



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

Wednesday, March 12, 2025 – 5:30 pm

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040 | Sobrato Boardroom 1

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 965 3841 0630# No participant code. Just press #.**

To watch the meeting, please visit: [ECH Board Meeting Link](#)

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.

NOTE: If there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Board member is participating in the meeting via teleconference.

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) 988-3218** 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	ACTION	ESTIMATED TIMES
1	CALL TO ORDER AND ROLL CALL	Bob Rebitzer, Board Chair	Information	5:30 pm
2	CONSIDER APPROVAL FOR AB 2449 REQUESTS	Bob Rebitzer, Board Chair	Possible Motion	5:30 pm
3	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Bob Rebitzer, Board Chair	Information	5:30 pm
4	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for people to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital Board of Directors at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i>	Bob Rebitzer, Board Chair	Information	5:30 pm
5	RECEIVE VERBAL MEDICAL STAFF REPORT	Steven Xanthopoulos, MD, Chief of Staff, Mountain View Shahram Gholami, MD, Chief of Staff, Los Gatos	Information	5:30 – 5:45
6	RECESS TO CLOSED SESSION	Bob Rebitzer, Board Chair	Motion Required	5:45 – 5:46
7	ECHMN UPDATE - Growth Strategy Report - Semi- Annual Operational Report <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i>	Dan Woods, CEO Peter Goll, CAO ECHMN Mark Adams, MD, CMO Andreu Reall, VP Strategy	Discussion	5:46 – 6:16

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
8	<p>STRATEGIC OPTIONS RE SERVICES AND PROGRAMS AT HOSPITALS INCLUDING LOS GATOS REDEVELOPMENT</p> <p><i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets regarding new services or programs.</i></p>	<p>Don Watters, Chair Finance Committee Dan Woods, CEO Carlos Bohorquez, CFO Omar Chughtai, CGO Andreu Reall, VP Strategy</p>	Discussion	6:16 – 7:05
9	<p>APPROVE CREDENTIALING AND PRIVILEGING REPORT</p> <p><i>Health & Safety Code Section 32155 and Gov't Code Section 54957 Report regarding personnel performance for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</i></p>	Mark Adams, MD, CMO	Motion Required	7:05 – 7:10
10	<p>APPROVE MINUTES OF THE CLOSED SESSION OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS</p> <p>- Minutes of the Closed Session of the ECHB Meeting (02/05/25) - Minutes of the Closed Session of the Joint Hospital Board/Finance Committee Special Meeting (02/12/25)</p> <p><i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i></p>	Bob Rebitzer, Board Chair	Motion Required	7:10 – 7:13
11	<p>LEGAL UPDATE</p> <p><i>Report involving Gov't Code Section 54956.9(d)(2) conference with legal counsel – pending or threatened litigation:</i> <i>Knowles v. El Camino Hospital</i> <i>Spalinger v. El Camino Hospital</i> <i>SEIU v. Silicon Valley Medical Development and El Camino Hospital</i></p>	Dan Woods, CEO Theresa Fuentes, CLO	Information	7:13 – 7:20
12	<p>EXECUTIVE SESSION</p> <p><i>Gov't Code Section 54957(b) for discussion and report on personnel performance matters – Senior Management</i></p>	Bob Rebitzer, Board Chair	Discussion	7:20 – 7:25
13	RECONVENE TO OPEN SESSION	Bob Rebitzer, Board Chair	Motion Required	7:25 – 7:26
14	<p>CLOSED SESSION REPORT OUT</p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Gabe Fernandez, Governance Services Coordinator	Information	7:26 – 7:27
15	<p>BOARD FINANCE APPROVALS: LOS GATOS HOSPITAL REDEVELOPMENT PROJECT</p> <p>- Approve \$5.0 million to fund initial design development phase</p> <p>PLAN OF FINANCE FOR SERIES 2025 BONDS (REFUND SERIES 2015A, SERIES 2009A AND ISSUE NEW DEBT)</p> <p>- Approve Resolution 2025-01 2025 Tax-Exempt Bond Financing and Related Transactions</p>	Bob Rebitzer, Board Chair	Motions Required	7:27 – 7:30

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
16	CONSENT CALENDAR ITEMS: a. Approve Hospital Board Open Session Minutes (02/05/25) b. Approve Joint Hospital Board/Finance Committee Special Meeting Open Session Minutes (02/12/25) c. Approve Policies, Plans, and Scope of Services as Reviewed and Recommended for Approval by the Medical Executive Committee d. Approve Committee Charters as Reviewed and Recommended for Approval by Committees and Governance Committee e. Receive Period 7 Financials f. Receive FY25 ECHB Pacing Plan g. Receive FY25 ECHB Follow Up Items	Bob Rebitzer, Board Chair	Motion Required	7:30 – 7:35
17	CEO REPORT	Dan Woods, Chief Executive Officer	Information	7:35 – 7:40
18	BOARD ANNOUNCEMENTS	Bob Rebitzer, Board Chair	Information	7:40 – 7:45
19	ADJOURNMENT APPENDIX	Bob Rebitzer, Board Chair	Motion Required	7:45

NEXT MEETINGS: April 16, 2025; May 14, 2025; June 18, 2025



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

To: El Camino Hospital Board of Directors
From: Carlos Bohorquez, Chief Finance Officer
Omar Chughtai, Chief Growth Officer
Andreu Reall, Vice President, Strategy
Date: March 12, 2025
Subject: Strategic Options – New Services / Programs at Hospitals

Recommendation:

Finance Committee and Management recommend Board approval of \$5.0 million to fund the initial Design Development phase (6 months), which will further define the strategic project's framework / design, capital cost and timing.

Executive Summary:

1. Summary:

The Los Gatos (LG) Hospital redevelopment project is a strategic initiative aimed at modernizing and expanding the LG campus. Redevelopment is necessary to meet the market needs and ensuring compliance with SB 1953 which mandates updating hospital facilities meet specified seismic criteria by calendar year 2030.

2. Assessment:

Management has evaluated the current site, market dynamics, and future opportunities for a potential replacement facility.

3. Outcomes:

Management proposes moving forward with the recommended building framework, by funding the Design phase of the project. This will require an initial \$5.0 million.



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

To: El Camino Hospital Board of Directors
From: Carlos Bohorquez, Chief Financial Officer
Date: March 12, 2025
Subject: Plan of Finance Resolution (2025-01) Recommendation for Board Approval

Recommendation:

Approve Resolution 2025-01 for the proposed Plan of Finance as reviewed and recommended for approval by the Finance Committee.

Summary:

1. Situation: ECH has the opportunity to refund Series 2015A Bonds, restructure Series 2009A Bonds and issue new debt to fund key strategic projects.
2. Outcomes: Management is requesting Board approval the following components for the plan of finance as reviewed and recommended for approval by the Finance Committee:
 - Refund Series 2015A Bonds (Outstanding Principal: \$117.3 million)
 - Issue new debt with a not to exceed \$100.0 million (one-hundred million)
 - Restructure Series 2009A VRDB Bonds (Outstanding Principal: \$49.9 million)

The components of the Plan of Finance provided that the maximum aggregate principal amount of Bonds that may be issued shall not exceed \$275,000,000.00 (two-hundred seventy-five million dollars).

List of Attachments:

1. Resolution 2025-01 (2025 Tax-Exempt Bond Financing and Related Transactions)

EL CAMINO HOSPITAL BOARD OF DIRECTORS

RESOLUTION 2025-01

2025 TAX-EXEMPT BOND FINANCING AND RELATED TRANSACTIONS

WHEREAS, El Camino Hospital, a California nonprofit public benefit corporation (“Corporation”), is the sole member of an Obligated Group (the “Obligated Group”) created by that certain Master Indenture of Trust, dated as of March 1, 2007, between the Corporation and Computershare Trust Company, National Association, as successor master trustee (the “Master Trustee”), as supplemented and amended to date (collectively, the “Master Indenture”).

WHEREAS, the Corporation’s management has consulted with its investment bankers and financial advisor regarding the Corporation’s current capital expenditure plan and benefits to the Corporation’s existing debt portfolio of issuing new debt, refinancing and/or redeeming and/or converting certain of the Corporation’s existing debt, entering into one or more hedging transactions, [and amending and restating the Master Indenture].

WHEREAS, the Corporation’s management has recommended a plan of finance (the “Plan of Finance”) that includes all or any of the following: (1) requesting the California Health Facilities Financing Authority (the “Conduit Issuer”) to issue one or more series of tax-exempt bonds (collectively, the “Bonds”) to finance the Plan of Finance, (2) the Corporation borrowing the proceeds of the Bonds, (3) the execution of Letter of Credit Reimbursement Agreements with respect to the Bonds or any portion thereof (the “LOCs”), (4) converting the interest rate setting mechanics for bonds previously issued for the benefit of the Corporation, (5) the execution and/or amendment and/or termination of one or more interest rate swap transactions (the “Swaps”), (6) the issuance of one or more Obligations pursuant to the Master Indenture to secure the Corporation’s obligations under certain agreements necessary to implement the Plan of Finance, [and (7) amending and restating the Master Indenture to modernize certain provisions and to implement changes to covenants for the benefit of the Obligated Group].

WHEREAS, the Plan of Finance contemplates that the Corporation expects the proceeds of the Bonds to be used for the purpose of (1) funding up to \$100,000,000.00 of new capital expenditures for the Obligated Group (the “New Money”), which may be used to fund future capital expenditures and/or to reimburse the Corporation for capital expenditures previously incurred by the Corporation, (2) refunding or redeeming or converting all or any portion of (a) Santa Clara County Financing Authority Variable Rate Revenue Bonds (El Camino Hospital), Series 2009A, currently outstanding in the aggregate principal amount of \$49,900,000.00, and (b) California Health Facilities Financing Authority Revenue Bonds (El Camino Hospital), Series 2015A, currently outstanding in the aggregate principal amount of \$117,290,000.00 (collectively, the “Prior Bonds”), (3) paying any costs associated with executing, amending or terminating any Swaps, and (4) paying all or a portion of the costs of implementing the Plan of Finance.

