



AGENDA

REGULAR MEETING OF THE EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Wednesday, December 5, 2018 – 5:30pm
 El Camino Hospital | Conference Rooms F&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 C. Fung, MD, Board Chair		5:30 – 5:32pm
2. SALUTE TO THE FLAG	Peter C. Fung, MD, Board Chair		5:32 – 5:34
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter C. Fung, MD, Board Chair		5:34 – 5:35
4. 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 C. Fung, MD, Board Chair		information 5:35 – 5:38
5. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the District Board Meeting (October 16, 2018)	Peter C. Fung, MD, Board Chair	<i>public comment</i>	motion required 5:38 – 5:40
6. DRAFT REVISED COMMUNITY BENEFIT GRANTS POLICY ATTACHMENT 6	Barbara Avery, Director, Community Benefit; Mary Rotunno, General Counsel	<i>public comment</i>	possible motion 5:40 – 5:50
7. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT ATTACHMENT 7	Julia Miller, ECH Member Election Ad Hoc Committee Chair		discussion 5:50 – 6:03
8. ELECTION OF NON-DISTRICT BOARD MEMBER TO THE ECH BOARD OF DIRECTORS	Peter C. Fung, MD, Board Chair	<i>public comment</i>	possible motion 6:03 – 6:05
9. RESOLUTION 2018-15: Appointing Member to the ECH Board Member Election Ad Hoc Committee ATTACHMENT 9	Peter C. Fung, MD, Board Chair	<i>public comment</i>	possible motion 6:05 – 6:07
10. APPOINTMENT OF DISTRICT BOARD LIAISON TO THE COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC)	Peter C. Fung, MD, Board Chair	<i>public comment</i>	possible motion 6:07 – 6:09

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AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
11. RECOGNITION OF DISTRICT BOARD MEMBERS DAVID REEDER AND NEYSA FLIGOR	Peter C. Fung, MD, Board Chair		information 6:09 – 6:14
12. ADJOURNMENT	Peter C. Fung, MD, Board Chair	public comment	motion required 6:14 – 6:15pm

Upcoming Meetings: December 7, 2018 | January 22, 2019, March 19, 2019, May 21, 2019, June 18, 2019, October 22, 2019



**Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Tuesday, October 16, 2018**
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present

Neysa Fligor
Peter C. Fung, MD, Chair
Julia E. Miller, Vice Chair
David Reeder
John Zoglin, Secretary/Treasurer

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 5:30pm by Chair Fung. A silent roll call was taken. Director Reeder arrived at 5:34pm and Director Fligor arrived 5:35pm during Agenda Item 5: Community Benefit Spotlight. All other 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	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.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	
5. COMMUNITY BENEFIT SPOTLIGHT: BAWSI	<p>Motion: To approve <i>Resolution 2018-11</i>.</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Zoglin Noes: None Abstentions: None Absent: Fligor, Reeder Recused: None</p> <p>Barbara Avery, Director, Community Benefit, introduced Jennifer Smith and Jen Fraisl, co-CEOs of Bay Area Women’s Sports Initiative (BAWSI).</p> <p>Ms. Smith and Ms. Fraisl thanked the Board and the Community Benefit staff for their support and provided an overview of BAWSI’s programming to provide access to sports for underserved girls (BAWSI Girls) and children with disabilities (BAWSI Rollers). Ms. Smith explained that their metrics focus on attitudinal change (liking exercise more, wanting to join a sports team, and setting goals for themselves).</p> <p>Ms. Smith discussed emerging trends and observations from BAWSI’s work and direct impacts of BAWSI programs on the participants, volunteers, and community.</p> <p>The Board thanked Ms. Smith and Ms. Fraisl for their work.</p>	<i>Resolution 2018-11 approved</i>
6. CONSENT CALENDAR	<p>Chair Fung asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the District Board Meeting (Sept. 12, 2018); <i>Resolution 2018-12</i>: Adoption</p>	<i>Consent calendar approved</i>

	<p>of Calendar Year 2019 Meeting Dates; <i>Resolution 2018-13</i>: Amending ECHD Conflict of Interest Code; FY18 Consolidated Year-End Financials.</p> <p>Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>7. FY18 COMMUNITY BENEFIT PLAN REPORT</p>	<p>Barbara Avery, Director of Community Benefit, provided an overview of the District's \$6.9 million investment in the community in FY18.</p> <p>She reported that the FY18 Community Benefit program had 58 grants and 22 sponsorships. She described the process of aligning the program with the triennial Community Health Needs Assessment (CHNA) and mapping those needs to three health care priorities (Healthy Body, Health Mind, and Healthy Community).</p> <p>Ms. Avery reported that the 58 grantees achieved 92% of annual targets of for their 212 metrics.</p> <p>She noted the alignment of healthcare industry resources to address social determinants of health. Ms. Avery also described work with El Camino Hospital's Care Coordination department to provide lists of available resources for hospital patients at discharge.</p> <p>She highlighted:</p> <ul style="list-style-type: none"> - Mobile health programs (addressing dental and vision needs, food scarcity, nutrition, access to healthcare, etc.) directly at the source. - Efforts to cultivate health at schools covering 5 districts, 36 schools, 126 program sites, and 39,000 students with services related to primary care, counseling, healthier habits, physical activity, and anti-bullying. - Helping older adults live fuller lives through respiratory programs, falls prevention, access to care, etc. <p>Ms. Avery thanked Sharan Johal and Anne Rabkin, Sr. Community Benefit Specialists, for their work and highlighted the new microsite that provides additional detail to supplement the printed annual report.</p> <p>Motion: To approve the FY18 Community Benefit Report.</p> <p>Movant: Miller Second: Fligor</p> <p>The Board commended and thanked the Community Benefit staff for their work.</p> <p>Director Fligor suggested publishing the lists of grantees in local newspapers in the District to raise awareness about programming.</p> <p>In response to Director Fligor's question, Ms. Avery explained there were more available funds in FY18 compared to FY17. Ms. Avery described the new and additional programming focused on integrated services (e.g., behavioral health, social work, and primary care), domestic violence, and food scarcity.</p> <p>Director Miller described positive feedback on Community Benefit programs from constituents in the community.</p> <p>Chair Fung thanked the Board members who previously served and currently</p>	<p><i>FY18 Community Benefit Report approved</i></p>

