



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, April 1, 2019
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present
Ina Bauman
Peter C. Fung, MD
Julie Kliger, Chair
Jeffrey Davis, MD
Wendy Ron
Katie Anderson

Members Absent
George O. Ting, MD
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 5:30pm by Chair Kliger. <i>A silent Roll call was taken.</i> George O. Ting, MD and Melora Simon 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. Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee (December 3, 2018, February 4, 2019, March 4, 2019); and for information, Patient Story, FY19 Pacing Plan, Progress Against FY19 Quality Committee Goals, FY20 Committee Meeting Dates and Hospital Update. Movant: Ron Second: Davis Ayes: Anderson, Bauman, Davis, Fung, Kliger, Ron Noes: None Abstentions: None Absent: Ting, Simon Recused: None	<i>Motion Required</i>
4. REPORT ON BOARD ACTIONS	Dr. Fung provided an overview of board actions. Dr. Fung note that two main items were a) increasing El Camino Hospital Board to a maximum of 11 members and reserving a seat for the CEO; and b) ECH Sponsorship of SVMMD as Risk Bearing Organization with Department of Managed Healthcare. There were no questions about the Report on Board Actions.	
5. FY19 QUALITY DASHBOARD	Mark Adams, MD, CMO, participated by teleconference. Dr. Adams provided an overview of the Quality Dashboard. Dr. Adams reported that the monthly Mortality Index was higher than the March report and the FYTD index has increased over the target of .95. Dr. Adams attributed some of the increase to a higher number of patients admitted with terminal cancer dying in the hospital. Dr. Adams reported that ECH started an in-patient hospice program that allows patients to die in the hospital rather than their homes. Converting those patients to hospice removes them from the mortality index. Dr. Adams reported that the Readmission index is steady doing and is just below target. The Committee discussed the Patient Throughput and the different	

	<p>challenges confronting Los Gatos versus Mountain View. Los Gatos reported better times than did Mountain View primarily due to the difference in size. LG is a smaller, more compact facility and because MV is vastly larger, its patients have farther to travel for diagnostics and from ED to a bed.</p> <p>Cheryl Reinking, Chief Nursing Officer commented that, to improve this metric, staff has broken down the whole process in several segments of time and are addressing 18 of 64 areas that need improvement. Ms. Reinking noted a couple of those being discharge rounds, bridge orders for patients that are being admitted, and changing the physician workflow.</p> <p>Dan Woods, Chief Executive Office responded to concerns of financial implications indicating that this is more of a service issue than a direct financial one.</p> <p>The Committee asked to see more granularity in this report that identifies the pain-points, correlates the impact of management's initiatives to those segments, and the expected date of completion. They want to know what is driving the variations, what is the intervention plan, and when is it going to be done.</p> <p>Dr. Adams reported an increase of C. Diff in patients transferred to ECH from nursing homes where C. Diff was present upon admission to ECH. Thus, precautions such as wearing personal protection attire, washing hands and quarantining infected patients are important and help prevent patient to patient transfer.</p> <p>Dr. Adams also reported sepsis mortality increased due to admission of patients with terminal cancer during the holiday season.</p> <p>Dr. Adams commented on future plans to incorporate Silicon Valley Medical Development into the organizational quality out-patient metrics.</p> <p>Chair Kliger suggested metrics of care transitions, tracking white space and adding to through-put.</p>	
<p>6. APPOINTMENT OF AD HOC COMMITTEE TO ADDRESS RECRUITMENT OF NEW COMMITTEE MEMBERS</p>	<p>Chair Kliger noted that the topic was before the Committee again because they did not have a quorum for the last meeting. She provided background of the Committee's desire to add members with certain competencies to have more experts on the committee. An Ad Hoc Committee will be tasked to work on the recruitment of new members.</p> <p>The Committee discussed how best to keep the patient voice on the Committee and means by which the Patient Family Advisory Committee (PFAC) could serve as the patient's voice.</p> <p>Linda Teagle, MD commented that taking out the patient voice reduces the Committee to only quality and not quality and patient care committee, that the hospital wants to give high tech high touch care and removing the patient voice leaves us with only high tech.</p> <p>Cheryl Reinking, RN, CNO noted that the Patient Family Advisory Committee (PFAC) is a monthly meeting and discussion group that does not discuss quality all of the time, but specific experiences.</p> <p>Chair Kliger, Chair proposed Jeff Davis, MD, Melora Simon, Mark</p>	<p>Add PFAC updates to Pacing Plan Motion Required</p>

