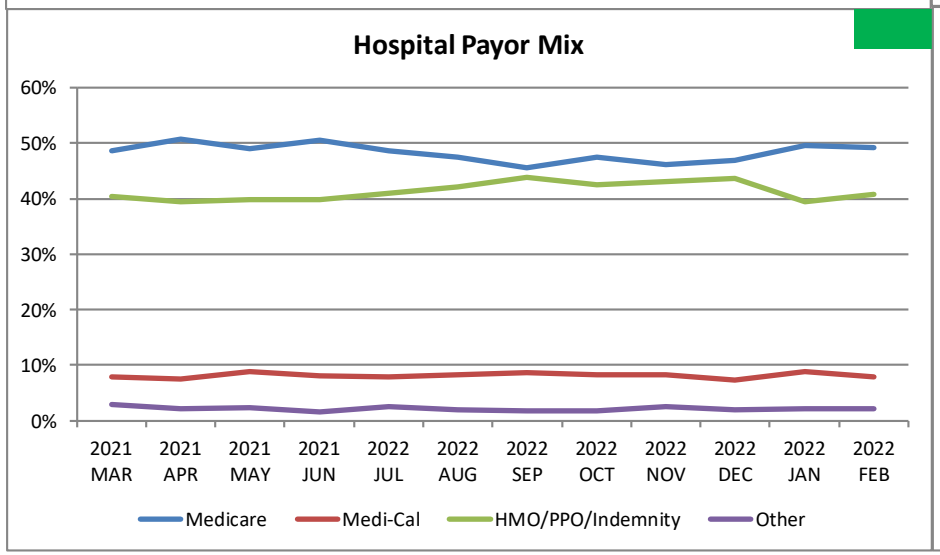
- Year-over-year operating margin is $71.2M higher than the same period last year, which is primarily due to the strength in volumes as exhibited by year over year growth in:
  - Outpatient Surgeries: +16.0% primarily driven my Heart/Vascular, Orthopedic, and Spine surgery activity
  - Emergency Room Visits: 40.6%
  - Deliveries - Maternal Child services: 24.5%
- Year-over-year net margin is $136.5M lower than the same period last year, which is attributed to lower investment income

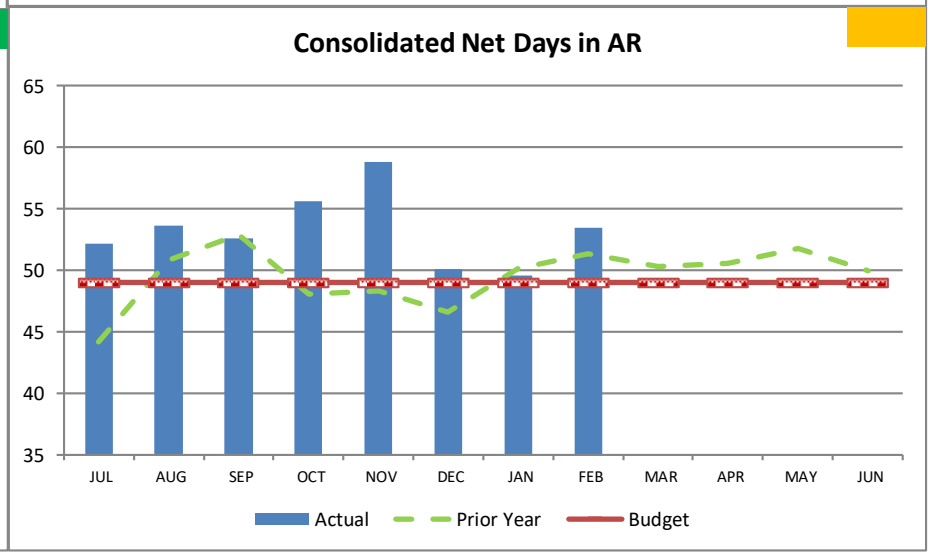
APPENDIX

YTD FY2022 Financial KPIs – Monthly Trends









El Camino Health

Investment Scorecard (as of 12/31/2021)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY22 Budget	Expectation Per Asset Allocation
Investment Performance		**CY 4Q 2021 / FY 2Q 2022**		**Fiscal Year-to-Date 2022**		**9y 2m Since Inception (annualized)**		**FY 2022**	**2019**
Surplus cash balance*		$1,481.1	--	--	--	--	--	--	--
Surplus cash return		1.6%	2.4%	1.7%	2.3%	6.7%	6.6%	4.0%	5.6%
Cash balance plan balance (millions)		$363.1	--	--	--	--	--	--	--
Cash balance plan return		2.1%	3.2%	2.5%	3.1%	9.0%	8.2%	6.0%	6.0%
403(b) plan balance (millions)		$768.1	--	--	--	--	--	--	--
Risk vs. Return		**3-year**				**9y 2m Since Inception (annualized)**			**2019**
Surplus cash Sharpe ratio		1.21	1.28	--	--	0.98	1.00	--	0.34
Net of fee return		11.4%	11.6%	--	--	6.7%	6.6%	--	5.6%
Standard deviation		8.3%	8.0%	--	--	6.1%	5.9%	--	8.7%
Cash balance Sharpe ratio		1.22	1.25	--	--	1.05	1.04	--	0.32
Net of fee return		14.3%	13.4%	--	--	9.0%	8.2%	--	6.0%
Standard deviation		10.6%	9.5%	--	--	7.9%	7.2%	--	10.3%
Asset Allocation		**CY 4Q 2021 / FY 2Q 2022**							
Surplus cash absolute variances to target		5.3%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		6.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		**CY 4Q 2021 / FY 2Q 2022**							
Surplus cash manager flags		18	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		22	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds, District assets (~$42 mm), and balance sheet cash not in investable portfolio (~$173 mm). Includes Foundation (~$43 mm) and Concern (~$15 mm) assets.

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El Camino Health

Period 8 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 02/28/2022)

($000s)

	Period 8- Month			Period 8- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	10,900	6,507	4,393	101,273	53,229	48,044
Los Gatos	2,309	2,780	(471)	31,637	23,579	8,058
Sub Total - El Camino Hospital, excl. Afflilates	**13,209**	**9,287**	**3,922**	**132,910**	**76,808**	**56,102**
Operating Margin %	**12.5%**	**10.2%**		**15.7%**	**10.2%**	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	**(32,461)**	**5,998**	**(38,460)**	**(52,825)**	**58,114**	**(110,939)**
El Camino Hospital Net Margin	**(19,252)**	**15,285**	**(34,538)**	**80,085**	**134,922**	**(54,837)**
ECH Net Margin %	**-18.2%**	**16.8%**		**9.5%**	**18.0%**	
Concern	(51)	89	(139)	645	567	78
Foundation	(271)	13	(284)	48	(38)	85
El Camino Health Medical Network	(2,957)	(2,843)	(113)	(22,151)	(22,067)	(84)
Net Margin Hospital Affiliates	**(3,278)**	**(2,742)**	**(537)**	**(21,458)**	**(21,538)**	**80**
Total Net Margin Hospital & Affiliates	**(22,531)**	**12,544**	**(35,074)**	**58,627**	**113,385**	**(54,758)**

Consolidated Statement of Operations *($000s)*

Period 8 ending 02/28/2022

Period 8 FY 2021	Period 8 FY 2022	Period 8 Budget 2022	Variance Fav (Unfav)	Var%	$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
314,620	402,507	362,006	40,502	11.2%	**Gross Revenue**	2,756,191	3,331,831	3,003,435	328,396	10.9%
(229,347)	(296,548)	(270,243)	(26,304)	(9.7%)	**Deductions**	(2,048,133)	(2,478,538)	(2,244,412)	(234,127)	(10.4%)
85,273	**105,960**	**91,762**	**14,197**	**15.5%**	**Net Patient Revenue**	**708,057**	**853,292**	**759,023**	**94,269**	**12.4%**
3,352	3,313	3,478	(165)	(4.7%)	**Other Operating Revenue**	31,110	28,770	29,989	(1,219)	(4.1%)
88,625	**109,273**	**95,241**	**14,033**	**14.7%**	**Total Operating Revenues**	**739,167**	**882,063**	**789,013**	**93,050**	**11.8%**
					OPERATING EXPENSE					
48,592	55,256	50,049	(5,207)	(10.4%)	**Salaries & Wages**	389,591	440,829	414,657	(26,172)	(6.3%)
13,587	15,296	13,842	(1,455)	(10.5%)	**Supplies**	111,641	121,389	115,499	(5,890)	(5.1%)
14,770	16,550	14,041	(2,509)	(17.9%)	**Fees & Purchased Services**	114,109	119,137	115,403	(3,734)	(3.2%)
1,097	4,290	4,114	(176)	(4.3%)	**Other Operating Expense**	27,926	30,509	34,282	3,773	11.0%
1,392	1,380	1,399	19	1.4%	**Interest**	11,392	11,313	11,211	(102)	(0.9%)
5,903	6,311	5,544	(767)	(13.8%)	**Depreciation**	45,402	48,553	45,025	(3,528)	(7.8%)
85,341	**99,084**	**88,989**	**(10,095)**	**(11.3%)**	**Total Operating Expenses**	**700,060**	**771,730**	**736,078**	**(35,652)**	**(4.8%)**
3,285	**10,189**	**6,251**	**3,938**	**63.0%**	**Net Operating Margin**	**39,107**	**110,333**	**52,935**	**57,398**	**108.4%**
14,349	(32,720)	6,292	(39,012)	(620.0%)	**Non Operating Income**	156,016	(51,706)	60,450	(112,155)	(185.5%)
17,633	**(22,531)**	**12,544**	**(35,074)**	**(279.6%)**	**Net Margin**	**195,122**	**58,627**	**113,385**	**(54,758)**	**(48.3%)**
10,580	**17,881**	**13,195**	**4,686**	**35.5%**	**Operating EBIDA**	**95,900**	**170,198**	**109,171**	**61,027**	55.9%
11.9%	16.4%	13.9%	2.5%		Operating EBIDA Margin	13.0%	19.3%	13.8%	5.5%	
3.7%	9.3%	6.6%	2.8%		Operating Margin	5.3%	12.5%	6.7%	5.8%	
19.9%	-20.6%	13.2%	(33.8%)		Net Margin	26.4%	6.6%	14.4%	(7.7%)	

El Camino Health

El Camino Hospital – Mountain View
Statement of Operations *($000s)*

Period 8 ending 02/28/2022

Period 8 FY 2021	Period 8 FY 2022	Period 8 Budget 2022	Variance Fav (Unfav)	Var%	$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
238,441	302,365	283,694	18,671	6.6%	**Gross Revenue**	2,110,429	2,518,789	2,338,431	180,358	7.7%
(177,534)	(219,246)	(212,691)	(6,555)	(3.1%)	**Deductions**	(1,568,939)	(1,863,332)	(1,755,352)	(107,980)	(6.2%)
60,906	**83,119**	**71,003**	**12,116**	**17.1%**	**Net Patient Revenue**	**541,491**	**655,457**	**583,079**	**72,378**	**12.4%**
1,081	1,456	1,533	(77)	(5.0%)	**Other Operating Revenue**	11,814	12,025	14,071	(2,046)	(14.5%)
61,988	**84,575**	**72,535**	**12,039**	**16.6%**	**Total Operating Revenues**	**553,304**	**667,482**	**597,150**	**70,332**	**11.8%**
					OPERATING EXPENSES					
38,395	43,251	39,772	(3,479)	(8.7%)	**Salaries & Wages**	306,930	347,826	328,802	(19,024)	(5.8%)
10,099	11,087	10,670	(418)	(3.9%)	**Supplies**	84,560	89,215	88,335	(880)	(1.0%)
7,225	9,786	6,983	(2,802)	(40.1%)	**Fees & Purchased Services**	55,042	58,675	57,081	(1,594)	(2.8%)
(134)	3,275	2,831	(444)	(15.7%)	**Other Operating Expense**	17,736	21,566	22,965	1,399	6.1%
1,392	1,380	1,399	19	1.4%	**Interest**	11,392	11,313	11,211	(102)	(0.9%)
4,567	4,896	4,373	(523)	(12.0%)	**Depreciation**	36,261	37,615	35,527	(2,088)	(5.9%)
61,544	**73,675**	**66,029**	**(7,646)**	**(11.6%)**	**Total Operating Expenses**	**511,921**	**566,210**	**543,921**	**(22,288)**	**(4.1%)**
443	**10,900**	**6,507**	**4,393**	**67.5%**	**Net Operating Margin**	**41,383**	**101,273**	**53,229**	**48,044**	**90.3%**
13,099	(32,461)	5,998	(38,460)	(641.2%)	**Non Operating Income**	150,506	(52,848)	58,114	(110,962)	(190.9%)
13,542	**(21,561)**	**12,505**	**(34,066)**	**(272.4%)**	**Net Margin**	**191,889**	**48,425**	**111,343**	**(62,919)**	(56.5%)
6,402	**17,176**	**12,279**	**4,897**	**39.9%**	**Operating EBIDA**	**89,036**	**150,200**	**99,967**	**50,233**	50.2%
10.3%	20.3%	16.9%	3.4%		**Operating EBIDA Margin**	16.1%	22.5%	16.7%	5.8%	
0.7%	12.9%	9.0%	3.9%		**Operating Margin**	7.5%	15.2%	8.9%	6.3%	
21.8%	-25.5%	17.2%	(42.7%)		**Net Margin**	34.7%	7.3%	18.6%	(11.4%)	

El Camino Health

El Camino Hospital – Los Gatos
Statement of Operations *($000s)*
Period 8 ending 02/28/2022

