

**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, August 2, 2021
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040**

Members Present

George O. Ting, MD Vice Chair
Carol Somersille, MD
Jack Po, MD
Alyson Falwell
Krutica Sharma, MD
Melora Simon
Apurva Marfatia, MD
Michael Kan, MD

Members Absent

Terrigal Burn, MD
Julie Kliger Chair

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 Hospital (the “Committee”) was called to order at 5:30pm by Vice Chair Ting. A verbal roll call was taken. Dr. Burn and Dr. Kan were not present during roll call. All other members were present at roll call and participated telephonically. A quorum was present pursuant to State of California Executive Orders n-25 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Ting asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. CONSENT CALENDAR	<p>Vice Chair Ting asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar, (a) Minutes of the Open Session of the Quality, Patient Care and Patient Experience Committee Meeting (06/07/2021). For Information (b) FY21 Enterprise Quality Dashboard; (c) Report on Board Actions; (d) Quality Committee Follow-Up Tracking</p> <p>Movant: Dr. Sharma Second: Falwell Ayes: Ting, Somersille, Po, Falwell, Sharma, Simon, Marfatia, Kan Noes: None Abstain: None Absent: Burn, Kliger Recused: None</p>	Consent Calendar approved
4. CHAIR’S REPORT	Vice Chair Ting reported on the Chair’s Report. The District Board had their elections, Julia Miller is the Chair, Peter Fung is the Vice Chair and Carol Somersille is the Secretary.	
4.a PACING REPORT	Acting Chair Ting suggested topics that might be added in the future. Topic 1: Health Care Equity; Topic 2: Are we discussing metrics adequately; Topic 3: Are we hearing adequately from the patient side; Topic 4: Do we understand the Likelihood To Recommend (LTR); and Topic 5: Are we making the adaptation of going from a hospital quality	

	committee to a systems quality committee. This will be discussed further and topics will be included in future meetings.	
5. PATIENT STORY	Dr. Mark Adams presented a patient's story from an El Camino Hospital patient. The patient was complimentary of the care she received. However, the television was a problem, everything else was great including service, food, doctors, nurses, etc. Since this was not the only complaint we received in relations to the television, we are looking at how to make this more user friendly for the patients.	
6. ECHMN QUALITY REPORT	Ute discussed the 8 HealthCare Outcome Metrics for Quality Performance Improvement. The descriptions of the measures come straight from MIPS. We are required to document information on the percentage of visits for patient's age 18 years and older. The doctor has to attest that he has reviewed the current medication(s), all known prescriptions, over-the-counter, herbals and vitamin/mineral/dietary supplements and the medications' name, dosage, frequency and route of administration. The FY 21 CMS benchmark is 89.1%. We are in the 5 th decile and working on achieving top decile. We are looking at things we need to do to improve scores. We are looking at what other hospitals are doing and we have implemented a hard stop in EPIC, where the clinical staff must address the issue during charting, the chart cannot be closed without reviewing medications.	
7. QUARTERLY BOARD QUALITY DASHBOARD REPORT	Dr. Mark Adams presented the Quarterly Dash Board. The Q4 mortality index has been declining, although, we ended the fiscal year in the red. For the month of June, the number was 0.76. In Q3 we discussed some of the drivers and, many were Sepsis related. In June, 59% of all the deaths in the hospital were from Sepsis. We are still seeing people come into the hospital with the end stage of Sepsis. This has been challenging, but nice to see that the numbers are coming down. In terms of mortality it's running approx. 1.5% to 2% across the board. We should end the year at approximately 1.08%. We still have some C-diff cases, at year end we anticipate 19 cases. The Clabsi for year end came over in the red. We have not hit the throughput targets, mainly due to Covid testing. Because we have been more cautious, we have not seen many Covid cases in our ED. Covid cases have gone down, we have returned to full ED visits, more than pre-pandemic numbers. Many doctors and nurses were furloughed, now with return of patients to ED, we need to ramp up quickly (hiring doctors, nurses, increase staff, etc.). The readmission rates have gone down with Covid cases decreasing. Covid patients have up to 7 times the rate of readmission. We are slightly below our target for SEP-1. We are redoing some of our order-sets to improve. Patient experience, we are slightly below our targets and we plan to continue to monitor this into FY22. We are doing a lot of work to meet the high targets/high bar we set for ourselves.	
8. PUBLIC COMMUNICATION	There was no public communication.	
9. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at <u>6:54pm</u>.</p> <p>Movant: Dr. Kan</p> <p>Second: Dr. Somersille</p> <p>Ayes: Ting, Somersille, Po, Farwell, Sharma, Simon, Marfatia, Kan</p> <p>Noes: None</p> <p>Abstain: None</p> <p>Absent: Burn, Kliger</p> <p>Recused: None</p>	<i>Adjourned to closed session at 6:54pm</i>

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

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Julie Kliger, MPA, BSN

Chair, Quality, Patient Care and Patient Experience Committee

Prepared by: Audrey Davis-Sehon, Executive Assistant, Administrative Services