

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

Wednesday, May 11, 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: 930-1125-1698# 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 <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes, on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		information 5:32 – 5:35
4. <u>SPOTLIGHT RECOGNITION Resolution 2022-05</u>	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 5:35 – 5:40
5. <u>BOARD OFFICER ELECTIONS PROCEDURE</u>	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 5:40 – 5:50
6. <u>QUALITY COMMITTEE REPORT</u>	Julie Kliger, Chair of Quality Committee; Dr. Holly Beeman, Chief Quality Officer		information 5:50 – 6:35
7. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 6:35 – 6:36
8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 6:36 – 6:37
9. Health and Safety Code Section 32106(b) for a report and discussion involving health care facility trade secrets: FY22 Q3 STRATEGIC METRICS	Dan Woods, Chief Executive Officer		discussion 6:37 – 6:57
10. Health and Safety Code Section 32106(b) for a report and discussion involving health care facility trade secrets: FY22 Q3 FINANCIALS	Carlos Bohorquez, Chief Financial Officer		discussion 6:57 – 7:22
11. Report involving Gov't Code Section 54957(b) for discussion and report on personnel matters: CEO REPORT (Verbal)	Dan Woods, Chief Executive Officer		discussion 7:22 – 7:32
12. 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 7:32 – 7:42
13. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair		motion required 7:42 – 7:52

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.

In observance of the Americans with Disabilities Act, please notify us at (650) 988-8254 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>Approval Gov't Code Section 54957.2: a. Minutes of the Closed Session of the Hospital Board (04/13/2022) 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</p>			
<p>14. ADJOURN TO OPEN SESSION</p>	Lanhee Chen, Board Chair		<p>motion required 7:52 – 7:53</p>
<p>15. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Lanhee Chen, Board Chair		<p>information 7:53 – 7:54</p>
<p>16. CONSENT CALENDAR ITEMS: Any Board Member or member of the public may remove an item for discussion before a motion is made.</p>	Lanhee Chen, Board Chair	<i>public comment</i>	<p>motion required 7:54 – 7:55</p>
<p>Approval a. Hospital Board Minutes (04/13/22) Open Session Minutes Reviewed and Recommended for Approval by the Finance Committee b. FY22 Period 09 Financials Reviewed and Recommended for Approval by the Medical Executive Committee c. Medical Staff Report</p>			
<p>17. RESOLUTION 2022-06: Approving OB/GYN Call Panel Agreement for Carol A. Somersille, MD</p>	Mark Adams, MD, Chief Medical Officer	<i>public comment</i>	<p>motion required 7:55 – 7:57</p>
<p>18. CEO REPORT a. Update b. Pacing Plan</p>	Dan Woods, Chief Executive Officer		<p>information 7:57 – 8:07</p>
<p>19. BOARD COMMENTS</p>	Lanhee Chen, Board Chair		<p>information 8:07 – 8:08</p>
<p>20. ADJOURNMENT</p>	Lanhee Chen, Board Chair	<i>public comment</i>	<p>motion required 8:09 – 8:10</p>

Upcoming Regular Meeting: May 26, 2022 (Joint with Finance Committee); June 8, 2022

El Camino Hospital Board

RESOLUTION 2022 – 05

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HOSPITAL REGARDING RECOGNITION OF SERVICE AND SUPPORT

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

WHEREAS, the Board wishes to honor and recognize Judy Van Dyck for her service to the El Camino Hospital Auxiliary over the past 60-years.

Judy came to California with her husband in 1961 as a young bride after earning a bachelor's degree in nursing at Loyola University in Chicago, IL. She began volunteering at El Camino Hospital in 1962 and continued until 1968, before returning in 1988. Judy has served in numerous positions, including president of the El Camino Hospital Auxiliary from 1995-1997. In 2001, Judy received the community service award from the Silicon Valley Board of Realtors. As a cancer survivor, Judy has gone above and beyond to give patients and their families the care and respect they deserve, answering their questions, bringing smiles to their faces, and giving them comfort during tough times.

WHEREAS, the Board would like to acknowledge Judy Van Dyck for her commitment to providing patients and their families tender loving care as a leader for the El Camino Hospital Auxiliary.

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

Judy Van Dyck

FOR YOUR COMMITMENT AND DEDICATION TO THE EL CAMINO HOSPITAL AUXILIARY.

IN WITNESS THEREOF, I have here unto set my hand this **11TH DAY OF MAY, 2022**.

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee J. Chen, JD, PhD

Julia E. Miller

Carol A. Somersille, MD, FACOG

John L. Zoglin

Peter C. Fung, MD, MS, FACP, FAAN, FAHA

Jack Po, MD

George O. Ting, MD

Julie Kliger, MPA, BSN, RN

Bob Rebitzer

Don Watters

Julia E. Miller

Secretary/Treasurer,

El Camino Hospital Board of Directors



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

To: El Camino Hospital Board of Directors
From: Lanhee Chen, Chair
Date: May 11, 2022
Subject: Draft Revised Hospital Board Officers Nomination and Selection Procedures

Recommendation(s):

To approve the draft revised Hospital Board Officers Nomination and Selection Procedures.

Summary:

1. Situation: The current Hospital Board Officers Nomination and Selection Procedures specify dates for each fiscal year and therefore require annual updates. The recommended changes allow for a perennial procedure.
2. Authority: Board Officer Nomination and Selection Procedures provide the procedure for the nomination and selection of Hospital Board Officers, which is under the purview of the entire Hospital Board.
3. Background: N/A
4. Assessment: N/A
5. Other Reviews: N/A
6. Outcomes: N/A

List of Attachments:

1. Draft Revised Hospital Board Officers Nomination and Selection Procedures

**HOSPITAL BOARD OFFICERS
NOMINATION AND SELECTION PROCEDURES
FOR FY21**

Draft Revised 05/12/2021

Any current ~~D~~irector of the El Camino Hospital Board is eligible to serve as a Hospital Board Officer. The new Hospital Board Officer terms begin ~~the 1st day of July 1, 2021~~. El Camino Hospital Board Officer elections shall be held in ~~June annually (if needed) May of odd-numbered years~~. Following the election, it shall be the role of the Board Chair-Elect to work with the Hospital CEO in May and June to develop a slate of Board Advisory Committee Chairs and members for the following fiscal year and to present the slate to the Board for approval in June.

Hospital Board Chair:

1. Interested Directors will declare their interest to the CEO or designee by ~~close of business no later than the 1st day of April 22, 2021. The CEO or designee will notify the Board of all declarations of interest by close of business April 23, 2021. Any other interested Directors will then declare their interest to the CEO or designee by close of business on April 26, 2021. The CEO or designee will notify the Board of any additional declarations of interest by close of business April 27, 2021. If requested by the CEO, i~~Interested Directors will prepare a one-page Position Statement that summarizes the candidate's interest and relevant experience as it relates to the attached Hospital Board Chair competencies, no later than ~~the 15th day of close of business April 1529, 2021~~.
2. Position Statements will be distributed to Board members along with other routine Hospital Board materials one week in advance of the ~~June May 12, 2021~~ meeting.
3. Position Statements will be made available to the public and posted on the El Camino Hospital website when the Hospital Board materials are issued to the Board.
4. Standard questions for Hospital Board Chair:
 - a. What do you see as the ECH strategic priorities over the coming two years?
 - b. Name three defining roles of an effective Board Chair.
 - c. How would you judge the success of your leadership and the Board at the end of your term?
5. At the ~~June May 12, 2021~~ meeting, ~~i~~Interested ~~D~~irectors will present the information below, in public session, in the sequence outlined. Approximately 25 minutes will be allocated to each ~~i~~Interested Director: five (5) minutes for the Position Statement, ten (10) minutes for responses to standard questions, and (10) ten minutes to respond to general questions from the board and public:
 - a. Each interested ~~D~~irector will read his or her Position Statement
 - b. Each interested ~~D~~irector will provide responses to the standard questions. (Directors will present one question at a time in random order.)
 - c. The Public will be invited to ask ~~i~~Interested Directors any questions related to the candidate's interest in the position, and relevant experience as it relates to the Hospital Board Chair competencies
 - d. The Board will be invited to ask ~~i~~Interested Directors any additional questions related to an ~~i~~Interested Director's candidacy.

6. Upon review and discussion of the candidates, the Board will vote in public session. The current Chair will facilitate the discussion and voting process.
7. The Hospital Board Chair will be elected by the Board in accordance with the following procedure at a meeting where a quorum is present.
 - a. Preliminary Balloting
 - i. Each Board member shall vote for a candidate via electronic submission or paper ballot simultaneously to a neutral party who will announce the vote cast by each Director.
 - ii. In the event a majority is not achieved, the vote will be announced for each candidate and the candidate receiving the lowest number of votes will be dropped from the next ballot.
 - iii. This procedure will continue until one candidate receives a majority of the votes cast.
 - iv. In the event a tie vote occurs (e.g., 3-3 or 4-2-2), Interested Directors may be asked additional questions by Hospital Board members and the balloting -procedure will continue until a majority is achieved by one candidate.
 - b. Selection of a Board Chair
 - i. Following the preliminary balloting, the Board shall consider a motion to elect the candidate who has received the majority of the votes in his/her favor.
 - ii. If a motion pursuant to Section 7(b)(i) is not adopted by a majority of the Board members present at the meeting when a quorum is present, the Board shall continue to consider motions until a Board Chair is elected.

Hospital Vice-Chair:

1. At the ~~June May 12, 2021~~ Hospital Board meeting, Interested Directors will announce their candidacy and/or nominations taken from the floor following the successful election of the Hospital Board Chair.
2. Interested Directors will be asked questions, which relate to the candidate's experience, by other Hospital Board members in public session.
3. Voting will follow the same procedure as described in the Hospital Board Chair selection and appointment process above.
4. The Vice Chair is the presumptive Chair at the end of the current Chair's term.

Hospital Secretary/Treasurer:

1. At the ~~June May 12, 2021~~ Hospital Board meeting, Interested Directors will announce their candidacy and/or nominations taken from the floor following the successful election of the Hospital Board Chair and the Hospital Vice-Chair.
2. Interested Directors will be asked questions, which relate to the candidate's experience, by other Hospital Board members in public session.

3. Voting will follow the same procedure as described in the Hospital Board Chair selection and appointment process above.

