



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, March 4, 2019
El Camino Hospital | Conference Rooms E&F
2500 Grant Road, Mountain View, CA 94040**

Members Present

Jeffrey Davis, MD
Peter C. Fung, MD
Julie Kliger, Chair
Wendy Ron
Melora Simon (via teleconference)

Members Absent

Katie Anderson
Ina Bauman
George Ting, MD


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 5:36 pm by Chair Kliger. A verbal roll call was taken. Ms. Simon participated via teleconference. Committee Members Anderson, Bauman and Ting were absent. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST	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 asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed. Due to a lack of quorum, the Committee deferred approval of the meeting minutes to the Committee's April meeting.	<i>Approval of the Consent Calendar deferred to the April 1st Meeting</i>
4. REPORT ON BOARD ACTIONS	Chair Kliger reviewed action taken by the Board as further detailed in the packet. Dr. Davis provided detail about the recent Board approval regarding the Asset Acquisition Agreement with Verity and Professional Services Agreement with the San Jose Medical Group. He highlighted the alignment with the hospital's strategic plan and noted that the next step is approval of the Asset Acquisition Agreement from the bankruptcy court. Dr. Fung noted that there will be a need to measure quality outcomes for these ambulatory services. The Committee discussed the advantages of acquiring an established medical group including the existing quality infrastructure, data, and capacity to track ambulatory quality metrics. In response to Ms. Kliger's question, Mark Adams, MD, CMO, described the process for establishing mutually acceptable and relevant quality metrics for ambulatory practices such as HEDIS (Healthcare Effectiveness Data and Information Set) measures that payers use to track managed care. Dr. Adams expressed concerns from an operational-management perspective of how to extend quality and clinical effectiveness as well as risk management to SVMD and this new group of physicians. SVMD is a separate entity with its own governing board which will have the primary responsibility to monitor quality and safety within that organization. It is expected that the SVMD board will make periodic reports to the system Board to include quality and safety metrics. Ms. Kliger suggested the Committee leverage Ms. Simon's extensive experience of working with	

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	ambulatory care and quality systems as it relates to this new group.	
5. FY19 QUALITY DASHBOARD	<p>Mark Adams, MD, CMO, reviewed the quality metrics on the Committee's FY19 Dashboard. Dr. Adams commented on the newly modified dashboard display that shows a rolling twelve month average which dampens the month to month variability and shows trends more clearly.</p> <p>Dr. Adams reviewed metrics of the Quality Dashboard:</p> <ul style="list-style-type: none"> - Mortality Index in December increased due to an increase in admissions of terminal cancer patients; with an index of .97 indicates steady improvements toward the goal of .95; - Readmission Index was fairly steady and close to target; - Patient Throughput-Median showed reduction and dampening of variability, though still above organizational goal. <p>He commented on expected and unexpected challenges, and remains cautiously optimistic of meeting the organizational targets.</p> <p>In response to questions on throughput work, Dr. Adams explained that the biggest impacts were in physician interactions with the ED physicians and hospitalists. While it is fairly common for hospitalists to approve admitting patients purely on the recommendations of ED physicians, some hospitalists resist the practice. In addition, a cascade of procedural steps are required to admit patients on the nursing side resulting in a fair amount of delay. Meetings are underway with ED physicians and hospitalists to discuss options for more efficiency including, for example, using bridging orders for admissions.</p> <p>Dr. Adams responded to questions regarding the Mortality Index being attributed to severely ill patients and being risk adjusted. He explained that terminal cancer patients don't have all the co-morbidities that help to increase the expected mortality score called Risk of Mortality (ROM). They are admitted with a simple, yet fatal, diagnosis compared to a complex medicine patient. We now have an in-patient hospice with the expectation that more of these patients go to hospice and will not be counted in the mortality index.</p> <p>Cheryl Reinking, RN, CNO, discussed HCAHPS results and described actions in place to improve the scores:</p> <ul style="list-style-type: none"> - Nursing Communication – hourly, purposeful-rounding or leader rounding as one of the very best documented practices; - Responsiveness – Currently, our biggest struggle. Started a “no pass zone” ensuring that someone finds out what the patient needs; and - Cleanliness – meeting the goal. Successfully eliminated clutter in patient rooms. <p>The committee discussed the value of the report formatted in rolling twelve month averages to show trends. Committee members noted that ECH is clearly on an upward trajectory regarding the hospital environment satisfaction. Ms. Klinger suggested adding descriptive annotation to the report to identify change catalysts.</p> <p>The Committee recommended adding a report to the Pacing Plan showing performance metrics of comparable organizations to ECH.</p>	<p><i>Metrics comparison paced for a future meeting</i></p>