Period 8 FY 2021	Period 8 FY 2022	Period 8 Budget 2022	Variance Fav (Unfav)	Var%	$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
67,718	93,525	71,716	21,809	30.4%	**Gross Revenue**	577,384	742,187	600,643	141,545	23.6%
(46,631)	(72,857)	(53,423)	(19,434)	(36.4%)	**Deductions**	(433,509)	(567,732)	(448,567)	(119,165)	(26.6%)
21,088	**20,668**	**18,294**	**2,374**	**13.0%**	**Net Patient Revenue**	**143,874**	**174,455**	**152,076**	**22,379**	**14.7%**
257	287	270	17	6.1%	**Other Operating Revenue**	2,783	2,266	2,165	101	4.7%
21,345	**20,955**	**18,564**	**2,391**	**12.9%**	**Total Operating Revenue**	**146,657**	**176,721**	**154,240**	**22,481**	**14.6%**
					OPERATING EXPENSE					
8,033	10,037	8,352	(1,685)	(20.2%)	**Salaries & Wages**	66,268	76,984	68,953	(8,030)	(11.6%)
3,058	3,861	2,948	(912)	(30.9%)	**Supplies**	23,594	29,492	24,947	(4,545)	(18.2%)
2,958	3,267	3,165	(101)	(3.2%)	**Fees & Purchased Services**	23,215	27,450	25,656	(1,794)	(7.0%)
422	357	394	37	9.4%	**Other Operating Expense**	3,068	2,554	3,644	1,090	29.9%
0	0	0	0	0.0%	**Interest**	0	0	0	0	0.0%
1,097	1,125	923	(201)	(21.8%)	**Depreciation**	7,171	8,603	7,461	(1,142)	(15.3%)
15,568	**18,646**	**15,784**	**(2,862)**	**(18.1%)**	**Total Operating Expense**	**123,316**	**145,084**	**130,661**	**(14,422)**	**(11.0%)**
5,777	**2,309**	**2,780**	**(471)**	**(17.0%)**	**Net Operating Margin**	**23,341**	**31,637**	**23,579**	**8,058**	**34.2%**
0	0	0	0	0.0%	**Non Operating Income**	0	23	0	23	0.0%
5,777	**2,309**	**2,780**	**(471)**	**(17.0%)**	**Net Margin**	**23,341**	**31,660**	**23,579**	**8,081**	**34.3%**
6,874	**3,434**	**3,704**	**(270)**	**(7.3%)**	**Operating EBIDA**	**30,512**	**40,240**	**31,040**	**9,201**	29.6%
32.2%	16.4%	20.0%	(3.6%)		**Operating EBIDA Margin**	20.8%	22.8%	20.1%	2.6%	
27.1%	11.0%	15.0%	(4.0%)		**Operating Margin**	15.9%	17.9%	15.3%	2.6%	
27.1%	11.0%	15.0%	(4.0%)		**Net Margin**	15.9%	17.9%	15.3%	2.6%	

El Camino Health

El Camino Health Medical Network
Statement of Operations *($000s)*

Period 8 ending 02/28/2022

Period 8 FY 2021	Period 8 FY 2022	Period 8 Budget 2022	Variance Fav (Unfav)	Var%	$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
8,461	6,618	6,596	22	0.3%	**Gross Revenue**	68,378	70,854	64,361	6,493	10.1%
(5,181)	(4,445)	(4,130)	(315)	(7.6%)	**Deductions**	(45,685)	(47,474)	(40,493)	(6,981)	(17.2%)
3,279	**2,173**	**2,466**	**(293)**	**(11.9%)**	**Net Patient Revenue**	**22,692**	**23,380**	**23,868**	**(488)**	**(2.0%)**
970	806	875	(70)	(7.9%)	**Other Operating Revenue**	10,165	7,506	7,354	153	2.1%
4,249	**2,978**	**3,341**	**(363)**	**(10.9%)**	**Total Operating Revenues**	**32,857**	**30,887**	**31,222**	**(336)**	**(1.1%)**
					OPERATING EXPENSES					
1,756	1,528	1,463	(65)	(4.4%)	**Salaries & Wages**	12,994	12,530	13,051	521	4.0%
420	345	214	(132)	(61.7%)	**Supplies**	3,389	2,619	2,135	(484)	(22.7%)
4,050	3,199	3,436	237	6.9%	**Fees & Purchased Services**	32,278	29,611	28,911	(700)	(2.4%)
779	584	839	255	30.4%	**Other Operating Expense**	6,746	5,906	7,277	1,371	18.8%
0	0	0	0	0.0%	**Interest**	0	0	0	0	0.0%
226	279	232	(46)	(19.9%)	**Depreciation**	1,867	2,240	1,916	(324)	(16.9%)
7,232	**5,935**	**6,185**	**250**	**4.0%**	**Total Operating Expenses**	**57,274**	**52,906**	**53,289**	**383**	**0.7%**
(2,983)	**(2,957)**	**(2,843)**	**(113)**	**(4.0%)**	**Net Operating Margin**	**(24,417)**	**(22,019)**	**(22,067)**	**47**	**0.2%**
0	0	0	0	0.0%	**Non Operating Income**	229	(132)	0	(132)	0.0%
(2,983)	**(2,957)**	**(2,843)**	**(113)**	**(4.0%)**	**Net Margin**	**(24,188)**	**(22,151)**	**(22,067)**	**(84)**	**(0.4%)**
(2,757)	**(2,678)**	**(2,611)**	**(67)**	**(2.6%)**	**Operating EBIDA**	**(22,550)**	**(19,779)**	**(20,151)**	**372**	1.8%
-64.9%	-89.9%	-78.1%	(11.8%)		**Operating EBIDA Margin**	-68.6%	-64.0%	-64.5%	0.5%	
-70.2%	-99.3%	-85.1%	(14.2%)		**Operating Margin**	-74.3%	-71.3%	-70.7%	(0.6%)	
-70.2%	-99.3%	-85.1%	(14.2%)		**Net Margin**	-73.6%	-71.7%	-70.7%	(1.0%)	

El Camino Health

Consolidated Balance Sheet (as of 02/28/2022)

($000s)

ASSETS		Audited
CURRENT ASSETS	**February 28, 2022**	**June 30, 2021**
Cash	142,371	151,641
Short Term Investments	194,449	284,262
Patient Accounts Receivable, net	195,022	166,283
Other Accounts and Notes Receivable	6,365	9,540
Intercompany Receivables	12,435	15,116
Inventories and Prepaids	30,928	23,079
Total Current Assets	**581,569**	**649,921**
BOARD DESIGNATED ASSETS		
Foundation Board Designated	22,857	20,932
Plant & Equipment Fund	303,825	258,191
Women's Hospital Expansion	30,261	30,401
Operational Reserve Fund	182,907	123,838
Community Benefit Fund	18,109	18,412
Workers Compensation Reserve Fund	17,002	16,482
Postretirement Health/Life Reserve Fund	31,292	30,658
PTO Liability Fund	33,303	32,498
Malpractice Reserve Fund	1,986	1,977
Catastrophic Reserves Fund	26,701	24,874
Total Board Designated Assets	**668,244**	**558,264**
FUNDS HELD BY TRUSTEE	**0**	**5,694**
LONG TERM INVESTMENTS	**538,357**	**603,211**
CHARITABLE GIFT ANNUITY INVESTMENTS	**940**	**728**
INVESTMENTS IN AFFILIATES	**33,975**	**34,170**
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,882,983	1,799,463
Less: Accumulated Depreciation	(792,623)	(742,921)
Construction in Progress	83,193	94,236
Property, Plant & Equipment - Net	**1,173,553**	**1,150,778**
DEFERRED OUTFLOWS	23,888	21,444
RESTRICTED ASSETS	29,310	29,332
OTHER ASSETS	109,982	86,764
TOTAL ASSETS	**3,159,817**	**3,140,306**

LIABILITIES AND FUND BALANCE		Audited
CURRENT LIABILITIES	**February 28, 2022**	**June 30, 2021**
Accounts Payable	47,863	39,762
Salaries and Related Liabilities	25,488	50,039
Accrued PTO	33,980	33,197
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	14,191	12,990
Intercompany Payables	9,607	14,704
Malpractice Reserves	1,665	1,670
Bonds Payable - Current	9,905	9,430
Bond Interest Payable	1,619	8,293
Other Liabilities	11,307	16,953
Total Current Liabilities	**157,926**	**189,338**
LONG TERM LIABILITIES		
Post Retirement Benefits	31,292	30,658
Worker's Comp Reserve	17,002	17,002
Other L/T Obligation (Asbestos)	6,398	6,227
Bond Payable	471,915	479,621
Total Long Term Liabilities	**526,606**	**533,509**
DEFERRED REVENUE-UNRESTRICTED	**32,312**	**67,576**
DEFERRED INFLOW OF RESOURCES	**45,862**	**28,009**
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,164,116	2,097,010
Board Designated	200,902	193,782
Restricted	32,094	31,082
Total Fund Bal & Capital Accts	**2,397,112**	**2,321,874**
TOTAL LIABILITIES AND FUND BALANCE	**3,159,817**	**3,140,306**

El Camino Health

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Apurva Marfatia, MD, Enterprise Chief of Staff
Michael Kan, MD Chief of Staff Los Gatos
Date: April 13, 2022
Subject: Medical Staff Report – Open Session

Recommendation:

To approve the Medical Staff Report, including Policies and Procedures identified in the attached list

Summary:

1. Situation: The Medical Executive Committee met on March 24, 2022

2. Background: MEC received the following informational reports.

a) Quality Council – The Quality Council met on March 2, 2022. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
    1. Sepsis Annual PI Report FY 2022
    2. Sepsis Quality Performance Tracking Dashboard FY 2022
    3. Acute Rehabilitation Improvement Report CY 2021
    4. Acute Rehabilitation Dashboard CY 2021
    5. Patient Blood Management FY 2022
    6. Patient Blood Management Quality Dashboard FY2022
    7. LG ICU Dashboard
    8. Annual Performance Improvement Plan MC CCU
    9. Quality Improvement & Patient Safety Plan (QAPI)

b) Leadership Council – The Leadership Council met on March 8, 2022 and discussed the following:

    1. MICRA Donation
    2. Doctors Day Jackets
    3. Stroke Program
    4. Medical Director Quality Goals – Stroke
    5. Hospital Slides

c) The CEO Report was provided
d) The CMO Report was provided
e) The CQO Report was provided
f) The CNO Report was provided

List of Attachments: Policies and Procedures

Suggested Board Discussion Questions: None

El Camino Health

BOARD OF DIRECTORS
Plans, Policies, Scope of Services Summary
April 13, 2022

Department	Policy Name	Type of Change	Type of Document	Notes	Committee Approvals
New Business					
MCH	1. Prenatal Diagnostic Center – Mountain View	Revised	Scope of Svc	Various changes	• Dept Med Dir • ePolicy Committee • MEC
Finance	2. Financial Assistance	Revised	Scope of Svc	Minor changes	• CFO
2C Medical	3. 2C Medical Services – Mountain View	Revised	Scope of Svc	Changes in requires for staff; last sentence deleted	• Dept Med Dir
Compliance	4. Physician Financial Arrangements – Review and Approval	None	Policy	No Changes – 3 year approval (Regulatory Requirement)	• Compliance Board
Material Mgmt	5. Supply Chain	Revised	Scope of Svc	Updated staffing/skill mix section	• Dept Med Dir
Surgical Pediatrics	6. Surgical & Pediatric Services – Mountain View	None	Scope of Svc	No Changes – 3 year approval (Regulatory Requirement)	• UPC
MCH	7. Mother Baby – Enterprise	Revised	Scope of Svc	Minor changes	• UPC • MCH Exec Cmte
L&D	8. Obstetrical Emergency Department (OB ED) (MV)	Revised	Scope of Svc	Minor changes	• Dept Med Dir • UPC
NICU	9. Neonatal Intensive Care Unit (NICU – Enterprise	Revised	Scope of Svc	Minor changes	• Dept Med Dir
Lab & Pathology	10. Pathology Services – Los Gatos 11. Clinical Laboratory – Los Gatos 12. Clinical Laboratory – Mountain View 13. Anatomic Pathology	None Revised Revised None	All Scope of Svc	• No Changes – 3 year approval (Regulatory Requirement) • Added PCR testing; minor changes • Added lab hours • No Changes – 3 year approval (Regulatory Requirement)	• Dept Med Dir

Status **Pending** PolicyStat ID **11171915**

Origination	10/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	03/2022
Next Review	3 years after approval
Owner	Heather Freeman
Area	Scopes of Service

Scope of Service: Prenatal Diagnostic Center - Mountain View

Types and Ages of Patient Serviced

~~A woman may be~~Patients are referred to the Prenatal Diagnostic Center (PDC) for a full range of prenatal diagnostic, therapeutic procedures and services from preconception through delivery.

Assessment Methods

~~A women may be referred to the Prenatal Diagnostic Center~~Indications for referral to the PDC for a perinatal consultation or genetic counseling ~~due to;~~include (but are not limited to): advanced maternal age, first and second trimester screening, metabolic disorders, diabetes, maternal hypertension, chromosomal or physical abnormality, multiple miscarriages, consanguinity, ultrasound diagnosed anomaly, DNA or biochemical diagnosis, fetal death or stillborn examination or teratogen exposure including chemotherapy, toxins, infection, alcohol, drugs or medication, or other identified issues.

The Maternal-Fetal Medicine physicians (MFMs), Genetic ~~Counselor's and Sonographer's~~Counselors and Sonographers provide contracted services under the agreement between ~~Lucile Packard~~Stanford Children's ~~Hospital at~~Health and El Camino Health. All physicians are privileged through the El Camino Health medical staff office and Stanford ~~and El Camino Hospital. All physicians are privileged through the El Camino Hospital medical staff office and Lucile Packard~~ Children's ~~Hospital at Stanford~~Health and approval from the California Department of Public Health Genetic Disease Screening.

Scope and Complexity of Services Offered

The ~~Prenatal Diagnostic Center~~PDC is located ~~in the Women's~~on the fifth floor of Sobrato Pavilion of the El Camino Hospital ~~on the second floor suite 250~~Mountain View campus. Routine operating hours ~~for the PDC~~ are Monday through Friday 8:00am to 4:30pm. Services may not available on holidays ~~recognized~~

by El Camino Hospital. The PDC has two examination rooms and two offices for the Genetic counselor and the Perinatologistadministrative staff schedule appointments in the Epic scheduling system. The scheduling of appointment is maintained in EPIC scheduling and registration by the PDC administrative staff.

Services are provided through the Maternal-Fetal Medicine consulting agreement between Lucile Packard Children's Hospital at Stanford and El Camino Hospital in the Prenatal Diagnostic Center: Genetic Counseling, Amniocentesis, Chorionic Villus Sampling, Ultrasound, Nuchal Translucency, Doppler Blood Flow Studies, Non-stress Testing, Biophysical Profile and Perinatal Consultation

El Camino Hospital recognizes that each woman makes the decision to use prenatal diagnostic services for very unique reasons. Because of this our experts are committed to providing every patient with the information and support she needs to make the choices that are right for her.

Services are provided through the Maternal-Fetal Medicine consulting agreement between Stanford Children's Health and El Camino Health, include genetic counseling, amniocentesis, chorionic villus sampling, ultrasound, nuchal translucency, doppler blood flow studies, biophysical profile and perinatal consultation.

Appropriateness, Necessity and Timeliness of Services

The supervising physicianMFM and genetic counselor assess the appropriateness, necessity and timeliness of service based of appointment availability.

