AGENDA
Special Meeting of the Board of Directors
El Camino Hospital District
Tuesday, January 17, 2012 at 5:30 p.m.
Conference Rooms A & B, ground floor
El Camino Hospital
2500 Grant Road, Mountain View, California

PURPOSE: 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 these Bylaws and the Local Health District Law.

PRESENTED BY

I. CALL TO ORDER/ROLL CALL
   John Zoglin
   Board Chairman
   5:30

II. POTENTIAL CONFLICT OF INTEREST DISCLOSURE
    John Zoglin
    Board Chairman
    5:30-5:31

III. ACTION
    A. Consent Calendar
    John Zoglin
    Board Chairman
    public comment required
    5:31-5:40
    All items listed on the Consent Calendar are considered to be routine matters or are considered formal documents covering previous Board instructions. One motion, a second and a vote may enact all of the items listed on the Consent Calendar. There will be no separate discussion of Consent Calendar items unless members of the District Board, staff or the public request discussion on a specific item at the beginning of the consideration of the Consent Calendar.
    • Minutes of Special District Board Meeting – approval October 12, 2011
    • Resolution 2012-1 Amendment to Article VI, Section 3(b) of the District Bylaws and restating the District Bylaws to include all prior amendments.
    • Resolution 2012-2 establishing Board meeting dates
    • Community Benefit Report
    • Intergovernmental Transfer
B. Resolution and Order of the Board of Directors of El Camino Hospital District of Santa Clara County, State of California, Calling a District General Election to be held in El Camino Hospital District on November 6, 2012
   • Changing the candidate statement from 400 to 200 words

IV. INFORMATIONAL ITEMS

A. “Stand-Alone” El Camino Hospital District Financials – Period 4-2012
   The District’s Revenues & Expenses, Balance Sheet, and Cash Flows, along with narrative footnotes to the financials will be presented to the Board

   John Zoglin
   Board Chairman
   public comment
   5:40-5:45

   Ned Borgstrom
   information
   5:45-5:55

V. PUBLIC COMMUNICATION

A. Oral Comments
   This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.

B. Written Correspondence

   John Zoglin
   Board Chairman
   5:55-6:05

VI. ADJOURNMENT

   6:30

NOTE: Within a reasonable time period prescribed by the Board, members of the public will be provided the opportunity to directly address the Board concerning the above-stated items of business before or during the Board’s consideration of the item.
The Regular Meeting of the Board of Directors of El Camino Hospital District (the “District”) was called to order by John Zoglin, Chairman, at 7:00 p.m. on Wednesday, October 12, 2011 in Conference Rooms E, F, & G, ground floor, El Camino Hospital, 2500 Grant Road, Mountain View, California.

Roll call was taken. The Directors present were John Zoglin; Patricia Einarson, MD; Uwe Kladde; David Reeder; and Wes Alles (by speaker phone so he could speak during and hear all proceedings).

CONFLICT OF INTEREST DISCLOSURES:

Director Zoglin asked if there was any Board member or anyone in the audience who believes any Board member may have a conflict of interest on any of the items on the agenda. No conflict was stated.

CONSENT CALENDAR:

Director Zoglin stated that all items listed on the consent calendar are considered to be routine matters. One motion, a second and a vote may adopt all of the items listed on the Consent Calendar with no discussion unless requested by the Board, staff, or a member of the audience. At this time a member of the Board, staff, or the audience may request an item be added to or deleted from the Consent Calendar.

Action: Upon a motion duly made and seconded, the following item on the Consent Calendar was approved by a vote of five Directors in favor: The minutes of the Regular Board Meeting (September 14, 2011).

FINANCE AUDIT PRESENTATION – FY 2010-2011:

Director Zoglin introduced Chris Pritchard and Joelle Pulver of Moss-Adams, LLP, the District’s audit firm. Mr. Pritchard and Ms. Pulver presented the District’s consolidated (District, El Camino Hospital, El Camino Hospital Foundation, CONCERN:EAP, and El Camino Surgery Center) audited financial statements for the fiscal year ending June 30, 2011. Mr. Pritchard stated that the objective of the audit was to issue an opinion on the reasonableness of the consolidated financial statements and that they are free of material misstatements. He then stated that management has provided consolidating supplemental schedules, which present each individual entity.
Mr. Pritchard also emphasized that the District has its own set of financial statements that are part of the audit.

The key points of the presentation are as follows:
- An unqualified auditor’s opinion
- No changes in significant accounting policies or their application during the fiscal year ending June 30, 2011
- Accounting estimates were reasonable
- No issues were discussed in connection with the retention of Moss-Adams as auditors
- No disagreements with management
- No weaknesses in internal control-related items

Mr. Pritchard also stated that a report was issued on internal controls of which two items were identified and recommendations made for improvement. Management has responded to those recommendations.

Director Zoglin asked if there were any questions or comments from the Board or the audience.

Director Alles commented that the auditors are hired by the Board, report to the Board, and are not employed by Administration.

COMMUNITY BENEFIT REPORT, FY 2011:

Ms. Cecile Currier, VP, Corporate and Community Health Services, presented a brief overview of each of the programs that El Camino Hospital District supports through the Board-designated Community Benefit funds. Ms. Currier stated that these programs include partnering with community-based organizations and programs that El Camino Hospital operates. Ms. Currier then reported on the final FY 2011 Community Benefit investment from the El Camino Hospital District, which totaled $5,039,698.

Director Zoglin asked if there were any questions or comments from the Board or the audience.

Director Einarson asked how the supported organizations are determined. Ms. Currier replied that when the Board initiated the community benefit funding, it was determined that long-term relationships with key community institutions would be established. Forty partners are in place which is felt to be effective to meet the needs of the community with diverse services available.

CADENCE OF DISTRICT MEETINGS:

Director Zoglin stated that the District bylaws state “Regular meetings of the Board shall be held without call on the second Wednesday in March, June, September, and December of each year at 7:00 p.m.”, the intent being to have transparency and ability to communicate with the District members.
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Director Zoglin then stated that he would like more flexibility, and is recommending that the District Board consider meeting each quarter but not at a set time subject to the requirements of the Brown Act.

Director Zoglin asked if there were any questions or comments from the Board or the audience.

The proposed change to the District Bylaws will be drafted and submitted for Board action.

**WRITTEN CORRESPONDENCE:** None

**ADJOURN TO CLOSED SESSION**

Upon motion duly made, second, and approved, the Open Session of the meeting was adjourned to Closed Session at 7:20 p.m. pursuant to *Govt. Code Section 54957.2* approval of Minutes of the Closed Session Special Board Meeting (July 13, 2011) and *Gov’t Code Section 54957* for an opportunity for the Board to discuss the performance of executive and financial staff with the audit firm.

**CLOSED SESSION**

The Board completed its business of the Closed Session at 7:35 p.m.

**CLOSED SESSION REPORTS:**

Director Zoglin reported on the following actions taken in Closed Section, which is required to be disclosed in Open Session.

**Consent Calendar**

The Board reviewed and approved the Consent Calendar Closed Session item as follows: Approval of the minutes of the Special Board Meeting (July 13, 2011) by a vote of five Directors in favor.

**OPEN SESSION:**

**Action:** Upon motion duly made and seconded, the Financial Audit for FY 2010-2011 was approved as presented by a vote of five Directors in favor.

**PUBLIC COMMUNICATION:** Mr. Kary Lynch, 33-year employee of El Camino Hospital, spoke of his concerns regarding SEIU-UHW negotiations that are in process at El Camino Hospital, a nonprofit corporation.

**ADJOURNMENT:**

There being no further business, the meeting was adjourned at 7:40 p.m.

_____________________    __________________________
John Zoglin                Patricia Einarson, M D
ECHD Chairperson           ECHD Secretary
RESOLUTION 2012-1

Draft Resolution of the Board of Directors of El Camino Hospital District
Amending Article VI, Section 3 of the Bylaws of El Camino Hospital

RESOLVED, that Article VI, Section 3 of the amended and restated Bylaws of El Camino Hospital District dated March 1, 2006 is hereby amended by adding a new Article VI, Section 3(b) as set forth below:

Section 3    TIME AND NOTICE.
(a)    Statutory Meetings. Meetings of the Board shall be held without call or notice whenever required by statute.
(b)    Regular Meetings. Regular meetings of the Board shall be held without call on the date and at the time established, from time-to-time, by resolution of the Board. The Board may establish the date and time of one or more regular meetings in any such resolution.
(c)    Special Meetings. Special meetings of the Board may be held, provided that such meetings comply with all requirements established by California law.

be it further,

RESOLVED, that the Bylaws of El Camino Hospital District shall be restated to include this amendment.