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6. BEHAVIORAL HEALTH SERVICES QUALITY REPORT	<p>Ms. Kliger introduced the purpose of reviewing BHS' services, performance and future plans.</p> <p>Dr. Adams presented an overview of the Behavioral Health Services (BHS) offered by ECH and the added capacity anticipated with the opening of the new facility. The new facility will expand accommodations from 21 to 36 beds. There are many outpatient services including Maternal Outreach Mood Services (MOMS), Dual Diagnoses, Chemical Dependency Intensive Outpatient Program (CDIOP), Aftercare, Older Adult Transition Services (OATS), Dialectical Behavior Treatment (DBT), Electro Convulsive Treatment (ECT), and several adolescent programs called ASPIRE. On any given day our BHS is caring for 100 patients.</p> <p>BHS tracks and trends many behavioral health metrics including CMS Core Measures. All of the indicators are at or above national benchmarks. This lead to a discussion of responsibility for such measures and accountability of medical directorships. Dr. Adams explained that at least one of the organizational goals is tied to the performance of each medical director.</p> <p>Ms. Kliger posed several questions to be included on what is quality. How to view quality; How broad? What would be valuable data (already being collected at a high level) that would inform the Committee for its work advising the organization?</p> <p>The Committee asked Dr. Adams to present an overview of the process used to evaluate medical directors' performance.</p>	<p><i>Staff to present on medical directorships</i></p>
7. SAFETY SURVEY – EMPLOYEE RESULTS	<p>Dr. Adams reported that the most recent employee culture of safety survey had a response rate of 87%. The overall score increased compared to 2017 and 2018. The results were highlighted and discussed.</p> <p>The Committee and staff discussed that the results reveal the need to change the culture, such as:</p> <ul style="list-style-type: none"> • Improve communication and collaboration among peers, and units. • Shift QRR write-ups to focus on systems and not individuals. • Revise the peer review process. <p>The staff discussed the benefits of a former ECH Physician-Liaison program that improved communication, provided training and bridges the communication gap between nurses and physicians. .</p> <p>Dr. Adams presented the good news that the scores for pride & reputation were very good indicating that our employees take pride in the organization.</p> <p>In response to Committee questions, Dr. Adams and Ms. Reinking explained that HR owns the data and is working with consultants to develop a plan of action.</p> <p>The Committee requested a progress report on the culture of safety plan of action be added to the Pacing Plan for a later date.</p>	
8. APPOINTMENT OF AD HOC COMMITTEE TO	<p>Ms. Kliger reported that she asked Committee members Ina Bauman, and Wendy Ron to step down when their terms end in June. She explained she would like to open up those two seats to expand the technical</p>	<p><i>Topic deferred to the April 1st</i></p>

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ADDRESS RECRUITMENT OF NEW COMMITTEE MEMBERS	<p>capabilities of the Committee to bring additional insights and counsel.</p> <p>The Committee discussed recruitment of new members, the composition of the Committee and new ways to continue to have the patient voice on the Committee. Potential means of addressing patient voice are:</p> <ul style="list-style-type: none"> • Regular reviews from the PFAC; • Feedback from hospital patients; or • Feedback from ambulatory patients. <p>Members of the staff and the Committee expressed their concerns and advocated for keeping the patient voice on the Committee.</p> <p>Due to a lack of quorum, the Committee deferred appointing an Ad Hoc Committee to the Committee's April meeting.</p>	<i>Meeting</i>
9. WHAT IS QUALITY	Due to time constraints, the Committee deferred discussion of this item to its April 1 st meeting.	<i>Topic deferred to the April 1st Meeting</i>
10. PROPOSED FY20 ORGANIZATIONAL GOALS	Due to time constraints, the Committee deferred discussion of this item to the Committee's April meeting.	<i>Topic deferred to the April 1st Meeting</i>
11. PROPOSED FY20 COMMITTEE GOALS	Due to time constraints, the Committee deferred discussion of this item to the Committee's April meeting.	<i>Topic deferred to the April 1st Meeting</i>
12. PUBLIC COMMUNICATION	There were no comments from the public.	
13. ADJOURN TO CLOSED SESSION	<p>Ms. Simon discontinued participation in the meeting at 7:34pm.</p> <p>Motion: To adjourn to closed session at 7:36 pm.</p> <p>Movant: Davis</p> <p>Second: Ron</p> <p>Ayes:, Fung, Kliger, Davis, Ron</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Anderson, Bauman, Simon, Ting</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:36pm.</i>
14. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:43pm. Due to lack of quorum the committee took no action during the closed session.	
15. AGENDA ITEM 19: ADJOURNMENT	The meeting was adjourned at 7:44pm.	<i>Meeting adjourned at 7:44pm</i>

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


Julie Kliger
Chair, Quality Committee