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

To: El Camino Hospital Board of Directors
From: Julie Kliger, MPA, BSN, and Quality Committee Chair
Holly Beeman, MD, MBA, Chief Quality Officer
Date: May 2, 2022 (Date of Quality Committee Meeting)
Subject: Quality, Patient Care and Patient Experience Committee

Purpose:

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

Summary:

- I. Consent calendar items
 - a. The committee members approved the nine items on the consent calendar;
 - i. Minutes of the open session of the Quality Committee Meeting
 - ii. Report on board actions
 - iii. FY22 pacing plan
 - iv. FY22 Enterprise Quality Dashboard
 - v. FY23 Quality committee goals
 - vi. Clinical documentation integrity (CDI) dashboard
 - vii. Core measure dashboard
 - viii. Quality Committee follow-up items
- II. Patient Story
 - a. Cheryl Reinking shared a story about an ECH patient who wrote a hand written letter to the Chief Quality Officer sharing his dissatisfaction with the care over three episodes at the LG and MV campuses. The patient expressed an interest and desire to participate in assisting the hospital with improvements to care practices. He was and is delighted to have joined the ECH patient and family advisory council. He attended his first meeting this week.
- III. Proposed FY23 Organizational Goals
 - a. Detailed description of definitions, data sources, and methodology for calculating the ECH Hospital Acquired Condition Index reviewed and endorsed
 - i. This index is composed of 5 patient safety measures
 1. Surgical site infection
 2. C. difficile infection
 3. Non-ventilator hospital acquired pneumonia
 4. Patient falls
 5. Hospital acquired pressure injuries
 - ii. The rationale for selecting these measures and, choosing an index of patient safety is twofold. First, our FY22 performance for these five measures is worsening. We want to bring focused attention to these measures to improve. Second, focusing on patient safety aligns with our HRO journey and aim to achieve Zero Patient Harm.
- IV. El Camino Health Medical Network
 - a. Vince Manoogian and Ute Burness provided their quarterly update to the quality committee on ECHMN quality and patient experience performance.
 - i. Quality Composite. ECHMN measures eight quality measures rolled up into a composite to monitor quality performance. Seven of the eight measures are primary care specific metrics. One of the measures, 'documentation of current medications' is applicable for all specialties and providers.
 - ii. The Quality performance, how it is reported, and what we are measuring was discussed in detail during the meeting. Also discussed was the benchmarks. Feelings of many members of the committee is that the benchmarks are set very low and that we are not striving for, or achieving excellent top tier quality.
 - iii. Patient experience is currently being measured by using a net promoter score (NPS). Year to date the NPS performance is at 75.0. This is below the FY22 target of 77.4. The month of March

performance was at 77.5. ECHMN is in the process of transitioning to Press Ganey for patient experience surveys.

V. Quarterly Board Quality Dashboard (STEEEP) Report

a. Members reviewed and discussed the measures in the six domains of the Quality Dashboard.

b. Safe Care:

- i. Catheter Associated Urinary Tract Infection (CAUTI) – HAI. The FY22 target for CAUTI is ≤ 0.75 . Our FY22 TD performance is 0.76. We have sustained improvement (no CAUTIs) from FY22Q1 when there were several CAUTIs in our CCU unit. Because of the focused education and retraining, this unit has not had a patient experience a CAUTI for **234 days**. The enterprise has been CAUTI-free for **115 days**.
- ii. Central Line Associated Blood Stream Infection (CLABSI) – HAI. The FY22 target for CLABSI rate is ≤ 0.50 . Our FY22 YTD performance is 0.43. There has been an uptick in CLABSI this quarter. There were 1 CLABSI in February (CCU) and 2 in March (1 PCU, 1 4B). Three CLABSI in the 3rd quarter translates to a rate of 0.88. Historically we had two CLABSI in FY20 and 6 CLABSI in FY2021.
- iii. Modified PSI-90 CMS HAC Reduction Program (composite). The FY22 target for this metric is 0.90. Our FY22YTD performance is 0.899. We had eight safety events in the third quarter that affected an increase (unfavorable) in our performance (1.098 in Q3). The PSI-90 Composite is based on 10 safety measures;
 1. **Pressure ulcer**
 2. **Iatrogenic pneumothorax**
 3. Fall with hip fracture
 4. Perioperative hemorrhage or hematoma
 5. Post op kidney injury requiring dialysis
 6. Post op respiratory failure
 7. **Perioperative DVT or PE**
 8. Postop sepsis
 9. Postop wound dehiscence
 10. **Unrecognized abdominopelvic accidental puncture or laceration**

The eight events our patients experienced in the third quarter are; 1 pressure ulcer, 1 iatrogenic pneumothorax, 3 perioperative DVT or PE, and 2 unrecognized abdominopelvic accidental puncture or laceration.

c. Timely:

- i. Patient throughput – Median Time Arrival to ED Departure. FY22 target is 256 minutes. FY22 YTD is 288 minutes. The surge of Omicron affected the volume and complexity of patients in the ED in January and February. Radiology turnaround times for ED patients increased during these same months, for the same reasons, which in turn increases the amount of time needed for evaluation and care for ED patients. Because of both of these factors, the ED throughput times increased on both campuses. This remains an area of focus for management. One of several countermeasures includes a focus on early discharge of inpatients to increase capacity, which decreases need for patients to board in the ED.
- ii. Stroke
 1. Door to needle (TTiTT—time to intravenous thrombolytic therapy) performance increased significantly in Q3. Of the 7 patients eligible for this treatment, 71% received IV thrombolytic within 30 minutes of arrival. This is the result of excellent teamwork, communication and engagement of our ED and stroke teams.
 2. Door-to-groin performance remains a challenge. There has been a change in the metric per the “Get with the Guidelines” and the target changed mid-year from ≤ 90 minutes to ≤ 75 minutes. Our volumes for patients appropriate for interventional/surgical removal of a brain clot are small. Only 2 patients in Q3 met criteria for thrombectomy. One of these patients was in the cath lab with device in place within 90 minutes, the other was not.

d. Effective:

- i. Risk Adjusted Readmission Index. The data for this measure is through January 2022. Our FY22 target is 0.92 and current FY22YTD is 1.03. The number of patients readmitted to ECH going back to 2016 has remained relatively stable. We readmit 100 patients per month, ± 10 patients. (Readmission Index Graphs Attachment--Graph 1) What has changed over time since 2016 is the complexity and acuity of our patients resulting in an increasing expected rate of readmission. (Readmission Index Graphs Attachment--Graph 2) ECH has actually performed

better with our sicker patients and overall the O/E Readmission Index is improving (decreasing) over time. (Readmission Index Graphs Attachment--Graph 3)

- ii. Elective Delivery Prior to 39 Weeks Gestation PC-01. This data shows only month of January of Q3. There was one induction in January with a denominator of 18 deliveries between 36+0 and 38+6 weeks. The rate is at 5.6% due to small denominator. If we continue on our trajectory, we can maintain our performance and be able to achieve our FY22 target of 1.3% rate.
- iii. NTSV C-Section PC-02. The cesarean section rate has improved in the month of January with 34 cesarean sections performed out of 163 births resulting in a rate of 20.9% for the month helping us approach our FY22 target of 23.5%.
- e. Patient Centered:
 - i. All inpatient metrics for likelihood to recommend increased in the third quarter and are at or above target. The ECHMN performance improved from 75.6 percent of patients with top box LTR in Q2 to 76.1 in Q3. The FY22 YTD performance for ECHMN is at 75.0 with a FY22 target of 77.4.

List of Attachments:

1. FY 2022 Q3 Quarterly Board Dashboard (STEEEP)
2. Readmission Index Graphs

Quarterly Board Quality Dashboard (STEEEP) FY22 end of March (unless otherwise specified by *)

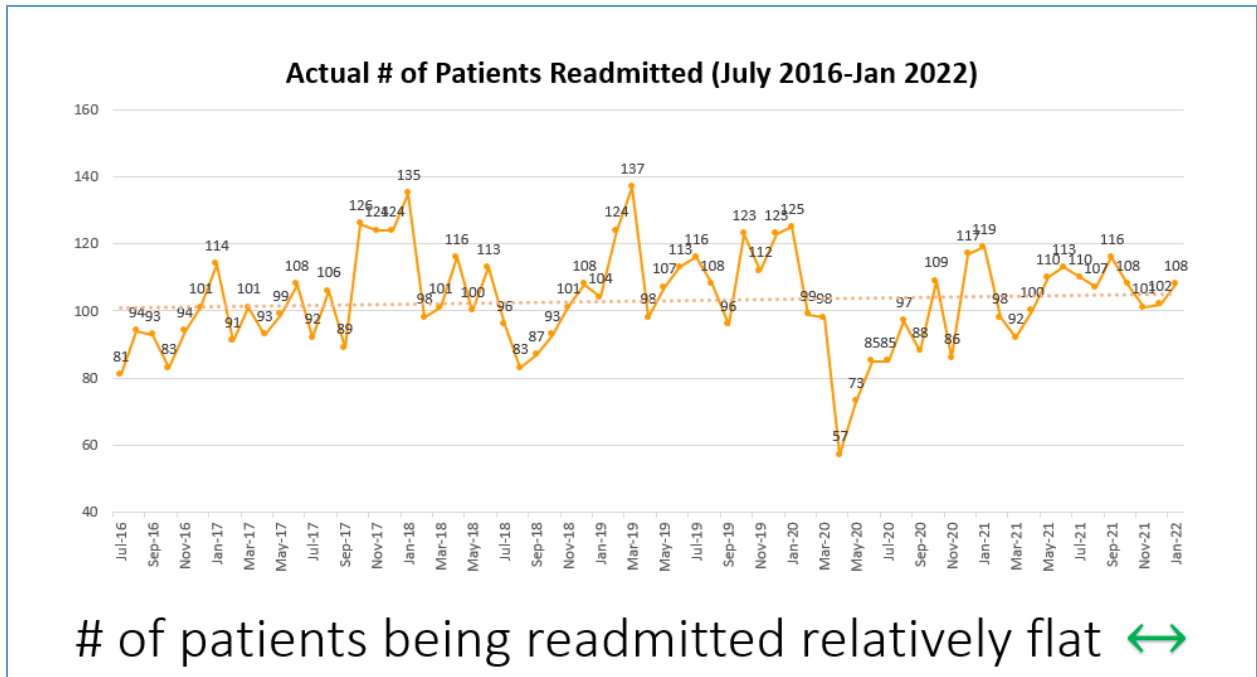
Quality Domain	Metric	Baseline	Target	Performance				
		FY 21	FY 22	FY22, Q1	FY22, Q2	FY22, Q3	FY22, Q4	FYTD22 Total
Safe Care	SSE (Serious Safety Events) Rate (Rolling 12 month)	3.13	2.97	2.44	2.59	*2.50		2.50
	Surgical Site Infections (SSI)	0.30	1.0 (SIR)	0.36	0.21	0.46		0.33
	Catheter Associated Urinary Tract Infection (CAUTI) - HAI	0.37	<= 0.75	1.32	0.81	0.29		0.76
	Central Line Associated Blood Stream Infection (CLABSI) - HAI	0.53	<= 0.50	0.33	0.00	0.88		0.43
	Modified PSI-90 CMS HAC Reduction Program (composite)	0.919	0.90	0.884	0.872	1.073		0.878
Timely	HVI STEMI % 1st Medical Contact to Device Time w/I 90 minutes	100%	100%	100% (13/13)	100% (15/15)	Not available		100%
	Patient Throughput - Median Time Arrival to ED Departure	264 min	256 min	267 min	284 min	317 min		288 min
	Stroke: TTITT (time to intravenous thrombolytic therapy) <= 30 min	57.5% (14/23)	50%	25% (1/4)	10% (1/10)	71.4% (5/7)		33.3%
	Stroke: Door-to-Groin <= 75 minutes	16.7% (3/18)	50%	50% (1/2)	14.3% (1/7)	0% (0/2)		18.0%
	Stroke: Door-to-Groin <= 90 minutes	50% (9/18)	NA	50% (1/2)	28.6% (2/7)	50% (1/2)		36.4%
Effective	Risk Adjusted Readmissions Index	0.93	0.92	1.07	0.96	*1.1		1.03
	Risk Adjusted Mortality Index	0.86	0.90	0.99	0.87	0.86		0.89
	Sepsis Mortality Index	1.08	1.03	1.06	0.97	1.03		1.02
	PC-01 Elective Delivery Prior to 39 Weeks Gestation	ENT: 0.63%	1.3%	1.8%	1.2%	*5.6%		1.8%
	PC-02 NTSV C-Section	ENT: 26.3%	23.5%	25.8%	25.0%	*20.9%		24.8%
	ECHMN: CMS 165 Controlling High Blood Pressure	59.0%	>= 59%	60.0%	59.0%	56.0%		58.3%
	ECHMN: CMS 122 Diabetes Hemoglobin A1c Poor Control	30.0%	<= 30	24.0%	26.0%	48.0%		32.0%
Efficient	Arithmetic Observed LOS/ Geometric Expected LOS	1.29	1.30	1.35	1.33	1.40		1.36
	MSPB-1 Medicare Spending per Beneficiary (CMS)	0.99 (CY 19)	<=1	0.99	1.0 (CA: 1.0, NA: 0.99)	NA (updated annually, January)		0.99
Equitable	Hospital Charity Care Support	\$19.7 mil	NA	\$7.2 mil	\$11.5 mil	\$7.6 mil		\$26.3 mil
	Clinic Charity Care Support	\$14.9k	NA	\$7.5k	\$3.0k	\$5.3k		\$15.8k
	Language Line Unmet Requests	0.72%	<1%	0.62%	0.36%	0.15%		0.38%
	Length of Stay Disparity (Top 3 races) 40% patients did not report their race	Black: 4.0	NA	4.3	4.03	4.01		4.11
		White: 3.89		3.77	3.88	4.20		3.95
Asian: 3.57		3.59		3.67	3.67		3.64	
Patient-centered	IP Units Enterprise - HCAHPS Likelihood to Recommend	79.6	79.7	82.0	80.2	82.1		81.3
	ED - Likelihood to Recommend (PG)	76.1	76.5	73.1	75.7	77.2		75.5
	ECHMN - Likelihood to Recommend Care Provider (NPS)	76.0	77.4	74.1	75.6	76.1		75.0
	MCH - HCAHPS Likelihood to Recommend	81.8	82.0	79.4	80.5	82.1		80.8
	OAS - HCAHPS Likelihood to Recommend	85.7	86.1	85.5	87.6	86.8		86.6