DULY PASSED AND ADOPTED at a Special Meeting held on the 17th of January, 2012 by the following votes:

AYES:
NOES:
ABSENT:
ABSTAIN:

By: ___________________________
Name: _________________________
Title: Secretary, ECHD Board of Directors
Resolution 2012-2

Draft Resolution of the Board of Directors of El Camino Hospital District
Establishing Regular Meeting Dates and Time

RESOLVED, Article VI, Section 3(b) of the Bylaws of El Camino Hospital District requires the Board to adopt a resolution setting meeting dates; be it further,

RESOLVED, that the regular meeting dates of the District Board for 2012 shall be March 20, 2012, June 19, 2012, September 18, 2012 and December 18, 2012 at 5:30 P.M.; be it further

RESOLVED, that the regular meeting dates shall be posted at El Camino Hospital, on the El Camino Hospital website and shall be mailed to all persons who have requested notice of EL Camino Hospital District meetings.

DULY PASSED AND ADOPTED at a Special Meeting held on the 17th day of January, 2012 by the following votes

AYES:

NOES:

ABSENT:

ABSTAIN:

By: ______________________________
Name: ______________________________
Title: Secretary, ECHD Board of Directors
About El Camino Hospital

As an independent, nonprofit hospital with campuses in Mountain View and Los Gatos, we are empowered to do whatever it takes to bring you the finest quality care. Our administrative leadership helps foster a dynamic, collaborative environment. Our world-class physicians actively seek out the latest treatments and technologies to benefit our patients. And all of our nurses, staff and volunteers share our commitment to excellence. Together, we do our utmost to bring you compassionate, comprehensive medical care that is truly state-of-the-art. Our key medical specialties include cancer care, heart and vascular services, neuroscience, genomic medicine, urology, ophthalmology, orthopedic and spine surgery, weight loss surgery and women’s health.

For more information about Community Benefit and the Partners for Community Health programs, visit www.elcaminohospital.org/benefitreport and www.elcaminohospitaldistrict.org/community_benefit.
Dear friends,

In 2008, the El Camino Hospital District Board of Directors took a bold step to help rectify the disparities in health care access and service that exist among thousands of neighbors in our community — even in an area as successful as Silicon Valley. They voted to set aside a substantial portion of the property taxes collected each year by the El Camino Hospital District to provide funding support to programs that work to provide necessary and meaningful health care services to those with limited access to health care in our community.

Over the past three years since that decision, $16,228,729 in district funds has been at work in our community, making a difference in the lives of more than 194,000 children and adults. These funds have enabled school nurses to provide care to more students, allowed children and adults to access the dental care they need but haven’t been able to afford, and helped frail seniors and others stay healthy through better management of chronic illnesses. Over and over, our partners in the community have expressed just how necessary these funds are to their programs, as they try to cope with the growing and diverse needs of people in these uncertain economic times.

As the needs continue, so will the District Board’s commitment to our community. We are honored by the knowledge that these funds have touched so many people, filled so many needs, and made real differences in the health of our community.

Sincerely,

John Zoglin
Chairman
El Camino Hospital District Board of Directors
Dear friends,

El Camino Hospital’s primary focus is to provide excellent medical care to our patients. In addition, as a tax-exempt hospital and trusted community health resource, we uphold our responsibility to help individuals in our community — especially the less fortunate — access and receive the health care they and their families need. Our Community Benefit programs provide many free and low-cost services, including free screenings and educational events. And because we are a full-service community hospital, we underwrite the cost of vital programs, such as emergency services, dialysis, and behavioral health, to ensure they remain available to the community.

We are especially grateful for the funding provided by the El Camino Hospital District and CONCERN: EAP, which enables us to extend our Community Benefit programs through Partnerships for Community Health. All of these programs and services are commendable and so important to the overall health of our community.

I invite you to take inspiration, as I have, from this 2011 Community Benefit Report, which represents the best of all of us, working together for good.

Sincerely,

Tomi Ryba
President and CEO
El Camino Hospital
As a nonprofit organization, El Camino Hospital honors its tax-exempt status and fulfills its responsibility to the community through programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. El Camino Hospital’s 2011 Community Benefit Report includes financial information about the costs of programs that qualify as community benefit, such as charity care, education for health professionals, subsidized health services, research, donations and grants, and unpaid costs of government-sponsored health care (Medi-Cal).

Also qualifying as community benefit are those programs offered in partnership with community agencies that make a significant difference in the health care needs of the vulnerable and underserved individuals in our community.

These programs — called Partners for Community Health — are a collaboration with area schools, community agencies, and other health care service providers to benefit residents of the El Camino Hospital District as well as residents of communities outside the district, including those served by El Camino Hospital Los Gatos. Funding for Partners for Community Health comes from two sources: tax receipts collected by the El Camino Hospital District for services inside the district; and CONCERN: EAP, a hospital affiliate, for services outside the district. Both are managed through the hospital’s Community Benefit department.

A program or service counts as community benefit if it addresses an identified community need and meets at least one of the following criteria:

- Improves access to health care services
- Enhances health of the community
- Advances medical or health knowledge
- Relieves or reduces the burden of government or other community efforts
- Charity care does not include bad debt, contractual allowance, or quick-pay discounts
A most-appreciated recognition

El Camino Hospital and the El Camino Hospital District’s efforts to help the underserved in the community through Partners for Community Health have been recognized by the Association of Fundraising Professionals, Silicon Valley. The organization recently selected the hospital as its 2011 Outstanding Corporate Grantmaker: Over 300 Employees.

What the hospital and the El Camino Hospital District have established with these programs has been at the “forefront of corporate grant making, taking an analytical and systematic approach to its community benefit efforts and responding to the documented health needs of the community,” says Maureen Wadiak, associate director of Community Services Agency, Mountain View. “Like a well-managed venture capital fund, El Camino Hospital invests in social change for the betterment of the community.”

“This award shows us that our Community Benefit program, including Partners for Community Health, really is making a difference to the health and wellbeing of the Silicon Valley community.”

Cecile Currier
Vice President of Corporate & Community Health Services for El Camino Hospital

“This award is a testament to all the partners with whom we’ve worked over the past several years. We’re pleased that this program raises awareness of the tremendous needs to be filled.”

Barbara Avery
Director of El Camino Hospital’s Community Benefit program

2011 Community Benefit Report

Partners for Community Health –
District-funded programs............................................ p. 5

Partners for Community Health –
Programs funded by El Camino Hospital and CONCERN: EAP.........................................................p. 20

Total Community Benefit –
Fiscal Year 2010-2011.................................................... p. 24
Partners for Community Health

Recognizing that even in this affluent community, a growing number of individuals still do not receive adequate or appropriate health care services, the El Camino Hospital District Board of Directors unanimously voted in 2008 to set aside a portion of annual district tax receipts to fund a comprehensive range of community health improvement services. El Camino Hospital identifies these services as Partners for Community Health; they are managed through our Community Benefit department.

This visionary decision enabled the hospital to expand its Community Benefit program and gave the El Camino Hospital District an opportunity, as envisioned by the board of directors, to have a significant impact on the health of individuals and families in the area it serves.

Partners for Community Health funds services in local schools, community agencies, and other health care service providers to benefit residents of the El Camino Hospital District, as well as people living and working in communities outside the district, including those areas served by El Camino Hospital Los Gatos.

Included in this report are brief profiles of several Partners for Community Health programs, both those funded by the El Camino Hospital District for residents of the district (orange headers) as well as programs funded by the hospital and CONCERN: EAP* for residents of areas outside of the district boundaries (green headers).

*CONCERN: EAP (Employee Assistance Program), a nonprofit affiliate of El Camino Hospital, provides services to both employees and employers to help improve workplace health and productivity. In 2009, CONCERN’s board of directors voted to designate a percentage of CONCERN’s net revenue each year for Partners for Community Health programs not funded by district tax receipts.
Valley Health Center – Sunnyvale

In partnership with the Valley Medical Center Foundation, Partners for Community Health provides funds to support the Valley Health Center – Sunnyvale, which serves low-income families in Northern Santa Clara County. The goal is to offer a “medical home,” providing primary care, behavioral health services, and dental care. The medical home model increases the likelihood that individuals using the clinic’s services will adhere to their care plans. Two fully equipped dental operatories, staffed by a full-time dentist and two dental assistants, provide low-cost, comprehensive dental care to adults who do not have access to this service. The partnership has also made it possible for the clinic to staff and provide onsite lab, radiology, and pharmacy services.

Primary care services: 18,090
Patients in “medical homes”: 3,473
Dental care services: 2,937
Patients served: 1,731

JANE’S STORY

Jane had very poor dental health. Several of her teeth were in need of restoration and a number of her maxillary anterior teeth were missing, making her unable to chew her food properly. Jane’s condition had gone untreated due to cutbacks in insurance and her lack of resources. What also bothered her was not being able to smile comfortably. After several months of treatment in which her teeth were restored and prostheses were made to replace her missing teeth, Jane was able to eat normally and smile with confidence.
El Camino Hospital
Immunization Program

This program helps prevent the spread of contagious diseases, including pneumonia, hepatitis, influenza, tuberculosis, and whooping cough through free vaccines and TB testing provided to underserved individuals. Vaccinations for both children and adults are provided at the RotaCare Clinic on the Mountain View campus.

