



AGENDA

REGULAR MEETING OF THE EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Tuesday, January 16, 2018 – 5:30pm

El Camino Hospital | Conference Rooms EF&G (ground floor)
2500 Grant Road Mountain View, CA 94040

PURPOSE: The purpose of the District shall be (i) to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities (as that term is defined in California Health and Safety Code Section 1250) or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District; (ii) to acquire, maintain and operate ambulances or ambulance services within or without the District; (iii) to establish, maintain and operate, or provide assistance in the operation of free clinics, diagnostic and testing centers, health education programs, wellness and prevention programs, rehabilitation, aftercare, and such other health care services provider, groups, and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District; and (iv) to do any and all other acts and things necessary to carry out the provisions of the District's Bylaws and the Local Health District Law.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Peter Fung, MD, Board Chair		5:30 – 5:32pm
2. SALUTE TO THE FLAG	Peter Fung, MD, Board Chair		5:32 – 5:34pm
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		5:34 – 5:35
4. PRESENTATION OF SPECIAL DISTRICT LEADERSHIP FOUNDATION CERTIFICATE OF TRANSPARENCY	Colleen Haley, Public Affairs Field Coordinator, California Special Districts Association		information 5:35 – 5:40
5. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Peter Fung, MD, Board Chair		information 5:40 – 5:43
6. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> <i>Approval</i> a. Minutes of the Open Session of the District Board Meeting (October 17, 2017)	Peter Fung, MD, Board Chair	<i>public comment</i>	motion required 5:43 – 5:44
7. AFFIRMATION AND SIGNING OF DISTRICT STANDARDS OF CONDUCT ATTACHMENT 7	Julia Miller, Board Vice Chair		information 5:44 – 5:49
8. ECHD FY18 FINANCIALS YTD ATTACHMENT 8	Iftikhar Hussain, CFO	<i>public comment</i>	motion required 5:49 – 5:55
9. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT a. Proposed Filling of Vacancy(ies) on the El Camino Hospital Board of Directors b. Proposed Voting Procedure for Election of El Camino Hospital Board Director(s) ATTACHMENT 9	John Zoglin, Ad Hoc Committee Chair	<i>public comment</i>	possible motion(s) 5:55 – 6:15

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) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. EL CAMINO HOSPITAL BOARD DIRECTOR CANDIDATE INTERVIEWS a. Boyd Faust b. Anula Jayasuriya, MD c. Gary Kalbach d. Julie Kliger	Peter Fung, MD, Board Chair		information 6:15 – 7:35 6:15 – 6:35 6:35 – 6:55 6:55 – 7:15 7:15 – 7:35
11. ELECTION OF EL CAMINO HOSPITAL BOARD DIRECTOR(S) AND ADOPTION OF PROPOSED DRAFT RESOLUTIONS 2018-01 AND 2018-02 ATTACHMENT 11	Peter Fung, MD, Board Chair	<i>public comment</i>	possible motion(s) 7:35 – 7:50
12. DRAFT DISTRICT DIRECTOR VACANCY POLICY ATTACHMENT 12	Cindy Murphy, Director of Governance Services	<i>public comment</i>	possible motion 7:55 – 8:10
13. FY18 PACING PLAN ATTACHMENT 13	Peter Fung, MD, Board Chair	<i>public comment</i>	possible motion 8:10 – 8:15
14. BOARD COMMENTS	Peter Fung, MD, Board Chair		information 8:15 – 8:20
15. ADJOURN TO CLOSED SESSION	Peter Fung, MD, Board Chair		motion required 8:20 – 8:21
16. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		8:21 – 8:22
17. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the District Board Meeting (October 17, 2017)	Peter Fung, MD, Board Chair		motion required 8:22 – 8:24
18. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Governance and Communication	Mary Rotunno, General Counsel		discussion 8:24 – 8:39
19. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters: - Executive Session	Peter Fung, MD, Board Chair		discussion 8:39 – 8:43
20. ADJOURN TO OPEN SESSION	Peter Fung, MD, Board Chair		motion required 8:43 – 8:44
21. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Peter Fung, MD, Board Chair		8:44 – 8:45
22. ADJOURNMENT	Peter Fung, MD, Board Chair		motion required 8:45pm

Upcoming Meetings: March 20, 2018; May 15, 2018; June 19, 2018; October 16, 2018; December 5, 2018



**Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Wednesday, October 17, 2017**
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present

Neysa Fligor
Peter Fung, MD, Chair
Julia Miller
David Reeder
John Zoglin, Vice Chair

Board Members Absent

None

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the El Camino Healthcare District Board of Directors (the “Board”) was called to order at 5:32pm by Chair Fung. A silent roll call was taken. All Board members were present.	
2. SALUTE TO THE FLAG	Chair Fung led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	<p>Chair Fung asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.</p> <p>Director Fung requested that Agenda Item 11: Draft District Director Vacancy Policy be removed from this meeting’s agenda and brought back in January. He asked the Board for a motion in support of this request.</p> <p>Motion: To table Agenda Item 11: Draft District Director Vacancy Policy until the Board’s January meeting.</p> <p>Movant: Miller Second: Fung</p> <p>In response to Director Zoglin’s question, Director Fung explained that this would not impact the current ECH Board member recruitment process. He also noted that he would provide the results of his research to the full Board.</p> <p>Ayes: Fligor, Fung, Miller, Zoglin Noes: None Abstentions: Reeder Absent: None Recused: None</p>	<i>Agenda Item 11: Draft District Director Vacancy Policy deferred</i>
4. PUBLIC COMMUNICATION	There were no comments from the public.	
5. CONSENT CALENDAR	<p>Chair Fung asked if any member of the Board or the public wished to remove an item from the consent calendar. Ms. Fligor asked that Agenda Item 5d: FY17 Year-End Consolidated and Standalone Financials be removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the District Board Meeting (August 16, 2017); Minutes of the Open Session of the District Board Meeting (August 23, 2017); and Resolution 2017-13: Setting Regular Meeting Dates for CY18.</p> <p>Movant: Zoglin Second: Reeder Ayes: Fligor, Fung, Miller, Reeder, Zoglin</p>	<i>Consent calendar approved</i>

	<p>Noes: None Abstentions: None Absent: None Recused: None</p> <p>In response to Director Fligor's questions, Iftikhar Hussain, CFO, presented the standalone District financials and described the ground lease, professional fees and purchased services for the District, and how capital appropriation projects relate to the Gann limit.</p> <p>In response to Director Fung and Director Miller's questions, Mr. Hussain explained that the services related to managing the District's Community Benefit programming are provided by ECH employees and the fees are based on estimated time and resources used for work specifically related to the District.</p> <p>In response to Director Miller's question, the Board and staff discussed the protocol for staff responses to written questions from the Board and distribution of the answers. Mary Rotunno, General Counsel, advised that if information regarding business of the Board is communicated to a quorum or more of the Board, then that information would also need to be made available to the public. Director Reeder suggested adding the topic to an agenda at a later meeting if it is something the full Board would like to discuss. The Board requested that staff provide a legal opinion on questions and answers between the Board and staff and the Brown Act implications at the January meeting.</p> <p>Director Miller requested a clarifying note on the financials to further explain that there are no employees of the District, but that the District purchases professional services from a related entity, El Camino Hospital.</p> <p>Motion: To approve the FY17 Year-End Consolidated and Standalone Financials.</p> <p>Movant: Reeder Second: Miller Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Staff to add discussion on written question and answer protocol to January agenda</i></p>
<p>6. COMMUNITY BENEFIT SPOTLIGHT</p>	<p>Motion: To approve <i>Resolution 2017-14</i>.</p> <p>Movant: Miller Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Barbara Avery, Director, Community Benefit, recognized the Family & Children Services of Silicon Valley for its commitment to helping victims of domestic violence with professional, bilingual support services.</p> <p>Jill Howard-Maher, LMFT, Director of Positive Solutions at the Family & Children Services of Silicon Valley, a division of Caminar, thanked the Board for their support of the FCS programming, and provided an overview of their work in domestic violence survivor services, including case management, advocacy, and counseling sessions.</p>	<p><i>Resolution 2017-14 approved</i></p>

<p>7. ECHD FY18 FINANCIALS YTD</p>	<p>Ifitkhar Hussain presented the FY18 YTD consolidated and standalone Financials for the District highlighting:</p> <ul style="list-style-type: none"> - Cash position is strong, with 460 days of cash on hand. - For consolidated operation results, net income is \$10 million ahead of plan, with \$4 million of the positive variance from expenses; IT expenses for system maintenance will be coming in later in the year, and none of the \$5 million set aside for the strategic fund has been used yet. Investment income is \$5 million ahead, higher than the prior year. - The District's standalone financials are \$2.7 million ahead of plan, largely due to the timing of Community Benefit donations, which are paid primarily in August and February, but spread out evenly in the budget. <p>In response to Director Miller's question, Director Zoglin noted that the Finance Committee also requested review and detail of the "Other Board-Designated Reserves" line item. Mr. Hussain explained that he will bring back further detail to the next District Board meeting.</p> <p>Motion: To approve the ECHD FY18 Year-to-Date Financials.</p> <p>Movant: Fligor Second: Reeder Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>FY18 ECHD YTD Financials approved</p> <p><i>Staff to provide additional detail on Other Board-Designated Reserves</i></p>
<p>8. FY17 FINANCIAL AUDIT</p>	<p>Brian Conner and Joelle Pulver from Moss Adams presented the results of the audit of the consolidated financial statements of the District, Foundation, CONCERN:EAP, and Auxiliary, as required by financial reporting standards. Mr. Conner explained that all reports include Moss Adams' unmodified opinion, the highest level of assurance they can provide. Mr. Conner reported that financial statements as prepared by management were fairly stated in all material respects.</p> <p>Ms. Pulver highlighted standalone results, including:</p> <ul style="list-style-type: none"> - Cash investments had a slight increase year-over-year - There was a small decrease in capital assets related to depreciation expense. - Long-term liabilities have decreased slightly due to regular payments on General Obligation bonds. - On the income statement, revenue is predominantly property tax revenue, which is designated for debt service, community benefit, and capital expenditures. - The timing of IGT payments skewed the outflow of expenses; Ms. Pulver noted that she expects this to normalize in 2018 <p>Mr. Conner outlined the required communications to those charged with governance; he noted that management selected and applied significant accounting policies appropriately and consistent with those of the prior year; managements' estimates are reasonable, including valuation of investments.</p> <p>Ms. Pulver reported that Moss Adams' proposed adjustments related to: (1) charges posted in July related to services in June (\$3 million) and (2) negative balances in accounts receivable (\$2 million); management considered these to be immaterial and Moss Adams concurred with that</p>	

	<p>assessment.</p> <p>Director Fung requested that staff remove two pages related to Moss Adams' conference when publishing the approved audit results.</p>	
<p>9. REVISED BUDGET FOR MAJOR CAPITAL PROJECTS (BHS AND IMOB)</p>	<p>Ken King, CASO, described the additional funding needs for the Behavioral Health Services building (\$4.6 million) and Integrated Medical Office Building (\$27.1 million).</p> <p>He outlined the project budget approvals from August 2016, noting that only the Phase I construction costs were finalized at the time. He described the status of the Phase II construction costs, including approved and permitted plans and 99% finalized construction GMPs.</p> <p>Mr. King reported that, in the last year, cost increases were related to changes in: the scope of construction, which were required for agency approvals (increased cost of \$12.2 million); schedule extensions while waiting for agency reviews (\$6.5 million); and escalation, including additional OSHPD process and inspection requirements and the competitive Bay Area construction market (\$13 million).</p> <p>In response to Director Fung's questions, Mr. King explained that a portion of the IMOB (a connector) is subject to OSPHD review, and the rest of the construction is permitted by the City of Mountain View. He also explained that clinical services in the IMOB will be provided on an outpatient basis, which will be compliant with OSHPD 3 requirements. Mr. King noted that the budget increase will not use District funds or taxpayer dollars; the funding will come from the Hospital's cash reserves and bond financing.</p> <p>In response to Director Fligor's question, Mr. King described the calculation of costs related to schedule extension (directly related to more time than originally planned) versus escalation (cost of construction and materials). He explained that GMPs can be finalized following the District Board's approval.</p> <p>In response to Director Miller's questions, Mr. King reported that ECH pays prevailing wage on all work done on the Hospital. He explained that if ECH had waited to start demolition, site preparation, and utility work until the completion of the permitting process, all of the costs would have escalated.</p> <p>Motion: To approve the additional capital expenditures to be expended by the El Camino Hospital Corporation: not to exceed \$4.6 million for a total project budget of \$96.1 million for the Behavioral Health Services project and not to exceed \$27.1 million for a total project budget of \$302.1 million for the Integrated Medical Office Building.</p> <p>Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Revised Capital Project Budget approved</i></p>
<p>10. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT</p>	<p>Director Zoglin, Chair of the Ad Hoc Committee, outlined the three recommendations from the Ad Hoc Committee on the Proposed Revised Process for Election and Re-Election of the Non-District Board members to the ECH Board of Directors, the re-election of Lanhee Chen to the ECH Board, and the proposed ECH Board Member Position Specification</p>	<p><i>Process for Election and Re-Election of NDBM to</i></p>

