



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, May 6, 2019
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

Peter C. Fung, MD
Julie Kliger, Chair
Jeffrey Davis, MD
George O. Ting, MD
Melora Simon
Ina Bauman
Wendy Ron

Members Absent

Katie Anderson

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> Melora Simon and Katie Anderson 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	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. The Committee pulled Item 3(b) Proposed FY20 Committee Goals for discussion.</p> <p>Motion: To approve the consent calendar: a. Minutes of the Open Session of the Quality Committee (April 1, 2019), b. Proposed FY20 Committee Goals; and for information: c. Patient Story, d. FY19 Pacing Plan, e. Progress Against FY19 Quality Committee Goals, f. Hospital Update.</p> <p>Movant: Fung Second: Bauman Ayes: Kliger, Fung, Davis, Ting, Bauman, Ron Noes: None Abstentions: None Absent: Anderson, Simon Recused: None</p>	<i>Consent Calendar Approved</i>
4. REPORT ON BOARD ACTIONS	Jeffrey Davis, MD provided brief highlights of board actions as further detailed in the report.	
5. FY19 QUALITY DASHBOARD	<p>Mark Adams, MD, CMO, provided an overview of the Quality Dashboard.</p> <ol style="list-style-type: none"> 1. Mortality Index: <ul style="list-style-type: none"> ▪ Mortality Index dropped in February; and ▪ Fewer deaths with documentation of active treatment and co-morbidities. 2. Readmission Index (All Patient, All Cause Readmit): <ul style="list-style-type: none"> ▪ Readmission Index dropped to below target level for FYTD with fewer COPD, Total Joint, and CHF readmissions, none for Pneumonia; ▪ Patients sent home with Telehealth per grant funding have a lower readmission rate; and ▪ Providing patients with rehabilitation has shown great results in decreasing readmissions. 3. Patient Throughput-Median minutes from emergency room (ED) 	<i>Chair Julie Kliger would like to add a report of who makes up the patient census coming into the ED to the Pacing Plan</i>

	<p>Door to Patient Admitted:</p> <ul style="list-style-type: none"> ▪ Patient Throughput was better at the Los Gatos campus; ▪ With increased volume Mountain View was above goal in March; <ul style="list-style-type: none"> – Discovered issues around how patients are triaged. ▪ Steps to address delays: <ul style="list-style-type: none"> – Ten beds in 3CW now can be used for med/surg/telemetry to reduce holding in the emergency room; – In MV, a Capacity Management Center in the emergency room as a pilot for centralized bed management started April 2019 to support managing flow across the hospital; – In LG, nurses will step in and transport patients as needed; <p>4. Hospital-acquired Infections:</p> <ul style="list-style-type: none"> ▪ Zero CLABSI for March 2019: ▪ Two CAUTIs in March: Both cases related to extended urinary catheter days (7, 10 days) and both patients experienced increased bowel incontinence due to their treatments. <p>5. ALOS/GMLOS increased in February to above target level.</p> <p>In response to questions from the Committee, Dr. Adams discussed acute care needs, how to flex when needed, that the cancer infusion center has high demand and not enough capacity causing patients to wait for availability. He also commented on other approaches to taking care of patients in the home and beyond.</p> <p>Cheryl Reinking, RN, CNO, provided an overview of the HCAHPS portion of the Quality Dashboard.</p> <ol style="list-style-type: none"> 1. HCAHPS Nursing Communication improved in March 2019 – Successful interventions include leader rounding and nursing scripts 2. Responsiveness of Staff also improved in March <p>Chair Julie Kliger would like to add a report of who makes up the patient census of the ED to the Pacing Plan.</p> <p><i>Melora Simon joined the meet at 6:00pm.</i></p>	
6. CDI DASHBOARD	<p>Dr. Adams provided an overview of the Clinical Documentation Improvement Program. He discussed the following:</p> <ol style="list-style-type: none"> 1. The physician response rate to queries is at 100%; 2. The query agree rate has increased over last year; At the highest level ever registered; 3. Physicians are very engaged in documentation clarification opportunities; 4. Focus continues on physician education to document patient co-morbidities and to understand the effect of this documentation; 5. The importance of having the right information for the patient from the physicians, and the way in which it impacts our quality scores and our ability to be paid; 6. Team lead by a physician was successful in obtaining this information; 7. MCCs on medical and surgical side do not always want to fill out all of that information; and 8. The performance is good but could get better. 	
7. CORE MEASURES	<p>Dr. Adams provided an overview of the Core Measures. He discussed the following:</p> <ol style="list-style-type: none"> 1. The need to eliminate elective deliveries prior to 39 weeks 	

