



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, October 7, 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
<b>1. CALL TO ORDER/ ROLL CALL</b>	<p>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 Jack Po, MD joined the meeting at 5:42pm and Committee member Melora Simon joined the meeting at 5:55pm during Agenda Item 6: FY19 Organizational Score. All other Committee members were present at roll call.</p>	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	<p>Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
<b>3. CONSENT CALENDAR</b>	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. Chair Kliger removed Agenda Item 3a: September 9, 2019 Open Session Minutes and Item 3d: Annual Performance Improvement Reports.</p> <p>Chair Kliger requested that Section 7 of the Minutes be corrected to reflect that HCAHPS Goal Achievement for FY20 (not FY10) was recommended for approval.</p> <p>In response to questions, Cindy Murphy, Director of Governance Services, explained that annual performance improvement reports are generated by various departments throughout the hospital annually on a rotating basis. The Quality Council reviews these reports and they are now forwarded to the Committee for review as a result of a finding from the June 2019 CMS Survey. The Committee discussed the Health Information Management Systems Report (HIMS), the Antimicrobial Stewardship Report and the Orthopedic Service Line Report, noting that a number of our internally set goals, particularly in the HIMS report, are not being met. The Committee asked that these reports be brought back in 6 months and that the charts be annotated showing what interventions were implemented and when so that the effectiveness of interventions can be assessed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Quality Committee (9/9/2019); and for information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 QC Goals; Hospital</p>	<p><i>Consent Calendar approved</i></p>

	<p>ECH (1) performs above the 50<sup>th</sup> percentile in nine of ten composites locally, eight of ten composites in California and seven out of ten nationally and (2) ECH's multi-year goal is to perform above the 50<sup>th</sup> percentile in all composites and in the top decile in two composites by the end of FY2022. The Committee also received information about the ED satisfaction, outpatient ambulatory services and outpatient oncology services surveys. Ms. Reinking also shared the team's plans for improvement to attain the multi-year goals.</p>	
<p><b>9. REVISED QUALITY COMMITTEE CHARTER</b></p>	<p>Ms. Murphy presented a proposal to revise the Quality Committee Charter to include review of the Medical Staff's monthly Credentialing and Privileges Report as part of the Committee's oversight responsibility. The Board would then review and approve the report on the closed consent calendar each month. The report currently goes directly to the Board from the Medical Executive Committee without any committee oversight. The proposal is being driven by the Board's direction to delegate work to the Committees where appropriate and where expertise lies as well as the CMO's view that this is a best practice in other leading organizations. The Committee had a robust discussion and deferred the topic for further review at its next meeting when the CMO is able to attend.</p>	
<p><b>10. PUBLIC COMMUNICATION</b></p>	<p>There was no written or oral public communication.</p>	
<p><b>11. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 7:22pm.  <b>Movant:</b> Ting  <b>Second:</b> Po  <b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><i>Adjourned to closed session at 7:22pm</i></p>
<p><b>12. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open session was reconvened at 7:30pm. Agenda items 12-15 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (9/9/2019); and for information: Medical Staff Quality Council Minutes.</p>	
<p><b>13. AGENDA ITEM 17: ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at 7:31pm.  <b>Movant:</b> Simon  <b>Second:</b> Po  <b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Ting, Po, Sharma, Simon  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><i>Meeting adjourned at 7:31pm</i></p>

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