	<p>and subsequent process for filling the two new ECH Board seats as further detailed in the packet.</p> <p>In response to Director Fung’s questions, Director Zoglin described the advantages and disadvantages of staggering appointments or on-boarding two new Board members at the same time. He explained that the Ad Hoc Committee supported on-boarding the two new Board members at the same time if there are two strong candidates. The Board discussed that the advertisements for the seats should note that there are two openings and how many are filled will be based on evaluation of the candidate pool. Director Zoglin commented that the Ad Hoc Committee will come back with a recommended process in January for deciding how many seats to fill and appointment/on-boarding timing.</p> <p>In response to Director Miller’s question, the Board and staff clarified that there have been non-competitive re-elections historically and that the Ad Hoc Committee’s current recommendation to re-elect Mr. Chen to the ECH Board is consistent with the Process.</p> <p>Director Fligor requested that staff review and/or add clarifying language to the Process to ensure that the Ad Hoc Committee does not include a quorum of the Governance Committee.</p> <p>Motion: To approve the Proposed Revised Process for Election and Re-Election of Non-District Board members to the El Camino Hospital Board of Directors; to re-elect Lanhee Chen to the El Camino Hospital Board of Directors for a second term of three (3) years, effective July 1, 2018; to approved the proposed ECH Board Member Position Specification.</p> <p>Movant: Reeder Second: Zoglin</p> <p>Friendly Amendment (Fligor): Subject to any changes that staff may make to the Process to ensure that the Ad Hoc Committee does not include a quorum of the Governance Committee.</p> <p>Second: Fung</p> <p>Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Zoglin explained that the Ad Hoc Committee recommended adding “healthcare experience preferred, but not required” to the Qualifications section of the Position Specification.</p> <p>Motion: To approve the Proposed Revised Process for Election and Re-Election of Non-District Board members to the El Camino Hospital Board of Directors, subject to any changes that staff may make to the Process to ensure that the Ad Hoc Committee does not include a quorum of the Governance Committee; to re-elect Lanhee Chen to the El Camino Hospital Board of Directors for a second term of three (3) years, effective July 1, 2018; to approved the proposed ECH Board Member Position Specification.</p> <p>Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None</p>	<p><i>the ECH Board approved; Lanhee Chen re-elected to the ECH Board; ECH Board Member Position Specification approved</i></p>
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	<p>Abstentions: None Absent: None Recused: None</p>	
11. DRAFT DISTRICT DIRECTOR VACANCY POLICY	This item was deferred until the Board's January 2018 meeting.	
12. FY17 COMMUNITY BENEFIT PLAN REPORT	<p>Ms. Avery acknowledged her staff Anne Boyd Rabkin and Sharan Johal for their work on the report.</p> <p>Ms. Avery provided an overview of the FY17 Community Benefit Report. She outlined the performance framework (volume and impact metrics with 6-month and annual targets), and the FY17 investment, divided into sponsorships and program grants, which totaled \$6.4 million, a 10% increase over the prior year. She explained that 89% of metric targets were met.</p> <p>Ms. Avery discussed the distribution of funds across key health priorities for this year, and highlights of FY17 grants:</p> <ul style="list-style-type: none"> - Healthy body includes: clinical positions and school nurses (\$3.4 million, 21 grants); healthy mind school-based counselors, programs related to domestic violence and homelessness: (\$1.2 million, 18 grants) and healthy community includes: Road Runners, Chinese Health Initiative, South Asian Heart Center, work on falls prevention (\$1.6 million, 14 grants) - Cultivating health at school: \$1.5 million invested in 16 grants across 6 Districts, which includes 35 schools, 130 program sites, and 75,000 students - Helping older adults live fuller lives: \$925,000 invested in 13 programs, which serves 5,500 individuals and provides 16,000 services - Mobile services to bring care where it is needed: \$250,000 reached 800 people with 4,000 services - Oral health, with expanded evening hours, bilingual services and mobile sites: \$450,000 served 1,400 patients with 6,300 services <p>Ms. Avery described the hypertension initiative public awareness campaign, which reached over 100,000 District residents.</p> <p>Director Fung highlighted the impact of the hypertension initiative and commented that prevention is the way to reduce illness and increase wellness in the community.</p> <p>Motion: To approve the FY17 Community Benefit Report.</p> <p>Movant: Miller Second: Fligor Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>FY17 CB Plan Report approved</i>
13. FY18 PACING PLAN	<p>The Board requested that discussion on the Draft District Director Vacancy Policy and protocol for questions and answers be paced for January.</p> <p>Motion: To approve the FY18 Pacing Plan with the above changes.</p> <p>Movant: Miller</p>	<i>Pacing Plan approved</i>

	<p>Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
14. BOARD COMMENTS	There were no additional comments from the Board.	
15. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:07pm.</p> <p>Movant: Miller Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Adjourned to closed session at 7:07pm</i>
16. AGENDA ITEM 21: RECONVENE OPEN SESSION/REPORT OUT	<p>Open session was reconvened at 7:52 pm. Agenda items 16-20 were addressed in closed session.</p> <p>Director Fung introduced Dan Woods, CEO. Mr. Woods thanked the Board and the community for the warm welcome to ECH.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting (June 20, 2017) by a unanimous vote in favor of all members present (Directors Fligor, Fung, Miller, Reeder, and Zoglin).</p>	
17. AGENDA ITEM 22: FY17 FINANCIAL AUDIT APPROVAL	<p>Motion: To approve FY17 Financial Audit.</p> <p>Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>FY17 Financial Audit approved</i>
18. AGENDA ITEM 23: PROPOSED STRUCTURE FOR COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC)	<p>Motion: To terminate the current ECHD Community Benefit Advisory Council Charter and confirm that the CBAC is a committee advisory to staff.</p> <p>Movant: Reeder</p> <p>Friendly Amendment (Fligor): To add that the ECHD CBAC is governed by a documented governance policy.</p> <p>Staff clarified that this governance policy would not be approved by the Board.</p> <p>Second: Miller Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Motion: To terminate the current ECHD Community Benefit Advisory Council Charter and confirm that the CBAC is a committee advisory to staff that is governed by a documented governance policy.</p> <p>Movant: Reeder</p>	<i>CBAC Charter terminated and CBAC confirmed as a staff committee</i>

	Second: Zoglin Ayes: Fligor, Fung, Reeder, Zoglin Noes: None Abstentions: None Absent: Miller Recused: None	
19. AGENDA ITEM 24: ADJOURNMENT	Motion: To adjourn at 7:56 pm. Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:56 pm.</i>

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

Peter C. Fung, MD
Chair, ECHD Board

John Zoglin
Secretary, ECHD Board

Prepared by: Sarah Rosenberg, Contracts & Board Services Coordinator

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Affirmation and Signing of District Board Standards of Conduct El Camino Healthcare District Board of Directors January 16, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	For Information
Background: On March 17, 2015, the Board adopted the attached Standards of Conduct and affirmed them on December 6, 2016 following the public election. The signed document appears on the Home Page of the District's website. It is noted in the Board's Pacing Plan for the Board to affirm the Standards each election year. However, since the Board appointed Director Fligor to fill a mid-term vacancy, it was suggested that the Board re-affirm them at this time. The Chair will circulate the document for the Board members to sign during the meeting.	
Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives: To affirm and sign the District Board Standards of Conduct.	
Suggested discussion questions: None.	
Proposed board motion, if any: None. This is an informational item.	
LIST OF ATTACHMENTS: 1. Standards of Conduct	



2500 Grant Road
Mountain View, CA 94040
Phone: 650-940-7300
www.elcaminohealthcaredistrict.org

Standards of Conduct

Adopted March 17, 2015

Affirmed - December 6, 2016

Proposed for Affirmation and Signing – January 16, 2018

BOARD OF DIRECTORS

Neysa Fligor
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin

Preamble: The proper operation of democratic government requires that decision makers be independent, impartial, and accountable to the community they serve. The El Camino Healthcare District ("District") has adopted these Standards of Conduct to promote and maintain the highest standards of personal and professional behavior in the conduct of the District's business. Each District Board member is required to subscribe to these standards, understand them, apply them to his or her work as a Board member, and commit to them in writing annually. As a member of the District Board of Directors I agree to the following commitments while serving the District:

1. To place the community's best interests above my own; to positively promote the purpose of the District as stated in the Bylaws; to forego personal interests when making decisions as a Board member; to act as a fiduciary of the District in financial matters and decisions that may have material effect; and to comply with the District's Conflict of Interest Code as amended biennially.
2. To engage in lawful acts to the best of my ability and to comply with the governing documents of the District and the law.
3. To maintain a high standard of conduct that is above reproach and to avoid the appearance of impropriety.
4. To demonstrate mutual respect for my fellow Board members, and to respect decisions passed by the required number of votes of the Board. If I disagree with a vote of the Board, I will communicate with respect and behave professionally.
5. To prepare for, attend and participate thoughtfully in all meetings of the Board to the best of my ability; to allow the Chair of the meeting to do so and refrain from interrupting.
6. To communicate professionally and respectfully, whether in person, by telephone, by electronic mail or in writing, with the other Directors, community members, and District and El Camino Hospital staff.
7. To maintain confidentiality with respect to all closed session Board meeting discussions and materials.

Neysa Fligor (Date) Peter C. Fung, MD (Date) Julia E. Miller (Date)

David Reeder (Date)

John L. Zoglin (Date)

Dedicated to improving the health and well-being of the people in our community.



Dedicated to improving the health and well being of the people in our community.

**Board Finance Presentation
Fiscal Year 2018
7/1/2017- 11/30/2017**

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting
January 16, 2018

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ECHD Stand-Alone Financial Statements

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NOTE: Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

	June 30, 2017	June 30, 2017		June 30, 2017	June 30, 2017
	Nov 30, 2017	Audited w/o Eliminations		Nov 30, 2017	Audited w/o Eliminations
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Current Assets			Current Liabilities		
Cash & Investments	\$290	\$287	Accounts Payable & Accrued Exp	\$94	\$105
Patient Accounts Receivable, net	\$118	\$110	Bonds Payable - Current	7	7
Other Accounts and Notes Receivable	\$7	\$4	Bond Interest Payable	11	13
Inventories and Prepaids	\$57	\$51	Other Liabilities	6	5
Total Current Assets	472	453	Total Current Liabilities	118	130
Board Designated Assets			Deferred Revenue	1	1
Foundation Reserves	16	15	Deferred Revenue Inflow of Resources	14	14
Community Benefit Fund	24	19	Long Term Liabilities		
Operational Reserve Fund	129	102	Bond Payable	653	657
Workers Comp, Health & PTO Reserves	64	63	Benefit Obligations	38	37
Facilities Replacement Fund	170	159	Other Long-term Obligations	4	4
Catastrophic & Malpractice Reserve	19	18	Total Long Term Liabilities	695	698
Total Board Designated Assets	423	376	Fund Balance		
Non-Designated Assets			Unrestricted	1,203	1,150
Funds Held By Trustee	268	305	Board Designated & Restricted	327	274
Long Term Investments	283	257	Capital & Retained Earnings	16	15
Other Investments	35	34	Total Fund Balance	1,546	1,439
Net Property Plant & Equipment	843	810			
Deferred Outflows of Resources	29	30			
Other Assets	21	18			
Total Non-Designated Assets	1,479	1,454			
TOTAL ASSETS	\$2,374	\$2,282	TOTAL LIAB. & FUND BAL.	\$2,374	\$2,282



Note: Totals may not agree due to rounding. See page 5 for footnotes.

El Camino Healthcare District

Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through November 30, 2017

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽¹⁾	372	344	28	335
Other Operating Revenues ⁽²⁾	21	18	4	19
Total Operating Revenues	393	362	31	355
Wages and Benefits	197	195	-2	185
Supplies	50	50	0	46
Purchased Services	46	46	0	43
Other	12	13	1	12
Depreciation	20	21	1	20
Interest	2	4	2	2
Total Operating Expense ⁽³⁾	327	330	3	309
Operating Income	66	32	34	46
Non-Operating Income ⁽⁴⁾	39	11	28	7
Net Income	105	43	62	53



Note: Totals or variances may not agree due to rounding. See page 5 for footnotes.

El Camino Healthcare District

Notes to Consolidated Financial Statements

Current FY 2018 Actual to Budget

(Includes El Camino Hospital)

(1) Net Patient Revenue is significantly ahead of budget due to: 1) In Periods 4 and 5 Gross Revenues were significantly above budget in numerous departments resulting in the net patient revenues exceeding budget by over \$17M; 2) On a quarterly basis management has begun accruing for net late patient charges that are not captured until the following month of a quarter end, this created a one-time increase in net patient revenues of approximately \$ 4M, which will be recalculated each subsequent quarter; and 3) Medicare OP Deductions from Gross Revenues were budgeted at 93% but currently running at 87% resulting in a \$3M positive variance.

(2) Other Operating Revenues exceeded budget due to primarily a PRIME payment of \$3M that was not anticipated in the budget and back billing for dietary services provided to LPCH patients on their 4th floor unit (\$700k). Those billings have been paid and the account remains current.

(3) The positive variance of approximately \$3M remains in the areas of Purchased Services and Other Expense. Within Purchased Services the positive variances are at CONCERN for outside provider expense and at SVMD for outside managed labor for Winchester Clinic, which just opened mid-November, but was budgeted for the entire year. Within Other Expense, the primary positive variances are in bond interest expense as a significant portion of it qualifies to be capitalized into those four (4) major construction projects under way, and a placeholder of expense for strategic initiatives that has yet to be expended. These positive variances were offset by RN productive salaries being over budget by \$2.7 due to increased patient loads.

