El Camino Health

AGENDA
QUALITY, PATIENT CARE AND PATIENT EXPERIENCE COMMITTEE
OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Monday, April 4, 2022 – 5:30 pm
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), El CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 941 7747 9225#. No participant code. Just press #.

PURPOSE: To advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, and to ensure delivery of effective, evidence-based care for all patients. The Quality Committee helps to assure that excellent patient care and exceptional patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	Julie Kliger, Quality Committee Chair		**5:30 – 5:32pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Julie Kliger, Quality Committee Chair		**information 5:32 – 5:33**
3.	**CONSENT CALENDAR ITEMS** *Any Committee Member or member of the public may pull an item for discussion before a motion is made.*	Julie Kliger, Quality Committee Chair	*public comment*	**motion required 5:33 – 5:43**
	Approval a. Minutes of the Open Session of the Quality Committee Meeting (03/07/2022) ***Information*** b. Report on Board Actions c. FY 22 Pacing Plan d. FY 22 Enterprise Quality Dashboard e. Value Based Purchasing Report f. QC Follow-Up Items			
4.	**CHAIR'S REPORT**	Julie Kliger, Quality Committee Chair		**information 5:43 – 5:48**
5.	**QUALITY COMMITTEE MEMBER ADDITION**	Julie Kliger, Quality Committee Chair		**discussion 5:48 – 5:53**
6.	**PATIENT STORY**	Cheryl Reinking, DNP, RN NEA-BC, Chief Nursing Officer		**discussion 5:53 – 6:03**
7.	**PROPOSED FY23 COMMITTEE MEETING DATES**	Shiraz Ali, Director, Office of the CEO		**discussion 6:03 – 6:13**
8.	**PROPOSED FY23 COMMITTEE GOALS**	Holly Beeman, MD, MBA, Chief Quality Officer	*public comment*	**possible motion 6:13 - 6:23**
9.	**PROPOSED FY23 ORGANIZATIONAL GOALS**	Holly Beeman, MD, MBA, Chief Quality Officer		**discussion 6:23 - 6:38**

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7609 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. **PUBLIC COMMUNICATION**	Julie Kliger, Quality Committee Chair		**information 6:38 - 6:41**
11. **ADJOURN TO CLOSED SESSION**	Julie Kliger, Quality Committee Chair	*public comment*	**motion required 6:41 – 6:42**
12. **POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Julie Kliger, Quality Committee Chair		**information 6:42 - 6:43**
13. **CONSENT CALENDAR** *Any Committee Member may pull an item for discussion before a motion is made.* **Approval** *Gov't Code Section 54957.2.* a. Minutes of the Closed Session of the Quality Committee Meeting (03/07/2022) b. Quality Council Minutes (03/02/2022)	Julie Kliger, Quality Committee Chair		**motion required 6:43– 6:44**
14. *Gov't Code Section 54957(b)* **CHAIR'S REPORT**	Julie Kliger, Quality Committee Chair		**information 6:44 – 6:49**
15. *Health and Safety Code Section 32155* **CREDENTIALING AND PRIVILEGES PROCESS**	Julie Kliger, Quality Committee Chair		**discussion 6:49 – 6:59**
16. *Health and Safety Code Section 32155* **CREDENTIALING AND PRIVILEGES REPORT**	Mark Adams, MD, Chief Medical Officer		**motion required 6:59 - 7:09**
17. *Health and Safety Code Section 32155* **SERIOUS SAFETY/RED ALERT EVENT**	Holly Beeman, MD, MBA, Chief Quality Officer		**discussion 7:09 – 7:24**
18. **ADJOURN TO OPEN SESSION**	Julie Kliger, Quality Committee Chair		**motion required 7:24 - 7:25**
19. **RECONVENE OPEN SESSION/ REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Julie Kliger, Quality Committee Chair		**information 7:25– 7:26**
20. **CLOSING WRAP UP**	Julie Kliger, Quality Committee Chair		**discussion 7:26 – 7:29**
21. **ADJOURNMENT**	Julie Kliger, Quality Committee Chair	*public comment*	**motion required 7:29– 7:30 pm**

Next Meeting: May 2, 2022, June 6, 2022

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, March 7, 2022
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present	**Members Absent**
Julie Kliger, MPA, BSN**,** Chair**	
Terrigal Burn, MD**	
Michael Kan, MD	
Apurva Marfatia, MD	
Jack Po, MD**	
Krutica Sharma, MD**	**via teleconference
Carol Somersille, MD	
George O. Ting, MD**	
Alyson Falwell	
Melora Simon	

	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 5:30 pm by Chair Julie Kliger. A verbal roll call was taken. Dr. Burn and Dr. Po were not present during roll call. Dr. Burn joined at 5:32 pm and Dr. Po joined at 6:01 pm. All other members were present at roll call and participated in-person or 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.	
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Chair Kliger 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**	Chair Kliger pulled item 3a Minutes of the Open Session of the Quality Committee Meeting (02/07/2022) and item 3d FY22 Enterprise Quality Dashboard.

Chair Kliger identified an error where it listed Chair Miller instead of the correct name Chair Kliger. The issue was corrected before the meeting.

Chair Kliger presented a question from a committee member asking why there were some indicators on the dashboard that only had data thru November.

Dr. Beeman responded that the Patient Safety Committee is behind and is currently catching up.

Dr. Somersille addressed item 3a Minutes of the Open Session of the Quality Committee Meeting (02/07/2022), specifically Agenda item 6, requesting that more detail is included around discussions that occur versus stating a discussion has ensued. | *Consent Calendar approved* |

	Dr. Somersille addressed item 3d FY22 Enterprise Quality Dashboard, specifically around the Mortality Index. She requested more information on the change in the mortality index which now excludes psychiatry, hospice, and rehab units. Dr. Adams stated this change occurred in 2019. Dr. Beeman followed up stating that she will be doing a deep dive into the mortality index during the open session and will address it then. **Motion**: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (02/07/2022); For information: (b) Report on Board Actions, (c) FY 22 Pacing Plan, (d) FY 22 Enterprise Quality Dashboard (e) QC Follow-Up items **Movant**: Falwell **Second**: Somersille **Ayes**: Kliger, Burn, Kan, Marfatia, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None **Abstain**: None **Absent**: Po **Recused**: None	
4. CHAIR'S REPORT	Chair Kliger shared that Dan Woods, CEO would be providing a brief update to the Quality Committee around the Strategy Planning Process that has been underway. Dan Woods, CEO shared that El Camino Health has engaged McKinsey Consulting to assist with this process. We have identified 3 strategic themes - ACE. These are tentative as they go to the Board this week. 1. Alignment of Physicians 2. Clinical Leadership – Spotlight four services lines. Those service lines are Cancer, Ortho/Spine, Women's Health, and HVI. Additionally, focusing on Mental Health Addiction Services to support the community. 3. Emerging Service Lines – Explore Neurosciences and expand our reach. Having access to El Camino services closer to where patients live. Dan Woods shared that Newsweek announced the world rating of Healthcare agencies across the world and El Camino Health ranked 96th in the entire United States and we are the number #1 Community Hospital in the Bay Area.	
5. PATIENT STORY	Cheryl Reinking, CNO presented a patient story regarding positive feedback received through the Healthgrades portal. This letter was brought to our attention because one of the managers from Oncology read this letter at Enterprise Huddle. This letter is about one of the providers in SVMD, Dr. Dormady who made quite an impression on this patient. The patient expressed that Dr. Dormady made him feel like he was not just a patient, but a real person. He made sure the patient understood all his treatment options and treated him like a human with dignity and	

		respect. The patient left pleased and highly recommends Dr. Dormady.	
		Dr. Ting expressed praise for Dr. Dormady and suggested that a session could be held where doctors like Dr. Dormady can discuss the soft side of medicine. A consensus occurred within the committee around further education and stronger communication with patients to ensure a positive experience. This topic has been noted for a follow-up.	
6.	**PATIENT & FAMILY VOICES IN QUALITY COMMITTEE MEETINGS**	Dr. Holly Beeman, CQO opened the floor for discussion and read a quote about the importance of having the voice of the patient as part of the quality and safety activities of the organization.	
		Dr. Burn expressed that he would strongly support the idea. Chair Kliger confirmed Dr. Burn's support of having patients on the Committee. Chair Kliger clarified to the Committee that the intent of this is to bring forward the voice of those receiving care.	
		Dr. Adams, Cheryl, and Chair Kliger shared experiences around having patients on the Committee.	
		Ms. Falwell supports this and would like more clarity on how we will leverage the Patient or Family that will join. Advised to set clear expectations for both the Committee and the Patient.	
		Ms. Simon expressed support and echoed the statement of Ms. Falwell. Ms. Simon also expressed that this hasn't worked in the past for this Committee.	
		Dr. Ting echoed Ms. Simon's comment regarding the prior experience of the Patient attending not working. The effectiveness of a Patient attending is in the selection of the person. Dr. Ting expressed that the best use of patient feedback is in focus groups.	
		The next step is for Dr. Burn, Cheryl, and Dr. Beeman to explore other models of this process.	
7.	**ENTERPRISE QUALITY TARGETS**	Dr. Holly Beeman, CQO presented on Enterprise Quality Targets. She reviewed the Readmission Index and the Mortality Index. Specific data is available in the packet.	
		Dr. Ting and Dr. Somersille requested for the Readmission Index that the data provided be broken down into more detail and to help interpret the chart on the right of the Enterprise Dashboard and have confidence limits included.	
		Dr. Beeman reassured the Committee that we have an extensive amount of data and is happy to present additional information.	
		Chair Kliger recommended having this additional information available in an appendix form for the Committee.	
8.	**PUBLIC COMMUNICATION**	There were no comments from the public.	

