



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

Tuesday, September 8, 2020

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

Members Present

Julie Kliger, Chair**

George O. Ting, MD, Vice Chair**

Alyson Falwell**

Melora Simon**

Krutica Sharma, MD**

Jack Po, MD**

Michael Kan, MD

Apurva Marfatia, MD

Members Absent

Terrigal Burn, MD

****via teleconference**

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	<p>The open session meeting of the Quality, Patient Care and Patient Experience Committee of El Camino Hospital (the “Committee”) was called to order at 5:33pm by Chair Kliger. A verbal roll call was taken. Terrigal Burn, MD was absent. All other members were present. Michael Kan, MD and Apurva Marfatia, MD were on site and the other committee members participated telephonically. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.</p>	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	<p>Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
3. CONSENT CALENDAR	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar.</p> <p>Chair Kliger pulled the ED Patient Satisfaction for discussion. She questioned why there was a drop in Likelihood to Recommend (LTR) during February and December. Cheryl Reinking, CNO, explained that when the pandemic began in February the hospital had to restrict patients’ family members from staying with them in the emergency room which most likely contributed to the drop in score. She also explained that December is typically one of the busiest times of the year, and patients do experience longer wait times. It is normal that there is a reduction in the patient experiences scores during this time.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (06/01/2020) and Minutes of the Open Session of the Quality Committee Meeting (08/03/2020); For information: FY20 Quality Dashboard, Progress Against FY21 Committee Goals, Hospital Update, Pacing Plan, Report on Board Actions, ED Patient Satisfaction, and Quality Committee Follow up Tracking.</p> <p>Movant: Po Second: Sharma Ayes: Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Burn Recused: None</p>	<p><i>Consent Calendar approved</i></p>

<p>4. PATIENT STORY</p>	<p>Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that the hospital received an anonymous letter from Press Ganey from a patient’s experience at the Cancer Center. This patient felt unsafe and did not believe the staff was following COVID-19 protocols. Management has taken action to make changes in the Cancer Center to include designing the waiting areas to now be marked six (6) feet apart and patients will now have to wait in their cars until they are called in. In addition, training was done with the staff to ensure they explain to patients how important these protocols are to their safety.</p> <p>In response to a committee member’s question, Ms. Reinking stated that management is monitoring the new protocols as leader rounding is expected to include that area to ensure these standards are in place.</p>	
<p>5. PATIENT EXPERIENCE (PATIENT GRIEVANCES AND PATIENT LETTERS)</p>	<p>Cheryl Reinking, RN, CNO, presented Patient Experience (Grievances and Patient Letters). She explained to the committee members that “complaints” are what are considered resolved at the time of complaint and “grievances” are what is not resolved and followed up with a written letter. Grievances are auditable and will need to show documentation of resolutions. Ms. Reinking stated there was a downward trend in grievances over the last year, and by classification, clinical care is at #1 with over 70%. Reasons vary such as medication issues, billing issues, etc. Management has taken initiative to make some improvements in lowering these scores to include implementing a new tool last month (RL Solutions) to track and trend data over time.</p> <p>In regards to patient letters, Ms. Reinking stated that the hospital averages about 40 letters per month with 92% being positive and 3% being negative. During COVID, it increased to about 100 per month, but mainly to show gratitude to healthcare workers.</p> <p>In response to committee members’ questions, in regards to billing issues that affected the patient experience score, Ms. Reinking explained that patients may have received bills for tests that the patients don’t remember having or didn’t expect to have. In addition, Ms. Reinking stated that hospital uses discharges for the calculations for the percentage in emergency department grievances. However, Dr. Ting stated those calculations could be a problem for inpatients and suggested it could be beneficial to calculate in other ways. Ms. Reinking agreed. Ms. Reinking also stated that SVMD does their own complaint management and are not included in these numbers, but outpatient facilities are included.</p> <p>Dr. Sharma suggested adding any metrics for average time for response and trends in grievances.</p>	
<p>6. PROGRESS ON QUALITY AND SAFETY PLAN</p>	<p>Mark Adams, MD, CMO, presented the Progress on Quality and Safety Plan. He emphasized that the plan starts with governance leadership and management. It starts with the governing body to ensure all leaders understand the plan using the STEEEP construct. He stated that the metrics are what the committee sees in the enterprise quality dashboard every month, and the outcomes are the goals/metrics. The enterprise quality council has been brought together where all the work and quality plan gets put into place and ultimately ends up at the board. Dr. Adams stated that management huddles have been completely redesigned with safety as the number one topic. Another continued goal is readmissions. Management has set a three year goal for the readmission index target to be .90. Dr. Adams also stated that management will also be bringing medical staff and physicians to the forefront of quality improvement as each enterprise chair has been tasked to commit to quality improvement programs for their department.</p>	

	<p>In response to a committee member's questions, Dr. Adams stated that these goals are enterprise wide. He also stated that most of the employee that have contracted COVID-19 have been infected in the community and not in the healthcare settings.</p> <p>Dr. Ting commented that he was really impressed with the report. He expressed an interest in seeing what is found in readmissions rates instead of the process of how the rate was found.</p>	
7. QUALITY COMMITTEE SELF-ASSESSMENT REVIEW	Chair Kliger presented to the committee the results of the Quality Committee Self-Assessment. She stated that eight members took the survey and is still available to those who have not taken the survey. She felt that some of the opportunities that have come forward were the request for relevant context and background so that the committee members will have a deeper understanding of the data. She stated that it is expected that every member reads the materials and for executives not to reiterate the materials already presented	
8. PUBLIC COMMUNICATION	There was no public communication.	
9. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:45pm.</p> <p>Movant: Ting</p> <p>Second: Kan</p> <p>Ayes: Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Burn</p> <p>Recused: None</p>	<i>Adjourned to closed session at 6:45pm</i>
10. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:31pm. Agenda items 10-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (06/03/2020), Minutes of the Closed Session of the Quality Committee (08/08/2020), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
11. AGENDA ITEM 17: CLOSING WRAP UP	There were no closing comments.	
12. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:32pm.</p> <p>Movant: Simon</p> <p>Second: Falwell</p> <p>Ayes: Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Burn</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:32pm</i>

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

DocuSigned by:

Julie Kliger

Julie Kliger, MPA, BCN
Chair, Quality Committee

Prepared by: Yurike Arifin