Services provided: 11,090
Patients served: 3,600

Children’s Dental Center of Sunnyvale

Dental decay is the single most common chronic disease in young children, more prevalent than asthma or diabetes. Opened in June 2011, the new, kid-friendly Children’s Dental Center of Sunnyvale will provide local children with access to high-quality dental care. While this is not a “free clinic,” it will allow thousands more children, from infants to middle school students, to receive the dental care they need — regardless of insurance. The Center is sponsored by The Health Trust, with funding from the El Camino Hospital District and First 5 Santa Clara County. The Center will provide as many as 15,000 dental services in its first year and have a significant, positive impact on the oral health of youngsters throughout the county.

“If kids begin going to the dentist when they are toddlers and you make it fun, then they will learn good oral hygiene and won’t grow up dreading that trip to the dentist,” said Frederick Ferrer, CEO of The Health Trust.
Taking care of the underserved

RotaCare Clinic

The RotaCare Clinic in Mountain View, created by El Camino Hospital and local Rotary Clubs 15 years ago, is a nonprofit organization providing free outpatient medical care and medication to the underserved in our community. An essential component of the community’s safety net health care services, the RotaCare Clinic is a “medical home” for many of the community's uninsured, creating access to health care that would otherwise be unavailable. Although primary care is its core service, the clinic also provides access to 11 medical specialty services. RotaCare is staffed by employees and volunteers including physicians, nurses, pharmacists, interpreters, and support staff. The clinic also depends on its collaborative relationship with El Camino Hospital, which provides significant financial support annually, including rent-free space and lab and radiology services.

Services provided: 16,461
Patients served: 2,667
Volunteer hours: 8,023
Cancer Support Community

Funds from Partners for Community Health helped the Cancer Support Community launch an exciting new program for Spanish-speaking cancer patients and their families.

“These group meetings help people feel less isolated and alone,” says program director Margaret Stauffer. “That’s so important when you’re facing such a challenging diagnosis.” And a regular schedule of workshops allows patients to get topic-specific information (in Spanish) on everything from nutrition to side effects of medical treatments.

Community members served: 367
Underinsured Latino cancer patients served: 44

Additional partners: MayView Community Health Center; Lucile Packard Adolescent Health Van; and Healthy Kids (health insurance program)
SCHOOL HEALTH INITIATIVES

A centerpiece of Partners for Community Health (PCH) is our commitment to improving the health and wellbeing of youth through collaboration with local school districts. PCH funds credentialed school nurses and health aides in three school districts with a substantial number of students from underserved households. When there are more nurses, more children receive health screenings and nurses have the opportunity to follow up to ensure children receive the care they require. PCH also funds health promotion programs, both in the classroom and on the playground, to help children establish healthy habits early.

Health Teacher

In partnership with Lucile Packard Children’s Hospital (LPCH), Health Teacher, a Web-based health education curriculum and resource program for K-12 teachers, was implemented in four school districts in the El Camino Hospital District. Health Teacher helps children understand basic health information and learn how to make appropriate health decisions that may prevent health problems and contribute to better long-term health. Additional implementation activities encourage parents and other key community stakeholders to reinforce the healthy behaviors children are learning from the new curriculum.

Schools served with joint LPCH funding: 33
Middle school students reporting improvement in health knowledge: 100%
School nurses – Mountain View Whisman School District

Thanks to funding from the El Camino Hospital District, two additional school nurses are available to serve K-8 students in the Mountain View Whisman School District. The consistency and continuity of having additional nurses allows for more follow-up with families to ensure that children get connected with medical providers to resolve their health issues. Nurses have more time to manage students with complex medical conditions. Nurses are able to get to know their students and their health needs, and can better anticipate what support they would need in the future. Also, the staff, parents, and students feel more comfortable with the increased availability of nurses for support and information.

Students served: 4,900
Students complying with required vision, hearing, and scoliosis screenings: 99%

Additional partners: Cupertino Union School District (one full-time nurse and one part-time health assistant); Sunnyvale School District (one full-time nurse and one full-time health assistant); Mountain View Los Altos School District (Lucile Packard Adolescent Health Van); and Community Health Awareness Council (counseling for teens)
Playworks

Playworks is a physical activity program for children in elementary schools. Playworks promotes structured play during recess and before and after school, including organized games such as soccer, basketball, and volleyball. A trained Playworks coach teaches and runs games designed to build leadership and foster teamwork. Playworks provides full-day, onsite programming at three schools in two elementary school districts in the El Camino Hospital District. To participate in the program, at least 50 percent of a school’s students must qualify for free or reduced-price lunches. Superintendents and principals have given the program exceptionally high marks for effectiveness and popularity among students and teachers.

Students served: 1,587
Principal reporting reduction in disciplinary referrals: 91%
Staff reporting increase in students’ ability to focus in the classroom: 95%
Staff reporting positive impact on students’ attendance: 78%

“The percentage of student engagement in playing and sports has risen. And play time is fun but also calm. Issues don’t escalate like they used to when kids didn’t know how to play by the rules.”

Eric Panosian
Principal of Bishop Elementary School, Sunnyvale

“Playworks has not just transformed the playground. It has changed the entire school learning environment, as positive behaviors carry over into the classroom setting.”

Brenda Guy
Principal of San Miguel Elementary School, Sunnyvale
Caring for individuals most at risk

District-funded programs

RoadRunners

Access to medical care is dependent on individuals being able to reach the services they need. As people age, especially if they live alone, it becomes increasingly important for their health and safety to have a reliable means of transportation for medical and other essential appointments. Operated by El Camino Hospital since 1985, RoadRunners is a transportation service providing seniors and frail residents with rides to health care appointments and other activities for a small fee.

Rides provided: 13,540
Clients giving an “excellent” rating for overall satisfaction: 95%
Clients giving an “excellent” rating for RoadRunners supporting their independence: 100%

Medical Respite Program

When a homeless individual is hospitalized, he or she typically has no place to go to recover and get essential follow-up services after discharge. As a result, hospitals often house these patients until they are able to care for themselves — a costly solution that also decreases access to hospital beds for other patients. Partners for Community Health collaborates with the Hospital Council of Northern and Central California and five other hospitals in the county to make shelter beds available on a 24-hour basis to homeless individuals. While there, individuals are given recovery assistance and access to benefits and permanent housing. The program has been very effective in providing a wide range of respite and other services, including helping individuals to find a “medical home,” enroll in benefits and services, and find a permanent place to live. The respite program has also helped to lower rehospitalization rates of individuals in the program.

Patients served: 94
Homeless patients linked to a medical home for future care: 97%
Hospital bed days saved: 428
Mountain View Community Services Agency – Helping seniors manage chronic illness

For 20 years, Mountain View’s Community Services Agency has offered case management services to seniors and their families, providing oversight to individuals with chronic illness and linking them to community resources. Case managers stay in touch with frail seniors and their families to identify urgent needs before they become a crisis. The overall goal is to avoid unnecessary emergency department visits, hospitalization, and institutionalization so seniors can stay in their homes and remain independent. With support from El Camino Hospital District funds, the agency was able to provide a nurse and case manager to increase the agency’s capacity and reach more people in this vulnerable population.

Patients served: 98
Hospital readmission rate for case-managed seniors (with the same chronic condition) within 30 days: 2%
   - Medicare inpatient readmission rate to El Camino Hospital within 30 days (all causes): 13%
Hospital readmission rate for case-managed seniors (with the same chronic condition) within one year: 4%
Clients and caregivers who learned more about medication compliance: 80%

ADELE’S STORY
Adele, 68, lives alone in Mountain View. She was referred to CSA after being hospitalized due to complications following surgery. This wasn’t Adele’s first trip to the hospital; in four years, she had been hospitalized 22 times for chronic urinary tract infections and falls. The nurse case manager began working with Adele to help her recognize the signs and symptoms of infections, provide her with weight and blood pressure monitoring, and give her advice about her nutrition. CSA social workers connected her to other community support services, such as RoadRunners, Meals on Wheels, and an in-home supportive services worker. With the help of CSA, Adele is now stable and has not been hospitalized in more than a year.
   “I feel like I’m more in control now,” she reports.
West Valley Community Services

Through the CARE program (Community Access to Resources and Education), low-income individuals and families who access the agency’s food pantries receive education on nutrition and healthy lifestyle, addressing the link between poverty and obesity. CARE also assists families in accessing social services, such as food stamp benefits; temporary assistance for needy families (TANF) programs; women, infant, and children (WIC) nutrition programs; health insurance; and health care services. A program to raise healthy eaters gives parents and children the resources to learn about healthy eating habits together, which includes shopping for and preparing healthy meals based on the resources available to them.