	<p>serve as liaisons to the Community Benefit Advisory Council.</p> <p>Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
8. FINANCIAL REPORT	<p>a. ECHD FY18 Period Year-End Standalone Financials</p> <p>Matt Harris, Controller, provided an overview of the year-end financials, highlighting:</p> <ul style="list-style-type: none"> - Capital Outlay Funds, which are approved by the Board for building assets on the Hospital's Mountain View campus (<i>i.e.</i>, New Main Hospital, Behavioral Health Services Building, Women's Hospital expansion), grew by \$7 million over the prior year, noting that these are monies from property taxes received over the Gann limit. - The variance in General Obligation tax revenue was due to bond refunding that reduced income from District residents, but also resulted in interest rate savings. - The District received \$256,000 from wind down of redevelopment agencies in Mountain View and Sunnyvale. <p>b. ECHD FY19 Financials YTD</p> <p>Mr. Harris provided an overview of the FY19 Period 2 Financials, explaining that 1) cash has gone down due to the timing of expenditures for Community Benefit, which are paid primarily in August and February; 2) the decrease in the capital outlay fund is due to the District Board's approval of \$6.2 million for ECH's Women's Hospital project; and 3) there has been no redevelopment agency payment activity in FY19 so far.</p> <p>In response to Director Fung's question, Mr. Harris explained that District funds are not used to purchase health care facility assets outside of the District.</p> <p>In response to Director Miller's questions, Mr. Harris described 1) the District Retiree Healthcare Plan, which originally had 250-300 employees under this program; 2) the professional fees and purchased services line item that reflects the management and community benefit program services provided by the Hospital to the District; and 3) other fees include Board stipends and travel/education reimbursement.</p> <p>Director Miller suggested that the property on South Drive be listed as a capital asset in the financials.</p> <p>The Board thanked Mr. Harris for his service to the District and the Hospital.</p> <p>Motion: To approve the ECHD FY18 Year-End Standalone Financials and ECHD FY19 YTD Financials.</p> <p>Movant: Miller Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	ECHD FY18 Year-End Standalone Financials approved
9. FY18 FINANCIAL AUDIT	<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. Mr. Conner explained that all reports</p>	

	<p>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 District standalone results, including:</p> <ul style="list-style-type: none"> - Cash and investments had an \$11 million increase from FY17. - On the income statement, revenue is predominantly property tax revenue, which is designated for debt service, community benefit, operating expenses, and capital expenditures. - Outflow of expenses include: depreciation of capital assets, GO bond interest (which has decreased due to refinancing), IGT and Community Benefit expenses. <p>Mr. Conner outlined the required communications to those charged with governance; he noted that management selected and applied significant accounting policies appropriately and management's estimates are reasonable. He also reported that there were no corrected or uncorrected adjustments and there were no material weaknesses in the internal control structure or significant deficiencies, and those from the prior year were corrected.</p> <p>In response to Director Miller's questions, Ms. Pulver described the adoption of a new accounting standard related to post-retirement liability and Mr. Conner described the increasing trend of health care costs. He noted that it is unusual to see a fully funded retirement program like El Camino Hospital's and highlighted the Hospital's strong financial position.</p>	
<p>10. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT</p>	<p>Director Zoglin suggested that the Ad Hoc Committee review any vacancies on the Hospital Board following the election.</p> <p>Director Reeder suggested that the Board consider adding a step to the process in Quarter 1 to take a poll of the Board regarding the Non-District Board Member (NDBM) up for re-election; if the survey results are favorable, the Board could proceed with a shorter, more simplified process for that member.</p> <p>Director Fligor suggested that the Board provide direction on weighting for the different criteria listed in the process (attendance, competency, working well with others, etc.).</p> <p>Director Miller noted that the recommendations can be discussed with the Ad Hoc Committee and then referred to the Hospital's Governance Committee for the next cycle of the process.</p> <p>Chair Fung acknowledged the Ad Hoc Committee members for their work.</p>	
<p>11. PROPOSED EL CAMINO HOSPITAL BYLAWS CHANGE</p>	<p>Director Fligor disclosed a potential conflict of interest and recused herself from this item.</p> <p>Chair Fung outlined the proposed change to the bylaws as further detailed in the materials.</p> <p>Motion: To approve the proposed El Camino Hospital bylaws change.</p> <p>Movant: Zoglin Second: Miller</p> <p>Director Reeder suggested alternative methods to address term end dates through a vote or resolution on the pacing plan following each election, to be timed with the administration of oaths of office.</p> <p>Director Zoglin commented that Hospital Board terms should be aligned with any District Board resignations or Directors choosing not to run for re-</p>	<p><i>Proposed bylaws change approved</i></p>

	<p>election.</p> <p>Ayes: Fung, Miller, Zoglin Noes: Reeder Abstentions: None Absent: None Recused: Fligor</p>	
12. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:04pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of Minutes of the Closed Session of the District Board Meeting (June 19, 2018); pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CFO: Annual Evaluation of ECHD CFO; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CEO: Annual Evaluation of ECHD CEO; pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p>Movant: Zoglin Second: Reeder Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Adjourned to closed session at 7:04pm
13. AGENDA ITEM 20: RECONVENE OPEN SESSION/REPORT OUT	<p>Open session was reconvened at 7:35pm. Agenda items 13-19 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting (June 19, 2018) by a unanimous vote in favor of all members present (Directors Fligor, Fung, Miller, Reeder, and Zoglin).</p>	
14. AGENDA ITEM 21: FY18 FINANCIAL AUDIT APPROVAL	<p>Motion: To approve the FY18 Financial Audit.</p> <p>Movant: Reeder Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	FY18 Financial Audit approved
15. AGENDA ITEM 22: FY19 PACING PLAN	<p>The Board requested that a review of the Process for Election and Re-Election of Non-District Board Members be paced for the Board's January meeting.</p> <p>Director Reeder requested that the Hospital Board Member Election Ad Hoc Committee topic be placed on the agenda for the December 5th meeting before the Administration of the Oath of Office to swear in new members.</p> <p>The Board discussed the request and directed staff to include the Ad Hoc Committee Report on the draft December agenda for a possible motion.</p>	Re-Election Process review to be paced for January
16. AGENDA ITEM 23: ADJOURNMENT	<p>Motion: To adjourn at 7:50pm.</p> <p>Movant: Fligor Second: Zoglin Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None</p>	Meeting adjourned at 7:50pm.

	Absent: None Recused: None	
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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: Cindy Murphy, Director of Governance Services
Sarah Rosenberg, Contracts & Board Services Coordinator

DRAFT



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District (“ECHD”) Board of Directors
From: Barbara Avery, ECHD’s Director of Community Benefit
Mary Rotunno, General Counsel
Date: December 5, 2018
Subject: Draft Revised Community Benefit Policy

Recommendation(s):

To approve the draft revised Community Benefit Grants Policy.