Staffing

The Maternal-Fetal Medicine physicians, Genetic Counselors, Sonographers and Administrative Support staff together provide the highest quality of care to women and their families with a unique, personalized approach. This department is under the Director of the Maternal Child Health Services.

The PDC is staffed by MFM physicians, genetic counselors, sonographers, administrative staff, and may include other El Camino Health ancillary staff as needed. The PDC is led by the supervisor/manager and is under the Director of Maternal Child Health Services.

Level of Service Provided

The level of service is determined by the needs of the patient as determined by the physician referral, maternal-fetal medicine physicians, genetic counselor and the patient.

The patient's obstetrician, the supervising MFM and genetic counselor will determine the level of services provided to care for each individual patient. The PDC is an outpatient service. MFMs also consult on inpatient patients.

Standard of Practice

The Maternal-Fetal Medicine physicians have medical privileges through the El Camino Hospital and

Lucile Packard Children's at Stanford medical staff office. The PDC also meets the standards for approval based on the requirements of the California Standards for Prenatal Diagnosis Centers from the California Department of Public Health Genetic Disease Screening program.

The Genetic Counselors are credentialed by the American Board of Genetic Counselors and licensed by the State of California Department of Public Health.

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]	03/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	03/2022
Department Medical Director or Director for non-clinical Departments	Heather Freeman: Executive Director - Women's and Newborn Services	02/2022
	Heather Freeman: Executive Director - Women's and Newborn Services	02/2022

History

Sent for re-approval by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/8/2022, 1:38PM EST

Last Approved by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/22/2022, 6:14PM EST

> I need to edit this policy rather extensively. Would also like to change the owner to Ronna Bautista

Draft saved by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/22/2022, 6:32PM EST

Edited by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/22/2022, 6:33PM EST

> Edited content to improve language, clarify sections, and reflect current state

Last Approved by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/22/2022, 6:33PM EST

Last Approved by Freeman, Heather: Executive Director - Women's and Newborn Services on 2/22/2022, 6:33PM EST

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 3/3/2022, 12:14PM EST

> Updated title

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 3/14/2022, 1:17PM EDT

> ePolicy 3/4/22

Last Approved by Encisa, Franz: Director Quality and Public Reporting on 3/29/2022, 11:14AM EDT

> MEC 3/24/22

Status **Pending** PolicyStat ID **11374982**

Origination	04/2000	Owner	Johnna Mohun-Garvey
Last Approved	N/A	Area	Patient Accounts
Effective	Upon Approval	Document Types	Policy
Last Revised	03/2022		
Next Review	3 years after approval		

Financial Assistance (Discounted Charity Care, Eligibility Procedures, Review Process)

COVERAGE:

Individuals eligible to receive financial assistance, charity care or discounts.

PURPOSE:

Consistent with its Mission, El Camino Hospital ("ECH") strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. ~~This can be initiated by the patient or Patient Accounting staff.~~

POLICY STATEMENT:

~~ECH is committed to providing financial assistance and charity care to persons who have healthcare needs and are uninsured and ineligible for a government program, as well as to those patients with High Medical Costs, who are unable to pay for medically necessary care based on their individual financial situation. ECH will also provide discounts and extended payment plans to patients taking into consideration Essential Living Expenses. ECH is also committed to providing and assisting our patients with information necessary on how to apply for Covered California Plans, and will assist patients in determining eligibility for enrollment with Medi-Cal, and other government programs. Patients that are eligible for financial assistance are not charged more than the amounts generally billed (AGB) for emergency or other medically-necessary care.~~

~~El Camino Hospital adopts the look-back method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally~~

billed because eligible patients do not pay any amount.

ECH is committed to providing financial assistance to patients who are unable to pay for medically necessary care based on their individual financial situation. ECH offers this assistance to two classes of financially eligible patients based on income: uninsured patients and those patients with high medical cost. This policy encompasses ECH's charity and discount payment policies required pursuant to Health and Safety Code §§127400-127446.

ECH's financial assistance programs are not substitutes for personal responsibility. Patients are expected to cooperate with ECH's procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay. In order to manage its resources responsibly and to allow ECH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishesapproves these guidelines for the provision of charity care.

This policy will be posted and distributed consistent with the ECH internal procedure document entitled "Distribution of Financial Assistance Procedure".

REFERENCES:

Patient Protection and Affordable Care Act of 2010 and Hospital Fair Pricing Policies (Health and Safety Code §§127400-127446, 1339.585; California AB 774 and SB 1276Code of Regulations, Title 22, sections 70959, 96040-96050)

DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Monetary Assets: The fair market value of the Patient's Family's savings and investments, excluding amounts held in retirement plans or deferred compensation plans.

Eligible Services: The following services are ineligible for the application of Financial Assistance under this policy, except as required by law:

- Purchases from ECH retail operations, such as gift shops & cafeteria;
- Cosmetic surgery; and
- Any products or services that are:
  - Inconsistent with the symptom(s) or diagnosis and treatment of the condition, disease or injury
  - Primarily for the convenience of the patient, the patient's family, the physician or other provider
  - Not the most appropriate level of services that can safely be provided to the patient.
- Services which are programmatically bundled and discounted. Some examples of these bundled services include packages for Self-Pay Endometriosis and Maternity Services.
- Physician Services that are not billed by Hospital.
- Physician Services are not covered by this policy.

~~Excluding any services specifically listed as ineligible, the following healthcare services are eligible for ECH's financial assistance program:~~

Eligible Services: Financial assistance pursuant to this policy is only available for hospital services provided under the authority of ECH's general acute care license. This includes:

- Emergency medical services provided in an emergency room setting
- Services for a condition which, in the opinion of the treating physician or other health care professional, would lead to an adverse change in the health status of an individual if not treated promptly
- Non-elective services provided in response to life-threatening or health-threatening circumstances

~~In addition, in its sole discretion, ECH management may elect to make other services eligible for Financial Assistance.~~

~~Patient's Family:~~

The following services are excluded as ineligible for the application of Financial Assistance under this policy, except as required by law:

- Purchases from ECH retail operations, such as gift shops & cafeteria;
- Physician Services that are not billed by Hospital.
- Services that are not licensed hospital services are not covered by this policy.

Patient's Family:

1. For Persons 18 years of age and older~~,~~: Patient's spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
2. For Persons under 18 years of age~~,~~: Patient's parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Family Income: Family Income is determined using the following sources of income of a patient and the Patient's Family when computing in accordance with federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Disability Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Non-cash benefits (such as food stamps and housing subsidies), Supplemental, Security Income, veteran disability payments, alimony, workers' compensation, and child support do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- ~~Includes the income of Patient's Family members as defined above.~~

~~**High Medical Costs:** A patient who's Family Income does not exceed 400 percent of the federal~~

poverty level and has annual out-of-pocket medical costs incurred by the individual at ECH or other healthcare providers that exceed 10 percent of the patient's Family Income in the prior 12 months.Includes the income of Patient's Family members as defined above.

For expenses incurred at other providers, the patient must provide documentation of medical expenses paid by the patient or the patient's family in the prior 12 months. .

The definition of High Medical Costs will include patients who have a balance due after insurance payment of a discounted rate as a result of 3rd party coverage. A patient balance may relate to the co-insurance, copayment or deductible amounts, as well as non-covered charges from the patient's insurance carrier.

Out-of-network: Certain insurance carriers and governmental health care programs may reduce or eliminate benefits unless care is provided at designated facilities. In cases where ECH is not one of the designated facilities, any non-emergency care provided is considered to be out-of-network. Out-of-network care will not be eligible for charity discounts except that ECH may, on a case-by-case basis, grant assistance in the case of medical indigence. An Uninsured Discount will be given on amounts denied for out of network amounts. ECH is compliant with out of network billing requirements per State and Federal regulations, including the CARES Act Terms & Conditions.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations. A patient who has insurance or third party assistance to provide medical services but whose insurance or assistance does not include services provided at ECH will be considered as out-of-network, not as uninsured. An Uninsured Discount will be given on amounts denied as non-covered.

Federal poverty level ("FPL"): The federal poverty level refers to the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

Essential Living Expenses: IncludeExpenses for any of the following: rent, house payment and maintenance, food, household supplies, utilities, telephone, clothing, medical and dental payment, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

PROCEDURE:

A. **Charity Care Program**

Information in this section applies to the provision of charity care when a patient has no health insurance or has High Medical Costs and is not eligible for any government programs.

1. **Eligibility Criteria for Charity Care.** Eligibility for charity care will be considered for those individuals who are unable to pay for their care and are uninsured and ineligible for any government health care benefit program or for those patients that have High Medical Costs. The granting of charity care shall be based on an individualized determination of Family Income, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Full Charity Care will be offered if Family Income is AT OR BELOW 400% of the Federal Poverty Guidelines.

a. Non-covered and denied services provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are charity care. Examples may include, but are not limited to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)
- Medicaid-pending accounts
- Medicaid or other indigent care program denials
- Charges related to days exceeding a length-of-stay limit
- Out-of-state Medicaid claims with "no payment"

2. **Determination of Eligibility for Charity Care.** The cooperation of the patient and/or the Patient's Family is necessary in order for ECH to determine eligibility.

a. Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income. The application process will require the following information from the patient:

- Completed signed application
- Proof of Income Tax return and monetary assets or subsequent month bank statements or most recent payroll stub or FICA earning summary from SSA.
- Include reasonable efforts by ECH to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs. However if the patient applies, or has a pending application for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program
- Include a review of the patient's outstanding accounts for any open accounts that may also be eligible for charity care for the approval timeframe.
- For patients who are unable to complete the application or provide financial information, ECH may determine eligibility either (1) using presumptive determination based on information obtained from Experian or (2) as documented and approved by business office management at ECH.

b. Eligibility determination may be done at any point in the collection cycle. The eligibility for Charity Care shall be based on the patient's insured status at the time services are rendered, and shall give consideration to any retroactive denial or granting of insurance. That is, if the patient is believed to be insured at the time services are rendered but is subsequently found to have been uninsured at that time, then the patient is eligible for an Uninsured discount. Similarly, if the patient is believed to be uninsured at the time services are rendered but is subsequently found to have been insured at that time, then the patient is not eligible for an Uninsured discount. Charity Care will be reversed in these situations.

c. If at any time information relevant to the eligibility of the patient changes, it is the patient's responsibility to notify ECH of the updated information.

The determination of financial need shall be done consistently with the requirements of California AB 774, including the requirement that the first ten thousand dollars ($10,000 of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars ($10,000) be counted in determining eligibility.

d. Eligibility for financial assistance shall be revaluated every 12 months or at any time additional information relevant to the eligibility of the patient becomes known. If such information does change, it is the patient's responsibility to notify ECH of the updated information.

e. ECH's values of respect and integrity shall be reflected in the application process, eligibility determination and granting of an uninsured discount. Requests for Charity Care shall be processed promptly and ECH shall notify the patient or applicant in writing of its decision on a completed application.

B. **Uninsured Discounts and Extended Payment Plans**

1. Uninsured Discounts
ECH Patients who do not have third-party insurance and are not eligible for a government program will receive a published discount off ECH charges. A patient may choose not to use available third-party insurance and may receive an uninsured discount. Furthermore, the uninsured discount may be applied to billed charges that are deemed non-covered (not a covered benefit) by a government program. The uninsured discount percentage for Hospital/ Facility billing is 75%. Uninsured discounts are determined by ECH management.

2. Extended Payment Plans
ECH will negotiate an extended payment plan to allow payment over time that is agreed upon between ECH and the patient based on the patient's Family Income and Essential Living Expenses. All payment plans shall be interest free. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments during a 90-day period. Before declaring the extended payment plan no longer operative, ECH or its collection agency shall make a reasonable attempt to contact the patient by phone and to give notice in writing, that the extended payment plan may become inoperative and of the opportunity to renegotiate the extended payment plan. ECH does not report to consumer credit agencies.

C. **Other Provisions**

1. **Communication of this Policy to Patients and the Public.** Notification about charity care and discounts available from ECH, which shall include a contact number, shall be disseminated by ECH by various means, which may include, but are not limited to, the publication of notices on facility websites or on patient bills, and by posting notices in the emergency room, admitting and registration departments, hospital business offices, clinics, and Patient Financial Services offices that are located on facility campuses, and at other public places as ECH may elect. Such information shall be provided in the primary languages spoken by the population serviced by ECH. Referral of patients for financial assistance may be made by anyone, subject to applicable privacy laws.

Such communications include:

- Published Uninsured Discount Percentage
- Extended Payment Plans option with phone number to call
- Charity Care eligibility and current Federal Poverty Guidelines along with a customer service phone number to call for assistance
- High Medical Costs definition
- Links to other programs, including Covered California
- Phone number for Consumer Support/Legal Assistance
- Discounts from Emergency Room Physicians and a phone number to call for assistance.

2. **Relationship to Collection Policies.** ECH management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from ECH, a patient's good faith effort to comply with his or her payment agreements with ECH, and all applicable laws and regulations. The Patient Accounts-Collection Practices and Collection Agency Management Policy outlines the presumptive charity care eligibility screening process used to evaluate charity care eligibility prior to an account being sent to collections. The patient's account will not be sent to collections if eligible for Charity Care. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, ECH may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, and will not send unpaid bills to outside collection agencies. Any agency performing routine monitoring and follow-up for such accounts on ECH's behalf shall be instructed not to report such accounts to any credit monitoring agency, and shall not be considered to be an "outside collection agency" under this policy. In the event ECH should error in following these policies, ECH will take appropriate steps to correct its error in a timely fashion. If it is discovered an account is eligible for financial assistance, ECH will reverse the account of collections and document the respective discount in charges as charity care.
3. **Errors and Misrepresentations.** ECH may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate. In addition, ECH may elect to pursue legal actions, against persons who it believes knowingly misrepresented their financial condition, and including those who accept financial assistance after an improvement in their financial circumstances which was not made known to ECH.
4. **Regulatory Requirements.** In implementing this Policy, ECH shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy such as AB 774 and SB 1276.

D. **Exceptions and Limitations**

The Chief Executive Officer and Chief Financial Officer of ECH are each granted the authority to provide exceptions to these policies and procedures as appropriate to the individual patient's circumstances and as appropriate to the financial ability and needs of ECH. These individuals are also each granted the authority to adjust the parameters of the financial assistance program in order to ensure the total amount of financial assistance provided is consistent with the organization's financial ability and to ensure ECH is able to meet its financial obligations.