Participants: 230
Participants reporting improved knowledge of nutrition: 94%
Participants reporting an increase in healthy behaviors: 68%

Alzheimer’s Association – Caregiver University

Responding to the need for early detection and intervention to improve outcomes, as well as educational and support programs for families of Alzheimer’s patients, Partners for Community Health provides funds for a Caregiver University to serve those across the continuum of Alzheimer’s disease. With PCH’s support, the local chapter of the Alzheimer’s Association has created a series of workshops for families with someone who has the disease or a related disorder. Workshops cover warning signs as well as skills for caregivers, including how to communicate with a loved one who has difficulty speaking and understanding language; when or if a loved one should be moved to an assisted living facility; and how to maintain and improve brain health and memory.

Participants: 1,628
Attendees reporting increased knowledge: 98%
Attendees who can apply learning to their own situation: 97%

“The grant from the El Camino Hospital District improves the lives of Santa Clara County families coping with Alzheimer's disease by funding caregiver education, skill building, and ongoing support. Caregiver University provides caregivers with practical and timely information that can alleviate their own suffering, enhance the quality of life they provide to their family members, and allow them to keep their loved one at home for a longer period of time.”

Elizabeth Edgerly, PhD
Chief Program Officer
Sunnyvale Community Services Agency – Support for the working poor

People don’t usually associate Sunnyvale with poverty or people in need, but sadly, they should. That’s because 27 percent of the city’s population (140,000) falls equally into extremely low-, very low-, and low-income categories, using national standards not adjusted for our higher cost of living. More than 40 percent of Sunnyvale School District students qualify for free or reduced-price meals. Sunnyvale Community Services provides emergency assistance services, including financial aid, food, and supportive counseling to working poor families, low-income seniors, and people with disabilities. Funding from Partners for Community Health provides medications, medical supplies, and nutritional support, and ensures that Sunnyvale CSA upholds its practice of never turning anyone away.

Community members served: 4,107
Clients rating satisfaction level as excellent: 79%

Additional partners: New Directions (connecting uninsured patients with medical and social services) and Pathways Hospice (end-of-life support for uninsured patients)
Promoting mental health

Momentum for Mental Health

The need for mental health services for low-income residents is growing in Santa Clara County. Physicians and staff at the RotaCare Clinic have observed an increasing number of more severe mental health needs that require acute psychiatric care and medication management. Momentum for Mental Health is a private, nonprofit organization that helps individuals improve their mental health through treatment and support. Services include psychiatry, low-cost medications, and case management for individuals with no public benefits, private insurance, or ability to pay out of pocket.

Patients served: 101
Patients who avoided hospitalization for 12 months: 98%
Patients showing at least 10% improvement in depression score: 100%

Additional partners: Community Health Awareness Council (counseling for students and families); Asian Americans for Community Involvement (mental health services for low-income youth); and National Alliance for Mental Illness/Peer Pals (behavioral health support)
South Asian Heart Center

The South Asian Heart Center (SAHC) was established to raise awareness of the elevated risk of coronary artery disease among South Asians and to decrease the incidence of heart attacks that occur in this population. SAHC serves 800 individuals annually, with lifestyle management and case management services. Through the use of traditional screening guidelines, SAHC also advocates for early detection and the need for comprehensive screening for risk factors in a population that is often under-diagnosed.

Participants served: 800
Participants in case management for one year: 441
Underserved participants receiving services: 23%

Chinese Health Initiative

El Camino Hospital recently launched a new program called the Chinese Health Initiative to raise awareness of health disparities that occur frequently in the Chinese community. Health concerns for the Chinese population include hypertension, lung cancer, and hepatitis B, as well as liver cancer, which is often associated with chronic hepatitis. To meet the health needs of this growing population, the program schedules health screenings, educational opportunities, and other outreach events.

Participants served: 725
At-risk participants who received hepatitis B screenings: 102
At-risk participants who received stroke and blood pressure screenings: 123
Eating Disorders Resource Center

An estimated eight million people in the United States suffer from an eating disorder such as anorexia, bulimia, or binge eating. The Eating Disorders Resource Center (EDRC) helps people with eating disorders and their families through education and support programs. Services include counseling and support groups; educational presentations to professionals, school administrators, and staff; prevention programs in local schools; and outreach and awareness building for the general public, elected officials, and insurance companies. Continued funding to support the EDRC also helps connect the center to other community programs, such as school health services, that could use its resources.

Participants: 2,065
School health services staff who gained knowledge about eating disorder symptoms: 90%

“The EDRC is an extremely valuable service, the lack of which would cause untold agony for so many, like us, looking for strategies to cope with this enormous problem.”

Stacy
Parent of child struggling with anorexia

Health Library & Resource Center

El Camino Hospital’s Health Library & Resource Center enhances the community’s health by providing vital and accurate health care information and educational resources. Free access to state-of-the-art medical databases is available to all community members through the hospital’s consumer health library. Programs include health insurance counseling, eldercare consultations, information on preparing advance directives, support groups, health education classes, and the Speakers Bureau.

Library members: 14,000
Excellent rating for quality of library services reported by users: 90%
Excellent rating for satisfaction with eldercare consultations: 82%

Additional partners: American Red Cross and community sponsorships
Partners for Community Health also supports a number of nonprofit, health-related organizations and initiatives through sponsorships and donations.

- Aging Services Collaborative of Santa Clara County – Caregivers Count Conference
- Alzheimer’s Association
- Cancer Support Community
- City of Mountain View – Senior Center
- City of Sunnyvale – Senior Center
- Clinical Laboratory Scientist Training Program at San Jose State University
- Community Services Agency – Mountain View
- De Anza College’s Medical Laboratory Technology Program
- El Camino YMCA
- Los Altos Rotary AIDS Project
- Mountain View Police Activities League – summer activity camp for low-income children
- Pathways Hospice Foundation
- Peninsula Stroke Association
- Playworks
- Santa Clara Family Health Foundation – Healthy Kids
- Self-Help for the Elderly
- The Health Trust
- Valley Medical Center Foundation
Included in this section of El Camino Hospital’s 2011 Community Benefit Report are brief profiles of several Partnership for Community Health programs, funded by CONCERN: EAP* for residents of areas outside of the district boundaries. These include the areas served by El Camino Hospital Los Gatos, our second campus, added in 2009.

School nurses – Campbell Union School District

The population of the Campbell Union School District is culturally and linguistically diverse, with 42 percent of students coming from low-income families. Previously, the school district had only four part-time nurses to serve nine elementary and three middle schools in Campbell, San Jose, Los Gatos, Monte Sereno, and Santa Clara. Partners for Community Health funded two additional full-time nurses, helping the district increase the improvements it made in health care services to students the previous year. School nurses now have the resources to more closely monitor students’ health records and effectively follow up on all referrals resulting from failed vision, hearing, scoliosis, and dental screenings.

Students served: 2,312  
Uninsured students connected with resources: 88%  
Case management provided to asthmatic students with chronic absences: 88%

*CONCERN: EAP (Employee Assistance Program), a nonprofit affiliate of El Camino Hospital, provides services to both employees and employers to help improve workplace health and productivity. In 2009, CONCERN’s board of directors voted to designate a percentage of CONCERN’s net revenue each year for Partners for Community Health programs not funded by district tax receipts.
Caring for our children

Hospital/CONCERN: EAP-funded programs

Health Teacher

In partnership with Lucile Packard Children’s Hospital (LPCH), Health Teacher, a Web-based health education curriculum and resource program for K-12 teachers, was implemented in 14 school districts in areas outside the El Camino Hospital District boundaries. To participate in the program, at least 50 percent of a school’s students must qualify for free or reduced lunches. A full description of the Health Teacher program can be found on page 9.

Schools served with joint LPCH funding: 256
Middle school students who reported improvement in health knowledge: 100%

Playworks

Funded by CONCERN: EAP, Playworks provides full-day, onsite programming at one elementary school in the hospital’s service area that falls outside of the district boundaries. A full description of the Playworks program can be found on page 11.

Students served: 561
Principals reporting reduction in disciplinary referrals: 91%
Staff reporting increase in students’ ability to focus on classroom activities: 95%
Staff reporting positive impact on students’ school attendance: 78%

Additional partners: Campbell Union High School District (counseling for at-risk youth); Cupertino Union School District (school nurse and aide); and Santa Clara Unified School District (school nurse and health aides)

“Playworks truly has helped shape the very special culture and climate that everyone enjoys at Sherman Oaks. Students are able to enjoy their free playtime during recess and lunch in a safe, structured, supportive, and organized atmosphere outside on the yard. A coach and student leaders help organize and supervise games that encourage everyone to become active and healthy. The typical student arguments and issues that arise during recess times on most school campuses don’t occur here. Fighting is practically nonexistent for the entire year; tattletales are rare. Recess begins and ends on a high note because kids are active, busy, and engaged in games of their choice. Thanks to Playworks, recess serves the purpose it is designed to serve: a healthy release of energy for the children.”