(4) The \$28M positive variance to budget is driven by the unrealized gains on investments thus far in the fiscal year.



El Camino Healthcare District

Stand-Alone Comparative Balance Sheet (\$ Thousands)

These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates

	Nov 30, 2017	June 30, 2017		Nov 30, 2017	June 30, 2017
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv	\$331	\$2,960	Accounts payable ⁽⁸⁾	\$0	\$0
Short term investments	4,608	1,710	Current portion of bonds	3,310	3,570
Due fm Retiree Health Plan ⁽¹⁾	50	30	Bond interest payable	2,053	2,152
S.C. M&O Taxes Receivable	2410	0	Other Liabilities	(12)	161
Other current assets	0	0			
Total current assets	\$7,399	\$4,700	Total current liabilities	\$5,351	\$5,883
Operational Reserve Fund ⁽²⁾	1,500	1,500			
Capital Appropriation Fund ⁽³⁾	13,133	13,133			
Capital Replacement Fund ⁽⁴⁾	5,123	4,998	Deferred income	8	46
Community Benefit Fund ⁽⁵⁾	5,019	7,011	Bonds payable - long term	126,332	129,642
Total Board designated funds	\$24,775	\$26,642	Total liabilities	\$131,691	\$135,571
Funds held by trustee ⁽⁶⁾	\$17,757	\$18,363	Fund balance		
Capital assets, net ⁽⁷⁾	\$11,113	\$11,209	Unrestricted fund balance	\$43,086	\$42,344
			Restricted fund balance ⁽⁹⁾	(113,733)	(117,001)
			Total fund balance	(\$70,647)	(\$74,657)
TOTAL ASSETS	\$61,044	\$60,914	TOTAL LIAB & FUND BALANCE	\$61,044	\$60,914



Note: Totals may not agree due to rounding. See page 9 for footnotes.

El Camino Healthcare District

YTD **Stand-Alone** Stmt of Revenue and Expenses (\$ Thousands)

Comparative Year-to-Date November 30, 2017

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<u>REVENUES</u>				
(A) Ground Lease Revenue ⁽¹⁰⁾	\$ 38	\$ 38	\$ -	\$ 90
(B) Redevelopment Taxes ⁽¹¹⁾	3	58	(55)	244
(B) Unrestricted M&O Property Taxes ⁽¹¹⁾	3,344	3,287	57	7,658
(B) Restricted M&O Property Taxes ⁽¹¹⁾	2,285	2,342	(57)	6,959
(B) G.O. Taxes Levied for Debt Service ⁽¹¹⁾	4,347	4,250	97	10,679
(B) IGT/PRIME Medi-Cal Program ⁽¹²⁾	(1,923)	-	(1,923)	(10,328)
(B) Investment Income (net)	6	65	(59)	(17)
(B) Other income	347	8	338	982
TOTAL NET REVENUE	8,446	10,048	(1,602)	16,267
<u>EXPENSES</u>				
(A) Wages & Benefits ⁽¹³⁾	0	0	-	0
(A) Professional Fees & Purchased Svcs ⁽¹⁴⁾	171	183	12	456
(A) Supplies & Other Expenses	58	90	32	187
(B) G.O. Bond Interest Expense (net) ⁽¹⁵⁾	1,634	1,637	3	5,315
(B) Donations to Outside Organizations ⁽¹⁶⁾	4,401	2,917	(1,484)	6,484
(A) Depreciation / Amortization	96	96	-	240
TOTAL EXPENSES	6,360	4,923	(1,437)	12,682
NET INCOME	\$ 2,086	\$ 5,125	\$ (3,039)	\$ 3,585
 (A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
<u>RECAP STATEMENT OF REVENUES & EXPENSE</u>				
(A) Net Operating Revenues & Expenses	\$ (287)			
(B) Net Non-Operating Revenues & Expenses	2,373			
NET INCOME	\$ 2,086			



Note: Totals may not agree due to rounding. See page 9 for footnotes.

El Camino Healthcare District

Comparative YTD **Stand-Alone** Stmt of Fund Balance Activity (\$ Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	<u>Nov 30, 2017</u>	<u>June 30, 2017</u>
Fiscal year beginning balance	\$ (74,657)	\$ (79,881)
Net income year-to-date	\$ 2,086	\$ 3,585
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽¹⁷⁾	\$ 1,923	\$ 10,912
Capital Appropriation projects ⁽¹⁸⁾	\$ -	(9,274)
Fiscal year ending balance	<u><u>\$ (70,647)</u></u>	<u><u>\$ (74,657)</u></u>



Note: Totals may not agree due to rounding. See page 10 for footnotes.

El Camino Healthcare District

Notes to Stand-Alone Financial Statements

These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates

- (1) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (2) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (3) **Capital Appropriation Fund** – Formerly known as the Capital Outlay Fund, which accumulates at the end of each fiscal year those M&O property taxes that are over the Gann limit and thus become restricted for plant and equipment projects. This amount reflects the accumulation of the fiscal year ended 2017. Note, at each fiscal year end the amount placed into this fund must be board designated for a capital project (must be a value greater than \$100,000 and a minimum life of 10 years) within the next two fiscal years.
- (4) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (5) **Community Benefit Fund** – Newly established fund at the District in FY 2014, as the District retains its unrestricted M&O property taxes to pay for its operations and support its Community Benefit Program.
- (6) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (7) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, and a vacant lot located at El Camino Real and Phyllis.
- (8) **Accounts Payable and Accrued Expenses** – Expenses due which have not yet been paid.
- (9) **Fund Balance** – The negative fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied, slowly reducing the negative fund balance over the next 19 years.



El Camino Healthcare District

Notes to Stand-Alone Financial Statements

These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates

(10) Other Operating Revenue – Lease income from El Camino Hospital for its ground lease with the District.

(11) Taxes: Redevelopment, M&O, G.O. – Tax receipts (either received or to be received) during the period.

(12) IGT/PRIME Expense – Which returned to the Hospital approximately double this amount.

(13) Wages & Benefits – The District has no employees. The District does contract with the El Camino Hospital for the services of some Hospital employees and with outside professional and general services organizations (see item 14).

(14) Professional Fees & Services – Detailed below:

• Community Benefit/Admin Support from ECH	\$ 154
• Legal	14
• Other	<u>3</u>
	<u>\$ 171</u>

(15) G.O. Bond Interest Expense – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

(16) Donations to Outside Organizations – Starting in FY 2014, the District is directly operating its Community Benefit Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August and February of the fiscal year.

(17) IGT/PRIME Funding – Transfers from ECH for participation in the two programs thus far in FY 2017.

(18) Capital Appropriation Projects Transfer – This amount for FY2017 was the approved amount at the Board's June 2016 meeting to be transferred to the Hospital during FY2017 for the future renovation of the Women's Hospital after the IMOB is completed in the Fall 2018.



El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

Sources of District Taxes

11/30/2017

(1) Maintenance and Operation and Government Obligation Taxes \$9,976

(2) Redevelopment Agency Taxes 3

Total District Tax Receipts 9,979

Uses Required Obligations / Operations

(3) Government Obligation Bond 4,347

Total Cash Available for Operations, CB Programs, & Capital Appropriations 5,632

(4) Capital Appropriation Fund – Excess Gann Initiative Restricted* 2,285

Subtotal 3,347

(5) Operating Expenses 229

Subtotal 3,118

(6) Capital Replacement Fund (Park Pavilion) 125

Funds Available for Community Benefit Programs \$2,993

*Gann Limit Calculation for FY2018 \$8,024

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District's day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion)



ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>El Camino Hospital Board Director Election Ad Hoc Committee Report and Proposed Voting Procedures.</p> <p>El Camino Healthcare District Board of Directors</p> <p>January 16, 2018</p>
Responsible party:	John Zoglin, Ad Hoc Committee Chair
Action requested:	Information
<p>Background:</p> <ol style="list-style-type: none"> 1. <u>Review of Application and Ad Hoc Committee Interview Process:</u> Following our last Board meeting, in accordance with our instructions, staff notified the community that this Board is seeking applicants interested in serving on the El Camino Hospital Board of Directors ("Hospital Board"). As is our usual process, we advertised in local newspapers throughout the District and notified key stakeholders at El Camino Hospital (Board and Advisory Committees, ECH Foundation Board, Leadership Team). At the Committee's request, staff also notified candidates who received votes during our appointment of a District Director in August 2017. 2. <u>Proposal to Fill Both Open Seats on the Hospital Board:</u> We have brought forward four of the six candidates who we, along with Christina Lai of the Hospital's Governance Committee and Dan Woods, CEO, interviewed for the full Board's consideration. Each of these candidates could add great value to the Hospital Board. Further, their competencies, experience, and skills are differentiated enough to complement the current Board regardless of how many we select at this time. Following the November 2018 public election in less than 10 months, there will likely be new members of this Board, and therefore the Hospital Board. Because of the broad range of competencies presented by the candidates, in order to provide some stability for the Hospital Board membership, and to take advantage of expertise available in this candidate pool, we recommend that we fill both open seats on the Hospital Board at this time. 3. <u>Planned Board Interview Process:</u> We have asked each candidate to be prepared to give a presentation lasting up to 10 minutes. The presentation should address their knowledge of and specific experience and ability to contribute to the ECH Board with particular emphasis on the five competencies that this Board selected this year. <ul style="list-style-type: none"> • Complex Market Partnerships • Long Range Strategic Planning • Healthcare Insurance Payor Background/Experience • Finance/Entrepreneurship • Clinical Integration/ Continuum of Care 	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<p>Following each candidate's presentation, we suggest each Board member take the opportunity to ask one question of the candidate who will be given one minute to respond to each question. Following this, any member of the public who wishes to comment will be given up to three minutes to address the Board. We are suggesting these as guidelines that might be modified depending on the number of Board members interested in posing questions to the candidates and how many members of the public wish to make comments. At the conclusion of all interviews, the Board will have an opportunity to discuss the candidates and then vote in accordance with an approved process during the following agenda item.</p> <p>4. <u>Proposed Hospital Board Director Election (Voting) Procedures:</u> We also included Proposed Election (Voting) Procedures in your packet for our discussion and approval. Legal counsel has approved the proposal.</p>
	<p>Board Committees that reviewed the issue and recommendation, if any:</p> <p>The El Camino Hospital Board Director Election Ad Hoc Committee recommends approval of the Proposed Voting Procedures.</p>
	<p>Summary and Session Objectives:</p> <p>To inform the Board of the application and interview process and to obtain approval of the Proposed Voting Procedures.</p>
	<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> 1. Does the Board agree with the Ad Hoc Committee's recommendation to appoint two Hospital Board Directors at this time? If not, what timing should the board adopt? 2. What questions does the Board have about the Proposed Election (Voting) Procedures?
	<p>Proposed motion, if any:</p> <ol style="list-style-type: none"> 1. To fill both vacancies on the El Camino Hospital Board of Directors. 2. To approve the Proposed Voting Procedures.
	<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Proposed Election (Voting) Procedures 2. Candidate Resumes and Applications

Proposed El Camino Hospital Board Election (Voting) Procedure – January 16, 2018

Subject to District Board Approval at January 16, 2018 Meeting

1. **Proposal to fill two seats on the El Camino Hospital Board of Directors** – To be decided by motion, second, and approval by majority.

Election of “2017 Directors.”*

2. **Election of 2017 Director “Seat #1” with term effective January 16, 2018, expiring on June 30, 2021.**
 - a. **Round 1:** Each Director will simultaneously vote in writing for one candidate. Staff will immediately report the name of each Director and the candidate for whom he or she voted. If a majority is achieved (i.e. one candidate receives 3 votes) proceed to 2(d). If a majority is not achieved, proceed to Round 2.
 - b. **Round 2:** Only applicants that received one or more votes in Round 1 shall be included in Round 2. Each Board member will simultaneously vote for one applicant in writing and staff will immediately report the name of each Director and the candidate for whom he or she voted. If a majority is achieved, proceed to 2(d). If a majority is not achieved, proceed to Round 3.
 - c. **Round 3:** All subsequent rounds of voting for 2017 Hospital Board Director “Seat #1” shall proceed as in previous rounds; only those candidates who received a vote in the previous round may proceed to a subsequent round. There shall be no previously prescribed limit to the number of rounds.
 - d. **Adoption of Resolution 2018-01:** Electing _____ to the El Camino Hospital Board of Directors for a term effective January 16, 2018 through June 30, 2021.
3. **Election of 2017 Director “Seat #2” with term effective January 16, 2018, expiring on June 30, 2020.**
 - a. All candidates (except the candidate elected to Seat #1) are eligible, including those who did not previously receive any votes.
 - b. Rounds 1, 2, 3 and any subsequent rounds shall proceed as in 2(a), (b) and (c) above. When a majority is achieved, proceed to 3(c).
 - c. **Adoption of Resolution 2018-02:** Electing _____ to the El Camino Hospital Board of Directors for a term effective January 16, 2018 through June 30, 2020.

*Section 4.5a(ii) of the El Camino Hospital Bylaws states:

“A Director first elected by the Member, as a result of the increase in the number of permitted directors to (10), effective [June 20, 2017] shall serve a staggered term ending on June 30, 2020 or June 30, 2021 as designated by a Resolution of the Member. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2017 Directors.”