9. ADJOURN TO CLOSED SESSION	**Motion**: To adjourn to closed session at <u>6:51 pm</u>. **Movant**: Somersille **Second**: Kan **Ayes**: Kliger, Burn, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None **Abstain**: None **Absent**: None **Recused**: None	*Adjourned to closed session at 6:51 pm*
10. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at 7:19 pm. Agenda items 10-16 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (02/07/2022), the Quality Council Minutes (02/02/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members.	
11. AGENDA ITEM 17: CLOSING WRAP UP	No additional comments	
12. AGENDA ITEM 18: ADJOURNMENT	**Motion**: To adjourn at 7:20 pm **Movant**: Kan **Second**: Simon **Ayes**: Kliger, Burn, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None **Abstain**: None **Absent**: None **Recused**: None	*Adjourned at 7:20 pm*

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Julie Kliger, MPA, BSN
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO**

To: Quality Committee
From: Stephanie Iljin, Manager of Administration
Date: April 4, 2022
Subject: Report on Board Actions

Purpose: To keep the Committee informed regarding actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1.   Situation: It is essential to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive; still, it includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

2.   Authority: This is being brought to the Committees at the request of the Board and the Committees.

3.   Background: Since the last time we provided this report to the Quality Committee, the Hospital and District Boards have met once. In addition, since the Board has delegated specific authority to the Executive Compensation Committee, the Compliance and Audit Committee, and the Finance Committee, those approvals are also noted in this report.

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECH Board	March 9, 2022	- Approval of Enterprise Strategy - Credentialing and Privileges Report - Medical Staff Report - Plans, Policies, and Scope of Services
ECHD Board	January 25, 2022	- FY22 El Camino Hospital Board Member Election Ad Hoc Committee Recommendation
	March 15, 2022	- Approval of Enterprise Strategy
Executive Compensation Committee	March 3, 2022	- Proposed FY22 Individuals Goals of Chief Quality Officer
Compliance Committee	January 27, 2022	- Summary Physician Financial Arrangements
Finance Committee	N/A	

List of Attachments: None.

Suggested Committee Discussion Questions: None.

Revised 11/18/2021

FY2022 Q1		
JULY 2021	**AUGUST 2, 2021**	**SEPTEMBER 7, 2021**
No Committee Meeting **Routine (Always) Consent Calendar Items:** ▪ **Approval of Minutes** ▪ **FY 22 Quality Dashboard** ▪ **Progress Against FY 2021 Committee Goals (Quarterly)** ▪ **FY22 Pacing Plan (Quarterly)** ▪ **Med Staff Quality Council Minutes (Closed Session)** ▪ **Hospital Update** **Additional Agenda Items:** 1. Health Care Equity 2. ~~Culture of Safety~~ (Oct 4) 3. Patient Perspective 4. Likely to Recommend 5. ~~Sepsis Mortality Goal/Target~~ (Dec 6) 6. Quality Metric Trends 7. OPPE 8. Systemness 9. Nurse Sensitive Indicators	Standing Agenda Items: 1. Report on Board Actions 2. Consent Calendar (PSI Report) 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda Items 7. Q4 FY21 Quarterly Quality and Safety Review 8. Quarterly Board Dashboard Review 9. EL Camino Health Medical Network Report	Standing Agenda Items: 1. Board Actions 2. Consent Calendar (ED Patient Satisfaction) 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report QC Follow-Up Items Special Agenda items: 6. Annual Patient Safety Report 7. Pt. Experience (HCAHPS)
FY2022 Q2		
OCTOBER 4, 2021	**NOVEMBER 1, 2021**	**DECEMBER 6, 2021**
Standing Agenda Items: 1. Board Actions 2. Consent Calendar 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda Items: 7. FY 21 & FY 22 Quality Dashboard Results 8. Culture of Safety Survey Results	Standing Agenda Items: 1. Board Actions 2. Consent Calendar (CDI Dashboard, Core Measures) 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda Items: 7. Safety Report for the Environment of Care 8. Q1 FY22 Quarterly Quality and Safety Review 9. FY 22 Quarterly Board Dashboard Review 10. EL Camino Health Medical Network Report 11. Medical Staff Office Audit Report	Standing Agenda Items: 1. Board Actions 2. Consent Calendar 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda items: 7. Readmission Dashboard 8. PSI Report 9. Report on Medical Staff Peer Review Process 10. Sepsis Mortality Goal/Target Discussion

Created April 26, 2021

QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE
FY22 Pacing Plan

FY2022 Q3		
JANUARY 2022	**FEBRUARY 7, 2022**	**MARCH 7, 2022**
No Committee Meeting	Standing Agenda Items: 1. Board Actions 2. Consent Calendar 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda Items: 7. Q2 FY22 Quality and Safety Review 8. EL Camino Health Medical Network Report 9. Quarterly Board Quality Dashboard Review	Standing Agenda Items: 1. Board Actions 2. Consent Calendar 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up items Special Agenda Items: 7. ~~Proposed FY23 Committee Goals~~

FY2022 Q4		
APRIL 4, 2022	**MAY 2, 2022**	**JUNE 6, 2022**
Standing Agenda Items: 1. Board Actions 2. Consent Calendar 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up items Special Agenda Items: 7. Value Based Purchasing Report 8. ~~Pt. Experience (HCAHPS)~~ 9. Approve FY23 Committee Goals 10. Proposed FY23 Committee Meeting Dates 11. Proposed FY23 Organizational Goals	Standing Agenda Items: 1. Board Actions 2. Consent Calendar(CDI Dashboard, Core Measures) 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow Up Items Special Agenda Items: 7. Proposed FY23 Pacing Plan 8. Q3 FY22 Quality and Safety Review 9. Proposed FY23 Organizational Goals 10. EL Camino Health Medical Network Report 11. Quarterly Board Quality Dashboard Report	Standing Agenda Items: 1. Board Actions 2. Consent Calendar (Leapfrog) 3. Patient Story 4. Serious Safety/Red Alert Event as needed 5. Credentials and Privileges Report 6. QC Follow-Up Items Special Agenda Items: 7. Readmission Dashboard 8. PSI Report 9. Approve FY23 Pacing Plan 10. Medical Staff Credentialing Process 11. Progress on Quality and Safety Plan 12. Finalize FY23 Organizational Goals 13. Approve Quality Assessment and Performance Improvement Plan (QAPI)

![El Camino Health]

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EL CAMINO HOSPITAL
COMMITTEE MEETING COVER MEMO

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To: Quality Committee of the Board
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: April 4, 2022
Subject: FY22 Enterprise Quality, Safety, and Experience Dashboard

Summary:

1.   Situation: The Enterprise Quality, Safety, and Experience dashboard illustrates, tracks, and communicates a key set of metrics to align the quality, safety, and experience improvement work. These key metrics are based on a careful review of the organizational incentive goals, strategic goals, and areas of concern based on standardized benchmarks.
      A.   Provide the Committee with a snapshot of the FY 2022 metrics monthly with trends over time and compared to the actual results from FY2021 and the FY 2022 goals.
      B.   Annotation is provided to explain each metric.

2.   Authority: The Quality Committee of the Board is responsible for the quality and safety of care provided to ECH patients. This dashboard provides oversight on key quality metrics.

3.   Background: At the beginning of each fiscal year, an assessment is completed to identify specific areas for quality/performance improvement. A subset of these areas are then prioritized and designated as leading indicators to be tracked universally throughout the organization so that all clinicians—physicians included—and support staff are aligned in the improvement activities. Measures that demonstrate sustained improvement are removed (but still tracked) and others added. This Committee selected these twelve (12) metrics for monthly review as they reflect the Hospital's FY 2022 Quality, Efficiency and Service Goals.