Donna Tonry
Principal of Sherman Oaks Community Charter School, Campbell Union School District

“We use Health Teacher as the primary health curriculum in our district. Because we now have a focused and coordinated program, with access for all teachers, we are finding that more and more teachers are emphasizing health instruction with their students, knowing that this is a critical area for student success. The easy-to-use Web site, with its videos and parent resources, is also a valuable resource for our teachers and staff members when they are working to emphasize health education and the whole child.”

Debi Bodenheimer
Director of Curriculum and Instruction, Campbell Union School District
EMQ FamiliesFirst

EMQ is a locally based nonprofit organization recognized for innovative mental health treatment, foster care, and social services. These services help families recover from trauma, abuse, and addiction so that children can rebuild their lives. EMQ provides school-based addiction prevention, intervention, and referral services tailored to the needs of each school. Counselors work with youth in danger of developing high-risk or gang-related behaviors that inhibit learning and threaten future health and wellbeing. The funding provided to five schools in the Campbell Union High School District, which has a large number of youth with high-risk behaviors, includes access to EMQ FamiliesFirst Addiction Prevention Services (APS). The program provides individual, family, and group counseling sessions. In addition, funds help support EMQ’s Child and Adolescent Mobile Crisis Program (CACP) to immediately intervene when youth are in danger.

Participants: 1,644
Students who reduced high-risk behaviors: 82%
Parents who know how to access services for their at-risk children: 94%

ONE STUDENT’S STORY

The EMQ crisis team recently helped a 17-year-old high school student who was having intense thoughts about suicide. As soon as they got the call, the team immediately assessed the teen and reached out to her parents. Because her parents speak mostly Korean, the team called an interpreter service to help with communication. After determining what the issues were, the team created a safety plan, which included individual therapy for the girl. Since the crisis, the girl’s life has improved tremendously. She has worked through her issues and fears, started exercising more, and increased her confidence in social settings. She also raised her grades in school and has been accepted to college. Most importantly, she no longer has suicidal thoughts and is a much happier person overall.

Additional partners: Momentum for Mental Health and Asian Americans for Community Involvement
Health Library & Resource Center at El Camino Hospital Los Gatos

The Health Library & Resource Center at El Camino Hospital Los Gatos serves residents in the area by providing access to the latest medical information in print and electronic formats. The library is located adjacent to the hospital in a comfortable setting designed to promote and provide personalized services to members of the community. The comprehensive health library is staffed by the same professional medical librarian who supports the informational needs of physicians and nurses at the hospital.

Partners for Community Health programs, funded by El Camino Hospital and CONCERN: EAP, also support a number of nonprofit, health-related organizations and initiatives through sponsorships and donations.

Able People Foundation
American Cancer Society – California Chinese Unit
American Red Cross
Asian Americans for Community Involvement
Avenidas Lifetimes of Achievement
Breast Cancer Connections
City of Los Altos Rotary/Senior Program
Community Health Awareness Council
Community Health Partnership Sponsorship – Senator Alquist health forum
EMQ FamiliesFirst
Hospice of the Valley
Learning Ally
People Acting in Community Together (PACT)
Planned Parenthood Mar Monte – Kids in Common program
Saratoga Area Senior Coordinating Council
Silicon Valley Turkey Trot

*Additional partners: American Red Cross and community sponsorships*
Community Benefit, Fiscal Year 2011

- Community health improvement services (community health education, community-based clinical services, health care support services)
  Mountain View – includes Partners for Community Health (PCH)
  programs funded by El Camino Hospital District tax receipts ........................................ $1,603,074
  Additional funds from operations ...................................................................................... $187,938
  Total Mountain View campus ......................................................................................... $1,791,012

- Los Gatos – includes PCH programs funded by CONCERN: EAP ................................. $65,232
  Additional funds from operations ...................................................................................... $1,754
  Total Los Gatos campus ................................................................................................. $66,986

  Total community health improvement services ...................................................................... $1,857,998

- Health professions education funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $1,171,764

- Subsidized health services (specific emergency services, dialysis, behavioral health services) funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $20,616,112

- Clinical research funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $402,216

- Financial and in-kind contributions (cash donations, grants, sponsorships)
  Mountain View – includes PCH programs funded by
  El Camino Hospital District tax receipts ........................................................................... $3,361,624
  Los Gatos – includes PCH programs funded by
  CONCERN: EAP ................................................................................................................. $640,530
  Total financial and in-kind contribution ............................................................................. $4,002,154

- Community benefit operations funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $185,830

- Traditional charity care funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $2,772,576

- Government-sponsored health care
  Unreimbursed Medi-Cal care funded through hospital operations –
  Mountain View and Los Gatos campuses ......................................................................... $23,639,790

- Government-sponsored health care (means-tested programs)
  Mountain View – includes Healthy Kids, a PCH program
  funded by El Camino Hospital District tax receipts ......................................................... $75,000
  Los Gatos – includes Healthy Kids, a PCH program funded by
  CONCERN: EAP ................................................................................................................ $75,000
  Total government-sponsored health care (means-tested programs) ................................... $150,000

Total Community Benefit, Fiscal Year 2011 ........................................................................... $54,798,440*

*Includes PCH programs funded by El Camino Hospital District ($5,039,698), PCH programs funded by El Camino Hospital/CONCERN: EAP, and programs funded through El Camino Hospital operations.
2011 Partners for Community Health funded by El Camino Hospital District tax receipts: $5,039,698
2011 Partners for Community Health funded by CONCERN: EAP: $780,762

EL CAMINO HOSPITAL DISTRICT BOARD OF DIRECTORS

John L. Zoglin, Chairman
Uwe R. Kladde, Vice Chairman
Patricia A. Einarson, MD, Secretary/Treasurer
Wesley F. Alles, Member
David W. Reeder, Member

COMMUNITY BENEFIT STAFF

Cecile Currier, Vice President of Corporate & Community Health Services
Barbara Avery, Director of Community Benefit
Carla Paul, Director of Community Health Services
Victoria Chavez, Administrative Assistant

This report is produced by the El Camino Hospital Community Relations department. For extra copies, call 650-988-7696.
Date: January 17, 2012

To: El Camino Hospital District Board of Directors

Subject: Medi-Cal Intergovernmental Transfer

Authority: Board approval is required since this request exceeds CEO signing authority

Problem Definition: In April 2011, the legislature approved AB 113, which allows the State to receive increased Medicaid dollars for intergovernmental transfers to the State. The State, working with CHA, has developed a methodology under which each public entity transfer and subsequent payment back is calculated. Last May you approved transfer authority for up to $2.5 million for fiscal 2011, but the State was only able to get approval from CMS for six months (January-June), so recently the District transferred $1 million to the State, and the Hospital received $2 million back from the State at the end of December.

For fiscal 2012, the program will continue (for a full twelve months). El Camino Hospital District’s anticipated share of payment is approximately $2 million, and El Camino Hospital’s anticipated share of payments back from Medi-Cal is $4 million. In December, management sent the state a message indicating that we intended to participate in the program, but we can opt out of the Board does not approve. We have been told that the $2 million transfer will probably occur in March and $4 million receipt probably before June 30.

In a similar program, the legislature also approved SB 90 for non-district hospitals, but hospital districts or nonprofit corporations related to such districts are included in a small portion of this bill that applies to managed care Medi-Cal plans. Under this program, we anticipate El Camino Hospital’s share of payments to be a few hundred thousand and the payments back to approximately twice that.

Accordingly, we are asking for authority to bind the District for up to $2.5 million of transfers. This is a voluntary program, but the benefits are such that we believe the District should participate. If you feel comfortable in making this an open-ended approval, you could make the authorization applicable to all future years as well, subject to the terms of the program not changing significantly.

Process Description: The State has now estimated the payment amounts under AB 113, and we expect to receive letters requiring a turn-around by March. The State also has not received approval from CMS, but expects it in early June and has confirmed to us in writing that if CMS approval is not received, District funds would be returned. Payments back to hospitals are expected by June 30. The State will impose a small administrative fee (9% of the payments, and included in the calculated payment above). The amounts shown above are for the period July 1, 2011 through June 30, 2012. AB 113 is a permanent piece of legislation, so that for fiscal 2013 and beyond, the timelines will be less urgent, with funding decisions made in December-January, payments to the State occurring in February-March, and return payments to the hospital occurring March-June.

Alternative Solution Which Includes Cost Benefit/SWOT Analysis: Our alternative is not to participate.

Outcome Measures/Deadlines: We should know by March whether or not the program has been approved by CMS.

Financial Review: Finance has reviewed this project; neither the transfer to the State nor the return payment to the Hospital has been included in the fiscal 2012 District or Hospital budgets.