Application to Serve as an El Camino Hospital Board Director

Instructions: An Ad Hoc Committee of the El Camino Healthcare District Board of Directors is scheduled to interview selected applicants on **December 5th** and **December 11th** from 5:30pm to 8:30pm at El Camino Hospital, 2500 Grant Road, Mountain View, California 94040. All Applicants will be notified on or about November 29th. Please indicate which date(s) you are available to interview: 12/5/17____ 12/11/17_X____

Applicants must complete* the following application and submit it to:

El Camino Healthcare District
2500 Grant Road
Administration C131
Mountain View, CA 94040

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.

All applications and supporting materials must be received in our office no later than 12:00pm (noon) on November 17, 2017 and may be made publicly available.

****Items 1, 2 and 3 are required***

-
1. *Name Boyd Faust
 2. *Residence address 2101 Middlefield Rd., Palo Alto, CA 94301
 3. *Phone 650 387 7575 *E-mail address Boyddfaustr@gmail.com
 4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

I have enjoyed assisting on the Finance Committee for the past year. Having a health system that serves those that live and work in our local community is paramount to providing a high quality of life. Health systems, including ECH, face increasing challenges to ensure that they remain competitive in quality, cost and patient service in order to be sustainable. I believe that my background and experience would contribute positively toward further stewarding the health system to meet those challenges in the coming years and I would be honored to serve my community in that regard if the board so chooses.

5. Please explain how your background demonstrates your knowledge and experience with the following:

- Complex Market Partnerships
- Long-Range Strategic Planning
- Healthcare Insurance/Payor
- Finance/Entrepreneurship
- Clinical Integration/Continuum of Care

Glad to chat in more detail on these areas of focus for ECH but will summarize briefly. I've developed partnerships with payers and hospital systems to grow both geographically the footprint to serve members of a payer or community and to develop programs to focus on certain defined goals of the partners. With regard to payers, I work weekly with both commercial and governmental payers on initial contracting, renewals, value based initiatives, and joint programming/narrow networking in various states. My entrepreneurial experience lies primarily outside the hospital walls by focusing on outpatient services to increase access to care defined as both more affordable and more conveniently located to the customer/patient/member. These companies include outpatient surgery, physician networks, urgent care, on line health insurance direct to consumer among others. Finally, I believe that a provider must be clinically integrated in order to fully optimize the cost and quality opportunities. Thus, we designed our urgent care company to only develop urgent care networks with integrated delivery systems (health systems) that are tied both programmatically and information technology wise to our health system partner. As an example, we cooperate to close gaps in care with the primary physician panels as well as decant the emergency departments of unnecessary low acuity visits which both tie up valuable emergency department resources and also cost the patient in time and money.

If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

Covered above in question 5.

6. Please describe your prior Board experience.

I have served on both healthcare industry boards and non-profit community organization boards. The healthcare industry boards focused primarily on start-up healthcare service and information technology (Medigram, SimplyHealth, Care In Sync). In addition, I have been a board member on joint venture boards in the ambulatory surgery sector as well as urgent care with large health systems. The community boards include the YMCA and the Adult Literacy Council.

7. Would this position create a conflict of interest with any of your other commitments?

As disclosed in the prior finance committee vetting process, my current company develops and operates urgent care centers across the U.S. While most of the development is in other states, there are some in partnership with Dignity Health, predominantly in San Francisco. I have carefully watched for agenda conflicts in my current sector of healthcare and plan to appropriately apprise the board if a conflict arises.

8. Are you able to make the necessary time Commitment? (See, Position Specification)

I believe that I can make the time commitment and have shown the ability to work my professional schedule around the finance committee meetings to date.

9. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

I do not know of any.

Boyd D. Faust, CPA
2101 Middlefield Road
Palo Alto, California 94301
650-387-7575

Professional Experience:

Access Clinical Partners

Chief Strategy Officer. Prior Chief Financial Officer December 2012-present
Responsible for developing the operating model of urgent care clinics and supporting systems to scale for profitable growth. ACP develops and manages urgent care clinics offering high quality, convenient and affordable primary and urgent care through branded networks of facilities in targeted markets. The CFO role included guiding the accounting, cash management, capital planning and financial reporting for all entities and business units for both management and investors as well as fund raising.

Titan Health Corporation (now United Surgical Partners Intl)

Chief Financial Officer THS Holdings, LLC November 2011- June 2012

Chief Financial Officer May 2006-Nov 2011

Responsible for the accounting and finance functions of the company as well as strategic development with the senior management team. Titan developed and managed ambulatory surgery centers in partnership with surgeons throughout the United States. Key activities included growing the business through a more disciplined process of recruiting physicians to support existing surgery centers, acquiring accretive centers with growth multiple opportunity, and developing de novo centers. During my tenure, the company doubled the number of physicians and centers. In addition, we broadened the operating model by expanding into hospital joint ventures with physicians.

Alliance Care

February 2005-February 2006

Chief Operating Officer

Responsible for directing the day-to-day operations and strategies for this full service home health care provider. Services included nursing (Medicare certified and private duty), rehabilitation (PT, OT, and ST), mobile diagnostics, and physician house calls. Alliance Care operated in five states with annual net revenues of \$85 million. The company serviced homebound residents in multiple settings: skilled nursing facilities, assisted and independent living facilities, and individual homes.

Accomplishments include:

- Integrating the operations and cultures of two distinct companies from merger
- Developing and implementing a new operating model of coordinated case management throughout the markets
- Implementing mobile point of care technology for all clinicians
- Developing a compensation system focused on optimal clinical outcomes, financial performance and growth

National Surgical Care (now AmSurg)

November 2003-December 2004

Chief Operating Officer

Responsible for directing the operations of ambulatory surgery centers on a nationwide basis. NSC acquires, develops and manages freestanding surgery centers in partnership with physicians in their local markets. Duties included day-to-day management of the surgery centers as well as strategic planning with surgeons for profitable growth while ensuring quality care. Key activities involved medical staff recruitment, partnership syndications, clinical specialty expansion, and insurance payer negotiations. Responsibilities also include evaluating prospective acquisition and de novo development opportunities. During this start-up phase of the company, accomplishments included developing an operational structure for the ASCs added to the portfolio and growing the revenue base.

Spartanburg Regional Healthcare System

March 1997-April 2002

Senior Vice President

Responsible for strategy, development and operations of the patient service areas of Senior's, Women's and Children's Services as well as a physician network of over 100 physicians. Duties also included strategic hospital system development and management of several system support departments. System is a hospital authority of three hospitals serving as a regional referral center with a resident teaching program and level one trauma center with average census of 500 and revenues of \$800 million.

Accomplishments include:

- Growing Senior services from 300 to 3000 long term care beds
- Developing physician leaders and operational structure to manage the three service lines which has resulted in dominant market share
- Recruiting over 100 physicians, retention rate of 90% during a 5 year period
- Reversing the financial losses of a regional physician network
- Working closely with our administrative team to achieve a 96 JCAHO score, AA credit rating, and consistent profit margins.

Ernst & Young, LLC.

December 1987-March 1997

Senior Manager

Responsible for selling and managing advisory services for healthcare companies in the South and Southeastern regions of the United States. Services focused on both operational and financial issues including loss turnarounds, operations improvements, revenue cycle pricing strategy, feasibility studies for transaction and debt, valuations, strategic assistance and implementation management of strategies.

Accomplishments include:

- Improving financial stability and future strategic presence of our healthcare clients and developing strong relationship with senior management
- Exceeding sales and chargeability goals each year for the Southern division
- Coaching staff to achieve their goals and develop their skill in consulting
- Promoted three times with added consulting territory and supervisory responsibilities
- Teaching national training courses for new consultants at Corporate Headquarters
- Leading major universities recruiting team for University of Texas and UNC-Chapel

Hill graduate business programs

Medical Care International (now Hospital Corporation of America)

Senior Accountant

July 1986-December 1987

Responsible for the financial reporting and treasury decisions of fifteen ambulatory surgery centers. In addition, a development team member involved in acquiring and building ASCs with physician partners in multiple states. Supported development activities by preparing and presenting financial projections related to ASC target acquisitions to prospective physician partners.

Ernst & Young, LLC

July 1984-June 1986

Auditor

Responsible for audit tests and evaluation of financial statements for clients varying in both size and industry. Drafted audit opinions for both public and private companies. Also, involved in preparing quarterly audits for 10Q filings and internal control reviews.

Education and Professional Licenses:

- Stanford University
Masters of Science in Management 2003
Alfred P. Sloan Fellow

University of Texas at Austin
BBA, Accounting 1984
- Certified Public Accountant. Current license and active since 1986.
- Professional memberships (past and current)
American College of Healthcare Executives
Healthcare Financial Management Association
Medical Group Management Association
Ambulatory Surgery Center Association
Urgent Care Association of America

Speaking Engagements:

- Arizona Surgery Center Association Annual Conference -June 2009
- InterFace Medical Conference -March 2010
- ASC 100 Conference-March 2007 and March 2009
- Becker's Annual Profitability, Business and Legal ASC Conference -October 2008 & October 2010
- Freestanding Ambulatory Surgery Association(now ASCA)-June 2005

Recent Committee and Board Advisory Volunteer Appointments

CareInSync (Acquired by Hearst/Zynx Health) September 2012-December 2013
Delivering a real-time multi-disciplinary care collaboration platform for providers
with a focus on reducing unnecessary hospital readmissions.

StartX Med March 2012-present
A non profit organization to accelerate the development of Stanford's top life science
entrepreneurs through experiential education. StartX provides experienced mentors and
partners to help Stanford founders grow their ideas quickly.

Satellite Healthcare April 2012 – present
Serving on the Audit Committee of a company serving patients needing kidney dialysis
therapy.



Application to Serve as an El Camino Hospital Board Director

Instructions: An Ad Hoc Committee of the El Camino Healthcare District Board of Directors is scheduled to interview selected applicants on **December 5th** and **December 11th** from 5:30pm to 8:30pm at El Camino Hospital, 2500 Grant Road, Mountain View, California 94040. All Applicants will be notified on or about November 29th. Please indicate which date(s) you are available to interview: 12/5/17____ 12/11/17__x__

Applicants must complete* the following application and submit it to:

El Camino Healthcare District
2500 Grant Road
Administration C131
Mountain View, CA 94040

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.

All applications and supporting materials must be received in our office no later than 12:00pm (noon) on November 17, 2017 and may be made publicly available.

****Items 1, 2 and 3 are required***

-
1. *Name Anula K. Jayasuriya, MD, PhD., MBA
 2. *Residence address 26010 Torello Lane, Los Altos Hills, CA 94022
 3. *Phone 650-224-2002 *E-mail address anula@gilmour.net
 4. *Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:*

As a physician by training, a health care investor by profession, and an engaged long-time resident of Santa Clara county, I am committed to serving our community and helping steward its access to high quality health care.

Health care delivery in the US is undergoing unprecedented change and consolidation. A formidable challenge is to contain costs while continuously improving the quality of care and broadening access. I am particularly concerned about the future of community hospitals,

such as El Camino, which are essential to meeting the healthcare needs of our local community. I have deep knowledge and experience in multiple dimensions of health care delivery and believe that I can help guide El Camino Hospital through the challenges it faces today and the inevitably greater challenges that lie ahead.

5. *Please explain how your background demonstrates your knowledge and experience with the following:*

- *Complex Market Partnerships*

I have evaluated M&A opportunities for portfolio companies delivering health care and have structured partnership contracts for acquiring physician practices to grow delivery networks in India, one of the world's most dynamic, challenging, and complex health care ecosystems.

- *Long-Range Strategic Planning*

Strategy is an integral part of my work as an investor and board director of the health care delivery companies listed in Section 4, below. Most relevant would be my role at HCG (integrated oncology care), Oasis (infertility/fertility treatment) and Oliva (aesthetic dermatology services), all being for-profit health care delivery companies with a mandate to deliver high quality care to patients while growing revenue and profitability. Using a multi dimension framework of analyses, consisting of competitive market evaluation, SWAT, cost and profit center tracking, monitoring externalities (regulation and reimbursement), measuring quality and patient outcomes, incorporating social media and community feedback, forecasting and budgeting, evaluating new technologies, monitoring public health inputs, etc. we generated a one-year and five-year strategic plan for our companies.

- *Healthcare Insurance/Payor*

My knowledge of the US healthcare marketplace derives from reading avidly and daily on the topic, and engaging in discussions with my colleagues and friends who are doctors, politicians, philanthropists, hospital CEOs, payors, employers, employees, and patients. I am keenly aware of the political, societal, and regulatory considerations involved. My role as an advisor to the Harvard Business School Health Care Initiative www.hbs.edu/healthcare, gives me the opportunity to keep abreast of the latest innovative thinking and solutions to the myriad challenges: HBS faculty such as Michael Porter and Robert Kaplan are thought leaders in alternative payment models such as bundled payments (an alternative to Fee-for-Service) as a means to lower costs and increase value. As an example, last week I participated in a four hour advisory board meeting at HBS where we discussed and debated topics such as: emerging insurance models that integrate care delivery with coverage; questioned whether insurers and PMBs should be eliminated to radically disintermediate the marketplace; single payor options; pharma pricing; ACA's, Medicaid's and Medicare's evolving imperatives, relative merits of capitation versus bundled payments, consequences of market consolidation, cybersecurity and physician burn-out.

