



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
Monday, June 3, 2019  
El Camino Hospital | Conference Rooms A&B  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Julie Kliger, RN, Chair**  
**Jeffrey Davis, MD**  
**George O. Ting, MD**  
**Melora Simon**  
**Katie Anderson**

**Members Absent**

**Ina Bauman**  
**Wendy Ron**  
**Peter C. Fung, MD**

| Agenda Item                                      | Comments/Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approvals/<br>Action                     |
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| <b>1. CALL TO ORDER/<br/>ROLL CALL</b>           | The open session meeting of the Quality, Patient Care and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:32pm by Chair Kliger. <i>A silent roll call was taken.</i> Ina Bauman, Wendy Ron, and Peter C. Fung, MD were absent. All other Committee members were present at roll call.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |
| <b>2. POTENTIAL<br/>CONFLICT OF<br/>INTEREST</b> | Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
| <b>3. CONSENT<br/>CALENDAR</b>                   | <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(c) for discussion. It was confirmed that "in the ED" would be added to "Who makes up census" for the August 2019 meeting.</p> <p><b>Motion:</b> To approve the consent calendar: a. Minutes of the Open Session of the Quality Committee (May 6, 2019); and for information: b. Patient Story, c. FY20 Pacing Plan, d. Progress Against FY19 Quality Committee Goals, and e. Hospital Update, and f. List of Medical Directorships.</p> <p><b>Movant:</b> Simon</p> <p><b>Second:</b> Anderson</p> <p><b>Ayes:</b> Kliger, Davis, Ting, Anderson, Simon</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Bauman, Ron, Fung</p> <p><b>Recused:</b> None</p>                                                          | <i>Consent<br/>Calendar<br/>Approved</i> |
| <b>4. REPORT ON BOARD<br/>ACTIONS</b>            | Chair Kliger provided brief highlights of Board actions including the election of ECH Board Officers and two new Board members as further detailed in the report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
| <b>5. FY19 QUALITY<br/>DASHBOARD</b>             | <p>Mark Adams, MD, CMO, reviewed the Quality Dashboard. Dr. Adams highlighted Mortality and Readmission Indexes, and that Throughput made progress. He noted that the data in the dashboard was from February and March.</p> <p>In response to questions from the Committee, Dr. Adams discussed measures at LG, such as employing Wall-E the robot to transport labs, as attributing to better Throughput numbers.</p> <p>Cheryl Reinking, RN, CNO, reviewed the HCAHPS:</p> <ul style="list-style-type: none"> <li>▪ Nurse Communication at 81.4 was above the 81.0 target;</li> <li>▪ Responsiveness at 66.7 was .03 below the target of 67; and</li> <li>▪ Cleanliness of hospital environment at 76.3 was above the target of 76.</li> </ul> <p>Ms. Reinking explained that purposeful rounding continues to affect and improve their scores. One of the questions asked of patients during</p> |                                          |

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|                                                                               | <p>rounding is whether anyone has regularly checked on them. The goal is to have the patients not need to use the call light.</p> <p>Dr. Adams commented that Hospital Acquired Infections and C. Diff were both down, as expected and Sepsis looks good.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |
| <p><b>6. FY20 QC DASHBOARD CONTENT</b></p>                                    | <p>Dr. Adams provided an overview of the Proposed FY20 QC Dashboard Content.</p> <p>He noted that the first six of the twelve FY19 metrics are organizational goals linked to the incentive plan. For the first few months of FY20 these metrics will continue to be reported since this report is historical data.</p> <p>Dr. Adams explained the rationale for selecting the metrics proposed for FY20 as contained in the QC Dashboard content report. He explained The Mortality Index, Readmission Index, and two in the HCAHPS domain are FY20 organizational goals for quality and safety. He also introduced as new metrics to track for FY20:</p> <ul style="list-style-type: none"> <li>▪ SSI (Surgical Site Infections) – particular focus due to an upsurge in infections. An area where the organization wants the Committee’s help;</li> <li>▪ Classification of Serious Safety Events – measures serious safety events and focuses on having a culture of safety;</li> <li>▪ PC-01 Elective Delivery (prior to 39 weeks) – measuring due to increased occurrences, currently above 2% when it should be zero;</li> </ul> <p>Melora Simon recommended adding Nulliparous, Term, Singleton, and Vertex (NTSV) Cesarean Birth Rate to the dashboard.</p> <p>The Committee discussed the proposed list of dashboard metrics and shifting its focus from a granular level monitoring to innovation or areas where they could offer advice.</p> <p>The Committee requests the following:</p> <ul style="list-style-type: none"> <li>▪ Add discussion of 2021 QC Dashboard to Pacing Plan;</li> <li>▪ Add FY20 QC Dashboard to consent calendar and discuss report by exception, for significant events (as defined on executive-level).</li> <li>▪ Add two additional metric to the Quality Dashboard: (a) delivery before 39 weeks and C-section rates, and (b) ED Throughput.</li> <li>▪ A report that provides background, contexts and links the various dashboard domains to the ECH strategic plan and the five pillars – at a high level; and</li> <li>▪ Add FY20 QC DASHBOARD CONTENT DISCUSSION to August meeting to discuss “review and reallocation of time.”</li> </ul> <p>Chair Kliger commented on the desire to have the dashboard reflective of the ECH delivery of care standards and best practices in a holistic view without being over-burdensome. Dr. Adam concurred and suggested that the Committee focus on discussing a single parameter from the dashboard.</p> | <p><i>Add QC Dashboard to consent calendar.</i></p> <p><i>Add discussion of 2021 Dashboard metrics to Pacing Plan.</i></p> |
| <p><b>7. INFECTION PREVENTION PLAN AND HAND HYGIENE COMPLIANCE REPORT</b></p> | <p>Dr. Adams provided an overview of the Annual Infection Prevention Plan and Hand Hygiene Compliance Report based upon an observational study of hand washing among staff upon entry and exit of hospital spaces. The results showed more hand washing upon entry.</p> <p>Dr. Adams noted that proposed strategies included utilizing technology to signal non-compliance. However, the greatest efficacy to increase compliance is awareness and patient engagement.</p> <p>In response to Committee questions Daniel Shin, highlighted the rate of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |

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| <p><b>8. PFAC REPORT</b></p>                                | <p>active TB in Santa Clara County which is three times higher than the national average. Most of those infected are immigrants. Enterprise wide the hospital and staff are well trained and good about isolating.<br/> <b>Motion:</b> To approve the Annual Infection Prevention Plan And Hand Hygiene Compliance Report.<br/> <b>Movant:</b> Simon<br/> <b>Second:</b> Anderson<br/> <b>Ayes:</b> Kliger, Davis, Ting, Anderson, Simon<br/> <b>Noes:</b> None<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> Bauman, Ron, Fung<br/> <b>Recused:</b> None</p> <p>Ms. Reinking provided highlights from the Patient, Family Advisory Council meeting from May. The Council offered the following suggestions:<br/> (a) display “free” and “pull forward” on valet parking signs; and<br/> (b) inform registering patients of free parking and complimentary valet.</p> <p>They expressed concerns about:<br/> (a) Having the front lobby staffed at all hours. As a result, there are now paid positions to cover certain hours at both campuses.<br/> (b) The security guard sits too far back from the MV ED entrance. As a result, security will have an entrance post after remodeling of the MV ED is finished.</p> <p>Other areas of interest expressed by the council were for more electric car charging and the potential for a healthy-choices discount in the cafeteria.</p> |                                            |
| <p><b>9. UPDATE ON PATIENT AND FAMILY CENTERED CARE</b></p> | <p>Ms. Reinking provided an overview of the Patient And Family Centered Care report. Highlights included:<br/> a) She noted an increase for Leader Rounding Data.<br/> b) More than half of patients receive leader rounding.<br/> c) Food and communication topped the list of all patient comments as further detailed in the report.</p> <p>Ms. Reinking shared anecdotal patient stories.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |
| <p><b>10. COMPARISON DATA</b></p>                           | <p>Dr. Adams provided an overview of the Quality and Safety Comparisons to Other Regional Hospitals. He reported the following:</p> <ul style="list-style-type: none"> <li>▪ The CMS (Medicare) Star Rating represents a summary of seven groups of measures. ECH, Stanford and two Kaiser Hospitals earned four Stars and Sequoia, alone, earned five Stars.</li> <li>▪ Emergency Department “Door to Floor” Time is the only area in the CMS rating where ECH is lower than average.</li> <li>▪ There is a financial impact of these various score related to VBP. Sequoia, as one of three, earned money in the CMS “Pay for Performance” Program. ECH, however, lost money due to its readmission score.</li> <li>▪ Leapfrog, based on data from last year, rates LG as a ‘B’ and MV as a ‘C’. Our scores were impacted by not having all of the statistics they requested.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
| <p><b>11. PSI-90 PT. SAFETY INDICATORS</b></p>              | <p>Dr. Adams provided an overview of the PSI-90 (Pt. Safety Indicators). He reported on areas of high scores were PSI-90, PSI-04, PSI-18 and PSI-19.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><i>Bring back as an information</i></p> |

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|                                                               | <i>The Committee requests to revisit this topic as an information item to provide definitions of these categories at the August FY 20 meeting.</i>                                                                                                                                                                                                 | <i>item to learn August FY20</i>             |
| <b>12. AD HOC COMMITTEE: PROGRESS REPORT</b>                  | <p>Chair Kliger reported on the Ad hoc Committee's efforts to recruit new members to fill three vacancies. She noted that the Committee would meet to determine which of eight potential candidates to invite to the August QC Meeting to interview.</p> <p>Members not returning in FY20 are Ms. Anderson, Dr. Davis, Ms. Ron and Ms. Bauman.</p> |                                              |
| <b>13. ADJOURN TO CLOSED SESSION</b>                          | <p><b>Motion:</b> To adjourn to closed session at 7:42pm.<br/> <b>Movant:</b> Simon<br/> <b>Second:</b> Anderson<br/> <b>Ayes:</b> Kliger, Davis, Ting, Anderson, Simon<br/> <b>Noes:</b> None<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> Bauman, Ron, Fung<br/> <b>Recused:</b> None</p>                                                   | <i>Adjourned to closed session at 7:40pm</i> |
| <b>14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT</b> | Open session was reconvened at 7:42 pm. Agenda Items 16-17 were covered in closed session. During the Closed Session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (May 6, 2019).                                                                                                            |                                              |
| <b>15. AGENDA ITEM 20: ADJOURNMENT</b>                        | <p><b>Motion:</b> To adjourn at 7:43 pm.<br/> <b>Movant:</b> Simon<br/> <b>Second:</b> Anderson<br/> <b>Ayes:</b> Kliger, Davis, Ting, Anderson, Simon<br/> <b>Noes:</b> None<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> Bauman, Ron, Fung<br/> <b>Recused:</b> None</p>                                                                    | <i>Meeting adjourned at 7:43 pm.</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