WHEREAS, after review and discussion of the Plan of Finance and other information presented by management with respect to the foregoing, the Board of Directors of this Corporation believes that it is in the best interests and in furtherance of

the nonprofit corporate purposes of this Corporation (1) to authorize and approve the Plan of Finance, (2) to approve the principal terms of all material agreements described herein as necessary to implement the Plan of Finance, (3) to authorize and approve the execution and delivery of all material agreements described herein as necessary to implement the Plan of Finance, and (4) to authorize and direct the other matters described in these resolutions.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of this Corporation authorizes, adopts, approves, confirms, directs, and ratifies the following:

1. The components of the Plan of Finance, provided that the maximum aggregate principal amount of Bonds that may be issued may not exceed \$275,000,000.00, which shall consist of (a) no more than \$100,000,000.00 aggregate principal amount of Bonds to finance New Money, (b) no more than the aggregate principal amount of Bonds that will be required to refund or redeem Prior Bonds to achieve debt service savings or other strategic objectives determined by an Authorized Officer, described below in these resolutions, and (c) amounts determined by an Authorized Officer as advisable to pay costs of issuance associated with the Plan of Finance.

2. Subject to the authorization, described below in these resolutions, of any Authorized Officer to finalize and approve the material agreements necessary to implement the Plan of Finance, the principal terms of all material agreements necessary to implement the Plan of Finance, which include:

(a) one or more bond indentures (collectively, the "Bond Indenture"), between the Conduit Issuer and Wells Fargo Bank as bond trustee (the "Bond Trustee"), providing for the issuance of the Bonds;

(b) one or more loan agreements (collectively, the "Loan Agreement"), between the Conduit Issuer and the Corporation, providing for the loan of the proceeds of the Bonds and the Corporation's obligation to make the payments required to pay debt service on the Bonds;

(c) one or more offering statements (collectively, the "Offering Document"), in preliminary and/or final form, to be used in connection with the offer, placement, and sale of the Bonds;

(d) one or more bond purchase contracts (collectively, the "Purchase Contract"), among any or all of the Corporation, RBC Capital Markets or an affiliate ("RBC"), and Jefferies LLC or an affiliate ("Jefferies"), in connection with the sale of the Bonds;

(e) one or more Supplemental Master Indentures, between Corporation and the Master Trustee (collectively, the "Series 2025 Bond Supplemental Master Indenture"), pursuant to which the Corporation will issue one or more Obligations securing the Corporation's obligations under the Loan Agreement with respect to the Bonds (collectively, the "Series 2025 Bond Obligation");

(f) agreements as may be required to evidence any new Swaps, which may include one or more Supplemental Master Indentures, between the Corporation and the Master Trustee (the "New Swaps Supplemental Master Indentures"), and

agreements as may be required to evidence amendment and/or termination of existing Swaps, which may include an amendment to one or more existing Supplemental Master Indentures, between the Corporation and the Master Trustee (the “Swaps Supplemental Master Indenture Amendments”);

(g) agreements as may be required to evidence the LOCs and as may be required by the letter of credit providers to secure payment with respect to the LOCs, which may include a Supplemental Master Indenture, between Corporation and the Master Trustee (the “LOCs Supplemental Master Indentures”), pursuant to which the Corporation would issue an Obligation securing the Corporation’s obligations with respect to the LOCs (the “LOCs Obligations”);

(h) one or more remarketing agreements (collectively, the “Remarketing Agreement”), between the Corporation and a broker-dealer serving as remarketing agent, providing for the remarketing of Bonds issued as short-term variable rate demand obligations;

[(i) the Amended and Restated Master Trust Indenture, between the Corporation and the Master Trustee (the “A&R Master Indenture”), which may include a Supplemental Master Indenture between the Corporation and the Master Trustee to provide for the conditions to be satisfied for the A&R Master Indenture to become effective (the “A&R Master Indenture Supplement”)]; and

(j) one or more continuing disclosure agreements (collectively, the “Continuing Disclosure Agreement”), between the Corporation and a dissemination agent.

3. Any one or more Authorized Officers to finalize and approve the Bond Indenture, the Loan Agreement, the Offering Document, the Purchase Contract, the Series 2025 Bond Supplemental Master Indenture, the Series 2025 Bond Obligation, agreements relating to execution and/or amendment and/or termination of Swaps, the New Swaps Supplemental Master Indentures, the Swaps Supplemental Master Indenture Amendments, agreements relating to the LOCs, the LOCs Supplemental Master Indentures, the LOCs Obligations, the Remarketing Agreement, [the A&R Master Indenture, the A&R Master Indenture Supplement,] the Continuing Disclosure Agreement and other agreements, documents, instruments or certificates as may be reasonably necessary or advisable in connection with the implementation of the Plan of Finance.

4. Any one or more Authorized Officers to determine whether any portion of the Bonds shall be sold pursuant to a private placement arrangement and to negotiate and approve the final terms of such private placement arrangement, subject to the limits set forth in these resolutions.

5. Any one or more of the Authorized Officers to execute and deliver, in the name and on behalf of Corporation, for itself or as agent on behalf of the Obligated Group, any evidence required of the approval authorized hereby.

6. Each and any of the Authorized Officers to execute and certify to the Bond Trustee, the Master Trustee, any rating agency, any underwriter, any counterparty, or any other third party involved in the transactions contemplated by these resolutions, and any of their respective attorneys or other agents whatever

resolutions and actions and in whatever form as is consistent with these resolutions after this date, as may be required by such party to give them comfort that sufficient authorization has been given by this Board of Directors pursuant to the authorization and direction granted in these resolutions.

7. Any of the following named persons or the persons holding the following positions are designated as “Authorized Officers” for the purpose of these resolutions:

<u>Name</u>	<u>Position</u>
Carlos Bohorquez	Chief Financial Officer

8. Any prior resolutions of this Board of Directors contrary to these resolutions are hereby superseded and of no further force and effect.

9. All actions heretofore taken by this Board of Directors or the Corporation, on behalf of itself or on behalf of the Obligated Group, or their respective directors, trustees, officers, shareholders, employees, affiliates or agents, and all things done by the authority of any of the foregoing with respect to the actions contemplated by these resolutions.

10. These resolutions shall take effect immediately, and the authority conferred upon the Authorized Officers by these resolutions shall remain in full force and effect until written notice of revocation by further resolutions of this Board of Directors of this Corporation shall have been delivered.

DULY PASSED AND ADOPTED at a regular meeting held on March 12, 2025, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Secretary
El Camino Hospital Board of Directors



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, February 5, 2025**

El Camino Hospital | 2500 Grant Road Mountain View, CA 94040 | Sobrato Boardroom 1

Board Members Present

Bob Rebitzer, Chair
Jack Po, MD, Ph.D., Vice-Chair
 (joined at 6:22 p.m.)
John Zoglin, Secretary/Treasurer
Lanhee Chen, JD, PhD (joined at
 5:48 p.m.)
Wayne Doiguchi
Julia E. Miller
Carol A. Somersille, MD
George O. Ting, MD
Don Watters

Board Members Absent

Peter Fung, MD, MBA

Staff Present

Dan Woods, CEO
Mark Adams, MD, CMO
Carlos Bohorquez, CFO
Omar Chughtai, CGO**
Theresa Fuentes, CLO
Peter Goll, CAO, ECHMN
Mark Klein, CC&MO
Tracey Lewis Taylor, COO
Shreyas Mallur, MD, CQO
Deb Muro, CIO
Cheryl Reinking, CNO
Andreu Reall, VP of Strategy

Staff Present (cont.)

Anne Yang, Executive Director,
 Governance Services
Tracy Fowler, Director, Governance
 Services
Gabriel Fernandez, Governance
 Services Coordinator
Brian Richards, Information
 Technology

***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 5:33 p.m. by Chair Bob Rebitzer. Roll call was taken and Directors Chen, Fung, Po, and Somersille were absent at roll call. A quorum was present. Director Chen joined the meeting at 5:48 p.m. and Director Po joined at 6:22 p.m.	<i>The meeting was called to order at 5:33 p.m.</i>
2. AB-2449 – REMOTE PARTICIPATION	No AB-2449 requests were received by the members of the Board.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Rebitzer asked the Board if any member had a conflict of interest with any items on the agenda. Ms. Fuentes noted that Director Somersille would recuse herself for discussion on agenda item 10 – Physician Services Agreement and that she would be recused from the vote on agenda item 16. Director Somersille joined the meeting during this discussion and concurred with what was noted by Ms. Fuentes. Chair Rebitzer commended the Board for compliance with our COI policy. Ms. Fuentes reminded the Board that Conflict of Interest forms were due now and should be sent to the VP of Compliance.	
4. PUBLIC COMMUNICATION	Chair Rebitzer invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.	
5. QUALITY FOCUSED REVIEW – FY25 Q2 STEEP and JOURNEY TO ZERO HARM	Chair Rebitzer opened the discussion on the FY25 Q2 STEEP dashboard asking for questions or comments from the Board. Director Watters expressed his compliments on the thoroughness of the report. Dr. Mallur noted that there was a clerical error on the memo that was updated. Director Miller commented on the number of unfavorable items and asked if there was a plan to bring those measures to favorable. Discussion then centered around social drivers of health screening and the importance of data collection in the	

	<p>current environment.</p> <p>Chair Rebitzer then opened the discussion on the second Quality topic and acknowledged that the High Reliability Organization (HRO) would be part of Dr. Adams' legacy to ECH. The ensuing discussion centered on enhancing patient safety and fostering a HRO culture. Dr. Mallur emphasized preoccupation with failure, proactive error prevention, and the importance of frontline staff engagement. Examples included preventing surgical errors, avoiding incorrect CT scans, and detecting elder financial abuse through increased screenings. Staff noted that to sustain these safety improvements, the organization has implemented daily safety huddles, a Hero Award program, and unit-based safety coaches who reinforce best practices. The next phase involves not only preventing failures but also analyzing and reinforcing successful safety practices to ensure long-term improvements.</p>	
6. RECESS TO CLOSED SESSION	<p>Motion: To recess to closed session at 5:57 p.m.</p> <p>Movant: Miller Second: Watters Ayes: Doiguchi, Miller, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Chen, Fung, Po Recused: None</p>	Recessed to closed session at 5:57 p.m.
7. AGENDA ITEM 15: CLOSED SESSION REPORT OUT	<p>Chair Rebitzer reconvened the open session at 7:14 p.m., and Agenda Items 7-13 were addressed in the closed session.</p> <p>Mr. Fernandez reported that during the closed session, the Credentialing and Privileges Report and Closed Session Minutes were approved by a unanimous vote of all Directors present.</p>	Reconvened Open Session at 7:14 p.m.
8. AGENDA ITEM 16: APPROVE PHYSICIAN SERVICE AGREEMENTS	<p>Director Somersille recused herself from the room for this vote.</p> <p>Motion: To approve OB Hospital Services Renewal Agreement.</p> <p>Movant: Watters Second: Zoglin Ayes: Chen, Doiguchi, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Fung Recused: Somersille</p>	OB Hospital Services Renewal Agreement approved.
9. AGENDA ITEM 17: CONSENT CALENDAR	<p>Chair Rebitzer asked if any member of the Board wished to remove an item from the consent calendar for discussion. Dr. Mallur noted that there was an update to the Quality Improvement & Safety Plan (QIPS) with minor edits from the</p>	Consent calendar items a, b, and c were approved.