Updated: 5/4/2022

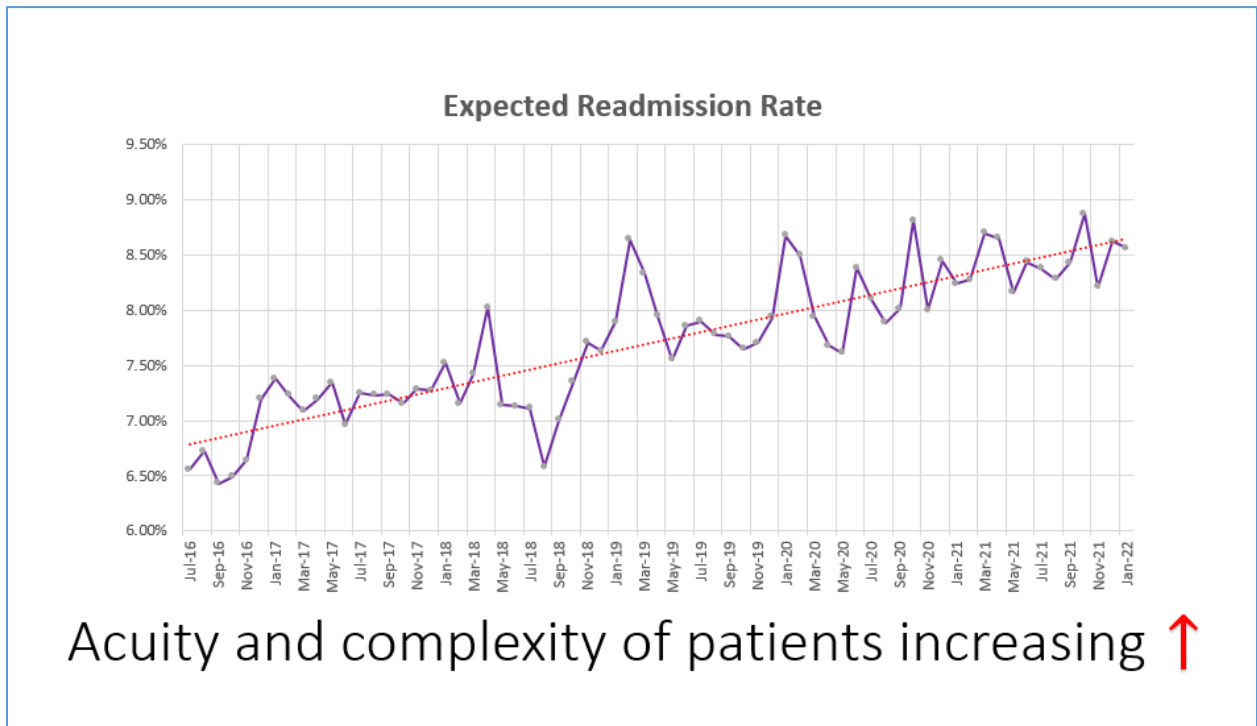
STEEEP: Safe Care, Timely, Effective, Efficient, Equitable, Patient-Centered

Attachment: Readmission Index Graphs

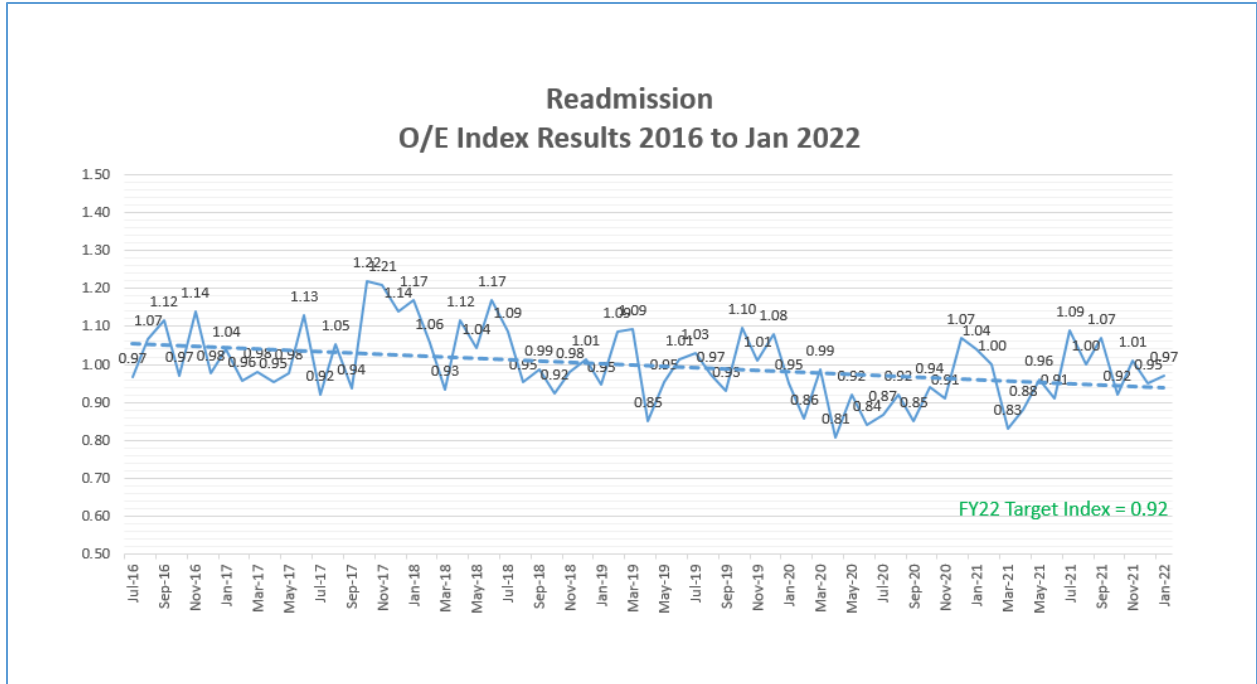
Graph 1



Graph 2



Graph 3





**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, April 13, 2022**

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

Board Members Present

Lanhee Chen, Chair
Julie Kliger, MPA, BS
Julia E. Miller, Secretary/Treasurer
Carol A. Somersille, MD
George O. Ting, MD
Don Watters
John Zoglin**

Board Members Absent

**via telepresence

Members Excused

None

Bob Rebitzer, Vice-Chair, joined at 5:35 pm.

Jack Po, MD, Ph.D, joined at 5:36 pm.

*Peter C. Fung, MD**, joined at 5:39 pm.*

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 5:30 pm by Chair Chen. A verbal roll call was taken. All Board members were present at roll call, excluding Directors Rebitzer, Po, and Fung. Chair Chen reviewed the logistics for the meeting. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.	
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 one public communication was reported. The main area of concern was a diagnosis received while under our care and a request for health records. Ms. Diane Wigglesworth advised the caller to contact the Corporate Compliance Hotline directly for further assistance.	
4. QUALITY COMMITTEE REPORT	<p>Director Kliger referred the Board of Directors to the Quality Committee Report as submitted in the packet materials and specifically noted the following two items of concern:</p> <ul style="list-style-type: none"> • FY23 Quality Committee Recruitment: The Quality Committee reviewed the "Quality Committee Charter" and the "Hospital Board Advisory Committee Community Member Nomination and Selection Procedures" and discussed the process for recruiting additional members from the community. Members noted that it was essential to understand what voices and perspectives are currently 'lacking' from our committee. • FY23 Quality Committee Pacing Plan: The Quality Committee is open to reducing one meeting a year for the next two years; to ensure the agenda and pacing plan is aligned to the organization's strategic roles and allow time for deeper discussions on critical items. 	
5. BOARD ASSESSMENT FOLLOW-UP: FY23	Director Watters briefly reviewed the proposed FY23 El Camino Hospital Board Pacing Plan with the Board of Directors and introduced Megan Kurtz from Spencer Stuart. Ms. Kurtz further detailed the legal review process with a third-party advisor that compared a year's worth of Board	<i>FY23 El Camino Hospital Board</i>