4.   Assessment:
      a.   The **readmission index** increased from 0.92 to 0.97. (108 readmission in January, 101 readmissions in December). Of the 108 index visits resulting in a readmission; 31 (29%) were COVID-19 patients (an 82% increase from December 2021). The top 5 conditions include: Respiratory Infection (11, 12%), Heart Failure (7, 8%), Alcohol/Drug Dependence (6, 7%), and Pneumonia (4, 4%).
      b.   There were 2 **Serious Safety Events** for December 2021: 1- SSI, 1-fall with fracture. We are currently below target (good) for the year. Awaiting Jan results from Risk Management.
      c.   29 **precursor medication safety events** were identified for December 2021. These errors reached the patient but did not cause significant harm. Top 3 causes are; incorrect time (9), omitted medication (8), and, incorrect dose (7).
      d.   **Mortality Index** for February was 0 .88 with 39 deaths. The most common causes are Sepsis (14) and COVID (n=12).
      e.   **HCAHPS Likelihood to Recommend for inpatient units** is 86.8 in February, an increase compared to performance of 76.2. in January.
      f.   **ED Likelihood to Recommend** was lower in February at 75.8 compared to January (79.1). This is likely due to the surge in ED volumes, and decreased bed capacity resulting in many patients having prolonged boarding times in the ED awaiting a staffed bed in the appropriate level of care. There is an increased focus on nurse leader rounding, a key driver to Likelihood to Recommend. We continue to focus on patient flow, intercampus transfers and early discharges (to avoid boarding in the ED).

       g.   **ECHMN MD Likelihood to Recommend** remains below target. Our patient experience leadership team is establishing key improvement plans in low scoring clinics, primarily our primary care physicians.

       h.   Again, in February, as in January, there have been no **surgical site infections**.

       i.   **Sepsis mortality index** for February did not meet target. FYTD performance continues to exceed target. FYTD, 27 (20%) of the 134 sepsis deaths are patients w/COVID-19.

       j.   With one elective induction in LG for December, with a small N, the elective delivery rate increased to 3.4% for December. FYTD we are not meeting the target of 1.3% for FY22.

       k.   **Patient Throughput** minutes are decreasing, gradually. The ED wait times track in parallel with COVID surge volumes and acuity.

List of Attachments: FY 2022 Enterprise Quality, Safety, and Experience Dashboard, April 2022 month to Board Quality Committee.

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard
February 2022 (unless otherwise specified)

		FY22 Performance		Baseline FY21 Actual	FY 22 Target	Trend *(showing at least the last 24 months of available data)*	Rolling 12 Month Average
		Latest month	FYTD				
1	***Organizational Goal** **Readmission Index (All Patient All Cause Readmit)** *Observed/ Expected* *Premier Standard Risk Calculation Mode* ***Latest data month: January 2022**	0.97 (8.33%/8.56%)	1.00 (8.47%/8.47%)	0.93	0.92		
2	***Organizational Goal** **Serious Safety Event Rate (SSER)** # of events/ FYTD rolling 12 month per 10,000 Acute Adjusted Patient Days *Rate* ***Latest data month: December 2021*	2	2.59 (47/181598)	3.13 (Dec 2019 - Jun 2021)	2.97		
3	**Actual # of Medication Precursor Safety Events (MPSE) per month/** FYTD rolling 12 month average ***Latest data month: December 2021**	29	22.8/ mo (12 month rolling average)	320 (25/month) (April 2020 to April 2021)	304 (23/month) (5% reduction from baseline)		
4	*** Strategic Goal** **Mortality Index** *Observed/Expected* *Premier Standard Risk Calculation Mode* Latest data month: February 2022	0.88 (1.99%/2.27%)	0.89 (1.83%/2.05%)	0.86	0.90		

Definitions and Additional Information

	Measure Name	Comments	Definition Owner	Definition	Source
1	1. **Readmission Index - All Patient All Cause Readmit (Observed/Expected)**		Holly Beeman, MD	Using Premier All-Cause Hospital-Wide 30 Day Readmission Methodology v.4.0. (Patients with an unplanned readmission for any cause to ECH acute inpatient within 30 days of discharge, CareScience Risk Adjusted). *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*　*As*	**Premier Quality Advisor**
2	**2. Serious Safety Event Rate (SSER)**		Sheetal Shah	Definition of serious safety event is an event where there was a deviation from generally accepted performance standard that resulted in moderate to severe harm or death to a patient. Inclusion is events determined to be serious safety events per Safety Event Classification team *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**HPI Systems**
3	**3. Actual # of Medication Precursor Safety Events per month**		Deep Mattapally	All medication events classified as precursor safety events by Safety Event Classification Team EPSI report used for Patient days and # of events provided by Deep M. **Target data reccvd from S. Shah 8/12/21 via email - 5% reduction from baseline**	iSafe Reports / EPSI Report / Safety Event Classification
4	**4. Mortality Index (Observed/Expected)**		Holly Beeman, MD	Updated 7/1/19 (JC)- Selection Criteria revised: new criteria include cases with Patient Type=Inpatient and exclude cases with Patient Type=Rehab, Psych & Hospice. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	Premier Quality Advisor

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard
February 2022 (unless otherwise specified)

		FY22 Performance		Baseline FY21 Actual	FY 22 Target	Trend *(showing at least the last 24 months of available data)*	Rolling 12 Month Average
		Latest month	FYTD				
5	*Organizational Goal **IP Units** - HCAHPS Likelihood to Recommend - *exec MBU*, Top Box Rating of 'Yes, Definitely Likely to Recommend' %, Adjusted *Latest data month: February 2022*	86.8	81.1	79.6 (n=1983)	79.7		
6	**ED** Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Adjusted *Latest data month: February 2022*	75.8	75.3	76.1 (2347)	76.5		
7	* Organizational Goal **ECH MD** : Likelihood to Recommend Care Provider (SVMD only) Top Box Rating of 'Yes, Definitely Likely to Recommend ' %, Adjusted *Latest data month: February 2022*	75.2	74.9	76.0 (n=15,330)	77.4		
8	**Surgical Site Infections (SSI)- Enterprise** SSI Rate = Number of SSI / Total surgical procedures x 100 *Latest data month: February 2022*	0.00 (0/300)	0.29 (13/4488)	0.30 (21/7016)	SIR Goal: <=1.0 CDC NHSN Risk Adjusted Ratio (not an infection rate)		

	Measure Name	Comments	Definition Owner	Definition	Source
5	**5. Inpatient Units - HCAHPS Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' % , Adjusted**		Christine Cunningham	IP Units only, Excludes MCU. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Data run criteria, 'Top Box, Received Date, and Adjusted' **New FY22 Target recvd 10/18/21. Criteria changed to Adjusted score for Board reports/ external reports** *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**Press Ganey**
6	**6. ED - Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.'%, Adjusted**		Christine Cunningham	ED Likelihood to Recommend - PressGaney data (not part of HCAHPS) Data run criteria, 'Top Box, Received Date, and Adjusted' **New FY22 Target recvd 10/18/21. Criteria changed to Adjusted score for Board reports/ external reports** *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**Press Ganey**
7	**7. ECH MD/ ECHMN (El Camino Health Medical Network) - Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Adjusted**		Christine Cunningham	ECHMD – does not have HCAHPS – we use only one data point that is NPS (net promotor score), which is a likelihood to recommend care provider (SVMD only). Switching Vendor NRC to PressGaney in January 2022. Data run criteria, 'Top Box, Received Date, and Adjusted' **New FY22 Target recvd 0/18/21. Criteria changed to Adjusted score for Board reports/ external reports** *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**NRC**
8	**8. Surgical Site Infections (SSI) - Enterprise SSI Rate = Number of SSI / Total Surgical Procedures x 100**		Holly Beeman, MD/ Catherine Nalesnik	**Inclusion:** 1) Based on NHSN defined criteria 2) All surgical cases that are categorized as "clean wound class" and "clean-contaminated wound class" are considered for investigation 3) SSIs that are classified: "deep –incisional" and "organ-space" are reportable. **Exclusion:** 1) All surgical cases that have a wound class of "contaminated" and "dirty" are excluded. 2) All surgical case that are considered an infection PATOS (present at time of surgery). 3) All "superficial" SSIs are not reportable. **FY22 Target, Ent = same as last year =< 1.0 (SIR)** *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average .* *Lower Control Limit is not visible if it is less than or equal to zero .*	**CDC NHSN database - Inf. Control**