	<p>Adams, MD, and herself as the Ad Hoc Committee members – pending acceptance by Ms. Simon.</p> <p>Motion: To approve the forming of an ad hoc committee to recruit new members. To bring in potential candidates, to screen and then bring to committee for approval.</p> <p>Movant: Ron</p> <p>Second: Anderson</p> <p>Ayes: Anderson, Bauman, Davis, Fung, Kliger, Ron</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Ting, Simon</p> <p>Recused: None</p>	
7. WHAT IS QUALITY	<p>Chair Kliger reported on the responses to the Quality Maturity Model Survey results. Ms. Kliger commented that the survey was intended to show how others view our collective capabilities here in these different domains (six survey topics) and where we have opportunities to continue to grow and mature. Ms. Kliger asked the questions: Were we surprised? Do we have questions? How does this inform the work that is going on? The Committee discussed the survey, its design, the wide range of responses and implications.</p> <p>Wendy Ron left the meeting at 6:46pm.</p>	
8. VALUE BASED PURCHASING REPORT	<p>Mark Adams, MD, CMO, provided an overview of the Value Based Purchasing Program. Dr. Adams reported the following:</p> <p>This is a zero sum budget based penalty program that allows us to “earn” back dollars based on our performance compared to all other participants. For FY19 we earned back all of the 2% withhold minus \$234,000. For FY20 we are projecting to recover all but \$313,000 of the \$1.8 million withhold. The Committee reviewed the results in detail in each of the domains: clinical, safety, experience, and efficiency.</p> <p>The Committee discussed where ECH is under performing, and whether to incorporate additional key metrics and not just those linked to Medicare withholding. There is need to identify a list of important quality metrics to focus on being the best that we can be.</p>	
9. PT. EXPERIENCE (HCAHPS)	<p>Cheryl Reinking, RN, CNO, provided an overview of HCAHPS scores. Ms. Reinking, reported that ECH recently reinvigorated its leader rounding program where new patients and patients about to be discharged are rounded on by members of the leadership team. She noted that after two weeks 1100 rounds had been conducted, which is a significant improvement. We will know in the coming weeks if it improves our HCAHPS scores. The goals is to have 80% of our patients rounded on during their stay.</p> <ul style="list-style-type: none"> • <p>Ms. Reinking share some patient feedback such as:</p> <ul style="list-style-type: none"> • “ECH is a phenomenal hospital” • “The entire team that cared for me was excellent...” • “Sometimes not clear on what CNA’s do versus what nurses do...” • Ms. Reinking provided an overview of the Patient Family Advisory Council (PFAC). Ms. Reinking reported that PFAC is currently comprised of Currently 10 past patients or family members from various backgrounds and experiences. She 	

	explained that one of the purposes of the PFAC is to shape change throughout the hospitals. Recently, PFAC has provided feedback on the LifeLink project, Epic, patient billing, and organizational goal sub-committees;	
10. PROPOSED FY20 ORGANIZATIONAL GOALS	Katie Anderson left the meeting at 7:35 pm. Chair Kliger reported that even though the goals had not yet been submitted by the leadership team, the topic is open for discussion. Mark Adams, MD, CMO, asked the Committee to recommend organizational goals for 2020. Dr. Adams suggested that leadership is considering recommending mortality, readmissions, and physician engagement as quality metrics.	Will be brought back to May 6th meeting
11. PROPOSED FY20 COMMITTEE GOALS	Mark Adams, MD, CMO commented that there were no major changes to the proposed goals as further detailed in the materials. Julie Kliger, Chair, suggested including Committee engagement as an additional measure to include reliability, participation, and good dialogue. Dr. Adams commented that Committee members could do a self-assessment. The goals will be revised and brought back to the May meeting.	Will be brought back to May 6th
12. PUBLIC COMMUNICATION	There was no comment from the public.	
13. ADJOURN TO CLOSED SESSION	The meeting was adjourned to closed session at 7:49pm.	<i>Adjourned to closed session at 7:49pm</i>
14. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:50pm. Agenda Items 12-17 were covered in closed session.	
15. AGENDA ITEM 19: ADJOURNMENT	The meeting was adjourned at 7:53pm.	<i>Meeting adjourned at 7:21pm</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, RN
Chair, Quality Committee