<p>EL CAMINO HOSPITAL BOARD PACING PLAN</p>	<p>and Committee pacing plans, charters, agendas for all legal requirements, and executive sponsor interviews.</p> <p>Director Watters noted that the proposed FY23 Committee pacing plans would be addressed at the next meeting.</p> <p>Director Zoglin asked to move the quarterly financial review on the FY23 El Camino Hospital Board Pacing Plan from October to November.</p> <p>Motion: To approve the revised FY23 El Camino Hospital Board Pacing Plan.</p> <p>Movant: Watters Second: Miller Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters Noes: None Abstentions: Zoglin Absent: None Recused: None</p>	<p>Pacing Plan Approved</p>
<p>6. INCLUSION, DIVERSITY, EQUALITY, AND BELONGING (I-DEB) DISCUSSION</p>	<p>Chair Chen briefly introduced the presenters from Spencer Stuart. Camille Lowry & Brickson Diamond opened with introductions and reviewed the Hospital Board’s key areas of focus and oversight, including Strategic Planning, Quality of Care and Services, Financial Oversight, Executive Performance, Risk Management, Communication, and Governance.</p> <p>Mr. Diamond provided demographic data for El Camino Health and disclosed that Spencer Stuart would provide guidance and data based on El Camino Health and Santa Clara County. He further reported that they planned to have conversations directly with the Board & Committee members to help collect data baseline knowledge, metrics, and views. This evaluation will cover the overall level of demographics in the healthcare system and provide an understanding of a Quality Control perspective. Mr. Diamond asked the Board of Directors for their feedback, and discussion ensued.</p> <p>Board Member Feedback included:</p> <ul style="list-style-type: none"> • Individual Board & Committee Member Interviews • Demographic data on race, age, profession, gender, and gender identity. • Identify Best Practices and programs in other Health System Organizations and conduct a gap analysis. 	
<p>7. ADJOURN TO CLOSED SESSION</p>	<p>To adjourn to closed session at 6:55 pm pursuant to Gov’t Code Section 54957.2 for approval of the Minutes of the Closed Session of March 09, 2022, Hospital Board Meeting; pursuant to Health and Safety Code Section 32155 for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: (Medical Staff Credentialing & Privileges Report); pursuant to Gov’t Code Section 54957 for discussion on personnel performance matters, an Executive Session with the CEO, and a CEO Report.</p> <p>Motion: to adjourn to closed session at 6:55 pm.</p> <p>Movant: Watters Second: Somersille Ayes: Chen, Fung, Kliger, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None</p>	<p>Adjourned to closed session at 6:55 pm</p>

	<p>Recused: None</p> <p><i>*Director Po left the meeting at 6:57 pm.</i></p>	
<p>8. AGENDA ITEM 15: RECONVENE OPEN SESSION/ REPORT</p>	<p>Open Session reconvened at 8:01 pm by Chair Chen. Agenda Items 7-14 were addressed in closed session.</p> <p>During the closed session, the El Camino Hospital Board of Directors approved the Closed Session Minutes of the March 9, 2022, Hospital Board and the Credentials and Privileges Report; by a unanimous vote of all Directors present (Directors Chen, Fung, Kliger, Miller, Somersille, Ting, Watters, and Zoglin).</p> <p><i>*Director Po was absent.</i></p>	
<p>9. AGENDA ITEM 16: CONSENT CALENDAR ITEMS</p>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar for discussion. Director Somersille asked to remove item 16h. – Plans, Policies, and Scope of Services.</p> <p>Motion: to approve consent calendar to include:</p> <ul style="list-style-type: none"> 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 d. FY22 Period 08 Financials e. Renewal of Enterprise Radiology Professional Services Agreement f. FY21 Annual Report on Physician Financial Arrangements g. Medical Staff Report <p>Movant: Watters Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Somersille, Ting, Watters, Zoglin, Rebitzer Noes: None Abstentions: None Absent: Po Recused: None</p> <p>Director Somersille asked for clarification on a few policies, specifically noting pages 117, 124, 137, and 146, and Dr. Adams and Mr. Bohorquez addressed her concerns. She requested that the Perinatal Diagnostic Center MV policy be revised to reflect specific vendor names.</p> <p>Motion: to approve item 16h. – Plans, Policies, and Scope of Services with noted as revisions.</p> <p>Movant: Miller Second: Kliger Ayes: Chen, Fung, Kliger, Miller, Somersille, Ting, Watters, Zoglin, Rebitzer Noes: None Abstentions: None Absent: Po Recused: None</p>	<p>Consent calendar approved</p>
<p>10. AGENDA ITEM 17: CEO REPORT</p>	<p>Dan Woods, CEO, highlighted the financial report. The results of the February report are located in the Board packet. However, next month is a quarterly report which will have more details. Note that the January report will state a limited workforce. El Camino Hospital did not experience this drop from a volume perspective compared to a state-</p>	

	<p>wide analysis of other healthcare facilities.</p> <ul style="list-style-type: none"> • Work perspective – El Camino Health had a shortage of workforce. However, ECH leadership was able to hire temporary workers months in advance to have them in place, and revenue is solid. • According to Newsweek (Top 100 Best Hospitals in 2022), El Camino Health was voted the number one hospital as a non-academic hospital in the bay area. • Cheryl Reinking and her nursing team have been involved in an international collaboration of 250 organizations in; the USA and Europe to improve nursing practice and outcome. • High-Reliability Organization - Every leader will attend a six 2-hour course. Cultural change to the organization. • Soft launch began with a new marketing campaign, “Accept Nothing Less.” • Community & Support: Pamela & Ed Taft contributed five million dollars towards the launch. • Chinese Health Initiative celebrated 10 years and hosted over 100 guests, honoring Chef Chu’s & family. • Auxiliary volunteers – Donated 2,300 hours. 	
<p>11. AGENDA ITEM 18: BOARD COMMENTS</p>	<p><i>No comments were made.</i></p>	
<p>12. AGENDA ITEM 19: ADJOURNMENT</p>	<p>Motion: to adjourn at 8:16 pm Movant: Second: Ayes: Chen, Fung, Kliger, Miller, Somersile, Ting, Watters, Zoglin, Rebitzer Noes: None Abstentions: None Absent: Po Recused: None</p>	<p><i>Meeting adjourned at 8:16 pm</i></p>

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



El Camino Health

Summary of Financial Operations

*Fiscal Year 2022 – Period 9
7/1/2021 to 03/31/2022*

Executive Summary - Overall Commentary for Period 9

- **Excellent financial results for Period 9:**

- Revenue driven by very strong Outpatient performance complimented by solid Inpatient activity
 - Outpatient activity driven by Emergency Room, Orthopedic / Spine Surgeries and Imaging
- Continued effective cost control. When adjusted for volume, overall costs below target levels
 - Cost per CMI Adjusted Discharge was 11% favorable to budget
 - Improvement in Overtime/Premium pay
- Total gross charges were favorable to budget by **\$76.2M / 19.0%** and **\$90.7M / 23.4% higher** than the same period last year.
 - Outpatient charges were favorable by **\$52.7M / 29.2%** while Inpatient charges were favorable by **\$21.8M / 10.2%**.
- Net patient revenue was **favorable to budget by \$24.1M / 24.6%** and **\$26.0M / 26.8%** higher than the same period last year.
- Operating margin was **favorable to budget by \$13.1M / 186.6%** and **\$11.9M / 144.4%** higher than the same period last year.
- Operating EBIDA was **favorable to budget by \$13.8M / 98.8%** and **\$13.2M / 90.6%** better than the same period last year.
- Net income was **favorable to budget by \$8.9M / 58.8%** and **\$3.1M / 11.4% lower than the same period last year**. This is attributed the instability in the capital market's impact on investment income.

Operational / Financial Results: Period 9 – March 2022 (as of 03/31/2022)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's	S&P	Performance to Rating Agency Medians
									'A1'	'AA'	
Activity / Volume	ADC	293	261	33	12.5%	239	55	22.9%	---	---	---
	Total Acute Discharges	1,919	1,757	162	9.2%	1,610	309	19.2%	---	---	---
	Adjusted Discharges	3,816	3,239	577	17.8%	3,243	573	17.7%	---	---	---
	Emergency Room Visits	5,859	4,716	1,143	24.2%	4,444	1,415	31.8%	---	---	---
	OP Procedural Cases	13,433	10,691	2,742	25.6%	15,666	(2,233)	(14.3%)	---	---	---
	Gross Charges (\$)	478,275	402,038	76,237	19.0%	387,620	90,655	23.4%	---	---	---
Operations	Total FTEs	3,187	3,183	5	0.1%	2,875	312	10.9%	---	---	---
	Productive Hrs. / APD	27.9	31.4	(3.6)	(11.3%)	30.8	(3.0)	(9.6%)	---	---	---
	Cost Per CMI AD	15,983	17,952	(1,969)	(11.0%)	16,509	(526)	(3.2%)	---	---	---
	Net Days in A/R	54.1	49.0	5.1	10.4%	50.3	3.8	7.5%	47.7	49.7	---
Financial Performance	Net Patient Revenue (\$)	123,165	99,074	24,091	24.3%	97,171	25,994	26.8%	138,547	82,105	---
	Total Operating Revenue (\$)	126,741	102,556	24,185	23.6%	100,708	26,033	25.8%	152,743	109,602	---
	Operating Margin (\$)	20,180	7,041	13,139	186.6%	8,258	11,922	144.4%	1,915	3,836	---
	Operating EBIDA (\$)	27,810	13,992	13,818	98.8%	14,588	13,221	90.6%	11,188	10,741	---
	Net Income (\$)	24,115	15,181	8,933	58.8%	27,223	(3,109)	(11.4%)	8,124	7,343	---
	Operating Margin (%)	15.9%	6.9%	9.1%	131.9%	8.2%	7.7%	94.2%	1.9%	3.5%	---
	Operating EBIDA (%)	21.9%	13.6%	8.3%	60.8%	14.5%	7.5%	51.5%	8.3%	9.8%	---
	DCOH (days)	305	325	(20)	(6.2%)	357	(53)	(14.7%)	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.

Operational / Financial Results: YTD FY2022 (as of 03/31/2022)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's	S&P	Performance to Rating Agency Medians
									'A1'	'AA'	
Activity / Volume	ADC	274	253	20	8.0%	242	32	13.1%	---	---	---
	Total Acute Discharges	15,877	15,042	835	5.6%	14,020	1,857	13.2%	---	---	---
	Adjusted Discharges	31,019	27,821	3,198	11.5%	26,244	4,775	18.2%	---	---	---
	Emergency Room Visits	50,006	39,241	10,765	27.4%	37,088	12,918	34.8%	---	---	---
	OP Procedural Cases	115,793	92,062	23,731	25.8%	119,478	(3,685)	(3.1%)	---	---	---
	Gross Charges (\$)	3,810,106	3,405,474	404,633	11.9%	3,143,811	666,296	21.2%	---	---	---
Operations	Total FTEs	3,065	3,077	(12)	(0.4%)	2,818	247	8.8%	---	---	---
	Productive Hrs. / APD	28.7	31.6	(3.0)	(9.4%)	31.3	(2.6)	(8.4%)	---	---	---
	Cost Per CMI AD	16,485	17,952	(1,466)	(8.2%)	17,198	(713)	(4.1%)	---	---	---
	Net Days in A/R	54.1	49.0	5.1	10.4%	50.3	3.8	7.5%	47.7	49.7	
Financial Performance	Net Patient Revenue (\$)	976,457	858,097	118,360	13.8%	805,228	171,229	21.3%	1,246,925	738,941	
	Total Operating Revenue (\$)	1,008,804	891,569	117,235	13.1%	839,876	168,929	20.1%	1,367,184	986,419	
	Operating Margin (\$)	130,513	59,976	70,537	117.6%	47,365	83,148	175.5%	17,234	34,525	
	Operating EBIDA (\$)	198,008	123,163	74,845	60.8%	110,488	87,519	79.2%	100,695	96,669	
	Net Income (\$)	82,742	128,566	(45,824)	(35.6%)	222,346	(139,604)	(62.8%)	73,120	66,090	
	Operating Margin (%)	12.9%	6.7%	6.2%	92.3%	5.6%	7.3%	129.4%	1.9%	3.5%	
	Operating EBIDA (%)	19.6%	13.8%	5.8%	42.1%	13.2%	6.5%	49.2%	8.3%	9.8%	
	DCOH (days)	305	325	(20)	(6.2%)	357	(53)	(14.7%)	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.