		FY22 Performance		Baseline FY21 Actual	FY 22 Target	Trend *(showing at least the last 24 months of available data)*	Rolling 12 Month Average
		Latest month	FYTD				
9	**Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)* *Latest data month: February 2022*	1.08 (16.41%/15.23%)	1.01 (12.58%/12.47%)	1.08 (12.86%/11.87%)	1.03		
10	**PC-01: Elective Delivery Prior to 39 weeks gestation** (lower is better) ***Latest data month: December 2021*	MV: 0.0% (0/17) LG: 8.3% (1/12) ENT: 3.4% (1/29)	MV: 0.7% (1/152) LG: 4.3% (2/47) ENT: 1.5% (3/199)	MV: 0.41% (1/244) LG: 1.32% (1/76) ENT: 0.63% (2/320)	1.3%		
11	**PC-02: Cesarean Birth** (lower is better) ***Latest data month: December 2021*	MV: 26.2% (45/172) LG: 25.7% (9/35) ENT: 26.1% (54/207)	MV: 26.3% 254/967) LG: 20.8% (45/216) ENT: 25.3% (299/1183)	MV: 27.58% (422/1530) LG: 20.69% (72/348) ENT: 26.30% (494/1878)	23.5%		
12	***Strategic Goal** **Patient Throughput-Median Time from Arrival to ED Departure** *(excludes psych patients, patients expired in the ED, Newborns, and transfer between sites)* *Latest data month: February 2022*	MV: 359 min LG: 280 min Ent: 320 min	MV: 317 min LG: 255 min Ent: 286 min	MV: 288 min LG: 239 min Ent: 264 min	MV: 263 min LG: 227 min Ent: 256 min		

	Measure Name	Comments	Definition Owner	Definition	Source
9	**9. Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)*		Jessica Harkey, Holly Beeman, MD	Effective 01/24/20: The original definition for Sepsis (used in this dashboard) 1) evaluated only the Principal diagnosis, & 2) excluded cases assigned the patient type of Rehabilitation or Other (Hospice). The definition has now been aligned with CMS' to 1) evaluate both principal AND secondary diagnoses, & 2) excludes: patients < 18 years, LOS => 120 days, or Transfers from Another Acute Hospital, as well as the Patient Type of Rehabilitation or Other (Hospice). This was reviewed with & approved by Jessica Harkey, Sepsis Manager and Catherine Carson Sr. Director Quality. *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**Premier Quality Advisor**
10	**10. PC-01: Elective Delivery Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed**		TJC	Numerator: Patients with elective deliveries Denominator: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed FY22 Target, Ent. = 1.3% (same as FY21) *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**IBM CareDiscovery Quality Measures**
11	**11. PC-02: Cesarean Birth Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth**		TJC	Numerator Statement: Patients with cesarean births Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation FY22 Target, Ent. = 23.5% (same as FY21) *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.* *LCL is set to '0' if value is less than or equal to zero.*	**IBM CareDiscovery Quality Measures**
12	**12. Patient Throughput-Median Time from Arrival to ED Departure** *(excludes psychiatric patients, patients expired in the ED and Newborns, excludes transfer between sites*		Cheryl Reinking, Melinda Hrynewycz	This measure definition is changed in Feb. 2020 regarding the end point. New definition is "Arrival to ED Departure", and is the same as CMS ED Measure (ED 1b) ED Arrival to ED Departure for Admitted pts. Population: Includes inpatients, outpatients, observation patients, and Hospital Outpatient Surgery Patients who arrive via the ED. It excludes psychiatric patients, patients who expired in the ED, newborns and transfer between sites FY22 Target, Ent. = 256 mins (same as FY21) Arrival: Patient Arrived in ED ED Departure: Departed ED *For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the Average.*	**iCare Report: ED Admit Measurement Summary**

El Camino Health

Enterprise Quality, Safety, and Experience Dashboard

February 2022 (unless otherwise specified)

Month to Board Quality Committee:

April, 2022

	FY22 Performance		Baseline FY21 Actual	FY 22 Target	Trend *(showing at least the last 24 months of available data)*	Rolling 12 Month Average
	Latest month	FYTD				

*** SSE, MPSE, PC-01 and PC-02 are available up to December only

** Readmission data are available up to January

Report updated: 3/22/2022; final 3/24/22

EL CAMINO HOSPITAL
COMMITTEE MEETING COVER MEMO

To: Quality Committee of the Board
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: April 4, 2022
Subject: Hospital Value-Based Purchasing (VBP) impact for Federal Fiscal Year (FFY) 2023.

Recommendation: Review report noting measure results in all four domains; Safety, Patient Experience, Clinical Care and Efficiency. Note that this is the second year in which ECH will have a positive net impact in that ECH will receive an additional $78,156 in DRG payments over FFY 2023.

Summary: Provide the Committee with a preview of estimated impact of VBP measures on ECH DRG payments effective October 1, 2022 (FFY 2023).
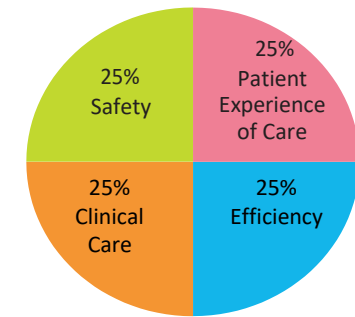
1.   Authority: The Quality Committee of the Board is responsible for the quality and safety of care provided to ECH patients.

2.   Background: Value Based Purchasing is CMS' effort to link Medicare's payment system to healthcare quality in the inpatient setting. Section 1886(o) of the Social Security Act sets forth the statutory requirements for the VBP program. The program withholds 2% of Medicare payments and uses the retained payments to fund the value-based incentive payments to hospitals based on their performance in the program. Due to the COVID-19 pandemic, CMS suppressed several measures ("N/S") because there are not enough data to accurately measure this domain.

3.   Assessment:

   A.   The estimated net impact of VBP for FFY 2023 is a bonus of $78,156 for ECH. This compares to a gain of $375,012 for FFY2022 and a loss of $195,983 for FFY2021.
   B.   Safety Domain performance was positive for all four measures.
   C.   Clinical Outcomes were positive for all 5 measures and significantly improved from ECH performance in FFY 2022.
   D.   Person/Community Engagement domain was overall above threshold. In FFY 2022 ECH was above threshold in 6 of 8 categories (75%), earning an overall domain score of 34. This year ECH is above threshold in only 2 of 8 categories (25%) a ↓ 66%. While the hospital's overall rating remains above threshold, it has ↓ 3.8% from 79% to 76%

List of Attachments: Hospital Valued-Based Purchasing: El Camino Hospital FFY 20223 (effective 10/1/2022)

Hospital Value-Based Purchasing: El Camino Hospital
FFY 2023 (effective 10/1/2022)

Base Operating DRG Payments	Withhold Amount/ % of revenue -2.00%	Bonus Amount	Net Impact / 0.36%	Estimated Total Score
$90,353,243	$1,807,065	$ 1,885,220	$78,156	32.5%

Pie chart:
- 25% Safety
- 25% Patient Experience of Care
- 25% Clinical Care
- 25% Efficiency

Safety (25% of Total Score) Domain Score = 38

Baseline period		Performance period	
HAI: CY 2019		HAI: CY 2021	
Description	Threshold	Performance/ Points	Benchmark
Catheter-Associated Urinary Tract Infection	67.6%	55.5%/5	0.000
Central Line-Associated Blood Stream Infection	65%	35.4%/5	0.000
Clostridium difficile Infection	52%	38.1%/3	1%
Methicillin-Resistant *Staphylococcus aureus* Bacteremia : HO LabID	72.6%	63.6%/2	0.000
Surgical Site Infection Composite	N/A	0.669/2	N/A

Infections are SIRs. Lower is better for all measures.
*Threshold values will be modified when re-baseline data is released.

Clinical Outcomes (25% of Total Score) Domain Score = 72

Baseline period			Performance period	
Mort (AMI/HF/COPD/CABG) - 7/2012-6/2015			7/1/2018-6/30/2021*	
THA/TKA Complications – 4/1/2013–3/31/2016			4/1/2018–3/3/2021*	
Measure ID	Description - Mortality Rate	Threshold %	Performance /Points	Benchmark
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-day mortality rate	13.3%	10.7%/10	11.5%
MORT-30-HF	Heart Failure (HF) 30-day mortality rate	11.8%	7.8%/10	9.3%
MORT-30-COPD	COPD 30-day mortality rate	8.0%	7.2%/5	6.4%
THA/TKA	Primary THA/TKA complication rate	2.7%	2.6%/2	2.0%
MORT-30-CABG	CABG 30-day mortality rate	3.1%	2.1%/9	2.0%

Person/Community Engagement (25% of Total Score) Domain Score = 20

Baseline period		Performance period	
CY 2019		CY 2021	
Description	Performance (%)/ Points	Threshold (%)	Benchmark (%)
Communication with Nurses	76%/0	79.42	87.71
Communication with Doctors	82%/3	79.83	87.97
Responsiveness of Hospital Staff	64%/0	65.52	81.22
Communication about Medicines	57%/0	63.11	74.05
Hospital Cleanliness and Quietness	65%/0	65.63	79.64
Discharge Information	85%/0	87.23	92.21
Care Transitions	52%/1	51.84	63.57
Overall Rating of Hospital	76%/2	71.66	85.39

Higher is better for all scores

Efficiency (25% of Total Score) Domain Score = 0.0

Baseline period		Performance period		
CY 2018		CY 2020		
Measure ID	Description	Threshold	Performance/ Points	Benchmark
MSPB-1	Medicare Spending per Beneficiary	Median MSPB ratio hospitals during performance period 0.99	1.00/0	Mean of the lowest decile MSPB ratios for all hospitals during performance period – 0.86

Lower is better for all scores
*These performance & baseline periods impacted by the ECE granted by CMS on 3/22/20
Adapted by Qualis Health from materials provided by Stratis Health and prepared under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health & Human Services.