~~This policy is intended to be a statement of general intent, setting forth the basic principles to be followed by the organization in administration of its programs to provide financial assistance and charity care to its patients. However, because the complexities of human existence can present myriad possible individual circumstances, and because of the challenges present in managing a health care organization, it is recognized that some degree of flexibility is appropriate in administering these programs. As such, nothing in this policy shall be construed to create an affirmative obligation for ECH to grant financial assistance to any particular patient, other than as required under the law.~~

A. **Eligibility for Financial Assistance (Discounted Charity Care)**
ECH offers full charity care to patients whose Family Income is at or below 400% of the federal poverty level. Full charity care means the patient liability after the application of any insurance, other health coverage, or third party assistance will be zero. No account associated with a patient who is determined to be eligible for charity care will be sent to collections. The granting of charity care shall be based on an individualized determination of Family Income, and shall not take into account age, gender, race, health status, social or immigrant status, sexual orientation or religious affiliation.

B. **Medi-Cal (Medicaid) Denials**. Non-covered and denied Eligible Services provided to Medi-Cal eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability, and all charges related to Eligible Services not covered, including all denials, are charity care. Examples may include, but are not limited to:

- Services provided to Medi-Cal beneficiaries with restricted Medi-Cal (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)
- Medi-Cal pending accounts
- Medi-Cal or other indigent care program denials
- Charges related to days exceeding a length-of-stay limit
- Out-of-state Medicaid claims with “no payment"
- Line item denials.

C. **Process to Determine Eligibility for Charity Care.** The cooperation of the patient and/or the Patient's Family is necessary in order for ECH to determine eligibility. A patient, or patient’s legal representative, who requests charity care or other assistance in meeting their financial obligation to ECH shall make every reasonable effort to provide ECH with documentation of income and health benefits coverage.

1. **Application.** Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income. The application process will require the following information from the patient submitted by e-mail, fax, or mail as specified in the application:
    - Completed signed application and
    - Proof of Income Tax return or most recent payroll stub. A patient who does not have an income tax return may submit SSA 1099 to qualify for charity care.

    Information obtained pursuant to this application shall not be used for collections activities
2. **Eligibility**. In determining eligibility, ECH will:
    - Document reasonable efforts by ECH to explore appropriate alternative sources of

payment and coverage from public and private health insurance or sponsorship, such as Covered California plans, Medicare, or Medi-Cal, and to assist patients to apply for such programs. However, if the patient applies, or has a pending application for another health coverage program at the same time that he or she applies for ECH's charity care, neither application shall preclude eligibility for the other program.

- Review the patient's outstanding accounts for any open accounts that may also be eligible for charity care for the approval timeframe.

3. **Presumptive Eligibility.** ECH reserves the discretion to grant presumptive charity care for individuals who are unable to complete the application or provide financial information by making a good faith effort to determine income from the patient's address, based on Experian presumptive eligibility tool.
4. **Circumstantial Eligibility**. ECH reserves the discretion to grant circumstantial eligibility based on an objective, good faith determination of financial need, taking into account the individual patient's circumstances, the local cost of living, a patient's income, a patient's family size, and/or the scope and extent of a patient's medical bills, based on reasonable methods to determine financial need. The Chief Executive Officer, the Chief Financial Officer, or his/her/their designees shall be authorized to approve patients for circumstantial eligibility for charity or discounted care, and must ensure documentation of the basis upon which circumstantial eligibility was granted.
5. **Changed Circumstances.**
    a. If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide to ECH with the updated information. ECH will consider the patient's changed circumstances in determining eligibility for charity care.
    b. Eligibility for financial assistance shall be revaluated every 12 months or at any time additional information relevant to the eligibility of the patient becomes known. If such information does change, it is the patient's responsibility to notify ECH of the updated information.
    c. ECH's values of respect and integrity shall be reflected in the application process, eligibility determination and granting of charity care write-off. Requests for Charity Care shall be processed promptly, and ECH shall notify the patient or applicant in writing of its decision on a completed application.
    d. ECH may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate. In addition, ECH may elect to pursue legal actions against persons who it believes knowingly misrepresented their financial condition, including those who accept financial assistance after an improvement in their financial circumstances which was not made known to ECH.
6. **Timeline for Application for Financial Assistance**
    a. ECH shall accept and process a financial assistance application at any time, but will provide a minimum of 240 days after initial billing for a patient to submit the application.
    b. When a patient submits an incomplete application, ECH shall notify the individual about how to complete the application and give the patient a reasonable opportunity to do so.

c. When a patient submits a complete application during the 240-day application period, ECH shall determine whether the individual is eligible for financial assistance.

d. Eligibility determination may be done at any point.

e. ECH shall notify the patient in writing of the determination and the basis for the determination.

7. **Review of Determination of Application.** In the event of a dispute, a patient may seek review from the Chief Financial Officer by submitting an appeal by e-mail, fax, or mail to the address/ phone number specified in the application.

D. **Other Provisions**

1. Any contracted emergency department physician or surgeon who provides emergency medical services at ECH is also required by law to provide discounts to uninsured patients or Patients with High Medical Costs who are at or below 400 percent of the federal poverty level. Patients who receive a bill from a contracted emergency department physician or surgeon should contact that physician's office and request financial assistance. This statement shall not be construed to impose any additional responsibilities upon ECH.

2. ECH shall provide, without discrimination, care for emergency medical conditions to patients regardless of their eligibility under this policy.

3. A patient shall not be denied financial assistance that would be available pursuant to the ECH policy published on the HCAI's internet website at the time of service.

E. **Exceptions and Limitations** This policy is intended to be a statement of general intent, setting forth the basic principles to be followed by the organization in administration of its programs to provide financial assistance and charity care to its patients. However, because the complexities of human existence can present myriad possible individual circumstances, and because of the challenges present in managing a health care organization, it is recognized that some degree of flexibility is appropriate in administering these programs. Accordingly, the Chief Executive Officer and Chief Financial Officer of ECH or his/her/their designees are granted the authority to provide exceptions to these policies and procedures as appropriate to grant financial assistance based on an individual patient's circumstances and as appropriate to the financial ability and needs of ECH. The Chief Executive Officer and Chief Financial Officer of ECH are also each granted the authority to amend this policy to adjust the parameters of the financial assistance program in order to ensure the total amount of financial assistance provided is consistent with the organization's financial ability and to ensure ECH is able to meet its financial obligations.

In implementing this policy, ECH shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy, including Health and Safety Code sections 127400-127446 and 1339.585.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	04/2022
CFO	Carlos Bohorquez: CFO	03/2022
Senior Director, Revenue Cycle	Brian Fong: Sr Dir Revenue Cycle	03/2022
	Johnna Mohun-Garvey: Director Patient Accounts	03/2022

Older Version Approval Signatures

Publish	Jeanne Hanley: Policy and Procedure Coordinator	04/2021
Board	Jeanne Hanley: Policy and Procedure Coordinator	04/2021
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	03/2021
CFO	Carlos Bohorquez: CFO [JH]	03/2021
Senior Director, Revenue Cycle	Brian Fong: Sr Dir Revenue Cycle	02/2021
	Brian Fong: Sr Dir Revenue Cycle	02/2021

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> Made cosmetic changes, adjustments to bullets, numbering, etc.

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Last Approved	N/A	Area	Scopes of Service
Effective	Upon Approval	Document Types	Scope of Service/ADT
Last Revised	02/2022		
Next Review	3 years after approval		

Scope of Service: 2C Medical Services - Mountain View

Types and Ages of Patient Served

Medical Nursing Services provides care to patients ranging in age from adolescence to geriatric. The unit provides services to ~~patients from adolescence to geriatric as defined in the department's~~a population with a wide population with a wide array of medical conditions who meet departmental admission, discharge and transfer criteria, including the short stay (Outpatient). The ~~primary patient population served consists of inpatients with a wide array of medical conditions and provision for~~Medical unit provisions services to ~~outpatient medical~~Medical-~~surgical cases and surgical~~Surgical inpatient overflow.

Assessment Methods

Nursing care is provided by a registered nurse utilizing the nursing process. Registered nurses provide direct supervision to licensed vocational nurses (LVNs) and clinical support caregivers (certified nursing assistants – CNAs) in the provision of patient care. Reassessment is performed after interventions as part of the evaluation process.

The staff participates in performance improvement processes relating to patient care delivery as well as patient/customer satisfaction in general.

Scope and Complexity of Services Offered

~~Medical Services provides 24-hour comprehensive nursing care predominantly to patients with acute medical conditions. Outpatient services include, but are not limited to blood transfusions, medication infusions, post renal biopsies, paracentesis with albumin replacement, and A-V fistula repair. Overflow surgical patients (due to lack of bed availability on Medical/Surgical Oncology and Surgical Nursing Services) are also included in the patients served. Patients requiring cardiac monitoring are not admitted~~

~~to Medical Services.~~

The unit provides comprehensive nursing care primarily to medical patients. Medical/Surgical patients are admitted as overflow. Care is given as directed and prescribed by the physician. All non-nursing orders are communicated to the appropriate ancillary departments via the electronic health record (EHR). ~~Staff~~Nursing staff communicates specific patient needs and coordinate treatment and plan of care with all ancillary departments. The discharge planning process is initiated on admission, in collaboration with the ~~physician(s)~~physicians, care coordinators, social workers, ~~and~~ patient and family~~/home caregivers~~. ~~Multidisciplinary patient care~~Discharge rounds ~~review and revises the plan of care~~are completed daily with the Nursing staff and Care coordinators.

Appropriateness, Necessity and Timeliness of Services

The Clinical Manager, Assistant Clinical Nurse Manager and shift charge nurse assess the appropriateness, necessity and timeliness of service. The appropriateness of services is addressed in hospital and department specific policies and procedures. Admission, discharge, and transfer (ADT) criteria are established in collaboration with the medical ~~staff, which are established in collaboration with the medical~~ staff.

A performance improvement process is in place to identify opportunities for improvement in patient care processes and measure performance and compliance on an on-going basis. The patient's progress is evaluated by ~~physician(s)~~physicians, nurses, members of other health disciplines as well as by the patient and family.

Staffing/Staff Mix

~~A Clinical Manager oversees the operations of Medical Service on a 24-hour basis and reports to the Director of Medical/Surgical Services.~~

Medical Services has a skill mix of RNs, LVNs, and CNAs, and administrative support to provide ~~services~~care and service to patients and families. Staffing is ~~predicted~~based on patient census, budgeted hours ~~per patient day (HPPD) and adjusted according to the nursing intensity measurement system~~of care, and the Nursing Intensity Measurement System (NIMS), a patient classification system. The charge nurse assigned ~~on~~to each shift determines the prospective ~~and retrospective~~ staffing needs ~~based on NIMS and individual patient care needs~~for the oncoming shift, utilizing staffing tools that incorporate these factors. The competency of the staff is evaluated through observation of performance and skills competency validation. Staff education and training is provided to ~~assist in~~promote the achievement of performance standards.

Requirements for Staff

- All staff complete a general hospital and department-specific orientation.
- HealthStream modules are reviewed annually by all staff.
- All staff are required to be BLS certified.
- RNs and LVNs must have a current California license. CNAs must hold a current certification by the

State of California.

- ~~It is recommended that RN's & LVN's on Medical Services complete a basic renal course within the first year of employment.~~

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 performance improvement activities in conjunction with the multi-disciplinary health care professionals who provide services to the unit.

Standards of Practice

Medical Services is governed by state regulations as outlined in Title 22, standards established by the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicare and Medicaid (CMS). Additional practices are described in the Patient Care Services Policies and ~~Procedures~~procedures, departmental policies and procedures, and Clinical Practice Standards.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Milagros Fisher: Clinical Manager	02/2022
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> Updated title

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> Deleted extra sentence from appropriateness, necessity and timeliness of services section. Followed recommendations and suggestions from epolicy committee.

Last Approved by Fisher, Milagros: Clinical Manager on 2/4/2022, 2:40PM EST

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No Changes – 3 year approval (Regulatory Requirement)

El Camino Health

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Last Approved	N/A
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Owner	Diane Wigglesworth
Area	Corporate Compliance
Document Types	Policy

Physician Financial Arrangements - Review and Approval

I. COVERAGE:

All El Camino Hospital staff, Contract Personnel, Physicians, Healthcare Providers, and the Governing Board.

II. PURPOSE:

The purpose of this policy is to comply with the Stark law, Anti-Kickback, HIPAA and all other Federal and State Laws.

III. POLICY STATEMENT:

This policy implements the overall compliance goals of the Hospital with respect to Physician financial arrangements.

This policy establishes administrative principles and guidelines, Board delegation of authority and oversight, and review processes and approvals that must be followed before the Hospital enters into a direct or indirect financial arrangement with an individual physician, a physician group, other organizations representing a physician, or a member of immediate family of a physician ("Physician"). Physician financial arrangements that involve any transfer of value, including monetary compensation, are subject to this and the following policies: 1) Signature Authority policy, 2) Reimbursement of Business Expenses policy, and 3) Physician Recruitment policy.

All financial arrangements of any kind involving Physician, including but not limited to, medical director, consulting, on-call arrangements, professional service agreements, education and training, conference reimbursement or real estate leases, will comply with the Stark law, Anti-Kickback, HIPAA and all other

Federal and State Laws. **All Physician financial arrangements are prohibited except those Physician financial arrangements that are approved and documented as provided in this Policy.**

Physician financial arrangements may be entered into only where they are needed and serve the strategic goals (including quality and value) of the Hospital. Each Physician financial arrangement must meet or exceed the complex and stringent legal requirements that regulate Physician financial relationships with the Hospital. All Physician financial arrangements between a physician and the Hospital must be in writing and meet fair market value, commercial reasonableness and the following requirements as applicable.

IV. PROCEDURE:

A. **Administrative Standards:**

When creating or renewing a Physician financial arrangement, the following principles must be followed. This Policy applies to any Physician financial arrangement including, but not limit to: Medical Directorships, ED Call Panels, Professional Services, Panel Professional Services, Consulting, Lease, Education and Training, Conference Payment, and Physician Recruitment.

1. **All Physician Financial Arrangements:**
    a. Each Physician financial arrangement (except Physician Lease Contracts) must provide a service that is needed for at least one of the following reasons: 1) it is required by applicable law, 2) required administrative or clinical oversight can only be provided by a qualified physician, 3) the administrative services to be provided support an articulated strategic goal of the Hospital, such as patient safety, and 4) the arrangement must solve, prevent or mitigate an identified operational problem for the Hospital.
    b. The terms of the Physician financial arrangement must be fair market value and commercially reasonable and must not take into account the volume or value of any referrals or other business generated between the parties. All of the terms of the Physician financial arrangement must be in a written contract that details the work or activities to be performed and all compensation of any kind or the lease terms ("Physician Contracts"). The services contracted for may not exceed those that are reasonable and necessary for the legitimate business purposes of the Physician financial arrangement. If there is more than one Physician Contract with a Physician, the Physician Contracts must cross-reference one another (or be identified on a list of Physician Contracts) and be reviewed for potential overlapping commitments prior to negotiating additional agreements.