	<p>Quality Committee</p> <p>Motion: To approve the consent calendar noting the addition of “and the Quality Committee of the Board..” to QIPS.</p> <p>Movant: Chen Second: Ting Ayes: Chen, Doiguchi, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None</p>	<p>- Hospital Board Open Session Minutes (12/11/24) - Core Values Update - Policies, Plans, and Scopes of Services</p> <p>Consent calendar items d, e, f, and g were received</p> <p>- Period 5 Financials - Period 6 Financials - FY25 ECHB Pacing Plan - FY25 ECHB Follow Up Items</p>
<p>10. AGENDA ITEM 18: CEO REPORT</p>	<p>Mr. Woods provided a brief update on key developments including an overview of the recent Joint Commission tri-annual survey with 11 surveyors over three days and an update on Foundation fundraising. He highlighted community initiatives, including the launch of a Guide to Emotional Well-being for the Chinese Community and a fundraising dinner hosted by Chef Chu celebrating 55 years of his restaurant with all proceeds supporting the Chinese Health Initiative. Additionally, the Auxiliary continued its service efforts, contributing over 3,000 volunteer hours in December.</p> <p>Mr. Woods acknowledged and thanked Director Somersille for her participation in the Joint Commission survey.</p>	
<p>11. AGENDA ITEM 19: BOARD ANNOUNCEMENTS</p>	<p>There were no announcements from the Board.</p>	
<p>12. AGENDA ITEM 19: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:23 p.m.</p> <p>Movant: Zoglin Second: Ting Ayes: Chen, Doiguchi, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Fung Recused: None</p>	<p>Meeting adjourned at 7:23 p.m.</p>

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

John Zoglin, Secretary/Treasurer

Prepared by: Tracy Fowler, Director, Governance Services
Reviewed by Legal: Theresa Fuentes, Chief Legal Officer



**Minutes of the Open Session of the
Special Joint Meeting of the El Camino Hospital Board of Directors and Finance Committee
Wednesday, February 12, 2025**

El Camino Hospital | 815 Pollard Road, Los Gatos, CA 95032 | Conference Center Rooms 1, 2, 3

Board Members Present

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

Board Members Absent

Lanhee Chen, JD, PhD
Wayne Doiguchi

Finance Committee Members Present

Don Watters
Peter Fung, MD, MBA
Bill Hooper
Cynthia Stewart

Finance Committee Members Absent

Wayne Doiguchi

Staff Present (cont.)

Dan Woods, CEO
Carlos Bohorquez, CFO
Omar Chughtai, CGO
Theresa Fuentes, CLO
Tracey Lewis Taylor, COO
Bido Baines, VP of Operations, LG
Andreu Reall, VP of Strategy
Ann Aquino, Associate Chief Nursing Officer, LG
Anne Yang, Executive Director, Governance Services
Tracy Fowler, Director, Governance Services

**via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<p>The open session meeting of the Special Joint Meeting of the Board of Directors of El Camino Hospital (the "Board") and the Finance Committee was called to order at 2:05 p.m. by Chair Bob Rebitzer. Roll call was taken, and a quorum was present for the Board and Finance Committee. Directors Chen, Doiguchi and Po were absent at roll call. Director Po joined the meeting at 2:09 p.m.</p>	<p><i>The meeting was called to order at 2:05 p.m.</i></p>
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<p>Chair Rebitzer asked the Board if any member had a conflict of interest with any items on the agenda. No conflicts were noted.</p>	
<p>3. PUBLIC COMMUNICATION</p>	<p>Chair Rebitzer invited the members of the public to address the Board. No members of the public were present and no written correspondence was received.</p>	
<p>4. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session at 2:06 p.m. Movant: Doiguchi Second: Po Ayes: Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin, Hooper, Stewart Noes: None Abstentions: None Absent: Chen, Doiguchi Recused: None</p>	<p><i>Recessed to closed session at 2:06 p.m.</i></p>
<p>5. AGENDA ITEM 6: CLOSED SESSION REPORT OUT</p>	<p>Chair Rebitzer reconvened the open session at 4:16 p.m. Agenda item 5 was addressed in the closed session. Ms. Fowler reported that during the closed session, there were no actions taken.</p>	<p><i>Reconvened to Open Session at 4:16 p.m.</i></p>
<p>6. HOSPITAL TOUR</p>	<p>Bido Baines and Ann Aquino led the group of directors, committee members, and staff through the El Camino Los Gatos Hospital site at 815 Pollard Road, Los Gatos, CA. The tour included the Spine and Surgery Unit, Maternal Unit, Laboratory, Imaging, Pharmacy, Perioperative Care, Concierge Services, Intensive Care Unit, and Emergency</p>	

	Room. Various staff were on hand to greet the group and to discuss the care units' functions.	
7. RECESS TO CLOSED SESSION	<p>Motion: To recess to second closed session at 5:07 p.m.</p> <p>Movant: Watters Second: Po Ayes: Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin, Hooper, Stewart Noes: None Abstentions: None Absent: Chen, Doiguchi Recused: None</p>	Recessed to closed session at 5:07 p.m.
8. CLOSED SESSION REPORT OUT	<p>Chair Rebitzer reconvened the open session at 5:21 p.m. Agenda item 10 was addressed in the closed session.</p> <p>Ms. Fowler reported that there were no actions taken during the closed sessions.</p>	
9. BOARD ANNOUNCEMENTS	There were no announcements from the Board.	
10. ADJOURNMENT	<p>Motion: To adjourn at 5:21 p.m.</p> <p>Movant: Ting Second: Watters Ayes: Fung, Miller, Po, Rebitzer, Somersille, Ting, Watters, Zoglin, Hooper, Stewart Noes: None Abstentions: None Absent: Chen, Doiguchi Recused: None</p>	Adjourned at 5:21p.m.

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

John Zoglin, Secretary/Treasurer

Prepared by: Tracy Fowler, Director, Governance Services
Reviewed by Legal: Theresa Fuentes, Chief Legal Officer



BOARD OF DIRECTORS

Documents for Review

March 12, 2025

Department	Document Name	Origin Date	Last Reviewed	Revised?	Doc Type	Document Details Approval Workflow
Telemetry-Cardiac	A16c1. Scope of Service Telemetry/Cardiac Unit – Mountain View	3-2012	4-7-21	Unchanged	Scope of Service	<ul style="list-style-type: none"> Unchanged
				NO CHANGES		UPC Staff Meeting > Med Dept Exec > ePolicy > MEC > Board > Publish
Care Coordination	A16c2. Reporting of Domestic Partner Assault	1-1998	9-22-21	Revised	Policy	<ul style="list-style-type: none"> Updated Sections: Purpose, Statement, References, Procedure
				MAJOR		UPC Staff Meeting > ePolicy > MEC > Board > Publish



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

To: El Camino Hospital Board of Directors
From: Anne Yang, Executive Director, Governance Services
Date: March 12, 2025
Subject: Annual Review and Approval of Committee Charters

Recommendation: To approve revised Charters of the El Camino Hospital Board of Directors Executive Compensation Committee, Governance Committee, Finance Committee, Investment Committee, and Quality, Patient Care and Patient Experience Committee.

Summary: The current review and approval serves as the annual Board review and approval of committee charters. The attached charters were last updated and approved by each respective Committee and reviewed and recommended for approval by the Governance Committee in June 2024. Please note that the Compliance and Audit Committee Charter is not included at this time. We have identified additional revisions to be brought to the Compliance and Audit Committee for review at the April 23, 2025 meeting, followed by the Hospital Board for approval at the May 14, 2025 meeting.

Authority: The Board of Directors reviews and approves changes to the Committee Charters.

List of Attachments:

- Executive Compensation Committee Charter
- Finance Committee Charter
- Governance Committee Charter
- Investment Committee Charter
- Quality, Patient Care and Patient Experience Committee Charter



EL CAMINO HOSPITAL BOARD OF DIRECTORS BOARD MEETING MEMO

To: El Camino Hospital Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: March 12, 2025
Subject: Financials: FY2025 – Period 7 & YTD - Consent Calendar

Purpose:

To provide the Board an update on financial results for FY2025 Period 7 (January 2025) & YTD.

Executive Summary – Period 7 (January 2025):

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 326 is 17 / 5.6% favorable to budget and 11 / 3.3% lower than the same period last year.
- **Adjusted Discharges:** 3,744 are 43 / 1.2% favorable to budget and 95 / 2.6% higher than the same period last year.
- **Emergency Room Visits:** 7,590 are 926 / 13.9% favorable to budget and 1,071 / 16.4% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,163 are 2,298 / 21.2% favorable to budget and 1,406 / 12.0% higher than the same period last fiscal year.

Financial performance for Period 7 was favorable to budget. This is attributed to strong outpatient patient volumes, net patient revenue yield and favorable management of variable expenses across the enterprise.

Total Operating Revenue (\$):	\$143.9M is \$3.2M / 2.3% favorable to budget and \$4.4M / 3.1% higher than the same period last fiscal year.
Operating EBIDA (\$):	\$24.7M is \$4.0M / 19.2% favorable to budget and consistent with the same period last fiscal year.
Net Income (\$):	\$30.4M is \$14.4M / 90.7% favorable to budget and \$1.1M / 3.5% lower than the same period last fiscal year.
Operating Margin (%):	10.9% (actual) vs. 8.8% (budget)
Operating EBIDA Margin (%):	17.1% (actual) vs. 14.7% (budget)
Net Days in A/R (days):	48.9 days are favorable to budget by 5.1 days / 9.4% and 4.4 days / 8.3% better than the same period last year.

Executive Summary – YTD FY2025 (as of 1/31/2025):

With the exception of outpatient visits / procedures and surgeries, year-over-year patient activity is consistent with last fiscal year.

- **Average Daily Census:** 310 is 3 / 1.0% favorable to budget and 2 / 0.6% higher than the same period last year.
- **Adjusted Discharges:** 25,982 are 19 / 0.1% unfavorable to budget and 399 / 1.6% higher than the same period last year.

