



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, August 5, 2019  
El Camino Hospital | Conference Rooms A&B  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

Julie Kliger, Chair  
George O. Ting, MD  
Jack Po, MD  
Melora Simon

**Members Absent**

Peter C. Fung, 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 5:36pm by Chair Kliger. A silent roll call was taken. Committee Member Fung was absent. Jack Po, MD arrived at 5:42 pm during Agenda Item 4. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	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. Chair Kliger noted that, going forward, the Patient Story will be an item for discussion on the agenda and the "Current" FY Quality Dashboard will be moved to the consent calendar. No items were pulled.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Quality Committee (June 3, 2019); and for information: Patient Story, FY20 Pacing Plan, Progress Against FY19 Quality Committee Goals, and Hospital Update, and Annual Performance Improvement Report.</p> <p><b>Movant:</b> Simon <b>Second:</b> Ting <b>Ayes:</b> Kliger, Ting, Simon <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Fung, Po <b>Recused:</b> None</p>	<i>Consent Calendar Approved</i>
4. AD HOC COMMITTEE REPORT AND CANDIDATE INTERVIEWS	<p>Chair Kliger reported on the Ad Hoc Committee work, noting that 8 applications for Committee membership were received, 5 candidates were interviewed and 4 are being brought forward to the Committee for further review. Candidates Caroline Currie, Alyson Falwell and Krutica Sharma, MD each joined the Committee (separately) for question and answer sessions. Following the sessions, the Committee members discussed the candidates, including candidate Terrigal Burn, MD, who was unavailable to meet with the Committee due to a previous commitment.</p> <p><b>Motion:</b> To recommend that the Board appoint Terrigal Burn, MD, Caroline Currie, Alyson Falwell and Krutica Sharma, MD to the Quality, Patient Care and Patient Experience Committee for a term expiring on June 30, 2020.</p> <p><b>Movant:</b> Simon</p>	<i>Candidates recommended for approval</i>

	<p><b>Second:</b> Po  <b>Ayes:</b> Kliger, Ting, Simon, Po  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Fung  <b>Recused:</b> None</p>	
<b>5. REPORT ON BOARD ACTIONS</b>	The Committee reviewed the Report on Board Action as provided in the meeting materials.	
<b>6. APPOINTMENT OF VICE CHAIR</b>	Chair Kliger reported that she appointed Committee member George O. Ting, MD as Vice Chair of the Committee.	
<b>7. FY19 QUALITY DASHBOARD</b>	The Committee reviewed the FY19 Organizational Goal and Quality Dashboard. Mark Adams, MD, CMO, reported that all metrics are stable or improving except for C.Diff. Preventive measures were discussed which include rigorous adherence to hand hygiene, C.Diff surveillance especially with nursing home admissions, and patient room disinfection. The Committee provided advice re enhancing hand hygiene compliance and asked for further information in an upcoming session.	
<b>8. FY20 QUALITY DASHBOARD</b>	Dr. Adams reviewed the proposed enterprise FY20 quality and safety dashboard metrics with the Committee. He explained that new measures include HCAHPS discharge instructions, Surgical Site Infections (SSI), Classification of Serious Safety Events (SSE), PC-01 Elective deliveries prior to 39 weeks, ED throughput (Door to Admit), and NTSV C-section rate. Mortality index, Readmission index, Staff responsiveness HCAHPS, CAUTI, CLABSI, C. Diff., and Sepsis index will be retained.	
<b>9. PSI-4, 18-19 METRICS</b>	<p>As a follow up to the last meeting, Dr. Adams provided a more in depth review regarding PSI-4, PSI-18, and PSI-19. Dr. Adams explained that PSI-4 is defined as “Death Rate among surgical inpatients with serious treatable complications”. Based on the review of 40 cases, 50% of the “serious treatable complications” were present on admission which indicates that not all of the cases were complications of surgery but rather “failure to rescue” which is a more accurate description of this indicator. 50% of the cases were complications of surgery and will be further investigated. The El Camino PSI-4 score of 202.13 is benchmarked against a Premier database mean of 130.28 and the national AHRQ benchmark of 170.00. A vigorous discussion ensued regarding the data and the Committee will look for more details on this measure in the future.</p> <p>PSI-18 is OB Trauma (defined as a 3<sup>rd</sup> or 4<sup>th</sup> degree vaginal laceration) Vaginal Delivery with Instrument and PSI-19 is OB Trauma Vaginal Delivery without Instrument. The PSI-18 score is 222.2 compared to the Premier mean of 107.1 and the PSI-19 score is 23.74 compared to a Premier mean of 15.67. The greatest contributing factor is the population race/ethnicity of our El Camino patients with roughly 60% being Asian/Pacific Islander. Multiple external studies have found significantly higher rates of OB trauma in that population. There are a number of interventions being implemented to address this challenge including reducing instrumentation, changing the method of episiotomy, and providing individual feedback to the obstetricians with education. The Committee requested follow up on this and the previous item in 3 months (PSI review quarterly).</p>	
<b>10. WHO MAKES UP ED CENSUS</b>	ED demographic data was provided to the committee for review. Chair Kliger reminded the Committee that the questions to be answered were: (1) Is ECH seeing more elderly, with more complex care needs because there were what seemed to be long lengths of stays in the ED; and (2) Have we seen	



	much change over the last 5 years? Dr. Adams reported that the data shows that there has not been much change in these two areas over the last 5 years.	
<b>11. DRAFT BOARD LEVEL QUALITY COMMITTEE REPORTING</b>	Dr. Adams presented an overview of national best practice guidelines and principles for health system Board Quality Committees. Standard roles and responsibilities were provided for discussion. The principles include: 1) focus on governance, not operations; 2) accountability for quality/safety that mimics that of the Finance Committee; 3) oversight of the integrity and reliability of the credentialing process; and 4) maintenance of a culture of openness and transparency. Dr. Adams and Committee members noted that the Quality Committee could get more involved in overseeing the Medical Staff credentialing process as well as SVMD physician practice quality. The Committee discussed an example of an ideal Quality Committee agenda and what information should be reported to the Board by the Quality Committee.	
<b>12. PUBLIC COMMUNICATION</b>	There was no written or oral public communication.	
<b>13. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 7:59pm.</p> <p><b>Movant:</b> Simon</p> <p><b>Second:</b> Ting</p> <p><b>Ayes:</b> Kliger, Ting, Po, Simon</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Fung</p> <p><b>Recused:</b> None</p>	<i>Adjourned to closed session at 7:59pm</i>
<b>14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 8:45 pm. Agenda items 14-18 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (June 3, 2019); and for information: Quality Council Minutes.	
<b>15. AGENDA ITEM 20: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 8:46 pm.</p> <p><b>Movant:</b> Simon</p> <p><b>Second:</b> Po</p> <p><b>Ayes:</b> Kliger, Ting, Po, Simon</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Fung</p> <p><b>Recused:</b> None</p>	<i>Meeting adjourned at 8:46pm</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, MPA, BSN  
Chair, Quality Committee