- *Finance/Entrepreneurship*

Following my early roles as an executive in Pharma and Biotech, the thrust of my career, and my passion, is evaluating and investing in entrepreneurs operating in the arena of human health. I have played key roles as an investor, director, or advisor in numerous companies engaged in developing therapeutics, diagnostics, medical devices, digital health platforms, patient engagement models, care coordination platforms, robotics, telemedicine, I, and disruptive health care delivery models. I am familiar and comfortable with financial reporting and monitoring in business, having mastered the fundamentals in business school and having had decades to refine my knowledge as an investor and board member of several non-profit and for-profit boards.

- *Clinical Integration/Continuum of Care*

I am keenly aware of the slippage that can occur as a patient transitions through phases of care and facilities, and the pressing need to carefully manage these transitions. The continuum of care spans coordinating in-patient care, usually provided by several different specialties and services, hand-offs at provider shift changes, discharge planning in the transfer out of the hospital to a SNF or home, and post-acute outreach, to maximize the chances that a patient's health improves and minimize the risk of exacerbation and readmission. Through my affiliation with Harvard Business School's healthcare initiative I have encountered innovative efforts to address some of these gaps: the I-pass study group is focused on improving provider handoffs (ipassstudygroup.com) while Radial Analytics (<https://www.radialanalytics.com/>) has developed a software platform to facilitate care coordination. A noteworthy aside on the ACA's Medicare Hospital Readmission Program (HRP) is the recently reported observation that there was higher mortality from heart failure in the HRP cohort (JAMA Cardiol. Online November 12, 2017). This is an epidemiological study that establishes a correlation, not causality. Yet, it begs the question whether this is an unintended consequence of the HRP, and if yes, whether greater scrutiny of discharge criteria is merited.

6. *If not addressed in an answer to an earlier question, please describe your experience in the health care industry.*

[The essay which follows is a narrative that describes me both professionally and personally. Please refer to my resume which is included in the materials for specific information regarding positions held, titles, dates, and education.]

My early aspiration was to become an academic physician, combining pediatric patient care with research. I enrolled in the MD-PhD dual degree program at Harvard Medical School in 1980 to pursue this goal. The first in a series of events that led me to veer from the conventional path occurred in 1983: the introduction of DRGs. As a young medical-student at Harvard, I was struck by the fact that costs and reimbursement were at the fore, and that treatments were being regarded as products. Shortly thereafter, I became aware of

the concept of managed care and prospective payment systems for Medicare. Whereas these topics were the subject of vigorous national debate, as a medical student I was reassured that Harvard and its affiliates would be insulated – much as I wanted to believe this I could not. I also noted that, whereas formerly most CEOs of hospitals were MDs, business people were increasingly taking the helm. It was clear that the practice of medicine was undergoing enormous changes and, yet most doctors were not engaging as physician leaders in structuring the future of medicine.

In 1989, when I was an intern at Boston Children's Hospital, I experienced first-hand the just how much health care delivery was morphing into an industry – quite different from how medicine was practiced even a decade prior. The decision making on the future of health care was not in the hands of physicians and moreover, physicians were poorly equipped to participate or lead the change, as they had little business acumen. Much to the chagrin and disapproval of my colleagues and Residency program heads, I began exploring business education and enrolled in the MBA program at Harvard Business School in 1991. In 1992-1993 I cross-registered at the Stanford Graduate School of Business where I was fortunate to be taught by the leading Stanford health economist, Alain Enthoven, known as the "father of managed competition" and Alan Garber, MD PhD (physician-economist), now Provost at Harvard University. This was my grounding in understanding the complexities and challenges facing modern medicine.

In October of 1992, while a student at HBS, I gave birth to a daughter who was born two months prematurely and became a fragile NICU patient. Although I had trained in that same NICU, being the mother of a vulnerable premature infant struggling to survive was a life-transforming experience. We are fortunate that our daughter is now 25 years old and a fulfilled working young adult, but that stark and terrifying time gave me a deep empathy for patients and their families that remains with me today.

I started my business career in 1993 at Syntex, which was later acquired by Roche. My last position at Roche was head of the Ganciclovir (Cytovene) development program for treating AIDS-related CMV retinitis and in organ transplantation. I managed a circa 100-person cross-functional team spanning marketing, physicians leading clinical trials, CRAs, regulatory, CMC, and data science. The timing was the height of the AIDS epidemic. The highlights were experiencing (and being targeted by) the first highly successful patient advocacy group, ActUp (www.actupny.org), who helped transform the treatment of AIDS, and witnessing the success of combination anti-retroviral therapy, HAART, in stabilizing AIDS and thus eliminating the need for Ganciclovir in AIDS patients in the US. As a physician I was truly delighted and inspired to see a therapy become obsolete.

In 1999 I was fortunate to participate in the early phase of the genomics and the advent of precision medicine. My PhD research in molecular genetics put me in good stead to appreciate the fundamental potential for genomics to profoundly influence medicine.

For most of my career I have been an investor in health care, investing across a variety of sectors (biotech, medical devices, diagnostics, genomics, digital health, health care delivery, etc.), phases (seed stage to growth equity), and geographies (US, Europe and India). I mentor founders, entrepreneurs, and CEOs as they grow their companies, obtain

funding, and guide them to successful exits.

I have interacted with El Camino Hospital's during the 20 plus years I have lived amid its community. My primary involvement with the Hospital has been through two non-core facilities housed on the premises: the South Asian Heart Center, where I am a patient, and the Fogarty Institute for Innovation, where nVision (a portfolio company) was incubated. The Fogarty Center, with which I am quite familiar, is an asset for medical device innovation. The South Asian Heart center is a unique, foresighted leader in instituting preventive cardiac and diabetes health, and is successfully serving the needs of the South Asian community to address its elevated cardiac and diabetes risks. In addition, I have attended several galas organized by the hospital foundation to benefit the hospital. I met with former CEO, Tomi Ryba, to discuss a concept for increasing the presence of entrepreneurial health care companies on the main campus and I look forward to meeting the newly appointed CEO, Dan Woods, whom the Los Altos Town Crier describes as bringing an "entrepreneurial spirit" to the hospital. I also have met with a couple of board members of El Camino to learn about the hospital, its challenges, and its strengths, and to better understand the role of a board member.

My ties to the East coast and the Harvard Medical Complex has exposed me to the current tensions in Boston, where community hospitals are pitted against a behemoth, Partners hospitals, which includes Mass. General and the Brigham. The nub is the disparity in how the two kinds of providers are paid: community hospitals have long received much lower reimbursements from insurers compared to their large counterparts. Other challenges they face include attracting and retaining doctors: structuring and negotiating contracts with physician groups (IPAs, MSOs, etc.,) and clinics; aligning payers and providers to better serve the patient in the context of value-based reimbursement; and creating successful business and operational models in a constantly changing and evolving landscape.

No doubt similar challenges face The El Camino Hospital as it navigates its future in the proximity of large players such as The Stanford Hospital, Kaiser and Sutter, and contends with the myriad complexities of delivering high quality, affordable, and accessible health care to our community. I enthusiastically embrace the prospect of working through these challenges, starting by listening to the board and hospital leadership to gain a deep understanding of the short-term priorities and long-term goals, and heeding the concerns and interests of the key stakeholders, particularly patients and their families. Consequent measures and actions would be informed and guided by these learnings. I expect that next steps would entail: sourcing best practices from across the US to keep abreast of innovative concepts and solutions; deploying pilots to test new ideas; collecting and analyzing hospital data where merited; engaging in brainstorming discussions to develop the best strategy and continuously honing the plan as new information and imperatives emerge; and making courageous decisions that keep El Camino hospital a leader in 21st century community health care.

I believe that engagement in non-profit activities is an essential part of being a responsible and engaged citizen. The non-profit institutions that compel me address gaps in society, such as promoting social justice in education, enabling women entrepreneurs to

reach their full potential to benefit society, and improving medical care for the benefit of humanity. If I were to be chosen to join the board of the El Camino Hospital, I would do my utmost to serve patients, the hospital, and the community, to the very best of my ability.

7. Please describe your prior Board experience.

I have served on several non-profit and for-profit boards. Health Care delivery, Biotechnology, Entrepreneurship, Social Justice, and intellectual thought have been the recurrent themes of my board engagements.

Non-Profit Board Governance Service (in chronological order):

2003-2005: **Interplast** (renamed ReSurge) (www.resurge.org). Resurge provides reconstructive surgical care for poor children suffering from congenital anomalies, burns, war-inflicted wounds, etc., around the globe. I helped launch and establish the program in Sri Lanka focused both on training of Sri Lankan surgeons in novel techniques as well as performing surgical interventions in country.

2003-2012: **HBS Health Care Alumni Organization** (www.hbshealthalumni.org) The HBSHAA exists to promote interaction and communication among HBS alumni involved in all sectors of the worldwide healthcare industry and to aid in their professional development and continuing professional education. The Association strives to play an active role in positioning HBS and its alumni to achieve a leadership position in the management of healthcare and life sciences organizations.

2004-present: **Gruter Institute** (www.gruterinstitute.org). The Gruter Institute is a research community that fosters collaboration across disciplines in order advance our understanding of the interplay between law, institutions, and human behavior. The goal of the Institute is to build a richer understanding of the underlying behaviors at the heart of society's most pressing problems and to improve our understanding of how law and other institutions facilitate or hinder those behaviors, especially, in the context of innovation and entrepreneurship.

2006-2012: **Level Playing Field Institute** (www.lpfi.org) The Level Playing Field Institute is committed to removing the barriers to STEM (Science, Technology, Engineering and Math) education --from K-12 and through higher education -- faced by underrepresented people of color. LPFI is fostering their untapped talent for the advancement of our nation in creating a world where a true level playing field exists, a world where everyone has equitable access to opportunities, including the historically disenfranchised.

2006-2017: **Astia** (www.astia.org) Astia's mission is to provide access to the networks and expertise that women high-growth entrepreneurs need to succeed, and ultimately to impact today's global economy. Astia is transforming the way businesses are funded today by providing capital, connections, and guidance, that fuel the growth of highly innovative, women-led ventures around the globe.

2006-2016: **EPPIC** (www.eppicglobal.org) EPPIC's mission is to promote networking,

mentoring, and entrepreneurship support for life science professionals in the Bay Area.
EPPIC President 2008-2009. Board Chair 2010-2011.

2017-present: **LuMind Foundation** (www.lumindrds.org) The mission of LuMind is to stimulate biomedical research that will accelerate the development of treatments to significantly improve cognition, including memory, learning and speech, for individuals with Down syndrome, so they can better participate in society and live independent and meaningful lives.

For-Profit Governance Board Service (in chronological order):

2005-2008: **Lipomics Technologies Inc.** A venture-backed company developing novel technologies for advancing metabolomics for precision medicine and every area of life sciences research by delivering biomarker discoveries, innovative diagnostic tests, and ground-breaking data in genomics and population health initiatives. Lipomics was acquired by Tethys in 2008.

2007-present: **Ocimum Biosolutions** (www.ocimumbio.com) Ocimum is a leading integrated global genomics outsourcing partner with solutions spanning Bioresearch design and execution; data analytics and algorithm generation.

2007-2013: **Health Care Global** (www.healthcareglobal.com) Healthcare Global Enterprises Ltd (HCG), is India's largest provider of integrated cancer care and is at the forefront of the battle against cancer. Through its network of 18 comprehensive cancer centers spread across India, HCG has brought advanced cancer care to the doorstep of millions of people.

2011-2016: **nVision Medical** (Board Chair) (www.nvisionmedical.com) A privately-held medical device company dedicated to filling the void in women's health innovation, focusing on developing devices to enable clinicians to assess the health of previously inaccessible parts of the female reproductive tract, particularly for the early diagnosis of ovarian cancer.

2013-Present: **MapMyGenome** (mapmygenome.in) MapMyGenome is a molecular diagnostics company whose goal is to make people proactive about their health. MMG offers personalized health solutions based on genetic profiles. MMG's genetic counselors provide actionable steps for individuals and their physicians for health improvement.

2014-2017: **Oliva Dermatology Clinics** (www.olivaclinic.com) Oliva is the leading provider of aesthetic dermatology services in India. Oliva is staffed by highly trained dermatologist who deliver state of the art skin care that is designed for range of the skin types of the Indian population

2014-2016: **InDx LifeCare** Developing point-of-care diagnostics.

2016-2017: **Oasis** (oasisindia.in) Oasis is a leading fertility treatment network in India that offers world class treatment for male and female Infertility.

Advisory Boards: (in chronological order)

2004-2005: **Triesta Oncology** A developer of DNA-based cancer diagnostics.
Acquired by HCG Oncology in 2005.

2009-present: **Science Gurus** (www.sciencegurus.org) A non-profit organization providing science-based education, training and mentor platforms that enable students in the Bay Area and in India to excel in Science careers.

2014-Present: **Vitas Pharma** (www.vitaspharma.com) A drug discovery and development company focused on identifying and developing next generation antimicrobial therapies for multidrug resistant infections.

2014-Present: **Charite - Entrepreneurship Summit Advisory Board** (stiftung-charite.de/en/events/charite-entrepreneurship-summit/advisory-board.html) This international board advises the Charite institute on content and speakers for its annual entrepreneurship summit.

2015-Present: **Harvard Business School Health Care Initiative** (www.hbs.edu/healthcare) The HBS Health Care Initiative (HCI) impacts managerial practice and the pace of innovation by educating leaders and innovators who aspire to improve value across the health care industry. The HCI Advisory Board is an active group of senior health care professionals from across the globe who provide insight on the health care curriculum, offer opinions on research direction, support student placement efforts, and assists in promoting the Health Care Initiative.