    The process for determining Physician compensation for each Physician financial arrangement must be set forth in the Physician Contract file and identified in sufficient detail so that it can be objectively verified as meeting fair market value standards. Any compensation paid to or remuneration received by a Physician shall not vary based on the volume or value of services referred or business otherwise generated by the Physician and must reflect fair market value. Compensation cannot exceed the seventy-fifth percentile of fair market value without prior Board approval. All Physician contracts should use local or regional market data, when available, to determine the seventy-fifth percentile of FMV.

In order to support reasonableness of compensation or remuneration, written fair market data must accompany the Physician Contract and show compensation paid by similar situated organizations and/or independent compensation surveys by nationally recognized independent firms.

c. Compensation cannot be revised or modified during the first twelve (12) months of any Physician financial arrangement. If the compensation is revised thereafter, it must be evidenced by a written amendment to the Physician Contract, signed by both parties before the increase in compensation takes effect. For example, if the increase in compensation is to take effect on April 1, the amendment must be signed by both parties on or before April 1 and the original Physician Contract must have been effective on or before March 31 of the prior year. The compensation cannot be changed for twelve (12) months after the effective date of such amendment.

d. All Physician Contract renewals must be signed before the expiration of the term of the existing Physician Contract.

e. Physician Contracts must be in writing and executed by the parties before commencement. Only the CEO of Hospital or designee by CEO in his or her absence may execute a Physician Contract, except Physicians Contracts that are real estate or equipment leases with Physicians may be signed by the Chief Administrative Services Officer ("CASO"). Physicians cannot be compensated for work performed, nor may a lease commence, prior to execution by both parties.

f. The Physician financial arrangement must not violate the Stark law, the anti-kickback statute (section 1128B(b) of the Act) or any Federal or State law or regulations.

g. The Physician Contract will permit the Hospital to suspend performance under the Physician Contract if there is a compliance concern. Concerns about compliance should be directed to Compliance, Legal, or the office of the Chief Medical Officer ("CMO"). Performance under Physician Contracts deemed to not meet the administrative guidelines shall be suspended until the Physician Contract can be remedied.

h. Physician Contracts must contain termination without cause provisions (except for real estate and equipment leases). Physician Contracts which grant an exclusive right to Hospital-based physicians to perform services may not exceed five years. If a Physician Contract is terminated, then the Hospital may not enter into a new financial arrangement with the same Physician covering the same arrangement on different terms within twelve (12) months of the effective date of the terminated Physician Contract.

i. Physicians with potential conflicts of interest must complete a conflict of interest form that must be reviewed by the Compliance Officer prior to entering into a Physician Contract. The conflict must be addressed and referenced in the Physician Contract. A conflict may prevent entry into a Physician Contract.

j. All Physician Contracts must be prepared using the appropriate Hospital contract template prepared by Legal Services. All Physician Contracts must be drafted by personnel designated by Legal Services.

k. Attached to the final version of a Physician Contract **prior** to execution by Hospital must be a completed "Contract Cover Sheet and Summary of Terms" and a signed "Certification of Necessity and Fair Market Value" (Appendix A) (a Physician Lease

Contract must also include a signed "Contract Certification" (Appendix B) and "Lease Contract Review Checklist" (Appendix C) to be reviewed and approved by Legal Services and Compliance.

l. All executed Physician Contracts must be scanned into the contract management system.

m. Payments may not be made to a Physician unless there is adherence with all of the requirements of this Policy.

n. Each Physician Contract shall comply with all applicable laws.

2. **Medical Director Contracts:** In addition to the criteria set forth above (D.1) for *All Physician Financial Arrangements*, the following must be met *prior* to creating, renewing or amending a Medical Directorship:

   a. A Medical Directorship may not be intended or used as a means to recruit a Physician to practice at the Hospital.

   b. A Medical Directorship must fit within a rational management framework that optimizes coordination of the Medical Director's knowledge and work efforts with Hospital needs and resources. To meet this requirement, the Medical Director must work with, and be accountable to, a supporting Hospital manager-partner who is a Hospital supervisor, manager or executive director who verifies the Medical Director's work and efforts. The Designated Manager shall participate in the negotiation of the Medical Director Contract, including setting duties and goals, and will be familiar with the details of the Medical Director contract. The CMO will evaluate and approve all Medical Director contracts.

   c. The number of hours assigned to the Medical Directorship must be appropriate considering the work required. Medical Director contracts are typically a two-year term and upon renewal, an evaluation shall be conducted by the CMO and the Designated Manager to evaluate whether all such services are needed in any new or renewal term, whether new services are needed and if the hours are still reasonable and necessary for the legitimate business purpose of the Medical Directorship arrangement. The proposed services may not duplicate work that is provided to the Hospital by other Physicians unless the total work under all arrangements is needed.

   d. Medical Director Contracts must require Physician completion and submission of a physician time study reports each month, and each such report must be approved by the Designated Manager and the Compliance Department before any compensation is paid. There must be one or more internal review processes to verify that the Medical Director is performing the expected duties and tasks, of which the required time report is one example.

   e. All Medical Director Contracts providing for total compensation of $30,000 or more shall include two (2) annual quality incentive goals that support the Hospital's strategic initiatives, one of which shall be related to an outcome quality metric and the other shall be related to a process metric or milestone for service to patients, unless an exception is approved by the CMO for two (2) process goals. For Medical Director Contracts greater than $100,000 in compensation per year, 20% of the total compensation will be held at risk based on the completion of the quality incentive goals. For Medical Director Contracts between $50,000 to $99,999 per year, 10% of the total compensation will be held at risk based on the completion of the goals. For Medical Director Contracts

between $30,000 to $49,999 per year, 5% of the total compensation will be held at risk based on the completion of the goals.

f. Medical Director Contracts must include a Hospital-approved HIPAA Business Associate Agreement.

3. **Physician Consulting Contracts:**
In addition to the criteria set forth in the *All Physician Financial Arrangements* section (D.1) above, the following criteria must be met *before* creating or renewing a Physician Consulting Contract:

   a. Physician Consulting Contracts must require concise deliverables and due dates and require completion of a physician time study report. The deliverables and due dates must be set for the duration of the Physician Consulting Contract before the services begin and the Physician Consulting Contract is signed.

   b. The number of hours assigned to the Physician Consulting Contract must be appropriate in light of the work required.

   c. Physician Consulting Contracts must include a Hospital-approved HIPAA Business Associate Agreement.

4. **Physician Lease Contracts:**
In addition to the criteria set forth in the *All Physician Financial Arrangements* section above (D.1), the following criteria must be met *before* creating, amending, or renewing a Physician Lease Contract:

   a. Attached to the final version of a Physician Lease Contract, and prior to execution, must be a completed "Lease Contract Review Checklist" (Appendix C) and an executed "Contract Certification" (Appendix B).

   b. The Physician Lease Contract shall confirm total measurement of the space to be utilized by Physician under the lease.

   c. The Physician Lease Contract must be supported by fair market value documentation from a property appraiser or brokers opinion of value.

   d. Tenant Improvements must be incorporated into the Physician Lease Contract as a Tenant expense.

   e. Physician must not use the space and the Hospital must not make the space available for use prior to the execution of the Physician Lease Contract by both parties.

   f. The Physician Lease Contract shall require that all property taxes are to be paid by the Tenant for Triple Net leases.

   g. Physician Lease Contracts are executed by the CEO or the CASO.

5. **Physician Education, Training and Conference Payment Contracts:**
In addition to the criteria set forth in the *All Physician Financial Arrangements* section above (D.1) , the following criteria must be met *before* creating a new Education, Training and Conference Reimbursement Contracts and prior to attendance:

   a. Physician Education, Training and Conference Payment Contracts must be created and reimbursed in accordance with Hospital Policy Reimbursement of Business, Education and Travel Expenses.

b. The Hospital's need for this training to be provided to the Physician shall be documented as part of the approval process.

6. **Physician Recruitment Contracts:**
In addition to the criteria set forth in the *All Physician Financial Arrangements* section above (D.1), the following criteria must be met *before* creating a new Physician Recruitment Contract:
    a. Physician Recruitment Contracts must be created in accordance with the Physician Recruitment Policy Program, and must be presented to the Board for review before the recruitment proposal is developed.

B. **Approval of Physician Contracts:**

1. Attached to the final version of a Physician Contract *before* CEO execution must be a completed "Contract Cover Sheet and Summary of Terms" and "Certification of Necessity and Fair Market Value"" (Appendix A).
2. Attached to the final version of a Physician Lease Contract, *prior* to execution by the CEO or the CASO, must be a completed "Lease Contract Review Checklist" (Appendix C) and signed "Contract Certification" (Appendix B).
3. Corporate Compliance and the General Counsel will verify the checklist, certification, and documentation accompanying all Physician Contracts (including FMV) prior to execution by the CEO or the CASO. Incomplete or missing checklist and certifications will be returned to the originator for completion.
4. All proposed Physician Contracts lacking the appropriate documentation will be returned to the originator for completion. No services may be performed under the Physician Contract or leases implemented until the Physician Contract is fully executed.
5. **CEO Approval:** The CEO will have authority to execute new, renewal and amended Physician Contracts (up to $250,000.00 in total possible compensation annually), except as set forth in Section 6) below.
6. **Board Approval:** If a new arrangement is over $250,000.00; or a renewal or amended agreement is over $250,000; or the annual increase is greater than ten percent (10%), the Board must approve prior to CEO execution of the Physician Contract.
    a. All physician financial arrangements that exceed 75% of fair market value (regardless of total annual compensation) must be reviewed by the Finance Committee of the Board and approved by the Board.
    b. If a new arrangement is over $250,000; or a renewal or amended agreement is over $250,000; or the annual increase is greater than ten percent (10%), the Finance Committee of the Board must approve prior to CEO execution of the Physician Contract, except as set forth in section 6(d).
    c. A memo prepared by the Designated Manager that justifies the Hospital's needs shall be provided to the Finance Committee and/or Board of Directors as necessary for approval as part of the approval documents.
    d. Notwithstanding Section 6(a) and (b), the CEO may execute without Board approval a new, renewal or amended Professional Services Agreement with El Camino Medical Associates (ECMA)so long as the total cash compensation to each individual physician employed by ECMA does not exceed 75% percentile of fair market value or $1,000,000

annually.

C. **Board Oversight and Internal Review Process:**

During the third quarter of each Hospital fiscal year, management and staff will prepare a summary report for all Physician financial arrangements describing: 1) the names of all such arrangements and associated physicians, 2) the organizational need that justifies each arrangement, 3) the total amounts paid to each physician and/or group for each Physician Contract annually (and in total for duration on of contract term), 4) current and prior year annual financial comparison, , and 5) any recommendations for changes to the Policy or any procedure.

For Medical Directorships, the summary report will also include: 1) the goals set forth for each Medical Directorship, 2) the contracted rate and hours, and 3) assessment of the performance goals of Medical Directors over the past year.

The CFO, COO & CMO will review the information and prepare recommendations if any regarding specific actions or changes that will be implemented.

The report will then be reviewed by the CEO and presented to the Compliance and Finance committees of the Board of Directors for review and approval no later than the end of the following quarter.

D. **Exceptions:**

There are no exceptions to this Policy unless approved by the Board of Directors in advance.

E. **Review and/or Validate:**

The CEO and the Corporate Compliance Officer shall be responsible for reviewing the policy and guidelines as conditions warrant but at a minimum at least annually to assure consistency with Board expectations. The Compliance department will annually monitor organizations adherence to the policy and report to the Board.

F. **Policy Enforcement**

El Camino Hospital's Compliance Officer is responsible for monitoring enforcement of this policy. Any workforce member found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

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

Appendix A: ECH Contract Cover Sheet and Summary of Terms

Appendix B: Contract Certification

Appendix C: Lease Contract Review Checklist

Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Director of Corporate Compliance	Diane Wigglesworth: Sr Dir Corporate Compliance	01/2022
	Diane Wigglesworth: Sr Dir Corporate Compliance	01/2022

History

Sent for re-approval by Wigglesworth, Diane: Sr Dir Corporate Compliance on 1/6/2022, 1:43PM EST

> no changes needed

Last Approved by Wigglesworth, Diane: Sr Dir Corporate Compliance on 1/6/2022, 1:43PM EST

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> Updated workflow

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Origination	11/2015	Owner	Paul Hasbrook
Last Approved	N/A	Area	Scopes of Service
Effective	Upon Approval	Document Types	Scope of Service/ADT
Last Revised	02/2022		
Next Review	3 years after approval		

Scope of Service - Supply Chain

Types and Ages of Clients Served

The Supply Chain Department provides services to clinical, nursing, ancillary and support departments. In addition, some services are provided to outside entities.

Scope and Complexity of Services Offered

- **Contracting:** Implementation and oversight of vendor and supply contracts, manage effective contracting workflow for the organization and ensuring continuous improvement of the process for contract requests, drafting, approvals, execution and maintenance.
- **Distribution:** Provides supplies and materials to all clinical and ancillary departments. Maintains supply inventories in all assigned par location, Central, and Pyxis areas.
- **General Stores**: Maintains an economic level of warehoused supplies and distributes supplies to all hospital departments.
- **Group Purchasing Organization (GPO):** A group purchasing organization is an entity that helps healthcare providers-such as hospitals to realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors.
- **Receiving:** Ensures proper receipt and shipment of all supplies and equipment.
- **Purchasing:** Procures and controls purchase of the services, equipment & supplies. Ensures all goods, supplies, and inventory needed for the organization to operate are purchased in a timely and cost effective manner.
- **Supply Chain:** Management of the flow of goods and services from point of origin to point of consumption.
- **Value Analysis:** A systematic and critical assessment by an organization of every feature of

aproduct to ensure that its cost is no greater than is necessary to carry out its functions.

Staffing/Skill Mix

- Buyer & Sr. Buyer
- Inventory Control Coordinator
- Material Handlers I & II
- Pyxis Coordinator
- Sr. Contract Administrator
- Supply Chain Director
- Supply Chain Manager
- Strategic Sourcing Manager
- Supply Chain Supervisor
- Supply Chain Technician 1, 2, 3
- Value Analysis Coordinator

Level of Service Provided:

The Supply Chain Department provides services under hospital policy and procedure guidelines.