Recommendation: Authorize the CEO of the District to sign letters of participation with the State and Medi-Cal managed care plans, agreeing to pay in as much as $2.5 million of intergovernmental transfers.
TO: El Camino Hospital District Board of Directors

FROM: Pam Marshbank

SUBJECT: “Calling a District General Election”

Every election year, documents are submitted in June to the District Board for approval. These, in turn, are submitted to the Registrar of Voters before the processing commences. This year at the request of the Registrar, I will submit these documents to the District Board for approval on March 20. The attached Resolution 2010-4 submitted in 2010 indicated that the Candidate’s Statement shall contain no more than 400 words.

A request has been made for consideration that the Candidate’s statement be changed to “no more than 200 words”. Two years ago the statement (400 words) was $4300 and (200 words) was $3200, which is the responsibility of the candidate. This year it will go up in price a little but there is a price difference of approximately $1100.

Attachment: ECHD Resolution 2010-4
RESOLUTION AND ORDER OF THE BOARD OF DIRECTORS OF
EL CAMINO HOSPITAL DISTRICT OF SANTA CLARA COUNTY,
STATE OF CALIFORNIA, CALLING A DISTRICT GENERAL ELECTION
TO BE HELD IN EL CAMINO HOSPITAL DISTRICT ON

NOVEMBER 2, 2010

ECHD RESOLUTION No. 2010-4

WHEREAS, Section 32100 of the Health and Safety Code of the State of California provides that the elective officers of a local hospital district shall be a board of hospital directors consisting of five (5) members, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years; and

WHEREAS, the term of two Directors shall expire on the last Friday in November of 2010; and

WHEREAS, Section 32100.5 of the Health and Safety Code provides that an election shall be known as the Hospital District General Election, shall be held in each local hospital district on the first Tuesday after the first Monday in November of each even-numbered year, at which a successor shall be chosen for each officer whose term shall expire on the last Friday of November following such election; and

WHEREAS, the Hospital District General Election shall be consolidated with the statewide general election pursuant to Chapter 4 (commencing with Section 23300), Part 2, Division 14 of the Election Code, and the person receiving the highest number of votes for each office to be filled at such election shall be elected hereto; and

WHEREAS, the term of office of each of the two persons elected to fill those terms expiring on the last Friday of November, 2010 shall be four (4) years or until his or her successor is elected and has qualified, and
NOW, THEREFORE, BE IT RESOLVED AND ORDERED AS FOLLOWS:

1. That in accordance with the provision of Section 32100 and 32100.5 of the Health and Safety Code of the State of California, a Hospital District General election be and the same hereby is called and the same shall be held in said El Camino Hospital District of Santa Clara County, State of California, on Tuesday, November 2, 2010, from the hour of 7:00 o’clock a.m., of said day until the hour of 8:00 o’clock p.m., of said day during which period of time electors of the said El Camino Hospital District may vote for the successor of each of the two members of the Board of Directors of El Camino Hospital District of Santa Clara County, State of California, whose terms are about to expire, to serve for terms of four (4) years; and

2. That all registered voters residing within El Camino Hospital District of Santa Clara County, State of California, are qualified electors at said election, and the manner of voting, the form of ballot to be used, and in all other particulars said Hospital District General Election shall be held in accordance with the general election laws of the State of California;

3. Not less than thirty (30) days prior to the date of said Hospital District General Election, the Board of Directors of said District shall, (to the extent required by law) by resolution entered on its minutes, designate the precincts into which said District shall be divided for the conduct of said Hospital District General Election and the polling place for each precinct and shall appoint for each precinct an election board consisting of at least
one inspector, one Judge, and two (2) clerks, selected from the electors of said District, and shall provide for the giving of notice of said election pursuant to the law.

4. That any candidate filing a candidate’s statement of qualifications pursuant to Section 10012 of the California Elections Code shall pay the actual prorated costs of printing and handling said candidate’s statement as provided therein. Said Candidate’s statement shall contain no more than 400 words. Candidates will not be permitted to submit other materials to be sent with the sample ballot and voter’s pamphlet.

Passed and adopted by the Board of Directors of El Camino Hospital District this 15th day of June, 2010 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

____________________________
Wesley Alles
Chairperson, Board of Directors
El Camino Hospital District
Contents

Page 3 - Comparative Balance Sheet as of November 30, 2011 – Assets

Page 4 – Comparative Balance Sheet as of November 30, 2011 – Liabilities

Page 5 - Statement of Revenue & Expenses Year-to-Date November 30, 2011


Pages 8–9 - Notes to Financial Statements

Page 10 – El Camino Hospital – a controlled affiliate of the District
## EL CAMINO HOSPITAL DISTRICT
### BALANCE SHEET

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>November 30, 2011</th>
<th>June 30, 2011 Audited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,691,233</td>
<td>$51,101</td>
</tr>
<tr>
<td>Short term investments</td>
<td>$25,013</td>
<td>$5,871,878</td>
</tr>
<tr>
<td>Capital outlay</td>
<td>6,198,759</td>
<td>6,198,759</td>
</tr>
<tr>
<td>S.C. county M &amp; O taxes receivable</td>
<td>1,784,884</td>
<td>-</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>88,413</td>
<td>32,431</td>
</tr>
<tr>
<td>Other accounts receivable (IGT)</td>
<td>944,317</td>
<td>1,931,250</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$11,732,618</td>
<td>$14,085,419</td>
</tr>
<tr>
<td><strong>Board designated / plant facilites</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,182,622</td>
<td>$3,071,861</td>
</tr>
<tr>
<td><strong>Funds held by trustee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5,178,127</td>
<td>$6,380,454</td>
</tr>
<tr>
<td><strong>Capital assets, net</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$12,337,424</td>
<td>$12,023,988</td>
</tr>
<tr>
<td><strong>Bond issue costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,487,240</td>
<td>$1,511,986</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$33,918,031</td>
<td>$37,073,708</td>
</tr>
</tbody>
</table>
## EL CAMINO HOSPITAL DISTRICT
### BALANCE SHEET

<table>
<thead>
<tr>
<th>Account</th>
<th>November 30, 2011</th>
<th>June 30, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 12,451</td>
<td>$ 26,139</td>
</tr>
<tr>
<td>Bond interest payable</td>
<td>2,060,458</td>
<td>2,507,043</td>
</tr>
<tr>
<td>Deferred income</td>
<td>6,720</td>
<td>40,138</td>
</tr>
<tr>
<td>Current portion of bonds payable</td>
<td>1,076,258</td>
<td>1,707,157</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>$ 3,155,887</td>
<td>$ 4,280,477</td>
</tr>
<tr>
<td>Bonds payable - long term</td>
<td>142,199,058</td>
<td>143,169,058</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>$ 145,354,946</td>
<td>$ 147,449,535</td>
</tr>
<tr>
<td><strong>Fund balance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted fund balance</td>
<td>$ 27,225,494</td>
<td>$ 29,114,812</td>
</tr>
<tr>
<td>Restricted fund balance</td>
<td>(138,670,408)</td>
<td>(139,490,638)</td>
</tr>
<tr>
<td><strong>Total fund balance</strong></td>
<td>$ (111,444,914)</td>
<td>$ (110,375,827)</td>
</tr>
<tr>
<td><strong>Total liabilities and fund balance</strong></td>
<td>$ 33,910,032</td>
<td>$ 37,073,708</td>
</tr>
</tbody>
</table>
## El Camino Hospital District (Pro Forma)
### Statements of Revenues and Expenses
#### Year-to-Date November 30, 2011