Quality Committee Follow-Up Items

Date Requested	Committee Member Name	Item Requested	Completion Date
2/7/2022	Krutica Sharma	Please add the definitions back onto the Enterprise Dashboard	3/7/2022
2/7/2022	Krutica Sharma	Please include the Red Flags for the Medical Staff Credentialing Privileges Report	3/7/2022
3/7/2022	Julie Kliger/George Ting	Follow up Discussion- Sessions for Doctors to help coach other Doctors. How has this advanced?	
3/7/2022	Julie Kliger	Follow up Disscussion - Include patients in Quality Committee Meetings. Dr. Burn, Cheryl and Dr. Beeman will explore other models of this process.	

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Quality Committee
From: Julie Kliger, RN MPA
Date: April 4, 2022
Subject: Quality Committee Member Addition

Purpose: To discuss the addition of a new community member to the Quality Committee.

Summary:

1. Situation: The chair of the Quality Committee has requested feedback from the Committee on adding an identified individual to the Quality Committee as an additional member of the committee.

2. Authority: Per the Quality Committee charter, new members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year expiring on June 30 renewable annually. Additionally, pursuant to the Hospital Board Advisory Committee Member Nomination and Selection Policy (and Procedures), it is within the Committee's authority to appoint an Ad Hoc Committee for this purpose.

3. Background: The procedure for nominating and appointing an Advisory Committee member is outlined in the attached policy. An ad hoc committee is created to work with staff to screen candidates and nominate finalists to the Quality Committee for selection. The Quality Committee Chair recommends the appointment of the new member to the Board of Directors for approval.

List of Attachments:

1. Quality, Patient Care, and Patient Experience Committee Charter
2. Hospital Board Advisory Committee Community Member Nomination and Selection Procedures

Suggested Committee Discussion Questions:

1. What are the most important considerations in recruiting prospective candidates?
2. Does the committee wish to create an ad hoc sub-committee?

El Camino Hospital Board of Directors
Quality, Patient Care and Patient Experience Committee Charter

Purpose

The purpose of the Quality, Patient Care and Patient Experience Committee ("Quality Committee" or the "Committee") is to advise and assist the El Camino Hospital Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at El Camino Hospital and its affiliated entities where ECH is the sole corporate member ("the Organization"). The Committee will work to ensure that the staff, medical staff and management team are aligned in operationalizing the tenets described in the Organization's strategic plan related to delivering high quality healthcare to all patients. High quality care is defined as care that is: safe, timely, effective, efficient, equitable, and person-centered.

The Organization will provide to the Committee standardized quality metrics with appropriate benchmarks so that the Committee can adequately assess the level of quality care being provided.

Authority

All governing authority for the Organization resides with the Hospital Board for ECH and with the boards of the affiliated entities except that which may be lawfully delegated to a specific board committee. The Committee will report to the Board at the next scheduled meeting any action or recommendation taken within the Committee's authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on issues related to clinical quality, safety, patient care and experience, risk prevention/risk management, and quality improvement. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee, *ex-officio* members and alternates and external (non-director) members appointed to the Committee.

Membership

- The Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.

- The Committee shall also include the Enterprise Chief of the Medical Staff and the Los Gatos Campus Chief of Staff as *ex officio* voting members of the Committee. The Enterprise Vice Chief of Staff or the Los Gatos Vice Chief of Staff shall serve as alternate voting members of the Committee and replace, respectively the Enterprise Chief of Staff or the Los Gatos Chief of Staff if such person is absent from a Committee meeting.

- The Quality Committee may also include 1) no more than nine (9) Community members[1] with expertise in in assessing quality indicators, quality processes (*e.g.*, LEAN), patient safety, care

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[1] Community Members are defined as Members of the Committee who are not El Camino Hospital Board Directors or *ex-officio* members or alternates.

integration, payor industry issues, customer service issues, population health management, alignment of goals and incentives, or medical staff members, and members who have previously held executive positions in other hospital institutions (*e.g.*, CNO, CMO, HR) and 2) no more than two (2) patient advocate members who have had significant exposure to ECH as a patient and/or family member of a patient. Approval of the full Board is required if more than nine Community members are recommended to serve on this Committee.

- All Committee members, with the exception of new Community members, *ex-officio* members and alternates, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year expiring on June 30th each year, renewable annually.

- It shall be within the discretion of the Chair of the Committee to appoint a Vice Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board Director, the Vice Chair of the Committee shall be a Hospital Board Director.

Staff Support and Participation

The Chief Medical Officer (CMO) shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives as well as members of the executive team may participate in the Committee meetings upon the recommendation of the CMO and subsequent approval from both the CEO and Committee Chair..

General Responsibilities

The Committee's primary role is to develop a deep understanding of the Organizational strategic plan, the quality plan, and associated risk management/prevention and performance improvement strategies and to advise the management team and the Board on these matters. With input from the Committee and other key stakeholders, the management team shall develop dashboard metrics that will be used to measure and track quality of care and outcomes, and patient satisfaction for the Committee's review and subsequent approval by the Board. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for 1) ensuring that performance metrics meet the Board's expectations; 2) align those metrics and associated process improvements to the quality plan, strategic plan, organizational goals; and 3) ensuring that communication to the Board and external constituents is well executed.

Specific Duties

The specific duties of the Committee include the following:

- Oversee management's development of a multi-year strategic quality plan (PaCT).

- Review and approve an annual "Quality Dashboard" for tracking purposes.

- Oversee management's development of the Organization's goals encompassing the measurement and improvement of safety, risk, efficiency, patient-centeredness, patient satisfaction, and the scope of continuum of care services.

- Review reports related to Organization-wide quality and patient safety initiatives in order to monitor and oversee the quality of patient care and service provided. Reports will be provided in the following areas:

  - Organization-wide performance regarding the quality care initiatives and goals highlighted in the strategic plan.
  - Organization-wide patient safety goals and hospital performance relative to patient safety targets.
  - Organization-wide patient safety surveys (including the culture of safety survey), sentinel event and red alert reports, and risk management reports.
  - Organization-wide LEAN management activities and cultural transformation work.
  - Organization-wide patient satisfaction and patient experience surveys.
  - Organization-wide physician satisfaction surveys.

- Ensure the organization demonstrates proficiency through full compliance with regulatory requirements, to including, but limited to, The Joint Commission (TJC), Department of Health and Human Services (HHS), California Department of Public Health (CDPH), and Office of Civil Rights (OCR).

- In cooperation with the Compliance Committee, review results of regulatory and accrediting body reviews and monitor compliance and any relevant corrective actions with accreditation and licensing requirements.

- Review Sentinel Events (SE), Seriously Safety Events (SSE), and red alerts as per the hospital and board policy.

- Oversee organizational quality and safety performance improvement for both the Organization's and medical staff activities.

- Ensure that the Organization's scope of service and community activities and resources are responsive to community need.

- Review the Medical Executive Committee's monthly credentialing and privileging reports and make recommendations to the Board.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and the Organization's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. Committee members shall be responsible for keeping themselves up to date with respect to drivers of change in healthcare and their impact on quality activities and plans.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board or the Committee Chair. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24-hour notice.

EL CAMINO HOSPITAL
HOSPITAL BOARD ADVISORY COMMITTEE COMMUNITY MEMBER NOMINATION
AND SELECTION PROCEDURES
Adopted February 12, 2014
Revised (Approved) April 8, 2015
Draft Revised 10_13_20

**01.07 <u>HOSPITAL BOARD ADVISORY COMMITTEE COMMUNITY MEMBER
NOMINATION AND SELECTION PROCEDURES</u>**

A.   <u>Coverage</u>: El Camino Hospital Board Advisory Committees

B.   <u>Adopted</u>: 2/12/2014

C.   <u>Procedure Summary</u>:

The nomination and selection of each Hospital Board Advisory Committee (Advisory Committee)
member (Member) shall follow the procedures below.

