



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, September 9, 2019
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

Terrigal Burn, MD
Caroline Currie
Alyson Falwell
Peter C. Fung, MD
Julie Kliger, Chair
George O. Ting, MD, Vice Chair
Jack Po, MD
Krutica Sharma
Melora Simon

Members Absent

None

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. A silent roll call was taken. Committee member Melora Simon joined the meeting at 5:50 pm during Agenda Item 7: FY19 Organizational Score. 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. No items were pulled.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee (8/5/2019); and for information: FY19 Quality Dashboard; ED Patient Satisfaction; FY20 Pacing Plan, Progress Against FY20 QC Goals; Hospital Update; and Annual Performance Improvement Reports.</p> <p>Movant: Po Second: Ting Ayes: Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma Noes: None Abstentions: None Absent: Simon Recused: None</p>	Consent Calendar approved
4. INTRODUCTION OF NEW MEMBERS	Committee members and staff present participated in a round of introductions.	
5. REPORT ON BOARD ACTIONS	The Committee reviewed the Report on Board Action as provided in the meeting materials. Chair Kliger commented that the full Board is very interested in becoming more informed about quality.	
6. PATIENT STORY	<p>Chair Kliger commented that the Patient Story will no longer be on the consent calendar, but rather a discussion item to ensure the Committee does not lose the patient voice in its discussions.</p> <p>Mark Adams, MD, CMO, reported that the patient story highlights that the</p>	

	<p>recent procedural changes in the Operating Room are going well from both the patient and physician perspective. He noted that there is still some resistance to change, but it is minimal. The Committee members discussed whether the patient should have a choice as to whether or not to be sedated during the checklist procedure.</p>	
<p>7. FY19 ORGANIZATIONAL GOAL SCORE</p>	<p>Cheryl Reinking, RN, CNO, reported that the organization achieved target for the HCAHPS domains of Nurse Communication and Responsiveness and maximum for Cleanliness. Ms. Reinking also explained how the metrics were originally set.</p> <p>Dr. Adams reported that the Mortality index is currently at 0.97, target was 0.95 and minimum was 1.0. He also reported that readmissions data is not in yet.</p> <p>In response to questions, Dr. Adams and Ms. Reinking reported that ECH patients return approximately 300 responses to the HCAHPS surveys each month. They also commented that moving these metrics is difficult even though the movement is small. Committee member Burn agreed.</p> <p>Chair Kliger asked that going forward the metrics be presented with more context (<i>i.e.</i>, previous year's results and results from other Bay Area hospitals).</p> <p>Motion: To recommend the Board approve the FY19 Organizational Score for the HCAHPs goals in the domains of Responsiveness, Nurse Communication, and Cleanliness.</p> <p>Movant: Ting Second: Simon Ayes: Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon Noes: None Abstentions: None Absent: None Recused: None</p> <p>FY19 scores for Mortality and Readmissions will need to be brought to the October meeting.</p>	<p><i>HCAHPS Goal Achievement for FY20 recommended for approval</i></p>
<p>8. FY20 ORGANIZATIONAL GOAL METRICS</p>	<p>Ms. Reinking explained the FY20 HCAHPS goals in the domains of Responsiveness and Discharge Information. In response to questions, Ms. Reinking explained that the FY20 minimum goal for Responsiveness may appear to be lower than what was achieved in FY19, but the proposed measurement period and baseline for FY20 are different than FY19's. The FY20 baseline is a full 12 months, rather than Q4, and so is the measurement period. Chair Kliger requested that columns be added to the report to show results for California, the nation, and the Bay Area. Staff was also asked to annotate the run charts with tactics and interventions aimed at improving the metrics.</p> <p>Motion: To recommend the Board approve the FY20 HCAHPs goal metrics for the domains of Responsiveness and Discharge Information.</p> <p>Movant: Po Second: Ting Ayes: Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>HCAHPS Goal Metrics for FY20 recommend ed for approval</i></p>

	FY20 metrics for Mortality and Readmissions will need to be brought to the October meeting.	
9. QUALITY AND SAFETY STRATEGIC PLAN	<p>Dr. Adams reviewed the process that management used to develop a Quality and Safety Strategic Plan over the past 6 months as well as the national definition of Quality: Safe, Timely, Effective, efficient, equitable and patient centered (“STEEEP”). He explained that ECH currently has average quality and safety performance, but aspires to be a top tier organization and achieve zero preventable harm. Dr. Adams reviewed five strategic opportunities and described the plan to improve in these areas:</p> <ol style="list-style-type: none"> 1. Leadership, Governance and Management 2. Quality Organization Integration 3. Performance Improvement Methods and Metrics 4. Journey to become a High Reliability Organization 5. Achieve a Culture of Quality and High Reliability <p>Committee members asked questions about (1) the roadmap to achieve the plan, <i>i.e.</i>, what happens in year 1, year 2 and year 3? (2) outcome measures vs process, (3) what will be addressed first? Perhaps it should be physician-nurse culture, (4) what is senior leadership going to change make the plan real? The Committee requested that the plan be brought back to the next two Quality Committee meetings for further discussion.</p>	
10. PUBLIC COMMUNICATION	There was no written or oral public communication.	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:45pm.</p> <p>Movant: Po</p> <p>Second: Fung</p> <p>Ayes: Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:45pm</i>
12. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 8:10pm. Agenda items 12-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (8/5/2019); and for information: Medical Staff Quality Council Minutes.	
13. AGENDA ITEM 20: ADJOURNMENT	<p>Motion: To adjourn at 8:11pm.</p> <p>Movant: Fung</p> <p>Second: Ting</p> <p>Ayes: Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Meeting adjourned at 8:11pm</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