2015- present **German Accelerator Life Science** (www.germanaccelerator.com/life-sciences) GALS is a non-profit organization that helps young and emerging German life science companies to succeed in the global market by developing sound business strategies, assisting companies in obtaining capital, navigating complex regulatory landscapes, building talented teams and reaching meaningful value inflection points.

2017-present **Cellino Biotechnology Inc.** (www.cellinobio.com) Cellino is developing a novel intracellular delivery technique for gene-editing applications.

8. *Would this position create a conflict of interest with any of your other commitments?*

I do not foresee any conflicts of interest

9. *Are you able to make the necessary time Commitment? (See, Position Specification)*

Yes.

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

No.

ANULA K. JAYASURIYA, M.D., Ph.D., MBA

26010 Torello Lane Los Altos Hills, CA 94022
(650) 224-2002 anula@gilmour.net

Life Science Private Equity and Venture Investor:

Anula Jayasuriya brings deep domain knowledge and operating experience in health care, medicine, and biotechnology to her role as an investor providing capital to early and growth stage companies in the life sciences. She has worked at the leading edge of life science innovation in the US, Europe, and India, where she co-founded the first health care private equity fund. She has a track record of identifying important trends before their emergence, including genomic sequencing, DNA biobanks, RNA based tools and therapeutics, the opportunity for health care investing in India, and the investment gap in pediatric and women's health. She has extensive experience leading complex financings and serving as a corporate director. Anula is an agile thinker, innately curious, and effective at leading investment teams working across diverse domains, stages of investment, asset classes, and global markets.

Professional Experience

- | | | |
|----------------|---|--------------------------|
| 1/14 – Present | EXXCLAIM CAPITAL
Founder and Managing Director
First fund focused on closing the innovation and market gap in Women's and Pediatric health. Portfolio comprises eight early-stage investments addressing areas such as early detection of ovarian cancer (nVision), stress urinary incontinence (SoftHealth), smart breast pump (NaiaMom), pregnancy management (WildflowerHealth), and infertility (Sandstone Diagnostics), night terrors (Lully). | LOS ALTOS, CA |
| 1/06 - 7/17 | EVOLVENCE INDIA LIFESCIENCE FUND and INDIA LIFESCIENCE FUND II
Co-Founder and Managing Director

EILSF: Co-Founder and Managing Director of EILSF, first-of-kind growth capital fund focusing exclusively on life science and health care investments in India with approximately \$100M under management. Investments include generic drugs, pharma R&D/Clinical Trial/Manufacturing services, medical devices and health care delivery. Generated deal flow, vetted opportunities, served on portfolio company boards, and served on the fund investment committee. Successfully managed companies through growth and exit.

ILSF II: \$145M fund (first close 2013) to continue investing in the same areas as EILSF. | HYDERABAD, INDIA |
| 1/03 - 12/04 | ATP CAPITAL LP
Venture Partner
Generated deal flow, evaluated deals and assumed board responsibility for portfolio companies in this \$70 Million venture expanding into the life sciences from its origins in Agbiotech. | NEW YORK, NY |
| 12/01 - 12/02 | SKYLINE VENTURES INC.
Partner
Specialized in early stage Life Sciences investments. Generated deal flow, evaluated investment opportunities. | PALO ALTO, CA |
| 5/01 - 12/01 | TVM – TECHNO VENTURE MANAGEMENT
Principal
Generated deal flow, evaluated deals and networked to establish TVM's life science presence on the West Coast. Firm subsequently closed their San Francisco office. | SAN FRANCISCO, CA |
| 1/99 - 6/01 | GENOMICS COLLABORATIVE INC.
Vice President of Corporate Development and Strategy.
Responsible for corporate strategy, partnership strategy, and formation and management of key external relationships with strategic partners, suppliers, and customers. Negotiated partnership agreement with the government of Singapore for hosting the National DNA BioBank. | CAMBRIDGE, MA |
| 1997-1998 | VENTURE CONSULTANT
Retained by several venture capital firms in Silicon Valley (Onset, Medicus, Technogen) and private equity funds (Argonaut Capital, NYC, INVESCO) to assess life sciences technologies and companies. Co-founder and CEO of QuantumSense Inc. a Start-up developing novel applications of nanofabrication and microfluidics technologies in DNA sequencing | LOS ALTOS, CA |
| 1995-1997 | ROCHE GLOBAL DEVELOPMENT
Vice President, Cytovene® Development. Executive responsible for the Cytovene (ganciclovir) drug development organization comprising clinical, pre-clinical, regulatory, business, chemistry, manufacturing, | PALO ALTO, CA |

pharmacoeconomic, and finance functions. Accountable for delivering commercially viable products with regulatory approval, on time, and within multi-million dollar budget.

- 1994-1995 **ROCHE STRATEGIC MARKETING AND BUSINESS DEVELOPMENT** **PALO ALTO, CA**
Director, Pharmacoeconomic Research. Directed US operations of the pharmacoeconomic research organization, supporting all compounds in the Roche development portfolio.
- 1993-1994 **SYNTEX LABORATORIES, INC.** **PALO ALTO, CA**
Director, Outcomes Research. Developed pharmacoeconomic data to support marketing and sales of all on-market products.
- Summer 1992 **THE BOSTON CONSULTING GROUP, INC.** **SAN FRANCISCO, CA**
Consultant. Developed a growth strategy for a large HMO. Performed detailed competitor analysis and selected new markets for expansion based on forecasting of market opportunity and profiling existing providers in target markets.
- 1989-1990 **CHILDREN'S HOSPITAL** **BOSTON, MA**
Resident in Pediatric Medicine. Responsible for patient care in a large, urban teaching hospital.

Education

- 1991-1993 **HARVARD GRADUATE SCHOOL OF BUSINESS ADMINISTRATION** **BOSTON, MA**
Master in Business Administration degree earned with distinction, June 1993. Elected to the position of chair of Education Committee and vice chair of the Student Association.
- 1980-1991 **HARVARD MEDICAL SCHOOL** **BOSTON, MA**
HARVARD GRADUATE SCHOOL OF ARTS AND SCIENCES **CAMBRIDGE, MA**
M.D. and Ph.D. earned as participant in a combined M.D./Ph.D. program:
 - Doctor of Philosophy (Ph.D.) in Microbiology and Molecular Genetics, 1991. Applied genetic engineering techniques to determine the genetic basis for the entry of reovirus into mammalian cells.
 - Doctor of Medicine (M.D.), 1989. Licensed to practice medicine in Massachusetts & California.
- 1982-1983 **UNIVERSITY OF CAMBRIDGE, TRINITY COLLEGE** **CAMBRIDGE, ENGLAND**
Master of Philosophy (M. Phil) in Pharmacology, 1983. Degree earned while abroad on a Sheldon Traveling Fellowship award from Harvard University. Studied the immune response to herpes virus infection in mice.
- 1978-1980 **HARVARD COLLEGE** **CAMBRIDGE, MA**
Bachelor of Arts degree, *summa cum laude*, in Biology, 1980. Elected to *Phi Beta Kappa*.
- 1976-1978 **GEORGETOWN UNIVERSITY** **WASHINGTON, D.C.**
Undergraduate freshman and sophomore year; transferred to Harvard College.

Affiliations Corporate and non-profit board affiliations and references available upon request.

Personal Married, one child. Fluent in German and Sinhalese; functional knowledge of Spanish and French.



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All applications and supporting materials must be received in our office no later than 12:00pm (noon) on November 17, 2017 and may be made publicly available.

1. **Name:**

Gary Kalbach

2. **Residence Address:** 769 Orange Avenue

Los Altos, California 94022

3. **Phone:**

650-948-7177

650-255-2551 (cell)

E-Mail address: gary@kalbach.net

4. **Reasons for interest in serving as a member of El Camino Hospital Board of Directors:**

With the structural change in the ECH Board approved in May, 2017, adding additional competencies, I am enthused at the prospect of possibly serving as a Board member. I would bring 30 plus years of experience in finance/entrepreneurship, long range strategic planning, identifying and forming complex partnerships and extensive experience in influencing successful organizational dynamics.

— I have a strong desire to see ECH succeed in an uncertain, changing healthcare environment.

To be successful, the ECH long-term reputation of “outstanding care” must be continued. The hospital must identify and attract healthcare partners as well as patients. Everyone is aware that healthcare is changing, but not exactly how it is changing. I do not have “the answers” but do have the experience to help evaluate and choose an ongoing direction to succeed.

— I can add value - quickly

I believe I would add value starting immediately, bringing five years of involvement on the ECH Governance Committee, Investment Committee, CEO Selection Committee and as advisor to the ECHD Board recruiting sub-committee. I would need little or no “on boarding” to be productive in promoting a “team” atmosphere to the organization.

I believe that working as an ECH board member I could enhance the integration of the new CEO and board members to operate efficiently with the staff, PAMF and independent doctors. This “team formation” period is extremely important to ongoing success and I could bring value immediately. From along-time study of organizational Behavior and 30+ years of applying these principles to company formations and development, and to successful not-for-profit leadership, I have the proven ability to “influence” successful organizational behavior.

— I have strengths in my experience that adds to competencies of other board members

When looking at the Collective Competencies of the Board compiled by Nygren Consulting, my own strengths, experience and interests align well with the strengths and shortfalls of other Board members.

In addition, I have a specific interest in the development and application of technology to medicine and healthcare. I believe that integrating technology will be increasingly important in successful healthcare delivery and result financial reimbursement as well as better healthcare . Much has been written about an increasing level of technology in healthcare outcomes and resulting payment to providers. Technology should be an integral part of the “Hospital of Silicon Valley” of the future. My years of working with Dr. Tom Fogarty and co-founding the Fogarty Institute for Innovation @ El Camino Hospital has accelerated my awareness of the partnership value between the Institute and the hospital.

In **summary**, I have the board-level experience and health care exposure to be of value to the ongoing success of the Hospital and its healthcare initiatives. I have the current involvement with ECH to be instantly useful and the strong desire to serve on the board in the current environment.

5. Background in Complex Market Partnerships, Long-Range Strategic Planning and Finance/Entrepreneurship.

El Camino Hospital is an \$800 million a year revenue organization operating in a very competitive and complex service environment. Long term, the success of ECH is partially dependent upon strategic relationships with others. I believe my years of strategic partner identification and negotiat experience would be very beneficial. Early on, for example, as board Chair of Children's Hospital @ Stanford, I negotiated a number of affiliation agreements with Stanford University and finally a \$100 million "bifurcation" payment from Stanford in 1996.

With extensive venture capital board experience from 1978 to 2006, I negotiated manufacturing, sales and production agreements. I also negotiated a number of company mergers and sales.

In 2007, as president of the Fogarty Institute for Innovation, I helped structure and negotiate the current strategic relationship with ECH. Over the next couple of years, as president of the Fogarty Institute, I negotiated the purchase of the clinical trials activity from the Cardiovascular Institute. With financial support from the Taft family this became a the Taft Center for Clinical Trials.

6. Hospital and Health Care Experience:

El Camino Hospital, Mountain View, CA

2012 to Present – Governance Committee of Board of Directors

Strong emphasis on a *competency-based* board of directors within the complex dual board structure

2015 to Present -- Investment Committee of Board of Directors

2016-2017 – CEO Selection Committee

2017 – Advisor to ECHCD Committee on ECH Board Member selection

Fogarty Institute for Innovation at El Camino Hospital, Mountain View, CA

2007-2011 – Founding President and Chair of the Board. Negotiated original partner relationship with ECH. Established clinical trials business (later transferred to ECH).

Children's Hospital @ Stanford (Now Lucile Packard Children's Hospital), Palo Alto, CA

1982- 1993 – Member of Board of Directors

1993-1996 – Chair of the Board of Directors. Led refocus of the Board from a "philanthropic" to a "self-sustaining" model (no longer dependent on philanthropic contributions) and to national preeminence. Honored by President and Mrs. Clinton at a White House dinner September 1995.

In 1996, Five months of personal negotiations with Stanford University President, Gerhard Casper, resulted in several Affiliation Agreements. In 1996 UCSF Medical Center and Stanford Health Services agreed to merge, subject to merging Children's Hospital into Stanford Health Services. Stanford tried to force a non-cash merger. My personal

weekly negotiations with the Stanford President resulted in a \$100 million payment, which served as the corpus of the new "**Lucile Packard Foundation for Children**".

Cystic Fibrosis Research, Inc., Mountain View, CA. -1980 1982 – Founding President and Board Chair. Supports medical research at Stanford University School of Medicine.

Ronald McDonald House @ Stanford - 1977- 1982 – Founding President of the Board. Led design, construction and operation of home on Stanford University property for families with children being treated at Children' Hospital @ Stanford. This was a unique concept in 1977 and was the result of a personal negotiation of a partnership between McDonalds Corporation, the McDonald's Operators Association of the Bay Area, Children's Hospital @ Stanford and Stanford University.

7. Other Board of Director's experience:

In addition to the four boards of directors in the hospital and health care institutions above, I was an active board member in over 50 technology-based companies where I was a venture capital investor. In addition, I was involved as an active board member in four other not-for-profit organizations:

Tower Foundation, San Jose State University. - 2007 -2013 - Vice Chair, Board of Directors. Tower Foundation manages all endowment funds for San Jose State University.