D.   <u>Procedure for Nominating and Appointing an Advisory Committee Community Member</u>:

1. **Eligibility and Qualifications**

Each Advisory Committee shall determine minimum qualifications and competencies for its
Members. In addition, the Governance Committee will periodically conduct a strategic
assessment of the respective Advisory Committee's membership needs and ensure that it evolves
with the Hospital's strategy.

2.   **Nomination and Declaration**

    a. Nominations for Advisory Committee Community Membership may be received from
        any source.
    b. The Director, Officer of the CEO will notify the Board, the Advisory Committee
        members, the Executive Leadership Team and the public of all vacancies for which new
        Advisory Committee Community Members are being recruited.
    c. A candidate shall submit an application to the Director, Office of the CEO that includes
        reason(s) the candidate wishes to serve, the candidate's relevant experience and
        qualifications, potential conflicts of interest including any personal or professional
        connections to ECH, a release to permit ECH Human Resources to conduct a background

      check, and specifies which Advisory Committees that the candidate wishes to be considered for.

d. If the interested candidate is currently serving on another Advisory Committee at ECH, the candidate shall notify the Chair(s) of the Advisory Committee with a vacancy and the Advisory Committee on which they are serving. The interested candidate shall also notify the Director, Office of the CEO, provide all application materials, and be subject to all other requirements of this procedure.

e. All candidates will be considered in the candidate due diligence process.

f. In the event that no qualified candidates can be found through the routine recruitment procedures of the Hospital, the Committee may, in its discretion, obtain the services of a recruiting firm to identify qualified candidates.

3. **Review of Candidates and Selection of New Members.**

a. Any committee recruiting new members shall appoint an Ad Hoc Committee comprised of two members to recruit new members The Committee Chair shall be given first right of refusal to serve as a member of the Ad hoc Committee,

b. The Director, Office of the CEO will forward the names and resumes of all applicants to the Executive Sponsor and the members of the Ad hoc Committee for review.

c. The Ad hoc Committee, in consultation with the Executive Sponsor, shall (1) select and interview first round candidates and (2) select finalists for interview by the full Committee.

d. The Committee will interview finalists and recommend appointments to the Board for approval

e. The Board shall appoint the Advisory Committee Members in accordance with the Hospital Bylaws.

4. **Obtaining Approval to Increase the number of Community Members of an Advisory Committee**

a. If an Advisory Committee Chair proposes to increase the number of Community Members of such Chair's Advisory Committee, then the Advisory Committee Chair must submit a brief description of the need (e.g., gap in skill-set) for an increase in membership to the Governance Committee.

b. Upon review of the request, the Governance Committee shall make a recommendation to the Board whether the Community membership of such Advisory Committee should be increased.

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EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO

To: Quality Committee of the Board of Directors, El Camino Health
From: Cheryl Reinking, DNP, RN, NEA-BC, DipACLM
Date: March 28, 2022
Subject: Patient Experience Feedback through Daisy Award Nominations

Purpose: To provide the committee with written patient feedback and subsequent follow up or changes as a result of the feedback.

Summary:

1. Situation: This month we are sharing the Daisy award nominations that come directly from patients/families on written nomination forms regarding nurses that have made a special impression on the lives of our patients.

2. Authority: To provide insight into one patient's experience while at El Camino Health.

3. Background: The Daisy Award at ECH began back in 2019 before the pandemic. Since its inception, the hospital has received well over 350 nominations for the Daisy Award. The Daisy Award was created by the Barnes Family in honor of their deceased son, Patrick Barnes. The family members were so touched by the nurses caring for their son they found a way to create a personal, heartfelt appreciation to nurses for the important difference they make in all the lives they touch. This is now an international award that many hospitals across the world participate in every month. At ECH, the CNO Advisory Cabinet selects a winner based on a rigorous rubric applied to each nomination which are blinded. For more information, see https://www.daisyfoundation.org/about. This month we have provided you with all the nominations and the winning nomination for March. As you can see, it is a very difficult task to choose the winner. However, the March winner was very special due to the unique circumstances. Performing CPR in the patient's car—saving a life is what nurses often do, but the timely response and lifesaving treatment was recognized by the patient who survived as well as her co-workers who were impressed and grateful for her response. The March award was particularly touching because the patient and her daughter attended the award presentation in person.

4. Assessment: The Daisy Award has become a special way to recognize nurses who have gone above and beyond for a patient's clinical quality outcomes as well as for the demonstration of compassionate care that nurses at ECH are known for throughout the community. The nurses are proud to be nominated as well and receive a pin for being nominated and are mentioned in the nursing newsletter along with a certificate.

5. Other Reviews: None

6. Outcomes: The winner of each month's Daisy Award is given the award by the CNO in front of their peers and there is also an ability to Zoom in to see the award presentation from anywhere. Due to Covid, we minimize the number of people attending in person. The nurse receives a unique Daisy Foundation pin for his/her lapel/badge, a banner to hang on the unit, a certificate of recognition and a unique sculpture called "The Healing Touch" made by the tribal people of Zimbabwe. In addition, the team receives cinnamon rolls as that was a favorite of Patrick's during his last days. The Daisy award winner also appears on the Daisy website as well as numerous internal communication methods.

7. <u>List of Attachments</u>: See nomination and March Daisy winner nomination and picture.

<u>Suggested Committee Discussion Questions</u>:

1.   Is this the only program you have to recognize nurses?

2.   How do we recognize non-nursing staff who go above and beyond?

DAISY Nominations for MARCH Winner

1.		XXXX took care of me twice- the first time was in December 2020 when I came in for cancer treatment. She took time to chat with me even though she was extremely busy with patients. The second time was in early February 2022 and this time I came to the hospital for liver issues. XXXX actually remembered me and XXXX went over and beyond by checking in with me to ensure I received everything I needed. XXXX's dedication and hard work really shows.
2.		XXXX is a very efficient nurse. She is always making sure her patient's needs are met. She is willing to help her patients be comfortable and well cared for. She has a pleasant personality, and a friendly, welcoming manner. I enjoyed having her as my nurse.
3.		I was a patient during late December 2020. I came to the hospital to receive emergency chemotherapy. Ms.XXX took her time to talk to me. I felt she genuinely cared about my well-being. She came to my room multiple times to make sure that I was comfortable. It was a wonderful experience for me even though I went through a rough time of my life.
4.		I have filled out several of these nominations forms and feel that this nurse is especially qualified as well. XXXX is one of the sweetest people I have ever met anywhere! She is always extremely pleasant, upbeat, fun to talk to (makes me laugh a lot) and is compassionate/caring and works so hard to make me comfortable. As well as all of her coworkers! I hope you can read this my eye sight is very poor! XXXX deserves all the recognition we can give her-she is a phenomenal nurse and a beautiful human being and I've been blessed to have her as my caretaker!
5.		I hope you can read this, my eyesight is almost non-existent! All the nurses I've had have been extraordinary, but XXXX has been heaven sent! Her personality, compassion, and willingness to go above and beyond what anyone could expect or hope for has been phenomenal-always trying her best to make me feel better and comfortable. I can't count the number of times she's made me laugh and my heart smile! She is an extraordinary person and I feel so fortunate not only to have been in her care but to have gotten to know her. What a wonderful person she is!
6.		XXXX had so much to deal with and was a constant source of support and de-stress for us. She went above and beyond every time and we couldn't have done this without her help. She's currently in our room, helping us in so many ways above and beyond what she needs to do- anyone would be lucky to have her helping them.
7.		XXXX is a super friendly and caring nurse who kept finding more ways to make me comfortable. For example she made a special recipe drink for me because I didn't like any of the drinks available as they dried my mouth out. Now I am drinking "XXXX's Cocktail" every day. She is extremely attentive to details. Even among all the other wonderful nurses here, XXXX stands out. Thank You XXXX!
8.		XXXX was my nurse for the past 3 days and she was exceptional. I couldn't have felt more welcome or taken care of here at the hospital. She always took the time to check on me even if I didn't need anything. When I did have a need or request she was extraordinarily prompt in her response to my request. She worked well with her coworkers and had a real team dynamic. She always had an answer for my medical questions. If she didn't have an answer, she would be back quickly