Financials FY2025 – Period 7 & YTD (as of 1/31/2025)
March 12, 2025

- **Emergency Room Visits:** 47,648 are 637 / 1.4% favorable to budget and 730 / 1.6% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 86,684 are 8,167 / 10.1% favorable to budget and 9,717 / 12.3% higher than the same period last fiscal year.

Total Operating Revenue (\$): \$990.8M is \$33.0M / 3.5% favorable to budget and \$94.2M / 10.5% higher than the same period last fiscal year.

Operating EBIDA (\$): \$160.0M is \$20.8M / 15.0% favorable to budget and \$10.4M / 11.5% higher than the same period last fiscal year.

Net Income (\$): \$187.8M is \$74.2M / 65.3% favorable to budget and \$32.5M / 20.9% higher than the same period last fiscal year. Favorable net income is attributed to stable financial performance and unrealized gains on investment portfolio.

Operating Margin (%): 10.2% (actual) vs. 8.3% (budget)

Operating EBIDA Margin (%): 16.1% (actual) vs. 14.5% (budget)

Recommendation:

- Recommend approval of FY2025 – Period 7 & YTD financials

List of Attachments:

- Financial Report: FY2025 Period 7

Suggested Board Discussion Questions:

- None



Summary of Financial Operations

*Fiscal Year 2025 – Period 7
7/1/2024 to 01/31/2025*

*Please Note: FY2025 Period 7 / YTD results are pending review
& approval by the Finance Committee*

Operational / Financial Results: Period 7 – January 2025 (as of 01/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
									'Aa3'	'AA'	'AA'	
Activity / Volume	ADC	326	309	17	5.6%	337	(11)	(3.3%)	---	---	---	---
	Adjusted Discharges	3,744	3,701	43	1.2%	3,648	95	2.6%	---	---	---	---
	OP Visits / OP Procedural Cases	13,163	10,865	2,298	21.2%	11,757	1,406	12.0%	---	---	---	---
	Percent Government (%)	62.5%	59.4%	3.1%	5.2%	60.8%	1.7%	2.8%	---	---	---	---
	Gross Charges (\$)	627,446	574,650	52,797	9.2%	546,887	80,559	14.7%	---	---	---	---
Operations	Cost Per CMI AD	19,749	20,032	(283)	(1.4%)	20,339	(590)	(2.9%)	---	---	---	---
	Net Days in A/R	48.9	54.0	(5.1)	(9.4%)	53.4	(4.4)	(8.3%)	48.1	49.7	47.5	
Financial Performance	Net Patient Revenue (\$)	137,401	134,006	3,394	2.5%	128,942	8,459	6.6%	297,558	564,735	---	
	Total Operating Revenue (\$)	143,884	140,710	3,174	2.3%	139,531	4,353	3.1%	389,498	610,593	268,739	
	Operating Margin (\$)	15,724	12,348	3,376	27.3%	16,436	(712)	(4.3%)	7,400	11,601	8,331	
	Operating EBIDA (\$)	24,657	20,694	3,963	19.2%	24,630	27	0.1%	26,400	39,689	22,574	
	Net Income (\$)	30,357	15,916	14,440	90.7%	31,456	(1,099)	(3.5%)	19,085	20,150	15,049	
	Operating Margin (%)	10.9%	8.8%	2.2%	24.5%	11.8%	(0.9%)	(7.2%)	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	17.1%	14.7%	2.4%	16.5%	17.7%	(0.5%)	(2.9%)	6.8%	6.5%	8.4%	
	DCOH (days)	274	275	(1)	(0.3%)	265	9	3.4%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. 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 2024. Dollar amounts have been adjusted to reflect monthly averages.

Fitch Ratings: U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2024. Dollar amounts have been adjusted to reflect monthly averages.

Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Operational / Financial Results: YTD FY2025 (as of 01/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
									'Aa3'	'AA'	'AA'	
Activity / Volume	ADC	310	307	3	1.0%	308	2	0.6%	---	---	---	---
	Adjusted Discharges	25,982	26,001	(19)	(0.1%)	25,583	399	1.6%	---	---	---	---
	OP Visits / OP Procedural Cases	88,684	80,517	8,167	10.1%	78,967	9,717	12.3%	---	---	---	---
	Percent Government (%)	59.0%	58.6%	0.4%	0.7%	58.6%	0.4%	0.7%	---	---	---	---
	Gross Charges (\$)	4,246,882	4,008,021	238,861	6.0%	3,663,512	583,370	15.9%	---	---	---	---
Operations	Cost Per CMI AD	19,719	20,032	(313)	(1.6%)	18,621	1,098	5.9%	---	---	---	---
	Net Days in A/R	48.9	54.0	(5.1)	(9.4%)	53.4	(4.4)	(8.3%)	48.1	48.1	47.5	
Financial Performance	Net Patient Revenue (\$)	950,675	916,890	33,785	3.7%	854,741	95,934	11.2%	2,082,908	3,953,142	---	
	Total Operating Revenue (\$)	990,822	957,778	33,044	3.5%	896,574	94,249	10.5%	2,726,487	4,274,150	3,224,864	
	Operating Margin (\$)	100,802	79,138	21,664	27.4%	90,434	10,368	11.5%	51,803	81,209	99,971	
	Operating EBIDA (\$)	159,994	139,150	20,844	15.0%	148,319	11,675	7.9%	184,802	277,820	270,889	
	Net Income (\$)	187,761	113,594	74,167	65.3%	155,287	32,474	20.9%	133,598	243,627	180,592	
	Operating Margin (%)	10.2%	8.3%	1.9%	23.1%	10.1%	0.1%	0.9%	1.9%	1.9%	3.1%	
	Operating EBIDA (%)	16.1%	14.5%	1.6%	11.1%	16.5%	(0.4%)	(2.4%)	6.8%	6.5%	8.4%	
	DCOH (days)	274	275	(1)	(0.3%)	265	9	3.4%	258	304	311	

Moody's Medians: Not-for-profit and public healthcare annual report; August 2024. Dollar amounts have been adjusted to reflect monthly averages.

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Notes: DCOH total includes cash, short-term and long-term investments.
OP Visits / Procedural Cases includes Covid Vaccinations / Testing.

Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

Consolidated Balance Sheet (as of 01/31/2025)

(\$000s)

ASSETS	Audited		LIABILITIES AND FUND BALANCE	Audited	
	January 31, 2025	June 30, 2024		January 31, 2025	June 30, 2024
CURRENT ASSETS			CURRENT LIABILITIES		
Cash	255,170	202,980	Accounts Payable	54,542	71,017
Short Term Investments	93,124	100,316	Salaries and Related Liabilities	40,668	35,693
Patient Accounts Receivable, net	225,717	211,960	Accrued PTO	39,529	38,634
Other Accounts and Notes Receivable	24,224	25,065	Worker's Comp Reserve	2,300	2,300
Intercompany Receivables	24,249	17,770	Third Party Settlements	11,647	13,419
Inventories and Prepaids	53,263	55,556	Intercompany Payables	17,432	13,907
Total Current Assets	675,747	613,647	Malpractice Reserves	1,830	1,830
			Bonds Payable - Current	-	10,820
BOARD DESIGNATED ASSETS			Bond Interest Payable	-	7,673
Foundation Board Designated	18,427	23,309	Other Liabilities	16,757	12,261
Plant & Equipment Fund	541,387	503,081	Total Current Liabilities	184,705	207,554
Women's Hospital Expansion	46,174	31,740			
Operational Reserve Fund	210,693	210,693	LONG TERM LIABILITIES		
Community Benefit Fund	18,304	17,561	Post Retirement Benefits	23,009	22,737
Workers Compensation Reserve Fund	12,811	12,811	Worker's Comp Reserve	12,811	12,811
Postretirement Health/Life Reserve Fund	23,009	22,737	Other L/T Obligation (Asbestos)	30,542	27,707
PTO Liability Fund	38,512	37,646	Bond Payable	438,877	441,105
Malpractice Reserve Fund	1,713	1,713	Total Long Term Liabilities	505,238	504,360
Catastrophic Reserves Fund	41,964	33,030			
Total Board Designated Assets	952,994	894,322	DEFERRED REVENUE-UNRESTRICTED	1,827	1,038
			DEFERRED INFLOW OF RESOURCES	99,431	92,261
FUNDS HELD BY TRUSTEE	18	18	FUND BALANCE/CAPITAL ACCOUNTS		
			Unrestricted	2,920,806	2,731,120
LONG TERM INVESTMENTS	702,900	665,759	Minority Interest	(1,159)	(1,114)
CHARITABLE GIFT ANNUITY INVESTMENTS	1,147	965	Board Designated	226,389	216,378
			Restricted	55,142	44,616
INVESTMENTS IN AFFILIATES	46,710	36,663	Total Fund Bal & Capital Accts	3,201,178	2,991,001
			TOTAL LIABILITIES AND FUND BALANCE	3,992,378	3,796,213
PROPERTY AND EQUIPMENT					
Fixed Assets at Cost	2,032,262	2,016,992			
Less: Accumulated Depreciation	(924,033)	(874,767)			
Construction in Progress	212,669	173,449			
Property, Plant & Equipment - Net	1,320,897	1,315,675			
DEFERRED OUTFLOWS	47,041	41,550			
RESTRICTED ASSETS	36,783	32,166			
OTHER ASSETS	208,141	195,447			
TOTAL ASSETS	3,992,378	3,796,213			



**EL CAMINO HOSPITAL BOARD
FY2025 PACING PLAN / MASTER CALENDAR**

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
APPROVALS AND CONSENT CALENDAR												
Board Minutes		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Committee Reports and Recommendations		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Community Benefit Plan												✓
Credentialing and Privileges Report		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Physician Agreements		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Policies		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
FINANCE												
Audited Financial Report				✓								
Budget (Preview)											✓	
Budget Approval												✓
Period Financials (Consent)		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Quarterly Financials (Focus)					✓			✓			✓	
PHYSICIANS AND MEDICAL NETWORK												
ECHMN Report			✓						✓		✓	
Medical Staff Report			✓		✓				✓			✓
QUALITY												
Quality STEEEP Dashboard		✓			✓			✓			✓	
Quality Committee Report			✓									✓
STRATEGY												
Strategic Plan Metrics		✓	✓									
Strategic Plan Update						✓		✓			✓	
Strategy Deep Dive (Retreat)										✓		
Strategic Goals Approval												✓
EXECUTIVE PERFORMANCE												
CEO Self-Assessment (Year in Review)		✓										
CEO Assessment (Board Executive Session)			✓									
Organizational Performance Goal Score (Prior Year)				✓								
Executive Base Salaries and Salary Ranges				✓								
CEO Compensation				✓								
COMPLIANCE AND GOVERNANCE												
Annual Compliance Program Report Out					✓							
Enterprise Risk Management											✓	
Board Assessment Results				✓								
Board Officer Elections (<i>Even Years</i>)												
Board Calendar												✓
Committee Goals												✓



