



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, March 6, 2023
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040**

Members Present

Pancho Chang**
Philip Ho, MD
Prithvi Legha, MD
Jack Po, MD
Krutica Sharma, MD
Melora Simon
John Zoglin

Members Absent

Carol Somersille, MD

Others Present

Dan Woods, CEO**
Meenesh Bhimani, MD, COO
Mark Adams, MD, CMO
Deb Muro, CIO**
Shreyas Mallur, MD, ACO
Shahram Gholami, MD**
Lyn Garrett, Senior Director, Quality
Daniel Shih, MD**
Tracy Fowler, Director, Governance Services
Nicole Hartley, Executive Assistant II

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:34 pm by Vice Chair Melora Simon. A verbal roll call was taken. Dr. Sharma joined at 5:36 pm, Dr. Ho joined at 5:51 pm, and Dr. Legha joined at 6:23 pm. Dr. Somersille was absent. All other members were present at roll call and participated in-person or telephonically. A quorum was present.	
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Ms. Hartley shared that we have one member of the Committee, Pancho Chang participating remotely due to Just Cause. Vice Chair Simon ask Mr. Chang if there were any adults in the room. Mr. Chang confirmed there were not.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Simon asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	

<p>5. CONSENT CALENDAR</p>	<p>Vice Chair Simon asked if any Committee member would like to pull an item from the consent calendar.</p> <p>No items were pulled.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (02/06/2023); For information: (b) Report on Board Actions, (c) Progress against FY 2023 Committee Goals, (d) QC Follow-Up Items</p> <p>Movant: Zoglin Second: Po Ayes: Chang, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: Ho, Legha, Somersille Recused: None</p>	<p>Consent Calendar Approved</p>
<p>6. CHAIR'S REPORT</p>	<p>Vice Chair Simon welcomed Pancho Chang to the Committee and asked Dr. Po to report out from the February 15, 2023 Hospital Board Meeting regarding Quality Metrics.</p> <p>Dr. Po gave an overview of the Patient Experience report out that was shared at the board. He shared that more detailed information was given on the challenges to the HAC Index and that as requested from the last Quality Committee meeting, a timeline of expected improvement was shared.</p>	
<p>7. PATIENT STORY</p>	<p>Dr. Meenesh Bhimani, COO presented the Patient Story. The comment is from a patient who received a Press Ganey survey following treatment and discharge from the emergency department. The patient expressed that the staff was nice but there were no private beds or rooms and their care was completed in a hallway chair. There has been a 30% increase in ED patient volumes and this story highlights the struggle with space constraints. Due to a lack of privacy and patient concerns, the staff came forward with an idea to convert some office space to patient care space adding 4 additional recliner chairs for low acuity patients. These chairs were activated in January and are able to provide additional privacy while also promoting a timely turnaround in triage, care, treatment and discharge. Dr. Bhimani shared that the ED throughput measure did hit target in January and there are other improvement trends showing.</p> <p>Vice Chair Simon asked if we could answer the proposed questions listed on the memo.</p> <p>Dr. Adams commented that this is an intermediate solution and it is better to treat the patient than have them in the waiting room.</p> <p>Mr. Zoglin asked about global care comparison. A discussion occurred about Global care versus care expectations in the</p>	