Key Statistics: Period 9 and YTD (as of 03/31/2022)

Key Metrics	Month to Date			Variance (%)		Year to Date			Variance (%)	
	PY	CY	Budget	CY vs PY	CY vs Budget	PY	CY	Budget	CY vs PY	CY vs Budget
ADC	239	293	261	22.9%	12.5%	242	274	253	13.1%	8.0%
Utilization MV	64%	77%	69%	19.9%	10.5%	63%	72%	67%	14.6%	8.0%
Utilization LG	28%	38%	31%	38.1%	22.0%	32%	34%	31%	7.4%	8.8%
Utilization Combined	53%	65%	57%	22.9%	12.5%	53%	60%	56%	13.3%	8.1%
Adjusted Discharges	3,243	3,816	3,239	17.7%	17.8%	26,244	31,019	27,821	18.2%	11.5%
Total Discharges (Exc NB)	1,610	1,919	1,757	19.2%	9.2%	14,020	15,877	15,042	13.2%	5.6%
Total Discharges	1,934	2,309	2,132	19.4%	8.3%	16,929	19,449	18,421	14.9%	5.6%
Inpatient Case Activity										
MS Discharges	1,103	1,331	1,214	20.7%	9.6%	9,583	10,670	10,047	11.3%	6.2%
Deliveries	354	426	393	20.3%	8.5%	3,115	3,856	3,559	23.8%	8.3%
BHS	117	129	104	10.3%	23.5%	950	1,010	1,040	6.3%	(2.9%)
Rehab	32	39	46	21.9%	(15.2%)	374	332	396	(11.2%)	(16.2%)
Outpatient Case Activity										
Total Outpatient Cases	18,732	17,805	14,191	-4.9%	25.5%	146,646	154,321	121,251	5.2%	27.3%
ED	3,066	4,372	3,500	42.6%	24.9%	27,168	38,528	29,189	41.8%	32.0%
OP Surg	615	684	487	11.2%	40.6%	4,628	5,343	4,066	15.4%	31.4%
Endo	253	271	240	7.1%	12.9%	1,888	2,136	1,926	13.1%	10.9%
Interventional	195	201	184	3.1%	9.2%	1,535	1,757	1,566	14.5%	12.2%
All Other	14,603	12,277	9,781	(15.9%)	25.5%	111,427	106,557	84,504	(4.4%)	26.1%
Hospital Payor Mix										
Medicare	48.7%	50.7%	48.4%	4.1%	4.6%	48.4%	48.0%	47.8%	(0.7%)	0.4%
Medi-Cal	8.0%	7.9%	8.2%	(1.6%)	(3.8%)	8.2%	8.2%	8.0%	(0.8%)	2.5%
Commercial	40.4%	39.6%	41.4%	(1.8%)	(4.5%)	41.1%	41.7%	42.2%	1.5%	(1.0%)
Other	3.0%	1.8%	2.1%	(38.4%)	(13.1%)	2.3%	2.1%	2.1%	(8.7%)	1.4%

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

	FY2021						FY2022									YTD FY2022	Rolling 16 Monthly Average	
	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			Period 9 Mar-22
Operating Revenues:																		
Net Patient Revenue	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	123,165	976,457	102,729
Other Operating Revenue	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	3,577	32,347	3,783
Total Operating Revenue	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	126,741	1,008,804	106,512
Operating Expenses:																		
Salaries, Wages and Benefits	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	60,098	500,927	53,175
Supplies	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	17,661	139,050	15,070
Fees & Purchased Services	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	17,352	136,490	15,491
Other Operating Expenses	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	3,821	34,330	3,753
Interest	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	1,384	12,697	1,407
Depreciation	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	6,246	54,798	5,817
Total Operating Expenses	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	106,561	878,291	94,712
Operating Margin	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	20,180	130,513	11,800
Non-Operating Income	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)	3,935	(47,771)	6,800
Net Margin	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)	24,115	82,742	18,599
Operating EBIDA	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	27,810	198,008	19,023
Operating Margin (%)	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%	15.9%	12.9%	11.1%
Operating EBIDA Margin (%)	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%	21.9%	19.6%	17.9%

Financial Overview: Period 9 – March 2022

Period ending 3/31/2022

Financial Performance

- March operating margin was \$20.2M compared to a budget of \$7.0M, resulting in a favorable variance of \$13.1M
- March volumes and revenues continue to be strong as demonstrated by:
 - Favorable variance of gross charges of \$74.5M was driven by both Inpatient and Outpatient activity:
 - Inpatient gross charges: Favorable to budget by \$21.8M / 10.2% variance primarily driven by interventional and medical surgical inpatient services, behavioral health, emergency services, and corresponding ancillary services
 - Outpatient gross charges: Favorable to budget by \$52.7M / 29.2% variance primarily driven by cath. lab, outpatient surgery, radiation oncology, emergency services, and corresponding ancillary services
 - Operating Expenses were unfavorable to budget by \$11.0M / 11.6% driven by the high level of patient activity
 - SWB were unfavorable by \$5.4M / 9.8%
 - Supplies were unfavorable by \$2.3M / 14.8%
 - Supply expenses attributed to Covid-19 were \$1.1M in March and \$7.6M YTD
 - All other discretionary non-volume driven expenses were unfavorable to budget by \$3.3M
- Unfavorable market performance drove unrealized losses for the investment portfolio, which resulted in negative net income for period 9

Financial Overview: Period 9 – March 2022 (cont.)

Period ending 3/31/2022

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 577 ADs / 17.8% and above prior year by 573 ADs / 17.7%:
 - Mountain View: Favorable to budget by 352 ADs / 13.8% and above prior year by 455 ADs / 17.6%
 - Los Gatos: Favorable to budget by 225 ADs / 31.5% and above prior year by 118 ADs / 14.4%
- Operating Expense Per CMI Adjusted Discharge: \$15,983 which is 11.0% favorable to budget
Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- March's total visits of 18,183 reflect an increase of 23.6% over the prior month of 14,712. March's visit per day of 776 also reflect an increase of 2.8% over the prior month of 755.
- March's total visits are right on budget. February's YTD total visits were unfavorable to budget by 24%. The YTD budget variance is related to the loss of several OB/GYN providers couples months ago.
- Net Income for the month of March was unfavorable to budget by \$120K or 4.4% and the YTD was unfavorable by \$204K or 0.8%. However compared to last year, March FY22's Net Income was favorable by \$84K or 3% and the YTD was also favorable by \$2.1M or 8%.

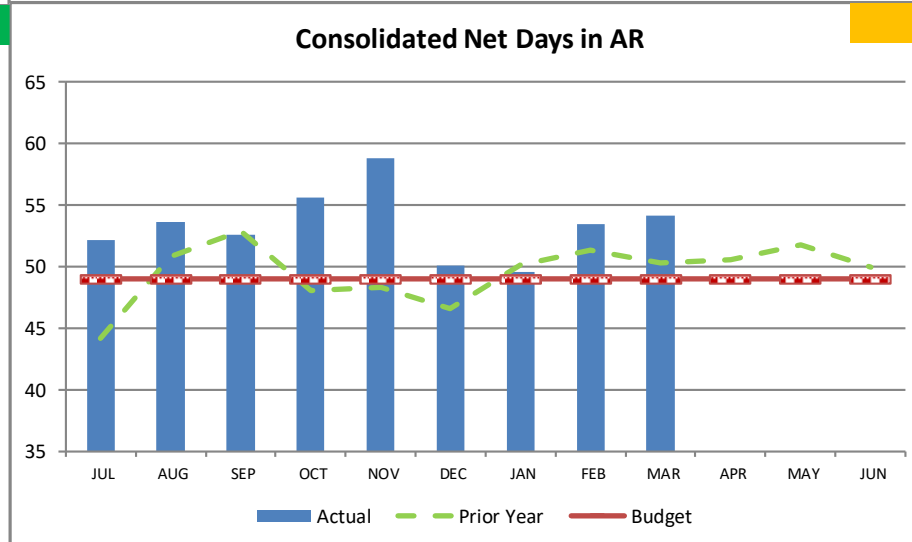
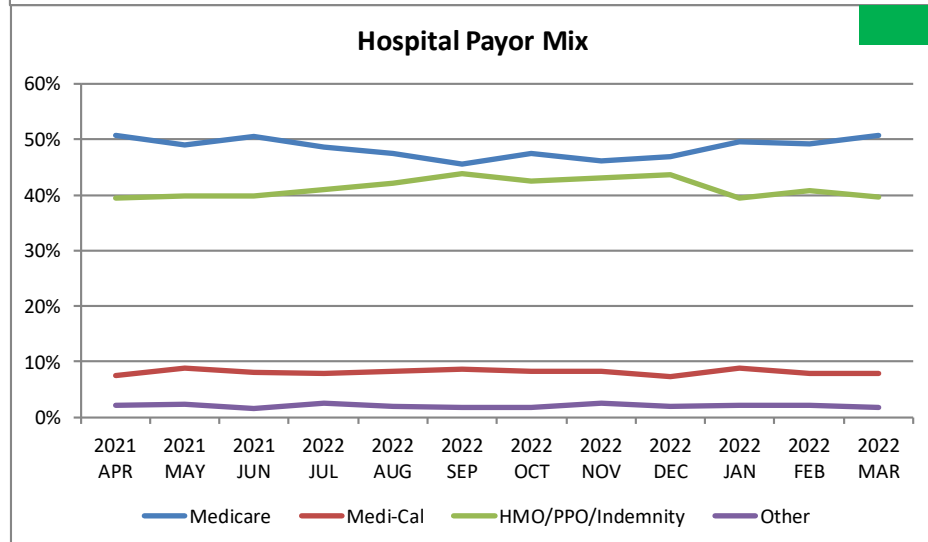
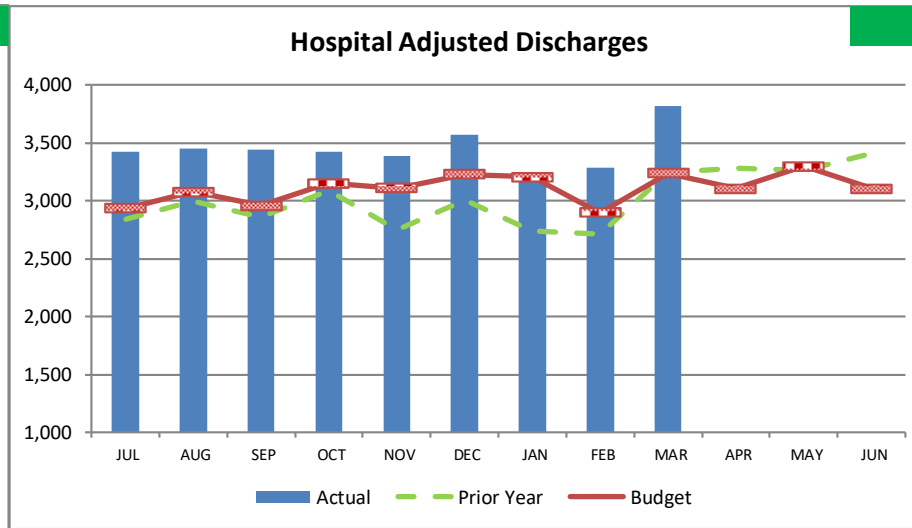
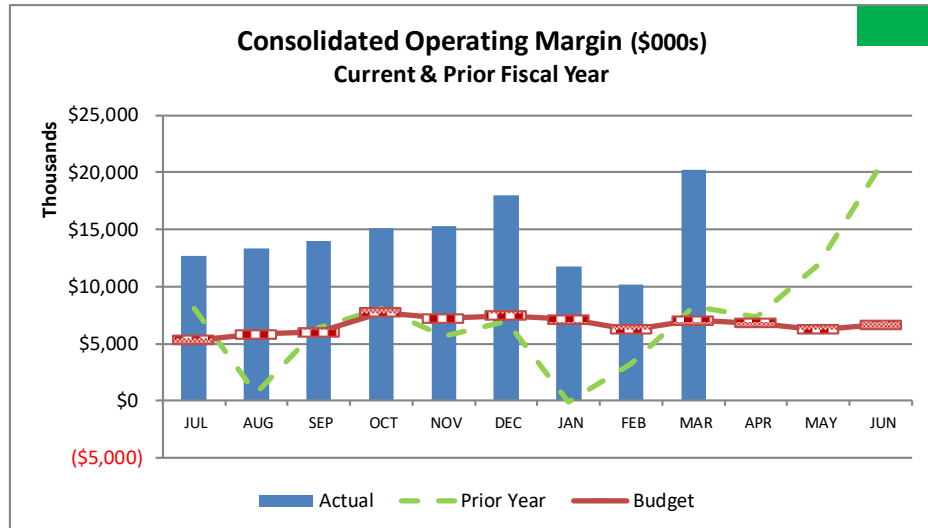
Financial Overview: YTD FY2022 (as of 3/31/2022)