FY25 ECHB MEETING OPEN FOLLOW UP ITEMS

<u>Subject</u>	<u>Timing</u>	<u>Action</u>	<u>Status</u>
February 2025 ECHB Meeting			
Strategy Update	Next Report	Refine the dashboard for improved clarity	Paced for April meeting
Finance Update	Off Agenda	Provide a detailed timeline and agendas for the May and April discussions on strategy and budget to John Zoglin to ensure enough time is devoted to the topic.	In progress
December 2024 ECHB Meeting			
Strategy Update	Next Report	Dan to provide a strategy update on the IDN concept.	Paced for April meeting.
November 2024 ECHB Meeting			
ECH Governance Structure	Future Meeting	Chief Legal Officer to prepare a memo outlining requirements for board approvals at each level of the organization.	In progress
FY2025 Organizational Goals	Next Report	Staff to prepare to share the process or revised process with timeline for strategic updates.	Paced for April meeting.
September 2024 ECHB Meeting			
ECHMN Semi-Annual Report	Future Meeting	Supplement Press Ganey LTR data with alternative metrics like marketing polls via social media.	In progress with ECHMN board. Paced for March ECHB
August 2024 ECHB Meeting			
Quality Report	Future Meeting	Review pacing of ECHMN report and Quality Committee report so they can occur at the same time for Board.	1 st synced meeting will occur in May 2025. Moved from February due to changes in ECHMN leadership.



EL CAMINO HOSPITAL BOARD OF DIRECTORS CEO REPORT | MARCH 12, 2025

FINANCE:

- **FY2025 - Period 7: January 2025**
 - **Total Operating Revenue: \$143.9M**
 - \$3.2M / 2.3% favorable to budget
 - \$4.4M / 3.1% higher than the same period last year
 - **Operating EBIDA: \$24.7M**
 - \$4.0M / 19.2% favorable to budget
 - Consistent with the same period last year
 - **Net Income: \$30.4M**
 - \$14.4M / 90.7% favorable to budget
 - \$1.1M / 3.5% lower than the same period last year

MARKETING + COMMUNICATION: El Camino Health is now the Official Healthcare Partner and Jersey Partner for the San Jose Earthquakes! On January 29, the two organizations, who share deep roots in the South Bay, announced the partnership with medical professionals, employees, players, coaches and news media at the health system's Mountain View campus. **The partnership aims to promote health and wellness, raise brand awareness and engagement, and drive new patient growth and physician recruitment.**

The announcement of this partnership drew widespread media coverage and social media attention. As a result, El Camino Health's share of voice was second within the market. On social media, El Camino Health's total reach was up 36.5 percent on Facebook and content interactions on Facebook were up 210.6 percent. On LinkedIn, unique visitors were up 14 percent and reposts were up 91.7 percent. El Camino Health's engagement rate versus competitors improved 25.6 percent.

On February 22, the Quakes kicked off their season opener, sponsored by El Camino Health. The game was broadcast on Apple TV+, featuring prominent El Camino Health branding on TV, the game scoreboard, concourse signage, and LED displays during the nationally televised broadcast.

NURSING: Several Nurse Leaders attended the Association of California Nurse Leaders Annual Program in Anaheim February 9-12th to showcase the patient outcome and workforce improvement work both by poster and podium presentation. Each presenter submitted an abstract and was selected amongst many applicants to present. ECH presenters included: Cheryl Reinking, Andria Mills, Carolyn Bogard, David Michael Gabriel, Edina Muran, Roger Shiu, Jumana Baluom, Mary Solis, Shara Poppe, and Alyssa Santos.

HUMAN RESOURCES: Our 2025 High School Intern Program kicked off at El Camino from February 18th to 21st, providing local students with hands-on experience and mentorship in healthcare. Through our partnership with the Mountain View Los Altos AVID (Advancement Via Individual Determination) Program, we are supporting first-generation and underrepresented students in gaining valuable career exposure while building skills for college and beyond.

The Annual Service Awards Event is scheduled for March 26th at the Computer History Museum, where we will celebrate employees reaching significant service milestones. This event reinforces our commitment to recognizing dedication and contributions across the organization.

INFORMATION SERVICES: The Third-Party Risk Management (TPRM) module in ServiceNow went live on February 10th:

- **Enhanced Risk Management:** The solution enables comprehensive risk assessment, monitoring, and mitigation of third-party vendors.
- **Regulatory Compliance:** Ensures third-party adherence to compliance and regulatory standards, minimizing legal and operational risks.
- **Improved Decision-Making:** Provides a centralized view of vendor risks, supporting informed decision-making and strategic partnerships.
- **Operational Efficiency:** Automates due diligence processes and streamlines, vendor risk assessments, reducing manual efforts and improving efficiency.

FOUNDATION: In January, El Camino Health Foundation secured \$515,787 in donations. This brings **total funds raised through period 7 to \$11,982,033, which is 156 percent of goal for FY2025.**

El Camino Health Foundation presented the 13th annual Norma's Literary Luncheon at Sharon Heights Golf & Country Club on February 6, which raised money for a dedicated breast cancer patient navigation program. Two hundred guests enjoyed author Kelly Corrigan's insights about life and relationships, shared through her explanations of select phrases she explored in her latest book, Tell Me More. Julia Miller, the hospital board's liaison to the Foundation, was among the attendees. CEO Dan Woods introduced breast surgeon Dr. Tran Ho, who explained how the new program will help breast cancer patients through diagnosis, treatment and survivorship. The luncheon proceeds are at more than \$130,000 to date, and donations are still coming in. We are grateful to the Melchor family for sponsoring this annual fundraiser once again so all other donations can support the beneficiary program.

CORPORATE HEALTH: Concern has created specialty services for healthcare organizations, including specialized clinical network for physicians, a residency wellness check in program and seminars on burnout, compassion fatigue, and self-care. We will be attending hospital association conferences to market our services to hospitals across the state.

The Chinese Health Initiative (CHI) started two sessions of the 4-month Diabetes Prevention Series in Mandarin and Cantonese, helping 360+ participants in improving diet, exercise, sleep, and stress-reduction. CHI also engaged in City of Mountain View's Multicultural Fair and Sunnyvale Community Services Senior Wellness Fair. CHI held an 8-week in-person qigong series in Chinese to enhance health and physical well-being. The South Asian Heart Center engaged 219 new and prior participants in screening, education, and coaching programs to prevent heart disease and diabetes and completed 466 consultations and coaching sessions. We hosted 11 lifestyle workshops and health information events attended by participants and community members.

AUXILIARY: The Auxiliary donated **3,598 volunteer hours** for the month of January.

AWARDS + ACCOLADES: Congratulations to Deanna Dudley, our Chief Human Resources Officer for being a **recipient of the 2025 YWCA Golden Gate Silicon Valley Tribute to Women Award**. The Tribute to Women Awards celebrate the impact of women leaders throughout the Bay Area. Deanna and fellow recipients will be honored at an awards ceremony in Santa Clara on May 1.

For four consecutive years, El Camino Health has been recognized by healthcare supply chain leader Global Healthcare Exchange (GHX) **for supply chain excellence**. ECH is a recipient of the **2024 Supply Chains of Distinction Award**.

This award honors top performing hospitals and health systems in North America that have demonstrated exceptional commitment to supply chain excellence, innovation and resilience.

Status **Pending** PolicyStat ID **16515430**



Origination 03/2012
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2021
 Next Review 3 years after approval

Owner Andria Mills:
 Clinical Manager
 Area Scopes of Service
 Document Types Scope of Service/ADT

Scope of Service Telemetry/Cardiac Unit – Mountain View

Types and Ages of Clients Served

The Telemetry Unit is a 27 bed medical/surgical unit providing care for patients from adolescence to geriatric who require cardiac monitoring and as defined in the department's admission, discharge and transfer criteria. The Telemetry Unit also accepts overflow medical/surgical patients not requiring cardiac monitoring when bed availability permits.

Assessment Methods

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

Scope and Complexity of Services Offered

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

Appropriateness, Necessity and Timeliness of

Scope of Service Telemetry/Cardiac Unit – Mountain View

Services

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

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

Staffing/Skill Mix

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

RN staff must have a California license. On the Telemetry Unit, 100% of RNs on a given shift must be ACLS certified. All other staff must be BCLS certified. Clinical Support staff must be currently certified by the State of California. The competency of the staff is evaluated through observation of performance and skill competency validation. Staff education and training is provided to assist in the achievement of performance standards.

Level of Service Provided

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

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

Standards of Practice

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

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

Scope of Service Telemetry/Cardiac Unit – Mountain View

Approval Signatures

Step Description	Approver	Date
MEC	Michael Coston: Director Quality and Public Reporting	Pending
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2025
Medicine Department Executive Committee	Patrick Santos: Policy and Procedure Coordinator	01/2025
Medicine Department Executive Committee	Andria Mills: Clinical Manager	10/2024
Medical Director	Andria Mills: Clinical Manager	10/2024
	Andria Mills: Clinical Manager	10/2024

History

Sent for re-approval by Mills, Andria: Clinical Manager on 9/3/2024, 2PM EDT

Last Approved by Mills, Andria: Clinical Manager on 10/1/2024, 4:32PM EDT

Bulk Last Approved by Mills, Andria: Clinical Manager on 10/1/2024, 4:32PM EDT

Bulk Last Approved by Mills, Andria: Clinical Manager on 10/1/2024, 4:33PM EDT

Comment by Santos, Patrick: Policy and Procedure Coordinator on 10/29/2024, 3:19PM EDT

Email notice sent to owner for confirmation; Med Dept Exec scheduled for review 11/14.

Comment by Santos, Patrick: Policy and Procedure Coordinator on 11/22/2024, 10:32AM EST

Med Dept Exec did not approve in November; the cmte doesn't meet in December and will attempt to push to January '25 meeting.