Standards of Practice:

The Supply Chain Department is governed by local, state and federal regulations, and the Department of Health Services and Joint Commission requirements.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Paul Hasbrook: Director Material Management	01/2022

Paul Hasbrook: Director Material Management	01/2022

History

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> Updated roles, one of which is brand new.

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Last Revised	01/2022
Next Review	3 years after approval

Owner	Molly Cyr
Area	Scopes of Service
Document Types	Scope of Service/ADT

Scope of Service: Surgical & Pediatric Services – Mountain View

Types and Ages of Patients Served

Surgical & Pediatric Services, a 37 bed unit located on 4A, provides care to patients ranging in age from infant to geriatric. The unit provides services to a wide spectrum of surgical & pediatric patients who meet departmental admission, discharge and transfer criteria.

Assessment Methods

Nursing care is provided by a registered nurse utilizing the nursing process. Registered nurses provide direct supervision to LVNs and clinical support caregivers in the provision of patient care. Reassessment is performed after interventions as part of the evaluation process.

The staff participate in performance improvement processes related to patient care delivery.

Scope and Complexity of Services Offered

The unit provides comprehensive nursing care primarily to surgical & pediatric patients. Medical patients are admitted as overflow. Care is given as directed and prescribed by the physician. All non-nursing orders are communicated to the appropriate ancillary departments via the electronic medical record. Nursing staff communicate specific patient needs and coordinate treatment and plan of care with all ancillary departments. The discharge planning process is initiated on admission, in collaboration with the physician, care coordinators, social workers, patient and family. Multi-disciplinary care rounds are performed once a week at which time the plans of care are reviewed and revised. Discharge Rounds are completed daily with the Nursing staff and Care Coordinators.

Appropriateness, Necessity and Timeliness of Services

The Clinical Manager and shift charge nurses assess the appropriateness, necessity and timeliness of service. The appropriateness of services is addressed in hospital and department specific policies and procedures and in the department. Admission, discharge and transfer criteria are established in collaboration with the medical staff.

A performance improvement process is in place to identify opportunities for improvement in patient care processes and measure performance for compliance on an on-going basis. The patient's progress is evaluated by physicians, nurses, members of other health disciplines, and patient and family satisfaction.

Staffing/Skill Mix IUW

Surgical Nursing & Pediatric Services has a skill mix of RNs, LVNs, clinical support and administrative support to provide care and service to patients. Staffing is based on budgeted hours of care, patient census and nursing intensity measurements (NIMS), our patient classification system. The charge nurse for each shift determines the prospective staffing needs for the oncoming shift, utilizing staffing tools incorporating these factors. The competency of the staff is evaluated through observation of performance and skills competency validation. Staff education and training is provided to assist in achieving performance expectation 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 performance improvement activities in conjunction with the multi-disciplinary health care professionals who provide services to the unit.

Standard of Practice

Surgical Nursing & Pediatric Services is governed by State regulations as outlined in Title 22 and Joint Commission on Accreditation of Healthcare Organizations standards, and adhere to the recommendations from the American Academy of Pediatrics. Additional practices are described in the Patient Care Policies and Procedures, departmental policies and procedures, and Clinical Practice standards.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Molly Cyr: Clinical Manager	01/2022
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El Camino Health

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Last Revised	01/2022
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Owner	Liliana Bruzzese-Pisegna
Area	Scopes of Service
Document Types	Scope of Service/ADT

Scope of Service: Mother Baby - Enterprise

Types and Ages of Patient Served

The patient population consists of antepartum, induction, postpartum patients and healthy neonates. Unless contraindicated by admitting diagnosis or postpartum diagnosis, ~~or post-partum diagnosis,~~ all ~~post-partum~~postpartum patients should be admitted to the Mother~~-~~ Baby Unit where normal newborn care is delivered to the ~~couple~~couplet.

Assessment Methods

Nursing care is provided by ~~a~~ registered ~~nurse~~nurses who assess, document~~,~~ and evaluate patient progress. The licensed vocational ~~nurses work~~nurse works under the direction of a registered nurse. The staff nurses are involved in ~~continual~~continually monitoring ~~of~~the quality of care and ~~the~~ performance improvement process.

For patients requiring resources not available in our unit, arrangements will be made to transfer the patient to another unit or facility.

Scope and Complexity of Services Offered

The unit provides total care and support to the patient~~/family~~ toward the positive discharge process. Care is given as directed and prescribed by the ~~physician~~provider. The nurse understands the family is an integral part of care ~~planning~~ and involves family members to the level of their ability and desire. The nursing staff coordinates all necessary needs for intervention and coordinates with any department specific ~~orders and~~order or treatment.

Appropriateness, Necessity and Timeliness of Services

The Department Manager, assisted by the Nursing Unit ~~Coordinator~~Coordinators and nursing staff, assess the appropriateness, necessity, and timeliness of service. The appropriateness is addressed in hospital and department specific policies and procedures, which are established in coordination with the medical staff~~, and the~~ and the Unit Partnership Councils.

A continuous Performance Improvement process is in place to monitor ~~on-going~~ongoing performance. This process is designed to assess all aspects of care. The patient's progress is evaluated by nursing~~,~~ and medical staff, and satisfaction of the patient and family ~~satisfaction~~.

Staffing

The Mother~~-~~ Baby Unit is staffed with a sufficient ~~numbers~~number of RNs, LVNs, and Administrative Support to provide established hours of nursing care based on the patient census and acuity. The staffing is provided per guidelines outlined in the department standards and Guidelines for Perinatal Care. Twenty-four hour neonatologist coverage is provided in the NICU in Mountain View and on-call in Los Gatos and is available for consultation.

Level of Service Provided

The level of service is consistent with the needs of the patient as determined by the medical staff and nursing assessment. The neonate is observed in Labor & Delivery for a period of time to assess that they have stabilized their temperature and respiratory status. ~~The unit is designed to meet the needs of the patient.~~

Performance assessment and improvement processes are evaluated through performance improvement activities in conjunction with the multi-disciplinary health care professionals who provide services to the ~~unit~~department.

Standard of Practice

The Mother-Baby Unit is governed by state regulations as outlined in Title 22, Joint Commission requirements, the American College of Obstetrics and Gynecology, California Children's Services (CCS), Guidelines for Perinatal Care (AAP & ACOG), NANN (Neonatal Nurses' Association) and Association of Women's Health, Obstetric and Neonatal ~~Nursing~~Nurses (AWHONN). It is also governed by recommendations from the American Academy of Pediatrics. Additional practices are described in Policies and Procedures.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
MCH Executive Committee	Nikki Le Bautista: Medical Staff Coord	01/2022
UPC	Liliana Bruzzese-Pisegna: Clinical Manager	11/2021
	Liliana Bruzzese-Pisegna: Clinical Manager	11/2021

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Last Revised	02/2022		
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Scope of Service - Obstetrical Emergency Department (OB ED) (MV)

Ages and Population Served:

The OB- ED provides care for pregnant women of childbearing age from 16 weeks gestation or greater across a ~~multi-cultural~~multicultural and diverse ~~socio-economic~~socioeconomic status who are experiencing problems associated with pregnancy.

Scope and Complexity of Services Offered:

The OB- ED is an extension of the main Emergency Department. The scope of services of the OB- ED encompasses assessment, treatment, and evaluation of OB- ED patients. Reassessment is an integral part of the ongoing patient evaluation process. An RN is assigned to the OB- ED 24/7. Patients are triaged by the OB- ED RN upon arrival according to the **Obstetrical Emergency Severity Index** (Appendix A); they are seen on the basis of acuity,; otherwise they are treated on a first-come, first served basis. The nursing care assignment(s) is based upon the complexity of the patient's condition, the assessments and management required by the patient, the dynamics of the patient's status, and the patient census. Laboring patients are to be admitted to the labor unit as soon as possible. Patients in labor (without physician admission orders) will be transferred to the Labor and Delivery unit after an appropriate medical screening examination and stabilization in accordance with EMTALA regulations.

All non-pregnant patients presenting to the OB- ED will be quickly registered to the OB- ED, vital signs obtained, any necessary code teams called, if applicable, before being transferred by an RN to the Main Emergency Department for further evaluation and treatment.

Appropriateness, Necessity and Timeliness of Service:

On admission to the OB- ED, patients will be triaged by the OB- ED RN based on the Obstetrical Emergency Severity Index, Level 1-4. Following triage, a Medical Screening Examination is performed. Further assessment and treatment is provided in collaboration with the provider. An OB provider will see the patient within 30 minutes of notification by the OB- ED RN.

The Labor and Delivery nursing leadership, medical directors and charge nurses will assess the appropriateness, necessity and timeliness of the services provided for the OB- ED patient. A performance improvement process is in place to monitor the quality of care provided for all patients. The staff participates in hospital-wide and unit -based performance improvement projects relating to quality of care.

Assessment Methods and Level of Service Provided:

The OB- ED RN triages each patient and determines priority of care based on physical, psychological and social needs, as well as factors influencing patient flow through the OB- ED. A multi-disciplinary team approach is used for patient assessment and treatment.

- Scheduled outpatient procedures i.e. non-stress tests (NST), versions, betamethasone injections – go directly to Labor and Delivery
- Scheduled inpatient procedures i.e. inductions, cesarean ~~sections~~births, labor patients with ~~PHYSICIAN~~provider admission orders – go directly to Labor and Delivery

Staffing:

The OB- ED is staffed 24 hours a day, seven days a week by OB Hospitalist and Labor and Delivery RN(s). All OB- ED RNs are certified in Advanced Cardiac Life Support (ACLS), Neonatal Resuscitation Program (NRP), and have competencies in EMTALA. The competency of the nursing staff is evaluated through observation of performance and skill competency. Staff education and training is provided to achieve a standard of performance that reflects an acceptable level of expertise and understanding of ongoing changes in practice. ~~Nurses assigned to triage have competencies in EMTALA and Obstetrical triage.~~ Staffing adjustments ~~to be~~are made based on patient acuity and ongoing assessment of patient condition

~~Standards of Practice:~~
~~All procedures, treatments, interventions, and medication administration performed by the OB-ED RN shall be documented in the electronic or paper medical record including the patient's response and outcomes~~.

Standards of Practice:
All procedures, treatments, interventions, and medication administration performed by the OB ED RN shall be documented in the electronic health or paper medical record including the patient's response and outcomes.

The OB- ED is governed by state regulations as outlined in Title 22, and by the Center for Medicare and Medicaid (CMS) and federal regulations such as the Emergency Medical Treatment and Active Labor Act (EMTALA), the American College of Obstetrics and Gynecology (ACOG) and American Academy of Pediatrics (AAP) Guidelines of Perinatal Care, and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). We also adhere to the standards established by The Joint Commission (TJC).

The OB- ED RNs follow hospital policies and procedures. Obstetrical nursing practice is systematic and includes nursing process, nursing diagnosis, decision making, analytic and scientific thinking and inquiry. Professional behaviors inherent in nursing practice are acquisition and application of a specialized body of knowledge and skills, accountability and responsibility, communication, autonomy, and collaborative relationships with others.

Appendix A

OB-ED Obstetrical Emergency Severity Index

Level 1 2-1:1 (RN to Pt) Emergent Unstable Seen Immediately Requires Life Saving Measures	Level 2 1:1-2 (RN to Pts) Urgent Stable Seen within 15 min	Level 3 1:2-3 (RN to Pts) Semi-Urgent Stable Seen within 15-30 min	Level 4 1:3 (RN to Pts) Non-Urgent Stable Seen within 30 min	Labor & Delivery Patient Send Directly to Labor & Delivery For Registration and Care
Cardio-Respiratory Distress	R/O Active Labor/ SROM Regular UCs < 5 min apart; Pain Scale = 7-10	R/O Labor Irregular UCs > 37 weeks gestation; Pain scale = 4-6	R/O Latent Labor Mild, irreg. UCs > 37 weeks gestation; Pain Scale = 1-3	Scheduled *Outpatient* Procedures Injection, Version, NST
Hemorrhage	Previous C/S in Labor R/O Preterm Labor/PPROM	Nausea/Vomiting	Vaginal Discharge/ Vaginitis	Scheduled *Inpatient* Procedures Inductions, Cesarean Sections, Labor Patients with physician Admission Orders
Eclampsia Seizure	Significant Vaginal Bleeding for Gestational Age	SROM or Spotting > 37 weeks gestation	Abdominal Cramping <20 weeks	

Umbilical Cord Prolapse	Decreased Fetal Movement > 23 weeks gestation/ FHR Decelerations	Trauma/MVA/Fall	R/O UTI	
Fetal Parts Presenting	R/O Hypertension/ Preeclampsia	R/O SAB/Missed Abortion; Vaginal Bleeding/Cramping <20 weeks	Psychosocial Issues; Non-OB complaints	
Birth Imminent	R/O Pyelonephritis/ Kidney Stones	R/O DVT		
No Fetal Movement	Altered LOC Severe Depression/ Suicidal	BP Check; Hx Hypertension		
Diabetic	Hx Recent Seizure;	Hx suicide attempt		
Coma/DKA	Alert on Arrival			
	Hx Diabetes, R/O Hypo/ Hyperglycemia			

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Ellen Keohane: Asst Clinical Manager	01/2022
	Ellen Keohane: Asst Clinical Manager	01/2022

History

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> grammatical changes

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Scope of Service: Neonatal Intensive Care Unit (NICU) - Enterprise

Types and Ages of Patient Served

Neonates up to 28 days of age (Los Gatos [LG]) or 44 weeks corrected gestational age (Mountain View [MV]) who are clinically unstable and in need of intensive care. Infants may be transferred from Labor & Delivery or the Mother/Baby unit after birth or admitted from the emergency room, doctor's office, or home post discharge. Neonates with medical/surgical conditions requiring specialized services may be transported to a tertiary center.

Assessment Methods

Nursing care is provided by registered nurses (RN) who assess, document, and evaluate patient progress. The staff nurses are involved in continual monitoring of quality of care and the performance improvement process.

For patients requiring resources not available in the El Camino Hospital NICU, arrangements will be made to transfer the patient to another facility.

Scope and Complexity of Services Offered

The NICU at Mountain View is a California Children's Services (CCS) Level III Community Neonatal Intensive Care Unit, with a capacity of 20 licensed beds. The NICU at Los Gatos is a Level II Community Neonatal Intensive Care Unit, with a capacity of 2 licensed beds.

The unit provides total care and support to the patient/family toward the positive discharge process or until transfer to another facility. Care is given as directed and prescribed by the physician. The nurse

understands the family is an integral part of care planning and involves family members to the level of their ability and desire. The nursing staff coordinates all necessary needs for intervention and coordinates with any department specific orders and treatment.

