



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

Tuesday, September 6, 2022

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

Members Present

Carol Somersille, MD
Philip Ho, MD
Jack Po, MD
Krutica Sharma, MD**
Melora Simon**
John Zoglin

Members Absent

Alyson Falwell
Prithvi Legha, MD

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<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 5:31 pm by Chair Carol Somersille. A verbal roll call was taken. Ms. Falwell and Dr. Legha were absent. Ms. Simon joined at 5:34 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.</p>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<p>Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
<p>3. PUBLIC COMMUNICATION</p>	<p>There were no comments from the public.</p>	
<p>4. CONSENT CALENDAR</p>	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Mr. Zoglin requested to pull item 4c – FY23 Enterprise Quality Dashboard.</p> <p>Chair Somersille requested to pull items 4c – FY23 Enterprise Quality Dashboard, 4d – Progress Against FY23 Committee Goals, and 4e – QC Follow-Up Items.</p> <p>Mr. Zoglin asked why we have absolute numbers versus percentages. Dr. Beeman shared that each nursing unit has chosen one of the HAC measures as their annual goal. This dashboard is a 'working' dashboard. Showing the events as a raw number is more relatable and engaging for the managers and front line staff.</p> <p>Chair Somersille asked about number 11 – Elective Delivery Prior to 39 weeks' gestation and suggested that we change the metric to Exclusive Breastfeeding due to the low count in the current metric and the focus on Exclusive Breastfeeding.</p>	<p>Consent Calendar Approved</p>

	<p>Dr. Adams responded stating he will bring the recommendation to the maternal child health department. He also noted a correction for number 7 – Serious Safety Event Rate on the attached Enterprise Dashboard. The Baseline FY22 Actual is 3.10, not 3.13.</p> <p>Chair Somersille addressed item 4d – Progress Against FY23 Committee Goals. She noted to correct the Chair name to her name and remove Julie Kliger’s name.</p> <p>Chair Somersille addressed item 4e – QC Follow-Up Items. She noted to correct the Committee Member Name on the item dated 06/06/2022 to her name and remove Holly Beeman’s name under Committee Member.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (08/01/2022); For information: (b) Report on Board Actions, (c) FY23 Enterprise Quality Dashboard, (d) Progress Against FY23 Committee Goals (e) QC Follow-Up items</p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Falwell, Legha Recused: None</p>	<p><i>Action: Nicole to correct the Chair’s name on the FY23 Committee Goals</i></p> <p><i>Action: Nicole to correct the Committee Member name on the QC Follow-Up Items.</i></p>
<p>5. CHAIR’S REPORT</p>	<p>Chair Somersille referenced the FY23 Committee Goals, highlighted the goal of Committee Members attending 2/3 of all meetings in-person and discussed the importance of attending in-person. She emphasized that:</p> <ul style="list-style-type: none"> • 2/3 of body language is nonverbal • Body language cannot be assessed by ZOOM • In-person attendance helps build relationships, maintain focus, and capture the full attention 	
<p>6. PATIENT STORY</p>	<p>Cheryl Reinking, CNO shared feedback from a patient via Press Ganey survey regarding her experience in the LG ED. The patient had a procedure at a different facility and the IV site became inflamed. The patient went to her PCP and received a cream for the infected site. Later on, the inflammation continued and the patient reached back out to the PCP who referred the patient to a Dermatologist. The patient was unable to get a Dermatology appointment and ended up being referred to Urgent care due to the continued inflammation. She did receive care at the Lincoln Ave Urgent Care, but had to wait a long period of time to be seen. She was referred to LG ED from urgent care for continued care such as IV antibiotics that only can be infused in the ED. Once at the ED, the patient received excellent care to address her</p>	