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 1/30/2025, 9:58AM EST

Med Dept Exec 1/9/25

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 2/19/2025, 12:38PM EST

ePolicy 2/14/25

Status **Pending** PolicyStat ID **17084569**



Origination	01/1998	Owner	Carolyn Bogard: Director Care Coordination
Last Approved	N/A	Area	Care Coordination
Effective	Upon Approval	Document Types	Policy
Last Revised	02/2025		
Next Review	3 years after approval		

Reporting of Domestic Partner Assault

COVERAGE:

All El Camino Hospital staff

PURPOSE:

~~Pursuant to California Penal Code Section 11160 – 11163.6: Suspected domestic violence must be reported by phone, and in writing, to local law enforcement when a patient presents to the hospital and a staff member reasonably suspects that the patient has been physically abused by his/her spouse or the equivalent:~~

~~Suspected domestic violence must be reported even if the patient does not desire police involvement, and is unwilling to speak to the police.~~

~~Physical abuse includes direct beatings, sexual assault, unreasonable physical restraint, and/or prolonged deprivation of food or water~~

- : Identify requirements and procedures to be followed when reporting injuries related to suspected Intimate Partner Violence (IPV) or Domestic Violence (DV) as required by California law. This policy does not address either child abuse or elder/dependent adult abuse reporting requirements, which are covered in separate policies.
- : Be aware of biases. Avoid moralistic or judgmental remarks as well as incriminating terms such as “bettering.” Keep in mind that some injuries that first may be suspicious for abuse may end up being the result of accidental trauma or illness.

Reporting of Domestic Partner Assault

STATEMENT:

El Camino Hospital ~~to~~ complies with all mandatory reporting requirements for ~~Assault,~~suspected Intimate Partner Violence (IPV) or Domestic Partner Violence (DV).

CROSS REFERENCE:

: Management of Domestic Violence

PROCEDURE:

A. ~~Mandatory Telephone Report:~~

- ~~1. El Camino Hospital staff members will report any suspected domestic violence to the police in the jurisdiction where the suspected domestic violence occurred. Telephone contact will be made immediately or as soon as practically possible.~~
- ~~2. If a police officer accompanies the suspected domestic violence victim, the hospital staff member should note their name and obtain their badge number. This contact may take place of the mandatory telephone number.~~

B. ~~Mandatory Written Report:~~

- ~~1. Hospital staff members must complete a written report and send it to the local law enforcement agency within two working days of receiving the information regarding the person.~~
- ~~2. The report shall include:

 - ~~a. The injured person's whereabouts,~~
 - ~~b. The character and extent of the person's injuries,~~
 - ~~c. The identity of any person the injured person alleges inflicted the wound, other injury or assaultive or abusive conduct upon the injured person.~~~~

C. ~~All staff will follow the Protocol, Domestic Violence Victim, Management of, to ensure the following objectives:~~

- ~~a. Early identification of the patient being abused or at risk of being abused.~~
- ~~b. To offer resource information and options to aid the patient in moving toward prevention of further abuse.~~
- ~~c. The patient will be offered a safe place to stay when discharged from the Emergency Department or hospital.~~
- ~~d. Legal requirements will be met. Documentation will reflect injuries sustained and patient statements.~~
- ~~e. Patient confidentiality and safety will be maintained. Generally, no information, including the presence of the patient in the hospital, will be released.~~

D. ~~Expired Patients:~~

- ~~1. A telephone and written report must be completed and reported to the police for all~~

Reporting of Domestic Partner Assault

~~suspected victims of domestic violence who have expired. The reports must be made regardless of whether the assaultive or abusive conduct contributed to the cause of death.~~

REFERENCE:

~~See protocol: Domestic Violence Victim, Management of, in Protocol and Procedure Manual.~~

A. Identification of Survivors:

1. Universal screening of all patients, to identify those experiencing IPV or DV, with a focus on early intervention whether or not symptoms are immediately apparent. All health practitioners should consider the possibility of IPV or DV with all patients, and specifically when examining patient injuries.
2. Patient's privacy must be a top priority when screening for IPV or DV and ask patient about abuse or violence only when the patient is alone.

B. Reporting Requirements

1. Disclose to the patient the mandatory reporting requirements for IPV/DV.
2. All Mandated Reporters must complete both a phone reports as soon as possible, followed by a written report within two days:
 - a. Telephone report: The Health Practitioner is required to make a report by telephone immediately or as soon as practically possible. Contact the Mountain View Police Department (MVPD) at 650-903-6344. Inform the patient that a MVPD Officer may come to bedside to interview them, and that they can share as much or as little as they wish. MVPD may offer additional information on legal options.
 - b. Written Report: The law requires that the Suspicious Injury Report (CAL OES 2-920) must be completed within two working days of the telephone report. The written report must be completed by a member of the health care team with direct knowledge of the actual or suspected abuse/injury (See attached Mandated Suspicious Injury Report).
 - c. Confidentiality
 - i. The forms used for abuse/ injury reporting must be kept confidential. They should not be photocopied.
 - ii. For the protection of the survivor, under no circumstances shall the person accused of inflicting the injury (or the accused attorney) be allowed access to the reporting form.
 - iii. It is appropriate to document in the patient's medical record that an abuse report was made. The report form itself, however, will be placed in the confidential section of the medical record.
 - iv. Family, friends or other third parties should not have access to the reporting form without patient consent.

d. Immunity for Reporting

Reporting of Domestic Partner Assault

- i. The reporting laws provide that no Health Practitioner who properly reports instances of child abuse, elder abuse or IPV or DV will incur civil or criminal liability as a result of the required reporting. Although nothing can prevent an adversely affected party from initiating a lawsuit, if the Health Practitioner makes the report in good faith, within the scope of his/her employment, El Camino will defend the employee should any action be initiated. Conversely, failure to report is a misdemeanor and can result in criminal sanction.
- e. Safety Planning
 - i. If patient discloses IPV or DV, take a history of the violence and prior episodes. Assess safety and if there are immediate safety issues discuss options including shelter and refer to social work
 - ii. Provide emotional support. Avoid blaming the survivor. Validate their concerns
- f. Documentation in the Medical Record
 - i. Clearly document all injuries in the permanent electronic medical record. Describe the injuries and the medical treatment rendered.
 - ii. Use the patient's own words regarding the injury and abuse.
 - iii. After completing the consent for medical photography form, take photographs of injuries.
- g. Expired Patients: A telephone and written report must be completed for all suspected victims of IPV or DV who have expired. The reports must be made regardless of whether the assault or injury contributed to the cause of death.

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

[🔗 Mandated Suspicious Injury Report \(CAL OES 2-920\)](#)

Approval Signatures

Step Description	Approver	Date
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Reporting of Domestic Partner Assault

MEC	Michael Coston: Director Quality and Public Reporting	Pending
ePolicy Committee	Patrick Santos: Policy and Procedure Coordinator	02/2025
UPC Staff Meeting	Carolyn Bogard: Director Care Coordination	01/2025
	Carolyn Bogard: Director Care Coordination	01/2025

History

Draft saved by Santos, Patrick: Policy and Procedure Coordinator on 11/18/2024, 7:37PM EST

Draft discarded by Santos, Patrick: Policy and Procedure Coordinator on 11/18/2024, 7:37PM EST

Draft saved by Santos, Patrick: Policy and Procedure Coordinator on 11/18/2024, 7:45PM EST

Edited by Santos, Patrick: Policy and Procedure Coordinator on 11/18/2024, 7:45PM EST

Initiating review

Last Approved by Bogard, Carolyn: Director Care Coordination on 1/21/2025, 11:07AM EST

Last Approved by Bogard, Carolyn: Director Care Coordination on 1/21/2025, 11:08AM EST

Administrator override by Santos, Patrick: Policy and Procedure Coordinator on 2/18/2025, 3:12PM EST

Updated reference to cross reference to Management of Domestic Violence hyperlink.

Last Approved by Santos, Patrick: Policy and Procedure Coordinator on 2/19/2025, 12:58PM EST

ePolicy 2/14/25



El Camino Hospital Board of Directors Executive Compensation Committee Charter

Purpose

The purpose of the Executive Compensation Committee (“Committee”) is to assist the El Camino Hospital (“Hospital”) | Board of Directors (“Board”) in its responsibilities related to the Hospital’s executive compensation philosophy and policies. The Committee shall advise the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII, Sec. 7.6 of the Hospital Bylaws. All governing authority for the Hospital resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, engage and supervise a consultant to advise the Board and the Committee on executive compensation issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Membership

- The Executive Compensation Committee shall be comprised of two (2) or more Hospital Board members. The Committee may also include 2-5 Community¹ members with knowledge of executive compensation practices, executive leadership and/or corporate human resource management.
- Executive compensation consultants will be retained as appropriate and participate as directed.
- The Chair of the Committee shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.
- All Committee members, Chairs, and Vice Chairs shall be appointed and removed in accordance with the El Camino Hospital Board Committee Governance Policy.
- All members of the Committee must be independent with no conflict of interest regarding compensation or benefits for the executives whose compensation is reviewed and recommended by the Committee. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board and as per the Conflict of Interest Policy.

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.



Staff Support and Participation

The Chief Human Resources Officer shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. The CEO, and other staff members, as appropriate, may serve as a non-voting liaison to the Committee and may attend meetings at the discretion of the Committee Chair. These individuals shall be excused when the Committee is reviewing their individual compensation.

General Responsibilities

The Committee is responsible for recommending to the full Board policies, processes and procedures related to executive compensation philosophy, operating performance against standards, executive development, and succession planning.

Specific Duties

The El Camino Hospital Board has adopted Resolution 2018-05, as may be subsequently revised by the Board, delegating certain decision-making authority to the Executive Compensation Committee. Resolution 2018-05 and any subsequent revisions controls in the case of any inconsistency between this Charter and the Resolution or attachments to the Resolution. The specific duties of the Executive Compensation Committee include the following:

A. Executive Compensation

- Develop a compensation philosophy that clearly explains the guiding principles on which executive pay decisions are based. Recommend the philosophy for approval by the Board.
- Develop executive compensation policies to be approved by the Board.
- Review and maintain an executive compensation and benefit program consistent with the executive compensation policies, which have been approved by the Board. Recommend any material changes in the program for approval by the Board.
- Review the CEO's total remuneration, and recommend to the Board any changes to the CEO's total remuneration package.
- Review the CEO's recommendations regarding salary and performance incentive payouts for the upcoming year for the executives whose compensation is subject to review by the Committee based on the CEO's evaluation of the executives' individual performance. Approve recommendations for any salary range or base salary changes and/or any performance incentive payouts within established guidelines based on the CEO's evaluation of the executives' individual performance. Recommend to the Board any salary changes and/or performance incentive payments that are outside established guidelines.
- Periodically evaluate the executive compensation program, including the charter, policies, and philosophy on which it is based, to assess its effectiveness in meeting the



Hospital's needs for recruiting, retaining, developing, and motivating qualified leaders to execute the Hospital's strategic and short term objectives.