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other revenue</td>
<td>$33,598</td>
<td>$34,341</td>
<td>$(743)</td>
</tr>
<tr>
<td>Total operating revenues</td>
<td>$33,598</td>
<td>$34,341</td>
<td>$(743)</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional fees and other expenses</td>
<td>$157,400</td>
<td>$157,400</td>
<td>0</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$88,551</td>
<td>$75,151</td>
<td>$13,400</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>$245,951</td>
<td>$75,151</td>
<td>$170,800</td>
</tr>
<tr>
<td>Income (loss) from operations</td>
<td>$212,353</td>
<td>$(40,810)</td>
<td>$(171,543)</td>
</tr>
<tr>
<td><strong>Non-operating revenues (expenses):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.O. bond interest expense</td>
<td>$(2,060,458)</td>
<td>$(2,060,417)</td>
<td>$(41)</td>
</tr>
<tr>
<td>G.O. cost of issuance amortization</td>
<td>$(24,746)</td>
<td>$(24,745)</td>
<td>1</td>
</tr>
<tr>
<td>G.O. bond fees and services</td>
<td>$(8,333)</td>
<td>$8,333</td>
<td>0</td>
</tr>
<tr>
<td>G.O. bond premium amortization</td>
<td>$75,899</td>
<td>$74,050</td>
<td>$1,849</td>
</tr>
<tr>
<td>Total G.O. bond costs</td>
<td>$(1,607,445)</td>
<td>$(2,019,445)</td>
<td>$(10,140)</td>
</tr>
<tr>
<td>G.O. investment interest income</td>
<td>$194</td>
<td>-</td>
<td>$194</td>
</tr>
<tr>
<td>Investment income, net</td>
<td>$35,915</td>
<td>$49,859</td>
<td>$(13,944)</td>
</tr>
<tr>
<td>Money manager fees</td>
<td>$(18,025)</td>
<td>$(7,006)</td>
<td>$(11,019)</td>
</tr>
<tr>
<td>Investment income, net</td>
<td>$18,084</td>
<td>$42,853</td>
<td>$(24,769)</td>
</tr>
<tr>
<td><strong>County taxes-restricted</strong></td>
<td>$2,459,131</td>
<td>$2,416,667</td>
<td>$42,464</td>
</tr>
<tr>
<td>County taxes-unrestricted</td>
<td>$1,207,535</td>
<td>$1,250,000</td>
<td>$(42,465)</td>
</tr>
<tr>
<td>G.O. tax revenues</td>
<td>$2,829,342</td>
<td>$2,644,183</td>
<td>$185,159</td>
</tr>
<tr>
<td><strong>Total property tax income</strong></td>
<td>$6,496,008</td>
<td>$6,310,850</td>
<td>$185,158</td>
</tr>
<tr>
<td><strong>Non-operating Income</strong></td>
<td>$8,149</td>
<td>-</td>
<td>$8,149</td>
</tr>
<tr>
<td>Other non-operating income (expenses)</td>
<td>$8,149</td>
<td>-</td>
<td>$8,149</td>
</tr>
<tr>
<td><strong>Total non-operating revenues and expenses</strong></td>
<td>$4,512,936</td>
<td>$4,334,258</td>
<td>$178,678</td>
</tr>
<tr>
<td>Net Income (loss)</td>
<td>$4,300,583</td>
<td>$4,293,448</td>
<td>$7,135</td>
</tr>
</tbody>
</table>
EL CAMINO HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS
FOR THE FIVE MONTHS ENDED NOVEMBER 30, 2011

Cash flows from operating activities
Other cash receipts $33,598
Cash receipts from various government agencies 2,192,535
Payment to IGT Medi-Cal (944,463)
Other cash payments, net (81,409)

Net cash provided by operating activities $1,200,261

Cash flows from noncapital financing activities
County taxes-unrestricted $1,881,782
County taxes-restricted 0
G.O. tax revenues 574,175
Transfers to ECH for community benefit programs-FY2011 (5,771,656)

Net cash (used) provided by financing activities (3,315,699)

Cash flows from capital and related financing activities
Purchases of property & equipment (401,986)
Principal payments on G.O. bonds (1,525,000)
Interest payments and issuance costs of G.O. bonds (2,532,609)

Net cash (used) in capital and related financing activities (4,459,595)

Cash flows from investing activities
Sales of investments, net of purchases 5,736,605
Investment income (net of unrealized gains & losses) 18,084
Decrease in sinking fund held by trustee 3,452,327
Other nonoperating income received 8,150

Net cash generated from investing activities $9,215,166

Net increase (decrease) in cash and cash equivalents $2,640,133

Cash and cash equivalents at beginning of year 51,101

Cash and cash equivalents at end of period $2,691,234
EL CAMINO HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS
FOR THE FOUR MONTHS ENDED OCTOBER 31, 2011

Reconciliation of operating income to net cash provided by operating activities:

Operating income $ (212,353)

Adjustments to reconcile operating income to net cash provided by operating activities:

Depreciation 88,551
Bond issue costs 24,746

Changes in assets and liabilities:

Other accounts receivable 425,132
Prepaid expenses and other assets 921,470
Current liabilities (47,285)

Net cash provided by (used for) operating activities $ 1,200,261
Notes to Financial Statements

Balance Sheet

(1) **Capital Outlay fund** – This is the restricted portion of the M & O taxes that have been received. This current amount is for fiscal years 2010 and 2011. The 2010 year ($2,839,419) needs to be allocated to a capital asset acquisition by June 30, 2012.

(2) **Prepaid Expenses** – This amount is monies to be repaid by the District’s Retiree Healthcare Trust Account for former retired employees of the District prior to 1992.

(3) **Other Accounts Receivable** – This is the remainder of funds transferred from the Hospital that were not transferred to the state for FY2011; it is expected to be transferred for FY 2012 in March or April.

(4) **Plant Facilities Fund** – This is the accumulated funded depreciation cash investment for the portion of the YMCA that the District owns.

(5) **Funds Held by Trustee** – G.O. tax monies held by the Trustee to make the debt payments. On 8/1/11 a principal and interest payment was made.

(6) **Capital Assets, Net** – Principally; the land which El Camino Hospital resides, the YMCA building, and the vacant lot located on El Camino Real and Phyllis.

(7) **Fund Balance** – Negative because assets from the sale of G.O. bonds were transferred to the Hospital for construction, but the District retained the liability to be repaid from future taxes.
Statement of Revenues and Expenses

(8) Other Operating Revenue – ground lease payment from El Camino Hospital

(9) Professional Fees & Services – District started in FY2012 reflecting its own expenses previously paid for by the hospital.

(10) Property Taxes – note each type of property tax revenue is now itemized and is now on an accrual basis.
Financial results

Because the District controls the Hospital, financial results of the Hospital are reported to the District Board for monitoring purposes.

Through November 30, 2011, El Camino Hospital had net operating margin of $19.6 million, compared to a budget of $18.8 million, and non-operating income (loss) of $(5.9) million, compared to a budget of $(0.3) million. Non-operating loss was triggered by $4.8 million of negative adjustment to the market value of the interest-rate swap and $2.9 million of community benefit expenditures, offset by investment income.

El Camino Hospital
Community Benefit Program Board Designated fund

The District designates certain funds to be transferred to the Hospital to be used for community benefits. The Hospital places these funds in a uniquely identifiable account and invests the funds until they are distributed by authorization of the Community Benefits Advisory Committee.

During October 2011, the District transferred $5.8 million to the Hospital. At November 30, the Hospital held undistributed balances of $7.6 million in its Community Benefit Fund.
Board of Directors
Summary of Financial Operations

Fiscal Year 2012 – Period 5
7/1/2011 to 11/30/2011
Discharges & deliveries in MV low in November
For LG, rehab up 50% from same period last year

<table>
<thead>
<tr>
<th></th>
<th>P 5</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Act</td>
<td>Bud</td>
</tr>
<tr>
<td>Discharges (1)</td>
<td>1,175</td>
<td>1,346</td>
</tr>
<tr>
<td>ADC (1)</td>
<td>171</td>
<td>187</td>
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<tr>
<td>Short Stay/Obs</td>
<td>353</td>
<td>333</td>
</tr>
<tr>
<td>Deliveries</td>
<td>318</td>
<td>342</td>
</tr>
<tr>
<td>ED Visits</td>
<td>3,269</td>
<td>3,311</td>
</tr>
<tr>
<td>Surgical Cases</td>
<td>530</td>
<td>527</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>P 5</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Act</td>
<td>Bud</td>
</tr>
<tr>
<td>Discharges (1)</td>
<td>266</td>
<td>273</td>
</tr>
<tr>
<td>ADC (1)</td>
<td>39</td>
<td>39</td>
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<tr>
<td>Short Stay/Obs</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Deliveries</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>ED Visits</td>
<td>908</td>
<td>944</td>
</tr>
<tr>
<td>Surgical Cases</td>
<td>345</td>
<td>332</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>P 5</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Act</td>
<td>Bud</td>
</tr>
<tr>
<td>Discharges (1)</td>
<td>1,441</td>
<td>1,619</td>
</tr>
<tr>
<td>ADC (1)</td>
<td>210</td>
<td>226</td>
</tr>
<tr>
<td>Short Stay/Obs</td>
<td>369</td>
<td>358</td>
</tr>
<tr>
<td>Deliveries</td>
<td>365</td>
<td>388</td>
</tr>
<tr>
<td>ED Visits</td>
<td>4,177</td>
<td>4,255</td>
</tr>
<tr>
<td>Surgical Cases</td>
<td>875</td>
<td>859</td>
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</tbody>
</table>

