



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, November 4, 2019
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

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

Members Absent

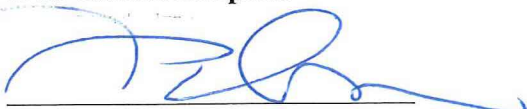
Peter C. Fung, MD

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 5:30pm by Chair Kliger. A silent roll call was taken. Committee member Peter C. Fung, MD was absent and members Caroline Currie and Alyson Falwell joined the meeting at 5:35 after the vote to approve the consent calendar. 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 removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee (10/7/2019); Minutes of the Open Session of the Special Joint Meeting to Conduct a Study Session of the Hospital Board and the Quality Committee (10/23/2019); and for information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 QC Goals; and Hospital Update.</p> <p>Movant: Burn Second: Simon Ayes: Burn, Kliger, Ting, Po, Sharma, Simon Noes: None Abstentions: None Absent: Currie, Falwell, Fung Recused: None</p>	<i>Consent Calendar approved</i>
4. REPORT ON BOARD ACTIONS	It was noted that the District Board elected Directors Rebitzer and Kliger to second terms on the Board. There were no questions about the report.	
5. PATIENT STORY	Chery Reinking, RN, CNO, commented that the patient letter in the packet related to key aspects of HCAHPS domains that the organization is focusing on this year. The Committee requested that staff bring patient stories to the Committee about experiences where things have not gone well, either by reaching back to a patient with a negative experience or simply gathering the information, even when there is not patient letter about the experience.	

<p>6. DEBRIEF: JOINT MEETING OF THE QUALITY COMMITTEE AND THE BOARD</p>	<p>Chair Kliger conducted a debrief about the recent Joint Board and Committee Education Session. Mark Adams, MD, CMO, noted that the purpose of the session was to level set understanding of quality and safety in the organization, how ECH compares with other similar organizations, how ECH measures quality and safety, and, specifically, explain and understand what the role of the Quality Committee and the Board is in overseeing this area. Dan Woods, CEO, commented that the session was the first in a multi-year journey and that the next phase of the discussion is to have conversations about how to fulfill the roles. Mr. Woods and Chair Kliger agreed that the Medical Staff leaders should be invited to future educational sessions about quality and staff was asked to look for available dates. Chair Kliger asked that those who were not at the meeting be provided with copies of the materials. There was also discussion about a group visit to other healthcare organizations that are high performing.</p>	
<p>7. ANNUAL PERFORMANCE IMPROVEMENT REPORTS</p>	<p>Dr. Adams reviewed the annual performance improvement reports delivered to the Quality Council. This included reports from the Heart and Vascular Institute, Care Coordination, Pharmacy, and Dietary Services. Going forward, these reports will flow from the Quality Council to the Board Quality Committee. These will routinely be included in the consent agenda but if there are particular areas of concern, those items will be pulled from the consent agenda for committee discussion. Dr. Adams agreed to add control limits to the data where possible. The Committee members commented that it is important to them to have some understanding of the discussion at the Quality Council about areas of concern regarding underperforming areas. Dr. Adams agreed to look at how the Quality Council minutes might be revised to give more insight into the discussion there and invited the Committee members to contact him if they would like to sit and observe a Quality Council meeting.</p>	
<p>8. QUALITY AND SAFETY STRATEGIC PLAN</p>	<p>Dr. Adams provided an update on our Quality and Safety Plan. An executive summary was provided along with a high level work plan. The five areas of focus were reviewed: 1. Governance, Leadership, and Management; 2. Quality Organization Integration; 3. Performance Improvement Metrics and Methods; 4. Journey to High Reliability; 5. Culture of Quality and Safety. Dr. Adams explained that the work plan is divided into three categories to include short term, intermediate, and long range performance improvement. Many elements of the plan have already been implemented or are in progress. The quality structure of the organization was reviewed and attention was focused on how SVMD fits into that structure.</p> <p>The committee discussed the difference between short term (annual) organizational incentive goals and aspirational goals. The former are linked to the STEEP framework for quality and safety. The specific metrics are the same as those used in many other organizations. Aspirational goals are linked to our vision: "To consistently deliver the highest quality care with zero preventable harm."</p> <p>Chair Kliger requested that a discussion around goal attainment be added to the Pacing Plan for a future meeting</p>	
<p>9. ANNUAL SAFETY REPORT FOR THE ENVIRONMENT OF CARE</p>	<p>The Annual Safety Report for the Environment of Care was presented by Matthew Scannell, director of safety and security, and Steve Weirauch, environmental, health, and safety manager. Areas of concern include planning and staging for the opening of two new buildings. A comprehensive FMEA (failure mode effects analysis) will be performed in preparation for the operation of the new mental health and addictive services</p>	<p><i>Recommend -ed approval of the Annual Safety Report for</i></p>

	<p>building. Staff and patient security was discussed with the committee noting the significant decrease in employee injuries.</p> <p>Motion: To recommend Board approval of the Report</p> <p>Movant: Po</p> <p>Second: Simon</p> <p>Ayes: Burn, Currie, Falwell, Kliger, Ting, Po, Sharma, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p> <p>Recused: None</p>	<i>the Environment of care</i>
10. CDI DASHBOARD	Dr. Adams provided an overview of our Clinical Documentation Integrity program. This work drives our ability to accurately measure our true quality metrics as well as impacts our revenue cycle. The team has achieved a 100% physician inquiry response rate with an even more impressive 80% agreement rate.	
11. CORE MEASURES	The most recent core measure report was reviewed by the committee. Of note, the previously increasing PC-01 (pre-term elective deliveries) has diminished to zero. The remaining measures are on target or improving.	
12. PUBLIC COMMUNICATION	There was no written or oral public communication.	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:45pm.</p> <p>Movant: Sharma</p> <p>Second: Simon</p> <p>Ayes: Burn, Currie, Falwell, Kliger, Ting, Po, Sharma, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:45pm</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 8:35pm. 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 (10/7/2019); and for information: Medical Staff Quality Council Minutes.	
15. AGENDA ITEM 20: CLOSING WRAP UP	This item was not addressed	
16. AGENDA ITEM 21: ADJOURNMENT	<p>Motion: To adjourn at 8:35pm.</p> <p>Movant: Sharma</p> <p>Second: Po</p> <p>Ayes: Burn, Currie, Falwell, Kliger, Ting, Po, Sharma, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p> <p>Recused: None</p>	<i>Meeting adjourned at 8:35pm</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