Consolidated Financial Performance

- YTD FY2022 operating margin is \$130.5M compared to the budget of \$60.0M
 - Operating expense is \$878.3M / 5.6% unfavorable to budget
 - When adjusted for volume levels, Operating Expense per CMI Adjusted Discharge is \$16,485 which is 8.2% 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 \$83.1M 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: +15.4% primarily driven by Heart/Vascular, Orthopedic, and Spine surgery activity and their associated ancillary activity.
 - Emergency Room Visits: 41.8%
 - Deliveries - Maternal Child services: 23.8%
 - Year-over-year net margin is \$139.6M lower than the same period last year, which is attributed to lower investment income.

APPENDIX

YTD FY2022 Financial KPIs – Monthly Trends



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	Green	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	Green	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	Green	1.21	1.28	--	--	0.98	1.00	--	0.34
Net of fee return	Green	11.4%	11.6%	--	--	6.7%	6.6%	--	5.6%
Standard deviation	Green	8.3%	8.0%	--	--	6.1%	5.9%	--	8.7%
Cash balance Sharpe ratio	Green	1.22	1.25	--	--	1.05	1.04	--	0.32
Net of fee return	Green	14.3%	13.4%	--	--	9.0%	8.2%	--	6.0%
Standard deviation	Green	10.6%	9.5%	--	--	7.9%	7.2%	--	10.3%
Asset Allocation		CY 4Q 2021 / FY 2Q 2022							
Surplus cash absolute variances to target	Green	5.3%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target	Green	6.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		CY 4Q 2021 / FY 2Q 2022							
Surplus cash manager flags	Green	18	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags	Green	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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Period 9 and YTD Operating Income, Non-Operating Income and Net Income by Affiliate (as of 03/31/2022)

(\$000s)

	Period 9- Month			Period 9- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	17,542	7,024	10,519	118,815	60,253	58,562
Los Gatos	5,670	2,954	2,717	37,308	26,533	10,775
Sub Total - El Camino Hospital, excl. Affiliates	23,212	9,977	13,235	156,123	86,785	69,337
Operating Margin %	19.0%	10.2%		16.2%	10.2%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	4,055	7,846	(3,791)	(48,771)	65,960	(114,731)
El Camino Hospital Net Margin	27,267	17,823	9,444	107,352	152,746	(45,394)
ECH Net Margin %	22.4%	18.2%		11.1%	18.0%	
Concern	(500)	60	(560)	145	627	(482)
Foundation	177	6	171	225	(31)	256
El Camino Health Medical Network	(2,828)	(2,708)	(120)	(24,979)	(24,775)	(204)
Net Margin Hospital Affiliates	(3,152)	(2,642)	(510)	(24,610)	(24,180)	(431)
Total Net Margin Hospital & Affiliates	24,115	15,181	8,933	82,742	128,566	(45,824)

Consolidated Statement of Operations (\$000s)

Period 9 ending 03/31/2022

Period 9 FY 2021	Period 9 FY 2022	Period 9 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
OPERATING REVENUE										
387,620	478,275	402,038	76,237	19.0%	Gross Revenue	3,143,811	3,810,106	3,405,474	404,633	11.9%
(290,449)	(355,111)	(302,965)	(52,146)	(17.2%)	Deductions	(2,338,582)	(2,833,649)	(2,547,377)	(286,273)	(11.2%)
97,171	123,165	99,074	24,091	24.3%	Net Patient Revenue	805,228	976,457	858,097	118,360	13.8%
3,537	3,577	3,482	94	2.7%	Other Operating Revenue	34,647	32,347	33,472	(1,125)	(3.4%)
100,708	126,741	102,556	24,185	23.6%	Total Operating Revenues	839,876	1,008,804	891,569	117,235	13.1%
OPERATING EXPENSE										
52,025	60,098	54,743	(5,355)	(9.8%)	Salaries & Wages	441,616	500,927	469,400	(31,526)	(6.7%)
15,421	17,661	15,387	(2,274)	(14.8%)	Supplies	127,062	139,050	130,886	(8,164)	(6.2%)
15,139	17,352	14,288	(3,065)	(21.5%)	Fees & Purchased Services	129,248	136,490	129,691	(6,799)	(5.2%)
3,536	3,821	4,146	326	7.9%	Other Operating Expense	31,462	34,330	38,429	4,099	10.7%
1,399	1,384	1,410	26	1.9%	Interest	12,791	12,697	12,621	(75)	(0.6%)
4,931	6,246	5,540	(705)	(12.7%)	Depreciation	50,332	54,798	50,566	(4,233)	(8.4%)
92,450	106,561	95,515	(11,046)	(11.6%)	Total Operating Expenses	792,511	878,291	831,593	(46,699)	(5.6%)
8,258	20,180	7,041	13,139	186.6%	Net Operating Margin	47,365	130,513	59,976	70,537	117.6%
18,965	3,935	8,140	(4,205)	(51.7%)	Non Operating Income	174,981	(47,771)	68,590	(116,361)	(169.6%)
27,223	24,115	15,181	8,933	58.8%	Net Margin	222,346	82,742	128,566	(45,824)	(35.6%)
14,588	27,810	13,992	13,818	98.8%	Operating EBIDA	110,488	198,008	123,163	74,845	60.8%
14.5%	21.9%	13.6%	8.3%		Operating EBIDA Margin	13.2%	19.6%	13.8%	5.8%	
8.2%	15.9%	6.9%	9.1%		Operating Margin	5.6%	12.9%	6.7%	6.2%	
27.0%	19.0%	14.8%	4.2%		Net Margin	26.5%	8.2%	14.4%	(6.2%)	

El Camino Hospital – Mountain View

Statement of Operations (\$000s)

Period 9 ending 03/31/2022

Period 9 FY 2021	Period 9 FY 2022	Period 9 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
295,187	360,942	318,054	42,888	13.5%	Gross Revenue	2,405,617	2,879,731	2,656,486	223,246	8.4%
(218,703)	(267,365)	(241,118)	(26,247)	(10.9%)	Deductions	(1,787,641)	(2,130,697)	(1,996,470)	(134,227)	(6.7%)
76,484	93,577	76,936	16,641	21.6%	Net Patient Revenue	617,975	749,034	660,015	89,019	13.5%
1,639	1,396	1,541	(144)	(9.4%)	Other Operating Revenue	13,452	13,422	15,612	(2,190)	(14.0%)
78,123	94,974	78,477	16,497	21.0%	Total Operating Revenues	631,428	762,456	675,627	86,829	12.9%
					OPERATING EXPENSES					
40,838	46,747	43,592	(3,155)	(7.2%)	Salaries & Wages	347,768	394,572	372,394	(22,178)	(6.0%)
11,295	12,471	12,070	(401)	(3.3%)	Supplies	95,855	101,687	100,406	(1,281)	(1.3%)
7,483	9,431	7,159	(2,272)	(31.7%)	Fees & Purchased Services	62,525	68,106	64,240	(3,866)	(6.0%)
2,263	2,539	2,852	313	11.0%	Other Operating Expense	19,999	24,105	25,817	1,712	6.6%
1,399	1,384	1,410	26	1.9%	Interest	12,791	12,697	12,621	(75)	(0.6%)
3,727	4,860	4,370	(490)	(11.2%)	Depreciation	39,988	42,475	39,897	(2,577)	(6.5%)
67,005	77,432	71,453	(5,978)	(8.4%)	Total Operating Expenses	578,926	643,641	615,375	(28,266)	(4.6%)
11,118	17,542	7,024	10,519	149.8%	Net Operating Margin	52,501	118,815	60,253	58,562	97.2%
18,149	4,055	7,846	(3,791)	(48.3%)	Non Operating Income	168,655	(48,794)	65,960	(114,754)	(174.0%)
29,267	21,597	14,870	6,727	45.2%	Net Margin	221,156	70,021	126,213	(56,192)	(44.5%)
16,244	23,786	12,804	10,982	85.8%	Operating EBIDA	105,280	173,986	112,771	61,215	54.3%
20.8%	25.0%	16.3%	8.7%		Operating EBIDA Margin	16.7%	22.8%	16.7%	6.1%	
14.2%	18.5%	8.9%	9.5%		Operating Margin	8.3%	15.6%	8.9%	6.7%	
37.5%	22.7%	18.9%	3.8%		Net Margin	35.0%	9.2%	18.7%	(9.5%)	

El Camino Hospital – Los Gatos

Statement of Operations (\$000s)