Appropriateness, Necessity and Timeliness of Services

The clinical manager, in collaboration with the NICU medical director, care coordinator and nursing staff, will monitor that the services provided are appropriate, necessary, and done in a timely manner following policies and procedures developed in collaboration with the medical staff and NICU Partnership Council (MV) and Maternal Child Health Partnership Council (LG).

A continuous performance improvement process is in place to monitor on-going performance. This process is designed to assess all aspects of care. The patient's progress is evaluated by nursing, medical staff, and patient and family satisfaction.

Staffing/Skill Mix

The NICU is staffed with sufficient numbers of RNs, respiratory therapists (RT) and neonatologists to provide the established hours of care, based on patient census and acuity. The staffing is provided per guidelines outlined in the department standards, The American Academy of Pediatrics Guidelines for Perinatal Care, and Title 22.

Level of Service Provided

The level is consistent with the needs of the patient as determined by the medical staff and nursing assessment. The Level III NICU in Mountain View has 24 hour in-house neonatology and the Level II NICU in Los Gatos has 24 hour on-call neonatology coverage.

Performance assessment and improvement processes are evaluated through performance improvement activities in conjunction with the multi-disciplinary health care professionals who provide service to the unit.

Standard of Practice

The NICU is governed by state regulations as outlined in Title 22 and California Children's Services (CCS), the Joint Commission requirements, the American College of Obstetrics and Gynecology American Association of Pediatrics Guidelines of Perinatal Care, and National Association of Neonatal Nurses (NANN)

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Step Description	Approver	Date

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Department Medical Director or Director for non-clinical Departments	Melinda Porter: CNS/NP	01/2022
	Melinda Porter: CNS/NP	01/2022

Older Version Approval Signatures

Publish	Jeanne Hanley: Projects Coordinator	12/2019
BOD	Sarah Rosenberg: Contracts Admin Gov Services EA	12/2019
MEC	Catherine Carson: Senior Director of Quality Improvement and Patient [JH]	11/2019
ePolicy Committee	Jeanne Hanley: Projects Coordinator	11/2019
	Melinda Porter: CNS/NP	10/2019

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> changed name of LG UPC from NICU to MCH

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> Approved by Jody Charles MV Nurse Manager (1/21/22), Marilyn Welling LG Nurse Manger (1/25/

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El Camino Health

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Owner	Laura Gutierrez
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Document Types	Scope of Service/ADT

Scope of Service: Pathology Services - Los Gatos

Types and Ages of Patients Served

The Pathology Department of El Camino Hospital Los Gatos serves inpatients and outpatients of all ages including satellite outpatients (from physician offices and clinics), emergency room patients, employees and physicians.

Assessment Methods

Routine Histology and Cytology specimens are transported to the Mountain View Pathology laboratory for processing. Pathology specimens are examined by Pathologists and Pathology Assistants under the supervision of a Pathologist. The specimens are processed and paraffin blocks and slides are prepared by Histotechnologists and/or Cytotechnologists according to established procedures. The slides are microscopically examined by the pathologists for diagnosis and inconsistencies with the patient data and pertinent previous cytologic and/or histologic materials. The validity of these reports is confirmed by internal quality control policies and procedures as well as external proficiency testing. Special diagnostic stains or requests for special procedures are done every day as required for patient care. Quality control measures are in place to insure the accuracy of our stains and special procedures.

Scope and Complexity of Services Offered

The El Camino Hospital Pathology Department offers anatomic pathology services which include surgical pathology, including intraoperative consultation, frozen sections, cytology and autopsy.

Appropriateness, Necessity and Timeliness of Services

The Pathology Department assesses the appropriateness of requests for examinations such as

autopsies biopsies and frozen sections through departmental quality assessment policies and procedures.

The monitoring of turn-around times for STAT and routine procedures and final diagnostic reports is performed as an integral part of the performance improvement strategies. In order to facilitate the best patient care possible, our commitment to the hospital is to provide timely, complete, and accurate diagnostic reports to physicians and patient are departments, in addition to assisting patients who need to take their slides and reports to outside facilities for continued care.

Staffing

The Medical Director serves as Chair of the Department of Pathology and serves on committees as designated by the hospital and medical staff. All six Pathology Department pathologists are certified in anatomic and clinical pathology by the American Board of Pathology. A Cytology Technologist is available upon request (pre-scheduled) to assist with FNA procedures (specimen adequacy check). Cytology cases are occassionally screened on-site and Surgical Cases are signed out daily by the Pathologist.

Hours of Operation

A Pathologist is on-site Monday through Friday 8am to 5 pm and available on-call after hours and on weekends and holidays.

Standard of Practice

The Pathology Department follows the guidelines set forth in CLIA 88. Inspection is conducted on a biennial basis by The College of American Pathologists (CAP). The CAP inspection is accepted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The State of California, Department of Health Services also conducts a periodic inspection. JCAHO participates in that inspection of the laboratory as a part of their overall hospital accreditation survey.

Additionally, criteria for standards of practice are found in departmental policy and procedure.

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Approval Signatures

Step Description	Approver	Date
Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022

ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022
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> no changes

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Scope of Service: Clinical Laboratory - Los Gatos

Types and Ages of Patients Served

El Camino Hospital of Los Gatos Laboratory serves patients in all age groups of our community, including hospitalized patients, Emergency Room patients, Dialysis patients, ambulatory outpatients, industry clients, employees, and physicians.

Assessment Methods

All laboratory testing is performed and reviewed by California-licensed Clinical Laboratory Scientists (CLS), using FDA-approved and appropriately validated equipment and methods supported by CAP-mandated policy and procedure manuals. Internal quality control materials and external proficiency testing samples ensure the accuracy of the tests performed. The Laboratory Information System (LIS) assists each CLS with the evaluation of patient results, using automated statistical review of QC results, automated comparison of patient results to normal reference ranges by age and sex, and automated comparisons to previous results for that patient (delta checks). Pathologists provide 24-hour availability (either on-site or on-call) for any desired consultations with physicians or laboratory staff.

Scope and Complexity of Services Offered

El Camino Hospital of Los Gatos Laboratory offers basic on-site routine and STAT testing in Chemistry, Hematology, Coagulation, Urinalysis, Immunology & Serology, and Therapeutic Drug Monitoring. The Laboratory has a full service Transfusion Services department, offers Point-of-Care Testing, and Technical Support (for the registration, collection, transport, and reporting of specimens). With the exception of Rapid PCR testing for COVID-19, RSV, Influenza A and B and MRSA, STAT gram stains, rapid kit testing for Strep A, ~~RSV, and Influenza A and B,~~ KOH, Wet Mount, and Occult Blood, all Microbiology

samples submitted for culture and sensitivities are referred to the Mountain View Microbiology Laboratory.

Appropriateness, Necessity, and Timeliness of Services

El Camino Hospital of Los Gatos Laboratory works with our physicians, both directly and through our pathologists, to assess the appropriateness of laboratory testing, including the use of blood components, hepatitis evaluations, manual differentials, cardiac injury markers, and many others.

The Laboratory monitors its in-lab turnaround times for STATs and for morning rounds to ensure that physicians receive timely information necessary for the treatment of their patients. Our goals include 1-hour in-lab STAT turnaround (where physically possible) and 90% result availability by 8:00am for morning rounds.

The majority of its esoteric testing is referred to Laboratory Corporation of America (Labcorp). The Laboratory has an on-line connection with Labcorp for collection requirements, test ordering, order status, and results.

Staffing

El Camino Hospital of Los Gatos Laboratory is staffed 24 hours per day, 365 days per year to provide inpatient and emergency services whenever needed. The staff includes managerial personnel, Clinical Laboratory Scientists, Technical Support phlebotomy and clerical personnel. **Hospital outpatient services** are available weekdays 8:00am –6:00pm, weekends 8:00am – 2:30pm.

Level of Services Provided

El Camino Hospital of Los Gatos Laboratory offers basic routine and STAT testing. The Laboratory dispatches all phlebotomy services for the collection of blood specimens. Where possible, STATs are completed within one hour of specimen receipt, and most orders are complete within 24 hours. Inpatient and Outpatient results are available in Electronic ~~Medical~~Health Record (~~EMR~~EHR) immediately upon release from the Laboratory. For physicians who do not have access to the EHR, ~~and outpatient~~ results are printed nightly and delivered to physician offices daily, Monday through Friday.

Standard of Practice

El Camino Hospital of Los Gatos Laboratory complies with all regulations and standards set forth by CLIA'88, the College of American Pathologists (CAP), the California State Department of Health Services, The Joint Commission (TJC), and the FDA. The Laboratory is accredited biannually by CAP. TJC reviews the Laboratory as part of its accreditation of El Camino Hospital

In addition to meeting current regulatory compliance standards, the Clinical Laboratory supports the standards of medical practice at El Camino Hospital by providing accurate, reliable, and timely laboratory services in order to facilitate the best possible patient outcomes.

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electronic versions of this document, the electronic version prevails.

Approval Signatures

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Board	Stephanie Iljin: Manager Administration	Pending
MEC	Franz Encisa: Director Quality and Public Reporting [PS]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022
	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022

History

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> Added PCR testing, printed results for physicians who do not have access to EMR

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> Minor edits (EHR)

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Last Revised	02/2022		
Next Review	3 years after approval		

Scope of Service: Clinical Laboratory - Mountain View

Types and Ages of Patients Served

El Camino Hospital Laboratory serves patients in all age groups of our community, including hospitalized patients, Emergency Room patients, Dialysis patients, ambulatory outpatients, industry clients, employees, and physicians.

Assessment Methods

All laboratory testing is performed and reviewed by California-licensed Clinical Laboratory Scientists (CLS), using FDA-approved and appropriately validated equipment and methods supported by CAP-mandated policy and procedure manuals. Internal quality control materials and external proficiency testing samples ensure the accuracy of the tests performed. The Laboratory Information System (LIS) assists each CLS with the evaluation of patient results, using automated statistical review of QC results, automated comparison of patient results to normal reference ranges by age and sex, and automated comparisons to previous results for that patient (delta checks). Pathologists provide 24-hour availability (either on-site or on-call) for any desired consultations with physicians or laboratory staff.

Scope and Complexity of Services Offered

El Camino Hospital Laboratory offers on-site diagnostic services in Chemistry, Hematology, Coagulation, Urinalysis, Microbiology, Parasitology, Immunology & Serology, Therapeutic Drug Monitoring, Transfusion Services, Point-of-Care Testing, and Technical Support (for the registration, collection, transport, and reporting of specimens).

Appropriateness, Necessity, and Timeliness of Services

El Camino Hospital Laboratory works with our physicians, both directly and through our pathologists, to assess the appropriateness of laboratory testing, including the use of blood components, hepatitis evaluations, manual differentials, cardiac injury markers, and many others.

El Camino Hospital Laboratory monitors its in-lab turnaround times for STATs and for morning rounds to ensure that physicians receive timely information necessary for the treatment of their patients. Our goals include 1-hour in-lab STAT turnaround (where physically possible) and 90% result availability by 8:00am for morning rounds.

El Camino Hospital Laboratory currently refers the majority of its esoteric testing to Laboratory Corporation of America (Labcorp). The Laboratory has an on-line connection with Labcorp for collection requirements, test ordering, order status, and results.

Staffing

El Camino Hospital Laboratory is staffed 24 hours per day, 365 days per year to provide inpatient and emergency services whenever needed. The staff includes administrative and managerial personnel, Clinical Laboratory Scientists, Technical Support phlebotomy and clerical personnel, and Laboratory Information System specialists. **Hospital outpatient services** are routinely available weekdays 6:00am – 8:00pm, ~~weekends~~Saturday 6:00am – 2:30pm, and by arrangement when services are necessary. **Off-site draw stations** are generally available weekdays, 8:00am – 5:30pm.

Level of Services Provided

El Camino Hospital Laboratory is a full-service laboratory. Less than 3% of all tests ordered are referred to an outside laboratory. The Laboratory dispatches all phlebotomy services for the collection of blood specimens. Where possible, STATs are completed within one hour of specimen receipt, and most orders are complete within 24 hours. Inpatient results are available in the EHR (Electronic Health Record) immediately upon release from the Laboratory, and ~~outpatient~~for those physicians who do not have access to the EHR, results are printed nightly and delivered to physician offices daily, Monday through Friday. The Laboratory also operates an off-site draw station - patient service center for the added convenience of patients and physicians.

Standard of Practice

El Camino Hospital Laboratory complies with all regulations and standards set forth by CLIA'88, the College of American Pathologists (CAP), the California State Department of Health Services, the Joint Commission on Accreditation of Healthcare Organizations ((TJC) JOINT COMMISSION), and the FDA. The Laboratory is accredited biannually by CAP. (TJC) JOINT COMMISSION reviews the Laboratory as part of its accreditation of El Camino Hospital.

In addition to meeting current regulatory compliance standards, El Camino Hospital Laboratory supports the standards of medical practice at El Camino Hospital by providing accurate, reliable, and timely

laboratory services in order to facilitate the best possible patient outcomes.

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

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ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022
	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022

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> OP Lab Hours of Operation, Results for physicians who do not have access to the EMR

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Document Types	Scope of Service/ADT

Scope of Service - Anatomic Pathology

Types and Ages of Patients Served

The Pathology Department of El Camino Hospital serves inpatients and outpatients of all ages ~~including satellite outpatients (from physician offices and clinics), emergency room patients, employees and physicians~~.

Assessment Methods

Pathology specimens are examined by pathologists. The specimens are processed and paraffin blocks and slides are prepared by histotechnologists and/or cytotechnologists according to established procedures. The slides are microscopically examined by the pathologists for diagnosis and inconsistencies with the patient data and history. The validity of these reports is confirmed by internal quality control policies and procedures as well as external proficiency testing.

Scope and Complexity of Services Offered

The El Camino Pathology Department offers anatomic pathology services which includes surgical pathology with frozen sections, consultations with staff physicians, cytology, and autopsy Cytology, autopsy and routine processing and staining of tissue are performed at the Mountain View campus. Los Gatos Pathology provides stat pathology services on-site and sends routine services to Mountain View Pathology for processing.

Appropriateness, Necessity and Timeliness of Services

The Pathology Department assesses the appropriateness of requests for examinations such as autopsies, biopsies and frozen sections through departmental quality assessment policies and

procedures.