	<p>US. The discussion highlighted the importance of setting proper expectations for patients and what they will expect for their treatment.</p> <p>Dr. Po asked about potential alternatives to patients waiting and the committee discussed ideas. Dr. Bhimani shared that we can look into other options to see what other systems are doing effectively.</p> <p>Vice Chair Simon suggested that on the website where ED wait time is posted, could we post alternative locations for patients to choose from. Additionally, having guidance on when to utilize the emergency department versus Urgent Care.</p> <p>Vice Chair Simon requested for a future meeting that we have a deep dive into the emergency department times and throughput and what is causing the backups.</p>	<p>ACTION: <i>Deep Dive on emergency department times and throughput at a future meeting.</i></p>
<p>8. FY23 ENTERPRISE QUALITY DASHBOARD</p>	<p>Dr. Mark Adams, CMO presented the FY23 Enterprise Quality Dashboard. He shared some professional insight on surgical site infections (SSI). When analyzing SSIs, they look for patterns in a variety of factors: rooms, surgeons, instruments, bacteria, etc. In review of the SSI's, no trends are apparent and the infections appear sporadic. There is often a physiologic delay in the manifestation of a surgical site infection. For some times of surgeries, we need to wait for 90 days post-surgery to determine if an infection has developed after surgery. Most show up in the first month but not in the first week because it is often suppressed by antibiotics.</p> <p>There was discussion about the PC-02: Cesarean Birth Core Measure that focused on this target being set by CA not ECH, the demographics in our district that drive higher rates (age of mother and diabetes), and doctors with high percentages being flagged in the credentialing process.</p>	
<p>9. PROPOSED FY24 COMMITTEE PLANNING ITEMS</p>	<p>Dr. Mark Adams, CMO opened the discussion for the Proposed FY24 Committee Planning Items to the committee.</p> <p>FY24 Committee Goals: Mr. Zoglin asked the committee if item number 4: <i>All committee members regularly attend and are engaged in committee meeting preparation and discussions</i> need to be a listed goal. Can we build on Dr. Somersille's comments of having additional education on Patient Experience as one of our goals? Dr. Adams shared we will consider that recommendation.</p> <p>Vice Chair Simon asked the committee if we should add a goal around how we treat each other. Mr. Woods asked if the behavior question is for the Enterprise/all Committees or would each Committee have its own behavior goals. Ms. Fowler responded by sharing we are the first committee to discuss this and will look into this. Dr. Po asked if we could bring this topic for discussion at the Governance Committee.</p>	

	<p>QC Charter: Mr. Zoglin suggested that if the Charter focuses on whole system quality, the Committee Goals should reflect that as well. Vice Chair Simon agreed. Dr. Adams agreed that both should align. Additionally, the charter should be a high-level document and these changes add quite a bit of detail. Dr. Adams shared that governing behavior through a charter is difficult to measure.</p> <p>Vice Chair Simon shared that with the Specific Duties in the charter, we are great with quality control but not quality planning. Dr. Adams and Lyn Garrett shared that the Quality Improvement and Patient Safety Plan (QAPI) is the quality planning the committee sees.</p> <p>FY24 Pacing Plan: Vice Chair Simon noted that the Culture of Safety Survey was not listed on the Pacing Plan and to please include it for FY24. Dr. Adams shared we can add it.</p> <p>FY24 QC Dates: Dr. Adams shared that if the dates move, Credentialing and Privileges would not align and would need to go straight to the hospital board. After discussion, the recommendation is to keep the meetings on the first Monday.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>6:46 pm</u>.</p> <p>Movant: Po Second: Sharma Ayes: Chang, Ho, Po, Legha, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: Somersille Recused: None</p>	<p><i>Adjourned to closed session at 6:46 pm</i></p>
<p>11. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>The open session reconvened at <u>7:13 pm</u>. Agenda items 11-15 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (02/06/2023), the Medical Staff Bylaw revisions, the Quality Council Minutes (02/01/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.</p>	
<p>12. AGENDA ITEM 17: ROUNDTABLE</p>	<p>No additional comments.</p>	
<p>13. AGENDA ITEM 18: ADJOURNMENT</p>	<p>Motion: To adjourn at <u>7:14 pm</u></p> <p>Movant: Po Second: Sharma Ayes: Chang, Ho, Po, Legha, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: Somersille</p>	<p><i>Adjourned at 7:14 pm</i></p>

	Recused: None	
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Attest as to the approval of the foregoing minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:



Nicole Hartley, Executive Assistant, II

Prepared by: Nicole Hartley, Executive Assistant, II
Reviewed by: Tracy Fowler, Director of Governance Services