Summary:

1. **Situation:** California Assembly Bill 2019 was approved by Governor Brown on September 5, 2018. The Bill, among other things, amends California Health and Safety Code Section 32139. The amendments expand what Healthcare Districts must include in their community benefit policy by January 1, 2019. There are additional requirements [See, Section 32139(c)(6)] effective January 1, 2020 that will be addressed in a future amendment and brought to the Board for approval at a later date.
2. **Authority:** To comply with the amended law, ECHD must adopt a revised Community Benefit Grants Policy.
3. **Background:** As amended, H&S Code Section 32139(c) provides that a Healthcare District Board of Directors shall do all of the following (the new requirements are highlighted in yellow). The Sections of the Draft Revised Policy that address each of the new requirements are noted in red.

“(c) Adopt annual policies for providing assistance or grant funding, if the district provides assistance or grants pursuant to Section 32126.5 or any other law. This policy shall include all of the following:

- (1) A nexus between the allocation of assistance and grant funding with health care and the mission of the district.
- (2) A process for the district to ensure allocated grant funding is spent consistently with the grant application and the mission and purpose of the district, including, but not limited to, requirements that a grant recipient must meet, such as grant contract terms and conditions, fiscal and programmatic monitoring by the district, and reporting to the district. (Revised Section 8a, existing Section 8b)
- (3) The district’s plan for distributing grant funds for each fiscal year. (Revised Section 10)
- (4) A process for providing, accepting, and reviewing grant applications. [Revised Section 9(a)-(c) and (d)]
- (5) A prohibition against individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff outside of the district’s established grant awards process. [Revised Section 9(e)]. A district’s established grant awards process may

Draft Revised ECHD Community Benefit Grants Policy
December 5, 2018

include the provision of technical assistance to grant applicants, upon request, by district grant program staff.”

4. Assessment: The Proposed Policy Revisions meet the new requirements of Health and Safety Code Section 32139 (c) for what must be contained in policy without requiring significant departure from ECHD’s already well-established and well-respected Community Benefit Grants Program.
5. Other Reviews: Outside counsel has reviewed the Draft Revised Policy and confirmed it meets the new requirements effective January 1, 2019.
6. Outcomes: This policy will be brought back to the Board for review and approval on an annual basis as required by law.

List of Attachments:

1. Draft Revised Community Benefit Grants Policy (redline)

Suggested Board Discussion Questions: None.



EL CAMINO HEALTHCARE DISTRICT
COMMUNITY BENEFIT GRANTS POLICY

2.00 EL CAMINO HEALTHCARE DISTRICT COMMUNITY BENEFIT GRANTS POLICY

A. Coverage:

Community Benefit Program

B. Adopted:

March 5, 2014; Revised May 15, 2018 ([for consideration December 5, 2018](#))

C. Policy:

The El Camino Healthcare District ("ECHD or "District") recognizes that the health of the community is improved by the efforts of many different organizations, and the District has a history of supporting those organizations by making grants to them. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a Community Benefit Advisory Council ("CBAC"). The District annually approves a plan, which includes a provisional list of organizations and the amount of the expected grants to each.

To ensure that the ECHD can be responsive to the changing health needs in the District during a fiscal year, the Community Benefit staff will follow the guidelines below:

1. The total annual Community Benefit expenditures, as authorized by the ECHD Board of Directors' approval of the District's annual Community Benefit Plan, cannot exceed the total aggregate amount approved by the ECHD Board.
2. Approved individual grant amounts, as stated in the Community Benefit Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Any grant increases must be within the total aggregate amount of the annual Community Benefit Plan approved by the ECHD Board. Increases to these previously awarded grants up to \$50,000 must be approved by the VP of Corporate and Community Health Services and increases in excess of \$50,000 up to \$150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of \$150,000 must be presented to the CBAC, receive their recommendation for support, and be approved by the ECHD Board.
3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CBAC and receive their recommendation for support. Any new grants must be within the total aggregate amount of the annual Community Benefit Plan approved by the ECHD Board. New grants up to \$50,000 must be approved by the CEO, and new grants in excess of \$50,000 require the approval of the ECHD Board.

4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
5. The CBAC and the ECHD Board will receive a report identifying all grant funding changes at the end of the fiscal year.
6. Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the ECHD Board. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.
7. ECHD-funded community benefit grants shall be allocated in support of ECHD's mission and purpose which is "to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities 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 and to do any and all other acts and things necessary to carry out the provisions of ECHD's Bylaws and the Local Health District Law." Applications that do not establish a nexus to ECHD's mission, purpose and healthcare will not be awarded funding.
8. To ensure that El Camino Healthcare District allocated grant funding is spent consistently with the grant application and ECHD's mission and purpose, all ECHD grantees must adhere to the following:

~~a. Applications must be completed as directed and include an itemized budget.~~

~~a.b. Grantees must submit a signed grant agreement and, if the actual requested amount differs from the awarded amount, grantees must submit a revised budget.~~

b. Community Benefit staff shall ensure that Grantees submit mid-year and annual reports which include actual and line item expenses against the budgeted expenses in the approved application.

c. Grantees may not adjust approved itemized spending without the approval of ECHD's Director of Community Benefit.

d. All unused funds must be returned to the District.

9. Grant Application Process

a. In December of the preceding fiscal year, the District will announce the open application period on its website and via direct communication to current grantees.

- b. In January of the preceding fiscal year, the District will post applications, a timeline and a grant guidebook on its website. The timeline will include a specified due date in February.
- c. Applications must include an itemized budget and will be evaluated by staff and then reviewed for recommendation to the ECHD Board by CBAC.
- d. CBAC's recommendations will be brought forward to the ECHD Board for review at a Study Session in May and then to the ECHD Board for approval in June. CB staff will notify applicants following ECHD Board approval.
- e. Individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff are prohibited outside of this established process. Notwithstanding the above, individual meetings regarding grant applications between a staff member and a grant applicant are permissible, but only for the purpose of clarifying information submitted on the application documents.

10. The District will distribute grant funds as follows:

- a. Grants greater than or equal to \$100,000 will be disbursed in two installments. The first installment will be disbursed upon receipt of the signed grant agreement. The second installment will be disbursed upon receipt of mid-year reporting.
- b. Grants less than \$100,000 will be disbursed in one lump sum upon receipt of the signed grant agreement.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Cindy Murphy, Director of Governance Services
Date: December 5, 2018
Subject: El Camino Hospital Board Member Election Ad Hoc Committee Report

Purpose:

To update the Board on the status of the work of the Ad Hoc Committee.