Period 9 ending 03/31/2022

Period 9 FY 2021	Period 9 FY 2022	Period 9 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
81,801	108,355	76,682	31,674	41.3%	Gross Revenue	659,184	850,543	677,324	173,218	25.6%
(64,564)	(81,738)	(57,275)	(24,463)	(42.7%)	Deductions	(498,073)	(649,470)	(505,842)	(143,629)	(28.4%)
17,237	26,617	19,407	7,210	37.2%	Net Patient Revenue	161,111	201,073	171,483	29,590	17.3%
273	289	272	17	6.3%	Other Operating Revenue	3,056	2,555	2,437	119	4.9%
17,510	26,907	19,679	7,228	36.7%	Total Operating Revenue	164,167	203,628	173,920	29,708	17.1%
					OPERATING EXPENSE					
8,772	11,181	9,066	(2,115)	(23.3%)	Salaries & Wages	75,040	88,165	78,019	(10,146)	(13.0%)
3,637	4,736	3,093	(1,643)	(53.1%)	Supplies	27,231	34,229	28,040	(6,189)	(22.1%)
3,458	3,682	3,238	(444)	(13.7%)	Fees & Purchased Services	26,673	31,133	28,894	(2,239)	(7.7%)
388	542	406	(136)	(33.4%)	Other Operating Expense	3,456	3,096	4,050	954	23.6%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
960	1,095	923	(172)	(18.7%)	Depreciation	8,131	9,698	8,383	(1,315)	(15.7%)
17,215	21,237	16,726	(4,511)	(27.0%)	Total Operating Expense	140,531	166,320	147,387	(18,933)	(12.8%)
295	5,670	2,954	2,717	92.0%	Net Operating Margin	23,636	37,308	26,533	10,775	40.6%
0	0	0	0	0.0%	Non Operating Income	0	23	0	23	0.0%
295	5,670	2,954	2,717	92.0%	Net Margin	23,636	37,331	26,533	10,798	40.7%
1,255	6,765	3,876	2,889	74.5%	Operating EBIDA	31,767	47,006	34,916	12,090	34.6%
7.2%	25.1%	19.7%	5.4%		Operating EBIDA Margin	19.4%	23.1%	20.1%	3.0%	
1.7%	21.1%	15.0%	6.1%		Operating Margin	14.4%	18.3%	15.3%	3.1%	
1.7%	21.1%	15.0%	6.1%		Net Margin	14.4%	18.3%	15.3%	3.1%	

El Camino Health Medical Network

Statement of Operations (\$000s)

Period 9 ending 03/31/2022

Period 9 FY 2021	Period 9 FY 2022	Period 9 Budget 2022	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2021	YTD FY 2022	YTD Budget 2022	Variance Fav (Unfav)	Var%
					OPERATING REVENUES					
10,632	8,978	7,302	1,675	22.9%	Gross Revenue	79,010	79,832	71,664	8,168	11.4%
(7,182)	(6,008)	(4,572)	(1,436)	(31.4%)	Deductions	(52,868)	(53,482)	(45,065)	(8,417)	(18.7%)
3,450	2,970	2,730	240	8.8%	Net Patient Revenue	26,142	26,350	26,599	(249)	(0.9%)
806	1,166	869	296	34.1%	Other Operating Revenue	10,972	8,672	8,223	449	5.5%
4,256	4,136	3,600	536	14.9%	Total Operating Revenues	37,114	35,022	34,822	200	0.6%
					OPERATING EXPENSES					
1,930	1,759	1,586	(173)	(10.9%)	Salaries & Wages	14,925	14,289	14,636	348	2.4%
488	451	214	(238)	(111.3%)	Supplies	3,877	3,070	2,348	(722)	(30.7%)
3,706	3,770	3,437	(333)	(9.7%)	Fees & Purchased Services	35,984	33,381	32,348	(1,033)	(3.2%)
813	689	839	150	17.9%	Other Operating Expense	7,559	6,595	8,116	1,521	18.7%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
231	279	232	(46)	(19.9%)	Depreciation	2,098	2,519	2,148	(371)	(17.3%)
7,169	6,949	6,308	(641)	(10.2%)	Total Operating Expenses	64,443	59,854	59,597	(258)	(0.4%)
(2,912)	(2,813)	(2,708)	(105)	(3.9%)	Net Operating Margin	(27,329)	(24,832)	(24,775)	(57)	(0.2%)
0	(15)	0	(15)	0.0%	Non Operating Income	229	(147)	0	(147)	0.0%
(2,912)	(2,828)	(2,708)	(120)	(4.4%)	Net Margin	(27,100)	(24,979)	(24,775)	(204)	(0.8%)
(2,681)	(2,534)	(2,476)	(58)	(2.4%)	Operating EBIDA	(25,231)	(22,313)	(22,627)	313	1.4%
-63.0%	-61.3%	-68.8%	7.5%		Operating EBIDA Margin	-68.0%	-63.7%	-65.0%	1.3%	
-68.4%	-68.0%	-75.2%	7.2%		Operating Margin	-73.6%	-70.9%	-71.1%	0.2%	
-68.4%	-68.4%	-75.2%	6.8%		Net Margin	-73.0%	-71.3%	-71.1%	(0.2%)	

Consolidated Balance Sheet (as of 03/31/2022)

(\$000s)

ASSETS

	Audited	
	March 31, 2022	June 30, 2021
CURRENT ASSETS		
Cash	169,283	151,641
Short Term Investments	182,696	284,262
Patient Accounts Receivable, net	201,271	166,283
Other Accounts and Notes Receivable	6,580	9,540
Intercompany Receivables	13,746	15,116
Inventories and Prepays	29,953	23,079
Total Current Assets	603,529	649,921
BOARD DESIGNATED ASSETS		
Foundation Board Designated	23,246	20,932
Plant & Equipment Fund	306,413	258,191
Women's Hospital Expansion	30,261	30,401
Operational Reserve Fund	182,907	123,838
Community Benefit Fund	18,002	18,412
Workers Compensation Reserve Fund	17,002	16,482
Postretirement Health/Life Reserve Fund	31,292	30,658
PTO Liability Fund	34,042	32,498
Malpractice Reserve Fund	1,972	1,977
Catastrophic Reserves Fund	27,360	24,874
Total Board Designated Assets	672,496	558,264
FUNDS HELD BY TRUSTEE	0	5,694
LONG TERM INVESTMENTS	537,747	603,211
CHARITABLE GIFT ANNUITY INVESTMENTS	930	728
INVESTMENTS IN AFFILIATES	33,293	34,170
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,887,235	1,799,463
Less: Accumulated Depreciation	(798,846)	(742,921)
Construction in Progress	95,666	94,236
Property, Plant & Equipment - Net	1,184,055	1,150,778
DEFERRED OUTFLOWS	23,838	21,444
RESTRICTED ASSETS	29,192	29,332
OTHER ASSETS	109,182	86,764
TOTAL ASSETS	3,194,262	3,140,306

LIABILITIES AND FUND BALANCE

	Audited	
	March 31, 2022	June 30, 2021
CURRENT LIABILITIES		
Accounts Payable	39,229	39,762
Salaries and Related Liabilities	35,226	50,039
Accrued PTO	34,736	33,197
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	13,490	12,990
Intercompany Payables	11,180	14,704
Malpractice Reserves	1,665	1,670
Bonds Payable - Current	9,905	9,430
Bond Interest Payable	3,238	8,293
Other Liabilities	14,540	16,953
Total Current Liabilities	165,509	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)	6,153	6,227
Bond Payable	470,682	479,621
Total Long Term Liabilities	525,129	533,509
DEFERRED REVENUE-UNRESTRICTED	36,936	67,576
DEFERRED INFLOW OF RESOURCES	45,862	28,009
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	2,188,326	2,097,010
Board Designated	200,748	193,782
Restricted	31,753	31,082
Total Fund Bal & Capital Accts	2,420,827	2,321,874
TOTAL LIABILITIES AND FUND BALANCE	3,194,262	3,140,306

**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: May 11, 2022
Subject: Medical Staff Report – Open Session

Recommendation:

To approve the Medical Staff Report.

Summary:

1. **Situation:** The Medical Executive Committee met on April 28, 2022
2. **Background:** MEC received the following informational reports.
 - a. Quality Council – The Quality Council met on April 6, 2022. Reports and performance dashboards were reviewed and approved by the following ECH Departments/Service Lines:
 - i. Clinical Contract Evaluation for FY2022
 - ii. Annual Performance Improvement Report – Imaging Services FY2022
 - iii. Value-Based Purchasing
 - iv. Annual Performance Improvement Report – Sterile Processing FY2022
 - b. Leadership Council – The Leadership Council met on April 12, 2022, and discussed the following:
 - i. Breast Cancer Program
 - ii. Surgery Vice-Chair Los Gatos
 - iii. MEC Members at Large
 - iv. Medical Director Quality Goals (MHAS)
 - 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: None

Suggested Board Discussion Questions: None

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, CMO
Date: May 11, 2022
Subject: Resolution 2022-06

Recommendation:

To approve Resolution 2022-06 finding that Director Somersille's OB/GYN Call Panel Agreement is fair and in ECH's best interest.

Summary:

1. **Situation:** Management wishes to enter into an OB/GYN Call Panel Agreement with Board Director Carol A. Somersille, MD. The OB/GYNs on this 24/7/365 call panel provide: 1) backup for the OB Hospitalists in the OBED, 2) ED coverage for gynecology patients, and 3) coverage for unassigned obstetrical patients less than sixteen (16) weeks of gestation. Management believes that the proposed contract is in the best interest of El Camino Health and is fair to its patients. Moreover, the amount to be paid will be no greater than the amounts paid under the same or similar agreements.
2. **Authority:** The agreement must be approved by the Board in order to comply with the California Nonprofit Corporations Act. In addition, although Director Somersille's agreement is with El Camino Hospital, not with the District, legal counsel recommends that the Board approve Resolution 2022-06 in a manner that would comply with Health and Safety Code Section 32111; if it applied.
3. **Background:** California Government Code Section 1090 generally bars contracts between governmental entities and directors, among others, who are financially interested in certain agreements. California Health and Safety Code Section 32111 provides an exception to contracts involving a member of a medical staff who is subject to Section 1090, where the contract is between the district and the officer for professional services to the district's patients, employees, or medical staff members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services if the following conditions have been satisfied:
 - (i) the officer abstains from any board action regarding the contract;
 - (ii) the officer's relationship to the contract is disclosed to the board and noted in its official records; and
 - (iii) the board finds the contract is fair and in its best interest and authorizes the contract in good faith without the participation by the officer.
4. **Assessment:**

Dr. Somersille will be compensated at the same payment rate as the other physicians on the call panel. The maximum per diem rate will be \$1,000 per day plus \$500 per activation, with twelve (12) independent physicians expected to be on the OB/GYN call panel. The daily stipend of \$1,000 is at the 75th percentile and the \$500 activation payment (capped at one payment per 24 hours) is between the 75th and 90th percentiles depending on the

Resolution 2022-06

May 11, 2022

estimated activation duration. Our initial ECH offer was \$750 per day plus \$500 when a physician responds in person. The OB/GYNs countered with \$1,300 per day stating that East Bay hospitals are paying \$1,400 and \$1,500 per day. I countered with \$1,000 per day plus \$500.00 when a physician responds in person, and the OB/GYNs accepted.

5. Other Reviews: N/A

6. Outcomes: N/A

List of Attachments:

1. Resolution 2022-06

Suggested Board Discussion Questions: None.

RESOLUTION 2022-06
BOARD OF DIRECTORS
EL CAMINO HOSPITAL

WHEREAS, Dr. Carol A. Somersille (“Dr. Somersille”) became a member of the Board of Directors of El Camino Hospital on December 4, 2020;

WHEREAS, El Camino Hospital management has proposed entering into a OB/GYN Call Panel physician agreement with Dr. Somersille with terms, including payments terms, that are similar to those entered into with other physicians;

WHEREAS, El Camino Hospital management has determined that entering into a OB/GYN Call Panel Agreement with Dr. Somersille is fair and in the interests of El Camino Hospital and El Camino Hospital could not have obtained a more advantageous arrangement; and

WHEREAS, Dr. Somersille has recused herself from voting or otherwise participating in this matter;

NOW, THEREFORE, BE IT:

RESOLVED, that the Board of Directors finds that the proposed contract with Dr. Somersille is fair and in the interests of El Camino Hospital and El Camino Hospital could not have obtained a more advantageous arrangement; be it further

RESOLVED, that the proposed agreement with Dr. Somersille is hereby approved and the CEO is authorized to execute and deliver such agreement on behalf of El Camino Hospital.