(1) Excl. Newborn
Year-to-date operating margin is slightly ahead of budget

$ in thousands

Non-operating losses recovered significantly in period 5

<table>
<thead>
<tr>
<th>ECH Income (Loss) from Operations</th>
<th>Period 5 Actual</th>
<th>Period 5 Budget</th>
<th>Period 5 Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mountain View</td>
<td>2,124</td>
<td>2,291</td>
<td>$(167)</td>
<td>14,931</td>
<td>12,584</td>
<td>$2,347</td>
</tr>
<tr>
<td>Los Gatos</td>
<td>1,834</td>
<td>1,367</td>
<td>466</td>
<td>4,686</td>
<td>6,267</td>
<td>(1,573)</td>
</tr>
<tr>
<td>Sub Total - El Camino Hospital</td>
<td>3,958</td>
<td>3,658</td>
<td>$299</td>
<td>19,616</td>
<td>18,842</td>
<td>$774</td>
</tr>
<tr>
<td>Operating Margin %</td>
<td>8.2%</td>
<td>7.2%</td>
<td></td>
<td>7.9%</td>
<td>7.3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ECH Non Operating Income</th>
<th>Period 5 Actual</th>
<th>Period 5 Budget</th>
<th>Period 5 Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments **</td>
<td>4,465</td>
<td>782</td>
<td>3,703</td>
<td>2,758</td>
<td>3,990</td>
<td>(1,232)</td>
</tr>
<tr>
<td>Swap Adjustments</td>
<td>(821)</td>
<td>-</td>
<td>(821)</td>
<td>(4,759)</td>
<td>-</td>
<td>(4,759)</td>
</tr>
<tr>
<td>Community Benefit</td>
<td>(193)</td>
<td>(520)</td>
<td>327</td>
<td>(2,932)</td>
<td>(2,651)</td>
<td>(281)</td>
</tr>
<tr>
<td>Other</td>
<td>(8)</td>
<td>(321)</td>
<td>313</td>
<td>(942)</td>
<td>(1,637)</td>
<td>696</td>
</tr>
<tr>
<td>Sub Total - Non Operating Income</td>
<td>3,463</td>
<td>$(59)</td>
<td>$3,522</td>
<td>$(5,875)</td>
<td>$(298)</td>
<td>$(5,577)</td>
</tr>
<tr>
<td>ECH Net Income (Loss)</td>
<td>7,421</td>
<td>3,600</td>
<td>$3,821</td>
<td>13,741</td>
<td>18,544</td>
<td>$(4,803)</td>
</tr>
<tr>
<td>ECH Net Margin %</td>
<td>14.4%</td>
<td>7.1%</td>
<td></td>
<td>5.5%</td>
<td>7.2%</td>
<td></td>
</tr>
</tbody>
</table>

| Net Margin All Other Entities *   | $788           | $(106)         | $894             | $(176)     | $216       | $(391)       |
| Total Net Margin                  | $8,208         | $3,494         | $4,714           | $13,566    | $18,760    | $(5,194)     |

| District Net Margin               | $863           | 841            | $22              | 4,301      | $4,259     | $41          |

* Excludes District
** Investment Income is now current through November
Run-rate above 8% since September – stronger revenues; lower labor costs

YTD Op Income %
Act: 7.9%
Run Rate: 7.3%

Run rate equals booked operating income adjusted for material non-recurring transactions
Key hospital indicators are generally favorable

<table>
<thead>
<tr>
<th>Statistic</th>
<th>YTD 2012</th>
<th>Target</th>
<th>+/- S&amp;P A+ Rated Hospitals</th>
<th>+/- Full Yr 2011</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>7.9%</td>
<td>7.3% (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Margin</td>
<td>5.5%</td>
<td>7.3% (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBITDA</td>
<td>17.4%</td>
<td>17.0% (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days of Cash</td>
<td>290</td>
<td>258 (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt Service Coverage Ratio (MADS)</td>
<td>7.1</td>
<td>1.2 (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt to Capitalization</td>
<td>17.0%</td>
<td>37.5% (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net AR Days</td>
<td>51.5</td>
<td>50.0 (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad Debt as % Gross Revenue</td>
<td>0.7%</td>
<td>0.7% (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) YTD Budget  
(2) Line of Credit Covenant
PL Comparison
YTD P5 FY 2012 Actual vs. Budget

Combined Mountain View & Los Gatos

<table>
<thead>
<tr>
<th>OPERATING REVENUE:</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance F(U)</th>
<th>Var%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>556,203,585</td>
<td>583,020,327</td>
<td>(26,816,742)</td>
<td>-4.6%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>387,166,021</td>
<td>390,177,869</td>
<td>(3,011,848)</td>
<td>-0.8%</td>
</tr>
<tr>
<td></td>
<td>943,369,606</td>
<td>973,198,196</td>
<td>(29,828,590)</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>(419,969,102)</td>
<td>(434,132,318)</td>
<td>14,143,216</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>(280,189,391)</td>
<td>(288,358,550)</td>
<td>8,169,159</td>
<td></td>
</tr>
<tr>
<td>Deductions</td>
<td>(700,178,493)</td>
<td>(722,490,868)</td>
<td>22,312,375</td>
<td></td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>243,191,113</td>
<td>250,707,328</td>
<td>(7,516,215)</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Collection Rate</td>
<td>25.8%</td>
<td>25.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>5,879,519</td>
<td>6,328,877</td>
<td>(449,358)</td>
<td></td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>249,070,632</td>
<td>257,036,205</td>
<td>(7,965,573)</td>
<td>-3.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPERATING EXPENSE:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>35,574,945</td>
<td>35,534,545</td>
<td>(40,400)</td>
<td></td>
</tr>
<tr>
<td>Fees &amp; Purchased Services</td>
<td>32,736,636</td>
<td>36,242,555</td>
<td>3,506,319</td>
<td></td>
</tr>
<tr>
<td>Other Operating Expense</td>
<td>32,944,604</td>
<td>34,221,067</td>
<td>1,276,463</td>
<td></td>
</tr>
<tr>
<td>Total Operating Expense</td>
<td>229,454,367</td>
<td>238,193,834</td>
<td>8,739,467</td>
<td>3.7%</td>
</tr>
<tr>
<td>Facility Allocation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Net Operating Income/(Loss)</td>
<td>19,616,265</td>
<td>18,842,371</td>
<td>773,894</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.3%</td>
</tr>
<tr>
<td>Non Operating Income</td>
<td>(5,875,215)</td>
<td>(298,009)</td>
<td>(5,577,207)</td>
<td></td>
</tr>
<tr>
<td>Net Income/(Loss)</td>
<td>13,741,049</td>
<td>18,544,362</td>
<td>(4,803,313)</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.2%</td>
</tr>
</tbody>
</table>
### PL Comparison

**YTD P5 FY 2012 vs. YTD P5 FY 2011**

**Combined Mountain View & Los Gatos**

<table>
<thead>
<tr>
<th>OPERATING REVENUE:</th>
<th>FY 2012</th>
<th>FY 2011</th>
<th>Variance F(U)</th>
<th>Var%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>556,203,585</td>
<td>554,051,604</td>
<td>2,151,981</td>
<td>0.4%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>387,166,021</td>
<td>374,717,976</td>
<td>12,448,045</td>
<td>3.3%</td>
</tr>
<tr>
<td>Gross Revenue</td>
<td>943,369,606</td>
<td>928,769,580</td>
<td>14,600,025</td>
<td>1.6%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>(419,969,102)</td>
<td>(422,490,292)</td>
<td>2,501,190</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>(280,169,391)</td>
<td>(270,252,643)</td>
<td>(9,916,748)</td>
<td></td>
</tr>
<tr>
<td>Deductions</td>
<td>(700,178,493)</td>
<td>(692,742,936)</td>
<td>(7,435,557)</td>
<td></td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>243,191,113</td>
<td>236,026,644</td>
<td>7,164,469</td>
<td>3.0%</td>
</tr>
<tr>
<td>Collection Rate</td>
<td>25.8%</td>
<td>25.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>5,879,519</td>
<td>6,509,623</td>
<td>(630,104)</td>
<td></td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>249,070,632</td>
<td>242,536,267</td>
<td>6,534,365</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPERATING EXPENSE:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Wages</td>
<td>128,198,182</td>
<td>125,196,079</td>
<td>(3,002,103)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>35,574,945</td>
<td>33,357,038</td>
<td>(2,217,907)</td>
<td></td>
</tr>
<tr>
<td>Fees &amp; Purchased Services</td>
<td>32,736,635</td>
<td>44,826,973</td>
<td>(12,080,337)</td>
<td></td>
</tr>
<tr>
<td>Other Operating Expense</td>
<td>32,944,604</td>
<td>33,827,676</td>
<td>883,072</td>
<td></td>
</tr>
<tr>
<td>Total Operating Expense</td>
<td>229,454,367</td>
<td>237,207,766</td>
<td>7,753,399</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Facility Allocation**

| Net Operating Income/(Loss) | 19,616,265  | 5,328,501  | 14,287,764    | 7.9%  |
|                            | 7.9%        | 2.2%       |               |       |
| Non Operating Income       | (5,875,216)  | 594,722    | (6,469,938)   |       |
| Net Income/(Loss)          | 13,741,049  | 5,923,223  | 7,817,826     | 5.5%  |
|                            | 5.5%        | 2.4%       |               |       |