Summary:

1. **Situation:** The Ad Hoc Committee is meeting on Monday, December 3, 2018. Staff understands that the Chair of the Committee will give a verbal report to the Board at its meeting on December 5, 2018. Nine of ten El Camino Hospital Board Members participated in this year's "Competency Matrix Survey." The results of the survey are attached.

List of Attachments:

1. FY19 Competency Matrix Survey results.

Suggested Board Discussion Questions: None.



NYGREN CONSULTING
GOVERNANCE STRATEGY LEADERSHIP

El Camino Hospital

2018 Hospital Board Competency Matrix



Submitted on: November 21, 2018
Prepared for: Ad Hoc Committee
Prepared by: JoAnn McNutt, PhD, and Zach Morfin, PhD

A Guide to Reading This Report

- 4.00 and Above
- Between 3.00 and 3.99
- Below 3.00

Collective Competencies										Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Health Care Delivery	Finance/Operations	Clinical Integration/Continuum of Care	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Transactions	Experience in More Than One Market	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.50	4.50	4.50	3.88	4.50	4.63	4.00	3.75	4.13	4.50	4.75	4.25	4.43
3.88	4.00	4.00	3.50	3.88	4.00	3.63	3.75	4.13	4.38	4.20	4.00	4.20
This row does not represent the same director.										4.00	4.00	4.00
3.75	3.63	3.25	3.38	3.38	3.38	3.13	3.50	3.50	3.50	4.00	3.83	3.88
3.38	3.13	3.00	3.13	3.00	3.38	3.13	3.38	3.38	3.38	3.63	3.50	3.88
3.00	2.63	2.63	2.63	2.63	2.63	3.17	3.00	3.25	3.13	3.50	3.50	3.50
2.00	2.50	2.00	2.00	2.17	2.00	2.63	3.00	2.50	2.67	3.00	3.00	3.00
2.00	2.50	2.00	2.00	2.17	2.00	2.14	1.71	1.86	2.00	1.71	1.71	1.71
3.30	3.50	3.27	3.04	3.28	3.22	3.24	3.21	3.37	3.43	3.60	3.61	3.89
Overall = 3.29										Overall = 3.70		

Director, Jo Smith, scored the highest in this competency area.

Director, Jane Brown, scored highest in this competency area.

Data should be read top to bottom to see how the board scored in each area.

This score represents the average of all directors' scores in this competency area.

Director, Jo Smith, scored the lowest in this competency area.

This score represents the board's aggregate average across all Collective Competencies.

District Board Members of the Hospital Board Results

- The results in this section represent the District Directors' ratings only
- Self-ratings are not included; total N = 5

District Board Members' Ratings of the Hospital Board

Ratings from the District Board Members (N=5) (Includes directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.20	4.50	4.20	4.20	4.60	4.00	4.00	4.00	4.60	4.80	4.00	4.00
4.00	4.20	4.20	4.00	4.20	4.00	3.80	4.00	4.00	4.60	4.00	3.75
3.80	4.00	3.80	3.80	3.80	3.80	3.60	3.80	3.80	4.20	3.80	3.75
3.60	3.50	3.60	3.60	3.60	3.75	3.50	3.60	3.75	4.00	3.80	3.60
3.50	3.40	3.50	3.20	3.50	3.40	3.50	3.50	3.75	3.80	3.80	3.60
3.40	3.40	3.40	2.80	3.50	3.20	3.40	3.40	3.40	3.50	3.25	3.40
3.00	3.00	3.25	2.75	3.00	2.80	3.00	3.25	3.20	3.20	3.00	3.40
3.00	2.75	2.80	2.60	2.80	2.75	2.80	2.60	2.80	3.00	3.00	2.80
2.00	2.25	2.75	2.25	2.25	2.25	2.00	2.25	2.25	2.50	2.80	2.60
3.39	3.44	3.50	3.24	3.47	3.33	3.29	3.38	3.51	3.73	3.49	3.43
Average = 3.39									Average = 3.55		

Notes:

- Highest rated Collective Competency was Patient Care Quality and Safety Metrics; lowest was Finance/Entrepreneurship
- Highest rated Universal Attribute was Analytical Thinker; lowest was Community Oriented

District Board Members' Ratings of the Hospital Board (continued)

Ratings from the District Board Members (N=5) (does NOT include directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.20	4.50	4.20	4.20	4.60	4.00	3.80	4.00	4.60	4.80	4.00	4.00
4.00	4.20	4.20	4.00	4.20	4.00	3.60	3.80	3.80	4.60	4.00	3.75
3.80	4.00	3.80	3.80	3.80	3.80	3.50	3.60	3.75	4.20	3.80	3.75
3.50	3.50	3.60	3.60	3.50	3.75	3.50	3.50	3.75	4.00	3.80	3.60
3.40	3.40	3.50	2.80	3.50	3.20	3.40	3.40	3.40	3.80	3.80	3.60
3.00	3.00	3.25	2.75	3.00	2.80	3.00	3.25	3.20	3.50	3.25	3.40
3.00	2.75	2.80	2.60	2.80	2.75	2.80	2.60	2.80	3.00	3.00	3.40
2.00	2.25	2.75	2.25	2.25	2.25	2.00	2.25	2.25	2.50	2.80	2.60
3.36	3.45	3.51	3.25	3.46	3.32	3.20	3.30	3.44	3.80	3.56	3.51
Average = 3.37									Average = 3.62		