Chapman University, Orange, CA – Vice Chair of the Board of Governors. - 2007-2011 Influenced strategic board discussions resulting in the breakout of a remote campus College program renamed Brandman University with 26 local campuses in California and a new marketing program toward adult bachelor and master degrees.

Los Altos Golf and Country Club, Los Altos, CA – 2006-2009– Board of Directors. While President in 2009, I made significant top-level management changes and instituted effective long-term team building dynamics.

Haas Business School, University of California, Berkeley, CA.– Board of Advisors - 1996-2000 - Stimulated changes in strategic direction and management of the Lester Center for Entrepreneurship.

8. Potential conflict of interest with other commitments:

Appointment as a member of the board of directors of El Camino Hospital would not create a conflict of interest with my other commitments.

9. Ability to make the necessary time Commitment as a member of the Board.

I would be able to take the necessary time to be an effective and active member of the ECH board of directors. I have been retired for 12 years and have no other activities with

significant time commitments. I am on two ECH committees now, so incremental board activities and responsibilities would be easy to add without a problem.

10. Civil, employment, criminal or other relevant background.

There are no civil, employment related or criminal incidents in my background.

11. Educational, Employment and Other Background:

Education:

Graduate, Sloan Financial Management Program, **Stanford University Graduate School of Business**, Stanford, CA- Three summers ending July 1975.

Master of Business Administration (MBA) Degree, **San Jose State University, School of Business**, San Jose, CA (Decision Theory) - Jan 1966.

Bachelor of Science (BS) Degree, Business Administration, **Berkeley School of Business (now Haas School of Business), University of California**, Berkeley, CA (Operations Management with minor in Organizational Behavior) - Jan 1964.

Employment history:

During my 28+ year venture capital career I served on over 50 boards of directors; made 29 CEO additions/changes as companies grew and teams built up; and, negotiated numerous partnership agreements.

Now **retired**, focusing on not-for-profit organizations and activities- June 2006 to present.

El Dorado Ventures, Menlo Park, CA. Founding Partner - September 1986 to June 2006. – A Series of seven seed/early stage venture capital funds with total institutional investment raised of \$700 million.

Donaldson, Lufkin & Jenrette (DLJ), (New York based Investment Bank) September 1983-September 1986. Principal in charge of new San Jose Office. General Partner, Sprout Group subsidiary engaged in venture Capital, partnership formation, mergers and acquisitions.

West Coast Venture Capital, Cupertino CA. - Sole General Partner - September 1978 to September 1986 – Seed venture capital. Nationally recognized with highest IRR of any U.S. based venture fund of the era.

Union Bank, Palo Alto, CA.

1972-1978 – Vice President, Senior Loan and Credit Officer. Statewide Technology Industry specialist.

Wells Fargo Bank, San Francisco, CA.

1966-1970 – Vice President, Commercial Loan Administration.

1970-1972 - Vice President, Special Industries Group, Palo Alto.

Current Civic Activities:

City of Los Altos- Current activities:

City of Los Altos Financial Commission- Re-appointed by City Council September 2017.

City of Los Altos Disaster Service Worker appointment by Chief of Police September 2016. FEMA/County Fire trained Emergency Response Team (CERT).

Los Altos Amateur Radio Emergency Service (LAARES)- City of Los Altos Emergency Operations Center (EOC) Emergency Communications.

10/20/2017

To Whom This Concerns:

I'd like to express my sincere interest in putting forward my candidacy for joining the Board of Directors at El Camino Hospital.

Growing up around the corner from El Camino Hospital (ECH), it has a special place of honor in my memory. My father, an OB-GYN, delivered babies at ECH in the 1960s and 70's. My mother was a 'candy striper' and a patient. I drive by the hospital almost weekly to visit my mother, who still lives in our family home.

I've worked with the ECH professionals in my capacity as Program Director at UCSF's Center for Health Professionals, assisting in the development and implementation of your sepsis program. I've been an active and supportive community member in your Magnet Journey, as well as providing a patient and family perspective on behavioral health. I value ECH and want to part of its future.

Before I moved into strategic consultancy, I worked at the bedside, providing pediatric cancer care at Stanford Children's Hospital and then later, working at Highland Hospital's emergency department, located in Oakland California. After this time, I worked for the University of California Office of The President (UCOP) developing and implementing best practices across all academic medical centers.

For the last several years I've worked for a prestigious consulting company (Alvarez & Marsal) building their West Coast Health Care Practice and am considered a leader in the practice.

I also sit on the Sepsis Alliance Board of Directors. Sepsis Alliance is a national non-profit organization (501 (c) (3)) whose mission is to raise public awareness about the signs and symptoms of sepsis. I've been on the Board for appx 6 years.

I've worked with community and academic health systems, payer organization and technology companies developing pay-for-value propositions, new care delivery models, governance and leadership planning, physician alignment, organizational quality, change management, adoption of early technologies and workforce management strategies.

I've published several articles in peer-reviewed publications as part of my ethos of sharing best practices to improve patient care. My publications are on the topics of developing best-in-class clinical programs, organizational change management, outcomes' research, and workforce engagement. My publications can be found at The Agency for Healthcare Research Quality (AHRQ) (2010, 2011, 2015), *Archives of Internal Medicine* (2010), *Joint Commission's Journal on Quality and Patient Safety* (2009, 2012, 2015), *Journal of Nursing Administration* (2010), *Health Affairs*, among other notable publications.

Additionally, I've consulted with the California Association of Public Hospitals, University of California at San Francisco, San Diego and Los Angeles, Hill Physicians Medical Group, Stanford University Medical Center, Institute for Healthcare Improvement (IHI), 3M, Wolters Kluwer Health, Robert Wood Johnson Foundation (RWJF) among other for-profit and not-for-profit organizations. I hold past positions as Associate Volunteer Faculty at University at California, San Francisco and Mentor to Stanford University CERC Program.

I completed my Master's in Public Administration at Harvard University's Kennedy School of Government. I hold a Bachelor's of Science in Nursing from Columbia University in New York City and a Bachelor's of Arts from UC Berkeley.

I am a Fellow of the California Health Care Foundation's (CHCF) Executive Healthcare Leadership Program.

In 2015 & 2016 I was named a "Top HealthCare Voice" by LinkedIn, an honor only bestowed to 10 individuals within their 800,000,000 members. Additionally, I am a registered nurse and hold an active California license.

Having consulted with health system and industry executives on topics ranging from population-based service line across the continuum of care, vision and strategic planning, designing innovation into corporate governance as a strategic tool for growth, financial and brand relevancy in the marketplace, I can imagine a good many of these topics are front-and-center to this Board.

I was raised 'a doctor's daughter,' and as such, believe that the job—no ethos—of healthcare professionals is to 'save lives and stamp out diseases.' And being a seasoned professional, I understand the need and importance to pay attention to 'multiple bottom lines,' including revenue, growth, innovation and reputation. I also understand the intrinsic importance of delivering high quality, high value care to our community and to ensuring those delivering the care remain fulfilled in their professional careers.

Being part of the El Camino Family by serving on the Board, would allow me to support the community which I feel a part of, as well as continue my professional commitment of improving care for patients.

It would be an honor to serve the hospital and community which I consider my own.

Thank you in advance for considering my candidacy.

Julie Kliger

Julie Kliger, MPA, BSN, RN



Application to Serve as an El Camino Hospital Board Director

Instructions: An Ad Hoc Committee of the El Camino Healthcare District Board of Directors is scheduled to interview selected applicants on **December 5th** and **December 11th** from 5:30pm to 8:30pm at El Camino Hospital, 2500 Grant Road, Mountain View, California 94040. All Applicants will be notified on or about November 29th. Please indicate which date(s) you are available to interview: 12/5/17___X___ 12/11/17___X___

Applicants must complete* the following application and submit it to:

El Camino Healthcare District
2500 Grant Road
Administration C131
Mountain View, CA 94040

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.

All applications and supporting materials must be received in our office no later than 12:00pm (noon) on November 17, 2017 and may be made publicly available.

****Items 1, 2 and 3 are required***

-
1. *Name Julie Kliger
 2. *Residence address 13100 Skyline Blvd Oakland CA 94691
 3. *Phone: 510-551-3330 *E-mail address Julie@thealtosgroup.com
 4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

Growing up around the corner from the hospital, El Camino has a special place of honor in my memory. My father, an OB-GYN, delivered babies at El Camino Hospital (ECH) in the 1960s and 70's. My mother was a 'candy striper' and a patient. I drive by the hospital almost weekly to visit my mother, who still lives in our family home.

I've worked with the ECH professionals in my capacity as Program Director at UCSF's Center for

Health Professionals, assisting in the development and implementation of your sepsis program. I've been an active and supportive community member in your Magnet Journey, as well as providing a 'patient and family perspective' on behavioral health. I value ECH and want to part of its future.

5. Please explain how your background demonstrates your knowledge and experience with the following:

- Complex Market Partnerships
 - Long-Range Strategic Planning
 - Healthcare Insurance/Payor
 - Finance/Entrepreneurship
 - Clinical Integration/Continuum of Care
-

For the last several years I've worked for a prestigious consulting company (Alvarez & Marsal) building their West Coast Health Care Practice and am considered a leader in the practice.

I've worked with community and academic health systems, payer organization and technology companies developing pay-for-value propositions, new care delivery models, governance and leadership planning, physician alignment, organizational quality, change management, adoption of early technologies and workforce management.

I've published several articles in peer-reviewed publications as part of my ethos of sharing best practices to improve patient care. My publications are on the topics of developing best-in-class clinical programs, organizational change management, outcomes' research, and workforce engagement. My publications can be found at The Agency for Healthcare Research Quality (AHRQ) (2010, 2011, 2015), *Archives of Internal Medicine* (2010), Joint Commission's *Journal on Quality and Patient Safety* (2009, 2012, 2015), *Journal of Nursing Administration* (2010), *Health Affairs*, among other notable publications.

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

(Please see the above section and attached letter, in addition to the below)

Additionally, I've consulted with the California Association of Public Hospitals, University of California at San Francisco, San Diego and Los Angeles, Hill Physicians Medical Group, Stanford University Medical Center, Institute for Healthcare Improvement (IHI), 3M, Wolters Kluwer Health, Robert Wood Johnson Foundation (RWJF) among other for-profit and not-for-profit organizations. I hold past positions as Associate Volunteer Faculty at University at California, San Francisco and Mentor to Stanford University CERC Program.

I completed my Master's in Public Administration at Harvard University's Kennedy School of Government. I hold a Bachelor's of Science in Nursing from Columbia University in New York City and a Bachelor's of Arts from UC Berkeley.

I am a Fellow of the California Health Care Foundation's (CHCF) Executive Healthcare Leadership Program.

In 2015 & 2016 I was named a "Top HealthCare Voice" by LinkedIn, an honor only bestowed to 10 individuals within their 800,000,000 members. Additionally, I am a registered nurse and hold an active California license.

7. Please describe your prior Board experience.

I sit on the Sepsis Alliance Board of Directors. Sepsis Alliance is a national non-profit organization (501 (c) (3)) whose mission is to raise public awareness about the signs and symptoms of sepsis. I've been on the Board for appx 6 years.

8. Would this position create a conflict of interest with any of your other commitments?

No.

9. Are you able to make the necessary time Commitment? (See, Position Specification)

Yes

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

No incidents of any kind.

Julie A. Kliger, MPA, BSN, RN

13100 Skyline Blvd • Oakland, CA 94619 • (510) 551-3330

- 2015 **Alvarez & Marsal, Senior Director**
- Healthcare Practice Leader within a \$1B global company
- 2005- **The Altos Group LLC, Principal**
- 20-- **Change management focused on quantifiable outcomes' improvement**
- Clients include UCSF, CHA, Sutter Health, Wolters Kluwer, 3M, UCLA, UCSD
- 2001 - **Associate Director, Quality of Care**
- 2005 **University of California, Office of the President (UCOP)**
- Worked across all disciplines/departments and with executives to improve high-value service, medical lines and patient care outcomes
 - Developed and implemented a unique web-based medical error reporting program across all five Academic Medical Centers
- 1990 - **Executive Director, Cost, Quality and Risk Management**
- 1997 **Emergency Physicians' Medical Group, San Francisco, CA**
- Measurably improved medical quality in 25 emergency departments
 - Developed and implemented clinical and administrative policies
 - Managed a company-wide re-engineering strategy

SELECTED CONSULTING ENGAGEMENTS

- **Program Director, Center for the Health Professionals at UCSF**
Led a multi- million, multi-system project to improve clinical outcomes realizing a 55.4% reduction in sepsis mortality and an 88.0% reduction in medication errors
- **SF Department of Public Health, Primary Care Leadership Academy**
- **California Hospital Association, led strategic planning for state-wide programing**
- **California Association of Public Hospitals, led state-wide sepsis reduction program**
- **Robert Wood Johnson foundation, strategist for national nursing conference**
- **Hill Physicians, Subject Matter Expert, SF Accountable Care Organizations**
- **UCLA, led QI improvement study for Goal Directed Therapy in the OR**
- **Stanford Clinical Excellence Research Center, Faculty Mentor to Fellows**
- **Wolters Kluwer, partner in development of a technology "smart app" for sepsis**
- **3M, Healthcare Strategic Leadership Summit of high-value clients**
- **Daughters of Charity Health System, system-wide quality improvement**
- **Lifelong Medical , lead quality strategy and development**