		with a well-researched response. Lastly I just want to acknowledge how she kept me in positive spirits and motivated me to keep working.
9		XXXX helped me through a tough time/ beautiful time delivering my baby boy! With her help and support I never felt alone. After the delivery, I had some excess bleeding. XXXX never left my side. She took all steps necessary to make sure I was safe and taken care of. She is such a wonderful nurse.
10		Extremely kind. Caring and loving character. Beautiful energy and brought an aura in the mood. She was able to make me laugh while I was in my worst pain. She is giving and makes sure you have everything you need to feel comfortable. She explains everything she is giving you so you know what to expect to get. Thanks for being a bright, positive, role model.
11		XXXX's professionalism and dedication to her job are clearly evident. After a difficult cancer diagnosis and the surgery that followed, she made sure that I was as comfortable as possible and that I had everything I needed to begin my recovery. Other patients would be fortunate to have her on their care team.
12		We arrived unable to walk, vomiting, and yelling "epidural!" XXXX helped us get situated, was calming and relaxing the whole time, even holding mom's hand while dad ran to the car for the cord blood box. She helped both of us so much, we talked several times after leaving L&D about how we couldn't have made it through without her and her, specifically. XXXX was simply wonderful, and we truly appreciate her!
13		First of all bravo. Bravo to the leadership at El Camino Hospital. I say this not as just a patient at your fine Hospital, but a health care provider for over 30 years and an honorable military career. XXXX went above and beyond her call of duty. A patient in your telemetry unit, I have in the last 3 years, have had many heart issues. (MI'S x2, atrial fibrillation, pacemaker, ICD and heart failure). XXX took her time and her compassion to a new level. I suffer from PTSD and depression. She was a positive influence, she was always anticipating want I needed next and during my sadness hours was a strong example of a great nurse and friend. I wiped my tears and my drama was over. Thank you XXXX. Love you!
14		I like to first say XXXX is more than an RN she is an angel that helped me in the scary time while in the hospital. She has a talent to speak to me in a way that was professional but had empathy and compassion. I feel these traits you are born with in her DNA. I can't imagine being short staffed and made so much time with me. Also all the other patients she has and the countless doctors needing her. XXXX also came to my room with no delay and I know under her face mask she was smiling and wanting to comfort me knowing I was having some anxiety. Also, my blood pressure was high and it seems like we were checking it every hour with results not so good. She was able to calm me down and knew what to say at the right time. I hope and pray that if I ever need another RN that they have these characteristics. Another patient for the same nurse: Please let me express my extreme appreciation for El Camino Hospital to allow my nurse XXXX to take care of me. She has been a patient, caring compassionate nurse that I will miss dearly at discharge. I wish I can bring her home with me. I did not want to leave without my thankfulness and appreciation going unnoticed. I am nominating her as a 100* nurse and El Camino should, and I hope will, as well.

15		When arriving into the mental treatment facility, it's incredibly easy to feel overwhelmed from the rush of nurses and social care workers all asking the same questions. The first few days I had here, I had the honor of meeting XXXX. She has this gentle presence and the way she speaks it's as though I were surrounded by family. Each time I've had her as my nurse not only did she fill me with encouragement, she listened to what I had to say and further gave me hope. I was also allowed to know more about her, which helped build that bond of familiarity. She truly went above and beyond to help make my stay here more comfortable and I'm forever grateful. I was in such a dark place and she helped shine the light back on life.
16		Warm Welcome: As I got on the floor she looked me straight in my eyes and said Welcome with a positive attitude. Engaged: She was very mindful and present with our conversations or concerns. Asks: She made sure I understood my diagnosis. Responsiveness: Responded with quickness and was proactive in my care. Excellence Always: Not good but exceptionally good. This nurse has it all, smart, caring, good bedside manner, great communicator. In our fast pace every man, woman, and child looking down at their phones, instead of interacting like humans should with a gesture of caring, listening actively, and a body gesture or a nod we need more random acts of kindness which I believe will save the world. XXXX is doing her part to save the world.
17		Nurse XXXX was outstanding and we were really glad that she was our day nurse for two days in a row. She showed a tremendous amount of support and was always there when we needed her. Her super cheerful attitude was a breath of fresh air after our long nights. Nurse XXXX, you rock! Mabuhay!
18		Nurse XXXX went above and beyond in answering all our questions. She was very accommodating and approachable with our needs and making our stay comfortable. She took the time to teach us how to swaddle and clothe our LPI baby. Thank you so much Nurse XXXX!
19		I submitted one of these for XXXX before, but I was in a rush, so I did not get to properly describe why he was so extraordinary. I checked into the ER on 2/14 because I was having a sever panic attach. During my time there, XXXX went out of his way to check in on me and help reassure me; and I cannot stress enough how greatly this helped me to overcome the anxiety and severe panic I was enduring. I did not expect that anyone would truly understand the circumstances that triggered this panic attack, but XXXX completely understood exactly what I was going through and the extraordinary circumstances that led to me experiencing an attack of this magnitude, and he even offered up personal anecdotes from his own experience to help contextualize and commiserate with my situation. His willingness to offer his deeply personal experiences and share his advice and engage in discussion of a very philosophical nature to help put my mind at ease and get the panic attack under control went above and beyond what I expected and what I've ever experience any other time I've been seen in the healthcare system.

		Don't get me wrong, there have been countless nurses, doctors, and staff who have been cordial, friendly, and helpful, but what XXXX did for me that day has touched my heart and stayed with me to this day. It helped me get through the most difficult and terrifying moment of my life, and it continues to be a source of comfort and reassurance even now. XXXX definitely saved my life that day.
20		This young man! What a treat to watch him work. I was a patient 2/2/22-2/8/22 for CHF. Sometimes it's hard for me to breath. When a nurse answers questions honestly and is not just good at communicating but anticipates, multitasks, and does all his physical duties proficiently, the patient develops a rapport right away of trust and confidence. Thank you El Camino, Thank you XXXX!
21		Ms. XXXX displayed exceptional excellence while nursing my wife on several shifts, particularly at admission. I was unfamiliar with the facility so introduced myself at the nurse's station. XXXX immediately stepped forward with enthusiasm and announced "I am Cindy's nurse, follow me!" She was fully engaged and it was obvious she knew my wife's complex history within minutes of my wife's arrival in contrast to some other staff who had not familiarized themselves with her records. Reviewing the numerous admission forms with me, XXXX communicated simply, thoroughly and with compassion. She was also prescient anticipating my wife's needs and many questions. As Cindy's needs arose, XXXX responded promptly. Several times anticipating them before we did; she responded very promptly to all requests. I have taught numerous medical students and veterinary students; XXXX compares very well with them. In short she exemplifies excellence always and in all ways!

Score each nomination from 0-5 using this scoring rubric:

0-POOR: no acknowledgement of the nurse and/or has written little to nothing for their nomination

1-FAIR: Does not fully describe nursing care to be recognized, and/or provides only generic statements in regards to the nurse's care and character

2-FINE: Describes example of satisfactory nursing care, provides adequate recommendation, but lacking detail

3-GOOD: Describes examples of good nursing care provides good recommendation detailing nursing responsibility and/or leadership that exceeds usual duties or expectations

4-VERY GOOD: Describes example of great nursing care, provides very good recommendation detailing nursing responsibility and/or leadership that exceeds usual duties or expectations

5-EXCELLENT: Describes example of exceptional nursing care, provides excellent recommendation detailing nursing responsibility and/or leadership that exceeds usual duties or expectations, portrays an authentic connection with the patient and/or family

Most Recent Daisy Winner and the Nominating Patient at the Award Presentation

Written by patient Coleen Zoodsma (Zoo -d – sma)

On the afternoon of Christmas Eve, I had an intense and unusual pain in my back and told my husband to take me to the ER. A few blocks from Los Gatos ED, I went into cardiac arrest. When we pulled into ER my husband banged on doors for help. Harumi came running and began chest compressions in the car.

While there are many people who are responsible for me being alive, I absolutely credit Harumi for keeping me alive. A lot of things had to happen correctly but if she hadn't responded as quickly or expertly, I would not be writing this today.

It is now 3 weeks later, I'm expected to be released from rehab tomorrow. I have some PT to do but am expected to make a complete recovery, truly a miracle –all starting with Harumi.

Thank you doesn't seem enough but it is deeply heartfelt. Thank you from me, my husband, my daughters, parents and siblings who are all deeply grateful for Harumi's lifesaving effort that day.

Jon Ruth a nurse from the ED also nominated Harumi and shared his version of Harumi's stellar response to an unusual crisis situation that occurred in the parking lot of the Emergency room. The patient arrived with her husband via private vehicle. The patient' husband stated that his wife was awake and alert but not feeling well as they left the house to come to the ER. He then stated that his wife went unconscious one block from the ER. When they arrived in the parking lot, Harumi identified the situation from inside and ran to the car. The patient was unconscious, unresponsive and without a pulse. Harumi immediately began CPR in the car while instructing the husband to pull the car around to the ambulance bay where she could get help form others all the while providing high quality CPR. Harumi's efforts ultimately saved the woman's life and she is now home and doing well.

EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO

To: Quality Committee
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: April 4, 2022
Subject: FY 2023 Committee Meeting Dates and Pacing Plan

Purpose:

To discuss the proposed FY 2023 Quality Committee meeting dates and pacing plan.

Summary:

1.   Situation: The Governance Committee is requesting feedback from the Quality Committee on the proposed FY 2023 Quality Committee pacing plan.