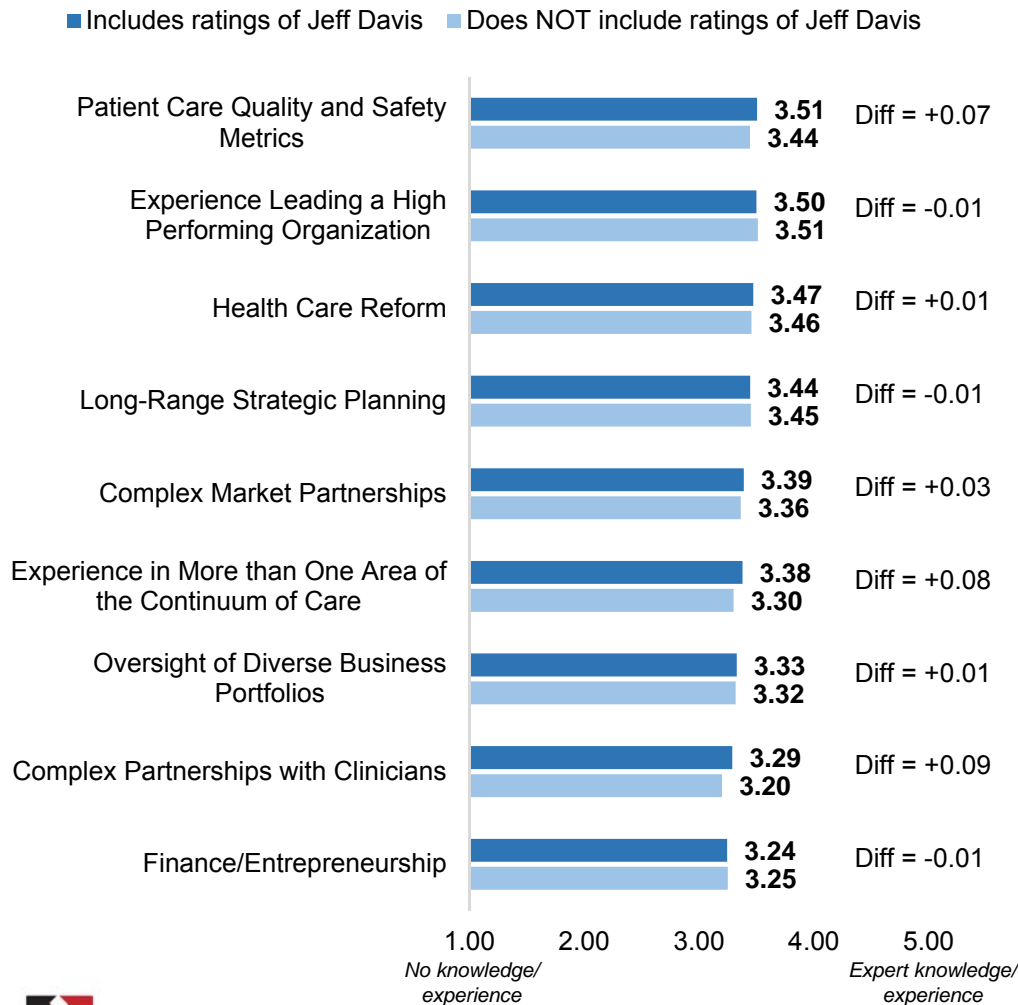
Notes:

- Overall average for Collective Competencies decreased by 0.02 when Jeffrey Davis' scores were removed
- Overall average for Universal Attributes increased by 0.07 when Jeffrey Davis' scores were removed

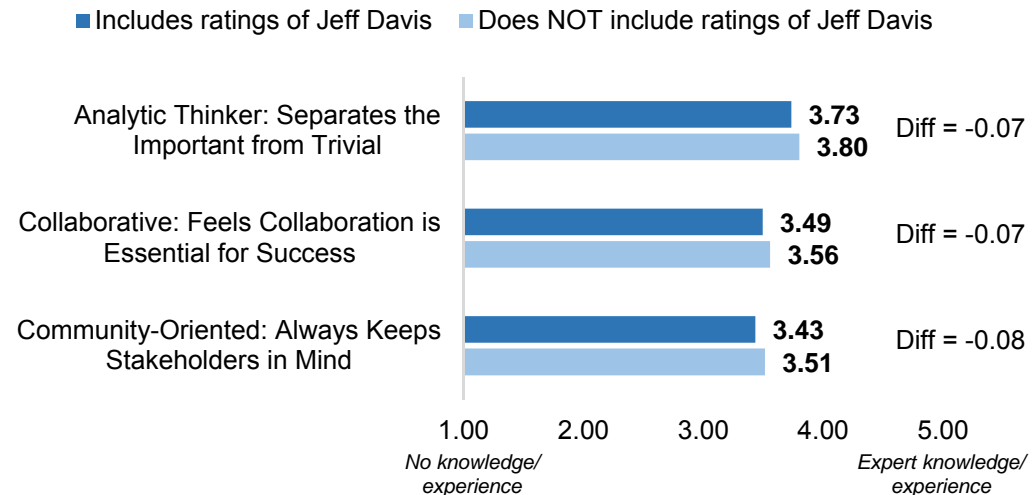
District Board Members' Ratings of the Hospital Board (continued)

The competency scores are shown in the graphs below. The dark blue bars include the District Board's ratings of Jeff Davis, whereas the light blue bars do not. The difference in scores is indicated to the right. The average difference in ratings across all Collective Competencies is +0.02. The average difference in ratings across all Universal Attributes is -0.07.

Collective Competencies



Universal Attributes



Non-District Board Members of the Hospital Board Results

- The results in this section represent the Hospital Directors' ratings only.
- Self-ratings are not included, and Jeffrey Davis did not complete the survey; total N = 4

Non-District Board Members' Ratings of the Hospital Board

Ratings from the Non-District Board Members (N=4)

(Includes directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.33	4.67	4.67	5.00	5.00	5.00	5.00	*5.00	5.00	5.00	4.67	*5.00
4.33	4.67	4.67	4.00	*5.00	4.67	*5.00	4.75	*5.00	*5.00	4.33	4.67
4.25	4.33	4.67	4.00	4.33	4.33	5.00	4.67	4.75	4.33	4.33	4.25
4.00	4.25	4.00	3.67	4.25	3.75	4.67	4.67	4.33	4.33	4.33	4.00
*4.00	4.25	4.00	3.50	4.00	3.75	3.75	4.00	4.25	4.00	4.00	4.00
3.67	4.00	*4.00	2.67	3.00	3.33	3.67	4.00	3.67	4.00	4.00	4.00
3.50	*4.00	3.50	2.00	2.75	*3.00	3.25	3.25	2.75	3.25	*4.00	3.67
2.50	3.00	2.50	1.75	2.00	2.00	2.67	2.67	2.67	3.00	3.50	3.67
2.25	2.25	2.25	N/A	1.75	2.00	2.00	1.75	1.75	2.00	2.25	3.50
3.65	3.94	3.81	3.32	3.56	3.54	3.89	3.86	3.80	3.88	3.93	4.08
Average = 3.71									Average = 3.97		

Notes:

- * indicates N=1
- Highest rated Collective Competency was Long-Range Strategic Planning; lowest was Finance/Entrepreneurship
- Highest rated Universal Attribute was Community Oriented; lowest was Analytical Thinker

Non-District Board Members' Ratings of the Hospital Board (continued)