AYES:

NOES:

ABSTAIN:

RECUSED:

Julia E. Miller, Secretary/Treasurer

OPEN SESSION CEO Report
May 11, 2022
Dan Woods, Chief Executive Officer

Operations

Nurses Week is nationally celebrated on May 6th through May 12th every year. This year, the American Nurses Association (ANA) has declared the whole month of May as “Nurses Month”, accompanied by a theme of “You Make A Difference”. The goal is to encourage nurses, individuals, employers, other health care professionals and community leaders to recognize and promote the vast contributions and positive impact of America's nurses. At El Camino Health, we plan to celebrate nurses all month through various recognition, professional development, and community awareness activities. Please join me in thanking ECH nurses for another year of extraordinary care they have provided to our patients. Time and time again, ECH nurses have demonstrated unwavering commitment to their patients and the communities they serve.

For the second year in a row, the neonatal intensive care unit (NICU) was awarded the prestigious David Wirtschafter and Superstar Awards for NICU Quality Improvement, from the California Perinatal Quality Care Collaborative (CPQCC) & California Association of Neonatologist (CAN). These recognitions are awarded to teams that have contributed not only within their unit but across the neonatal community. Mountain View was awarded for the David Wirtschafter Award for Quality Improvement & Los Gatos was awarded as a Superstar Award for Quality a second award for sustained high performance in low rates for Nulliparous Term Singleton Vertex cesarean section births or commonly known as NTSV C-Section rates.

ECH launched the capability to perform a newer, minimally-invasive spine ablation procedure for back pain called the Intracept in Mountain View, previously only available in Los Gatos. This procedure expands the group of spine condition treatments offered for patients with six months of chronic low back pain and have attempted alternative treatments. This supports the spine care program’s approach to cover the larger continuum of care.

With a new advanced practice nursing hire and investment in the Peter C. Fung, MD Stroke Program ECH will add a neurovascular certified practitioner to the team, and the role will support a higher level of staff education and coordinate patient research protocols. It will also meet criteria to support a future certification as a comprehensive stroke center.

Marketing and Communications

TV spots for the Accept Nothing Less brand advertising campaign launched on local news programming, cable, and various streaming services. The remaining media which includes digital, social, out-of-home, and print will launch in the next month. A vendor choice was made in preparation for the creation of an ECH intranet project if our effort to enhance internal communications.

Human Resources

During the month of April, 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 a six month period to learn critical for leadership behaviors that support the organizations goal of creating this significant cultural shift. To date 92% of all leaders and Medical Directors have attended the training with very positive feedback based on the program content. All staff will attend a two hour Universal Skills training program beginning in June, to be completed by the end of the year. The Just Culture workgroup has developed a policy and procedure, decision grid and a Just Culture statement that will set the framework for a fair and just decision making process for safety related errors committed by staff.



The Human Resources Operations group along with the Education and Training and Patient Experience groups have developed and implemented a Summer Internship program working with the Health Career Connection resource.

Finally, plans to conduct an Employee Engagement/Culture of Safety Pulse Survey are being finalized and the survey will be implemented in May.

Information Services

El Camino Health has reached Epic's top level known as "Gold Stars 10" in the area of Analytics for Cogito, the Epic Analytics module including the Data Warehouse while receiving "Value from Data". Achieving these designations places our organization as one of only three healthcare providers in the country utilizing the most advanced analytic tools and functionality. In addition, mobile enabled Executive Dashboards now show enhanced year-over-year trending to demonstrate metrics today compared with the same period last year.

To protect the organization against Cybersecurity attacks, El Camino Health has trained our staff through regular phishing exercises to promote resilience. During the March Phishing Exercise, employees demonstrated the highest reporting rate (17%) and the lowest click rate (<1%) yielding an average social engineering resilience score of 86.2 which is 19.2 times better than our industry partners.

Philanthropy

In April, El Camino Health Foundation allocated \$863,450.00 from the El Camino Fund, a pool of unrestricted gifts, to the following programs:

Corporate & Community Health Services

Concern serves 30 cities across the bay area. We offer a robust first responder program to serve fire and police. This program provides 85 uniquely qualified mental health professionals who have the skills and experience to address the specific challenges that first responders face in the course of their duties. They are trauma trained specialists who have years of experience counseling first responders. This is the only program of its kind in the Bay Area.

The Chinese Health Initiative provided a series of sleep/stress reduction classes with 100+ attendees. CHI reached out to new audiences through five events with community partners: Alzheimer's Association, Mountain View Library, River of Life Church, and Women's Workshop in the Bay Area with an attendance of 350+.

The South Asian Heart Center engaged 512 participants in screening, education and coaching programs and completed 750 consultations and coaching sessions. The center hosted 10 lifestyle workshops and four health information events attended by 260 community members. The California Diabetes and Pregnancy Program granted ECH affiliate status to operate Sweet Success.

Auxiliary

The Auxiliary donated 3,593 volunteer hours for the month of March.

FY22 Hospital Board Pacing Plan – Q1		
JULY - NO MEETING	August 18, 2021	September 22, 2021 (Rescheduled)
	Regular Items: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Board Recognition • Committee Reports (IC, CAC) – Written Memo as needed • Quality Committee Report • Executive Session • Public Communication
	Consent Calendar Approvals: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Credentials and Privileges Report
	Informational Items: <ul style="list-style-type: none"> • CEO Report w/Auxiliary, Foundation Reports 	Informational Items: <ul style="list-style-type: none"> • CEO Report • FY22 Period 1 Financials
	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> • FY21 Period 12 Financials • FY22 Organizational Performance Goals • Board Action Plan 	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> • FY21 Patient Safety Claims Report (Annual)
	<u>Discussion:</u> <ul style="list-style-type: none"> • Enterprise Risk Management • Strategic Plan 	<u>Discussion:</u> <ul style="list-style-type: none"> • FY21 Strategic Plan Metrics (Final)

FY22 Hospital Board Pacing Plan – Q2		
October 13, 2021	November 10, 2021	December 8, 2021
Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports (FC, ECC, CAC,) Quality Committee Report (Open Consent) Executive Session Public Communication 	Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports (GC meeting, ECC) Quality Committee Report (Open Session Discussion Board Quality Dashboard) Executive Session Public Communication 	Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports Quality Committee Report (Open Consent) Executive Session Public Communication
Consent Calendar Approvals: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> CEO Report Incl. Auxiliary and Foundation Reports (Foundation Report in Person) 	Informational Items: <ul style="list-style-type: none"> CEO Report Incl. Auxiliary Foundation Reports FY22 Period 3 Financials 	Informational Items: <ul style="list-style-type: none"> CEO Report Incl. Auxiliary, Foundation Reports MV Site Plan Status (From Nov. FC)
Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> Board Action Plan FY21 Compliance Summary FY22 Period 4 Financials (Quarterly Financial Report) 	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none">
<u>Discussion:</u> <ul style="list-style-type: none"> Governance Best Practices 	<u>Discussion:</u> <ul style="list-style-type: none"> FY22 Strategic Plan Metrics Update (Q1 Results) ECHMN (SVMD) Semi-annual Report 	<u>Discussion:</u> <ul style="list-style-type: none"> Strategic Planning Update ERM – Follow Up Discussion Board Assessment

FY22 Hospital Board Pacing Plan – Q3		
January 2022 – NO MEETING	February 9, 2022	March 9, 2022
	Regular Items: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Board Recognition • Committee Reports (GC, CAC) • Quality Committee Report (Exception Report/Underperforming Metrics) • Executive Session • Public Communication
	Consent Calendar Approvals: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Board (Open and Closed) • Policies • Physician Agreements • Committee Recommendations • Closed Session QC Report (C&P, QC Minutes)
	Informational Items: <ul style="list-style-type: none"> • CEO Report Incl. Auxiliary, Foundation Report, ERM 	Informational Items: <ul style="list-style-type: none"> • CEO Report Incl. Auxiliary, Foundation Reports • FY 21 Period 7 Financials
	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> • FY 22 Period 6 Financials (Quarterly Financial Report) • Board Member Benefits • Proposed Revised Community Benefits Policy (Delegation to FC) 	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> • Draft Revised Long-Term Operating and Capital Financial Plan • PBX Call Center Scope of Service • Strategic Plan Approval (Open Session)
	<u>Discussion:</u> <ul style="list-style-type: none"> • Strategic Planning Update • Strategic Plan Implementation - Q2 FY22 Metrics <p>** February 23, 2022: Board Retreat - Understanding Systemness and System Alignment & Building an Outpatient Strategy</p>	<u>Discussion:</u> <ul style="list-style-type: none"> • MSO Education • Enterprise Risk Management (Follow-up Discussion)

FY22 Hospital Board Pacing Plan – Q4		
April 13, 2022	May 11, 2022	June 8, 2022
Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports (GC, CAC, FC, ECC) Quality Committee Report (Open Consent) Executive Session Public Communication 	Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports Quality Committee Report (Open Discussion Board Quality Dashboard) Executive Session Public Communication 	Regular Items: <ul style="list-style-type: none"> Board Recognition Committee Reports (IC, GC, ECC, FC, CCC) Quality Committee Report (Open Consent) Executive Session Public Communication
Consent Calendar Approvals: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Board (Open and Closed) Policies Physician Agreements Approval of Auxiliary Officers Closed Session QC Report (C&P, QC Minutes) 	Consent Calendar Approvals: <ul style="list-style-type: none"> Board (Open and Closed) Policies Physician Agreements Med Staff Report (Open) w/Clinical Contracts FY23 Master Calendar FY23 Committee Goals FY23 Committee and Liaisons Appointments Closed Session QC Report (C&P, QC Minutes) FY21 Period 10 Financials
Informational Items: <ul style="list-style-type: none"> CEO Report w/Auxiliary, Foundation Reports MV Site Plan Status (From March FC) 	Informational Items: <ul style="list-style-type: none"> CEO Report w/Auxiliary, Foundation Reports 	Informational Items: <ul style="list-style-type: none"> CEO Report w/Auxiliary, Foundation Reports Individual Goals Executive Performance Incentive Plan MV Site Plan Status (from June FC)
Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> Value Proposition Statement 	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> Board Quality Dashboard FY21 Period 9 Financials 	Specific Items: <u>Approvals:</u> <ul style="list-style-type: none"> FY22 CEO Salary and Contract FY22 Community Benefit Plan Board Officer Elections
<u>Discussion:</u> <ul style="list-style-type: none"> Diversity ERM 	<u>Discussion:</u> <ul style="list-style-type: none"> Strategic Plan Implementation FY22 Q3 Metrics and Review, FY22 Q3 Financial – Quarterly Update Board Officer Elections Procedure ECHMN Semi-Annual Report <p>** May 26: Joint Meeting with Finance Committee</p>	<u>Discussion:</u> <ul style="list-style-type: none"> FY22 Strategic Plan Goals and Metrics FY22 Capital and Operating Budget CQO Salary Anesthesia Group ECHMN Semi-Annual Report