2.   Authority: The purpose of the Governance Committee is to advise and assist the El Camino Health Hospital Board of Directors in matters related to governance, board development, board effectiveness, and board composition. The Governance Committee ensures the Board and Committees are function at the highest level of governance standards.

3.   Background: The Hospital Board of Directors utilized the services of an independent consulting firm, SpencerStuart, to conduct a Governance Assessment aimed at promoting optimal processes and practices. SpencerStuart presented a summary of recommendations and an action plan to the Hospital Board on December 8th, 2021. A number of proposed steps on the action plan were assessed to be the responsibility of the Governance Committee.

The Governance Committee commissioned a multi-disciplinary task force that evaluated the Pacing Plans for the ECH Hospital Board and all its Advisory Committees. This evaluation included a legal review, management interviews, compared ECH to the practices of other Healthcare Districts and best practices established by other non-profit Hospital Boards.

4.   Assessment: The Governance Committee is currently in the process of reviewing the proposed changes to each pacing plan with the impacted committees.

5.   Other Reviews: None

6.   Outcomes: Based on the discussion of the Quality committee, the proposed FY 2023 Pacing Plan would be presented by the Governance Committee to the Hospital Board for approval.

List of Attachments:

1.   FY 2023 Proposed Committee Pacing Plan

Suggested Committee Discussion Questions:

1.   Would the Committee recommend the Hospital Board adopt the proposed FY23 Committee Pacing Plan?

El Camino Health

Quality, Patient Care and Patient Experience Committee

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDING AGENDA ITEMS												
Board Actions		✓			✓				✓			✓
Consent Calendar[1]		✓	✓		✓	✓		✓	✓	✓		✓
Patient Experience Story		✓	✓		✓	✓		✓	✓	✓		✓
Serious Safety/Red Alert Event (as needed)		✓	✓		✓	✓		✓	✓	✓		✓
QC Follow-up Items		✓	✓		✓	✓		✓	✓	✓		✓
SPECIAL AGENDA ITEMS – MEDICAL STAFF ITEMS												
Medical Staff Office Audit Report						✓						
Report on Medical Staff Peer Review Process						✓						
Medical Staff Credential Process												✓
SPECIAL AGENDA ITEMS – OTHER REPORTS												
Quality & Safety Review		✓			✓			✓		✓		
Board Dashboard Review		✓			✓			✓		✓		
El Camino Health Medical Network Report		✓				✓		✓		✓		
Patient Safety Report			✓									
Patient Experience (HCAHPS)			✓						✓			
Quality Dashboard Results					✓							
Culture of Safety Survey Results					✓							
Safety Report for the Environment of Care					✓							
Readmission Dashboard						✓						✓
PSI Report						✓						✓
Sepsis Mortality Goal/Target Discussion						✓						
Value Based Purchasing Report									✓			
Progress on Quality & Safety Plan												✓
Approve Quality Assessment & Performance Improvement Plan (QAPI)												✓
COMMITTEE/ORGANIZATIONAL GOALS/CALENDAR												
Propose Committee Goals									✓			
Approve Committee Goals										✓		
Propose FY Committee Meeting dates										✓		
Propose Organizational Goals										✓		
Finalize FY23 Organizational Goals												✓
Propose Pacing Plan										✓		
Approve Pacing Plan												✓

1: Includes approval of minutes, current FY quality dashboard, hospital update, med staff quality council minutes (closed session), progress against FY Committee goals (quarterly), current FY pacing plan (biannually), credentials and privileges report

FY23 COMMITTEE GOALS
Quality, Patient Care and Patient Experience Committee

PURPOSE

The purpose of the Quality, Patient Care and Patient Experience Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Committee helps to assure that exceptional patient care and patient experiences are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods, and assuring appropriate resource allocation to achieve this purpose.

STAFF: **Holly Beeman, MD, MBA,** Chief Quality Officer (Executive Sponsor)

The CQO and Senior Director of Quality shall serve as the primary staff to support the Committee and are responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives and members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair. These may include: the Chiefs/Vice Chiefs of the Medical Staff, physicians, nurses, and members from the community advisory councils, or the community at-large. The

GOALS	TIMELINE	METRICS
1. Review the Hospital's organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to quality	- FY22 Achievement and Metrics for FY22 (Q1 FY23) - Review FY23 Incentive Goal recommendations for Quality, Safety and Patient Experience measures	Review management proposals; provide feedback and make recommendations to the Board
2. Every other year, review peer review process and medical staff credentialing process; include OPPE and FPPE education. FY22 process review completed and animated.	FY24 review peer review and credentialing process.	- n/a
3. Review Quality, Patient Care and Patient Experience reports and dashboards	- Review reports per Pacing Plan timeline.	Explanation of measure methodology and benchmarks included with each report.
4. Review Board Dashboard using STEEEP Methodology and propose changes as appropriate	Semi – Annually Q2 and Q4	Review Dashboard and Recommend Changes to the Board
5. All committee members regularly attend and are engaged in committee meeting preparation and discussions	Using closing wrap up time, review quarterly at the end of the meeting	Attend 2/3 of all meetings in person Actively participate in discussions at each meeting

SUBMITTED BY: **Chair**: Julie Kliger, MPA, BSN
Executive Sponsor: Holly Beeman, MD, MBDA, Chief Quality Officer

To: Quality Committee of the Board
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: April 4, 2022
Subject: El Camino Health FY23 Proposed Strategic Goals

Purpose: Review proposed strategic goals for FY23

Summary:

1. Situation: The El Camino Health Strategic Goals for FY23 are being developed by management. Since the Board Quality Committee will be asked to recommend approval of the final proposed strategic goals pertaining to quality, safety and patient experience, this is an opportunity to introduce the committee to the initial draft of these goals.

2. Authority: This is an area of concern for the governing board as this directly and indirectly affects the quality and safety of the care delivered to El Camino patients.

3. Background: The proposed strategic goals for FY23 are ready for a 'first pass' with the quality committee. The strategic goals are the key focused measures that are intended to drive the enterprise toward a common endpoint, which aligns with the overall vision for El Camino Health. The guiding principles for strategic goal selection are as follows;
   - Significantly impacts quality safety and experience
   - Easy to understand and communicate
   - Broad reach across the entire enterprise
   - Impacts financial performance
   - Impacts consumer choice
   - Aligns with the strategic plan

   The actual targets will be determined once the final data is available for FY22, which will be in October FY22. The methodology, definitions, and data sources will be determined and described prior to the end of FY22.

4. Assessment: Based on the principles cited above we are proposing the following performance and strategic goals for FY23. The goals for quality, safety, and patient experience are described here and will be discussed at the Quality Committee.
   A. Quality and Safety Goals
      i. Serious Safety Event Rate (SSER): This is a measure of a high reliability organization and continues from FY 21 and FY22. This aligns with our true north quality pillar of zero preventable harm.
      ii. ECH Hospital Acquired Condition Composite: New for FY23. This composite brings focused attention to our performance in five measures. The 5 measures which make up the composite are:
         1. C. difficile infection rate
         2. Inpatient fall rate
         3. Non-ventilator pneumonia rate (nvHAP)
         4. Hospital acquired pressure injury rate (HAPI)
         5. Surgical site infection rate (SSI)

      iii. ECHMN Quality Composite. The method and measures comprising the quality composite for ECHMN is under review and will be shared at a future Quality Committee Meeting.

      iv. Readmission index continues to be a strategic focus and priority for the organization.

B.   Service Goals

      i. Likelihood to recommend for inpatient and ECHMN will continue to be performance goals for FY23.

      ii. In addition to our focus on inpatient and ECHMN patient experience, our patient's experience, as measured by the LTR score, in the ED, Maternal Child Health, Outpatient surgery, services, and Oncology are a strategic priority.

List of Attachments: ECH FY23 DRAFT Goals

DRAFT FY23 Goals (Quality/Safety/Experience)

FY22 Strategic/Org Goals

Quality & Safety

Serious Safety Event (SSER)
Readmission Index
HEDIS Composite

Service

Likelihood to recommend LTR (w/o MCH)
Likelihood to recommend LTR-ECHMN

FY23 Strategic/Org Goals

Quality & Safety

Serious Safety Event (SSER)
ECH Hospital Acquired Condition Composite^
ECHMN Quality Composite
Readmission Index

Service

Likelihood to recommend LTR-Inpatient (w/o MCH)
Likelihood to recommend LTR-ECHMN
LTR – ED
LTR – MCH
LTR – OP Surgery
LTR – OP Services
LTR – Oncology

^ECH HAC Composite has 5 measures

1. C diff infection rate
2. Non vent. pneumonia rate (nvHAP)
3. Surgical Site Infection (SSI)
4. Inpatient fall rate
5. Hosp acquired pressure injury rate (HAPI)