	<p>infected hand. With this feedback, we will identify the gaps and work on improvements of care.</p> <p>Chair Somersille asked if there is an outpatient follow-up protocol for urgent needs. Cheryl responded that she does not believe there is. Chair Somersille recommended that we should look into this. Dr. Shin shared his insights as to what occurs for primary care and specialist physicians at PAMF when a patient needs to be seen urgently.</p>	
<p>7. PATIENT EXPERIENCE (HCAHPS)</p>	<p>Christine Cunningham, Chief Experience Officer presented on Patient Experience (HCAHPS) and reviewed the following:</p> <ul style="list-style-type: none"> • ECH Pyramid and the 5 Strategic Pillars • Evolving Patient Expectations • The Power of Patient and Family Voice • Patient Experience Industry Best Practices • Likelihood to Recommend Measure and FY22 Results • Service Comparison • Likelihood to Recommend Trends • FY23 LTR Targets • FY23 Opportunities based on FY22 and 3-year trends • Priorities for FY23 • ECHMN 3-year trend • The Loyalty Formula • Frictionless Experience Dashboard, Journey Maps <p>Mr. Zoglin suggested updating the pyramid to the current pyramid that includes our strategy. Mr. Zoglin asked if we are able to get data to compare us to the top quartile or decile. Christine shared that Press Ganey does not provide that information but will follow up to see if we can get the top quartile or decile data and how we compare. Mr. Zoglin also asked if the decile target can be shared with the Committee to ensure we are aligned with the strategy.</p> <p>Ms. Simon asked about the progress we have made over the past 5-10 years and whether we have dramatically moved the needle or have we stayed within the statistical bound. Christine shared that a 5-year analysis has been completed and we have increased in every service line and is happy to share this analysis with the Committee. Jack Po agreed with the need for the 5-year analysis.</p> <p>Chair Somersille agreed and asked if it can be shared with the Committee how the targets are determined. Chair Somersille also asked Christine to share a paper that was recently written for the Patient Experience Journal with the Committee.</p>	
<p>8. HIGH RELIABILITY UPDATE</p>	<p>Dr. Mark Adams, CMO gave a verbal update regarding the High Reliability journey and highlighted the following:</p>	

	<ul style="list-style-type: none"> • Currently educating the organization of the principles of High Reliability • High Reliability & Serious Safety event definition • S.A.F.E.T.Y. is our brand for Safety First/Mission Zero <ul style="list-style-type: none"> ○ Speak up for safety ○ Accurate communication ○ Focus on the task ○ Embrace a questioning attitude ○ Take thoughtful action ○ You and me together • Advised that the 2-hour HRO class could be presented for the next Board education session. 	
<p>9. HEALTH EQUITY METRICS</p>	<p>Dr. Holly Beeman, CQO presented on Health Equity Metrics and highlighted the following:</p> <p>Our new CHRO will be focusing on the work place diversity inclusion and belonging.</p> <p>Quality team will be focused on our patients and health equity for our patients. Dr. Beeman referenced the memo provided in the committee packet in which the types of self-reported information we collect from our patients is described in detail.</p> <p>Mr. Zoglin asked about the genetic component of asking our patients social determinants of health questions and why is this not included. Dr. Beeman shared that genetic question may be in the future phase of the process.</p> <p>Ms. Simon referenced the presentation and that it states we are mapping to the community but the Hispanic cell is blank.</p> <p>Dr. Beeman shared that the column in the table is data from the U.S. Census Bureau. The U.S. Census Bureau considers Hispanic an ethnicity, not a race. So, individuals are not given Hispanic as an option to select for race. That is why this cell is blank.</p> <p>Chair Somersille stated that the most recent Santa Clara County Census Bureau statistics available to all via the internet state that 25% of Santa Clara County is Hispanic. Although that is not a race it is tracked and should be included.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>7:01 pm.</u></p> <p>Movant: Somersille</p> <p>Second: Po</p> <p>Ayes: Somersille, Ho, Po, Sharma, Simon, Zoglin</p> <p>Noes: None</p> <p>Abstain: None</p> <p>Absent: Falwell, Legha</p> <p>Recused: None</p>	<p><i>Adjourned to closed session at 7:01 pm</i></p>
<p>11. AGENDA ITEM 17: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>The open session reconvened at 7:45 pm. Agenda items 11-16 were addressed in closed session.</p>	

	During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (08/01/2022), the Quality Council Minutes (08/03/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 18: CLOSING WRAP UP	No additional Comments	
13. AGENDA ITEM 19: ADJOURNMENT	Motion: To adjourn at 7:47 pm Movant: Po Second: Simon Ayes: Somersille, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Falwell, Legha Recused: None	Adjourned at 7:47 pm



Carol Somersille, MD
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II