



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Health Board of Directors**

Monday, February 5, 2024

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

Members Present

Carol Somersille, MD
Melora Simon
John Zoglin
Pancho Chang
Jack Po, MD (at 5:34 p.m.)
Krutica Sharma, MD **
Prithvi Legha, MD
Philip Ho, MD (at 5:47 p.m.)

Members Absent

Others Present

Holly Beeman, MD, MBA, CQO
Dan Woods, CEO **
Mark Adams, MD, CMO
Theresa Fuentes, CLO
Shahab Dadjou, President, El Camino Health Medical Network **
Lyn Garrett, Senior Director, Quality
Ute Burness, VP of Quality and Payer Relations
Tracy Fowler, Director, Governance Services **
Nicole Hartley, Executive Assistant II
Gabriel Fernandez, Coordinator, Governance Services

**via teleconference

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Health (the "Committee") was called to order at 5:31 p.m. by Chair Carol Somersille. A verbal roll call was taken. A quorum was present. Jack Po arrived at 5:34 p.m. Dr. Phillip Ho arrived at 5:47 p.m.	Call to order at 5:31 p.m.
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Ms. Hartley shared that we have one member of the Committee, Dr. Krutica Sharma participating remotely due to Just Cause.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	

<p>5. CONSENT CALENDAR</p>	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Item (e) Follow-Up Item: Hand Hygiene Project Overview was pulled for further discussion. The Committee asked for how the project would continue to be measured and evaluated as an ongoing project. Staff discussed various methods that are being taken to ensure proper and accurate tracking. The Committee also asked if AI monitoring was a potential avenue to explore. Staff explained that this is a method currently being explored, but no decision or timeline for implementation exists right now. Additionally, staff discussed the implementation of unit-based champions on each shift who would take part in training and auditing metrics of the Hand Hygiene project.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (12/04/2023), (b) Minutes of the Closed Session of the Quality Committee Meeting (12/04/2023)</p> <p>Received: (c) Receive FY24 Pacing Plan, (d) Receive Committee Follow-Up Item: 6/1/2020 Report on Obstetrical Lacerations, (e) Receive Committee Follow-Up Item: Hand Hygiene Project Overview</p> <p>Movant: Simon Second: Po Ayes: Somersille, Chang, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Ho Recused: None</p>	<p>Consent Calendar Approved</p>
<p>6. VERBAL CHAIR'S REPORT AND IHI HIGHLIGHTS</p>	<p>Chair Somersille provided a verbal Chair's report to the committee. In the report, Chair Somersille shared the knowledge she gained from her attendance at the Institute for Healthcare Improvement (IHI) Conference. Dr. Somersille opened with a suggestion that the committee look to attend a conference that interests them and would be beneficial to the committee. Additionally, Dr. Somersille highlighted various areas such as the Quality measurement journey and how a partnership with the organization's data scientists to find ways to continue the improvement of clarity of presentation of data points to the committee. In addition, Dr. Somersille included a brief overview of AI within healthcare, proactive approaches to quality measures, and continued improvement being a signifier of success concerning quality goal setting and reporting.</p>	
<p>7. PATIENT STORY</p>	<p>Dr. Beeman provided the Patient Story report received from the Press Ganey patient comment portal. This included two comments from patients in the Labor and Delivery wing who provided feedback on their experiences in the previous in their respective rooms.</p>	

<p>8. RECEIVE Q2 FY24 STEEEP AND ENTERPRISE QUALITY DASHBOARD</p>	<p>Dr. Beeman presented an update on measures tracked on the STEEEP and Enterprise Quality Dashboards. Dr. Beeman provided an in-depth analysis of performance, process improvement initiatives, and HAC Index 2.0 performance measures. The committee had an in-depth discussion revolving around when metrics are not being met, that staff provides a timeline of when those metrics will see improvement and potentially can be met. In addition, the committee expressed interest in a timeline for if there would be any pivots to evaluate a separate quality measure.</p> <p>Motion: To receive Q2 FY24 STEEEP and Enterprise Quality Dashboard</p> <p>Movant: Chang Second: Po Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p><i>Motion Approved</i></p>
<p>9. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Ms. Ute Burness provided a report on the El Camino Health Medical Network to provide the quarterly report. Ms. Burness provided updates on three key measures of focus for the medical network: (a) Clinical Excellence, (b) Dependable and Convenient Care, and (c) Patient Experience. ECHMN has met/exceeded all eight quality metrics and is performing in the 9th and 10th deciles in 5 of those measures with constant improvements to move all measures into those respective deciles. The committee asked for a breakdown of the reasons that providers left, and if an exit interview was performed, and the committee was told that exit interviews were performed on all providers who left and were given the reasons.</p> <p>Motion: To receive the El Camino Health Medical Network Report</p> <p>Movant: Simon Second: Chang Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Sharma Recused: None</p>	<p><i>Motion Approved</i></p>

<p>10. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session Movant: Zoglin Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Recessed to Closed Session at 6:48 PM</p>
<p>11. AGENDA ITEM 16: CLOSED SESSION REPORT OUT</p>	<p>During the closed session, the Quality Committee approved the Board recommendation of the Credentialing and Privileges Report for approval by the El Camino Hospital Board of Directors, by a unanimous vote of all members present.</p>	
<p>12. AGENDA ITEM 17: COMMITTEE ANNOUNCEMENTS</p>	<p>Mr. Chang raised a question regarding the stated purpose of the Quality Committee. Discussion on the topic ensued and raised points that the committee showed interest in exploring.</p>	<p>Actions: <i>The committee would like to evaluate the stated purpose and compare it with the committee charter at the March meeting.</i></p>
<p>13. AGENDA ITEM 18: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:19 p.m. Movant: Simon Second: Po Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Adjourned at 7:19 PM.</p>

Attest as to the approval of the foregoing minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:



 Gabriel Fernandez, Governance Services Coordinator

Prepared by: Gabriel Fernandez, Governance Services Coordinator
 Reviewed by: Tracy Fowler, Director of Governance Services