- Review market analyses and recommendation of the Committee's independent executive compensation consultant.
- Approve salary ranges for each new executive and approve placement in the range for those executives eligible for the plan within established guidelines. Recommend a salary range to the Board for the CEO and or actions for other executives that are outside established guidelines.

B. Performance Goals Setting and Assessment

- Review and provide input into the CEO's recommendations regarding annual organization goals and measures used in the Executive Performance Incentive Plan. Recommend organizational performance incentive goals and measurements for approval by the Board.
- Provide input into the process used to evaluate the CEO's performance.
- Provide input into establishing the executive team's annual performance incentive goals to execute the Hospital's strategic plan and approve the annual goals and measures.

C. Executive Succession and Development

- The Committee Chair will review annually the CEO's own succession plan, including a leadership and professional development plan based on the previous year's talent assessment.
- The Committee Chair will review annually the CEO's succession plan for the executive team members, which shall include the process by which potential executives are identified and developed.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board's and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, meetings, and other functions to enhance its contribution to the full Board. In addition, the Committee shall provide counsel and advice to the Board as requested.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and the draft of such minutes shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The draft minutes shall separately be delivered to the ECC Chair within one week of the meeting for future meeting planning purposes. The approved minutes shall be posted to the Board portal for information.



Meetings and actions of all advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24-hour notice.



Appendix

Definition of Independent Member – Compensation Committee

1. An independent committee member is a more limited and narrow classification of member than otherwise required by law and is not meant to expand or limit the definition of interested member for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on particular committees to independent members to avoid even the appearance of a conflict of interest.
2. A member of the El Camino Hospital Advisory Committees shall be deemed to be an independent member so long as such member (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the member):
 - i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars (\$10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a member;
 - ii. does not own an interest in an entity, or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a member is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the member in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each member appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent member as defined above.
5. **Note:** Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.



El Camino Hospital Board of Directors Finance Committee Charter

Purpose

The purpose of the Finance Committee (the “Committee”) is to assist the El Camino Hospital (“Hospital”) Board of Directors (“Board”) to provide oversight, information sharing and financial reviews related to operating and capital budgeting, financial planning, financial reporting, capital structure, banking relationships and certain contractual agreements for El Camino Hospital and the Hospital’s affiliated entities where the Hospital is the sole corporate member pursuant to the operating agreements and governance documents of those entities (“the Organization”). In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII, Sec. 7.6 of the Hospital Bylaws. All governing authority for the Organization resides with the Boards of each entity and, except as specifically provided in Sections E and F of “Specific Duties,” the Committee serves as an advisory body only. The Committee will report to the Board at the next scheduled meeting any recommendation made or action taken within the Committee’s authority. The Committee has the authority to select, engage, and supervise any consultant it deems necessary to advise the Committee on issues related to its responsibilities. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

Membership

- The Committee shall be comprised of two (2) or more Hospital Board members.
- The Committee may also include 2-4 Community members¹ with expertise which is relevant to the Committee’s areas of responsibility, such as banking, financial management, planning and real estate development, etc.
- All Committee members, Chairs, and Vice Chairs shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.

Staff Support and Participation

The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.



members of the executive team may participate in the Committee meetings as deemed necessary.

General Responsibilities

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters brought to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track financial performance for the Committee's review. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for ensuring that performance metrics which are not being met to the Board's expectations are reported to the Board.

Specific Duties

The specific duties of the Committee are:

A. Budgeting

- Review the annual operating and capital budgets for alignment with the mission and vision of the Organization and make recommendations to the Board.
- Review any financial requests in excess of the CEO's signing authority and make recommendations to the Board.
- Review the Organization's long-range forecasts and financial plans and make recommendations to management regarding steps advisable to improve the Organization's financial strength.

B. Financial Reporting

- Review each accounting period's financial statements and ensure the Board is advised of any necessary corrective actions.
- Obtain a clear understanding of the Organization's financial reporting process by reviewing the hospital's dashboard items and periodic financial reports and advise management on how to improve its financial reporting in order to improve accountability and ease of reading and understanding.

C. Financial Planning and Forecasting

- Semi-annually receive an update on management's assessment of expected results as well as potential risks related to the payor contracts.
- Evaluate the financial implications of emerging payment processes and provide advice to management regarding associated risk management concerns.



- Evaluate financial planning and forecasting to help ensure it remains in alignment with the mission and strategic direction of the Organization.

D. Treasury, Pension Plans, and Contracting Concerns

- Review and make recommendations to the Board regarding all new debt issuances and derivative instruments in excess of \$1 million.
- Monitor compliance with debt covenants and evaluate the Organization's capital structure.
- Review and make recommendations to the Board regarding changes in banking relationships, including, without limitation, depository accounts, investment accounts and major credit facilities. The term "major credit facilities" does not include management-approved trade credit facilities offered in the ordinary course of business by vendors to the hospital. The Committee may recommend delegation of approval authority for specified changes to the CFO, but must maintain reporting and oversight of any such changes
- Review and make recommendations to the Board regarding proposed plan design or benefit design changes in excess of management authority limits to employee retirement plans, excluding changes to investments within those plans.
- Review and make recommendations to the Board regarding contractual agreements with persons considered to be "insiders" under IRS regulations, and those which are in excess of the CEO's signing authority

E. Capital and Program Analysis

- Review and make recommendations to the Board with respect to the business plans of all capital items or proposed business ventures in excess of the CEO's signing authority, and all variances to budget in excess of the CEO's signing authority on projects in process.
- Review retrospective analyses of all strategic business ventures and all strategic capital expenditures in excess of \$2.5 million, as presented by management or as per the review schedule set forth by the Committee, to assess the reasonableness of business plans that were developed at the time of original approval and to promote learning as a result of any identified issues or concerns.
- Review and recommend approval for the acquisition or disposition of capital which is in excess of \$5 million.
- Approve unbudgeted capital expenditures exceeding the CEO's signature authority but not in excess of \$5 million.
- Approve the annual ECH Community Benefit Plan including grants to outside organizations, sponsorships and placeholder funds, combined which shall not exceed \$5 million annually.

F. Physician Financial Arrangements



- Review and approve Physician Financial Arrangements in excess of 75% of fair market value and recommend for Board approval Physician Financial Arrangements in excess of 90% of fair market value in accordance with the Corporate Compliance: Physician Financial Arrangements Policy.
- Approve the Annual Summary Report of Physician Financial Arrangements.

G. Financial Policies

- Review and recommend approval of any Board-level financial policies, excluding any financial policies for which responsibility has been specifically assigned to another Board Committee.

H. Ongoing Education

- Endorse and encourage Committee education and dialogue relative to emerging healthcare issues that will impact the viability and strategic direction of the Organization,

I. Management Partnership

- Work in partnership with the CFO and other hospital executives to assist in the development of financial policies which will help ensure the Organization's success.
- Provide ongoing counsel to the CFO regarding areas of opportunity for either personal or organizational improvement.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and Hospital's strategic goals. The Committee strives for continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan and the operational requirements of the organization. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.



El Camino Hospital Board of Directors Governance Committee Charter

Purpose

The purpose of the Governance Committee ("Committee") is to advise the El Camino Hospital ("Hospital") Board of Directors ("Board") in matters related to governance, board development, board effectiveness, and board composition (*i.e.*, the nomination and appointment/reappointment process and succession planning for the Board) for El Camino Hospital and the Hospital's affiliated entities where the Hospital is the sole corporate member pursuant to the operating agreements and governance documents of those entities ("the Organization"). The Governance Committee ensures the Organization is functioning at the highest level of governance standards.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII, Sec. 7.6 of the Hospital Bylaws. All governing authority for the Organization resides with the boards of each entity except that which may be lawfully delegated to a specific board committee. The Committee will report to the Board at the next scheduled meeting any action or recommendation taken within the Committee's authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on governance-related issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Membership

- The Governance Committee shall be comprised of two (2) or more Hospital Board members who shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.
- The Governance Committee may also include 2-4 Community members¹ with expertise in governance, organizational leadership or as a hospital or health system executive.
- All Committee members, Chairs, and Vice Chairs shall be appointed and removed in accordance with the El Camino Hospital Board Committee Governance Policy.
- All members of the Governance Committee shall be independent.

Staff Support and Participation

The CEO shall attend meetings and serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration.

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors.



Additional members of the executive team may participate in the Committee meetings upon the recommendation of the CEO and at the discretion of the Committee Chair.

General Responsibilities

The Committee is responsible for recommending to the Board policies, processes and procedures related to board development, board effectiveness, board composition and other governance matters for the Organization.

Specific Duties

The specific duties of the Governance Committee include the following:

- A. **Board Composition, Development, and Effectiveness:** Ensure that the Board and the boards of the affiliated entities are committed to the discipline of doing the right things the right way.

Composition

- Define the necessary skill sets, diversity and other attributes required for Board members to support Hospital strategy, goals, community needs and current market conditions.
- Make recommendations to the Board regarding Board Composition.

Review and make recommendations to the Board regarding the Board Chair's appointments of Advisory Committee Chairs and Advisory Committee members.

Orientation, Education and Development

- Adopt the orientation program for newly-appointed members to the Hospital Board of Directors and newly-appointed Board Committee members.
- Recommend a policy, budget and annual plan for Hospital Board and Committee member education, training and development.

Board Evaluation

- Recommend an evaluation instrument and process to be used by the Hospital Board for evaluation of Board governance.
- Ensure there is a board performance evaluation completed on an annual basis, and as appropriate, evaluation of the individual directors, committees and their chairs, and the Board Chair.
- Ensure submission of Hospital Board's annual self-evaluation to the El Camino Healthcare District Board of Directors.

Board Efficiency

- Monitor and recommend improvements or changes to the on-going governance process and procedures of the Hospital Board in order to enhance overall efficiency of the Board and Advisory Committee Structure.
- Ensure the Board develops a master Board meeting calendar to establish a cadence of information flow and dialogue, such that the Board has sufficient time to review the minutes



and recommendations of the committees. The cadence must accommodate a flow of approvals from Committee to the full Board.