<p>8. MEDICAL DIRECTOR GOAL PROCESS AND ACCOUNTABILITY</p>	<p>gestation unless medically necessary;</p> <ol style="list-style-type: none"> 2. Increase of elective deliveries is mostly for patient convenience; and 3. Literature shows babies delivered before 39 weeks do have difficulties. <p>Dr. Teagle commented on the core measures and reasons for not inducing labor before 39 weeks.</p> <ol style="list-style-type: none"> 4. Admit Decision Time to ED Departure Time for Admitted Patients; The data is getting better, the times are shrinking; <p>Dr. Adams reported on the Hospital Based Inpatient Psychiatric Services (HBIPS). He discussed:</p> <ol style="list-style-type: none"> 1. Influenza Immunization; 2. Transition Record; 3. The use of seclusion and restraint; and 4. Valuing and respecting an individual's autonomy, independence. <p>Dr. Adams provided an overview of the Medical Directorships. He discussed:</p> <ol style="list-style-type: none"> 1. There are 50 Medical Directors across the organizations; 2. Physicians are reimbursed at an hourly rate; 3. Staff verifies the hours of work performed for compensation purposes; 4. Medical Directors are required to have two individual goals that are aligned with organizational goals. One is an outcome goal and the other is a process goal. 20% of compensation is withheld until goals are achieved. The assigned Director verifies metrics and final approval rests with the CMO; <p><i>The Committee asked to see the list of all 50 Medical Directorships.</i></p> <p><i>Ms. Ron left the meeting at 6:55pm.</i></p>	<p><i>The Committee asked to see the list of all 50 medical directorships.</i></p>
<p>9. PROPOSED FY20 ORGANIZATIONAL GOALS</p>	<p>Dr. Adams provided an overview of management's organizational incentive goals for Quality.</p> <p>Dr. Adams discussed the background and strategy that goes into establishing the goals, and how they align to the organization. He explained that the incentive goals were selected based on the following principles: significantly impacts quality, safety, and experience; easy to understand, broad reach across the organization; impacts financial performance; impacts consumer choice; and aligns with strategic goals.</p> <p>Dr. Adams commented about the Value Based Purchasing program and how there are mortality outcomes that impact the reimbursement that ECH receives from the Centers for Medicare and Medicaid Services (CMS). He also explained that the CMS Readmission Reduction (penalty) program has a significant impact on the amount of reimbursement that ECH receives and the rate of readmissions is seen as a proxy for the quality of care. Dr. Adams noted that ECH wants to be in the top tier of the country and a multiyear plan has been laid out with a target date of FY 2022. He said the work of improving the mortality index and readmission index is underway with 10 interdisciplinary teams at work.</p>	<p><i>The Committee requested to have an opportunity to discuss the proposed organizational goals at two meetings placed on the FY 20 Pacing Plan.</i></p>

	<p>Ms. Reinking discussed the proposed HCAHPS service measures - discharge information and staff responsiveness - that were selected by management to be included in the organizational incentive goals for FY20 as these goals also align with the principles above.</p> <p>Some Committee members commented that the new goals are uninspiring, and fewer than the year before. They wanted to see Patient Throughput and physician/nurse engagement and satisfaction included as goals.</p> <p>Dan Woods, CEO, explained that the organizational incentive goals are a small subset of the many activities and metrics followed by the Quality Committee related to quality, safety, and experience. He also explained that the Quality Committee would be tracking other metrics that include the aforementioned topics, and that these goals are the incentive goals with compensation tied to them.</p> <p>Motion: To approve recommending the proposed organizational incentive goals that reflects patient quality, safety, and service to the ECH Board for approval. Movant: Fung Second: Ting Ayes:, Davis, Fung Bauman, Ting Noes: None Abstentions: Simon, Kliger Absent: Anderson, Ron Recused: None</p>	
10. PROPOSED FY20 PACING PLAN	<p>Motion: To approve the Proposed FY 20 Pacing Plan Movant: Simon Second: Davis Ayes:, Bauman, Davis, Fung, Kliger, Simon, Ting Noes: None Abstentions: None Absent: Anderson, Ron, Recused: None</p>	<i>FY 20 Pacing Plan Approved</i>
11. AD HOC COMMITTEE: PROGRESS	Chair Julie Kliger reported on the Committees efforts to recruit new members to fill three vacancies.	
12. PUBLIC COMMUNICATION	There was no comment from the public.	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:40pm.</p> <p>Movant: Simon Second: Davis Ayes:, Bauman, Davis, Fung, Kliger, Simon, Ting Noes: None Abstentions: None Absent: Anderson, Ron, Recused: None</p>	<i>Adjourned to closed session at 7:40pm</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:57 pm. Agenda Items 15-17 were covered in closed session. During the Closed Session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (December 3, 2018, February 4, 2019, March 4, 2019 and April 1, 2019).	

15. AGENDA ITEM 20: ADJOURNMENT	Motion: To adjourn at 8:00 pm. Movant: Ting Second: Simon Ayes: , Bauman, Davis, Fung, Kliger, Simon, Ting Noes: None Abstentions: None Absent: Anderson, Ron Recused: None	<i>Meeting adjourned at 8:00pm</i>
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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:



Julie Kliger
Chair, Quality Committee