Ratings from the Non-District Board Members (N=4) (does NOT include directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.33	4.67	4.67	5.00	5.00	5.00	5.00	*5.00	5.00	5.00	4.67	*5.00
4.33	4.67	4.67	4.00	*5.00	4.67	*5.00	4.67	*5.00	*5.00	4.33	4.67
4.00	4.33	4.67	4.00	4.33	4.33	4.67	4.67	4.33	4.33	4.33	4.25
*4.00	4.25	4.00	3.67	4.00	3.75	3.75	4.00	4.25	4.33	4.33	4.00
3.67	4.00	*4.00	2.67	3.00	3.33	3.67	4.00	3.67	4.00	4.00	4.00
3.50	*4.00	3.50	2.00	2.75	*3.00	3.25	3.25	2.75	3.25	*4.00	4.00
2.50	3.00	2.50	1.75	2.00	2.00	2.67	2.67	2.67	3.00	3.50	3.67
2.25	2.25	2.25	N/A	1.75	2.00	2.00	1.75	1.75	2.00	2.25	3.67
3.57	3.90	3.78	3.30	3.48	3.51	3.75	3.75	3.68	3.86	3.93	4.16
Average = 3.63									Average = 3.98		

Notes:

- * indicates N=1
- Overall average for Collective Competencies decreased by 0.08 when Jeffrey Davis's scores were removed
- Overall average for Universal Attributes increased by 0.01 when Jeffrey Davis's scores were removed

Non-District Board Members' Ratings of the Hospital Board (continued)

The competency scores are shown in the graphs below. Self-ratings are not included. The dark blue bars include the Hospital Board's ratings of Jeff Davis, whereas the light blue bars do not. The difference in scores is indicated to the right. The average difference in ratings across all Collective Competencies is +0.08. The average difference in ratings across all Universal Attributes is +0.01.

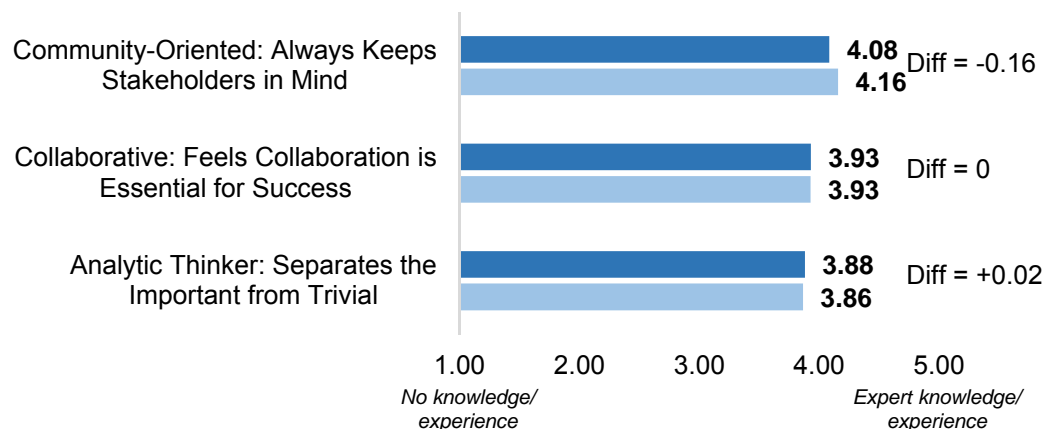
Collective Competencies

■ Includes ratings of Jeff Davis ■ Does NOT include ratings of Jeff Davis



Universal Attributes

■ Includes ratings of Jeff Davis ■ Does NOT include ratings of Jeff Davis



Side-by-Side Comparison (Includes Ratings of Jeffrey Davis)

Number of Green Boxes = 25

Number of Green Boxes = 63

District Board Members' Ratings of the Hospital Board

Ratings from the District Board Members (N=5)
(Includes directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.20	4.50	4.20	4.20	4.60	4.00	4.00	4.00	4.60	4.80	4.00	4.00
4.00	4.20	4.20	4.00	4.20	4.00	3.80	4.00	4.00	4.60	4.00	3.75
3.80	4.00	3.80	3.80	3.80	3.80	3.60	3.80	3.80	4.20	3.80	3.75
3.60	3.50	3.60	3.60	3.60	3.75	3.50	3.60	3.75	4.00	3.80	3.60
3.50	3.40	3.50	3.20	3.50	3.40	3.50	3.50	3.75	3.80	3.80	3.60
3.40	3.40	3.40	2.80	3.50	3.20	3.40	3.40	3.40	3.50	3.25	3.40
3.00	3.00	3.25	2.75	3.00	2.80	3.00	3.25	3.20	3.20	3.00	3.40
3.00	2.75	2.80	2.60	2.80	2.75	2.80	2.60	2.80	3.00	3.00	2.80
2.00	2.25	2.75	2.25	2.25	2.25	2.00	2.25	2.25	2.50	2.80	2.60
3.39	3.44	3.50	3.24	3.47	3.33	3.29	3.38	3.51	3.73	3.49	3.43
Average = 3.39									Average = 3.55		

Notes:

- Highest rated Collective Competency was Patient Care Quality and Safety Metrics; lowest was Finance/Entrepreneurship
- Highest rated Universal Attribute was Analytical Thinker; lowest was Community Oriented

District Board Ratings

- Ratings in green were given to one district board member and five non-district board members
- Ratings in red were given to three district board members and two non-district board members

Non-District Board Members' Ratings of the Hospital Board

Ratings from the Non-District Board Members (N=4)
(Includes directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.33	4.67	4.67	5.00	5.00	5.00	5.00	*5.00	5.00	5.00	4.67	*5.00
4.33	4.67	4.67	4.00	*5.00	4.67	*5.00	4.75	*5.00	*5.00	4.33	4.67
4.25	4.33	4.67	4.00	4.33	4.33	5.00	4.67	4.75	4.33	4.33	4.25
4.00	4.25	4.00	3.67	4.25	3.75	4.67	4.67	4.33	4.33	4.33	4.00
*4.00	4.25	4.00	3.50	4.00	3.75	3.75	4.00	4.25	4.00	4.00	4.00
3.67	4.00	*4.00	2.67	3.00	3.33	3.67	4.00	3.67	4.00	4.00	4.00
3.50	*4.00	3.50	2.00	2.75	*3.00	3.25	3.25	2.75	3.25	*4.00	3.67
2.50	3.00	2.50	1.75	2.00	2.00	2.67	2.67	2.67	3.00	3.50	3.67
2.25	2.25	2.25	N/A	1.75	2.00	2.00	1.75	1.75	2.00	2.25	3.50
3.65	3.94	3.81	3.32	3.56	3.54	3.89	3.86	3.80	3.88	3.93	4.08
Average = 3.71									Average = 3.97		