REPRESENTATIVE PUBLICATIONS AND PRESENTATIONS

- 2016 Presentation, Social Determents of Patient Safety, **USC Health System**
- 2015 Kliger, JK, Singer, S, et.al. Field Test of Theoretically Driven Leadership Program
Associated with Reduction in Sepsis Mortality. *Joint Commission J on Qual Care and Safety*
- 2014 Invited Contributor, *Agency for Healthcare Research and Quality (AHRQ)*
Return On Investment Analysis in Performance Improvement Manual
- 2012 Faculty, **Institute for Healthcare Improvement (IHI)**
- 2012 Profile and Expert Perspective, *Agency for Healthcare Research and Quality (AHRQ)*. Sepsis prevention and Expert commentary
- 2012 Kliger, JK, Singer, S, Hoffman, O'Neil. Spreading a Medication Administration
Intervention Organization-wide in Six Hospitals, *Joint Commission J on Qual Care and Safety*. 2012: 38 (2):51-60

- 2011 Kliger, J. Letter to the Editor: Involving Front-Line Clinicians In Reducing Medical Errors, *Health Affairs*. 2011; 30, no.7: 1391
- 2011 Member, Regional Action Coalition, Institute of Medicine
- 2011 Presenter, Institute for Healthcare Improvement National Forum
- 2011 Keynote, **American Organization of Nurse Executives (AONE)**,
- 2010 Presenter, Social Movements in the Nursing Profession; **Robert Wood Johnson Foundation** Nurse Executive Program
- 2010 Kliger J. Invited Commentary: Giving Medication Administration the Respect It Is Due, *Archives of Internal Medicine*. 2010;170(8)
- 2010 Kliger JK, Lacey SR, et.al. Nurse-Driven Programs to Improve Patient Outcomes: Transforming Care at the Bedside, Integrated Nurse Leadership Program *Journal of Nursing Administration*. 2010;40(3):109-114
- 2010 **BMJ/IHI** International Conference Presentation (Accepted April 2010)
- 2009 Kliger JK, Blegen MA, Gootee, D, O'Neil, E. Empowering Frontline Nurses: A Structured Intervention Enables Nurses to Improve Medication Administration Accuracy, *Joint Commission J on Qual Care and Safety*. 2009;35(12):604-612.
- 2009 Speaker, **British Medical Journal (BMJ)** International Conference
- 2008 Plenary Speaker, **The Joint Commission**

APPOINTMENTS AND AWARDS

Top Voice of 2015 & 2016, **LinkedIn**, awarded one of only 10 significant healthcare voices globally

Board Member, **Sepsis Alliance**, national non-profit organization

Board Chair, **Integrated Care Leadership Network**, regional non-profit

Invited Member, **AHRQ**, Quality and Return on Investment Roundtable

Faculty, **UCSF**, Master's program In HealthCare Leadership

Appointed Committee Member, **Institute for Population Health Improvement at UC Davis**,

Appointed Mentor to Fellows **Stanford University's Clinical Excellence Research Center**,

Liaison Member, **National Quality Forum**, Medical Error Taxonomy

Member, Executive Committee, **AHRQ** Grant *SAFER California* UCLA

Award of Excellence, **University of California Office of the President**

Executive Committee attendee, **Harvard University**, Medical Errors and Patient Safety

FELLOWSHIPS

- 2010 **California Health Care Foundation** Executive Healthcare Leadership Program

EDUCATION

- 1999 **Harvard University**, JFK School of Government, Cambridge, MA
Master in Public Administration (Dean's List)
Concentration in: healthcare policy and emerging technologies
- 1985 **Columbia University**, New York, NY
Bachelor of Science in Nursing (Dean's List)
- 1983 **University of California, Berkeley**, CA
Bachelor of Arts in Physiology/Psychology

DRAFT

**EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2018-01**

WHEREAS, there are two vacancies on the Board of Directors of El Camino Hospital; and

WHEREAS, pursuant to the Bylaws of El Camino Hospital, the El Camino Healthcare District, the sole voting Member, has the right to nominate and elect all members of the Board of Directors of El Camino Hospital; now, therefore, be it

RESOLVED, that the nominations be closed and that a unanimous ballot be cast in favor of the individual named below for election as Director of El Camino Hospital for a term to commence January, 16, 2018 with an initial term of office as set forth below:

NAME

TERM OF OFFICE

Expiring on June 30, 2021

DULY PASSED AND ADOPTED at a Special Meeting held on January 16, 2018, by the following votes:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

John Zoglin
Secretary, El Camino Healthcare District

DRAFT

**EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2018-02**

WHEREAS, there is one vacancy on the Board of Directors of El Camino Hospital; and

WHEREAS, pursuant to the Bylaws of El Camino Hospital, the El Camino Healthcare District, the sole voting Member, has the right to nominate and elect all members of the Board of Directors of El Camino Hospital; now, therefore, be it

RESOLVED, that the nominations be closed and that a unanimous ballot be cast in favor of the individual named below for election as Director of El Camino Hospital for a term to commence January, 16, 2018 with an initial term of office as set forth below:

NAME

TERM OF OFFICE

Expiring on June 30, 2020

DULY PASSED AND ADOPTED at a Special Meeting held on January 16, 2018, by the following votes:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

John Zoglin
Secretary, El Camino Healthcare District

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Draft District Director Vacancy Policy (Deferred From October 17, 2017 Meeting)</p> <p>El Camino Healthcare District Board of Directors</p> <p>January 16, 2018</p>
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	Possible Motion
<p>Background:</p> <p>Article IV, Section 4 of the El Camino Healthcare District Bylaws states that:</p> <p>“ . . . the procedure for filling a vacancy occurring on the District Board shall be according to District policy for filling such vacancy. The District policy shall include procedures for notification of the public of the vacancy, in accordance with applicable law, establishing deadlines for receipt of applications from persons interested in the vacancy, and setting interviews of qualified persons by the District Board.”</p> <p>Currently the District does not have such a policy. When a mid-term vacancy was created in June 2017, the Board adopted Resolution 2017-08 to fill the vacancy by appointment and delegated authority to Board Chair Fung to appoint an Ad Hoc Committee, the purpose of which was to work with staff on the process issues related to the appointment. At the direction of the Ad Hoc Committee, staff developed and implemented the notice, application, and interview process, and the Board appointed Neysa Fligor at its August 16, 2017 meeting to fill the vacancy.</p> <p>The Board asked staff to draft a formal written policy to codify a process to address potential future mid-term vacancies on the District Board.</p> <p>Two alternatives for this policy are included for consideration. Both alternatives outline the detailed process in accordance with <i>California Government Code §1780</i> for filling a vacancy by appointment or by calling an election:</p> <ol style="list-style-type: none"> 1. Alternative A provides for an Ad Hoc Committee to (1) oversee staff’s implementation of the process and (2) provides that the full District Board would interview <i>all</i> applicants. It also provides for more limited contact between District Board members (including those appointed to the Ad Hoc Committee) and applicants than does Alternative B. 2. Alternative B provides for an Ad Hoc Committee to (1) oversee staff’s implementation of the process and (2) to conduct a preliminary round of interviews to narrow the field of applicants. The full Board would potentially interview fewer than all applicants. <p>Legal counsel has reviewed and approved both options. Staff recommends that the Board adopt Version A which more closely resembles a public election process by providing an opportunity for all applicants to interview before the deciding body.</p>	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Board Committees that reviewed the issue and recommendation, if any: None.
	Summary and session objectives: To discuss any feedback on and obtain approval of a Mid-Term Vacancy Policy.
	Suggested discussion questions: <ol style="list-style-type: none">1. Should an Ad Hoc Committee pre-interview all applicants, thus narrowing the field for full Board consideration?
	Proposed Board motion, if any: To approve the ECHD Mid-Term Vacancy Policy Alternative A.
	LIST OF ATTACHMENTS: <ol style="list-style-type: none">1. Draft ECHD Mid-Term Vacancy Policy (Alternative A)2. Draft ECHD Mid-Term Vacancy Policy (Alternative B)3. Application to Serve as and El Camino Healthcare District Director

DRAFT ECHD MID TERM VACANCY POLICY

Alternative A

(In accordance with ECHD Bylaws Article IV, Section 4)

1. In the event of a mid-term vacancy on the El Camino Healthcare District Board ('Board') of Directors, the Board shall schedule a meeting at least 10 days prior to the effective date of the vacancy to determine whether the vacancy shall be filled by election or by appointment. If the Board is notified of the vacancy less than 10 days prior to the effective date of the vacancy, the meeting shall be scheduled as soon as practicable.
2. If the Board determines the vacancy is to be filled by appointment, the Board shall:
 - a. Schedule a meeting, in accordance California Government Code § 1780 and other applicable law, during which the Board will interview all applicants, and
 - b. Appoint an Ad Hoc Committee to ensure the following:
 - i. All notices are given and all actions are taken as are required by or appropriate to comply with California Government Code §1780 with respect to filling a vacancy by appointment;
 - ii. The notice of vacancy specifies (1) the deadline for submitting an application to fill the vacancy and (2) the date, time and location of the Board meeting during which the Board will conduct applicant interviews; and
 - iii. Interested applicants have access to the attached "Application to Serve as an El Camino Healthcare District Director."
3. Although individual sitting Board Directors may respond to communication initiated by any applicant, Board Directors shall not initiate contact with any applicant to discuss the Board vacancy and the Ad Hoc Committee shall not conduct pre-interviews of any applicant.
4. If the Board determines a vacancy is to be filled by election, the Board shall call an election in accordance with California Government Code § 1780 and other applicable law.

DRAFT ECHD MID TERM VACANCY POLICY

Alternative B

(In accordance with ECHD Bylaws Article IV, Section 4)

1. In the event of a mid-term vacancy on the El Camino Healthcare District Board ('Board') of Directors, the Board shall schedule a meeting at least 10 days prior to the effective date of the vacancy to determine whether the vacancy shall be filled by election or by appointment. If the Board is notified of the vacancy less than 10 days prior to the effective date of the vacancy, the meeting shall be scheduled as soon as practicable.
2. If the Board determines the vacancy is to be filled by appointment, the Board shall:
 - a. Schedule a meeting, in accordance California Government Code § 1780 and other applicable law, during which the Board will interview applicants recommended by the Ad Hoc Committee (below), and
 - b. Appoint an Ad Hoc Committee to ensure the following:
 - i. All notices are given and all actions are taken as are required by or appropriate to comply with California Government Code §1780 with respect to filling a vacancy by appointment;
 - ii. The notice of vacancy specifies (1) the deadline for submitting an application to fill the vacancy and (2) the date, time and location of the Board meeting during which the Board will conduct applicant interviews; and
 - iii. Interested applicants have access to the attached "Application to Serve as an El Camino Healthcare District Director."
3. The Ad Hoc Committee shall review materials submitted by all applicants, select applicants to interview, and recommend a final slate of applicants for interview by the full Board.
4. Individual sitting Board Directors may respond to communication initiated by any applicant, but individual Board Directors shall not initiate contact with any applicant to discuss the Board vacancy except if appointed to the Ad Hoc Committee.
5. If the Board determines a vacancy is to be filled by election, the Board shall call an election in accordance with California Government Code § 1780 and other applicable law.

EL CAMINO HEALTHCARE DISTRICT BOARD

FY2018 PACING PLAN

Updated December 20, 2017

FY18 Q1		
JULY 2017	AUGUST 2017	SEPTEMBER 2017
No Meeting	<p>August 16, 2017 – District Director Applicant Interviews and Appointment</p> <p>August 23, 2017 – District Director Administration of Oath, ECH Board Member Election</p>	No Meeting
FY18 Q2		
OCTOBER 17, 2017	NOVEMBER 2017	DECEMBER 2017
<ul style="list-style-type: none"> ▪ FY18 YTD ECHD Financials ▪ FY17 Community Benefit Year End Report ▪ FY17 Stand-Alone Financials ▪ FY17 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY17 Hospital Audit ▪ Adopt Resolution Setting Calendar Year 2018 Meeting Dates ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ District Director Vacancy Policy ▪ CBAC Structure ▪ Pacing Plan ▪ Minutes: 6/20 (closed) 8/16 and 8/23 ▪ Approval of Revised Budgets for ECH Major Capital Projects 	No Meeting	No meeting

FY18 Q3		
JANUARY 16, 2018	FEBRUARY 2018	MARCH 20, 2018
<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY18 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ District Director Vacancy Policy ▪ Signing of Standards of Conduct ▪ ECH Board Director Candidate Interviews ▪ Election of El Camino Hospital Board Director(s) ▪ Presentation of Certificate of Transparency 	No Meeting	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY18 YTD ECHD Financials ▪ Hospital Board member Election Ad Hoc Committee Report (if necessary). ▪ Prepare for November Election ▪ Board Chair Assessment ▪ Pacing Plan ▪ ECHD Bylaws Review
FY18 Q4		
APRIL 2018	MAY 15, 2018	JUNE 19, 2018
No Meeting	FY 19 Community Benefit Plan Study Session	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY18 YTD ECHD Financials ▪ Tax Appropriation for FY19 ▪ District Capital Outlay Fund ▪ Review and Approve FY19 Pacing Plan ▪ Approval of FY19 Community Benefit Plan ▪ Approve ECH FY19 Budget ▪ Approve ECHD FY19 Budget ▪ Appoint Hospital Board Member/ Election Ad Hoc Committee Report ▪ Appoint FY 19 Hospital Board Member Election Ad Hoc Committee