B. Support of Board Advisory Committee Alignment with Organizational Strategy and Goals

Development of Process for Advisory Committee Review of Advisory Committee Goals and Charters

- Recommend process for the development of annual Board Advisory Committee goals which includes: 1) Linkage of committee goals to organizational goals and strategy, to the Board; and 2) the Board's review and approval.
- Ensure all Board Advisory committees conduct biennial review of Advisory committee charters and recommend any changes to the Board for approval.

Development of Board Advisory Committee Membership Succession Plan

- Ensure membership succession plan considers organizational strategy and goals.
- Develop process for Advisory committee use to identify a need for increase or change in membership to further alignment with organizational strategy and goals.

C. Articles of Incorporation, Bylaws, and Policies

- Provide for a review of the Hospital's Articles of Incorporation and Bylaws at least once every three years.
- Provide for a review of Articles of Incorporation and Bylaws of affiliated entities as needed
- Monitor legal and regulatory issues affecting governance of the Organization.
- Recommend updates to the Organization's governance policies where necessary and as required by legal and regulatory agencies.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and pacing plan in alignment with the Board and the Organization's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all Advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of Advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24-hour notice.



El Camino Hospital Board of Directors Investment Committee Charter

Purpose

The purpose of the Investment Committee (the "Committee") is to develop and recommend to the El Camino Hospital ("Hospital") Board of Directors ("Board") the organization's investment policies, maintain current knowledge of the management and investment of the invested funds of the Hospital and its pension plan(s), provide guidance to management in its investment management role, and provide oversight of the allocation of the investment assets for the Hospital and the Hospital's affiliated entities where the Hospital is the sole corporate member pursuant to the operating agreements and governing documents of those entities (the "organization").

Authority

All governing authority for the Hospital resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee or subcommittee. All of the recommendations of the Committee flow to the El Camino Hospital Board for action. Reports of the Committee will be provided to the subsequently scheduled Board meeting. The Committee has the authority to recommend one or more investment managers for the hospital, monitor the performance of such investment managers, and monitor adherence to the investment policies of the hospital.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

The Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Membership

- The Investment Committee shall be comprised of two (2) or more Hospital Board members.
- The Investment Committee may also include 2-5 Community Members with expertise in areas such as finance, banking, and investment management.
- All Committee members, Chairs, and Vice-Chairs shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.
- All members of the Committee must be independent with no conflicts of interest regarding hospital investments. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board.



Staff Support and Participation

The CFO shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the management team may participate in the Committee meetings as deemed necessary.

General Responsibilities

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters pertaining to this Committee. With input from the Committee, the management team shall work with its investment advisor(s) to develop dashboard metrics that will be used to measure and track investment performance for the Committee's review and subsequent approval by the Board. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. The Committee is responsible for ensuring that performance metrics are being met to the Board's expectations and that the Board is apprised of any deviations therefrom.

Specific Duties

The specific duties of the Investment Committee include the following:

A. Investment

- Define the necessary skill sets, diversity and other attributes required for Board members to support Hospital strategy, goals, community needs and current market conditions.
- Review and recommend for approval by the Board the investment policies for corporate assets and Cash Balance Plan assets. Review and make recommendations to the Board regarding the selection of an independent investment advisor. The Board will appoint the investment advisor, and management, in consultation with the Committee, will appoint the investment managers.
- Monitor the performance of the investment managers through reports from the independent investment advisor and make recommendations for changes when appropriate.
- Monitor investment allocations and make recommendations to the Board if assets are managed inconsistently with approved investment policies.
- Monitor the financial stability and safety of the institutions which have custody of the Hospital's assets and make recommendations for changes when appropriate.
- Monitor the investment performance of the specific investment vehicles made available to employees through their 403(b) Retirement Plan.
- Review recommendations from the Retirement Plan Administrative Committee (RPAC) regarding the selection of an independent investment advisor for the employees' 403(b) Retirement Plan and make recommendations to the Board. The Board will appoint the investment advisor, and the RPAC will monitor, select, and replace the Core investment choices.



B. Ongoing Education

- Endorse and encourage Investment Committee education and dialogue relative to the work of the Committee.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and pacing plan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair, in collaboration with hospital management, shall determine the frequency of meetings based on the Committee's annual goals and work plan and the operational needs of the organization. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all Advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of Advisory committees may also be called by resolution of the Board or by the Committee Chair. Notice of any special meetings of the Committee requires a 24-hour notice.



El Camino Hospital Board of Directors Quality, Patient Care, and Patient Experience Committee Charter

Purpose

The purpose of the Quality, Patient Care and Patient Experience Committee (“Quality Committee” or the “Committee”) is to advise and assist the El Camino Hospital Board of Directors (“Board”) to monitor and support the quality and safety of care provided at El Camino Hospital (“Hospital”) per the Hospital Bylaws and through reporting by the El Camino Health Medical Network (ECHMN) per the operating agreement between the Hospital and Silicon Valley Medical Development (SVMD). For purposes of this policy, “Organization-wide” refers to Hospital and ECHMN/SVMD. For the Hospital, the Committee will utilize the Institute of Medicine’s framework for measuring and improving quality care in these five domains: **safe, timely, effective, efficient, equitable, and person-centered (STEEEP)**. ECHMN/SVMD reporting utilizes the merit-based incentive payment system (MIPS) established by the Centers for Medicare and Medicaid (CMS), the Healthcare Effectiveness Data and Information Set (HEDIS) quality measures established by the National Committee for Quality Assurance (NCQA), or such other reporting as recommended by ECHMN Board of Managers.

The Hospital and ECHMN/SVMD management will provide the Committee with standardized quality metrics with appropriate benchmarks, when available, so that the Committee can adequately assess the quality of care being provided. Hospital and ECHMN/SVMD Management and Quality Committee members will collaborate to identify and improve opportunities for quality improvement.

Authority

The Committee is an Advisory Committee of the Board pursuant to Article VII, Sec. 7.6 of the Hospital Bylaws. All governing authority for the Hospital resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. All governing authority for ECHMN/SVMD resides with the boards of those affiliated entities except that which may be lawfully delegated. Any reporting by ECHMN/SVMD or other affiliated entities to the Committee shall be consistent with the operating and governing documents of those affiliated entities.

The Committee will report to the Board at the next scheduled meeting any action or recommendation taken within the Committee’s authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on issues related to clinical quality, safety, patient care and experience, risk prevention/risk management, and quality improvement. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee, *ex-officio* members and alternates and external (non-director) members appointed to the Committee.

Membership



- The Committee shall be comprised of two (2) or more Hospital Board members who shall be appointed and removed pursuant to the El Camino Hospital Board Committee Governance Policy.
- The Committee shall also include as *ex officio* voting members of the Committee the following individuals: (1) the Enterprise Chief of the Medical Staff, (2) the Los Gatos Campus Chief of Staff as *ex officio* voting members of the Committee. The Enterprise Vice Chief of Staff or the Los Gatos Vice Chief of Staff shall serve as alternate voting members of the Committee and replace, respectively the Enterprise Chief of Staff or the Los Gatos Chief of Staff if such person is absent from a Committee meeting.
- The Quality Committee may also include 1) no more than nine (9) Community members¹ with expertise in assessing quality indicators, quality processes, patient safety, care integration, payor industry issues, customer service issues, population health management, alignment of goals and incentives, or medical staff members, and members who have previously held executive positions in other hospital institutions (e.g., CNO, CMO, HR) as well as other areas as needed; and 2) no more than two (2) patient advocate members who have had significant exposure to the Organization as a patient and/or family member of a patient.
- All Committee members, Chairs and Vice Chairs shall be appointed and removed in accordance with the El Camino Hospital Board Committee Governance Policy.

Executive Support and Participation

The Chief Quality Officer (CQO) shall serve as the primary executive to support the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives as well as members of the executive team may participate in the Committee meetings upon the recommendation of the CQO and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee will collaborate with management to identify opportunities for quality and safety improvement. The Committee will support the implementation and monitoring of process improvement plans to address and close quality and safety gaps. Members of the Quality Committee will model behaviors, attitudes and actions consistent with the Organization's tenets of a High Reliable Organization, specifically, focusing on creating strong relationships between everyone on the team to engender a culture of psychological safety which promotes our Organization's mission to achieve zero patient harm. The management team shall develop dashboard metrics that will be used to measure and track quality, safety and patient experience performance for the Committee's review and subsequent approval by the Board. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for 1) ensuring performance metrics meet the Board's expectations; 2) aligning those metrics and associated process

¹ Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors or *ex-officio* members or alternates.



improvements to the quality plan, strategic plan, organizational goals; and 3) ensuring communication to the Board and external constituents is well executed.

Specific Duties

The Committee shall partner with management to support the following activities:

1. Quality Planning—Advocate for an enterprise strategy plan that is quality-centric.
2. Quality Control—Review quality processes and performance on a regular basis.
3. Quality Improvement—Review performance of major process improvement projects on a regular basis.

Specific duties of the Committee include the following:

- Review and approve which measures to include and track on the quarterly Board Quality Report (STEEEP) "Quality Dashboard" for tracking purposes.
- Oversee management's development of the Organization's goals encompassing the measurement and improvement of quality, safety and patient experience as tracked on the Enterprise Quality, Patient Care and Patient Experience Dashboard
- Review reports related to Organization-wide quality and patient safety initiatives in order to monitor and oversee the quality of patient care and service provided. Reports will be provided in the following areas:
 - Organization-wide performance regarding the quality care initiatives and goals highlighted in the strategic plan.
 - Organization-wide patient safety goals and hospital performance relative to patient safety targets.
 - Organization-wide patient safety surveys (including the culture of safety survey), sentinel event and red alert reports, and risk management reports.
 - Organization-wide patient satisfaction and patient experience surveys.
- Organization-wide provider satisfaction surveys. Ensure the organization demonstrates proficiency through full compliance with regulatory requirements including, but not limited to The Joint Commission (TJC), Department of Health and Human Services (HHS), California Department of Public Health (CDPH), and Office of Civil Rights (OCR).
- In cooperation with the Compliance Committee, review results of regulatory and accrediting body reviews and monitor compliance and any relevant corrective actions with accreditation and licensing requirements.
- Review annual report on actions taken to improve patient safety as per the Safety Event Reporting policy that is maintained in policy and procedure management software.
- Oversee organizational quality and safety performance improvement for Hospital's medical staff activities.
- Review the Hospital Medical Executive Committee's monthly credentialing and privileging reports and make recommendations to the Board.



Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and the Organization's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. Committee members shall be responsible for keeping themselves up to date with respect to drivers of change in healthcare and their impact on quality activities and plans.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be shared with the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.