Notes:

- * indicates N=1
- Highest rated Collective Competency was Long-Range Strategic Planning; lowest was Finance/Entrepreneurship
- Highest rated Universal Attribute was Community Oriented; lowest was Analytical Thinker

Non-District Board Ratings

- Ratings in green were given to four district board members and five non-district board members
- Ratings in red were given to three district board members and one non-district board member

Side-by-Side Comparison (Without Jeffrey Davis)

Number of Green Boxes = 22 (lose 3 green boxes)

Number of Green Boxes = 54 (lose 9 green boxes)

District Board Members' Ratings of the Hospital Board (continued)

Ratings from the District Board Members (N=5) (does NOT include directors' ratings of Jeffrey Davis)

■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.20	4.50	4.20	4.20	4.60	4.00	3.80	4.00	4.60	4.80	4.00	4.00
4.00	4.20	4.20	4.00	4.20	4.00	3.60	3.80	3.80	4.60	4.00	3.75
3.80	4.00	3.80	3.80	3.80	3.80	3.50	3.60	3.75	4.20	3.80	3.75
3.50	3.50	3.60	3.60	3.50	3.75	3.50	3.50	3.75	4.00	3.80	3.60
3.40	3.40	3.50	2.80	3.50	3.20	3.40	3.40	3.40	3.80	3.80	3.60
3.00	3.00	3.25	2.75	3.00	2.80	3.00	3.25	3.20	3.50	3.25	3.40
3.00	2.75	2.80	2.60	2.80	2.75	2.80	2.60	2.80	3.00	3.00	3.40
2.00	2.25	2.75	2.25	2.25	2.25	2.00	2.25	2.25	2.50	2.80	2.60
3.36	3.45	3.51	3.25	3.46	3.32	3.20	3.30	3.44	3.80	3.56	3.51
Average = 3.37									Average = 3.62		

Notes:

- Overall average for Collective Competencies decreased by 0.02 when Jeffrey Davis' scores were removed
- Overall average for Universal Attributes increased by 0.07 when Jeffrey Davis' scores were removed

Non-District Board Members' Ratings of the Hospital Board (continued)

Ratings from the Non-District Board Members (N=4) (does NOT include directors' ratings of Jeffrey Davis)

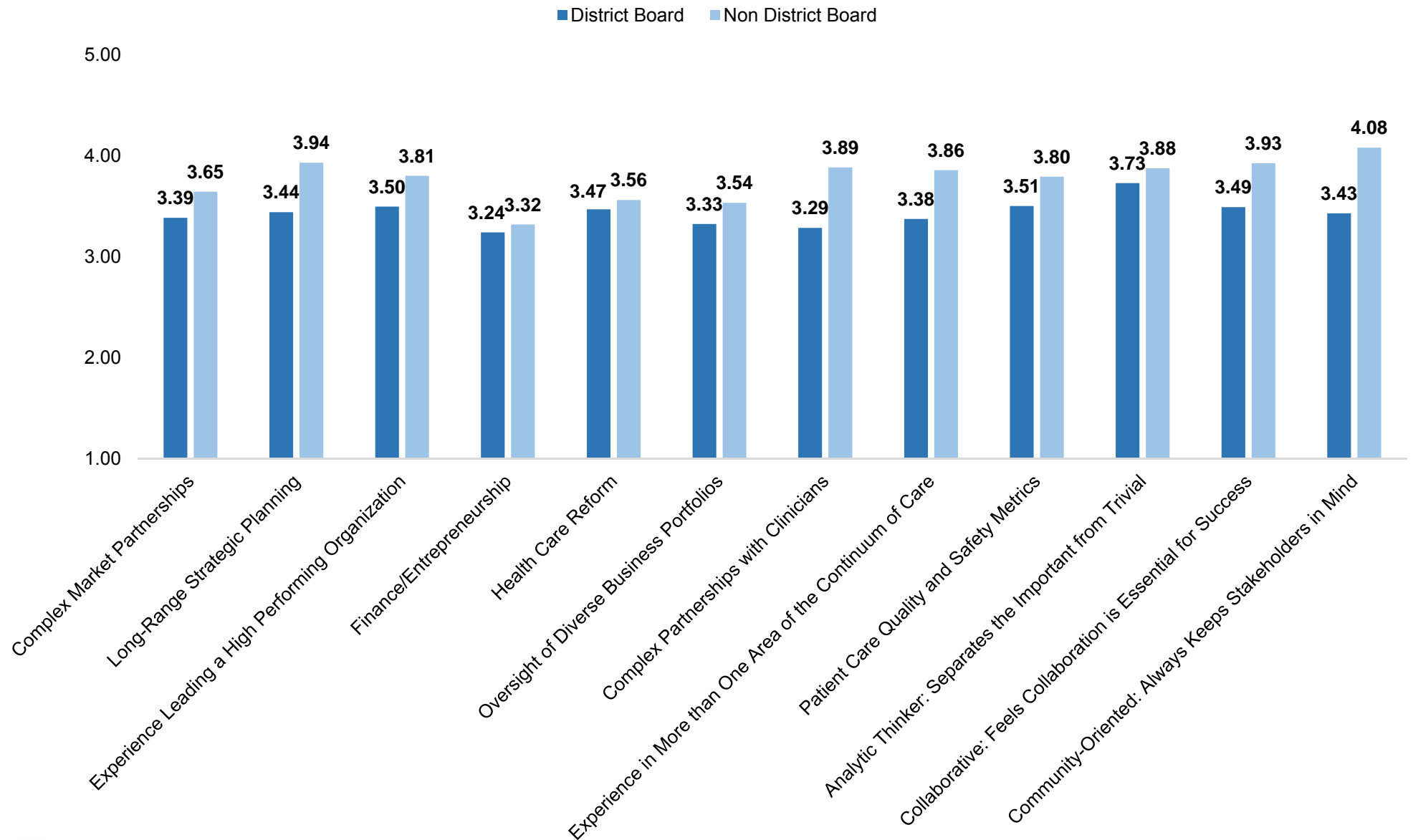
■ 4.00 and Above
■ Between 3.00 and 3.99
■ Below 3.00