The monitoring of turn-around times for STAT and routine procedures and final diagnostic reports is performed as an integral part of the performance improvement strategies. In order to facilitate the best patient care possible, our commitment to the hospital is to provide timely, complete, and accurate diagnostic reports to physicians and patient care departments, in addition to assisting patients who need to take their slides and reports to outside facilities for continued care.

Staffing

The Pathology Department has six board certified pathologists. The Pathology Department administrative office is staffed from 8:00 am to 4:30 p.m., Monday through Friday. A pathologist is on-call and available 24 hours a day, 365 days a year at both Mountain View and Los Gatos campuses.

Mountain View Histology Lab is staffed by licensed histotechnologists Monday through Friday from 3:00 a.m. to 5:00 p.m. Mountain View Cytology Lab is staffed Monday through Friday from 8:00 a.m. to 4:30 p.m. by a licensed cytotechnologist.

Level of Service Provided

We are a full service Pathology Department. Only special specimens or tests are sent to a reference laboratory. Special diagnostic stains or requests for special procedures are done every day as required for patient care. Quality control measures are in place to insure the accuracy of our stains and special procedures.

Standard of Practice

The Pathology Department follows the guidelines set forth in CLIA 88. Inspection is conducted on a biennial basis by The College of American Pathologists (CAP). The CAP inspection is accepted by the Joint Commission on Accreditation of Healthcare Organizations ((TJC) JOINT COMMISSION). The State of California, Department of Health Services also conducts a periodic inspection. (TJC) JOINT COMMISSION participates in that inspection of the laboratory as a part of their overall hospital accreditation survey.

Additionally, criteria for standards of practice are found in departmental policy and procedure.

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]	02/2022
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2022
Department Medical Director or Director for non-clinical Departments	Laura Gutierrez: Director Laboratory & Pathology Services	01/2022
	Laura Gutierrez: Director Laboratory & Pathology Services	12/2021

History

Sent for re-approval by Gutierrez, Laura: Director Laboratory & Pathology Services on 12/20/2021, 4:58PM EST

> no changes

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> MEC 2/24/22

OPEN SESSION CEO Report
April 13, 2022
Dan Woods, Chief Executive Officer

Finance

For the month ending February 28, 2022, net operating margin of $10.2 million was generated. Net income for the month was ($22.5) million, unfavorable to budget by $35.1 million. This was primarily attributed by unrealized losses of $31.5 million from investments in the month. Surgical and procedural volumes continue to be favorable to expectations.

Operations

Newsweek published "World's Best Hospitals of 2022 – US Hospitals List". El Camino Health was ranked as #96 amongst hospitals in the United States and #3 in the Bay Area. The scores were calculated by tabulating peer recommendation surveys (50% national, 5% international), patient experience scores (15%), and medical KPIs (30%). This accomplishment highlights our commitment to high-quality care and standing in the medical community.

Dr. Malathi Balaslundram, a neonatologist on the ECH Medical Staff, was recently honored with the David Wirtschafter Award for 2022 by the California Perinatal Quality Care Collaborative (COQCC) and the California Association of Neonatologists (CAN). ECH was highlighted in the recognition for the Mountain View NICU Family-Centered Care Work, which also achieved this honor in 2021. This work has been presented nationally and is influencing care throughout the country.

ECH participated in Mental Health Awareness Week (March 15th-18th) at Mountain View High School. The focus of this year was: "You're resilient". Sunny Wang, ASPIRE Therapist, spoke at the Out of the Darkness Walk, a culminating event focused on suicide prevention.

El Camino Health nurse leaders presented at an International collaborative meeting via Zoom. The presentation was in partnership with other organizations participating in the Magnet4Europe Research study. El Camino Health Nursing Division is participating in this international research study with the goal to improve the nursing practice outcomes in the US and Europe. There were over 250 participants from the European Union and the United States. The presentation included information from El Camino Health, University of Pennsylvania, Princeton, and AZ St. Martin, Mechelen, Belgium.

Human Resources

During the month of March, Human Resources continued to provide key leadership to the High-Reliability Organization journey by leading and sponsoring the Education and Training Workgroup and the Just Culture Workgroup.. Each leader in the organization will attend six two-hour training sessions over six months to learn critical leadership behaviors that support the organization's goal of creating this significant cultural shift. All staff will attend a two-hour Universal Skills training program to be completed by the end of the year.

Marketing and Communications

At the beginning of March, El Camino Health soft-launched its new brand advertising campaign, titled "Accept Nothing Less," via broadcast on San Jose stations and news/talk radio outlets.

Information Services

In addition to the ongoing risk of cybersecurity attacks in the Healthcare industry, the recent incident of nation-state warfare, specifically Russia's invasion of Ukraine, creates an immediate threat of malicious cyber activity to U.S. infrastructure. The Department of Homeland Security and the FBI recommend all organizations adopt a "Shields Up" posture to prepare for, respond to and mitigate the impact of cyberattacks. ECH has

responded by ensuring security investments are a priority for the organization, resulting in a 100% reduction in external vulnerabilities.

The quarterly Epic Upgrade was succeeded in a record time of 34 minutes, reducing the impact of 'down-time' on patients and clinicians while providing additional functionality. As an outcome of the upgrade, ECH joins the top 7% of Epic organizations which have achieved Gold Stars Level 9, a designation measuring the adoption of features and best practices available in an organization's Epic platform.

Attestation for the 2021 Eligible Hospital Meaningful Use/Promoting Interoperability was submitted to CMS with the hospital exceeding the required threshold resulting in maximum reimbursement for patient care services in 2024. CMS established the Medicare and Medicaid EHR Incentive Programs (now known as the Medicare Promoting Interoperability Program) to encourage EPs, eligible hospitals, and CAHs to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).

Philanthropy

El Camino Health Foundation (ECHF) has partnered with Pamela and Edward Taft to establish the Taft Innovation Fund. The purpose is to provide resources that enable El Camino Health leaders to think boldly and creatively, better plan for the future, and best serve our community. It will be used to test and implement visionary ideas in clinical care, medical technology, clinical research, compassionate care services, and other areas should such opportunities arise. In February, the Tafts made an initial gift of $5 million to launch the fund.

Corporate & Community Health Services

With the emphasis on the need for accessible quality mental health services, Concern's utilization has continued to grow. In the last eight months, Concern has provided 15,000 counseling visits to 7,000 individuals. We have offered seminars and crisis support to 6,500 individuals. We innovatively met the need to make counseling highly available to the employees of the organizations we serve.

The Chinese Health Initiative (CHI) celebrated its 10 years of service in addressing the health disparities and promoting culturally sensitive care at El Camino Health. With El Camino Health Foundation, a benefit was hosted in honor of this milestone with over 100 guests. CHI continued its strong partnership with American Heart Association on a Mandarin hypertension management program and with Alzheimer's Association on their 16th Annual Chinese Alzheimer's Forum. CHI hosted the Healthy Habits, Healthy Life: Exercise module conducted by a Qigong instructor and strength trainer with 100+ attendees.

The South Asian Heart Center engaged 334 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 560 consultations and coaching sessions.

Auxiliary

The Auxiliary donated 2,314 volunteer hours for the month of February and 3,593 volunteer hours for the month of March.

Revised 4/1/22

FY22 Hospital Board Pacing Plan – Q1		
JULY - NO MEETING	**August 18, 2021**	**September 22, 2021 (Rescheduled)**
	Regular Items: • Board Recognition • Committee Reports (GC, FC, ECC) • Quality Committee Report (Board Quality Dashboard) • Medical Staff Report (Closed) With Q4 Appt. and Resignation Summary) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports (IC, CAC) – Written Memo as needed • Quality Committee Report • Executive Session • Public Communication
	Consent Calendar Approvals: • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Medical Staff Report (Open) • FY 21 Period 11 Financials • Credentialing and Privileges Report	**Consent Calendar Approvals:** • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Credentials and Privileges Report
	Informational Items: • CEO Report w/Auxiliary, Foundation Reports	**Informational Items:** • CEO Report • FY22 Period 1 Financials
	Specific Items: <u>Approvals</u>: • FY21 Period 12 Financials • FY22 Organizational Performance Goals • Board Action Plan	**Specific Items:** <u>Approvals</u>: • FY21 Patient Safety Claims Report (Annual)
	<u>Discussion</u>: • Enterprise Risk Management • Strategic Plan	<u>Discussion</u>: • FY21 Strategic Plan Metrics (Final)

Revised 4/1/22

FY22 Hospital Board Pacing Plan – Q2		
October 13, 2021	**November 10, 2021**	**December 8, 2021**
Regular Items: • Board Recognition • Committee Reports (FC, ECC, CAC,) • Quality Committee Report (Open Consent) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports (GC meeting, ECC) • Quality Committee Report (Open Session Discussion Board Quality Dashboard) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports • Quality Committee Report (Open Consent) • Executive Session • Public Communication
Consent Calendar Approvals: • Board Minutes (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Annual 403(b) Audit • Participant Cash Balance Plan Audit • Closed Session QC Report (C&P, QC Minutes) • FY21 CB Plan Report	**Consent Calendar Approvals:** • Board Minutes (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Medical Staff Report (Open) • Annual Safety Report for the Environment of Care • Closed Session QC Report (C&P, QC Minutes) • Reappoint Carlos Bohorquez to PHHH Board (term expires)	**Consent Calendar Approvals:** • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Letters of Rebuttable Presumption • FY22 P3 Financials • Closed Session QC Report (C&P, QC Minutes)
Informational Items: • CEO Report Incl. Auxiliary and Foundation Reports (Foundation Report in Person)	**Informational Items:** • CEO Report Incl. Auxiliary Foundation Reports • FY22 Period 3 Financials	**Informational Items:** • CEO Report Incl. Auxiliary, Foundation Reports • MV Site Plan Status (From Nov. FC)
Specific Items: <u>Approvals</u>: • FY22 Period 2 Financials • FY21 Audit • FY21 Organizational Performance Goal Score • FY21 Organizational Performance (Incentive) Goal Achievement (Score) • FY22 Executive Base Salaries, Salary Ranges • FY21 CEO Incentive Comp. Individual Score and Payment • Capital Purchase – 2660 Grant Road	**Specific Items:** <u>Approvals</u>: • Board Action Plan • FY21 Compliance Summary • FY22 Period 4 Financials (Quarterly Financial Report)	**Specific Items:** <u>Approvals</u>: •
<u>Discussion</u>: • Governance Best Practices	<u>Discussion</u>: • FY22 Strategic Plan Metrics Update (Q1 Results) • ECHMN (SVMD) Semi-annual Report	<u>Discussion</u>: • Strategic Planning Update • ERM – Follow Up Discussion • Board Assessment

Revised 4/1/22

FY22 Hospital Board Pacing Plan – Q3		
January 2022 – NO MEETING	**February 9, 2022**	**March 9, 2022**
	Regular Items: • Board Recognition • Committee Reports (FC, CAC, GC)?? • Quality Committee Report (Open Discussion Board Quality Dashboard) • Medical Staff Report (Closed) (With Q2 Appt. and Resignation Summary) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports (GC, CAC) • Quality Committee Report (Exception Report/Underperforming Metrics) • Executive Session • Public Communication
	Consent Calendar Approvals: • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Medical Staff Report (Open) • Period 5 Financials • Closed Session QC Report (C&P, QC Minutes)	**Consent Calendar Approvals:** • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Closed Session QC Report (C&P, QC Minutes)
	Informational Items: • CEO Report Incl. Auxiliary, Foundation Report, ERM	**Informational Items:** • CEO Report Incl. Auxiliary, Foundation Reports • FY 21 Period 7 Financials
	Specific Items: <u>Approvals</u>: • FY 22 Period 6 Financials (Quarterly Financial Report) • Board Member Benefits • ~~Proposed Revised Community Benefits Policy (Delegation to FC)~~	**Specific Items:** <u>Approvals</u>: • Draft Revised Long-Term Operating and Capital Financial Plan • ~~PBX Call Center Scope of Service~~ • Strategic Plan Approval (Open Session)
	<u>Discussion</u>: • Strategic Planning Update • Strategic Plan Implementation - Q2 FY22 Metrics *** February 23, 2022: Board Retreat - Understanding Systemness and System Alignment & Building an Outpatient Strategy*	<u>Discussion</u>: • ~~MSO Education~~ • Enterprise Risk Management (Follow-up Discussion)

Revised 4/1/22

FY22 Hospital Board Pacing Plan – Q4		
April 13, 2022	**May 11, 2022**	**June 8, 2022**
Regular Items: • Board Recognition • Committee Reports (GC, CAC, FC, ECC) • Quality Committee Report (Open Consent) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports • Quality Committee Report (Open Discussion Board Quality Dashboard) • Executive Session • Public Communication	**Regular Items:** • Board Recognition • Committee Reports (IC, GC, ECC, FC, CCC) • Quality Committee Report (Open Consent) • Executive Session • Public Communication
Consent Calendar Approvals: • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations (GC, CAC, ECC, FC) • Medical Staff Report (Open) • FY21 Period 7 and 8 Financials • Closed Session QC Report (C&P, QC Minutes)	**Consent Calendar Approvals:** • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Approval of Auxiliary Officers • Closed Session QC Report (C&P, QC Minutes)	**Consent Calendar Approvals:** • Board (Open and Closed) • Policies • Physician Agreements • Med Staff Report (Open) w/Clinical Contracts • FY22 Master Calendar • FY22 Committee Goals • FY22 Committee and Liaisons Appointments • Closed Session QC Report (C&P, QC Minutes) • FY21 Period 10 Financials
Informational Items: • CEO Report w/Auxiliary, Foundation Reports • MV Site Plan Status (From March FC)	**Informational Items:** • CEO Report w/Auxiliary, Foundation Reports	**Informational Items:** • CEO Report w/Auxiliary, Foundation Reports • Individual Goals • Executive Performance Incentive Plan • MV Site Plan Status (from June FC)
Specific Items: <u>Approvals</u>: • Value Proposition Statement	**Specific Items:** <u>Approvals</u>: • Board Quality Dashboard • FY21 Period 9 Financials (Quarterly Financial Report)	**Specific Items:** <u>Approvals</u>: • FY22 CEO Salary and Contract • FY22 Community Benefit Plan
<u>Discussion</u>: • Diversity • ERM	<u>Discussion</u>: • Strategic Plan Implementation FY21 Q3 Metrics and Review, Draft FY22 Strategic Plan Goals and Metrics • FY22 Budget Preview (Assumptions) • ECHMN Semi-Annual Report *** May 24: Joint Meeting with Finance Committee*	<u>Discussion</u>: • FY22 Strategic Plan Goals and Metrics • FY22 Capital and Operating Budget • CQO Salary • Anesthesia Group