Collective Competencies									Universal Attributes		
Complex Market Partnerships	Long-range Strategic Planning	Leadership of High-Performing Organization	Finance/Entrepreneurship	Healthcare Reform	Oversight of Diverse Business Portfolio	Complex Partnerships w/ Clinicians	Experience in More Than One Area of Continuum of Care	Patient Care Quality and Safety Metrics	Analytical Thinker	Collaborative	Community Oriented
4.33	4.67	4.67	5.00	5.00	5.00	5.00	*5.00	5.00	5.00	4.67	*5.00
4.33	4.67	4.67	4.00	*5.00	4.67	*5.00	4.67	*5.00	*5.00	4.33	4.67
4.00	4.33	4.67	4.00	4.33	4.33	4.67	4.67	4.33	4.33	4.33	4.25
*4.00	4.25	4.00	3.67	4.00	3.75	3.75	4.00	4.25	4.33	4.33	4.00
3.67	4.00	*4.00	2.67	3.00	3.33	3.67	4.00	3.67	4.00	4.00	4.00
3.50	*4.00	3.50	2.00	2.75	*3.00	3.25	3.25	2.75	3.25	*4.00	4.00
2.50	3.00	2.50	1.75	2.00	2.00	2.67	2.67	2.67	3.00	3.50	3.67
2.25	2.25	2.25	N/A	1.75	2.00	2.00	1.75	1.75	2.00	2.25	3.67
3.57	3.90	3.78	3.30	3.48	3.51	3.75	3.75	3.68	3.86	3.93	4.16
Average = 3.63									Average = 3.98		

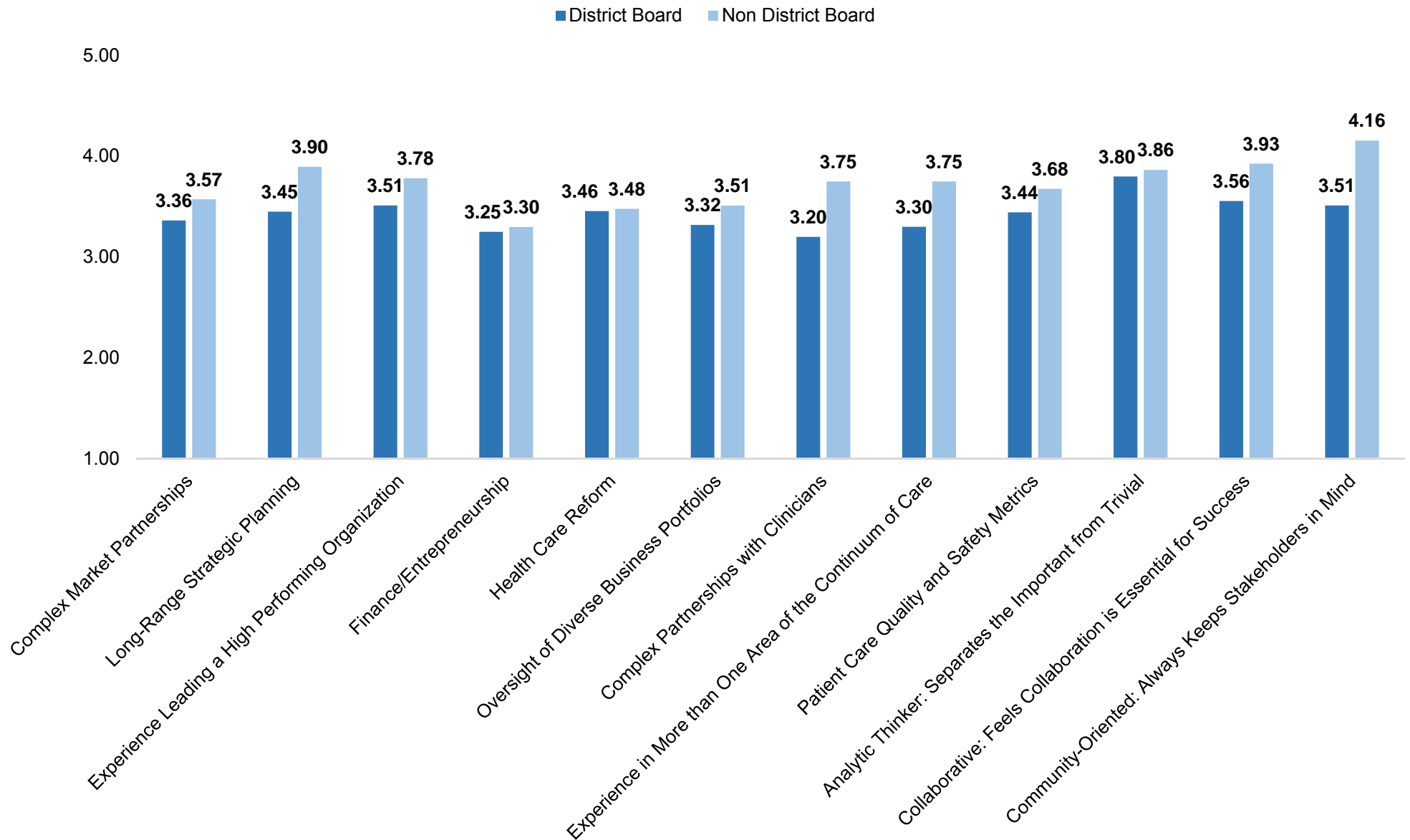
Notes:

- * indicates N=1
- Overall average for Collective Competencies decreased by 0.08 when Jeffrey Davis's scores were removed
- Overall average for Universal Attributes increased by 0.01 when Jeffrey Davis's scores were removed

Side-by-Side Comparison (Includes Ratings of Jeffrey Davis)



Side-by-Side Comparison (Without Jeffrey Davis)





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DRAFT

**EL CAMINO HEALTH CARE DISTRICT
RESOLUTION 2018-15**

WHEREAS, the Board of Directors (ECHD Board) has previously adopted Resolution 2018-07 providing for the appointment of the El Camino Hospital Board Member Election Ad Hoc Committee for FY19 (“Ad Hoc Committee”);

WHEREAS, the ECHD Board appointed two members, Julia Miller (Chair) and Neysa Fligor to the Ad Hoc Committee when it adopted Resolution 2018-07 on May 15, 2018;

WHEREAS, Neysa Fligor’s membership on the ECHD Board and the Ad Hoc Committee terminates on December 4, 2018,

RESOLVED, that _____ is appointed as a member of the Ad Hoc Committee to replace Neysa Fligor.

DULY PASSED AND ADOPTED at a Regular Meeting held on December 5, 2018 by the following votes:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

John Zoglin
Secretary, El Camino Healthcare District